

2024 Florida Blue Medicare and FHCP Medicare Plan Preview





MEDICARE

## **Executive Summary**

As part of our optimizing all aspects of our portfolio, Florida Blue Medicare will be adjusting our 2024 product offerings in order to meet regulatory changes and support long-term, competitive positioning

#### **Benefit Changes**

Targeted benefit investments and market-level adjustments across our product portfolio

#### Vendor Changes

Analyzing and implementing the most cost-effective solutions for our members without sacrificing quality and experience

#### Plan Expansions

Limited expansion into additional counties for targeted growth opportunities

#### Plan Closures

Closing of low membership plans due to unfavorable growth and competitive position

#### **New Products**

Introduction of a new HMO and D-SNP with a curated network of high-performing/quality providers

#### Supplementals

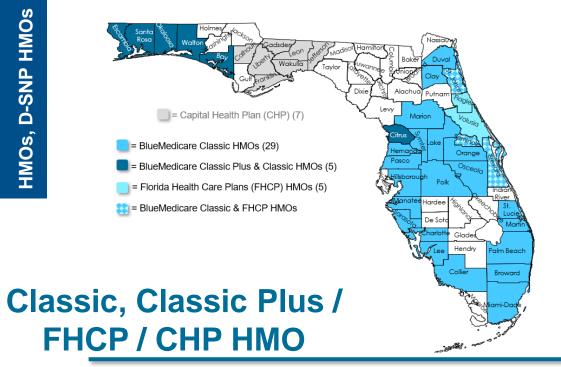
Modifications to supplemental benefits to allow for improved quality and better meet the needs of vulnerable beneficiaries

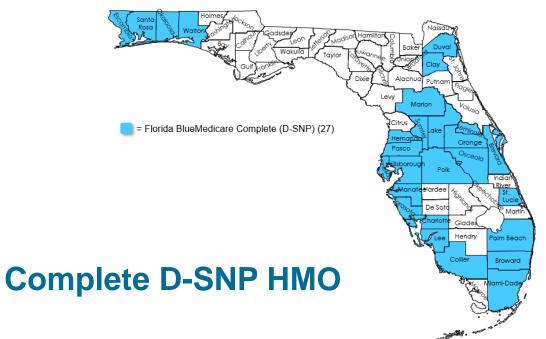
#### Rebranding

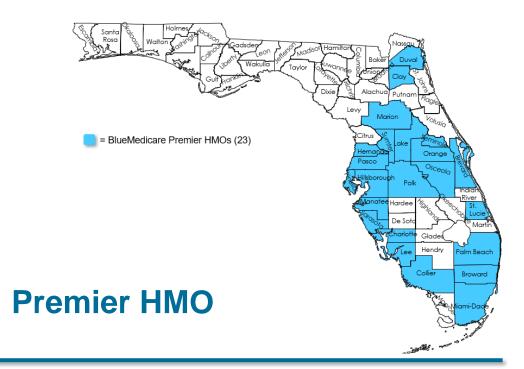
Conversion of the existing Hillsborough & Polk D-SNP to the new curated network

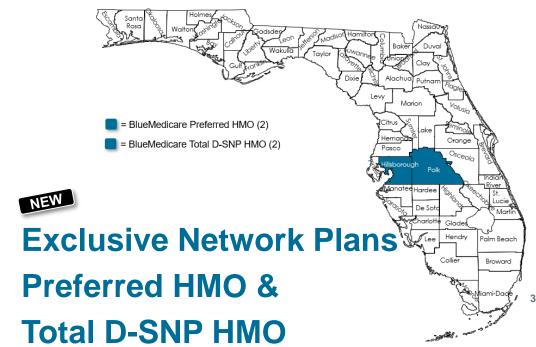
#### Migrations

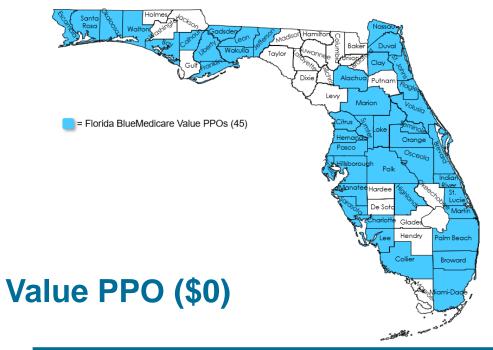
Development of strategies to migrate membership to competitive, priority plans

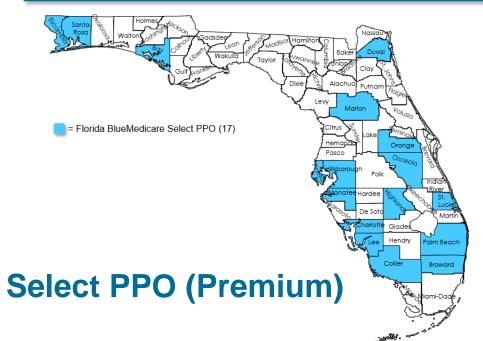


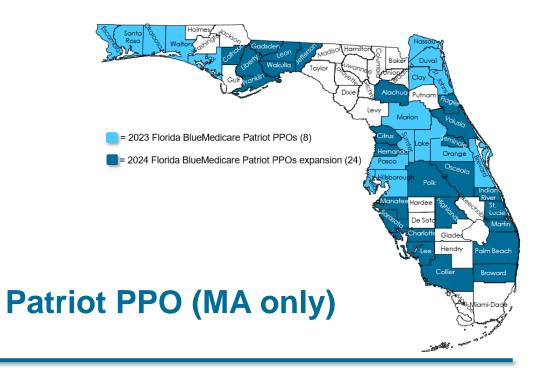


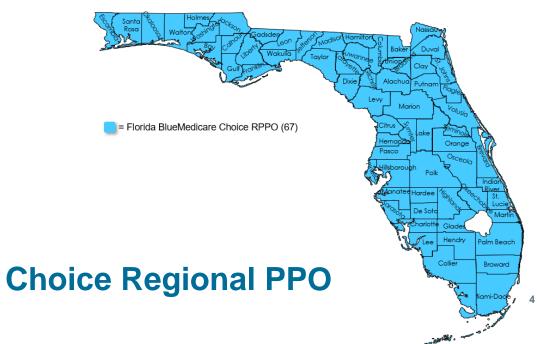












# 2024 Benefits By Market





# South Florida



#### **Miami-Dade HMOs**



SOUTH	CEN	NTRAL	WEST		NORTHEAST	NORTHWEST		
Plan Name			BlueMedicare Classic (HMO)			BlueMedicare Premier (HMO)		
Medicare Plan Number			H1035-017			H1035-024		
Service Area			Miami-Dade			Miami-Dade		
Why You Should Sell This Plan		Blends competitive or	ut-of-pocket costs with a rich Rx formulary and ex provider networks	rpansive	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits			
Plan Premium			\$0			\$0		
Maximum Out-of-Pocket			\$3,900			\$2,500		
Primary Care Physician (PCP)			\$0			\$0		
Physician Specialist		\$20			\$0			
Inpatient Hospital Acute		\$128 per day, days 1-7			\$0			
Outpatient Hospital Services		\$50				\$0		
Rx Deductible		\$0				\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$0 \$35 \$93 33% N/A			Standard \$0 \$0 \$0 \$0 \$50 33% N/A			
* Must be diagnosed CAD, CHF, COPD, Chronic a Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Risk Assessment (HRA)		✓ Dental (Compreher ✓ Hearing Aids (\$350 ✓ Vision (exam + \$10 ✓ SilverSneakers ✓ Transportation (48 € ✓ Telehealth Services ✓ Caregiver Support	-\$1,825 copays) 0 allowance) one-way trips)			ce) SilverSneakers		

#### **Broward HMOs**



SOUTH	CENTI	RAL	WEST		NORTHEAST	NORTHWEST	
Plan Name			BlueMedicare Classic (HMO)		BlueMedicare Premier (HMO)		
Medicare Plan Number			H1035-019			H1035-025	
Service Area			Broward			Broward	
Why You Should Sell This Plan		Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks			Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits		
Plan Premium			\$0			\$0	
Maximum Out-of-Pocket			\$4,900			\$2,500	
Primary Care Physician (PCP)			\$0		\$0		
Physician Specialist		\$40			\$0		
Inpatient Hospital Acute		\$175 per day, days 1-6				\$0	
Outpatient Hospital Services		\$175				\$75	
Rx Deductible		\$0			\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0			Standard \$0 \$0 \$20 \$93 33% N/A		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$300 allowance)</li> <li>✓ OTC (\$135 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Transportation (48 one-way trips)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, 20 meals/month, 5 personal training sessions, 12 one-way trips, 3 dietary consults, 30 hours at-home services)</li> </ul>			

#### Palm Beach HMOs



SOUTH	CENTRAL		WEST		NORTHEAST	NORTHWEST	
Plan Name		BlueMedicare Classic (HMO)			BlueMedicare Premier (HMO)		
Medicare Plan Number			H1035-018			H1035-022	
Service Area			Palm Beach			Palm Beach	
Why You Should Sell This Plan		Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks			Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits		
Plan Premium			\$0			\$0	
Maximum Out-of-Pocket			\$4,500			\$2,900	
Primary Care Physician (PCP)			\$0		\$0		
Physician Specialist		\$15			\$5		
Inpatient Hospital Acute		\$105 per day, days 1-5			\$49	per day, days 1-6	
Outpatient Hospital Services		\$100				\$75	
Rx Deductible		\$0			\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$0 \$35 \$93 33% \$0			Standard \$0 \$0 \$35 \$93 33% N/A		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a He Risk Assessment (HRA)			(\$350-\$1,825 copays) + \$100 allowance) rs rrvices			nce)	

### Martin, St. Lucie HMOs



SOUTH	CENTRAL		WEST		NORTHEAST	NORTHWEST	
Plan Name		BlueMedicare Classic (HMO)			BlueMed	dicare Premier (HMO)	
Medicare Plan Number			H1035-019			H1035-048	
Service Area			Martin, St. Lucie			St. Lucie	
Why You Should Sell This Plan		Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks		Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits			
Plan Premium			\$0			\$0	
Maximum Out-of-Pocket			\$4,900			\$3,400	
Primary Care Physician (PCP)		\$0			\$0		
Physician Specialist		\$40			\$10		
Inpatient Hospital Acute		\$175 per day, days 1-6			\$150	per day, days 1-6	
Outpatient Hospital Services		\$175				\$100	
Rx Deductible		\$0			\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0			Standard \$0 \$0 \$35 \$93 33% N/A		
Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)			(\$350-\$1,825 copays) + \$100 allowance) rs rvices			ce)	

### **South Region D-SNPs**



SOUTH	CENTRAL WEST		NORTHEAST		NORTHWEST	Ī	
Plan Name	BlueMe	dicare Complete (HMO D-SNP)		BlueMedicare Complete (HMO D-SNP)			
Medicare Plan Number			ŀ	H1035-028			
Service Area		Miami-Dade		Broward, P	Palm Beach, St. Lucie		
Why You Should Sell This Plan	(	Offers value, savings, and security targeting thos	e eligible for both Medicare and	d Medicaid benef	fits, full and partial		
Plan Premium		\$0 or up to TBD*		\$0	or up to TBD*		
Maximum Out-of-Pocket		\$3,200			\$3,200		
Primary Care Physician (PCP)		\$0			\$0		
Physician Specialist		\$0			\$0		
Inpatient Hospital Acute			\$0				
Outpatient Hospital Services		\$0		\$0			
Rx Deductible	\$0 for LIS	recipients or up to \$545 for all tiers	\$0 for LIS recipients or up to \$545 for all tiers				
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 for LIS recipients		Standard \$0 for LIS recipients N/A			
* TBD by CMS/SSA		## Solution (\$3,000 allowance)  ## Solution (\$4,000 allowance)  ## Meals (\$10 post-discharge)  ## OTC (\$100 per month allowance)  ## SilverSneakers  ## Solution (\$150 per month allowance)  ## Solution (\$150 per month allowance for all members)  ## Transportation (unlimited)  ## Telehealth Services		ance for all members)	11 2024 Change		

# Broward, Indian River, Martin, Miami-Dade, Palm Beach, St. Lucie PPOs



SOUTH	CENTRAL	CENTRAL WEST		NORTHWEST			
Plan Name	Blu	eMedicare Value (PPO)	BlueMedic	BlueMedicare Value (PPO)			
Medicare Plan Number		H5434-032	H	H5434-026			
Service Area		Miami-Dade	Broward, Indian River,	Broward, Indian River, Martin, Palm Beach, St. Lucie			
Why You Should Sell This Plan		\$0 PPO with competitive benefits, robust e	xtra package and access to care in and out-of-n	etwork			
Plan Premium		\$0		\$0			
Maximum Out-of-Pocket	\$3,8	51 IN / \$8,950 IN & OUT	\$3,851 IN /	\$8,950 IN & OUT			
Primary Care Physician (PCP)		\$0		\$0			
Physician Specialist	9	35 Level 1 Providers 135 Level 1 Providers 144 All Others	\$35 Level 1 Providers \$44 All Others				
Inpatient Hospital Acute	\$	\$290 per day, days 1-6 \$275 per day, days 1-6					
Outpatient Hospital Services		\$275		\$250			
Rx Deductible		\$0	\$150 for	Tiers 3,4,5 only			
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$2 \$10 \$47 \$100 33% \$0	S	standard \$0 \$0 \$47 \$100 30% \$0			
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 cc)</li> <li>✓ Vision (exam + \$200 allowand)</li> <li>✓ OTC (\$50 per quarter allowand)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	ce)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$75 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<b>12</b> 2024 Change			

### **South Region PPOs**



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST			
Plan Name	Blu	ueMedicare Choice (PPO)	BlueMedic	BlueMedicare Select (PPO)			
Medicare Plan Number		R3332-001 H5434-002					
Service Area		Statewide	Broward, Pa	Broward, Palm Beach, St. Lucie			
Why You Should Sell This Plan	Combines competitive out	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-					
Plan Premium		\$49.90*	\$	\$108.70*			
Maximum Out-of-Pocket	\$6,	500 IN / \$12,450 IN & OUT	\$5,900 IN	/ \$8,950 IN & OUT			
Primary Care Physician (PCP)		\$10		\$5			
Physician Specialist		\$50					
Inpatient Hospital Acute		\$345 per day, days 1-5 \$225 per day, days 1-7					
Outpatient Hospital Services	\$	20% for all Surgeries 150 Copayment all other		\$130			
Rx Deductible		\$250 for Tiers 3,4,5 only	\$305 for T	\$305 for Tiers 1,2,3,4,5 only			
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 28% \$0		Standard \$3 \$10 \$40 \$93 28% \$0			
* TBD, appounced in August	<ul> <li>✓ Hearing Aids (\$350-\$1,825 of the vision (exam)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	copays)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	13 2024 Change			

### **South Region MA Only PPOs**





SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan	Name		BlueMedicare Patriot (PPO)	NEW		
Medicare Plan Number			H5434-044			
Service Area			Indian River, Martin, Palm Beach, St. Lucie			
Why You Should Sell This Plan		Provides partial reimbursement of the mor	nthly Part B Premium, access to care in and out-coverage	of-network and flexibility to use alternative Rx		
Plan Premium			\$0 / \$75 Monthly Part B Refund			
Maximum Out-of-Pocket			\$5,500 IN / \$8,950 IN & OUT			
Primary Care Physician (PCP)		\$10				
Physician Specialist		\$45				
Inpatient Hospital Acute		\$350 per day, days 1-4				
Outpatient Hospital Services		\$300				
Rx Deductible						
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6						
Supplemental Benefits		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$50 per quarter allowance)</li> <li>✓ SilverSneakers</li> </ul>				

✓ Telehealth Services✓ Caregiver Support



# The benefits of regular dental visits

Brushing and flossing can help you maintain good oral health, but regular visits to your dentist are just as important. Here are some ways you'll benefit from visiting your dentist on a regular basis.

#### Catch problems before they become painful or expensive

Regular dental visits can identify cavities, gum disease, and other oral issues before they become a painful and costly problem.

#### Look and feel better

Dental issues can make eating, speaking, sleeping, and everyday activities difficult. Regular checkups can prevent tooth loss, bad breath, and sensitive teeth and make you proud of your smile.





#### Take advantage of your preventive dental benefits today

Your BlueDental plan covers two regular exams and cleanings a year at little or no cost when you see a dentist in our network.

#### Improve your overall health

Your mouth can offer clues about your total health. Poor oral health can also affect the rest of your body. Your dentist examines your mouth, head, neck, and jaw, in addition to your teeth and gums. They can spot early warning signs of disease in your mouth and elsewhere in your body.

Don't have a dentist? You can find one at <u>floridabluedental.com/find-a-dentist</u>.



# **Central Florida**



### Orange, Osceola HMOs



SOUTH	CEN	TRAL	WEST		NORTHEAST	NORTHWEST	
Plan Name			BlueMedicare Classic (HMO)		BlueMedicare Premier (HMO)		
Medicare Plan Number		H1035-020			ı	H1035-026	
Service Area		Orange, Osceola Orange, Osceola				nge, Osceola	
Why You Should Sell This Plan		Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks			Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits		
Plan Premium			\$0			\$0	
Maximum Out-of-Pocket			\$5,000			\$2,900	
Primary Care Physician (PCP)			\$0			\$0	
Physician Specialist		\$35			\$10		
Inpatient Hospital Acute		\$214 per day, days 1-7			\$68 per day, days 1-6		
Outpatient Hospital Services			\$200			\$75	
Rx Deductible		\$0				\$0	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6			Standard \$0 \$10 \$40 \$93 33% \$0		Standard \$0 \$0 \$30 \$93 33% N/A		
* Must be diagnosed CAD, CHF, COPD, Chronic a Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Risk Assessment (HRA)		✓ Dental (Comprehe ✓ Hearing Aids (\$350 ✓ Vision (exam + \$10 ✓ SilverSneakers ✓ Telehealth Service ✓ Caregiver Support	0-\$1,825 copays) 00 allowance) s		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copa</li> <li>✓ Vision (exam + \$350 allowance)</li> <li>✓ OTC (\$150 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Transportation (48 one-way trips</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, 20 mg/12 one-way trips, 3 dietary consultations)</li> </ul>	e) ) eals/month, 5 personal training sessions,	

### **Polk HMOs**

SOUTH	CENTRAL		WEST NORTHEA		NORTHWEST		
Plan Name	BlueMedicare Classic (HM	10)	BlueMedicare Premier (HMO)		BlueMedicare Preferred (HMO) NEW		
Medicare Plan Number	H1035-021		H10	35-023		H1035-052	
Service Area	Polk			Polk		Polk	
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks		Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits		Curated high performing network and comprehensive supplemental benefit package		
Plan Premium	\$0			\$0		\$0	
Maximum Out-of-Pocket	\$4,900		\$3	3,100		\$1,800	
Primary Care Physician (PCP)	\$0		\$0			\$0	
Physician Specialist	\$40		\$15		\$5		
Inpatient Hospital Acute	\$210 per day, days 1-8		\$150 per o	day, days 1-6	\$150 per day, days 1-6		
Outpatient Hospital Services	\$150		\$	100	\$100		
Rx Deductible	\$0		\$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Standard \$0 \$8 \$40 \$93 33% \$0			ndard \$0 \$0 \$25 \$80 33% N/A		Standard \$0 \$0 \$25 \$80 33% N/A	
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>			wance) owance) ray trips) or, 20 meals/month, 5 personal oway trips, 3 dietary consults,	<ul> <li>✓ Hearing A</li> <li>✓ Vision (ex</li> <li>✓ OTC (\$20</li> <li>✓ SilverSnea</li> <li>✓ Transporta</li> <li>✓ Telehealth</li> <li>✓ Caregiver</li> <li>✓ SSBCI* \$</li> <li>✓ Flexible B</li> </ul>	ation (48 one-way trips) In Services Support 100 food allowance per month enefit: \$1,000 to be used for addition It is invited in the service of the service	onal dental,

### **Brevard HMOs (1 of 2)**



SOUTH	CENTRAL		WEST NORTHEAST			NORTHWEST	
Plan Name	FHCP Medicare Premier Plus (HMO)		FHCP Medicare Pre	emier Advantage (HMO)	FHCP Medicare Rx Savings (HMO)		
Medicare Plan Number	H1035-011		H10	035-040	H1035-014		
Service Area	Brevard		В	revard		Brevard	
Why You Should Sell This Plan	Inte	grated care model w	ith localized high-touch mar	naged care programs and competiti	ive out-of-pock	ket costs	
Plan Premium	\$0			\$0		\$0 / \$50 Monthly Part B Refund	
Maximum Out-of-Pocket	\$5,200		\$	33,650		\$8,300	
Primary Care Physician (PCP)	\$0		\$0		\$20		
Physician Specialist	\$20		\$15		\$50		
Inpatient Hospital Acute	\$280 per day, days 1-7		\$215 per day, days 1-5		\$500 per day, days 1-4		
Outpatient Hospital Services	\$200		\$150		\$400		
Rx Deductible	\$0		\$0		\$395 for Tiers 3,4,5 only		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Preferred/Standard \$0/17 \$7/20 \$45/47 \$98/100 33% \$0		\$ \$ \$ \$	ed/Standard \$0/17 \$5/20 644/47 95/100 33% \$0		Preferred/Standard \$0/\$17 \$10/20 \$45/47 \$98/100 25% \$0	
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowance)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$90 allowance every two</li> </ul>		✓ Dental (Comprehensive ✓ FHCP Preferred Fitness ✓ Hearing Aids (\$300 allo ✓ Telehealth Services ✓ Vision (exam + \$180 allo	wance)	<ul><li>✓ Hearing A</li><li>✓ Telehealtl</li></ul>	eferred Fitness Aids (\$300 allowance) th Services exam + \$90 allowance every two years)	

### **Brevard HMOs (2 of 2)**



SOUTH	CENTRAL	WEST	NOI	RTHEAST	NORTHWEST		
Plan Name	В	ueMedicare Classic (HMO)		BlueMedicare Premier (HMO)			
Medicare Plan Number		H1035-019		Н	1035-048		
Service Area		Brevard			Brevard		
Why You Should Sell This Plan	Blends competitive out-of-poc	ket costs with a rich Rx formulary and expansive p networks	rovider Offers o		w copays, high-touch provider groups and a of supplemental benefits		
Plan Premium		\$0			\$0		
Maximum Out-of-Pocket		\$4,900			\$3,400		
Primary Care Physician (PCP)		\$0			\$0		
Physician Specialist		\$40		\$10			
Inpatient Hospital Acute		\$175 per day, days 1-6		\$150 pe	er day, days 1-6		
Outpatient Hospital Services		\$175		\$100			
Rx Deductible		\$0		\$0			
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		\$10 \$40 \$93 33% \$0		\$	Standard \$0 \$0 \$35 \$93 33% N/A		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825</li> <li>✓ Vision (exam + \$100 allowated)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>		<ul> <li>✓ Hearin</li> <li>✓ Vision</li> <li>✓ OTC (</li> <li>✓ Silver</li> <li>✓ Transp</li> <li>✓ Telehe</li> <li>✓ Careg</li> <li>✓ SSBC</li> </ul>	oortation (48 one-way trips) ealth Services iver Support I* (\$50 OTC/quarter, 20 mea	als/month, 5 personal training sessions, as, 30 hours at-home services)		

### Seminole HMOs (1 of 2)



SOUTH	CENTRAL WEST		WEST		<b>CENTRAL</b> WEST NORTH		NORTHWEST	
Plan Name	FHCP Medicare Premier Plus	(HMO) F	HCP Medicare Premier	r Advantage (HMO)	FHCP Medicare Rx Savings (HMO	0)		
Medicare Plan Number	H1035-011		H1035-0	040	H1035-014			
Service Area	Seminole		Semino	ole	Seminole			
Why You Should Sell This Plan	Inte	grated care model with localiz	zed high-touch managed	d care programs and competitive c	out-of-pocket costs			
Plan Premium	\$0		\$0		\$0 / \$50 Monthly Part B Refund			
Maximum Out-of-Pocket	\$5,200		\$3,650	0	\$8,300			
Primary Care Physician (PCP)	\$0		\$0		\$20			
Physician Specialist	\$20		\$15		\$50			
Inpatient Hospital Acute	\$280 per day, days 1-7		\$215 per day, days 1-5		\$500 per day, days 1-4			
Outpatient Hospital Services	\$200		\$150		\$400			
Rx Deductible	\$0		\$0		\$395 for Tiers 3,4,5 only			
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Preferred/Standard \$0/17 \$7/20 \$45/47 \$98/100 33% \$0		Preferred/Standard \$0/17 \$5/20 \$44/47 \$95/100 33% \$0		Preferred/Standard \$0/\$17 \$10/20 \$45/47 \$98/100 25% \$0			
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowance)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$90 allowance every two</li> </ul>	✓ FHCI ✓ Hear ✓ Teleh	tal (Comprehensive) P Preferred Fitness ring Aids (\$300 allowance health Services on (exam + \$180 allowan	e)	FHCP Preferred Fitness Hearing Aids (\$300 allowance) Telehealth Services Vision (exam + \$90 allowance every two year	ars) 21 2024 Change		

### Seminole HMOs (2 of 2)



SOUTH	CENTRAL	CENTRAL WEST		NORTHWEST		
Plan Name	В	ueMedicare Classic (HMO)	BlueMedic	care Premier (HMO)		
Medicare Plan Number		H1035-020	ŀ	11035-026		
Service Area		Seminole		Seminole		
Why You Should Sell This Plan	Blends competitive out-of-	pocket costs with a rich Rx formulary and expansive provider networks		ow copays, high-touch provider groups and a of supplemental benefits		
Plan Premium		\$0		\$0		
Maximum Out-of-Pocket		\$5,000		\$2,900		
Primary Care Physician (PCP)		\$0		\$0		
Physician Specialist		\$35		\$10		
Inpatient Hospital Acute		\$214 per day, days 1-7	\$68 pe	\$68 per day, days 1-6		
Outpatient Hospital Services		\$200		\$75		
Rx Deductible		\$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0		\$tandard \$0 \$0 \$30 \$93 33% N/A		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,82 ✓ Vision (exam + \$100 allow ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copay)</li> <li>✓ Vision (exam + \$350 allowance)</li> <li>✓ OTC (\$150 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Transportation (48 one-way trips)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, 20 med 12 one-way trips, 3 dietary consult</li> </ul>	als/month, 5 personal training sessions,		

### Flagler, Volusia HMOs



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST
Plan Name	FHCP Medicare Rx Plus (HMO & HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Premier Advantage (HMO)	FHCP Medicare Rx Savings (HMO)
Medicare Plan Number	H1035-002	H1035-006	H1035-040	H1035-014
Service Area	Flagler, Volusia	Flagler, Volusia	Flagler, Volusia	Flagler, Volusia
Why You Should Sell This Plan	Integr	rated care model with localized high-touch manag	ged care programs and competitive out-of-pocket o	costs
Plan Premium	\$49 or add POS Rider \$119	\$0	\$0	\$0 / \$50 Monthly Part B Refund
Maximum Out-of-Pocket	\$3,400	\$6,300	\$3,650	\$8,300
Primary Care Physician (PCP)	\$0	\$0	\$0	\$20
Physician Specialist	\$20	\$30	\$15	\$50
Inpatient Hospital Acute	\$300 per day, days 1-6	\$320 per day, days 1-6	\$215 per day, days 1-5	\$500 per day, days 1-4
Outpatient Hospital Services	\$200	\$250	\$150	\$400
Rx Deductible	\$0	\$295 for Tiers 3,4,5 only	\$0	\$395 for Tiers 3,4,5 only
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Preferred/Standard \$0/17 \$0/20 \$42/47 \$92/100 33% \$0	Preferred/Standard \$0/17 \$6/20 \$44/47 \$95/100 26% \$0	Preferred/Standard \$0/17 \$5/20 \$44/47 \$95/100 33% \$0	Preferred/Standard \$0/\$17 \$10/20 \$45/47 \$98/100 25% \$0
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowance)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$90 allowance every two years)</li> </ul>	<ul> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowance)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$90 allowance every two years)</li> </ul>	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowance)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$180 allowance every two years)</li> </ul>	<ul> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowance)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$90 allowance every two years)</li> <li>23</li> <li>2024 Change</li> </ul>

#### Lake, Sumter HMOs



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name	В	lueMedicare Classic (HMO)	BlueMedica	are Premier (HMO)		
Medicare Plan Number		H1035-019	н	1035-043		
Service Area		Lake, Sumter	La	ike, Sumter		
Why You Should Sell This Plan	Blends competitive out-o	-pocket costs with a rich Rx formulary and expansiv provider networks		w copays, high-touch provider groups and a of supplemental benefits		
Plan Premium		\$0		\$0		
Maximum Out-of-Pocket		\$4,900		\$2,400		
Primary Care Physician (PCP)		\$0		\$0		
Physician Specialist		\$40		\$20		
Inpatient Hospital Acute		\$175 per day, days 1-6		\$110 per day, days 1- 6		
Outpatient Hospital Services		\$175		\$75		
Rx Deductible		\$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0		Standard \$0 \$0 \$35 \$93 33% N/A		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)			<ul> <li>✓ Dental (Comprehensive, \$3,000 ar</li> <li>✓ Hearing Aids (\$2,000 allowance)</li> <li>✓ Vision (exam + \$250 allowance)</li> <li>✓ OTC (\$150 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Transportation (48 one-way trips)</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 monthly food card, 30</li> </ul>			

#### **Central Region D-SNPs**



SOUTH	CENTRAL	CENTRAL WEST		NORTH	ORTHWEST	
Plan Name	BlueM	ledicare Complete (HMO D-SNP)	BlueMedica	re Total (HMO D-SNP)	REBRAND	
Medicare Plan Number		H1035-029		H1035-030		
Service Area	Brevard, La	ke, Orange, Osceola, Seminole, Sumter		Polk		
Why You Should Sell This Plan		security targeting those eligible for both Medicare and edicaid benefits, full and partial	nd Offers value, savings, and security Medicaid benefits, full and			
Plan Premium		\$0 or up to TBD*	\$0	or up to TBD*		
Maximum Out-of-Pocket		\$3,200		\$3,200		
Primary Care Physician (PCP)		\$0		\$0		
Physician Specialist		\$0		\$0		
Inpatient Hospital Acute		\$0	\$0			
Outpatient Hospital Services		\$0	\$0			
Rx Deductible	\$0 for LI	S recipients or up to \$545 for all tiers	\$0 for LIS recipie	ents or up to \$545 for all tie	rs	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 for LIS recipients \$1 for LIS recipients	\$0 fc \$0 fc \$0 fc	Standard or LIS recipients N/A		
* TBD by CMS/SSA	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$4,000 allo</li> <li>✓ Vision (exam + \$500 allo</li> <li>✓ Meals (10 post-discharge</li> <li>✓ OTC (\$100 per month allo</li> <li>✓ SilverSneakers</li> <li>✓ Food card (\$100 per mon</li> <li>✓ Transportation (unlimited)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ At-Home Services (60 hor</li> </ul>	vance) ) pwance) th allowance for all members)	<ul> <li>✓ Dental (Comprehensive, \$4,000 of the property of the property</li></ul>	)	<b>25</b> 2024 Change	

# Brevard, Flagler, Lake, Orange, Osceola, Polk, Seminole, Sumter, Volusia PPOs



MEDICARE

SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST	
Plan Name	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)	
Medicare Plan Number	H5434-033	H5434-034	H5434-036	H5434-031	
Service Area	Brevard, Orange, Osceola, Seminole	Polk	Lake, Sumter	Flagler, Volusia	
Why You Should Sell This Plan		\$0 PPO with competitive benefits, robust extra p	package and access to care in and out-of-network		
Plan Premium	\$0	\$0	\$0	\$0	
Maximum Out-of-Pocket	\$4,900 IN / \$8,950 IN & OUT	\$4,900 IN / \$8,950 IN & OUT	\$5,000 IN / \$8,950 IN & OUT	\$4,900 IN /\$8,950 IN & OUT	
Primary Care Physician (PCP)	\$0	\$0	\$0	\$0	
Physician Specialist	\$35 Level 1 Providers \$44 All Others	\$35 Level 1 Providers \$45 All Others	\$35 Level 1 Providers \$45 All Others	\$35 Level 1 Providers \$44 All Others	
Inpatient Hospital Acute	\$290 per day, days 1-6	\$275 per day, days 1-6	\$290 per day, days 1-6	\$295 per day, days 1-5	
Outpatient Hospital Services	\$250	\$225	\$225	\$225	
Rx Deductible	\$150 for Tiers 3,4,5 only				
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Standard \$0 \$0 \$47 \$100 30% \$0	Standard \$0 \$0 \$47 \$100 30% \$0	Standard \$0 \$0 \$47 \$100 30% \$0	Standard \$0 \$4 \$47 \$100 30% \$0	
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$50 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$50 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$75 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$75 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>26</li> </ul>	

#### **Central Region PPOs**



SOUTH	CENTRAL WEST		NOR	THEAST	NORTHWEST	
Plan Name	В	lueMedicare Choice (PPO)		BlueMed	licare Select (PPO)	
Medicare Plan Number		R3332-001		1	H5434-002	
Service Area		Statewide		Ora	ange, Osceola	
Why You Should Sell This Plan	Combines competitive out	r-of-pocket costs and rich drug formulary with large	networks (provider ar	nd pharmacy) and the free	edom to access care in and out-c	of-network
Plan Premium		\$49.90*			\$108.70*	
Maximum Out-of-Pocket	\$6	5,500 IN / \$12,450 IN & OUT		\$5,900 IN	N / \$8,950 IN & OUT	
Primary Care Physician (PCP)		\$10		\$5		
Physician Specialist	\$50			\$45		
Inpatient Hospital Acute		\$345 per day, days 1-5		\$225 per day, days 1-7		
Outpatient Hospital Services		20% for all Surgeries \$150 Copayment all other			\$130	
Rx Deductible		\$250 for Tiers 3,4,5 only		\$305 for	Tiers 1,2,3,4,5 only	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 28% \$0			Standard \$3 \$10 \$40 \$93 28% \$0	
* TBD, announced in August	<ul> <li>✓ Hearing Aids (\$350-\$1,825</li> <li>✓ Vision (exam)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	copays)	<ul><li>✓ Hearing</li><li>✓ Vision (e</li><li>✓ SilverSr</li></ul>	Ilth Services	ys)	<b>27</b> 2024 Change

### **Central Region MA Only PPOs**





SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST
Plan Name	BlueMedicare Patriot (PPO)	BlueMedica	re Patriot (PPO)	BlueMedicare Patriot (PPO)
Medicare Plan Number	H5434-038	H54	134-044	H5434-042
Service Area	Lake, Sumter	Brevard, Flagler, Orange,	, Osceola, Seminole, Volusia	Polk
Why You Should Sell This Plan	Provides partial reimburs	sement of the monthly Part B Premium, access to	care in and out-of-network and flexibility	ty to use alternative Rx coverage
Plan Premium	\$0 / \$75 Monthly Part B Refund	d \$0 / \$75 Month	hly Part B Refund	\$0 / \$75 Monthly Part B Refund
Maximum Out-of-Pocket	\$5,000 IN / \$8,950 IN & OUT	\$5,500 IN / \$	8,950 IN & OUT	\$5,500 IN / \$8,950 IN & OUT
Primary Care Physician (PCP)	\$10		\$10	\$10
Physician Specialist	\$45	(	\$45	\$45
Inpatient Hospital Acute	\$350 per day, days 1-4	\$350 per c	day, days 1-4	\$350 per day, days 1-4
Outpatient Hospital Services	\$300	\$	\$300	\$300
Rx Deductible				
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6				
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$50 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,82</li> <li>✓ Vision (exam + \$200 allo</li> <li>✓ OTC (\$50 per quarter allo</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	owance)  wance)  / / / / / / / / / / / / / / / / / /	Dental (Comprehensive) Hearing Aids (\$350-\$1,825 copays) Vision (exam + \$200 allowance) OTC (\$50 per quarter allowance) SilverSneakers Telehealth Services Caregiver Support 28

### HealthyBlue Rewards Program

Exclusively for Florida Blue Medicare Advantage Members



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### Healthy\* Blue

Florida Blue Medicare Advantage members their healthiest. It's our way of saying "thanks" for being loyal to your health! Participating members medicale members are deem earned rewards no later than 2/31 each part.

#### Who is it for?

HealthyBlue is a part of the for Blue Medicare HMO, PPO and Group PPO (Employ PP) medicare This cludes BlueMedicare Complete (HMO PONP) in this

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#### **Annual Health Risk Appraisal**

#### **Annual Health Screening**

Option 1: Annual Wellness Visit /Welcome to Medicare Exam

Option 2: In-Home Health Visit / Telehealth Visit

**Breast Cancer Screening** Women only

#### Colon Cancer Screening

Option 1: Fecal Immunochemical Test (FIT) - Complete every year

Option 2: FIT-DNA (also known as Cologuard or flexible sigmoidoscopy or CT colonography) - Complete once every 2-3 years, or sooner based on your doctor's recommendation.

Option 3: Colonoscopy - Complete once every 10 years, or sooner based on your doctor's recommendation

#### **Diabetic Screenings**

Diabetic Retinal Exam

Diabetic Blood Test (A1c)

Diabetic Urine Test for Protein

Flu Shot



# **West Florida**



## Hillsborough HMOs



SOUTH	CENTRAL		WEST	NORTHEAST		NORTHWEST
Plan Name	BlueMedicare Classic (HMO)		BlueMedicare	Premier (HMO)		BlueMedicare Preferred (HMO) NEW
Medicare Plan Number	H1035-021		H103	35-023		H1035-052
Service Area	Hillsborough		Hillsb	orough		Hillsborough
Why You Should Sell This Plan	Blends competitive out-of-pocket costs wit formulary and expansive provider net		Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits		Curated h	igh performing network and comprehensive supplemental benefit package
Plan Premium	\$0		9	\$0		\$0
Maximum Out-of-Pocket	\$4,900		\$3	,100		\$1,800
Primary Care Physician (PCP)	\$0		\$	\$0		\$0
Physician Specialist	\$40		\$15		\$5	
Inpatient Hospital Acute	\$210 per day, days 1-8		\$150 per day, days 1-6			\$150 per day, days 1-6
Outpatient Hospital Services	\$150		\$100			\$100
Rx Deductible	\$0		\$0			\$0
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Standard \$0 \$8 \$40 \$93 33% \$0		Standard \$0 \$0 \$25 \$80 33% N/A			Standard \$0 \$0 \$25 \$80 33% N/A
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825</li> <li>✓ Vision (exam + \$250 allow</li> <li>✓ OTC (\$75 per quarter allow</li> <li>✓ SilverSneakers</li> <li>✓ Transportation (48 one-way</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, training sessions, 12 one-whours at-home services)</li> </ul>	vance) vance) y trips)	<ul> <li>✓ Hearing /</li> <li>✓ Vision (e</li> <li>✓ OTC (\$2</li> <li>✓ SilverSne</li> <li>✓ Transpor</li> <li>✓ Telehealt</li> <li>✓ Caregive</li> <li>✓ SSBCI* \$</li> <li>✓ Flexible E</li> </ul>	tation (48 one-way trips) h Services r Support t100 food allowance per month Benefit: \$1,000 to be used for additional dental, r vision costs after initial annual benefit is

#### **Pinellas HMOs**



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan	n Name		BlueMedicare Premier (HMO)			
Medicare Plan Number			H1035-034			
Service Area			Pinellas			
Why You Should Sell This Plan		Offers outstanding value through l	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits			
Plan Premium			\$0			
Maximum Out-of-Pocket			\$2,900			
Primary Care Physician (PCP)			\$0			
Physician Specialist			\$10			
Inpatient Hospital Acute			\$85 per day, days 1-6			
Outpatient Hospital Services			\$90			
Rx Deductible			\$0			
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$0 \$30 \$90 33% N/A				
* Must be diagnosed CAD, CHF, COPD, Chronic a Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Risk Assessment (HRA)		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$250 allowance)</li> <li>✓ OTC (\$125 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Transportation (48 one-way trips)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, 20 meals/msservices)</li> </ul>	onth, 5 personal training sessions, 12 one-way t	rips, 3 dietary consults, 30 hours at-home 2024 Change		

### Hernando, Pasco HMOs



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST
Plan Name		BlueMedicare Classic (HMO)	BlueMed	licare Premier (HMO)
Medicare Plan Number		H1035-021		H1035-034
Service Area		Hernando, Pasco	He	ernando, Pasco
Why You Should Sell This Plan	Blends competitive ou	t-of-pocket costs with a rich Rx formulary and expans provider networks		low copays, high-touch provider groups and a ge of supplemental benefits
Plan Premium		\$0		\$0
Maximum Out-of-Pocket		\$4,900		\$2,900
Primary Care Physician (PCP)		\$0		\$0
Physician Specialist		\$40		\$10
Inpatient Hospital Acute		\$210 per day, days 1-8	\$85 per day, days 1-6	
Outpatient Hospital Services		\$150	\$90	
Rx Deductible		\$0	\$0	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$8 \$40 \$93 33% \$0		\$1 Standard \$0 \$0 \$30 \$90 33% N/A
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	✓ Dental (Comprehensive ✓ Hearing Aids (\$350-\$1 ✓ Vision (exam + \$100 al ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support	825 copays)		ce)

### Manatee, Sarasota HMOs



SOUTH	CENTRAL	WEST		NORTHEAST	NORTHWEST	
Plan Name		BlueMedicare Classic (HMO)		BlueMedi	care Premier (HMO)	
Medicare Plan Number		H1035-019			H1035-045	
Service Area		Manatee, Sarasota		Man	natee, Sarasota	
Why You Should Sell This Plan	Blends competitive out	-of-pocket costs with a rich Rx formulary and expansive posteriors	provider	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits		
Plan Premium		\$0			\$0	
Maximum Out-of-Pocket		\$4,900			\$2,900	
Primary Care Physician (PCP)		\$0			\$0	
Physician Specialist		\$40		\$15		
Inpatient Hospital Acute		\$175 per day, days 1-6		\$123 per day, days 1-7		
Outpatient Hospital Services		\$175	\$90		\$90	
Rx Deductible		\$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0			\$tandard \$0 \$0 \$30 \$90 33% N/A	
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Heal Risk Assessment (HRA)	✓ Dental (Comprehen ✓ Hearing Aids (\$350 ✓ Vision (exam + \$10 ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support	-\$1,825 copays) 0 allowance)	,	✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,825 copa ✓ Vision (exam + \$250 allowance) ✓ OTC (\$100 per quarter allowanc) ✓ Transportation (48 one-way trips) ✓ Telehealth Services ✓ Caregiver Support ✓ SSBCI* (\$50 OTC/quarter, 20 m 12 one-way trips, 3 dietary consu	e) SilverSneakers s) eals/month, 5 personal training sessions,	

### Charlotte, Collier, Lee HMOs



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST	
Plan Name		BlueMedicare Classic (HMO)		BlueMedicare Premier (HMO)	
Medicare Plan Number		H1035-019		H1035-045	
Service Area		Charlotte, Collier, Lee		Charlotte, Collier, Lee	
Why You Should Sell This Plan	Blends competitive out-	t-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups a robust package of supplemental benefits		
Plan Premium		\$0		\$0	
Maximum Out-of-Pocket		\$4,900		\$2,900	
Primary Care Physician (PCP)	nary Care Physician (PCP)		\$0		
Physician Specialist		\$40		\$15	
Inpatient Hospital Acute		\$175 per day, days 1-6		\$123 per day, days 1-7	
Outpatient Hospital Services		\$175		\$90	
Rx Deductible		\$0		\$0	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0		Standard \$0 \$0 \$30 \$90 33% N/A	
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	<ul> <li>✓ Dental (Comprehens)</li> <li>✓ Hearing Aids (\$350-</li> <li>✓ Vision (exam + \$100</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	-\$1,825 copays) 00 allowance)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copa</li> <li>✓ Vision (exam + \$250 allowance)</li> <li>✓ OTC (\$100 per quarter allowance)</li> <li>✓ Transportation (48 one-way trips</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, 20 mg/12 one-way trips, 3 dietary consultations)</li> </ul>	ce) SilverSneakers s) neals/month, 5 personal training sessions,	

### **West Region D-SNPs**



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name	Bl	BlueMedicare Total (HMO D-SNP) REBRAND		BlueMedicare Complete (HMO D-SNP)		
Medicare Plan Number		H1035-030		H1035-032		
Service Area		Hillsborough		Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas, Sarasota		
Why You Should Sell This Plan		Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial on a curated network of PCPs  Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits				
Plan Premium		\$0 or up to TBD* \$0 or up to TBD*		or up to TBD*		
Maximum Out-of-Pocket		\$3,200 \$3,200		\$3,200		
Primary Care Physician (PCP)		\$0 \$0		\$0		
Physician Specialist		\$0 \$0		\$0		
Inpatient Hospital Acute		\$0		\$0		
Outpatient Hospital Services		\$0		\$0		
Rx Deductible	\$0 for L	LIS recipients or up to \$545 for all tiers	\$0 for LIS recipier	\$0 for LIS recipients or up to \$545 for all tiers		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 for LIS recipients N/A		Standard \$0 for LIS recipients N/A		
* TBD by CMS/SSA	<ul> <li>✓ Dental (Comprehensive,</li> <li>✓ Hearing Aids (\$4,000 allo</li> <li>✓ Vision (exam + \$500 allo</li> <li>✓ Meals (10 post-discharge</li> <li>✓ OTC (\$100 per month all</li> <li>✓ SilverSneakers</li> <li>✓ Food card (\$150 per mor</li> <li>✓ Transportation (unlimited</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ At-Home Services (60 ho</li> </ul>	owance) wance) e) owance) nth allowance for all members)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$4,000 allowance)</li> <li>✓ Vision (exam + \$500 allowance)</li> <li>✓ Meals (10 post-discharge)</li> <li>✓ OTC (\$100 per month allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Food card (\$100 per month allowance)</li> <li>✓ Transportation (unlimited)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ At-Home Services (60 hours)</li> </ul>			

## Hernando, Hillsborough, Pasco PPOs





SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name		BlueMedicare Value (PPO)	BlueMed	dicare Value (PPO)		
Medicare Plan Number		H5434-034		H5434-035		
Service Area		Hillsborough	Hei	rnando, Pasco		
Why You Should Sell This Plan		\$0 PPO with competitive benefits, robust of	extra package and access to care in and out-of-	network		
Plan Premium		\$0		\$0		
Maximum Out-of-Pocket		\$4,900 IN / \$8,950 IN & OUT	\$4,700 IN	N / \$8,950 IN & OUT		
Primary Care Physician (PCP)		\$0		\$0		
Physician Specialist		\$35 Level 1 Providers \$30 \$30 \$45 All Others		evel 1 Providers 10 All Others		
Inpatient Hospital Acute		\$275 per day, days 1-6		\$295 per day, days 1-5		
Outpatient Hospital Services		\$225		\$250		
Rx Deductible		\$150 for Tiers 3,4,5 only	\$150 fo	or Tiers 3,4,5 only		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$0 \$47 \$100 30% \$0		\$tandard \$0 \$8 \$47 \$100 30% \$0		
Supplemental Benefits	✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,8 ✓ Vision (exam + \$200 allo ✓ OTC (\$50 per quarter all ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support	25 copays) owance)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copary</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$50 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>			

# Charlotte, Collier, Highlands, Lee, Manatee, Pinellas, Sarasota PPOs



2024 Change

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SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWES	Т
Plan Name	BlueMedicare Value (PPO)	BlueMedicar	re Value (PPO)	BlueMedicare Value (PPO)	
Medicare Plan Number	H5434-023	H543	34-024	H5434-030	
Service Area	Pinellas	Highlands, Ma	natee, Sarasota	Charlotte, Collier, Lee	
Why You Should Sell This Plan	\$0 PPO with con	npetitive benefits, robust extra p	package and access to care in and	dout-of-network	
Plan Premium	\$0	,	\$0	\$0	
Maximum Out-of-Pocket	\$4,900 IN / \$8,950 IN & OUT	\$4,900 IN / \$8	3,950 IN & OUT	\$4,000 IN / \$8,950 IN & OUT	Г
Primary Care Physician (PCP)	\$0	\$0		\$0	
Physician Specialist	\$30 Level 1 Providers \$39 All Others	\$35 Level 1 Providers \$44 All Others		\$30 Level 1 Providers \$39 All Others	
Inpatient Hospital Acute	\$295 per day, days 1-5	\$275 per day, days 1-6		\$275 per day, days 1-5	
Outpatient Hospital Services	\$250	\$250		\$250	
Rx Deductible	\$150 for Tiers 3,4,5 only	\$150 for Tiers 3,4,5 only		\$150 for Tiers 3,4,5 only	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Standard \$0 \$0 \$47 \$100 30% \$0		ndard \$0 \$0 \$47 \$100 30% \$0	Standard \$0 \$0 \$47 \$100 30% \$0	
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$75 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,829 ✓ Vision (exam + \$200 allow ✓ OTC (\$50 per quarter allow ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support	5 copays)  /ance)  wance)	Dental (Comprehensive) Hearing Aids (\$350-\$1,825 copays) Vision (exam + \$200 allowance) OTC (\$50 per quarter allowance) SilverSneakers Telehealth Services Caregiver Support	38

## **West Region PPOs**



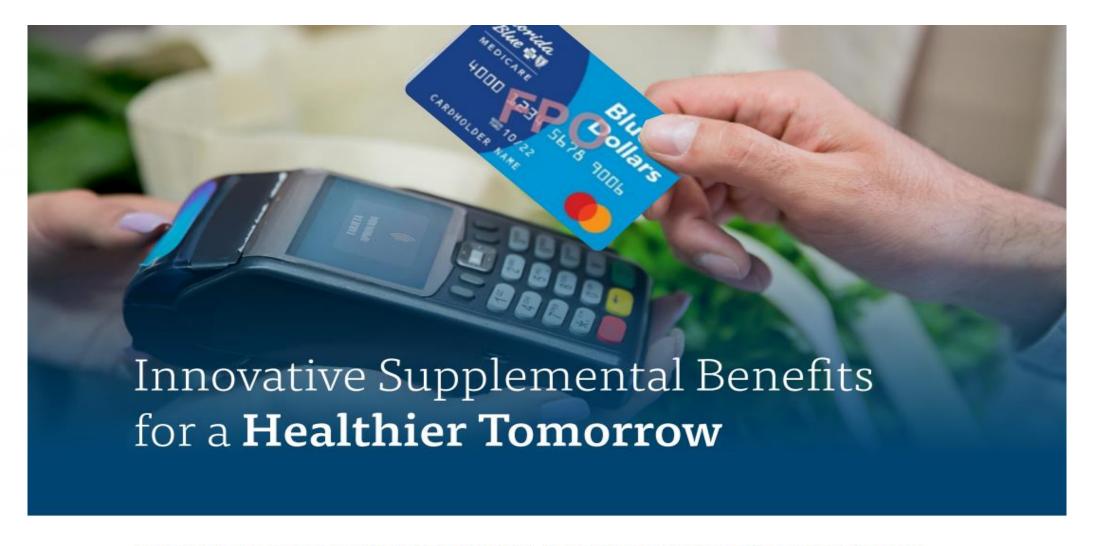
SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name	В	ueMedicare Choice (PPO)	BlueMedic	care Select (PPO)		
Medicare Plan Number		R3332-001	Н	5434-002		
Service Area		Statewide	Charlotte, Collier, Highlands,	Charlotte, Collier, Highlands, Hillsborough, Lee, Manatee, Pinellas		
Why You Should Sell This Plan	Combines competitive ou	t-of-pocket costs and rich drug formulary with large	networks (provider and pharmacy) and the free	dom to access care in and out-of-network		
Plan Premium		\$49.90*	5	\$108.70*		
Maximum Out-of-Pocket	\$6	,500 IN / \$12,450 IN & OUT	\$5,900 IN	\$5,900 IN / \$8,950 IN & OUT		
Primary Care Physician (PCP)		\$10		\$5		
Physician Specialist		\$50	\$45			
Inpatient Hospital Acute		\$345 per day, days 1-5 \$225 per day, days 1-7		er day, days 1-7		
Outpatient Hospital Services		20% for all Surgeries \$150 Copayment all other		\$130		
Rx Deductible		\$250 for Tiers 3,4,5 only	\$305 for T	iers 1,2,3,4,5 only		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 28% \$0		Standard \$3 \$10 \$40 \$93 28% \$0		
* TBD, announced in August	<ul> <li>✓ Hearing Aids (\$350-\$1,825</li> <li>✓ Vision (exam)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	copays)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<b>39</b> 2024 Change		

## **West Region MA Only PPO**



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
	Plan Name		BlueMedicare Patriot (PPO)			
Medicare Plan Number			H5434-042			
Service Area		Charlotte, Citrus, Co	llier, Hernando, Highlands, Hillsborough, Lee, N	lanatee, Pasco, Pinellas, Sarasota		
Why You Should Sell This Plan		Provides partial reimburseme	Provides partial reimbursement of the monthly Part B Premium, access to care in and out-of-network and flexibility to use alternative Rx coverage			
Plan Premium			\$0 / \$75 Monthly Part B Refund			
Maximum Out-of-Pocket			\$5,500 IN / \$8,950 IN & OUT			
Primary Care Physician (PCP)			\$10			
Physician Specialist			\$45			
Inpatient Hospital Acute			\$350 per day, days 1- 4			
Outpatient Hospital Services			\$300			
Rx Deductible						
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6						
Supplemental Benefits			✓ Dental (Comprehensive)			

- √ Hearing Aids (\$350-\$1,825 copays)
- √ Vision (exam + \$200 allowance)
- ✓ OTC (\$50 per quarter allowance)
- ✓ SilverSneakers
- ✓ Telehealth Services
- ✓ Caregiver Support



Florida Blue has partnered with NationsBenefits®, to provide its members with a variety of health care solutions designed to improve outcomes.

Eligible members receive a prepaid Blue Dollars Card loaded with their allocated benefit dollars. The card allows members to pay for supplemental benefits using one card.





### Flexible Purchasing

Members can use their Blue Dollars Card to pay for eligible items and approved services online and at many retail locations.

#### Access to Funds

The card includes funds that members can use to purchase what they need to personalize their care.

#### Flexible Purchasing Options

Members can use their card to:

- Order online or by phone through NationsBenefits
- Shop at many retail locations including many large retailers

#### Premier Experience

Going above and beyond members' expectations with service that includes, but is not limited to:

- 24/7/365 support from dedicated Member Experience Advisors
- Two-day delivery on all items ordered through NationsBenefits
- Live tracking through the MyBenefits Portal







## Northeast Florida



## Clay, Duval HMOs



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name	Blu	eMedicare Classic (HMO)	BlueMedica	re Premier (HMO)		
Medicare Plan Number		H1035-019	H1	035-033		
Service Area		Clay, Duval	Cla	ay, Duval		
Why You Should Sell This Plan	Blends competitive out-of-p	ocket costs with a rich Rx formulary and expansive provider networks		pays, high-touch provider groups and a robust applemental benefits		
Plan Premium		\$0		\$0		
Maximum Out-of-Pocket		\$4,900	5	\$3,300		
Primary Care Physician (PCP)		\$0		\$0		
Physician Specialist		\$40		\$15		
Inpatient Hospital Acute		\$175 per day, days 1-6	ays 1-6 \$125 per day, days 1-5			
Outpatient Hospital Services		\$175	\$100			
Rx Deductible		\$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0	Standard \$0 \$0 \$40 \$93 33% N/A			
* Must be diagnosed CAD, CHF, COPD, Chronic an Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a He Risk Assessment (HRA)			<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$300 allowance)</li> <li>✓ OTC (\$100 per quarter allowance) Sil</li> <li>✓ Transportation (48 one-way trips)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 OTC/quarter, 20 meals/r</li> <li>12 one-way trips, 3 dietary consults, 3</li> </ul>	month, 5 personal training sessions,		

## St. Johns HMOs





SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST
Plan Name	FHCP Med	dicare Flagler Advantage (HMO)	BlueMedica	re Classic (HMO)
Medicare Plan Number		H1035-016	H1	035-019
Service Area		St. Johns	St	t. Johns
Why You Should Sell This Plan		localized high-touch managed care programs and petitive out-of-pocket costs		vith a rich Rx formulary and expansive provider etworks
Plan Premium		\$0		\$0
Maximum Out-of-Pocket		\$3,650	9	\$4,900
Primary Care Physician (PCP)		\$0	\$0	
Physician Specialist		\$15	\$40	
Inpatient Hospital Acute	3	\$215 per day, days 1-5	\$175 per day, days 1-6	
Outpatient Hospital Services		\$150	\$175	
Rx Deductible		\$0		\$0
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 (new for FHCP plan)		Preferred/Standard \$0/10 \$5/20 \$44/47 \$95/100 33% \$0	Standard \$0 \$10 \$40 \$93 33% \$0	
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ FHCP Preferred Fitness</li> <li>✓ Hearing Aids (\$300 allowanc)</li> <li>✓ Telehealth Services</li> <li>✓ Vision (exam + \$180 allowanc)</li> </ul>		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	45

## **Marion HMOs**



SOUTH		CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name		Blue	eMedicare Classic (HMO)	BlueMedica	re Premier (HMO)		
Medicare Plan Number			H1035-019	H1	1035-043		
Service Area			Marion		Marion		
Why You Should Sell This Plan		Blends competitive out-of-po	ocket costs with a rich Rx formulary and expansive provider networks		pays, high-touch provider groups and a robust upplemental benefits		
Plan Premium			\$0		\$0		
Maximum Out-of-Pocket			\$4,900	:	\$2,400		
Primary Care Physician (PCP)			\$0		\$0		
Physician Specialist		\$40		\$20			
Inpatient Hospital Acute	Inpatient Hospital Acute		\$175 per day, days 1-6		\$110 per day, days 1- 6		
Outpatient Hospital Services		\$175		\$75			
Rx Deductible			\$0	\$0			
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6			Standard \$0 \$10 \$40 \$93 33% \$0	Standard \$0 \$0 \$35 \$93 33% N/A			
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a He Risk Assessment (HRA)		✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,825 ✓ Vision (exam + \$100 allow) ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support		<ul> <li>✓ Dental (Comprehensive, \$3,000 annuments)</li> <li>✓ Hearing Aids (\$2,000 allowance)</li> <li>✓ Vision (exam + \$250 allowance)</li> <li>✓ OTC (\$150 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Transportation (48 one-way trips)</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (\$50 monthly food card, 30 h</li> </ul>			

## **Citrus HMOs**



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name	ВІ	ueMedicare Classic (HMO)	BlueMedica	re Classic Plus (HMO)		
Medicare Plan Number		H1035-019	1	11035-046		
Service Area		Citrus		Citrus		
Why You Should Sell This Plan		Blends competitive out-of-pocket costs wi	th a rich Rx formulary and expansive provider n	etworks		
Plan Premium		\$0		\$0		
Maximum Out-of-Pocket		\$4,900		\$2,900		
Primary Care Physician (PCP)		\$0		\$0		
Physician Specialist		\$40		\$25		
Inpatient Hospital Acute		\$175 per day, days 1-6		\$156 per day, days 1-6		
Outpatient Hospital Services		\$175		\$150		
Rx Deductible		\$0 \$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 33% \$0		\$tandard \$0 \$5 \$40 \$93 33% \$0		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a Health Risk Assessment (HRA)	✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,825) ✓ Vision (exam + \$100 allowa) ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copay)</li> <li>✓ Vision (exam + \$150 allowance)</li> <li>✓ OTC (\$100 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ SSBCI* (30 hours at-home service)</li> </ul>			

## **Northeast Region D-SNP**

\* TBD by CMS/SSA



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST
Plan Name	ie		BlueMedicare Complete (HMO D-SNP)	
Medicare Plan Number			H1035-031	
Service Area			Clay, Duval, Marion	
Why You Should Sell This Plan		Offers value, savings, and security ta	argeting those eligible for both Medicare and Med	dicaid benefits, full and partial
Plan Premium			\$0 or up to TBD*	
Maximum Out-of-Pocket			\$3,200	
Primary Care Physician (PCP)			\$0	
Physician Specialist			\$0	
Inpatient Hospital Acute		\$0		
Outpatient Hospital Services			\$0	
Rx Deductible		\$0	) for LIS recipients or up to \$545 for all tiers	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6			Standard \$0 for LIS recipients N/A	
Supplemental Benefits	✓ H ✓ V ✓ M ✓ O ✓ S ✓ F: ✓ T: ✓ T· ✓ C	Dental (Comprehensive) Hearing Aids (\$4,000 allowance) //ision (exam + \$500 allowance) Meals (10 post-discharge) DTC (\$100 per month allowance) SilverSneakers Food card (\$100 per month allowance for all member Transportation (unlimited) Telehealth Services Caregiver Support At-Home Services (60 hours)	ers)	48

# Alachua, Citrus, Clay, Duval, Marion, Nassau, St. Johns PPOs



SOUTH	CENTRAL	WEST NORTHEAST		NORTHWEST	
Plan Name	BlueMedicare Value (PPO)	BlueMedic	are Value (PPO)	BlueMedicare Value (PPO)	
Medicare Plan Number	H5434-031	H5	434-036	H5434-039	
Service Area	Clay, Duval, Nassau, St. Johns	N	<i>l</i> arion	Alachua, Citrus	
Why You Should Sell This Plan	\$0	PPO with competitive benefits, robust extra	package and access to care in an	d out-of-network	
Plan Premium	\$0		\$0	\$0	
Maximum Out-of-Pocket	\$4,900 IN / \$8,950 IN & OUT	\$5,000 IN /	\$8,950 IN & OUT	\$4,900 IN / \$8,950 IN & OUT	•
Primary Care Physician (PCP)	\$0		\$0	\$5	
Physician Specialist	\$35 Level 1 Providers \$44 All Others	\$35 Levi \$45	el 1 Providers 1	\$32	
Inpatient Hospital Acute	\$295 per day, days 1-5	\$290 per	day, days 1-6	\$295 per day, days 1-7	
Outpatient Hospital Services	\$225		\$225	\$200	
Rx Deductible	\$150 for Tiers 3,4,5 only	\$150 for 7	Tiers 3,4,5 only	\$150 for Tiers 3,4,5 only	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	\$tandard \$0 \$4 \$47 \$100 30% \$0	St	andard \$0 \$0 \$47 \$100 30% \$0	Standard \$0 \$8 \$47 \$100 30% \$0	
Supplemental Benefits	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$75 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<ul> <li>✓ Dental (Comprehensive</li> <li>✓ Hearing Aids (\$350-\$1,</li> <li>✓ Vision (exam + \$200 all</li> <li>✓ OTC (\$75 per quarter a</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	825 copays) owance)	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$200 allowance)</li> <li>✓ OTC (\$75 per quarter allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<b>49</b> 2024 Change

## **Northeast Region PPOs**

\* TBD, announced in August



2024 Change

SOUTH	CENTRAL	WEST	NORTHEAS	т	NORTHWEST	
Plan Name		BlueMedicare Choice (PPO)		BlueMedicare Select (P	PO)	
Medicare Plan Number		R3332-001		H5434-002		
Service Area		Statewide		Duval, Marion		
Why You Should Sell This Plan	Combines cor	empetitive out-of-pocket costs and rich drug formulary with	large networks (provider and pharm	nacy) and the freedom to access	care in and out-of-network	
Plan Premium		\$49.90*		\$108.70*		
Maximum Out-of-Pocket		\$6,500 IN / \$12,450 IN & OUT		\$5,900 IN / \$8,950 IN & 0	DUT	
Primary Care Physician (PCP)		\$10		\$5		
Physician Specialist		\$50		\$45		
Inpatient Hospital Acute		\$345 per day, days 1-5		\$225 per day, days 1-7		
Outpatient Hospital Services		20% for all Surgeries \$150 Copayment all other		\$130		
Rx Deductible		\$250 for Tiers 3,4,5 only		\$305 for Tiers 1,2,3,4,5	only	
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 \$10 \$40 \$93 28% \$0		Standard \$3 \$10 \$40 \$93 28% \$0		
Supplemental Benefits	<ul> <li>✓ Hearing Aids (\$.</li> <li>✓ Vision (exam)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Serv</li> <li>✓ Caregiver Suppose</li> </ul>	vices	<ul> <li>✓ Dental (Compreh</li> <li>✓ Hearing Aids (\$35</li> <li>✓ Vision (exam + \$'</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Servic</li> <li>✓ Caregiver Support</li> </ul>	50-\$1,825 copays) 100 allowance)	50	

## Northeast Region MA Only PPOs



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name		BlueMedicare Patriot (PPO)	BlueM	ledicare Patriot (PPO)		
Medicare Plan Number		H5434-041		H5434-038		
Service Area		Alachua, Clay, Duval, Nassau, St. Johns		Marion		
Why You Should Sell This Plan	Provide	es partial reimbursement of the monthly Part B Premium	n, access to care in and out-of-network and fle	exibility to use alternative Rx coverage		
Plan Premium		\$0 / \$75 Monthly Part B Refund	\$0 / \$75	5 Monthly Part B Refund		
Maximum Out-of-Pocket		\$5,500 IN / \$8,950 IN & OUT	\$5,000	0 IN / \$8,950 IN & OUT		
Primary Care Physician (PCP)	imary Care Physician (PCP) \$10			\$10		
Physician Specialist		\$45		\$45		
Inpatient Hospital Acute		\$350 per day, days 1- 4	\$35	\$350 per day, days 1- 4		
Outpatient Hospital Services		\$300		\$300		
Rx Deductible						
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6						
Supplemental Benefits	√ Vision (exam +)	\$350-\$1,825 copays) \$200 allowance) quarter allowance) s vices	<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$350-\$1,825 co</li> <li>✓ Vision (exam + \$200 allowand</li> <li>✓ OTC (\$50 per quarter allowand</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	ce)		

WHY CAREGIVERS?

# Caregiving is universal

Caregiver resilience, effectiveness and confidence determines our health and wellness at a national level.

Carallel's Digital Platform and Call Center are included in all BlueMedicare Medicare Advantage plans



Carallel's approach blends personalized caregiver support from Care Advocates with digital tools and resources. Together, we build trust and help make the daily to-do's of caregiving easier to manage.

Caregivers who are equipped with human-led, tech-enabled support to manage their loved one's care have advantages.







#### **TOPICS**









#### **TOOLS**



Circle of Care Management



Bill Management



Document Management



Things to Do



## Northwest Florida



## Bay, Escambia, Okaloosa, Santa Rosa, Walton



HMOs				our local Blue Cross Blue Shield  MEDICARE		
SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST		
Plan Name	В	lueMedicare Classic (HMO)	В	lueMedicare Classic Plus (HMO)		
Medicare Plan Number		H1035-019		H1035-047		
Service Area	Bay, I	Escambia, Okaloosa, Santa Rosa	Bay, Es	scambia, Okaloosa, Santa Rosa, Walton		
Why You Should Sell This Plan		Blends competitive out-of-pocket costs wi	th a rich Rx formulary and expansive	e provider networks		
Plan Premium		\$0		\$0		
Maximum Out-of-Pocket		\$4,900		\$3,850		
Primary Care Physician (PCP)		\$0	\$0 \$0			
Physician Specialist		\$40		\$30		
Inpatient Hospital Acute		\$175 per day, days 1-6		\$200 per day, days 1-6		
Outpatient Hospital Services		\$175		\$175		
Rx Deductible		\$0		\$0		
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	Standard \$0 \$10 \$40 \$93 33% \$0			Standard \$0 \$0 \$40 \$93 33% \$0		
* Must be diagnosed CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions, Dementia, Neurologic Disorders or Diabetes and complete a He Risk Assessment (HRA)	<ul> <li>✓ Vision (exam + \$100 allow</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	<ul> <li>✓ Hearing Aids (\$350-\$1,825 copays)</li> <li>✓ Vision (exam + \$100 allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ ✓</li> </ul>		ve) 1,825 copays) allowance) rallowance) 54 home services) 2024 Change		

## **Northwest Region D-SNP**



SOUTH	CENTRAL	WEST	NORTHEAST	NORTHWEST			
Plan	Name		BlueMedicare Complete (HMO D-SNP)				
Medicare Plan Number			H1035-050				
Service Area			Escambia, Okaloosa, Santa Rosa, Walton				
Why You Should Sell This Plan		Offers value, savings, and secu	rity targeting those eligible for both Medicare and	d Medicaid benefits, full and partial			
Plan Premium			\$0 or up to TBD*				
Maximum Out-of-Pocket			\$3,200				
Primary Care Physician (PCP)			\$0				
Physician Specialist		\$0					
Inpatient Hospital Acute		\$0					
Outpatient Hospital Services		\$0					
Rx Deductible			\$0 for LIS recipients or up to \$545 for all tiers				
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6		Standard \$0 for LIS recipients					
Supplemental Benefits  * TBD by CMS/SSA		<ul> <li>✓ Dental (Comprehensive)</li> <li>✓ Hearing Aids (\$4,000 allowance)</li> <li>✓ Vision (exam + \$500 allowance)</li> <li>✓ Meals (10 post-discharge)</li> <li>✓ OTC (\$100 per month allowance)</li> <li>✓ SilverSneakers</li> <li>✓ Food card (\$100 per month allowance for</li> <li>✓ Transportation (unlimited)</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> <li>✓ At Home Services (60 hours)</li> </ul>	or all members)	<b>55</b> 2024 Change			

## **Northwest Region PPOs**

\* TBD, announced in August



2024 Change

SOUTH	CENTRAL		WEST NOR		Т	NORTHWEST	
Plan Name	BlueMedicare Value (PPO)		BlueMedicare	Choice (PPO)		BlueMedicare Select (PPO)	
Medicare Plan Number	H5434-025		R333	2-001		H5434-002	
Service Area	Bay, Calhoun, Escambia, Franklin, Gadsd Leon, Liberty, Okaloosa, Santa Rosa, Wa		State	ewide		Bay, Escambia, Santa Rosa	
Why You Should Sell This Plan	\$0 PPO with competitive benefits, robust of and access to care in and out-of-notes.		Combines competitive out-	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network			
Plan Premium	\$0.00		\$49	).90*		\$108.70*	
Maximum Out-of-Pocket	\$4,800 IN / \$8,950 IN & OUT	-	\$6,500 IN / \$12	2,450 IN & OUT		\$5,900 IN / \$8,950 IN & OUT	
Primary Care Physician (PCP)	\$5		\$	10		\$5	
Physician Specialist	\$42		\$	\$45		\$45	
Inpatient Hospital Acute	\$295 per day, days 1-6		\$345 per d	ay, days 1-5	\$225 per day, days 1-7		
Outpatient Hospital Services	\$250			ll Surgeries ment all other	\$130		
Rx Deductible	\$150 for Tiers 3,4,5 only		\$250 for Tiers 3,4,5 only		\$30	05 Applies for Tiers 1,2,3,4,5 or	nly
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6	\$tandard \$0 \$5 \$47 \$100 30% \$0			ndard 50 510 540 593 28% \$0		Standard \$3 \$10 \$40 \$93 28% \$0	
Supplemental Benefits	✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,825 copays) ✓ Vision (exam + \$200 allowance) ✓ OTC (\$75 per quarter allowance) ✓ SilverSneakers ✓ Telehealth Services ✓ Caregiver Support		<ul> <li>✓ Hearing Aids (\$350-\$1,8)</li> <li>✓ Vision (exam)</li> <li>✓ SilverSneakers</li> <li>✓ Telehealth Services</li> <li>✓ Caregiver Support</li> </ul>	25 copays)		s (\$350-\$1,825 copays) n + \$100 allowance) ers Services	56

## **Northwest Region MA Only PPO**



SOUTH	CENTRAL		WEST	NORTHEAST	NORTHWEST	
	Plan Name		BlueMedicare Patriot PPO			
Medicare Plan Number				H5434-040		
Service Area			Bay, Calhoun, Escambia	, Franklin, Gadsden, Jefferson, Leon, Liberty, C	Okaloosa, Santa Rosa, Wakulla, Walton	
Why You Should Sell This Plan			Provides partial reimbursement of the monthly Part B Premium, access to care in and out-of-network and flexibility to use alternative Rx coverage			
Plan Premium				\$0 / \$75 Monthly Part B Refund		
Maximum Out-of-Pocket			\$5,500 IN / \$8,950 IN & OUT			
Primary Care Physician (PCP)			\$10			
Physician Specialist			\$45			
Inpatient Hospital Acute			\$350 per day, days 1- 4			
Outpatient Hospital Services			\$300			
Rx Deductible						
Pharmacies Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6						
Supplemental Benefits			✓ Dental (Comprehensive) ✓ Hearing Aids (\$350-\$1,825 copays) ✓ Vision (exam + \$200 allowance) ✓ OTC (\$50 per quarter allowance) ✓ SilverSneakers			

✓ Telehealth Services✓ Caregiver Support

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## ACQUIRE NEW MEMBERS WITH SILVERSNEAKERS®

At Tivity Health®, our goal is to help you attract more members to the plans you sell. SilverSneakers® is a trusted and sought-after brand that's available to members through Florida Blue Medicare Advantage at no additional cost. A more successful sales season can depend on how well you message the value of SilverSneakers to your clients.

#### SilverSneakers.com/PreferredAgents

(877) 871-6968 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET



#### WITH SILVERSNEAKERS, MEMBERS ARE FREE TO MOVE WHEN, WHERE AND HOW THEY WANT:



Expanding a new and updated network in 2024 for Florida Blue to include premium location access such as Life Time Fitness in Florida.



Providing members an opportunity to engage outside of a traditional fitness center with SilverSneakers classes in the community at locations familiar to members.



into the home where members can access 30,000 virtual classes a month across the SilverSneakers platform.



Helping members learn new skills, unlock life experiences, and continue life-long learning enrichment classes.



## **Medicare Part D Plans**

## **Statewide Part D Plans**



#### STATEWIDE

Plan Name	Premier Rx (Part D)	Complete Rx (Part D)	
Medicare Plan Number	S5904-001	S5904-002	
Service Area	Statewide	Statewide	
Why You Should Sell This Plan	Offers essential Part D coverage for beneficiaries to meet their prescription drug needs	Offers complete Part D coverage for beneficiaries to meet their prescription drug needs	
Plan Premium	\$80.40* \$170.10*		
Rx Deductible	\$505 for Tiers 3,4,5 only	\$0	
Pharmacies	Standard	Standard	
Tier 1	\$6	\$3	
Tier 2	\$16	\$10	
Tier 3	\$47	\$40	
Tier 4	50%	\$93	
Tier 5	25%	33%	
Tier 6	N/A	N/A	
Gap Coverage	None	Tiers 1,2	



MEDICARE





Teledoc.com, AppStore or Google Play, 1-800-teledoc

OR

The telemedicine platform used by the Doctor of your member

#### Covered on all Florida Blue Medicare Advantage Plans

- Urgently Care
- Primary Care Physician
- Physician Specialist Services
- Dietician Services
- Individual Sessions for Mental Health Specialty
- Individual Sessions for Psychiatric Services
- Individual Sessions for Outpatient Substance Abuse
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Opioid Treatment Program
- Diabetes Self-Management Training

Member pays the same cost share as being seen in the office







drondemand.com, AppStore or Google Play, 800-997-6196

#### **Covered services**

- Primary Care Physician \$10
- Behavioral Health services by a Psychologist \$30

#### OR





#### **Covered services at \$0 cost share**

- **Primary Care Physician**
- **Physician Specialist Services**
- **Dietician Services**
- **Opioid Treatment Program**
- **Diabetes Self-Management Training**

Limited to participating FHCP employed providers who participate in virtual visits

## 2024 Supplemental Benefits



# Blue Dollars Card – One Card, Multiple Wallets



- In 2024 Florida Blue Medicare will be adding additional benefits/programs to our Blue Dollars card making it a multi-wallet/flexible benefits card
- A flexible benefits card is an FSA/HSA type benefit card that will allow Medicare members to pay for certain supplemental benefits (i.e., healthy
  foods, dental, vision, hearing, OTC) at the point of service, using one card that allows different benefit limits depending on the benefit.



Access to dollars that are loaded the month after select health and wellness activities are completed to pay for eligible expenses.

Members must opt. into program each year.

Availability and value of benefits vary by plan and county.

All benefits are subject to Florida Blue Medicare's approved item list and redemption locations.

Payment for out-of-pocket expenses related to hearing health care and hearing aids

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\*Note: Combined Dental, Vision and Hearing Allowances will be in addition to members core dental, vision, and hearing offering

### **Blue Dollars Card**

**Member Rewards** 





Plan/County(s)	Wallets		
All Medicare Advantage Plans (members must opt. into program to receive card)			
Premier HMO – Lake Marion, Sumter (food: chronic conditions qualifiers)			
Preferred HMO – Hillsborough, Polk (food: chronic conditions qualifiers)			
Complete D-SNP – Broward, Miami-Dade, Palm Beach, St. Lucie			
Total D-SNP – Hillsborough, Polk			
Complete D-SNP – All Counties			

**Healthy Foods** 

Availability and value of benefits vary by plan and county.

All benefits are subject to Florida Blue Medicare's approved item lists and redemption locations.

**OTC Retail** 

\*Note: Combined Dental, Vision and Hearing Allowances will be in addition to members core dental, vision, and hearing offering

**Hearing\*** 

Vision\*

**Dental\*** 

# Special Supplemental Benefits for the Chronically III (SSBCI) – Premier HMOs





- BlueMedicare Premier HMO plan members will qualify for these additional SSBCI benefits if they:
  - Have one or more of these conditions CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions (Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit), Dementia, Neurologic Disorders or Diabetes and;
  - Complete a Health Risk Assessment (HRA)
- Members qualify after both the claims data and HRA submission are verified. Once eligible, members will receive additional details on how to begin taking advantage of these enhanced benefits.
- Benefits are not granted retrospective of completion of qualifying events and program participation expires at the end of the calendar year

BlueMedicare Premier (HMO)				
Medicare Plan Numbers	H1035-022, H1035-023, H1035-024, H1035-025, H1035-026, H1035-033 H1035-034, H1035-045, H1035-048			
Service Areas	Brevard, Broward, Charlotte, Clay, Collier, Duval, Hernando, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Osceola, Pasco, Palm Beach, Pinellas, Polk, Sarasota, Seminole, St. Lucie counties			

2024 Change



At-Home Services
30 Annual Hours



Meals 20 per Month



Dietician Consults
3 Phone Conversations



OTC (online, phone, mail)
\$50 Per Quarter
(additional)



Transportation
12 Non-Medical Rides
(additional)

# Special Supplemental Benefits for the Chronically III (SSBCI) – Premier HMO Lake, Marion, Sumter





- BlueMedicare Premier HMO plan members will qualify for these additional SSBCI benefits if they:
  - Have one or more of these conditions CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions (Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit), Dementia, Neurologic Disorders or Diabetes and;
  - · Complete a Health Risk Assessment (HRA)
- Members qualify after both the claims data and HRA submission are verified. Once eligible, members will receive additional details on how to begin taking advantage of these enhanced benefits.
- Benefits are not granted retrospective of completion of qualifying events and program participation expires at the end of the calendar year

# Medicare Plan Number H1035-043 Service Areas Lake, Marion, Sumter counties Addition Addition

At-Home Services 30 Annual Hours



# Special Supplemental Benefits for the Chronically III (SSBCI) – Classic Plus HMOs







- BlueMedicare Classic Plus HMO plan members will qualify for these additional SSBCI benefits if they:
  - Have one or more of these conditions CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions (Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit), Dementia, Neurologic Disorders or Diabetes and;
  - Complete a Health Risk Assessment (HRA)
- Members qualify after both the claims data and HRA submission are verified. Once eligible, members will receive additional details on how to begin taking
  advantage of these enhanced benefits.
- · Benefits are not granted retrospective of completion of qualifying events and program participation expires at the end of the calendar year

BlueMedicare Classic Plus (HMO)				
Medicare Plan Numbers	H1035-046, H1035-047			
Service Areas	Bay, Citrus, Escambia, Okaloosa, Santa Rosa, Walton counties			



At-Home Services 30 Annual Hours

# Special Supplemental Benefits for the Chronically III (SSBCI) – Preferred HMO







- BlueMedicare Preferred HMO plan members will qualify for these additional SSBCI benefits if they:
  - Have one or more of these conditions CAD, CHF, COPD, Chronic and Disabling Behavioral Health conditions (Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit), Dementia, Neurologic Disorders or Diabetes and;
  - Complete a Health Risk Assessment (HRA)
- Members qualify after both the claims data and HRA submission are verified. Once eligible, members will receive additional details on how to begin taking advantage of these enhanced benefits.
- Benefits are not granted retrospective of completion of qualifying events and program participation expires at the end of the calendar year

	BlueMedicare Preferred (HMO) NEW
Medicare Plan Number	H1035-052
Service Areas	Hillsborough and Polk counties



## Value-Based Insurance Design (VBID)





- **BlueMedicare D-SNP** members are eligible for a Blue Dollars branded pre-paid debit Mastercard to purchase healthy foods at grocery stores
- Individuals that qualify for any level of Low-Income Subsidy (LIS) are eligible to receive the Blue Dollars Food Card. Eligibility is no longer based on Chronic Conditions.
- Benefits are not granted retrospective to enrollment and expire at the end of each month. Unused amounts do not roll over to the next month.
- Members must use a network of participating retail locations CHANGE



#### **BlueMedicare Complete & Total D-SNP HMOs**

Medicare Plan Numbers

**D-SNP HMO** 

H1035-027, H1035-028, H1035-029, H1035-030, H1035-031, H1035-032, H1035-050

2024 Change





Brevard, Charlotte, Clay, Collier, Duval, Escambia, Hernando, Lake, Lee, Manatee, Marion, Okaloosa, Orange, Osceola, Pasco, Pinellas, Sarasota, Santa Rosa, Seminole, Sumter, Walton counties

Broward, Hillsborough, Miami-Dade, Palm Beach, Polk, St. Lucie counties

## Flexible Benefit – Dental, Hearing, Vision



Florida Blue 🚭 🕽

MEDICARE



Blue **Dollars** 

- Preferred HMO Hillsborough, Polk
  - BlueMedicare Preferred HMO members in Hillsborough and Polk counties can utilize their Blue Dollars card to pay for any member cost shares in dental, hearing and vision
  - Allowance is to be used once the 2024 base dental and vision annual benefit has expired
    - Dental: \$3,000 in covered services, preventive or comprehensive
    - Vision: \$300 in materials (lenses, frames, contacts, add-ons)
      - Once the category(s) limit has been reached, the card's pre-loaded funds can cover any additional costs
    - Hearing aids: the card can be used to cover the member device copay(s)
  - Any unused money expires at the end of the current year

	BlueMedicare Preferred HMO NEW	
Medicare Plan Number	H1035-052	
Service Areas	Hillsborough and Polk counties	
	\$1.000 Annual Allowance	71

## **2024 Supplemental Benefits**







The vendors below provide varying level of services in the 2024 Medicare Advantage portfolio based on plan type and designated service areas.

Category	Vendor Name	Vendor Summary Description	Benefit Description
Caregiver Support	<b> ↑</b> Carallel*	Helps create a balance for caregivers caring for a loved one while living their own lives	Support for caregivers of enrollees: digital platform and expert call center support offering education and support services such as counseling and training courses. Available on all BlueMedicare plans.
Dental	Florida Combined Life	GuideWell Mutual Holding Company subsidiary who provides dental services administration, d.b.a. Life & Specialty Ventures Dental Management	Portfolio of comprehensive dental plans. Available on most BlueMedicare and many FHCP Medicare plans.
Vision Chan	ge PREMIER EYE CARE	Optimized eye care delivery system with effective managed care solutions	Routine exam and varying allowance levels towards the purchase of lenses, frames or contacts. Available on certain BlueMedicare plans.
Meal Delivery	Ils meals and nutrition counseling	Miami-based food delivery services	Meal delivery program for D-SNP members discharged from a facility; separate program for Premier HMO members with chronic conditions
Transportation	modivcare"	Healthcare logistics company providing transportation to medical appointments	Trips to plan-approved locations on certain BlueMedicare HMO and all D-SNP plans including doctor visits, lab, Rx, therapy, and grocery
Hearing Aids	nations hearing	South Florida-based healthcare company that offers comprehensive hearing solutions	Coverage for a hearing exam and benefits for up to 2 hearing aids per year when purchased through NationsHearing. Available on BlueMedicare and certain FHCP Medicare plans.
Over-the- Counter (OTC)	nations otc Over-the-Counter Benefits Management	South Florida-based healthcare company that offers comprehensive healthcare technology and administrative solutions for supplemental OTC benefit services	Quarterly or monthly OTC allowance. Provides additional items such as wearables, PERS devices. Guaranteed two-day shipping. Available on certain BlueMedicare and FHCP Medicare plans. Retail access available on certain plans.
At Home Care	papa	Miami-based solutions company that pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks.	Annual hours for At Home Care: Instrumental Activities of Daily Living, Respite (cleaning, companionship, meal prep, etc.). Included on all D-SNP plans and as a SBBCI benefit for qualifiers on the BlueMedicare Premier HMO plans.
Fitness Membership	SilverSneakers	Nationwide, completely free to use fitness program for Medicare beneficiaries	Basic fitness center membership with location reciprocity within their nationwide network. Available on all BlueMedicare Medicare Advantage plans.
Food Allowance Card	nations benefits	Fulfillment and Point-of-Sale card processor for the SSBCI monthly food card allowance	Monthly allowance for most D-SNP members, Premier HMO members in Lake, Marion and Sumter counties, Preferred HMO members in Hillsborough and Polk counties

## **2024 Medicare Dental Coverage**



Dental Plan Numbers	Plan 10	Plan 6	Plan 5H	Plan 8H, 8D	Annual Allowance Plans
Product	Classic/Classic Plus HMO: All Counties FHCP: FHCP Medicare Rx Plus, Premier Plus, Flagler Advantage, Medicare Premier Advantage Patriot PPO: All Counties Value PPO: All Counties Select PPO: All Counties	Premier: Brevard, Charlotte, Collier, Hernando, Hillsborough, Lee, Manatee,, Pasco, Pinellas, Polk, Sarasota, St. Lucie	<u>Premier:</u> Miami-Dade	Premier: Broward, Clay, Duval, Orange, Osceola, Palm Beach, Seminole,  Complete D-SNP: All but Hillsborough, Polk	Premier HMO: Lake, Marion, Sumter Preferred HMO: Hillsborough, Polk Total D-SNP: Hillsborough, Polk
Member Annual Allowance	-	-		-	Premier HMO: Lake, Marion, Sumter: \$3,000 Preferred HMO: Hillsborough, Polk: \$3,000 Total D-SNP: Hillsborough, Polk: \$4,000
Annual Benefit Maximum	Unlimited	Unlimited	\$3,000	Unlimited	N/A
Annual Member Deductible			\$50		
Member Costs	Preventive & Comprehensive: \$0	Preventive: \$0 Comprehensive: Copays vary by service	Preventive: \$0 Comprehensive: \$0 except Crowns 50% & Dentures 25%	Preventive & Comprehensive: \$0	Preventive & Comprehensive: \$0
		Preventive Ca	alendar Year Limits		
Exams	2	2	2	2	2
Cleanings	2	2	2	2	2
X-Rays	1 set	1 set	1 set	1 set	1 set
		Comprel	hensive Limits		
Fluoride Treatments				2 per calendar year	
Extractions	Simple only: 2 per calendar year	Simple & Surgical: 1 per lifetime of the tooth	Simple: 4 per calendar year Surgical: 2 per calendar year	Simple & Surgical: 4 per calendar year	
Crowns		1 per calendar year (only conjunction w/ a root canal)	2 crowns per calendar year	1 crown per calendar year	All services covered up until the annual maximum except:
Fillings		1 per calendar year	2 per calendar year	2 per calendar year	Implants, cosmetic dentistry (including
Root Canal		1 per calendar year	1 per calendar year	1 per calendar year	orthodontia (braces and Invisalign®) veneers, and teeth whitening
Dentures		1 set per 60 months	1 set per 60 months	1 set per 60 months	
Denture Adjustments	2 per calendar year	2 per calendar year	1 per calendar year	1 per calendar year	
Deep Cleaning / Root Planing			77	1 per quadrant per 24-month period	

Additional Benefits for Members with a Chronic Medical Diagnosis

Qualifying diagnoses: CAD, COPD, Diabetes, ESRD, Metabolic & Sjogren Syndromes, Oral/Neck/Throat Cancer, Pregnancy, Stoke)

## 2024 Portfolio







2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H1035-017	НМО	BlueMedicare Classic	Miami-Dade
H1035-018	НМО	BlueMedicare Classic	Palm Beach
H1035-019	НМО	BlueMedicare Classic	Bay, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Escambia, Lake, Lee, Manatee, Marion, Martin, Okaloosa, Santa Rosa, Sarasota, St. Johns, St. Lucie, Sumter
H1035-020	НМО	BlueMedicare Classic	Orange, Osceola, Seminole
H1035-021	НМО	BlueMedicare Classic	Hernando, Hillsborough, Pasco, Polk
H1035-022	НМО	BlueMedicare Premier	Palm Beach
H1035-023	НМО	BlueMedicare Premier	Hillsborough, Polk





2024 change

2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H1035-024	НМО	BlueMedicare Premier	Miami-Dade
H1035-025	НМО	BlueMedicare Premier	Broward
H1035-026	НМО	BlueMedicare Premier	Orange, Osceola, Seminole
H1035-027	HMO D-SNP	BlueMedicare Complete	Miami-Dade
H1035-028	HMO D-SNP	BlueMedicare Complete	Broward, Palm Beach, St. Lucie
H1035-029	HMO D-SNP	BlueMedicare Complete	Brevard, Lake, Orange, Osceola, Seminole, Sumter
H1035-030	HMO D-SNP	BlueMedicare Total* REBRAND	Hillsborough, Polk
H1035-031	HMO D-SNP	BlueMedicare Complete	Clay, Duval, Marion
H1035-032	HMO D-SNP	BlueMedicare Complete	Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas, Sarasota

<sup>\*</sup> Network changes to the Exclusive High-Performing HMO network





2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H1035-033	НМО	BlueMedicare Premier	Clay, Duval
H1035-034	НМО	BlueMedicare Premier	Hernando, Pasco, Pinellas
H1035-039	Part B Give Back HMO	BlueMedicare Saver	Miami-Dade
H1035-043	НМО	BlueMedicare Premier	Lake, Marion, Sumter
H1035-045	НМО	BlueMedicare Premier	Charlotte, Collier, Lee, Manatee, Sarasota
H1035-046	НМО	BlueMedicare Classic Plus	Citrus
H1035-047	НМО	BlueMedicare Classic Plus	Bay, Escambia, Okaloosa, Santa Rosa, Walton
H1035-048	НМО	BlueMedicare Premier	Brevard, St. Lucie



2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H5434-002	Local PPO	BlueMedicare Select	Bay, Broward, Charlotte, Collier, Duval, Escambia, Highlands, Hillsborough, Lee, Manatee, Marion, Orange, Osceola, Palm Beach, Pinellas, Santa Rosa, St. Lucie
H5434-023	Local PPO	BlueMedicare Value	Pinellas
H5434-024	Local PPO	BlueMedicare Value	Highlands, Manatee, Sarasota
H5434-025	Local PPO	BlueMedicare Value	Bay, Calhoun, Escambia, Franklin, Gadsden, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Walton, Wakulla
H5434-026	Local PPO	BlueMedicare Value	Broward, Indian River, Martin, Palm Beach, St. Lucie
H5434-030	Local PPO	BlueMedicare Value	Charlotte, Collier, Lee





2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H5434-031	Local PPO	BlueMedicare Value	Clay, Duval, Flagler, Nassau, St. Johns, Volusia
H5434-032	Local PPO	BlueMedicare Value	Miami-Dade
H5434-033	Local PPO	BlueMedicare Value	Brevard, Orange, Osceola, Seminole
H5434-034	Local PPO	BlueMedicare Value	Hillsborough, Polk
H5434-035	Local PPO	BlueMedicare Value	Hernando, Pasco
H5434-036	Local PPO	BlueMedicare Value	Lake, Marion, Sumter
H5434-038	MA only, Part B Give Back PPO	BlueMedicare Patriot	Lake, Marion, Sumter
H5434-039	Local PPO	BlueMedicare Value	Alachua, Citrus





2024 change

2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H5434-040	MA only, Part B Give Back PPO	BlueMedicare Patriot	Bay, Calhoun, Escambia, Franklin, Gadsden, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton
H5434-041	MA only, Part B Give Back PPO	BlueMedicare Patriot	Alachua, Clay, Duval, Nassau, St. Johns
H5434-042	MA only, Part B Give Back PPO	BlueMedicare Patriot	Charlotte, Citrus, Collier, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota
H5434-044	MA only, Part B Give Back PPO	BlueMedicare Patriot	Brevard, Flagler, Indian River, Martin, Orange, Osceola, Palm Beach, Seminole, St. Lucie, Volusia
R3332-001	Regional PPO	BlueMedicare Choice	Statewide
S5904-001	Part D	BlueMedicare Premier	Statewide
S5904-002	Part D	BlueMedicare Complete	Statewide

## 2024 BlueMedicare New Plans



2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H1035-052	HMO	BlueMedicare Total NEW	Hillsborough, Polk

2023 Plan Number	Plan Type	Plan Name	Plan Service Area
H1035-035	Part B Give Back HMO	BlueMedicare Saver	Broward, Palm Beach
H1035-037	Part B Give Back HMO	BlueMedicare Saver	Hillsborough, Pinellas, Polk
H1035-038	Part B Give Back HMO	BlueMedicare Saver	Orange, Osceola
H1035-039	Part B Give Back HMO	BlueMedicare Saver	Miami-Dade

## **2024 FHCP Medicare Renewed Plans**



2024 Plan Number	Plan Type	Plan Name	Plan Service Area
H1035-002	HMO and HMO-POS	FHCP Medicare Rx Plus	Flagler, Volusia
H1035-006	НМО	FHCP Medicare Rx	Flagler, Volusia
H1035-011	НМО	FHCP Medicare Premier Plus	Brevard, Seminole
H1035-014	НМО	FHCP Medicare Rx Savings	Brevard, Flagler, Seminole, Volusia
H1035-016	НМО	FHCP Medicare Flagler Advantage	St. Johns
H1035-040	НМО	FHCP Medicare Premier Advantage	Brevard, Flagler, Seminole, Volusia



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\*All plan premiums are estimates and are subject to change.

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