Florida Blue Medicare

2026 Medicare Program Overview

Retirees Eligible for Medicare

072225

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Your Health Solutions Partner

MEDICARE

What we will cover today

- **What is Medicare? Parts A, B, C and D**

Enrolling into the Medicare Program

- Initial Coverage Election Period
- Original Medicare Coverage
- Part A Enrollment
- Part B Enrollment, Late Penalty and Income Related Medicare Adjustment Amount (IRMAA)
- Medicare Assignment and Coverage
- Part D Prescription Drug Plans
- Part D Enrollment, Late Penalty and Income Related Medicare Adjustment Amount (IRMAA)

Part C – Medicare Advantage and Employer Group Waiver Plan (EGWP)

- Eligibility Requirements and when to Enroll in the Employer Group Waiver Plan

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What is Medicare?

- Medicare is a Federal program that is part of the Social Security Act.
- Medicare provides health care coverage to individuals who are age 65 and above; or under age 65 with certain disabilities, or individuals of any age who have End Stage Renal Disease (ESRD).
- It is made up of Parts A, B, C and D.
- Parts A and B make up what is known as “Original Medicare.” You are responsible for Part A and/or Part B cost sharing, which includes premiums, deductibles, coinsurances and prescription drug costs.

When do I enroll in the Medicare program?

- Enrollment in Part A and Part B is automatic if you are already receiving Social Security benefits prior to your 65th birthday.
- Part A can act as a secondary payer even if you are still actively working with group benefits.
- Part B is optional if you are still actively working and have coverage through your employer.
- If you are not automatically enrolled in Part A and Part B prior to your 65th birthday – you can enroll during the 7-month window around your 65th birthday. This is known as the Initial Coverage Election Period (ICEP).
- Enrollment in Part A and Part B is done through the Social Security Administration. This is known as “Original Medicare.” This enrollment MUST be done before you can enroll in any Medicare plan, including Part C and D Medicare Advantage plan.

Initial Coverage Election Period (ICEP)

Your initial Medicare Effective Date will be the first of the month in which your 65th birthday occurs, if you enroll prior to that date. If your birthday occurs on the first day of a month, your Medicare effective date will be the first of the month prior to the month in which your 65th birthday occurs. If you enroll during or after the month in which your 65th birthday occurs, your Medicare effective date will be the first of the month following the month in which you apply. You can have different effective dates for Part A, Part B and Part D.

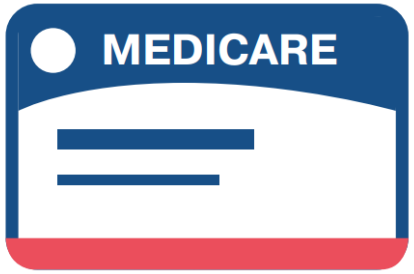
Original Medicare

Part A helps cover:

- Inpatient hospital admissions
- Skilled nursing facility admissions
- Home health agency care
- Hospice care
- Inpatient blood services

Part B helps cover:

- Physician's office services
- Ancillary medical and other services
- Clinical laboratory services
- Outpatient hospital services
- Outpatient blood services
- Many preventive services covered at 100% with no deductible



Original Medicare

- For most services, you are required to pay a portion of the costs when services are rendered
- Part A beneficiaries usually do not pay a monthly premium for coverage.
- Part A generally pays 100% of the Medicare allowed amount for covered services after any deductibles and cost sharing are applied.
- Part B beneficiaries pay a monthly premium to the government.
- Part B generally pays 80% of the Medicare allowed amount for covered services after an annual deductible is met. Many preventive services are covered at no cost to the beneficiary.
- Original Medicare is widely accepted by providers nationwide.
- Most providers that accept Original Medicare also accept “Medicare assignment.” Beneficiaries pay more for doctors or providers who don’t accept Medicare assignment. In Florida, most physicians accept Medicare assignment.

Medicare Part A Enrollment

Everyone should enroll in Medicare Part A as soon as you are eligible.

- Part A can act as a secondary payer even if you are still actively employed with commercial group benefits.
- If you worked 40 quarters (10 years) of Medicare-credited employment, you are automatically entitled to Part A. Most people are entitled to Part A without any monthly premium.
- In many cases, beneficiaries with less than 40 quarters of Medicare-credited employment may purchase Part A for a monthly premium. This premium amount will vary depending on the number of quarters of Medicare-credited employment you have. Contact the Social Security Administration for details.

Medicare Part B Enrollment & Penalty

2026 costs not released by CMS

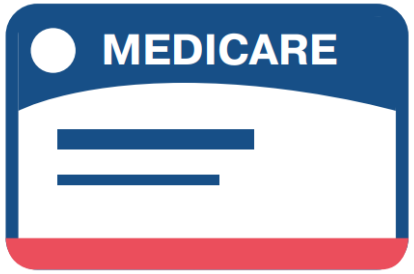
You should enroll in Medicare Part B as soon as you are eligible if you are not actively working, have no other coverage, or are enrolled in COBRA.

- These types of coverage do not count as current employer coverage, and you may be charged a 10% Part B late-enrollment penalty if you do not enroll when you are first eligible. If a penalty is imposed by Medicare, you must continue to pay this penalty if you have Medicare Part B.
- If you are still actively working, you may delay enrolling in Part B without penalty, until you leave the active-employee commercial group health plan.
- Part B has a monthly premium that is paid to the government. Many Medicare beneficiaries elect to have the Part B premium deducted directly from their monthly Social Security check. The 2025 monthly standard Part B premium is $185.00. High-Income earners may pay more.

Medicare Part B Premiums for High-Income Earners for Calendar Year 2025 Income-Related Medicare Adjustment Amounts (IRMAA)

2026 costs not released by CMS

Based on 2023 yearly income filed to IRS		
If You Filed Individual Tax Return and your income was:	**If You Filed Joint Tax Return and your income was:**	**You Pay***
Less than or equal to $106,000	Less than or equal to $212,000	$185.00
Greater than $106,000 and less than or equal to $133,000	Greater than $212,000 and less than or equal to $266,000	$259.00
Greater than $133,000 and less than or equal to $167,000	Greater than $266,000 and less than or equal to $334,000	$370.00
Greater than $167,000 and less than or equal to $200,000	Greater than $334,000 and less than or equal to $400,000	$480.90
Greater than $200,000 and less than or equal to 500,000	Greater than $400,000 and less than or equal to $750,000	$591.90
Greater than or equal to $500,000	Greater than or equal to $750,000	$628.90



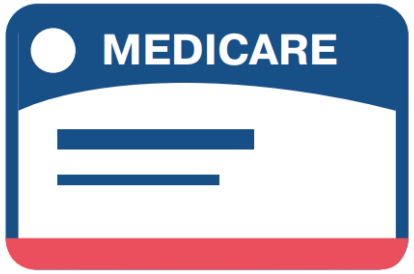
Medicare Assignment

- Providers that accept “Medicare assignment” have agreed to accept Medicare’s allowance as payment in full.
- Medicare Limiting Amount – Providers that do not accept Medicare assignment may not collect more that 15% over the Medicare allowance.
- Providers that do not accept Medicare assignment may require payment in full at the time services are rendered. Reimbursement will then go directly to the beneficiary from Medicare.
- Claim filing to Medicare is the provider’s responsibility whether or not they accept Medicare assignment.
- Most providers who accept Medicare, also accept Medicare assignment.

What you pay for Original Medicare services in 2025

2026 costs not released by CMS

Medicare Part A	Medicare Part B
Hospital (Inpatient) ▪ **No monthly premium for most people** ▪ $1,676 deductible each benefit period for admissions of 1 – 60 days ▪ $419 per day for days 61-90 each benefit period ▪ $838 per day for days 91-150 each benefit period (lifetime reserve days)	**General** ▪ **Monthly Premium:** $185.00 ▪ Deductible: $257 per calendar year ▪ Cost sharing: 20% of the Medicare-approved amount for most services
Medicare-Certified Skilled Nursing Facility ▪ Covers up to 100 days each benefit period after at least a 3-day covered hospital stay ▪ $0 copay for first 20 days ▪ $209.50 per day for days 21-100	**Outpatient Mental Health** ▪ 20% of the Medicare-approved amount for most outpatient mental health services
Home health care ▪ $0 copayment for Medicare-approved home health care services	**Preventive Services** ▪ $0 copay for the Medicare-approved list of preventive services
Blood ▪ Entire cost for first three pints of blood	**Blood** ▪ Entire cost for first three pints of blood as an outpatient, then 20% of the Medicare-approved amount for additional pints



What Original Medicare Does Not Cover

- Most Outpatient Prescription Drugs (must purchase a Part D plan from a private carrier)
- Insulin/Syringes only covered under Part D
- Shingles Vaccine (Zostavax) only covered under Part D
  - An office visit copay or administration fee is usually charged to administer the vaccine, as well as the applicable prescription drug copay for the vaccine
- Routine Eye Exams and Eyewear
- Routine Hearing Exams and Hearing Aids
- Long-Term Nursing Home Care/Custodial Care
- Routine Dental Care
- Care Received Outside the United States

Medicare Part D Enrollment and Penalty

You should also enroll in Medicare Part D as soon as you are eligible if you do not have creditable prescription drug coverage, such as coverage through an employer-sponsored Rx plan.

- If you do not have creditable prescription drug coverage, you may be subject to a 1% Part D late-enrollment penalty for every month you do not enroll when you are first eligible. If a penalty is imposed by Medicare, you must continue to pay this penalty if you have Medicare Part D. *Ex: 12 months times national base premium $38.99 (12% x $38.99 = $$4.68/month).*
- You may delay enrolling in Part D without penalty if you have other creditable prescription drug coverage, such as an Rx plan through active employment, VA benefits, or other prescription drug coverage that is as good as or better than coverage provided under the Medicare Part D defined-standard coverage.
- Your prescription drug plan is required to send you an annual notice to let you know whether your coverage is creditable or not.

Medicare Part D premiums for high-income earners for calendar year 2025 Income-Related Medicare Adjustment Amounts (IRMAA)

2026 costs not released by CMS

Based on 2023 yearly income filed to IRS		
If You Filed Individual Tax Return and your income was:	**If You Filed Joint Tax Return and your income was:**	**You Pay***
Less than or equal to $106,000	Less than or equal to $212,000	$0.00
Greater than $106,000 and less than or equal to $133,000	Greater than $212,000 and less than or equal to $266,000	$13.70
Greater than $133,000 and less than or equal to $167,000	Greater than $266,000 and less than or equal to $334,000	$35.30
Greater than $167,000 and less than or equal to $200,000	Greater than $334,000 and less than or equal to $400,000	$57.00
Greater than $200,000 and less than or equal to 500,000	Greater than $400,000 and less than or equal to $750,000	$78.60
Greater than or equal to $500,000	Greater than or equal to $750,000	$85.80

Part C – Medicare Advantage plans
3 Things You Should Know

What is it?	What if I don't like it - when can I change to another plan or go back to Original Medicare?	Am I no longer in Medicare if I join a Medicare Advantage Plan?
• It's a Medicare program that replaces Original Medicare and/or the need for a supplemental insurance policy (you get coverage from a private, Medicare-contracted insurer instead of Original Medicare). **Medicare Advantage is NOT a Medicare Supplement.**	• During your Group Annual Enrollment Period.	• You are still in the Medicare program; however, if you stay in the Medicare Advantage plan you are no longer enrolled in Original Medicare • While enrolled in the Medicare Advantage plan, you will not show your red, white and blue Medicare ID card to a provider because you will receive a new ID card from Florida Blue

Part C – Medicare Advantage Plans

- Part C Medicare Advantage plans are offered by private insurance companies
- Regulated by the Federal government – Centers for Medicare & Medicaid Services (CMS) – companies' contract on an annual basis with CMS
- Combine Part A, Part B and Part D benefits under a single plan
- Replaces Original Medicare but must cover the same benefits
- May also include “extra” benefits such as routine dental and routine vision coverage, or additional prescription drug coverage in the “coverage gap”
- Usually requires a copay or coinsurance when services are rendered
- Usually requires adherence to a network of providers
- Is NOT a Medicare Supplement plan – acts as “primary” coverage in place of Original Medicare
- May be individual coverage or offered as an Employer Group Waiver Plan (EGWP)
- Medicare Advantage plans usually feature plan designs like a PPO – Florida Blue offers EGWP PPO plan designs

Medicare Advantage Employer Group Waiver Plan Eligibility and When to Enroll

To enroll in a BlueMedicare Employer Group Waiver Plan; You must be:

- Retired
- Enrolled in Medicare Part A and Medicare Part B.
- For BlueMedicare Group Rx plans, you must also be enrolled in Medicare Part A and Medicare Part B.

Additionally:

- BlueMedicare Employer Group Waiver Plans (EGWP) are available to retiree dependent(s) that are Medicare-eligible.
- Retiree can enroll during their Initial Coverage Election Period (ICEP) or during the group annual open enrollment.

Bay County School District #45791

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MEDICARE

2026 BlueMedicare Group Elite PPO/Rx

This information is not a complete description of benefits. Contact the plan for more information.
Limitations, copayments, and restrictions may apply.
Benefits, premiums and/or copayments/coinsurance may change each year.
You must continue to pay your Medicare Part B premium.
The formulary, pharmacy network and /or provider network may change at any time. You will receive notice when necessary.

BlueMedicare Group Elite PPO

Monthly Premium, Deductible and Limits

Monthly Plan Premium $291.54

You must continue to pay your Medicare Part B premium.

Deductible

- $0 per year for In-Network health care services
- $1,000 per year for Out-of-Network health care services
- $100 per year for Part D prescription drugs. There is no deductible for insulins.

Maximum Out-of-Pocket Responsibility

- $2,000 is the most you pay for copays, coinsurance, and other costs for Medicare-covered medical services from in-network providers for the year.
- $5,000 is the most you pay for copays, coinsurance, and other costs for Medicare-covered medical services you receive from in- and out-of-network providers.

BlueMedicare Group Elite PPO

Medical and Hospital Benefits

	In-Network	Out-of-Network
Inpatient Hospital Coverage ◊ (Authorization applies to in-network services only.)	$200 copay per day, for days 1-7 $0 copay per day, after day 5	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Outpatient Hospital Coverage	$75 copay per visit for Medicare-covered observation services $200 copay for all other services ◊	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Ambulatory Surgical Center (ASC) Services	$150 copay for surgery services provided at an Ambulatory Surgical Center ◊	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Doctor Visits	$10 copay per provider of choice visit $25 copay per specialist visit	$10 copay per provider of choice visit 30% of the Medicare-allowed amount after $1,000 out-of-network deductible

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Preventive Care

	In-Network	Out-of-Network
Preventive Care	• **$0** copay • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services and supplies • Health and wellness education programs • Hepatitis C Screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams	30% of the Medicare-allowed amount

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Preventive & Emergency Care

Preventive Care

- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care: Glaucoma screening
- “Welcome to Medicare” preventive visit

Emergency Care

Medicare-Covered Emergency Care
- $75 copay per visit, in- or out-of-network
- This copay is waived if you are admitted to the hospital within 48 hours of an emergency room visit.
- Worldwide Emergency Care Services
- $75 copay for Worldwide Emergency Care
- $25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services

Does not include emergency transportation

BlueMedicare Group Elite PPO

Urgently Needed Services

Medicare-Covered Urgently Needed Services

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.

- $25 copay at an Urgent Care Center, in- or out-of-network

Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.

- $25 copay at a Convenient Care Center, in- or out-of-network

Worldwide Urgently Needed Services

- $75 copay for Worldwide Urgently Needed Services
- $25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services

BlueMedicare Group Elite PPO

Diagnostic Services/Labs/Imaging

	In-Network	Out-of-Network
Diagnostic Services/ Labs / Imaging ◊ (Authorization applies to in-network services only.)	**Diagnostic Procedures and Tests** • $10 copay at an Independent Diagnostic Testing Facility (IDTF) • $30 copay at an outpatient hospital facility • $0 copay for allergy testing **Laboratory Services** • $0 copay at an Independent Clinical Laboratory • $15 copay at an outpatient hospital facility **X-Rays** • $25 copay at a physician's office or at an IDTF • $100 copay at an outpatient hospital facility **Advanced Imaging Services** Includes services such as Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), and Computer Tomography (CT) Scan • $50 copay at a physician's office • $75 copay at an IDTF • $100 copay at an outpatient hospital facility **Radiation Therapy** 20% of the Medicare-allowed amount	30% of the Medicare-allowed amount after $1,000 out-of-network deductible

BlueMedicare Group Elite PPO

Hearing, Dental & Vision Services

	In-Network	Out-of-Network
Hearing Services	**Medicare-Covered Hearing Services** • $25 copay for specialist exams to diagnose and treat hearing and balance issues	**Medicare-Covered Hearing Services** • 30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Dental Services	**Medicare-Covered Dental Services ◊** • $25 copay for specialist non-routine dental care	**Medicare-Covered Dental Services** • 30% of the Medicare-allowed amount after $1,000 out-of-network deductible for non-routine dental
Vision Services	**Medicare-Covered Vision Services** • $25 copay for specialist to diagnose and treat eye diseases and conditions • $0 copay for glaucoma screening (once per year for members at high risk of glaucoma) • $0 copay for one diabetic retinal exam per year • $0 copay for one pair of eyeglasses or contact lenses after each cataract surgery	**Medicare-Covered Vision Services** • 30% of the Medicare-allowed amount for glaucoma screening • 30% of the Medicare-allowed amount after $1,000 out-of-network deductible for Medicare-covered specialist services to diagnose and treat diseases and conditions of the eye and diabetic retinal exams • 30% of the Medicare-allowed amount after $1,000 out-of-network deductible for eyeglasses or contact lenses after cataract surgery

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Mental Health Services & Skilled Nursing Facility

	In-Network	Out-of-Network
Mental Health Services ◊ (Authorization applies to in-network services only)	**Inpatient Mental Health Services** • $200 copay per day for days 1-7 • $0 copay per day for days 8-90 190-day lifetime benefit maximum in a psychiatric hospital. **Outpatient Mental Health Services** • $30 copay	**Inpatient Mental Health Services** • 30% of the Medicare-allowed amount after $1,000 out-of-network deductible 190-day lifetime benefit maximum in a psychiatric hospital. **Outpatient Mental Health Services** • 30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Skilled Nursing Facility (SNF) ◊ (Authorization applies to in-network services only.)	• $0 copay per day for days 1-20 • $100 copay per day for days 21-100 Our plan covers up to 100 days in a SNF per benefit period.	30% of the Medicare-allowed amount after $1,000 out-of-network deductible

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Other Benefits

	In-Network	Out-of-Network
Physical Therapy	$25 copay per visit ◊	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Ambulance	Ground $150 copay for each Medicare-covered trip (one-way) ◊ Air 20% of total cost	Ground $150 for each Medicare- covered trip (one-way) Air 20% of total cost
Transportation	Not Covered	Not Covered
Medicare Part B Drugs	• $5 copay for allergy injections • Up to 20% of the Medicare-allowed amount for chemotherapy drugs and other Medicare Part B-covered drugs ◊ • 20% up to $35 per month for Insulin Drugs via DME ◊	30% of the Medicare-allowed amount after $1,000 out-of-network deductible

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Diabetic Supplies

	In-Network	Out-of-Network

Diabetic Supplies	• $0 copay at a Florida Blue Medicare contracted network retail or mail-order pharmacy for Diabetic Supplies such as:
	  • Lifescan (One Touch®) Glucose Meters
	  • Lancets
	  • Test Strips
	  • Continuous Glucose Monitors (CGMs) such as Freestyle Libre and Dexcom, and supplies. ◊
		30% of the Medicare-allowed amount after $1,000 out-of-network deductible

Important Note:

- **Insulin, insulin syringes and needles for self-administration in the home are obtained from an in-network retail or mail order pharmacy and are covered under your Medicare Part D pharmacy benefit.** Applicable Part D co-pays and deductibles apply.
- Lifescan (OneTouch®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.
- The initial fill of a CGM when being used with an insulin pump can be obtained through our participating DME provider.

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Other Benefits

	In-Network	Out-of-Network
Medicare Diabetes Prevention Program	$0 copay for Medicare-covered services	30% of the Medicare-allowed amount
Podiatry	$25 copay for each Medicare-covered podiatry visit	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Chiropractic	$20 copay for each Medicare-covered chiropractic service	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Medical Equipment and Supplies ◊ (Authorization applies to in-network services only.)	• 20% of the Medicare-allowed amount for all plan approved, Medicare-covered motorized wheelchairs and electric scooters • 0% of the Medicare-allowed amount for all other plan approved, Medicare-covered durable medical equipment	30% of the Medicare-allowed amount after $1,000 out-of-network deductible

BlueMedicare Group Elite PPO

Other Benefits

	In-Network	Out-of-Network
Lymphedema Therapy **Occupational and Speech Therapy**	$0 copay $25 copay per visit ◊	30% of the Medicare-allowed amount after $1,000 out-of-network deductible
Telehealth ◊ (Authorization applies to in-network services only)	• $25 copay for Urgently Needed Services • $10 copay for Primary Care Services • $25 copay for Occupational Therapy/Physical Therapy/Speech Therapy at all locations • $25 copay for Dermatology Services • $30 copay for individual sessions for outpatient Mental Health Specialty Services • $30 copay for individual sessions for outpatient Psychiatry Specialty Services • $30 copay for Opioid Treatment Program Services • $30 copay for individual sessions for outpatient Substance Abuse Specialty Services in an office setting • $0 copay for Diabetes Self-Management Training • $0 copay for Dietician Services	30% of the Medicare-allowed amount after $1,000 out-of-network deductible

BlueMedicare Group Elite PPO

Other Benefits

	In-Network	Out-of-Network
Blue Dollars Benefits MasterCard® Prepaid Card NOTE: See Healthy Blue Rewards	• **Based on your plan's allowance and frequency amounts, funds will be loaded on your Blue Dollars Card automatically.** • Use your Blue Dollars card for easy access to rewards and select allowance benefits that may be part of your plan. • Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply. • The Blue Dollars card will be mailed directly to you. Reward dollars must by used by 12/31. Any unused allowance will not be rolled over.	• **Based on your plan's allowance and frequency amounts, funds will be loaded on your Blue Dollars Card automatically.** • Use your Blue Dollars card for easy access to rewards and select allowance benefits that may be part of your plan. • Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply. • The Blue Dollars card will be mailed directly to you. Reward dollars must by used by 12/31. Any unused allowance will not be rolled over.
SilverSneakers® Fitness Program	• Gym membership and classes available at fitness locations across the country, including national chains and local gyms. • Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more.	• Gym membership and classes available at fitness locations across the country, including national chains and local gyms. • Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more.

BlueMedicare Group Elite PPO

HealthyBlue Rewards

Healthy Blue

Earn up to $100 a year in HealthyBlue Rewards
for completing certain preventive screenings and healthy activities.

Use your Blue Dollars Benefits Mastercard® Prepaid Card to redeem your rewards dollars to:

- Purchase over-the-counter items and healthy foods in-store at select retailers
- Or to pay for any costs associated with dental and vision services at any retailer whose primary business is dental or vision and who accepts Mastercard.

Don’t wait to redeem your rewards!
You have until December 31, 2026, to earn, report and redeem your 2026 HealthyBlue Rewards.
Log in to your online member account at **floridablue.com/medicare**.

Participation is voluntary and offered at no additional cost to you!

BlueMedicare Group Elite PPO

HealthyBlue Rewards

You can earn HealthyBlue Rewards on your Blue Dollars card when you complete the following eligible activities in 2026.

Activity	Rewardable Amount
Annual Wellness Visit (AWV) / Welcome to Medicare Exam	$40
In Home Health Visit (IHA) / Telehealth Visit	$15
Breast Cancer Screening	$10
Colon Cancer Screening ➢ Option 1: FIT kit ➢ Option 2: FIT-DNA (Cologuard) ➢ Option 3: Colonoscopy	$10
Diabetic Retinal Eye Exam (DRE)	$15
Osteoporosis Screening	$10
Total Rewards	**$100**

Eligible allowance and rewards amounts cannot be combined. Additional limitations or restrictions may apply. Subscription type services like Walmart+, Instacart, Shipt, Amazon are not eligible. The Benefits Mastercard® Prepaid Card, is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated. Card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access

BlueMedicare Group Elite Rx

Part D Prescription Drug Benefits

Deductible Stage
The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. You will pay a yearly deductible of **$100** which applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand) and Tier 5 (Specialty Tier) drugs. You must pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand) and Tier 5 (Specialty Tier) drugs until you reach the plan's deductible amount. For all other drugs, you will not have to pay any deductible. The full cost is usually lower than the normal full price of the drug since our plan has negotiated lower costs for most drugs at network pharmacies. Once you have paid **$100** which applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand) and Tier 5 (Specialty Tier) drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.

Initial Coverage Stage
You begin in this stage after you meet your deductible. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You stay in the Initial Coverage Stage until your total out-of-pocket costs reach **$2,100**. You then move on to the Catastrophic Coverage Stage. You may get your drugs at network retail pharmacies and mail order pharmacies.

Catastrophic Coverage Stage
You enter the Catastrophic Stage when your out-of-pocket costs have reached the **$2,100** limit for the calendar year. During the Catastrophic Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year

BlueMedicare Group Elite PPO

Formulary

See Evidence of Coverage for details	Standard Retail (31-day supply)	Standard Retail (90-100day supply)	Mail Order (90 to 100-day supply)
Tier 1 - Preferred Generic	$0 copay	$0 copay	$0 copay
Tier 2 - Generic	$3 copay	$0 copay	$0 copay
Tier 3 - Preferred Brand	$30 copay	$90 copay	$90 copay
Tier 4 - Non-Preferred Drug	$60 copay	$180 copay	$120 copay
Tier 5 - Specialty Tier	33% of the cost	N/A	N/A
Tier 6 – Select Care Drugs	$0 copay	$0 copay	$0 copay

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

BlueMedicare Group Elite Rx

Part D Prescription Drug Benefits

Medicare Prescription Payment Plan
The Medicare Prescription Payment Plan is a payment option to help Medicare beneficiaries spread out their out-of-pocket drug cost across a calendar year (January to December). Participation is voluntary and there is no cost to enroll. You can enroll by speaking to your Agent of Record (AOR) or by calling our dedicated election support line at 1-800-926-6565 or 1-833-696-2087, (TTY – 711) 8am – 8pm ET Mon – Fri, (voicemails monitored on weekends), 8am – 11pm ET 7 days a week (during Annual Enrollment Period (AEP)).
For more information about payment plan, speak with an agent or visit the website at
https://www.floridablue.com/medicare/member/prescription-drug-payments

Pharmacies

Lower costs. More Choices.

Many Florida Blue Medicare provider partners' facility pharmacies and many independent pharmacies in Florida and nationwide also participate in our network.

Standard Pharmacies
You must use a participating location for your prescription to be covered.

Home Delivery Pharmacies
Enjoy convenient home delivery and free shipping!