

2024 Farm Bureau Advantage HMO

Summary of Benefits

This is a summary of drug and health services covered by Farm Bureau Advantage HMO, January 1, 2024 through December 31, 2024. The benefit information is a summary of what we will cover and what you will pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage from Farm Bureau Health Plans at the number listed below. You can also visit our website at www.fbhp.com/medicare-advantage.

Who can join?

To join Farm Bureau Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in the Farm Bureau Advantage HMO service area. Our service area includes the following counties in Tennessee:

Central:

- | | | |
|--------------|--------------|--------------|
| • Bedford | • Hickman | • Putnam |
| • Benton | • Houston | • Robertson |
| • Bledsoe | • Humphreys | • Rutherford |
| • Cannon | • Jackson | • Smith |
| • Cheatham | • Lawrence | • Stewart |
| • Clay | • Lewis | • Sumner |
| • Coffee | • Lincoln | • Trousdale |
| • Cumberland | • Macon | • Van Buren |
| • Davidson | • Marshall | • Warren |
| • DeKalb | • Maury | • Wayne |
| • Dickson | • Montgomery | • White |
| • Fentress | • Moore | • Williamson |
| • Franklin | • Overton | • Wilson |
| • Giles | • Perry | |
| • Grundy | • Pickett | |

Tri-Cities:

- | | | |
|-----------|------------|--------------|
| • Carter | • Hawkins | • Unicoi |
| • Greene | • Johnson | • Washington |
| • Hancock | • Sullivan | |

Knoxville:

- | | | |
|-------------|-------------|----------|
| • Anderson | • Grainger | • Monroe |
| • Blount | • Hamblen | • Morgan |
| • Campbell | • Jefferson | • Scott |
| • Claiborne | • Knox | • Sevier |
| • Cocke | • Loudon | • Union |

Which doctors, hospitals and pharmacies can I use?

We have a Health Maintenance Organization (HMO) network of doctors, hospitals, and pharmacies. You can select a Primary Care Physician (PCP) during the enrollment process, or prior to your coverage effective date. This is the provider that will grant you access to important medical services and prescription drug benefits. Except in an emergency, you must use HMO network providers and pharmacies. This plan will not pay for services if you use a provider that is not in our HMO network. You can review the Farm Bureau Advantage HMO Provider and Pharmacy Directory's on our website at www.fbhp.com/medicare-advantage. You can also contact Farm Bureau Health Plans at the number below and request a printed copy of the Provider and/or Pharmacy directory's in your area to be mailed to you. Please note that the provider network and/or the pharmacy network can change at any time.

1-833-999-0103 (TTY/TDD: 711)

8 a.m. through 8 p.m. local time, seven days a week, October 1 through March 31.

8 a.m. through 8 p.m. local time, Monday through Friday, April 1 through September 30.

Visit us online

www.fbhp.com/medicare-advantage

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Farm Bureau Health Plans is a HMO plan with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

Benefit	Central Tennessee H4863-001	Tri-Cities Tennessee H4863-003	Knoxville Tennessee H4863-005
	What you pay	What you pay	What you pay
Monthly Plan Premium	\$0	\$0	\$0
Annual Medical Deductible	\$0	\$0	\$0
Maximum Out of Pocket	\$5,300 annually	\$3,200 annually	\$3,200 annually
Inpatient Hospital Coverage¹			
Inpatient Hospital Coverage	\$300 days 1 - 5, \$0 days 6-90		
Outpatient Hospital Coverage¹			
– Ambulatory Surgery Center	\$225	\$175	\$175
– Outpatient Surgery (Hospital)	\$250	\$250	\$250
Doctor visits			
– Primary Care Provider	\$0	\$0	\$0
– Specialist ¹	\$30	\$25	\$30
Preventative Care	\$0	\$0	\$0
Emergency Care	\$100	\$100	\$100
Urgently Needed Services	\$30	\$30	\$30
Worldwide Emergency Coverage ²	\$100	\$100	\$100
Telehealth Services			
– Primary Care Provider	\$0	\$0	\$0
– Specialist ¹	\$30	\$25	\$30
Diagnostic Tests and Procedures¹			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$20	\$25	\$30
– Hospital	\$100	\$100	\$100
Laboratory Services¹			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$0	\$0	\$0
– Freestanding Laboratory	\$0	\$0	\$0
– Urgent Care	\$30	\$30	\$30
– Hospital	\$30	\$30	\$30
X-rays¹			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$30	\$25	\$30
– Hospital	\$50	\$50	\$50

1. Services require a Prior Authorization and may require a Primary Care Physician (PCP) Referral.

2. Does not count toward your out of pocket maximum.

3. Medicare Covered Benefits only. Routine care and other chiropractic services not covered.

4. Most DMEs require Prior Authorization and a Referral from you PCP.

5. Diabetic supplies are limited to specific manufacturers. Test strips and monitors: One Touch, Accu-Check. Continuous glucose monitors available from Freestyle Libre or Dexcom after completing a prior authorization.

6. Amounts do not roll over to next 3 month period.

Benefit	Central Tennessee H4863-001	Tri-Cities Tennessee H4863-003	Knoxville Tennessee H4863-005
	What you pay	What you pay	What you pay
Advanced Imaging Services¹			
– Primary Care Provider	\$75	\$75	\$75
– Specialist	\$75	\$75	\$75
– Freestanding Facility	\$75	\$75	\$75
– Hospital	\$200	\$200	\$200
Therapeutic Radiological Services	\$50	\$50	\$50
Hearing Services²			
– Routine Hearing Exam one visit per year	\$0	\$0	\$0
– Hearing Aids	\$599 - \$899 cost sharing per aid		
Dental Services²			
– Preventative two prophylaxis yearly	\$0	\$0	\$0
– Comprehensive	20% - 50% coinsurance		
– Benefit limit	\$3,500	\$3,500	\$3,500
Vision Services²			
– Routine Eye Exam	1 per year \$0		
– Eyewear	\$200 allowance	\$200 allowance	\$200 allowance
Mental Health Services¹			
– Inpatient Care	\$300 days 1 - 5, \$0 days 6 - 90		
– Individual Sessions	\$30	\$30	\$30
– Group Sessions	\$20	\$20	\$20
Ambulance¹			
– Air	20% copayment	20% copayment	20% copayment
– Ground	\$270 per one way trip	\$270 per one way trip	\$270 per one way trip
Skilled Nursing Facility¹	\$0 days 1 - 20, \$203 days 21 - 100		
Physical, Occupational and Speech Therapy¹	\$30	\$30	\$30
Medicare Part B Drugs	20% coinsurance		
Over The Counter (OTC) Drug Card⁶	\$150 per quarter	\$150 per quarter	\$150 per quarter
Chiropractic Services – Medicare covered³	\$20	\$20	\$20
Durable Medical Equipment (DME)⁴	20% coinsurance		
Diabetic Supplies⁵	\$0	\$0	\$0
Fitness Club Membership	\$10 home fitness kit, \$25 annual fitness membership		
Podiatry Services¹	\$30	\$30	\$30
Transportation	Non-covered	Non-covered	Non-covered

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Prescription Drug Coverage

Benefit	Central Tennessee H4863-001	Tri-Cities Tennessee H4863-003	Knoxville Tennessee H4863-005
	What you pay	What you pay	What you pay
Part D Deductible	\$0	\$0	\$0
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$7	\$5	\$5
Tier 3: Preferred Brand	\$47	\$47	\$47
Tier 4: Non-Preferred Drug	\$100	\$100	\$100
Tier 5: Specialty Tier	33%	33%	33%
Mail Order 100 Day Supply: Tier 1 Preferred Generic	\$0	\$0	\$0
Mail Order 100 Day Supply: Tier 2 Generic	\$0	\$0	\$0
Mail Order 100 Day Supply: Tier 3 Preferred Brand	\$141	\$141	\$141
Mail Order 100 Day Supply: Tier 4 Non-Preferred Drug	\$300	\$300	\$300
Mail Order 100 Day Supply: Tier 5 Specialty Tier	not covered		
Insulins - 30 days	\$35	\$35	\$35
Initial Coverage Limit (ICL)	Initial Coverage Limit is \$5,030.00. During the Initial Coverage state, the plan pays its share of the cost of your covered prescriptions and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Please review the Evidence of Coverage online for more information on the phases of the benefit.		
Coverage Gap	<p>You stay in this stage until your out of pocket costs reach a total of \$8,000.00. When you are in the Coverage Gap Stage, the Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price and a portion of the dispensing fees for brand name drugs. Please review the Evidence of Coverage online for more information on the Coverage Gap Stage.</p> <p>Coverage Gap Stage coinsurance requirements do not apply to Part D covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p>		
Catastrophic Coverage Stage	Catastrophic Coverage Limit is \$8,000.00. Catastrophic coverage begins after your total yearly drug cost reaches \$8,000.00. During this time, the plan pays most of the cost for your drugs. Please reference the Evidence of Coverage, available online, for complete information regarding the Catastrophic Coverage Stage.		

Insulin is covered at no more than \$35 per month or 30 day supply regardless of coverage tier. Insulin drugs are covered under Tier 3 and Tier 4.