

# 2023 Summary of Benefits Farm Bureau Advantage HMO

Medicare Advantage Program with Prescription Drugs

Central Tennessee (H4863-001)

Tri-Cities Tennessee (H4863-003)

Knoxville Tennessee (H4863-005)

**Farm Bureau  
HEALTH PLANS**

*Tennessee*

H4863\_FBTNMK23300\_M

# Important things to know

This is a summary of drug and health services covered by Farm Bureau Advantage, January 1, 2023 through December 31, 2023. 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.fbhealthplans.com/Medicare-Advantage](http://www.fbhealthplans.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 service area. Our service area includes the following counties in Tennessee:

### Central:

- |             |              |
|-------------|--------------|
| • Cannon    | • Macon      |
| • Cheatham  | • Marshall   |
| • Davidson  | • Maury      |
| • Dekalb    | • Robertson  |
| • Dickson   | • Rutherford |
| • Giles     | • Smith      |
| • Hickman   | • Stewart    |
| • Houston   | • Sumner     |
| • Humphreys | • Trousdale  |
| • Lawrence  | • Warren     |
| • Lewis     | • Williamson |
| • Lincoln   | • Wilson     |

### Tri-Cities:

- Johnson
- Sullivan
- Unicoi
- Washington

### Knoxville:

- Anderson
- Blount
- Cocke
- Grainger
- Knox
- Loudon
- Sevier
- Union



## Which doctors, hospitals and pharmacies can I use?

We have a network of doctors, hospitals, pharmacies and other providers. Except in an emergency, you must use network providers and pharmacies. If you use providers that are not in our network, the plan may not pay for these services. You can see the Farm Bureau Advantage (HMO) Provider and Pharmacy Directory on our website at [www.fbhealthplans.com/Medicare-Advantage](http://www.fbhealthplans.com/Medicare-Advantage). You can also contact Farm Bureau Health Plans and request a copy of the Provider and/or Pharmacy directory. Please note that the provider network and/or the pharmacy network can change at any time.



## 1-833-999-0092 (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.fbhealthplans.com/Medicare-Advantage](http://www.fbhealthplans.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 Advantage is a MAPD plan with a Medicare contract. Enrollment in Farm Bureau Advantage depends on contract renewal.

<b>Benefit</b>	<b>Central Tennessee H4863-001</b>	<b>Tri-Cities Tennessee H4863-003</b>	<b>Knoxville Tennessee H4863-005</b>
	<b>What you pay</b>	<b>What you pay</b>	<b>What you pay</b>
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
<b>Inpatient Hospital Coverage</b>			
Inpatient Hospital Coverage	\$300 days 1 - 5, \$0 days 6-90	\$300 days 1 - 5, \$0 days 6-90	\$300 days 1 - 5, \$0 days 6-90
<b>Outpatient Hospital Coverage</b>			
– Ambulatory Surgery Center	\$225	\$175	\$175
– Outpatient Surgery (Hospital)	\$250	\$250	\$250
<b>Doctor visits</b>			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$30	\$25	\$30
Preventative Care	\$0	\$0	\$0
Emergency Care	\$90	\$90	\$90
Urgently Needed Services	\$40	\$40	\$40
Worldwide Emergency Coverage	\$90	\$90	\$90
<b>Telehealth Services</b>			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$30	\$25	\$30
<b>Diagnostic Tests and Procedures<sup>1</sup></b>			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$30	\$25	\$30
– Hospital	\$100	\$100	\$100
<b>Laboratory Services<sup>1</sup></b>			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$0	\$0	\$0
– Freestanding Laboratory	\$0	\$0	\$0
– Urgent Care	\$30	\$30	\$30
– Hospital	\$30	\$30	\$30
<b>X-rays<sup>1</sup></b>			
– Primary Care Provider	\$0	\$0	\$0
– Specialist	\$30	\$25	\$30
– Hospital	\$50	\$50	\$50

1. Services may require prior authorization from the plan.
2. 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.
3. Home exercise program for \$10, or membership at a Silver & Fit Fitness Center.

<b>Benefit</b>	<b>Central Tennessee H4863-001</b>	<b>Tri-Cities Tennessee H4863-003</b>	<b>Knoxville Tennessee H4863-005</b>
	<b>What you pay</b>	<b>What you pay</b>	<b>What you pay</b>
<b>Advanced Imaging Services<sup>1</sup></b>			
– 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
<b>Hearing Services</b> <i>(Routine hearing exams and hearing aid copayments are not subject to the out-of-pocket maximum)</i>			
– Routine Hearing Exam one visit per year	\$0	\$0	\$0
– Hearing Aids	\$599 - \$899 cost sharing	\$599 - \$899 cost sharing	\$599 - \$899 cost sharing
<b>Dental Services</b>			
– Preventative three prophylaxis yearly	\$0	\$0	\$0
– Comprehensive	20% - 50%	20% - 50%	20% - 50%
– Benefit limit	\$3,500	\$3,500	\$3,500
<b>Vision Services</b>			
– Routine Eye Exam	1 per year \$0	1 per year \$0	1 per year \$0
– Eyewear	\$200 allowance	\$200 allowance	\$200 allowance
<b>Mental Health Services</b>			
– Inpatient Care	\$300 days 1 - 5, \$0 days 6 - 90	\$300 days 1 - 5, \$0 days 6 - 90	\$300 days 1 - 5, \$0 days 6 - 90
– Individual Sessions	\$30	\$30	\$30
– Group Sessions	\$20	\$20	\$20
<b>Skilled Nursing Facility</b>	\$0 days 1 - 20, \$188 days 21 - 100	\$0 days 1 - 20, \$188 days 21 - 100	\$0 days 1 - 20, \$188 days 21 - 100
<b>Physical Therapy/ Occupational Therapy/ Speech Therapy</b>	\$30	\$30	\$30
<b>Ambulance</b>	\$270 per one way trip	\$270 per one way trip	\$270 per one way trip
<b>Medicare Part B Drugs</b>	20%	20%	20%
<b>Chiropractic Services – Medicare covered</b>	\$20	\$20	\$20
<b>Durable Medical Equipment</b>	20%	20%	20%
<b>Diabetic Supplies<sup>2</sup></b>	\$0	\$0	\$0
<b>Fitness Club Membership<sup>3</sup></b>	\$10 - \$25	\$10 - \$25	\$10 - \$25
<b>Podiatry Services</b>	\$30	\$30	\$30
<b>Transportation</b>	Non-covered	Non-covered	Non-covered



# 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 90 Day Supply: Tier 1 Preferred Generic	\$0	\$0	\$0
Mail Order 90 Day Supply: Tier 2 Generic	\$0	\$0	\$0
Mail Order 90 Day Supply: Tier 3 Preferred Brand	\$141	\$141	\$141
Mail Order 90 Day Supply: Tier 4 Non-Preferred Drug	\$300	\$300	\$300
Mail Order 90 Day Supply: Tier 5 Specialty Tier	33%	33%	33%
Insulins - 30 days	\$35	\$35	\$35
Initial Coverage Limit (ICL)	Initial Coverage Limit is \$4,660.00. 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	You stay in this stage until your out of pocket costs reach a total of \$7,400.00. 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.		
Catastrophic Coverage Stage	Catastrophic Coverage Limit is \$7,400.00. Catastrophic coverage begins after your total yearly drug cost reaches \$7,400.00. 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.		

# Pre-enrollment checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions you can call and speak to a Member Services at 1-833-999-0103.

## Understanding the Benefits

☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.fbhealthplans.com/Medicare-Advantage](http://www.fbhealthplans.com/Medicare-Advantage) or call 1-833-999-0103 to view a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will most likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

☐ Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).