Farm Bureau HEALTH PLANS Tennessee ®

2020 SUMMARY OF BENEFITS

Farm Bureau Essential Rx

(PDP) – S2668-005
Plan Service Area: Tennessee
January 1, 2020 – December 31, 2020

This booklet gives you a summary of what **Farm Bureau Essential Rx** (PDP) covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, you can view our *Evidence of Coverage* online at **www.fbhealthplans.com/part-d** or call Customer Service for more information or to request an *Evidence of Coverage*.

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

Contact Information

Farm Bureau Health Plans

Enrollment Information:	**1-844-368-8738** TTY users call 711
Member Services:	**1-866-643-6924** TTY users call 711
Hours of Operation:	October 1 – March 31: 8 a.m. to 8 p.m., 7 days a week April 1 – September 30: 8 a.m. to 8 p.m., Monday-Friday Our automated phone system may answer your call on weekends and federal holidays.
Website:	**www.fbhealthplans.com/part-d**

Medicare

Medicare	1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048
Hours of Operation:	24 hours a day, 7 days a week
Website:	www.medicare.gov

Social Security Administration

Social Security Administration	1-800-772-1213 TTY users should call 1-800-325-0778
Hours of Operation:	7 a.m. to 7 p.m., Monday – Friday

Medicare Part D Prescription Drug Plan	Farm Bureau **Essential Rx** Plan
Monthly Premium: **If you have Part B, you must continue to pay your Part B premiums.**	**$60.50**
Annual Deductible:	**$435**

Deductible Stage

The Deductible Stage is the first stage of your drug coverage. This stage begins when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs.

Once you have paid $435 for your drugs, you leave the Deductible Stage and move to the Initial Coverage Stage.

Initial Coverage Stage

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 this stage until your total drug costs for the year total $4,020**. Total drugs costs are your payments plus the Plan's payments.

Copay/Coinsurance	Network Pharmacy	
Tier Level	**30 - Day Supply**	**90 - Day Supply**
Tier 1 – Preferred Generic	$3	$9
Tier 2 - Generic	$8	$24
Tier 3 – Preferred Brand	$38	$114
Tier 4 – Non-Preferred Brand	40% of drug cost	40% of drug cost
Tier 5 - Specialty	25% of drug cost	25% of drug cost

If you use the Plan's **Mail Order Pharmacy**, your copays and coinsurance will be the same as the Network Pharmacy copays and coinsurance.

If you use a network **Long Term Care Pharmacy**, the Network Pharmacy copayments and coinsurance apply to a 31-day supply.

If you use a network **Home Infusion Pharmacy**, the Network Pharmacy copayments and coinsurance apply to a 30-day supply.

Coverage Gap Stage

During this stage, the Medicare Coverage Gap Discount Program provides **70% manufacturer discounts on brand name drugs**. This discount is automatically applied when your pharmacy charges you for your prescription. You also receive some coverage for generic drugs during the Coverage Gap Stage.

For brand name drugs, you pay 25% (plus a portion of the dispensing fee) and the plan pays the remaining 5%.

For generic drugs, you pay 25% of the price and the Plan pays 75%.

You stay in this stage until your year-to-date out-of-pocket costs reach $6,350.

Your out-of-pocket costs include amounts you have paid for your prescription drugs plus manufacturer discount amounts for your brand drugs. The out-of-pocket amount does not include what the Plan has paid.

Catastrophic Stage

Once your out-of-pocket costs reach $6,350, you enter the Catastrophic Stage. During this stage, the plan will pay most of the cost for your drugs for the rest of the calendar year.

Your share of the cost for a covered drug will be either coinsurance or copayment, whichever is the larger amount:

- **5% of the cost of the drug, or**
- **$3.60 for generic drugs and $8.95 for all other drugs.**

Network Pharmacies

A network pharmacy is a pharmacy that has contracted with the plan to provide your covered prescription drugs.

To locate a network pharmacy, you can look in your Pharmacy Directory, visit our website at **www.fbhealthplans.com/part-d** or call Member Services.

Out-of-Network Pharmacy Coverage

In most cases, your prescription drugs are covered only if they are filled at a network pharmacy. However, there are some circumstances when the Plan will cover prescriptions filled at an out-of-network pharmacy, such as:

- The prescription is for a medical emergency or urgent care.
- You are unable to get a drug timely because there are no 24-hour network pharmacies within a reasonable driving distance.
- The prescription is for a drug that is out of stock at an accessible network pharmacy.

You will likely pay more than your normal cost-share if you get your drugs at an out-of-network pharmacy. You may be required to pay the difference between what you paid for the drug and the cost of the drug at a network pharmacy.

In addition, you will likely have to submit documentation to receive reimbursement from the Plan.

Which drugs are covered?

You should review the **list of covered drugs (Formulary)** to make sure your prescription drugs are covered and to determine if there are any restrictions, such as quantity limits or prior authorization. The Formulary will also show you the drug's Tier so you can determine what the drug will cost you in the Initial Coverage Stage. You can view the **Formulary** by visiting our website at **www.fbhealthplans.com/part-d** or by calling Member Services to have a copy sent to you.

Who Can Enroll

You can enroll in a Part D plan if you meet the basic eligibility requirements:

- You must be entitled to Medicare Part A and/or be enrolled in Part B; and
- You must live within the service area, which is the state of Tennessee.

When to Enroll

It is important for you to know when you can enroll, disenroll, or make changes to your prescription drug plan. If you do not enroll when you are first eligible, you may have to pay a late enrollment penalty

Initial Enrollment Period (IEP)	You can enroll in a Part D plan when you are first eligible for Medicare. The Initial Enrollment Period is a 7-month period that includes the three months before you turn age 65, the month you turn age 65, and the 3 months after you turn age 65.
Annual Enrollment Period (AEP)	You can enroll in, cancel, or change your prescription drug plan during the AEP, which is each year from October 15 to December 7.
Special Enrollment Period (SEP)	You can enroll in a prescription drug plan if you qualify for an SEP. You may qualify for an SEP if you have certain life events or if you are eligible for Extra Help with your prescription costs.

More Information about Medicare:

If you want to know more about Medicare enrollment periods or the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

You can view the *Medicare & You* handbook online at 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.

For additional plan details, see the Evidence of Coverage (EOC), which is located on our website at www.fbhealthplans.com/part-d or call Member Services to request a copy.

Extra Help

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help. This does not include any Medicare Part B premium you may have to pay.

Your Level of Extra Help	Monthly Premium for Farm Bureau Essential Rx
100%	**$31.80**
75%	**$39.00**
50%	**$46.20**
25%	**$53.30**

To find out if you qualify for Extra Help, call:

- **Social Security Administration**
  1-800-772-1213
  TTY users should call 1-800-325-0778
  7 a.m. to 7 p.m., Monday – Friday
- **Medicare**
  1-800-MEDICARE (1-800-633-4227)
  TTY users should call 1-877-486-2048
  24 hours a day, 7 days a week www.medicare.gov
- **Your State Medicaid Office - TennCare**
  1-800-342-3145
  TTY users should call 1-877-779-3103

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 customer service representative at 1-844-368-8738, TTY 711.

Customer service representatives are available:
April 1 – September 30: 8AM to 8PM, Monday through Friday
October 1 – March 31: 8AM to 8PM, 7 days a week.
Our automated phone system may answer your call on weekends and federal holidays.

Understanding the Benefits

- [ ] Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit https://www.fbhealthplans.com/part-d or call 1-866-643-6924, TTY 711, to view a copy of the EOC. Our automated phone system may answer your call on weekends and federal holidays.

- [ ] 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.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- [ ] Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.

- [ ] 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).

NONDISCRIMINATION AND ACCESS TO COMMUNICATIONS NOTICE

Farm Bureau Health Plans complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, or sex. Farm Bureau Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Farm Bureau Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, Braille).

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters; and
  - Information in other languages.

If you need these services, contact Member Services at 1-866-643-6924, TTY 711, from 8AM to 8PM local time. Member Services is available Monday – Friday between April 1 – September 30 and 7 days a week between October 1 – March 31.

If you believe that Farm Bureau Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
P.O. Box 1801
Columbia, TN 38402-1801
Phone: 1-844-223-3451, TTY 711
Fax: 1-931-388-8326
Email: civilrights@fbhealthplans.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-866-643-6924 (TTY: 711).

Español
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-643-6924 (TTY: 711).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-643-6924)
TTY：711）

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-643-6924 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-864-6924 (TTY: 711)번으로 전화해 주십시오.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-643-6924 (телетайп: 711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-643-6924 (TTY: 711).

Arabic
إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-643-6924 (رقم
هاتف الصم والبكم: 711). ملحوظة:

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-643-6924 (ATS : 711).

Farsi
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما
فراهم می باشد. با 1-866-643-6924 (TTY: 711) تماس بگیرید.

Laotian
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-643-6924 (TTY: 711).

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-643-6924 (TTY: 711).

Gujarati
□ચુના: જો તમે □જરાતી બોલતા હો, તો િન:□લ્કુ ભાષા સહાય સેવાઓ તમારા માટ□ ઉપલબ્ધ છ. ફોન કરો 1-866-643-6924 (TTY: 711).

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-643-6924（TTY: 711）まで、お電話にてご連絡ください。

Hindi
ध्यान द□: य□द आप □हदी बोलते ह □तो आपके िलए मुफ्त म□ भाषा सहायता सेवाएं उपलब्ध ह।□ 1-866-643-6924 (TTY: 711) पर कॉल कर□।

Turkish
DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-866-643-6924 (TTY: 711) irtibat numaralarını arayın.

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-643-6924 (TTY: 711).

Amharic
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-643-6924 (መስማት ለተሳናቸው: 711).

2020
SUMMARY OF BENEFITS

Farm Bureau Essential Rx

(PDP) – S2668-005
Plan Service Area: Tennessee
January 1, 2020 – December 31, 2020

Farm Bureau HEALTH PLANS Tennessee ®

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

S2668_FBTNFL20385_M Accepted 8/16/2019