



**Farm Bureau  
HEALTH PLANS**

Tennessee

# 2023 Summary of Benefits

**Farm Bureau Select Rx**

**Farm Bureau Essential Rx**

(PDP) - S2668-006, 005

Plan Service Area: Tennessee

January 1, 2023 - December 31, 2023

This booklet gives you a summary of what **Farm Bureau Select Rx** (PDP) and **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 [fbhp.com/part-d](https://fbhp.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/TDD users call 711

Member Services:

**1-866-643-6924**

TTY/TDD 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:

**[fbhp.com/part-d](http://fbhp.com/part-d)**

## Medicare

Medicare:

1-800-MEDICARE (1-800-633-4227)

TTY/TDD users should call 1-877-486-2048

Hours of Operation:

24 hours a day, 7 days a week

Website:

[www.medicare.gov](http://www.medicare.gov)

## Social Security Administration

Social Security Administration:

1-800-772-1213

TTY/TDD users should call 1-800-325-0778

Hours of Operation:

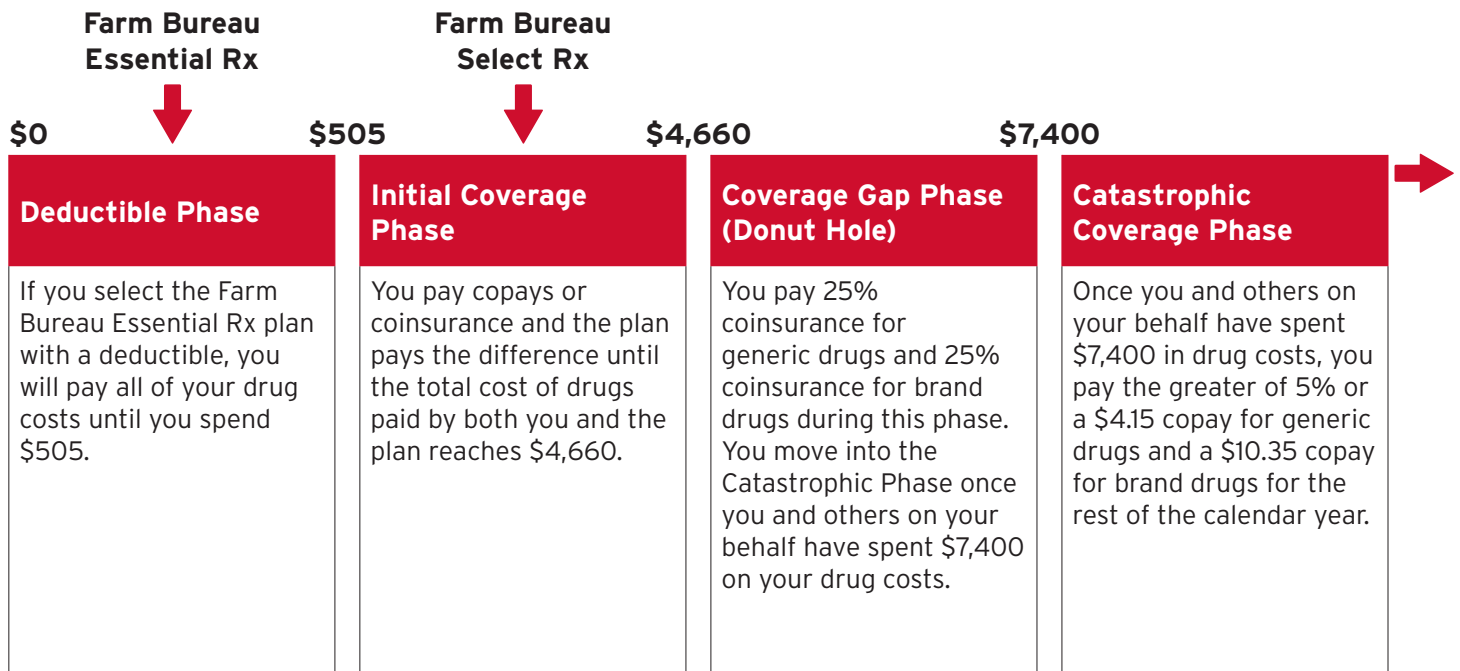
7 a.m. to 7 p.m., Monday – Friday

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# Phases of Coverage



This example represents a non-subsidized member - you may be able to get Extra Help to pay for your prescription drug premiums, deductibles and costs. To see if you qualify for Extra Help, call the Social Security office at 1-800-772-1213, 7 a.m. to 7 p.m., Monday-Friday. TTY users should call 1-800-325-0778.

## Are you a diabetic?

If you are a diabetic taking insulin, the Senior Savings for Diabetics Program offers a broad selection of Select Insulins at a predictable and more affordable cost through the initial coverage phase and the coverage gap phase. The \$35 copay for a 30-day supply applies until you reach the catastrophic coverage phase. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

## Senior Savings for Diabetics Program

Non-Senior Savings Part D Plans Average Insulin Out-of-Pocket Costs				Farm Bureau Select Rx Plan Average Insulin Out-of-Pocket Costs			
<b>Max \$35</b>	<b>Max \$35</b>	<b>Max \$35</b>	<b>\$35 or less</b>	<b>Max \$35</b>	<b>Max \$35</b>	<b>Max \$35</b>	<b>\$35 or less</b>
Deductible	Initial Coverage	Coverage Gap	Catastrophic Phase	*Deductible	Initial Coverage	Coverage Gap	Catastrophic Phase
*The deductible phase does not apply to the Farm Bureau Select Rx plan.							

If you receive assistance from Medicare's Extra Help Program, the \$35 copayment will not apply. The list of Select Insulins is available on our website at fbhp.com/part-d/senior-savings or by calling Member Services at 1-866-643-6924.

# Farm Bureau Select Rx Plan

Medicare Part D Prescription Drug Plan:		Farm Bureau Select Rx Plan				
Monthly Premium: If you have Part B, you must continue to pay your Part B premiums.		<b>\$97.20</b>				
Annual Deductible		<b>\$0</b>				
<b>Are you a diabetic?</b>						
<p>If you are a diabetic taking insulin, the Senior Savings for Diabetics Program offers a broad selection of Select Insulins at a predictable and more affordable cost through the initial coverage stage and the coverage gap stage.</p> <p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p> <p>Beneficiaries who qualify for Medicare's low-income subsidy already receive help on their premium and out-of-pocket costs. If you already receive a low-income subsidy, the \$35 copayment does not apply.</p>						
<b>Initial Coverage Stage</b>						
<p>During this stage, the Plan pays its share of the cost of your drugs and you pay your share of the cost. <b>You stay in this stage until your total drug costs for the year total \$4,660.</b></p> <p>Total drug costs are your payments plus the Plan's payments.</p>						
Copay/ Coinsurance	Preferred Cost Sharing Pharmacy (Kroger and Walmart)		Mail Order		Network Pharmacy (Standard Cost-Sharing Pharmacy)	
	30 - Day Supply	90 - Day Supply	30 - Day Supply	90 - Day Supply	30 - Day Supply	90 - Day Supply
Tier 1 - Preferred Generic	\$1	\$3	\$0	\$0	\$15	\$45
Tier 2 - Generic	\$9	\$27	\$0	\$0	\$20	\$60
Tier 3 - Preferred Brand *Select Insulins - \$35 per 30-day supply	\$42	\$126	\$42	\$126	\$47	\$141
Tier 4 - Non-Preferred Brand	45% of drug cost	45% of drug cost	45%	45%	50% of drug cost	50% of drug cost
Tier 5 - Specialty	33% of drug cost	33% of drug cost	33%	33%	33% of drug cost	33% of drug cost

# Farm Bureau Essential Rx Plan

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.		<b>\$85.40</b>	
Annual Deductible		<b>\$505</b>	
<b>Are you a diabetic?</b>			
<p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p>			
<b>Deductible Stage</b>			
<p>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.</p> <p><b>Once you have paid \$505 for your drugs, you leave the Deductible Stage and move to the Initial Coverage Stage.</b></p>			
<b>Initial Coverage Stage</b>			
<p>During this stage, the Plan pays its share of the cost of your drugs and you pay your share of the cost. <b>You stay in this stage until your total drug costs for the year total \$4,660.</b> Total drugs costs are your payments plus the Plan's payments.</p>			
Copay/Coinsurance		Network Pharmacy	
Tier Level		30 - Day Supply	90 - Day Supply
Tier 1 - Preferred Generic		\$5	\$15
Tier 2 - Generic		\$12	\$36
Tier 3 - Preferred Brand		\$47	\$141
Tier 4 - Non-Preferred Brand		50% of drug cost	50% of drug cost
Tier 5 - Specialty		25% of drug cost	25% of drug cost



# Important things to know

## Additional Copay Information

- If you use a network **Long Term Care Pharmacy**, the Standard Cost-Sharing Pharmacy copayments and coinsurance apply to a 31-day supply.
- If you use a network **Home Infusion Pharmacy**, the Standard Cost-Sharing 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 \$7,400.**

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.

Our plan covers most Part D vaccines at no cost to you even if you haven't paid your deductible.

## Catastrophic Stage

Once your out-of-pocket costs reach \$7,400, 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**
- **\$4.15 for generic drugs and \$10.35 for all other drugs.**

## Network Pharmacies

A network pharmacy is a pharmacy that has contracted with the Plan to provide your covered prescription drugs. There are certain network pharmacies that have agreed to special pricing, known as Preferred Cost-Sharing Pharmacies. Your copay and coinsurance may be lower when using a Preferred pharmacy.

The **Preferred Cost-Sharing Pharmacies** for the **Farm Bureau Select Rx** plan are **Kroger** and **Walmart**.

**To locate a network pharmacy**, you can look in your Pharmacy Directory, visit our website at **fbhp.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 [fbhp.com/part-d](http://fbhp.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](http://medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY/TDD users should call 1-877-486-2048.

## 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.

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

Your level of extra help	Monthly Premium for Farm Bureau Select Rx
100%	\$62.00
75%	\$70.80
50%	\$79.60
25%	\$88.40

Your level of extra help	Monthly Premium for Farm Bureau Essential Rx
100%	\$50.20
75%	\$59.00
50%	\$67.80
25%	\$76.60

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

### **Social Security Administration**

1-800-772-1213

TTY/TDD 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/TDD users should call 1-877-486-2048

24 hours a day, 7 days a week [www.medicare.gov](http://www.medicare.gov)

### **Your State Medicaid Office - TennCare**

1-800-342-3145

TTY/TDD 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/TDD 711.

## **Customer service representatives are available:**

April 1 - September 30: 8 a.m. to 8 p.m., Monday through Friday

October 1 - March 31: 8 a.m. to 8 p.m., 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 [fbhp.com/part-d](https://fbhp.com/part-d) or call 1-844-368-8738, TTY/TDD 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, 2024.

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).

# Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Farm Bureau Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Farm Bureau Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Farm Bureau Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Thomas Tutaj.

**If you believe that Farm Bureau Health Plans has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:**

Farm Bureau Health Plans  
ATTENTION: Thomas Tutaj  
P.O. Box 240  
Columbia, Tennessee 38402  
Phone: 1-833-999-0103  
TTY/TDD 711  
Email: TTutaj@fbhp.com

**You can file a grievance in person or by mail or email. If you need help filing a grievance, Thomas Tutaj 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 or 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, D.C. 20201

1-800-368-1019  
1-800-537-7697 (TDD)

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

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-643-6924. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-643-6924. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我提供免費的翻譯服務，幫助解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 1-866-643-6924。我們的中文工作人員很樂意提供幫助。這是一項免費服務。

**Chinese Cantonese:** 對我們的健康或藥物保險可能存有疑問，此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-643-6924。我們講中文的人員將樂意提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-643-6924. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-643-6924. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-643-6924 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-643-6924. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-643-6924 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-643-6924. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-643-6924. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-643-6924 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-643-6924. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-643-6924. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-643-6924. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-643-6924. Ta usługa jest bezpłatna.

**Japanese:** 社の健康 健康保と品 方プランに関するご質問にお答えするために、無料の通サービスがあります。通をご利用になるには、1-866-643-6924 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。







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HEALTH PLANS**

Tennessee

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**Farm Bureau Select Rx**

**Farm Bureau Essential Rx**

(PDP) - S2668-006, 005

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