

# 2024 Summary of Benefits

## Farm Bureau Health Plans

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](http://fbhp.com/part-d) or call Member Services for more information or to request an *Evidence of Coverage*.

### Who can join?

To join Farm Bureau Health Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in Tennessee.

### Enrollment information:

**1-844-368-8738 (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.

### Member Services:

**1-866-643-6924 (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/part-d](http://www.fbhp.com/part-d)

### Medicare:

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

**(TTY/TDD: 1-877-486-2048)**

24 hours a day, 7 days a week

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

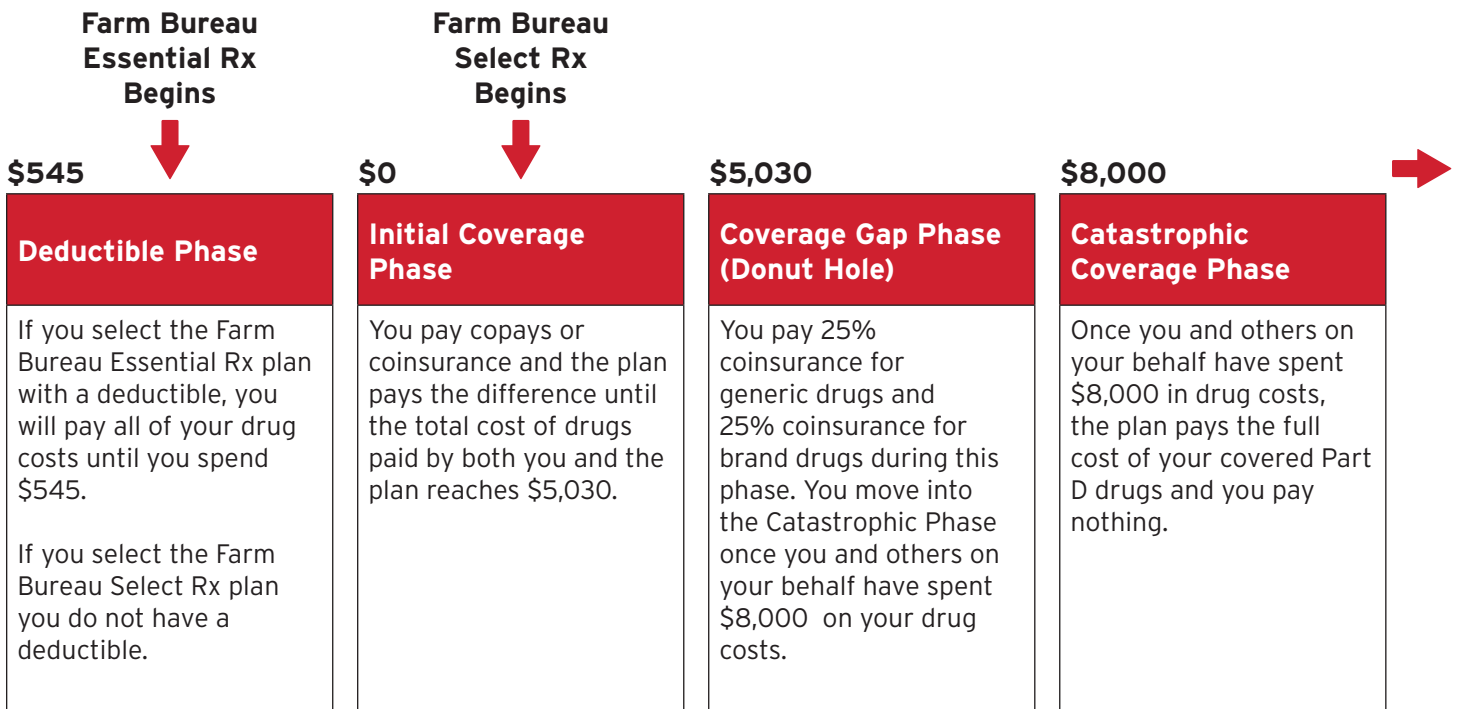
### Social Security Administration:

**1-800-772-1213**

**(TTY/TDD: 1-800-325-0778)**

7 a.m. to 7 p.m., Monday through Friday

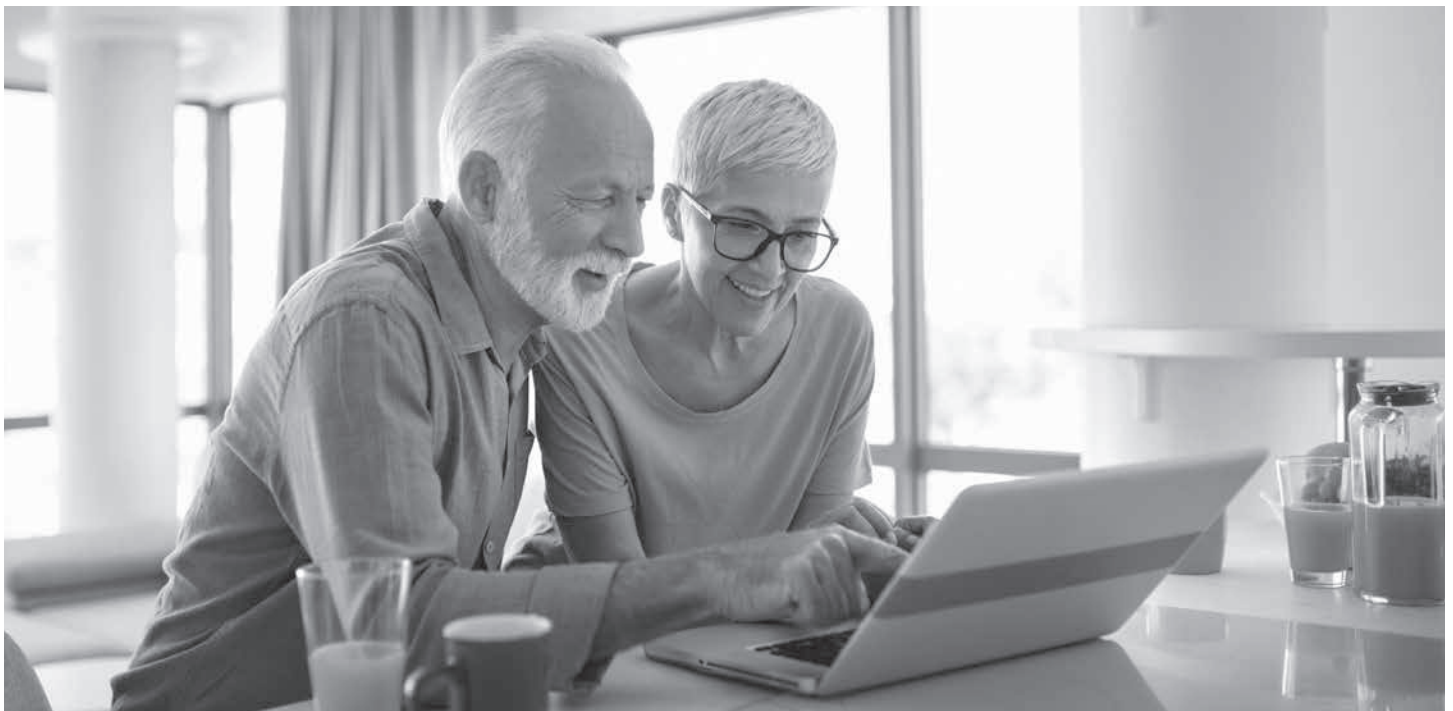
# Phases of Coverage



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?

You won't pay more than \$35 for a one-month supply of insulin, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.



# Farm Bureau Select Rx Plan

Medicare Part D Prescription Drug Plan:		Farm Bureau Select Rx Plan				
Monthly Premium	<b>\$76.70</b>					
If you have Part B, you must continue to pay your Part B premiums.						
Annual Deductible	<b>\$0</b>					
<b>Are you a diabetic?</b>						
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.						
<b>Initial Coverage Stage</b>						
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 \$5,030.</b> Total drug costs are your payments plus the Plan's payments.						
<b>Preferred Pharmacy</b>						
The Preferred Cost-Sharing Pharmacies for the Farm Bureau Select Rx plan are Kroger and Walmart.						
<b>Copay/ Coinsurance</b>	<b>The Preferred Cost-Sharing Pharmacies for the Farm Bureau Select Rx Plan are Kroger and Walmart.</b>			<b>Mail Order</b>	<b>Network Pharmacy (Standard Cost-Sharing Pharmacy)</b>	
<b>Tier Level</b>	<b>30 - Day Supply</b>	<b>100 - Day Supply</b>	<b>30 - Day Supply</b>	<b>100 - Day Supply</b>	<b>30 - Day Supply</b>	<b>100 - Day Supply</b>
Tier 1 - Preferred Generic	\$1	\$3	\$0	\$0	\$15	\$45
Tier 2 - Generic	\$9	\$27	\$0	\$0	\$20	\$60
Tier 3 - Preferred Brand	\$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	Not covered	33%	Not covered	33% of drug cost	Not covered

\*Tier 5 drugs outside of 30 day supply are not covered.

# Farm Bureau Essential Rx Plan

Medicare Part D Prescription Drug Plan:		Farm Bureau Essential Rx Plan	
Monthly Premium		<b>\$37.10</b>	
If you have Part B, you must continue to pay your Part B premiums.			
Annual Deductible		<b>\$545</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> <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>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 \$545 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 \$5,030.</b> Total drugs costs are your payments plus the Plan's payments.</p>			
Coplay/Coinsurance		Network Pharmacy	
Tier Level		30 - Day Supply	100 - 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	Not covered