

OPTIONAL POINT OF SERVICE (POS) BENEFIT

The Optional Point of Service benefit may be added on to any one of FHCP's Medicare plans for an additional premium.

- ➔ **Medvantage with Optional POS Plan** – You pay \$30 each month, which is in addition to your monthly plan premium of \$17.00 and the Medicare Part B premium. Total plan premium for the Medvantage with Optional POS plan is \$47.00.
- ➔ **Medvantage Rx with Optional POS Plan** - You pay \$30 each month, which is in addition to your monthly plan premium of \$17.00 and the Medicare Part B premium. Total plan premium for the Medvantage Rx with Optional POS plan is \$47.00.
- ➔ **Medvantage Rx Plus with Optional POS Plan** - You pay \$30 each month, which is in addition to your monthly plan premium of \$51.90 and the Medicare Part B premium. Total plan premium for the Medvantage Rx Plus with Optional POS plan is \$47.00.

The Optional Point of Service benefits provides you the option to see physicians or utilize facilities that are not in FHCP's HMO Network of providers. **The Optional Point of Service benefit is LIMITED TO PROVIDERS THAT ACCEPT MEDICARE ASSIGNMENT.**

Certain out-of-network services obtained through the Optional POS benefit must receive prior authorization. These services are:

- ✓ Inpatient Hospital Services including Acute;
- ✓ Inpatient Hospital Psychiatric Services;
- ✓ Skilled Nursing Facility (SNF);
- ✓ Home Health Services;
- ✓ Outpatient Hospital Services;
- ✓ Ambulatory Surgical Center (ASC) Services.

If you choose the Optional POS benefit, you will be responsible for the following copayments/coinsurance. Coinsurance is based on the Medicare Fee Schedule in effect at the time of service.

Optional Point of Service Benefit	
Inpatient Hospital - Acute	You pay: <ul style="list-style-type: none"> ▪ \$200 each day for day(s) 1-10 ▪ \$0 each day beginning on day 11
Inpatient Psychiatric Hospital	You pay: <ul style="list-style-type: none"> ▪ \$200 each day for day(s) 1-10 ▪ \$0 each day beginning on day 11
Skilled Nursing Facility; Home Health Care; Doctor Office Visits; Outpatient Mental Health Care; Outpatient Substance Abuse Care; Outpatient Services/Surgery; Ambulance Services; Emergency Care; Urgently Needed Care; Outpatient Rehabilitation Services; Durable Medical Equipment; Prosthetic Devices; Diabetes Self-Monitoring Training and Supplies; Diagnostic Tests, X-rays and Lab Services; Bone Mass Measurement; Colorectal Screening Exam; Immunizations; Mammograms (Annual Screenings); Pap Smears and Pelvic Exams; Prostate Cancer Screening Exams; Physical Exams; Health Wellness Education; Comprehensive Outpatient Rehabilitation Facility (CORF); Partial Hospitalization; Other Health Care Professional; Cardiac Rehabilitation Services; Renal Dialysis; and Blood	You pay: <ul style="list-style-type: none"> ▪ 20% coinsurance
Medicare Part B drugs	You pay: <ul style="list-style-type: none"> ▪ 20% coinsurance