



FSRBC Medicare Supplement (Medical) and Prescription Drug Plan (Rx) OPTIONS

If you choose to enroll in a Medicare Supplement Plan (A,F,G or N) you MUST also enroll in a Prescription Drug (Rx) plan, as well to ensure you have both Medical and Rx coverage. This means you will be enrolled in TWO plans, one Medical plan and one Rx plan; you will have two separate monthly premiums.

MEDICAL ONLY	Medicare Supplement Plan G	
	Plan Year : 2024 (1/1-12/31)	
	UnitedHealthcare Plan G	
In Network and Out of Network		
2024 Calendar Year Deductible CYD	\$240	
Medical OOP max	\$0	
Coinsurance	0%	
Physician Office visits		
PCP	\$0	
Specialist	\$0	
Telemedicine	\$0	
Chiropractic	\$0	
Eye Exam	\$0	
Annual Routine Physical Exam	\$0	
Hospital Services		
Inpatient	\$0	
ER copay	\$0	
Urgent care copay	\$0	
Outpatient Services		
Hospital	\$0	
Surgery	\$0	
Mental Health	\$0	
Physical Therapy	\$0	
Cardiac Rehabilitation	\$0	
Kidney Dialysis	\$0	
2023/2024 Monthly Premiums (example) (based on 65-year-old nonsmoking female, zip code 34205,32801,32940)		\$191.55

Prescription Drug Plans (RX ONLY)	Prescription Drug Plan Options							
	Plan Year : 2024 (1/1-12/31)							
	AARP Rx Saver		AARP Rx Preferred		Comprehensive Rx		Premier Rx	
Standard Network				67,000 Participating Pharmacies				
Deductible	\$545		\$0		\$0		\$0	
Part D Initial Coverage Level Limit \$5,030								
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1	\$2	\$6	\$7	\$21	\$10	\$20	\$7	\$14
Tier 2	\$18	\$54	\$12	\$36	\$45	\$90	\$30	\$60
Tier 3	\$47	\$141	\$47	\$141	\$75	\$150	\$60	\$120
Tier 4	47%	47%	40%	40%	33%	33%	\$75	\$150
Tier 5	25%	Not allowed	33%	Not allowed				
Part D Coverage Gap Total-out-of-pocket \$8,000								
Tier 1	25%		25%		\$10	\$20	\$7	\$14
Tier 2	25%		25%		25%	25%	\$30	\$60
Tier 3	25%		25%		25%	25%	\$60	\$120
Tier 4	25%		25%		25%	25%	\$75	\$150
Tier 5	25%		25%					
Part D Coverage Catastrophic (>\$8,000)								
Tier 1	\$0		\$0		\$0	\$0	\$0	\$0
Tier 2	\$0		\$0		\$0	\$0	\$0	\$0
Tier 3	\$0		\$0		\$0	\$0	\$0	\$0
Tier 4	\$0		\$0		\$0	\$0	\$0	\$0
Tier 5	\$0		\$0		\$0	\$0	\$0	\$0
2024 Monthly Premiums	\$80.60		\$103.50		\$125.58		\$310.95	
Combined Monthly Premiums (Medical and Rx)	\$272.15		\$295.05		\$317.13		\$502.50	
Annual Cost (Premium + Deductible)	\$3,505.80		\$3,780.60		\$4,045.56		\$6,270.00	

This compare is for illustrative purposes only. The above chart provides and overview of benefits. For additional details about your benefits please refer to the individual plan document provided by the carrier. If any discrepancy exists between this information and the official documents, the official documents will prevail. Proprietary & Confidential.

Prescription Drug Compare (Example)

This compare is for illustrative purposes only, please refer to formularies.

Drug	FSRBC Prescription Drug Plans			
	AARP Rx Saver Plus	AARP Rx Preferred	Comprehensive Rx	Premier Rx
Tamsulosin (Flomax)	2	2		1
Albuterol Sulfate	2	2	1 (Generic) / 3 (Brand)	
Amlodipine-Olmesartan	Not Covered	3		1
Azor	Not Covered	Not Covered		3
Dexamethasone	2	2		1
Dexilant	Not Covered	4		3
Digoxin	4	4		1
Dupixent	5	5		4
Eliquis	3	3		2
Hydroxychloroquine	2	2		1
Ivermectin	3	3		1
Levothyroxine	1	1		1
Lexapro	Not Covered	Not Covered		3
Linzess	3	3		2
Lipitor	Not Covered	Not Covered		3
Lisinopril	1	1		1
Metformin	1	1		1
Metoprolol Succinate	2	1		1
Nexium	Not Covered	Generic Only - 3		2
Novolog	Not Covered	Not Covered		3
Omeprazole	2	2		1
Ozempic	Not Covered	3		2
Pravastatin	2	1		1
Rybelsus	Not Covered	3		2
Synthroid	3	3		2
Tremfya	Not Covered	Not Covered		4
Warfarin Sodium	2	1		1
Xarelto	3	3		2
Zolof	Not Covered	Not Covered		3