

go big.
grow blue.

2023 First Look

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Who is Florida Blue Medicare

Florida Blue has been serving Floridians since 1965. With a rapidly expanding membership base of ≈180K current members and \$2.4 billion in annual revenue, Florida Blue Medicare is an integral part of the GuideWell family. Florida Blue Medicare currently offers 45 different plans across all counties in Florida. Plans include, but are not limited to, 6 FHCPs, 7 legacy HMOs, 10 high performing network HMOs, 7 D-SNP HMOs, 4 Give Back HMOs, 13 LPPOs, 5 MA Only LPPOs and 1 RPPO.

Florida Blue’s mission is simple:

To help people and communities achieve better health. A key component of bettering our communities is helping get our products out into the market. **We are glad to have you as part of the Florida Blue Medicare team.**

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MORE VALUE, SAVING AND CHOICES



OUR PORTFOLIO OF PLANS AND PRODUCTS CONTINUE TO GROW

We have the resources you need to serve your clients in the pursuit of health.

A TRUSTED NETWORK OF DOCTORS AND HOSPITALS

Our comprehensive Medicare provider network offers access to some of Florida's top providers, including a variety of hospitals, doctors and specialists in your area.

Florida Blue and GuideWell:

At the forefront of health care for nearly 80 years

1945

Florida Blue 

Founded on the need for **affordable, quality health care** in Florida

2013

GUIDEWELL

GuideWell was created as a **not-for-profit mutual holding corporation** to grow positive health footprint

2021

GUIDEWELL
Florida Blue 

A family of **seven operating companies** providing health care solutions to millions across the United States

Mission:

To help people and communities achieve better health

Vision:

To be a leading innovator enabling healthy communities

Values:

Respect, integrity, imagination, courage and excellence

Full enterprise revenue: 2022 revenue target of \$26.4B | Full enterprise employee count: 17,823 which includes Triple S | Medicare employee count: 603

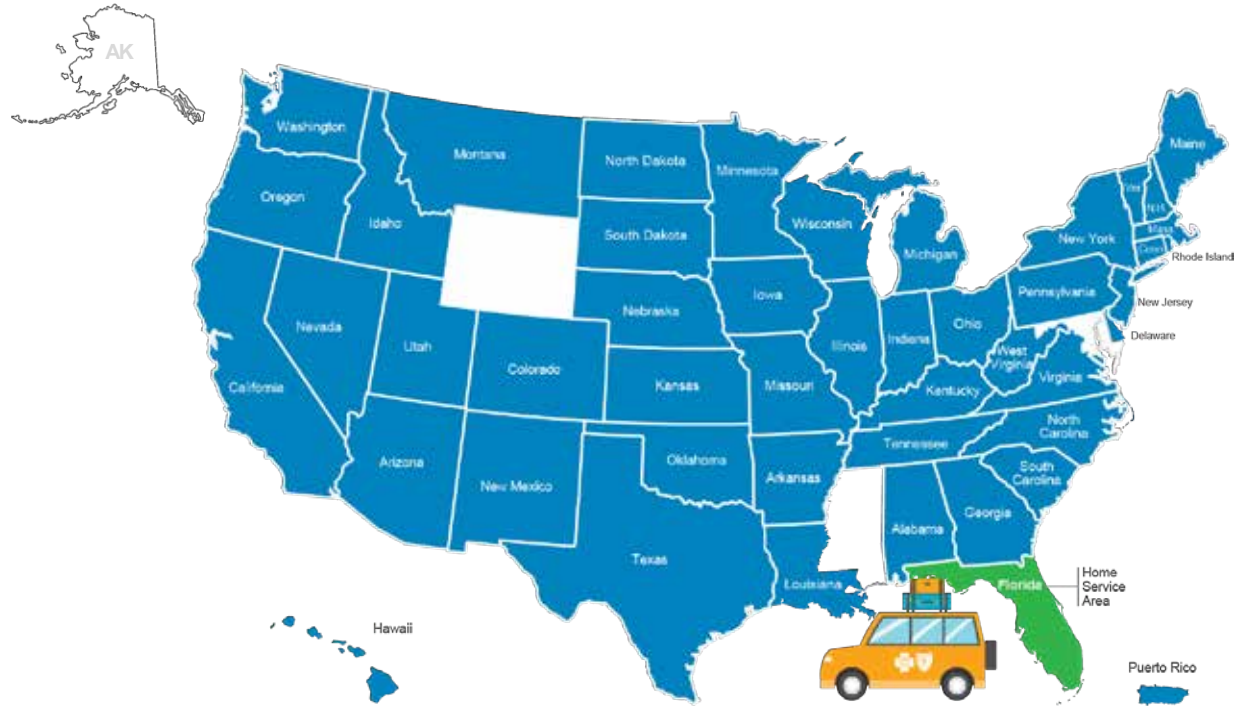
Enjoy a Network of Providers Across 46 States + Puerto Rico

Our \$0 premium PPO plans allow you to travel freely without having to worry about your health care coverage.

LPPO: Designed for individuals looking for **broader coverage** to ensure member retention and minimize disruption.

Our \$0 Local PPO competes in the **fastest growing segment** of the market because of balance cost and flexibility.

Option that **allow individuals to balance premium and OOP costs** based upon personal preference and anticipated needs.



Pack your bags knowing Florida Blue Medicare has you covered.

2023 Portfolio Headlines

D-SNP to be offered in Northwest Florida (Escambia, Okaloosa, Santa Rosa, Walton counties)

D-SNP member's* Prescription expenses will be \$0 (Annual Deductible and all Tier copays)

D-SNP \$50 monthly Food Card now available for members* with no clinical qualifications
(\$25 in Northwest FL)

Value LPPO (\$0) to be offered in counties surrounding Tallahassee (Calhoun, Franklin, Gadsden, Jefferson, Liberty, Wakulla)

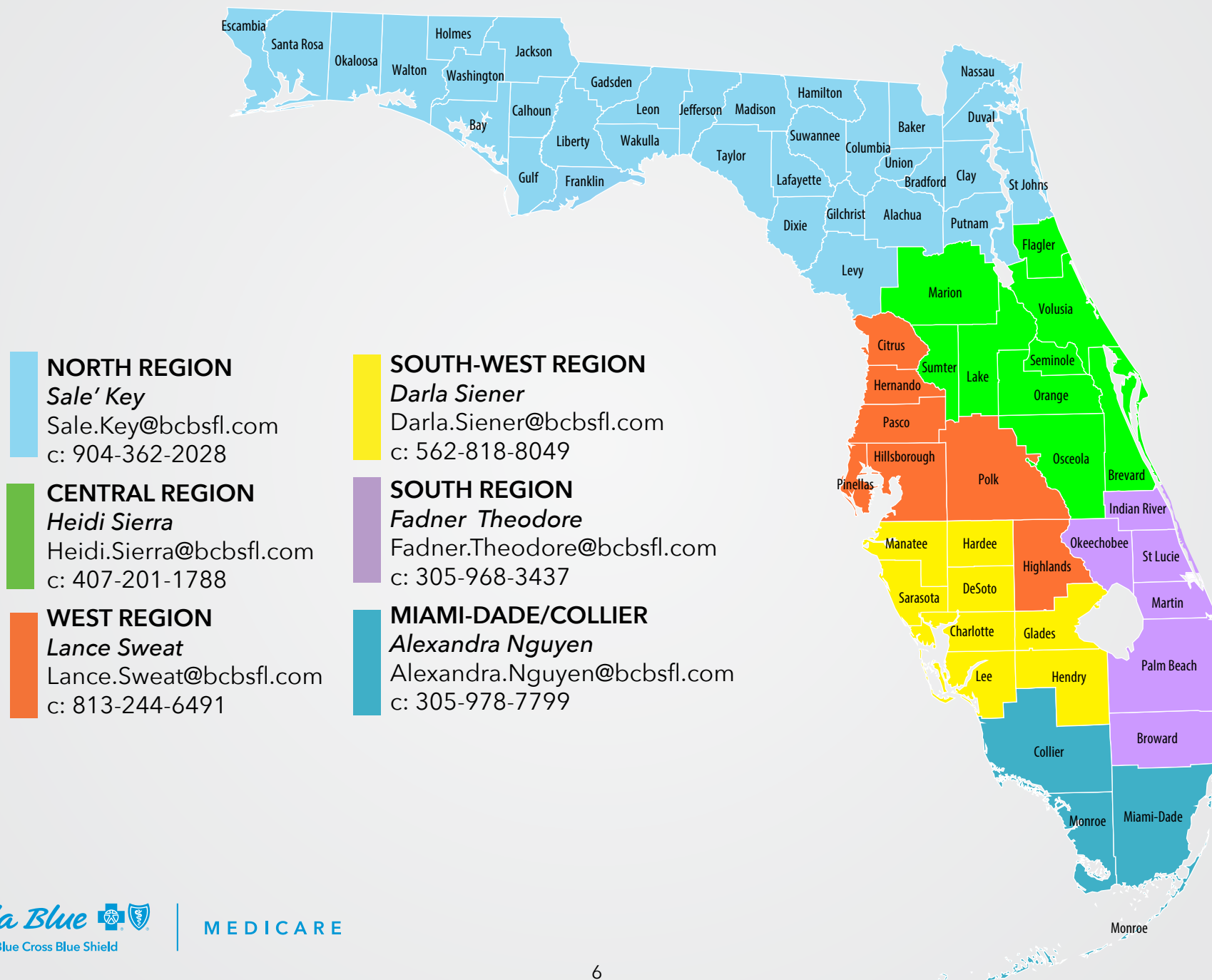
Value LPPO PCPs will eliminate copay tiering and most plans have \$0 copay (tiering will continue for Specialists with the lowest copay tier providers identified online as level 1)

Targeted benefit improvements to Specialists, Inpatient, and Generic Rx copays; increased Dental coverage and OTC allowances

Rx maximum day supply for Generic Tiers (1,2,6) increased from 90 to 100 days on MA plans

*member must receive Low Income Subsidy from CMS

REGIONAL MAP



NORTH REGION

MARKET SERVICE AREA



Alachua
Baker
Bay
Bradford
Calhoun
Clay
Columbia
Dixie
Duval
Escambia
Franklin
Gadsden

Gilchrist
Gulf
Hamilton
Holmes
Jackson
Jefferson
Lafayette
Leon
Levy
Liberty
Madison
Nassau

Okaloosa
Putnam
Santa Rosa
St. Johns
Suwannee
Taylor
Union
Wakulla
Walton
Washington



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Plan Name	FHCP Medicare Flagler Advantage	BlueMedicare Classic (HMO)	BlueMedicare Premier (HMO)
Plan Number	H1035-016	H1035-019	H1035-033
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$15	\$40	\$15
Inpatient Hospital Acute	\$215 per day, days 1-5	\$205 per day, days 1-6	\$150 per day, days 1-5
Outpatient Hospital Services	\$150	\$175	\$100
Max Out-of-Pocket	\$3,400	\$4,900	\$2,500
Rx Deductible	\$0	\$0	\$0
Rx Pharmacies	PREFERRED/STANDARD \$0/10 \$5/20 \$44/47 \$95/100 33%/33% N/A / N/A	STANDARD \$0 \$10 \$40 \$93 33% \$0	STANDARD \$0 \$0 \$40 \$93 33% N/A
Key Extra Benefits	<ul style="list-style-type: none"> FHCP Preferred Fitness Hearing Aids (\$300 allowance) OTC (\$75 qtr. allowance) Telehealth Services Vision (exam; \$180 allowance every two years) 	<ul style="list-style-type: none"> Hearing Aids (\$1,000 allowance) Vision (exam; \$100 allowance) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$2,000 allowance) Vision (exam; \$300 allowance) OTC (\$100 per Q allowance) SilverSneakers SSBCI Transportation (48 one-way trips) Telehealth Services Caregiver Support At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	St. Johns	Bay, Clay, Duval, Escambia, Okaloosa, Santa Rosa, St. Johns	Clay, Duval
Why You Should Sell This Plan	Integrated care model with localized high-touch managed care programs and competitive out-of-pocket costs	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits

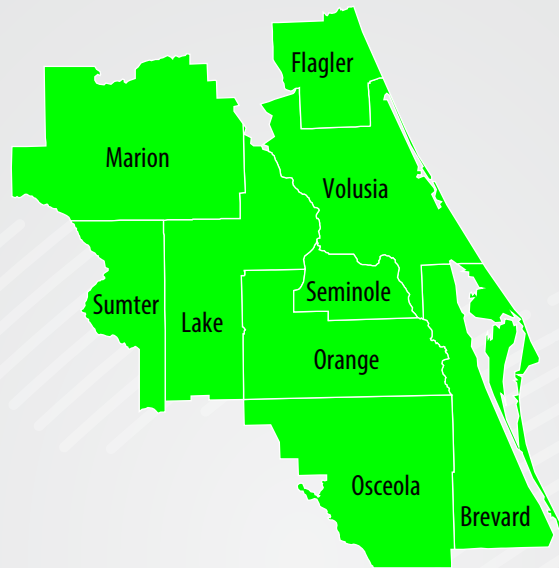
Plan Name	BlueMedicare Classic Plus (HMO)	BlueMedicare Complete (HMO D-SNP)	BlueMedicare Select (PPO)
Plan Number	H1035-047	H1035-031	H5434-002
Premium	\$0	\$0 or up to TBD	TBD
PCP	\$0	\$0	\$5
Specialist	\$30	\$0	\$45
Inpatient Hospital Acute	\$205 per day, days 1-6	\$0	\$225 per day, days 1-7
Outpatient Hospital Services	\$175	\$0	\$130
Max Out-of-Pocket	\$3,500	\$1,500	\$5,900 IN / \$8,950 IN & OUT
Rx Deductible	\$0	\$0 for LIS recipients or up to \$505 for all tiers	\$305 Applies to Tiers 1,2,3,4,5 only
Rx Pharmacies	STANDARD \$0 \$0 \$40 \$93 33% \$0	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A	STANDARD \$3 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> Hearing Aids (\$1,000 allowance) Vision (exam; \$200 allowance) OTC (\$75 per Q allowance) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$3,000 allowance) Vision (exam; \$500 allowance) Meals (10 post-discharge) OTC (\$100 per month allowance) SilverSneakers Food card (\$50 per month allowance for all members) Transportation (unlimited) Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$700 allowance) Vision (exam; \$100 allowance) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Bay, Escambia, Okaloosa, Santa Rosa	Clay, Duval	Bay, Duval, Escambia, Santa Rosa
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

Plan Name	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)	BlueMedicare Patriot (MA Only PPO)
Plan Number	H5434-025	H5434-031	H5434-038
Premium	\$0	\$0	\$0 / \$50 Monthly Part B Refund
PCP	\$5	\$0 All Providers	\$10
Specialist	\$45	\$35 Level 1 Providers \$48 All Others"	\$45
Inpatient Hospital Acute	\$295 per day, days 1-6	\$295 per day, days 1-5	\$350 per day, days 1- 4
Outpatient Hospital Services	\$200	\$200	\$300
Max Out-of-Pocket	\$4,800 IN / \$8,950 IN & OUT	\$4,500 IN / \$8,950 IN & OUT	\$5,500 IN / \$8,950 IN & OUT
Rx Deductible	\$150 Brands only	\$150 Brands only	N/A
Rx Pharmacies	STANDARD \$0 \$5 \$37 \$100 30% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD N/A N/A N/A N/A N/A N/A
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam, \$200 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam, \$200 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam, \$250 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Bay, Escambia, Leon, Okaloosa, Santa Rosa, Walton	Clay, Duval, Nassau, St. Johns	Bay, Escambia, Okaloosa, Santa Rosa, Walton
Why You Should Sell This Plan	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out of network"	Provides partial reimbursement of the monthly Part B Premium, access to care in and out-of-network and flexibility to use alternative Rx coverage

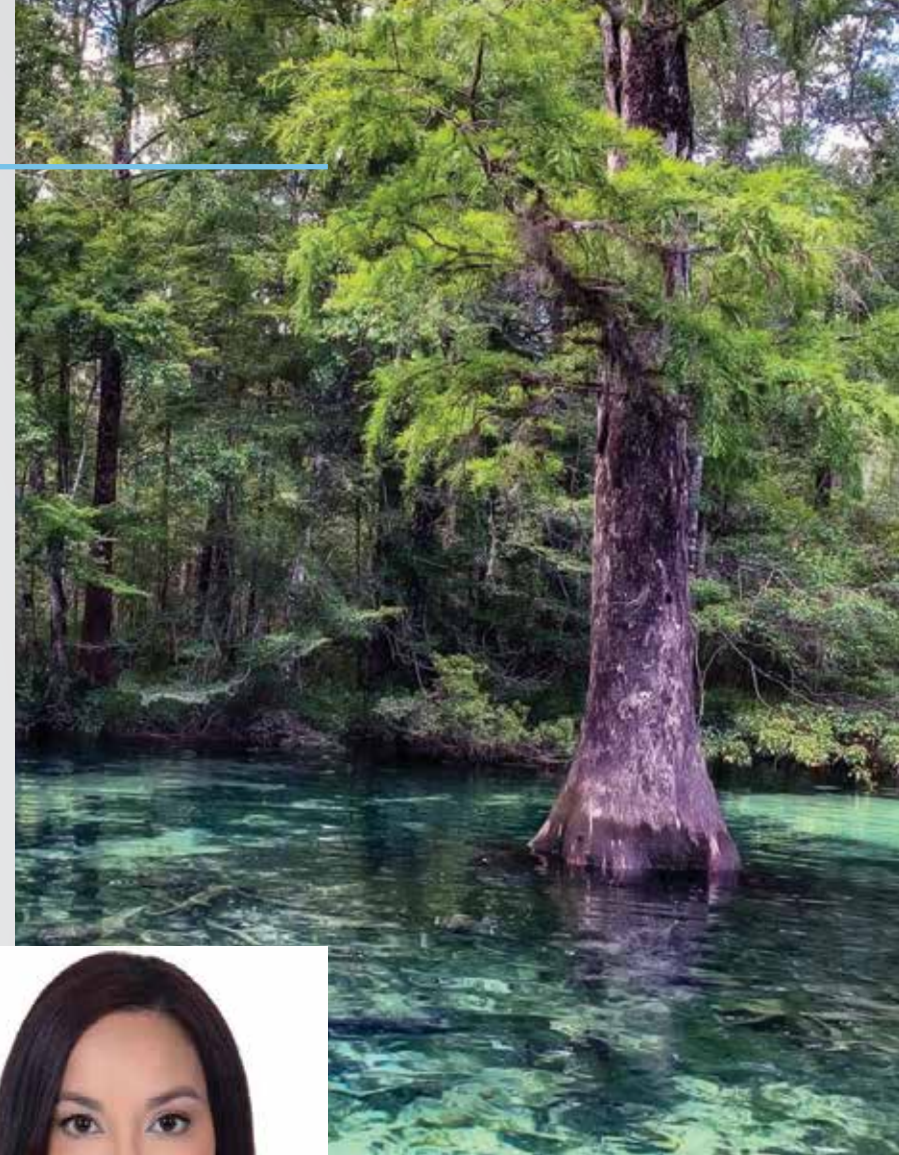
Plan Name	BlueMedicare (PPO)	BlueMedicare Patriot (MA Only PPO)	BlueMedicare Choice (PPO)
Plan Number	H5434-039	H5434-041	R3332-001
Premium	\$0	\$0 / \$50 Monthly Part B Refund	TBD
PCP	\$5	\$10	\$10
Specialist	\$35	\$45	\$50
Inpatient Hospital Acute	\$295 per day, days 1-7	\$350 per day, days 1- 4	\$345 per day, days 1-5
Outpatient Hospital Services	\$200	\$300	20% for all Surgeries \$150 Copayment all other"
Max Out-of-Pocket	\$4,500 IN / \$8,950 IN & OUT	\$5,500 IN / \$8,950 IN & OUT	\$6,500 IN / \$12,450 IN & OUT
Rx Deductible	\$150 Brands only	N/A	\$250 Brands only
Rx Pharmacies	STANDARD \$0 \$7 \$47 \$100 30% \$0	STANDARD N/A N/A N/A N/A N/A N/A	STANDARD \$0 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam, \$200 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam, \$250 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support
Dental	Comprehensive	Comprehensive	N/A
Market Service Area	Alachua	Clay, Duval, Nassau, St. Johns	Statewide
Why You Should Sell This Plan	\$0 PPO with competitive benefits, robust extra package and access to care in and out of network"	Provides partial reimbursement of the monthly Part B Premium, access to care in and out-of-network and flexibility to use alternative Rx coverage	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

CENTRAL REGION

MARKET SERVICE AREA



Brevard
Flagler
Lake
Marion
Orange
Osceola
Seminole
Sumter
Volusia



REGIONAL MANAGER:

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Plan Name	FHCP Medicare Rx Plus (HMO & HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Premier Plus (HMO)
Plan Number	H1035-002	H1035-006	H1035-011
Premium	\$33 or add POS Rider \$103	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$20	\$30	\$20
Inpatient Hospital Acute	\$300 per day, days 1-6	\$320 per day, days 1-6	\$280 per day, days 1-7
Outpatient Hospital Services	\$200	\$250	\$200
Max Out-of-Pocket	\$3,400	\$6,000	\$4,900
Rx Deductible	\$0	\$295 Brands only	\$0
Rx Pharmacies	PREFERRED/STANDARD \$0/17 \$0/20 \$42/47 \$92/100 33%/33% N/A / N/A	PREFERRED/STANDARD \$0/17 \$6/20 \$44/47 \$95/100 26%/26% N/A / N/A	PREFERRED/STANDARD \$0/17 \$7/20 \$45/47 \$98/100 33%/33% N/A / N/A
Key Extra Benefits	<ul style="list-style-type: none"> FHCP Preferred Fitness Hearing Aids (\$300 allowance) Telehealth Services Vision (exam; \$90 allowance every two years) 	<ul style="list-style-type: none"> FHCP Preferred Fitness Hearing Aids (\$300 allowance) Telehealth Services Vision (exam; \$90 allowance every two years) 	<ul style="list-style-type: none"> FHCP Preferred Fitness Hearing Aids (\$300 allowance) Telehealth Services Vision (exam; \$90 allowance every two years)
Dental	\$500 allowance for Preventative & Comprehensive services	N/A	Comprehensive
Market Service Area	Flagler, Volusia	Flagler, Volusia	Brevard, Seminole
Why You Should Sell This Plan	Integrated care model with localized high-touch managed care programs and competitive out-of-pocket costs	Integrated care model with localized high-touch managed care programs and competitive out-of-pocket costs	Integrated care model with localized high-touch managed care programs and competitive out-of-pocket costs

Plan Name	FHCP Medicare Rx Savings (HMO)	BlueMedicare Classic (HMO)	BlueMedicare Classic (HMO)
Plan Number	H1035-014	H1035-019	H1035-020
Premium	\$0 / \$100 Monthly Part B Refund	\$0	\$0
PCP	\$20	\$0	\$0
Specialist	\$50	\$40	\$35
Inpatient Hospital Acute	\$500 per day, days 1-4	\$205 per day, days1-6	\$240 per day, days 1-7
Outpatient Hospital Services	\$400	\$175	\$200
Max Out-of-Pocket	\$7,300	\$4,900	\$5,000
Rx Deductible	\$395 Brands only	\$0	\$0
Rx Pharmacies	PREFERRED/STANDARD \$0/17 \$10/20 \$45/47 \$98/100 25%/25% N/A / N/A	STANDARD \$0 \$10 \$40 \$93 33% \$0	STANDARD \$0 \$10 \$40 \$93 33% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • FHCP Preferred Fitness • Hearing Aids (\$300 allowance) • Telehealth Services • Vision (exam; \$90 allowance every two years) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	N/A	Comprehensive	Comprehensive
Market Service Area	Brevard, Flagler, Seminole, Volusia	Brevard, Lake, Marion, Sumter	Orange, Osceola, Seminole
Why You Should Sell This Plan	Integrated care model with localized high-touch managed care programs and competitive out-of-pocket costs	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks

Plan Name	BlueMedicare Premier (HMO)	BlueMedicare Saver (HMO)	FHCP Medicare Premier Advantage (HMO)
Plan Number	H1035-026	H1035-038	H1035-040
Premium	\$0	\$0 / \$50 Monthly Part B Refund	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$40	\$15
Inpatient Hospital Acute	\$100 per day, days 1-6	\$300 per day, days 1-7	\$215 per day, days 1-5
Outpatient Hospital Services	\$75	\$225	\$150
Max Out-of-Pocket	\$2,900	\$6,700	\$3,400
Rx Deductible	\$0	\$50 Brands only	\$0
Rx Pharmacies	STANDARD \$0 \$0 \$30 \$93 33% N/A	STANDARD \$3 \$12 \$47 \$100 32% \$0	PREFERRED/STANDARD \$0/17 \$5/20 \$44/47 \$95/100 33%/33% N/A / N/A
Key Extra Benefits	<ul style="list-style-type: none"> Hearing Aids (\$1,500 allowance) Vision (exam; \$350 allowance) OTC (\$150 per Q allowance) SilverSneakers SSBCI Transportation (48 one-way trips) Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$600 allowance) Vision (exam) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> FHCP Preferred Fitness Hearing Aids (\$300 allowance) OTC (\$75 qtr. allowance) Telehealth Services Vision (exam; \$180 allowance every two years)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Orange, Osceola, Seminole	Orange, Osceola	Brevard, Flagler, Seminole, Volusia
Why You Should Sell This Plan	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Provides partial reimbursement of the monthly Part B Premium and combines basic medical and prescription benefit for no premium	Integrated care model with localized high-touch managed care programs and competitive out-of-pocket costs

Plan Name	BlueMedicare Premier (HMO)	BlueMedicare Premier (HMO)	BlueMedicare Complete (HMO D-SNP)
Plan Number	H1035-043	H1035-048	H1035-029
Premium	\$0	\$0	\$0 or up to TBD
PCP	\$0	\$0	\$0
Specialist	\$20	\$10	\$0
Inpatient Hospital Acute	\$150 per day, days 1- 6	\$150 per day, days 1-6	\$0
Outpatient Hospital Services	\$150	\$100	\$0
Max Out-of-Pocket	\$2,700	\$3,400	\$2,500
Rx Deductible	\$0	\$0	\$0 for LIS recipients or up to \$505 for all tiers
Rx Pharmacies	STANDARD \$0 \$0 \$35 \$93 33% N/A	PREFERRED/STANDARD \$0/10 \$0/15 \$35/47 \$93/100 33%/33% N/A / N/A	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A
Key Extra Benefits	<ul style="list-style-type: none"> Hearing Aids (\$2,000 allowance) Vision (exam; \$250 allowance) OTC \$100 per Q allowance SilverSneakers SBCI (Food card; qualifiers, \$20 each month allowance) Telehealth Services Transportation (48 one way trips) Caregiver Support At Home Care (60 hours) Nutritional Guidance platform 	<ul style="list-style-type: none"> Hearing Aids (\$1,000 allowance) Vision (exam; \$250 allowance) OTC (\$60 per Q allowance) SilverSneakers SSBCI Transportation (48 one-way trips) Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$3,000 allowance) Vision (exam; \$500 allowance) Meals (10 post-discharge) OTC (\$125 per month allowance) SilverSneakers Food card (\$50 per month allowance for all members) Transportation (unlimited) Telehealth Services Caregiver Support At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Lake, Marion, Sumter	Brevard	Brevard, Lake, Orange, Osceola, Seminole, Sumter
Why You Should Sell This Plan	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial

Plan Name	BlueMedicare Complete (HMO D-SNP)	BlueMedicare Select (PPO)	BlueMedicare Value (PPO)
Plan Number	H1035-031	H5434-002	H5434-031
Premium	\$0 or up to TBD	TBD	\$0
PCP	\$0	\$5	\$0 All Providers
Specialist	\$0	\$45	\$35 Level 1 Providers \$48 All Others
Inpatient Hospital Acute	\$0	\$225 per day, days 1-7	\$295 per day, days 1-5
Outpatient Hospital Services	\$0	\$130	\$200
Max Out-of-Pocket	\$1,500	\$5,900 IN / \$8,950 IN & OUT	4,500 IN / \$8,950 IN & OUT
Rx Deductible	\$0 for LIS recipients or up to \$505 for all tiers	\$305 Applies to Tiers 1,2,3,4,5 only	\$150 Brands only
Rx Pharmacies	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A	STANDARD \$3 \$10 \$40 \$93 28% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$3,000 allowance) • Vision (exam; \$500 allowance) • Meals (10 post-discharge) • OTC (\$100 per month allowance) • SilverSneakers • Food card (\$50 per month allowance for all members) • Transportation (unlimited) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam; \$200 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Marion	Orange, Osceola, Marion	Flagler, Volusia
Why You Should Sell This Plan	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network

Plan Name	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)	BlueMedicare Patriot(MA Only PPO)
Plan Number	H5434-033	H5434-036	H5434-038
Premium	\$0	\$0	\$0 / \$50 Monthly Part B Refund
PCP	\$0 All Providers	\$0 All Providers	\$10
Specialist	\$35 Level 1 Providers \$49 All Others	\$35 Level 1 Providers \$47 All Others	\$45
Inpatient Hospital Acute	\$290 per day, days 1-6	\$290 per day, days 1- 6	\$350 per day, days 1-4
Outpatient Hospital Services	\$250	\$200	\$300
Max Out-of-Pocket	\$4,500 IN / \$8,950 IN & OUT	\$5,000 IN / \$8,950 IN & OUT	\$5,000 IN / \$8,950 IN & OUT
Rx Deductible	\$150 Brands only	\$150 Brands only	N/A
Rx Pharmacies	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD N/A N/A N/A N/A N/A N/A
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam; \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam; \$250 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$250 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Brevard, Orange, Osceola, Seminole	Lake, Marion, Sumter	Lake, Marion, Sumter
Why You Should Sell This Plan	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	Provides partial reimbursement of the monthly Part B Premium, access to care in and out of network and flexibility to use alternate Rx coverage

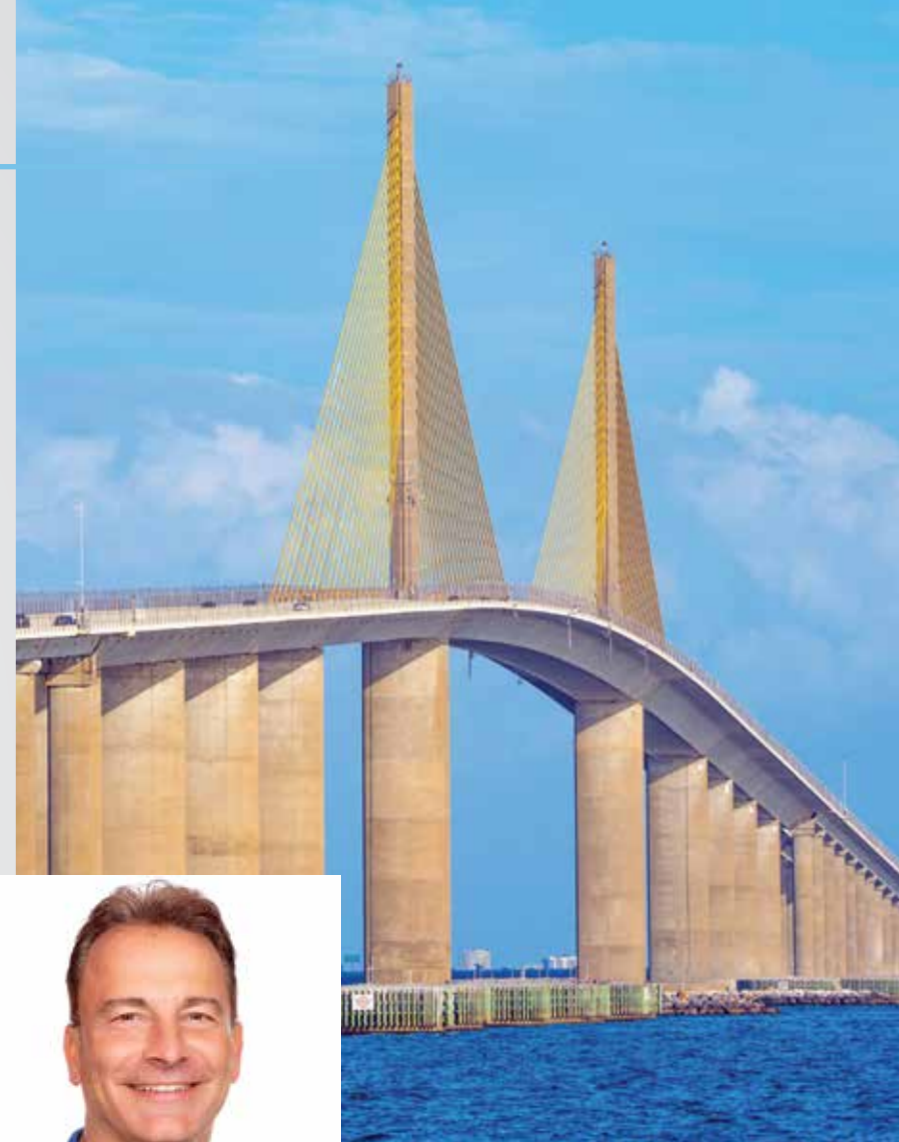
Plan Name	BlueMedicare Choice (PPO)
Plan Number	R3332-001
Premium	TBD
PCP	\$10
Specialist	\$50
Inpatient Hospital Acute	\$345 per day, days 1-5
Outpatient Hospital Services	20% for all Surgeries \$150 Copayment all other
Max Out-of-Pocket	\$6,500 IN / \$12,450 IN & OUT
Rx Deductible	\$250 Brands only
Rx Pharmacies	STANDARD \$0 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam) • SilverSneakers • Caregiver Support • Telehealth Services
Dental	N/A
Market Service Area	Statewide
Why You Should Sell This Plan	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

WEST REGION

MARKET SERVICE AREA



Citrus
Hernando
Highlands
Hillsborough
Pasco
Pinellas
Polk



REGIONAL MANAGER:

Lance Sweat

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Plan Name	BlueMedicare Classic (HMO)	BlueMedicare Classic (HMO)	BlueMedicare Premier (HMO)
Plan Number	H1035-019	H1035-021	H1035-023
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$40	\$40	\$10
Inpatient Hospital Acute	\$205 per day, days 1-6	\$235 per day, days 1-8	\$125 per day, days 1-6
Outpatient Hospital Services	\$175	\$150	\$90
Max Out-of-Pocket	\$4,900	\$4,900	\$1,900
Rx Deductible	\$0	\$0	\$0
Rx Pharmacies	STANDARD \$0 \$10 \$40 \$93 33% \$0	STANDARD \$0 \$8 \$40 \$93 33% \$0	STANDARD \$0 \$0 \$25 \$80 33% N/A
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$2,400 allowance) • Vision (exam; \$250 allowance) • OTC (\$125 per Q allowance) • SilverSneakers • SSBCI • Transportation (48 one-way trips) • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Citrus	Hernando, Hillsborough, Pasco, Polk	Hillsborough, Polk
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits

Plan Name	BlueMedicare Premier (HMO)	BlueMedicare Saver (HMO)	BlueMedicare Class Plus (HMO)
Plan Number	H1035-034	H1035-037	H1035-046
Premium	\$0	\$0 / \$75 Monthly Part B Refund	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$45	\$25
Inpatient Hospital Acute	\$125 per day, days 1-6	\$300 per day, days 1-7	\$195 per day, days 1-6
Outpatient Hospital Services	\$90	\$225	\$150
Max Out-of-Pocket	\$2,400	\$6,700	\$2,900
Rx Deductible	\$0	\$50 Brands only	\$0
Rx Pharmacies	STANDARD \$0 \$0 \$30 \$90 33% N/A	STANDARD \$3 \$12 \$47 \$100 32% \$0	STANDARD \$0 \$5 \$40 \$93 33% \$0
Key Extra Benefits	<ul style="list-style-type: none"> Hearing Aids (\$2,000 allowance) Vision (exam, \$250 allowance) OTC (\$125 per Q allowance) SilverSneakers SSBCI Transportation (48 one-way trips) Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$600 allowance) Vision (exam) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$1,000 allowance) Vision (exam; \$150 allowance) OTC (\$100 per Q allowance) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Hernando, Pasco, Pinellas	Hillsborough, Pinellas, Polk	Citrus
Why You Should Sell This Plan	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Provides partial reimbursement of the monthly Part B Premium and combines basic medical and prescription benefit for no premium	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks

Plan Name	BlueMedicare Complete (HMO D-SNP)	BlueMedicare Complete (HMO D-SNP)	BlueMedicare Select (PPO)
Plan Number	H1035-030	H1035-032	H5434-002
Premium	\$0 or up to TBD	\$0 or up to TBD	TBD
PCP	\$0	\$0	\$5
Specialist	\$0	\$0	\$45
Inpatient Hospital Acute	\$0	\$0	\$225 per day, days 1-7
Outpatient Hospital Services	\$0	\$0	\$130
Max Out-of-Pocket	\$1,500	\$1,500	\$5,900 IN / \$8,950 IN & OUT
Rx Deductible	\$0 for LIS recipients or up to \$505 for all tiers	\$0 for LIS recipients or up to \$505 for all tiers	\$305 Applies to Tiers 1,2,3,4,5 only
Rx Pharmacies	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A	STANDARD \$3 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$3,000 allowance) • Vision (exam; \$500 allowance) • Meals (10 post-discharge) • OTC (\$100 per month allowance) • SilverSneakers • Food card (\$50 per month allowance for all members) • Transportation (unlimited) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$3,000 allowance) • Vision (exam; \$500 allowance) • Meals (10 post-discharge) • OTC (\$100 per month allowance) • SilverSneakers • Food card (\$50 per month allowance for all members) • Transportation (unlimited) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Hillsborough, Polk	Hernando, Pasco, Pinellas	Hillsborough, Pinellas
Why You Should Sell This Plan	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

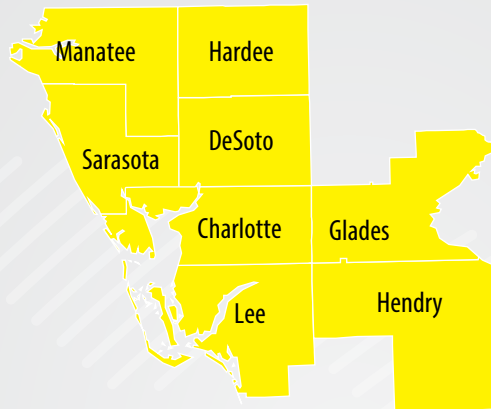
Plan Name	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)
Plan Number	H5434-023	H5434-024	H5434-034
Premium	\$0	\$0	\$0
PCP	\$0 All Providers	\$0 All Providers	\$0 All Providers
Specialist	\$30 Level 1 Providers \$43 All Others	\$35 Level 1 Providers	\$35 Level 1 Providers \$48 All Others
Inpatient Hospital Acute	\$295 per day, days 1-5	\$275 per day, days 1-6	\$275 per day, days 1-6
Outpatient Hospital Services	\$200	\$250	\$225
Max Out-of-Pocket	\$4,500 IN / \$8,950 IN & OUT	\$4,900 IN / \$8,950 IN & OUT	\$4,000 IN / \$8,950 IN & OUT
Rx Deductible	\$150 Brands only	\$150 Brands only	\$150 Brands only
Rx Pharmacies	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$2,400 allowance) • Vision (exam, \$200 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam, \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam; \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Pinellas	Highlands	Hillsborough, Polk
Why You Should Sell This Plan	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network

Plan Name	BlueMedicare Value (PPO)	BlueMedicare Patriot (MA Only PPO)	BlueMedicare Value (PPO)
Plan Number	H5434-035	H5434-038	H5434-039
Premium	\$0	\$0 / \$50 Monthly Part B Refund	\$0
PCP	\$0 All Providers	\$10	\$5
Specialist	\$30 Level 1 Providers \$43 All Others	\$45	\$35
Inpatient Hospital Acute	\$295 per day, days 1-5	\$350 per day, days 1-4	\$295 per day, days 1-7
Outpatient Hospital Services	\$250	\$300	\$200
Max Out-of-Pocket	\$4,500 IN / \$8,950 IN & OUT	\$5,000 IN / \$8,950 IN & OUT	\$4,500 IN / \$8,950 IN & OUT
Rx Deductible	\$150 Brands only	N/A	\$150 Brands only
Rx Pharmacies	STANDARD \$0 \$8 \$47 \$100 30% \$0	STANDARD N/A N/A N/A N/A N/A N/A	STANDARD \$0 \$7 \$47 \$100 30% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$2,400 allowance) • Vision (exam; \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$250 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$200 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Hernando, Pasco	Hillsborough, Pasco, Pinellas	Citrus
Why You Should Sell This Plan	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	Provides partial reimbursement of the monthly Part B Premium, access to care in and out-of-network and flexibility to use alternative Rx coverage	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network

Plan Name	BlueMedicare Choice (PPO)
Plan Number	R3332-001
Premium	TBD
PCP	\$10
Specialist	\$50
Inpatient Hospital Acute	\$345 per day, days 1- 5
Outpatient Hospital Services	20% for all Surgeries \$150 Copayment all other
Max Out-of-Pocket	\$6,500 IN / \$12,450 IN & OUT
Rx Deductible	\$250 Brands only
Rx Pharmacies	STANDARD \$0 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support
Dental	N/A
Market Service Area	Statewide
Why You Should Sell This Plan	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

SOUTH-WEST REGION

MARKET SERVICE AREA



Charlotte
DeSoto
Glades
Hardee
Hendry
Lee
Manatee
Sarasota



REGIONAL MANAGER:

Darla Siener

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SOUTH-WEST REGION

Plan Name	BlueMedicare Classic (HMO)	BlueMedicare Premier (HMO)	BlueMedicare Complete (HMO D-SNP)
Plan Number	H1035-019	H1035-045	H1035-032
Premium	\$0	\$0	\$0 or up to TBD
PCP	\$0	\$0	\$0
Specialist	\$40	\$15	\$0
Inpatient Hospital Acute	\$205 per day, days 1-6	\$150 per day, days 1-7	\$0
Outpatient Hospital Services	\$175	\$90	\$0
Max Out-of-Pocket	\$4,900	\$2,900	\$1,500
Rx Deductible	\$0	\$0	\$0 for LIS recipients or up to \$505 for all tiers
Rx Pharmacies	STANDARD \$0 \$10 \$40 \$93 33% \$0	STANDARD \$0 \$0 \$30 \$90 33% N/A	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A
Key Extra Benefits	<ul style="list-style-type: none"> Hearing Aids (\$1,000 allowance) Vision (exam; \$100 allowance) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$1,500 allowance) Vision (exam; \$250 allowance) OTC (\$100 per Q allowance) SilverSneakers SSBCI Transportation (48 one-way trips) Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$3,000 allowance) Vision (exam; \$500 allowance) (\$350) Meals (10 post-discharge) OTC (\$100 per month allowance) SilverSneakers Food card (\$50 per month allowance-for all members) Transportation (unlimited) Telehealth Services Caregiver Support At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Charlotte, Lee, Manatee, Sarasota	Charlotte, Lee, Manatee, Sarasota	Charlotte, Lee, Manatee, Sarasota
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial

SOUTH-WEST REGION

Plan Name	BlueMedicare Select (PPO)	BlueMedicare Value (PPO)	BlueMedicare Value (PPO)
Plan Number	H5434-002	H5434-024	H5434-030
Premium	TBD	\$0	\$0
PCP	\$5	\$0 All Providers	\$0 All Providers
Specialist	\$45	\$35 Level 1 Providers	\$30 Level 1 Providers / \$43 All Others
Inpatient Hospital Acute	\$225 per day, days 1-7	\$275 per day, days 1-6	\$275 per day, days 1-5
Outpatient Hospital Services	\$130	\$250	\$250
Max Out-of-Pocket	\$5,900 IN / \$8,950 IN & OUT	\$4,900 IN / \$8,950 IN & OUT	\$4,000 IN / \$8,950 IN & OUT
Rx Deductible	\$305 Applies to Tiers 1,2,3,4,5 only	\$150 Brands only	\$150 Brand only
Rx Pharmacies	STANDARD \$3 \$10 \$40 \$93 28% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD \$0 \$0 \$47 \$100 30% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam, \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$2,000 allowance) • Vision (exam, \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensvive	Comprehensive	Comprehensive
Market Service Area	Charlotte, Lee, Manatee	Manatee, Sarasota	Charlotte, Lee
Why You Should Sell This Plan	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network

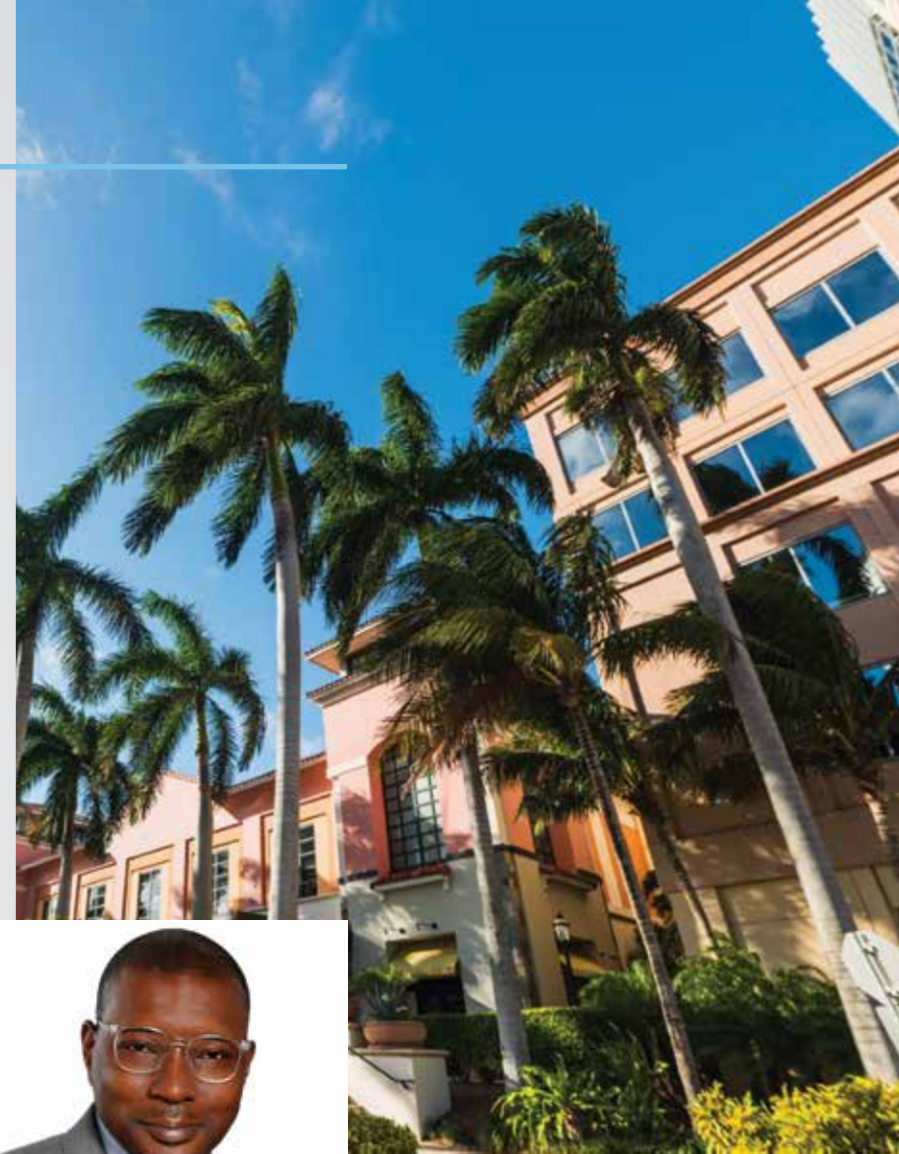
Plan Name	BlueMedicare Choice (PPO)
Plan Number	R3332-001
Premium	TBD
PCP	\$10
Specialist	\$50
Inpatient Hospital Acute	\$345 per day, days 1-5
Outpatient Hospital Services	20% for all Surgeries / \$150 Copay- ment all other
Max Out-of-Pocket	\$6,500 IN /\$12,450 IN & OUT
Rx Deductible	\$250 Brands only
Rx Pharmacies	STANDARD \$0 \$10 \$40 \$93 29% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support
Dental	N/A
Market Service Area	Statewide
Why You Should Sell This Plan	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

SOUTH REGION

MARKET SERVICE AREA



Broward
Indian River
Martin
Okeechobee
Palm Beach
St. Lucie



REGIONAL MANAGER:

Fadner Theodore

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Plan Name	BlueMedicare Classic (HMO)	BlueMedicare Classic (HMO)	BlueMedicare Premier (HMO)
Plan Number	H1035-018	H1035-019	H1035-022
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$15	\$40	\$5
Inpatient Hospital Acute	\$125 per day, days 1-5	\$205 per day, days 1-6	\$75 per day, days 1-6
Outpatient Hospital Services	\$100	\$175	\$75
Max Out-of-Pocket	\$4,500	\$4,900	\$2,900
Rx Deductible	\$0	\$0	\$0
Rx Pharmacies	STANDARD \$0 \$0 \$35 \$93 33% \$0	STANDARD \$0 \$10 \$40 \$93 33% \$0	STANDARD \$0 \$0 \$35 \$93 33% N/A
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,500 allowance) • Vision (exam; \$300 allowance) • OTC (\$100 per Q allowance) • SilverSneakers • SSBCI • Transportation (48 one-way trips) • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Palm Beach	Broward, Martin, St. Lucie	Palm Beach
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits

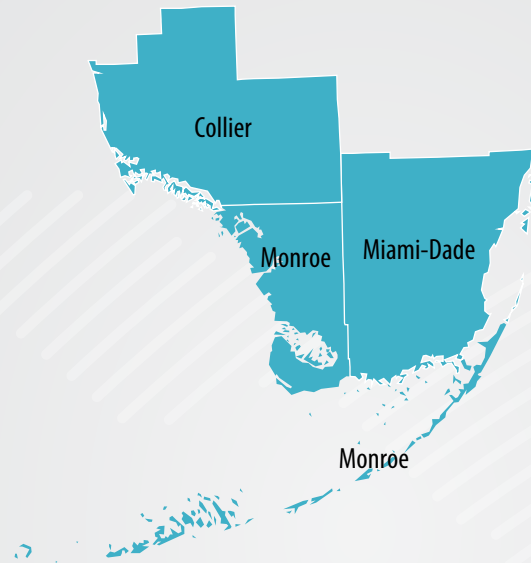
Plan Name	BlueMedicare Premier (HMO)	BlueMedicare Saver (HMO)	BlueMedicare Premier (HMO)
Plan Number	H1035-025	H1035-035	H1035-048
Premium	\$0	\$0 / \$75 Monthly Part B Refund	\$0
PCP	\$0	\$0	\$0
Specialist	\$0	\$45	\$10
Inpatient Hospital Acute	\$0	\$300 per day, days 1-7	\$150 per day, days 1-6
Outpatient Hospital Services	\$75	\$225	\$100
Max Out-of-Pocket	\$2,500	\$6,700	\$3,400
Rx Deductible	\$0	\$50 Brands only	\$0
Rx Pharmacies	STANDARD \$0 \$0 \$20 \$93 33% N/A	STANDARD \$3 \$12 \$47 \$100 32% \$0	STANDARD \$0 \$0 \$35 \$93 33% N/A
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$2,000 allowance) • Vision (exam; \$300 allowance) • OTC (\$125 per Q allowance) • SilverSneakers • SSBCI • Transportation (48 one-way trips) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$600 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$250 allowance) • OTC (\$60 per Q allowance) • SilverSneakers • SSBCI • Transportation (48 one-way trips) • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Broward	Broward, Palm Beach	St. Lucie
Why You Should Sell This Plan	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental	Provides partial reimbursement of the monthly Part B Premium and combines basic medical and prescription benefit for no premium	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits

Plan Name	BlueMedicare Complete (HMO D-SNP)	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)
Plan Number	H1035-028	H5434-026	H5434-002
Premium	\$0 or up to TBD	\$0	TBD
PCP	\$0	\$0 All Providers	\$5
Specialist	\$0	\$35 Level 1 Providers / \$48 All Others	\$45
Inpatient Hospital Acute	\$0	\$250 per day, days 1-6	\$225 per day, days 1-7
Outpatient Hospital Services	\$0	\$200	\$130
Max Out-of-Pocket	\$2,500	\$3,651 IN / \$8,950 IN & OUT	\$5,900 IN / \$8,950 IN & OUT
Rx Deductible	\$0 for LIS recipients or up to \$505 for all tiers	\$150 Brands only	\$305 Applies to Tiers 1,2,3,4,5 only
Rx Pharmacies	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A	STANDARD \$0 \$0 \$47 \$100 30% \$0	STANDARD \$3 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$4,000 allowance) • Vision (exam; \$500 allowance) • Meals (10 post-discharge) • OTC (\$125 per month allowance) • SilverSneakers • Food card (\$50 per month allowance for all members) • Transportation (unlimited) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$2,000 allowance) • Vision (exam; \$250 allowance) • OTC (\$75 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Broward, Palm Beach, St. Lucie	Broward, Indian River, Martin, Palm Beach, St. Lucie	Broward, Palm Beach, St. Lucie
Why You Should Sell This Plan	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

Plan Name	BlueMedicare Choice (PPO)
Plan Number	R3332-001
Premium	TBD
PCP	\$10
Specialist	\$50
Inpatient Hospital Acute	\$345 per day, days 1-5
Outpatient Hospital Services	20% for all Surgeries / \$150 Copay- ment all other
Max Out-of-Pocket	\$6,500 IN /\$12,450 IN & OUT
Rx Deductible	\$250 Brands only
Rx Pharmacies	STANDARD \$0 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support
Dental	N/A
Market Service Area	Statewide
Why You Should Sell This Plan	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

MIAMI - DADE/COLLIER

MARKET SERVICE AREA



Collier
Miami-Dade
Monroe



Alexandra Nguyen

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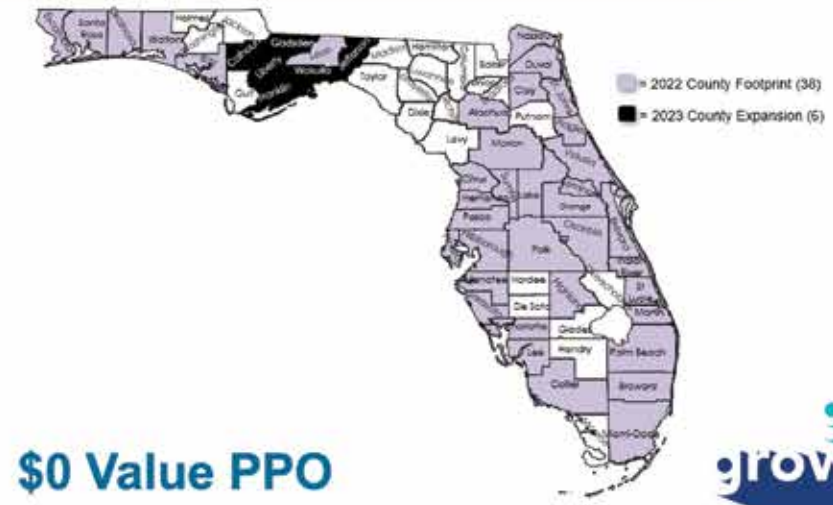
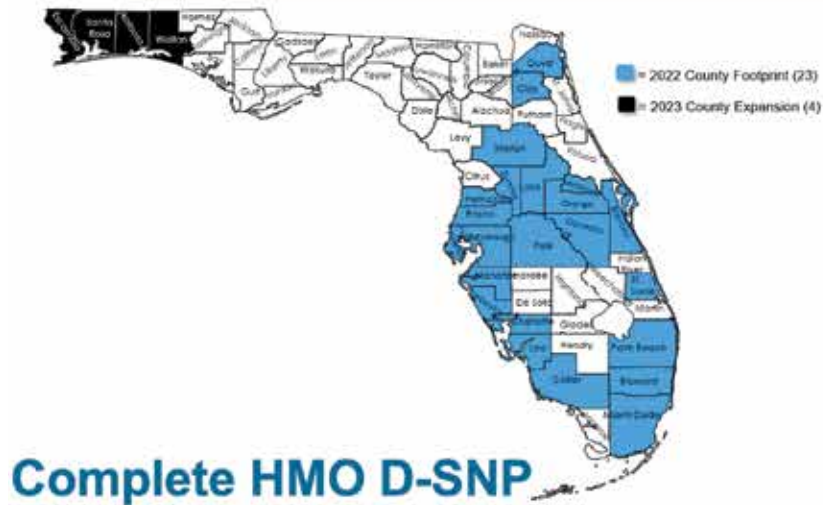
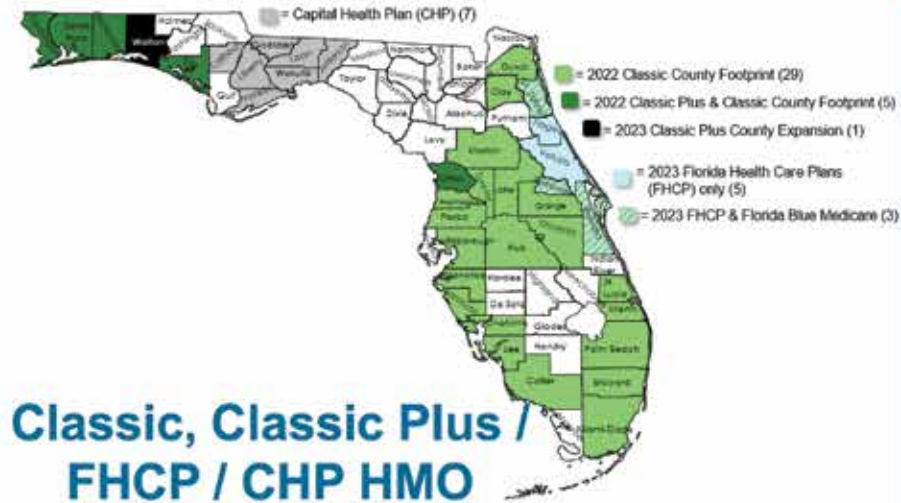
Plan Name	BlueMedicare Classic (HMO)	BlueMedicare Premier (HMO)	BlueMedicare Saver (HMO)
Plan Number	H1035-017	H1035-024	H1035-039
Premium	\$0	\$0	\$0 / \$80 Monthly Part B Refund
PCP	\$0	\$0	\$0 Sanitas / \$10 All Others
Specialist	\$20	\$0	\$35 Sanitas / \$45 All Others
Inpatient Hospital Acute	\$155 per day, days 1-7	\$0	\$300 per day, days 1-7
Outpatient Hospital Services	\$50	\$0	\$225
Max Out-of-Pocket	\$3,900	\$1,500	\$6,700
Rx Deductible	\$0	\$0	\$0
Rx Preferred	STANDARD \$0 \$0 \$35 \$93 33% N/A	STANDARD \$0 \$0 \$0 \$50 33% N/A	STANDARD \$0 \$0 \$25 \$50 33% N/A
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Transportation (48 one-way trips) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$2,000 allowance) • Vision (exam, \$300 allowance) • OTC (\$125 per Q allowance) • SilverSneakers • SSBCI • Transportation (48 one-way trips) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$600 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Miami-Dade	Miami-Dade	Miami-Dade
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Provides partial reimbursement of the monthly Part B Premium and combines basic medical and prescription benefit for no premium

Plan Name	BlueMedicare Complete (HMO D-SNP)	BlueMedicare Value (PPO)
Plan Number	H1035-027	H5434-032
Premium	\$0 or up to TBD	\$0
PCP	\$0	\$0 All Providers
Specialist	\$0	\$35 Level 1 Providers / \$48 All Others
Inpatient Hospital Acute	\$0	\$290 per day, days 1-6
Outpatient Hospital Services	\$0	\$250
Max Out-of-Pocket	\$500	\$3,651 IN / \$8,950 IN & OUT
Rx Deductible	\$0 for LIS recipients or up to \$505 for all tiers	\$0
Rx Pharmacies	STANDARD \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A	STANDARD \$2 \$10 \$47 \$100 33% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$3,000 allowance) • Vision (exam; \$500 allowance) • Meals (10 post-discharge) • OTC (\$125 per month allowance) • Silver Sneakers • Food card (\$50 per month allowance for all members) • Transportation (unlimited) • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$1,000 allowance) • Vision (exam; \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours)
Dental	Comprehensive	Comprehensive
Market Service Area	Miami-Dade	Miami-Dade
Why You Should Sell This Plan	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network

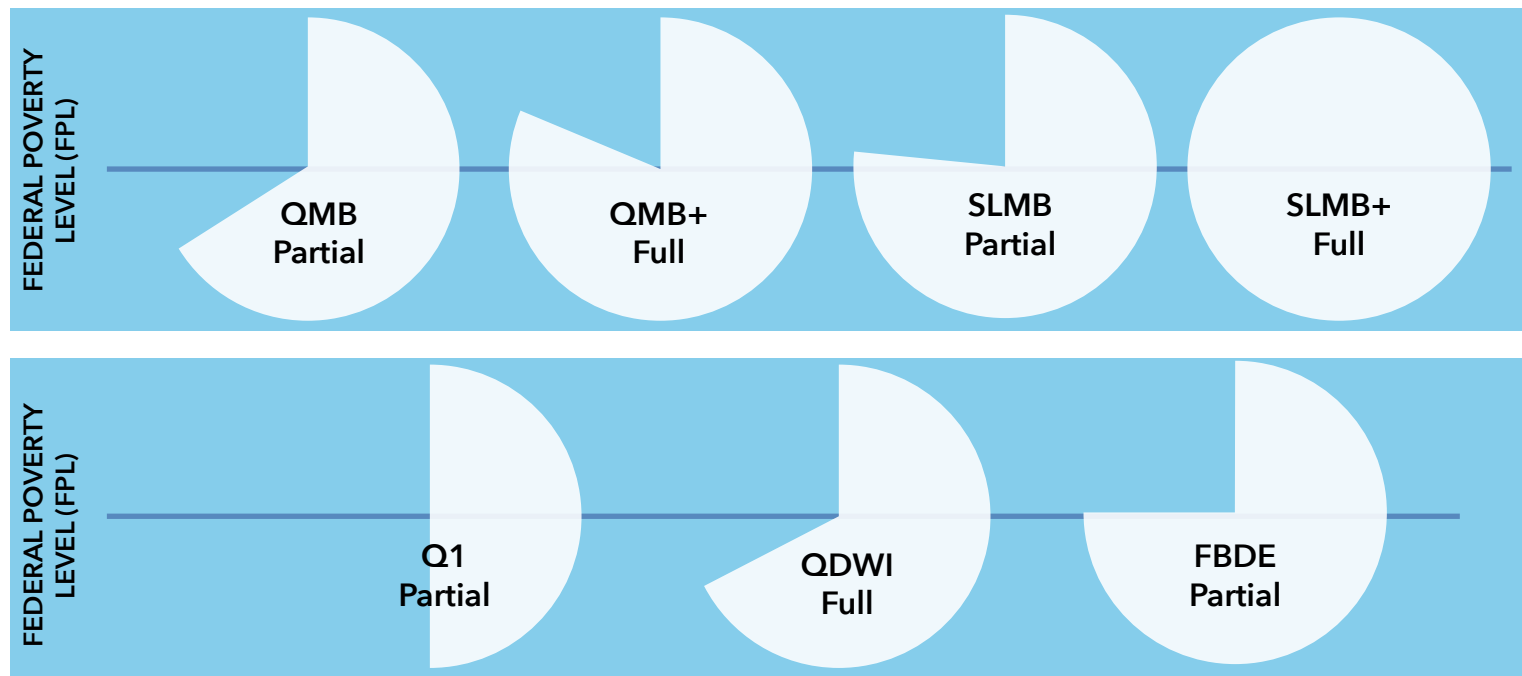
Plan Name	BlueMedicare Classic (HMO)	BlueMedicare Premier (HMO)	BlueMedicare Complete (HMO D-SNP)
Plan Number	H1035-019	H1035-045	H1035-032
Premium	\$0	\$0	\$0 or up to TBD
PCP	\$0	\$0	\$0
Specialist	\$40	\$15	\$0
Inpatient Hospital Acute	\$205 per day, days 1-6	\$150 per day, days 1-7	\$0
Outpatient Hospital Services	\$175	\$90	\$0
Max Out-of-Pocket	\$4,900	\$2,900	\$1,500
Rx Deductible	\$0	\$0	\$0 for LIS recipients or up to \$505 for all tiers
Rx Preferred	Standard \$0 \$10 \$40 \$93 33% \$0	Standard \$0 \$0 \$30 \$90 33% N/A	Standard \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients \$0 for LIS recipients N/A
Key Extra Benefits	<ul style="list-style-type: none"> Hearing Aids (\$1,000 allowance) Vision (exam; \$100 allowance) SilverSneakers Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$1,500 allowance) Vision (exam; \$250 allowance) OTC (\$100 per Q allowance) SilverSneakers SSBCI Transportation (48 one-way trips) Telehealth Services Caregiver Support At Home Care (60 hours) 	<ul style="list-style-type: none"> Hearing Aids (\$3,000 allowance) Vision (exam; \$500 allowance) Meals (10 post-discharge) OTC (\$100 per month allowance) SilverSneakers Food card {\$50 per month allowance for all members) Transportation (unlimited) Telehealth Services Caregiver Support At Home Care (60 hours)
Dental	Comprehensive	Comprehensive	Comprehensive
Market Service Area	Collier	Collier	Collier
Why You Should Sell This Plan	Blends competitive out-of-pocket costs with a rich Rx formulary and expansive provider networks	Offers outstanding value through low copays, high-touch provider groups and a robust package of supplemental benefits	Offers value, savings, and security targeting those eligible for both Medicare and Medicaid benefits, full and partial

Plan Name	BlueMedicare Select (PPO)	BlueMedicare Value (PPO)	BlueMedicare Choice (PPO)
Plan Number	H5434-002	H5434-030	R3332-001
Premium	TBD	\$0	TBD
PCP	\$5	\$0 All Providers	\$10
Specialist	\$45	\$30 Level 1 Providers / \$43 All Others	\$50
Inpatient Hospital Acute	\$225 per day, days 1-7	\$275 per day, days 1-5	\$345 per day, days 1-5
Outpatient Hospital Services	\$130	\$250	20% for all Surgeries / \$150 Copayment all other
Max Out-of-Pocket	\$5,900 IN / \$8,950 IN & OUT	\$4,000 IN / \$8,950 IN & OUT	\$6,500 IN / \$12,450 IN & OUT
Rx Deductible	\$305 Applies to Tiers 1,2,3,4,5 only	\$150 Brand Only	\$250 Brands Only
Rx Preferred	Standard \$3 \$10 \$40 \$93 28% \$0	Standard \$0 \$0 \$47 \$100 30% \$0	Standard \$0 \$10 \$40 \$93 28% \$0
Key Extra Benefits	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam; \$100 allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$2,000 allowance) • Vision (exam; \$200 allowance) • OTC (\$50 per Q allowance) • SilverSneakers • Telehealth Services • Caregiver Support • At Home Care (60 hours) 	<ul style="list-style-type: none"> • Hearing Aids (\$700 allowance) • Vision (exam) • SilverSneakers • Telehealth Services • Caregiver Support
Dental	Comprehensive	Comprehensive	N/A
Market Service Area	Collier	Collier	Statewide
Why You Should Sell This Plan	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network	\$0 PPO with competitive benefits, robust extra package and access to care in and out-of-network	Combines competitive out-of-pocket costs and rich drug formulary with large networks (provider and pharmacy) and the freedom to access care in and out-of-network

SUPPLEMENTAL BENEFITS



















Florida Blue Medicare – 2023 Complete D-SNP HMO Qualifying Statuses







Our D-SNP plans take all seven statuses and benefits are the same –
no medical cost share, CMS' member level Rx cost-share

2023 Standard, Preferred & Mail Pharmacies

BlueMedicare <u>Classic HMO, Classic Plus HMO, Premier HMO, Saver HMO, Complete HMO D-SNP, Value PPO, Regional PPO, Premier Rx, Complete Rx</u> (Change)		Florida Health Care Plans (FHCP)	
Members <u>must</u> use the participating locations for the prescription to be covered.		Members have a choice of locations to use. Preferred locations will have a lower member cost share than Standard locations.	
Standard Pharmacies		Preferred Pharmacies	Standard Pharmacies
<div>         <div> <p>Many BlueMedicare provider partner's facility pharmacies and many independent pharmacies in Florida and around the country</p> </div> </div>		 FHCP Medicare Pharmacies	Select Central and North Florida locations:   
Mail Order Pharmacies – Members will pay the lowest cost share			
  		 FHCP Medicare Pharmacies	

Florida Blue Medicare Special Supplemental Benefits

BlueMedicare Premier (HMO)	Description	Vendor
Medicare Plan Numbers	<ul style="list-style-type: none"> H1035-022, H1035-023, H1035-024, H1035-025, H1035-026, H1035-033 H1035-034, H1035-045, H1034-048 	
Service Areas	<ul style="list-style-type: none"> Brevard, Broward, Charlotte, Clay, Collier, Duval, Hernando, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Osceola, Pasco, Palm Beach, Pinellas, Polk, Sarasota, Seminole, St. Lucie 	
Meal Delivery	<ul style="list-style-type: none"> 20 meals per month 	
Nutritional Therapy & Planning	<ul style="list-style-type: none"> 3 annual phone consultations 	
OTC Allowance (additional)	<ul style="list-style-type: none"> \$50 per quarter, additional items such as wearables, PERS devices 	
Personal Training Sessions	<ul style="list-style-type: none"> 5 annual private sessions/classes 	
Transportation (additional)	<ul style="list-style-type: none"> 12 annual one-way trips w/ no clinical criteria needed 	

| For the Chronically Ill (SSBCI) – Premier HMO

The Centers for Medicare and Medicaid Services (CMS) allow plans to offer additional benefits to chronically ill members. For an enrollee to be defined as chronically ill, they must fit all three criteria: have one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit the overall health, have a high risk of hospitalization or other adverse health outcomes and require intensive care coordination.

For 2023, our **BlueMedicare Premier HMO** plans will offer additional benefits to those members who qualify by having one or more of these conditions, **CAD, CHF, COPD, Diabetes**, and are engaged in our clinical programs by **completing their Health Risk Appraisal and visit their physician for the Annual Wellness Visit**. Members will qualify throughout the year after both claims data and care management engagement is verified.

Once eligible, Florida Blue outreach communications will provide additional details on how to begin taking advantage of these enhanced benefits for the remainder of 2022.

Benefits are not granted retrospective of completion of qualifying events and expire at the end of the calendar year. These benefits can be marketed to prospects.

Florida Blue Medicare Special Supplemental Benefits

BlueMedicare Premier (HMO)	Description	Vendor
Medicare Plan Numbers	<ul style="list-style-type: none"> H1035-043 	
Service Areas	<ul style="list-style-type: none"> Lake, Marion, Sumter 	
Nutritional Guidance	<ul style="list-style-type: none"> \$20 Per Month Food Card for use at grocery store merchants including The Villages Grown market locations 	

| For the Chronically Ill (SSBCI) – Premier HMO Lake, Marion, Sumter

The Centers for Medicare and Medicaid Services (CMS) allow plans to offer additional benefits to chronically ill members. For an enrollee to be defined as chronically ill, they must fit all three criteria: have one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit the overall health, have a high risk of hospitalization or other adverse health outcomes and require intensive care coordination.

For 2023, our **BlueMedicare Premier HMO** plans will offer additional benefits to those members who qualify by having one or more of these conditions, **CAD, CHF, COPD, Diabetes**, and are engaged in our clinical programs by **completing their Health Risk Appraisal** and **visit their physician for the Annual Wellness Visit**. Members will qualify throughout the year after both claims data and care management engagement is verified.

Once eligible, Florida Blue outreach communications will provide additional details on how to begin taking advantage of these enhanced benefits for the remainder of 2022.

Benefits are not granted retrospective of completion of qualifying events and expire at the end of the calendar year. These benefits can be marketed to prospects.

Value-Based Insurance Design (VBID) – Complete HMO D-SNP

The Centers for Medicare and Medicaid Services (CMS) allow plans to offer additional benefits through the Medicare Advantage (MA) Value-Based Insurance Design (VBID) model. CMS is testing a broad array of complementary MA health plan innovations designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including those with low incomes such as dual-eligibles, and improve the coordination and efficiency of health care service delivery.

Florida Blue Medicare will issue a branded MasterCard to all D-SNP members that receive Low Income Subsidy (LIS) or Extra Help from CMS. The card is preloaded each month with \$50 to be used on healthy food options. Benefits are not granted retrospective of enrollment and expire at the end of each month.

These benefits can be marketed to prospects.

Bold = Expansion

BlueMedicare Complete (HMO D-SNP)

Medicare Plan Number

H1035-027, H1035-028, H1035-029, H1035-030, H1035-031, H1035-032, H1035-050

Service Areas

Brevard, Broward, Charlotte, Clay, Collier, Duval, **Escambia**, Hernando, Hillsborough, Lake, Lee, Manatee, Marion, Miami-Dade, **Okaloosa**, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, **Santa Rosa**, Sarasota, Seminole, St. Lucie, Sumter, **Walton** counties

Nutritional Allowance

\$50 per month in Brevard, Broward, Charlotte, Clay, Collier, Duval, Hernando, Hillsborough, Lake, Lee, Manatee, Marion, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter counties














\$25 per month in **Escambia, Okaloosa, Santa Rosa, Walton** counties



2023 Supplemental Benefits



The vendors below provide varying level of services in the 2023 Medicare Advantage portfolio based on plan type and designated service areas.

Category	Vendor Name	Vendor Summary Description	Benefit Description
Caregiver Support		Helps create a balance for caregivers caring for a loved one while living their own lives	Support for caregivers of enrollees: digital platform and expert call center support offering education and support services such as counseling and training courses. Available on all BlueMedicare plans.
Nutritional Guidance & Healthy Food Allowance		Empowers health plan members to improve their nutrition, specifically those with diet-related chronic conditions	Online platform and Food for Pharmacy allowance on our BlueMedicare Premier HMO in Lake, Marion, Sumter only
Dental		GuideWell Mutual Holding Company subsidiary who provides dental services administration, d.b.a. Life & Specialty Ventures Dental Management	Portfolio of Comprehensive and competitive dental plans. Available on most BlueMedicare and many FHCP Medicare plans (FHCP administers plan 002).
Vision		Miami-based optimized eye care delivery system with effective managed care solutions	Routine exam and varying allowance levels towards the purchase of lenses, frames or contacts. Available on certain BlueMedicare plans.
Meal Delivery		Miami-based food delivery services	10 meals after each hospital discharge on our BlueMedicare D-SNP health plans
Transportation		Healthcare logistics and technology platform working with healthcare to streamline medical transportation scheduling	Provides unlimited transportation services to plan approved health-related locations on our BlueMedicare D-SNP health plans
Digital Behavioral Health Platform		A digital coaching platform delivers clinically validated and highly personalized resilience solutions to help people improve their ability to manage stress and successfully cope with life's challenges	Platform access on all BlueMedicare Medicare Advantage plans
Transportation		Healthcare logistics company providing transportation to medical appointments	48 annual one-way trips on certain BlueMedicare HMO plans
Hearing Aids		South Florida-based healthcare company that offers comprehensive hearing solutions	Varying allowances levels for up to 2 hearing aids per year when purchased through NationsHearing. Available on BlueMedicare and certain FHCP Medicare plans.
Over-the-Counter (OTC)		South Florida-based healthcare company that offers comprehensive healthcare technology and administrative solutions for supplemental OTC benefit services	Quarterly or monthly OTC allowance. Provides additional items such as wearables, PERS devices. Guaranteed two-day shipping. Available on certain BlueMedicare and FHCP Medicare plans. For Complete D-SNP members in Broward, Miami-Dade, Palm Beach and St. Lucie Counties, any Walmart store can be used in addition to online ordering.
At Home Care		Miami-based solutions company that pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks.	60 annual hours for At Home Care: ADL, Respite (cleaning, companionship, meal prep, etc.) on all BlueMedicare plans except RPPO and Part D Stand-Alone.
Fitness Membership		Nationwide, completely free to use fitness program for Medicare beneficiaries	Basic fitness center membership with location reciprocity within their nationwide network. Available on all BlueMedicare Medicare Advantage plans.
Food Allowance Card		Fulfillment and POS card processor for the SSBCI monthly food card allowance	\$50 monthly allowance for most Complete D-SNP members (\$25 in NW FL)

2023 BlueMedicare Dental Coverage

Dental Plan Numbers	HMO 10	HMO 6	HMO 5H
Product	Classic: All Counties Classic Plus: All Counties Premier: Brevard, St. Lucie Saver: All Counties FHCP: Premier Plus, Flagler Advantage, Medicare Premier Advantage	Premier: Charlotte, Clay, Collier, Duval, Hernando, Hillsborough, Lake, Lee, Manatee, Marion, Pasco, Pinellas, Polk, Sarasota, Sumter	Premier: Miami-Dade, Palm Beach
Member Annual Allowance	-	-	-
Annual Benefit Maximum	No annual max, Comprehensive	No annual max, Comprehensive	\$3,000
Annual Member Deductible	-	-	%50
Member Costs	Preventive & Comprehensive: \$0	Preventive: \$0 Comprehensive: Copays vary by service	Preventive: \$0 Comprehensive: \$0 except Crowns 50% & Dentures 25%
Exams	2 per 12 consecutive months	2 per 12 consecutive months	2 per 12 consecutive months
Cleanings	2 per 12 consecutive months	2 per 12 consecutive months	2 per 12 consecutive months
X-Rays	1 set per 12 consecutive months	1 set per 12 consecutive months	1 set per 12 consecutive months
Fluoride Treatments	--	--	--
Extractions	Simple only: 2 per 12 consecutive months	Simple & Surgical: 1 per lifetime of the tooth	Simple: 4 per 12 consecutive months; Surgical: 2 per 12 consecutive months
Crowns	--	1 per 12 consecutive months (only conjunction w/ root canal)	2 crowns per 12 consecutive months
Fillings	--	1 per 12 consecutive months	2 per 12 consecutive months
Root Canal	--	1 per 12 consecutive months	1 per 12 consecutive months
Dentures	--	1 set per 60 months	1 set per 60 months
Deep Cleaning / Root Planing	--	--	--
Additional Benefits based on clinical condition (Diabetes, CAD,COPD, ESRD, Pregnancy, Stoke, Oral/Neck/ Throat Cancer, Metabolic & Sjogren Syndromes)	2 additional cleanings, Oral Cancer screenings every 6 months, Fluoride treatment every 3 months	2 additional cleanings, Oral Cancer screenings every 6 months, Fluoride treatment every 3 months, Deep cleaning / Root Planing	2 additional cleanings, Oral Cancer screenings every 6 months, Fluoride treatment every 3 months

2023 BlueMedicare Dental Coverage, CONTINUED

Dental Plan Numbers	HMO 8H	HMO 8D	HMO 002	PPO 10
Product	Premier: Broward, Orange, Osceola, Seminole	Complete D-SNP: All Counties	FHCP: FHCP Medicare Rx Plus	Value: All Counties Patriot: All Counties
Member Annual Allowance	-	-	-	-
Annual Benefit Maximum	No annual max, Comprehensive	No annual max, Comprehensive	-	No annual max, Comprehensive
Annual Member Deductible	-	-	-	-
Member Costs	Preventive & Comprehensive: \$0	Preventive & Comprehensive: \$0	Preventive & Comprehensive: \$0 up to the Member Annual Allowance	Preventive & Comprehensive: \$0
Exams	2 per 12 consecutive months	2 per 12 consecutive months	Any combination of services accumulate to the Member Annual Allowance	2 per 12 consecutive months
Cleanings	2 per 12 consecutive months	2 per 12 consecutive months		2 per 12 consecutive months
X-Rays	1 set per 12 consecutive months	1 set per 12 consecutive months		1 set per 12 consecutive months
Fluoride Treatments	2 per 12 consecutive months	2 per 12 consecutive months	Any combination of services accumulate to the Member Annual Allowance	-
Extractions	Simple & Surgical: 4 per 12 consecutive months	Simple & Surgical: 4 per 12 consecutive months		Simple only: 2 per 12 consecutive months
Crowns	1 crown per 12 consecutive months	1 crown per 12 consecutive months		-
Fillings	2 per 12 consecutive months	2 per 12 consecutive months		-
Root Canal	1 per 12 consecutive months	1 per 12 consecutive months		-
Dentures	1 set per 60 months	1 set per 60 months		-
Deep Cleaning / Root Planing	1 per quadrant per 24-month period	1 per quadrant per 24-month period		-
Additional Benefits based on clinical condition (Diabetes, CAD,COPD, ESRD, Pregnancy, Stoke, Oral/Neck/Throat Cancer, Metabolic & Sjogren Syndromes)	2 additional cleanings, Oral Cancer screenings every 6 months, Fluoride treatment every 3 months, Deep cleaning / Root Planing	2 additional cleanings, Oral Cancer screenings every 6 months, Fluoride treatment every 3 months, Deep cleaning / Root Planing	-	2 additional cleanings, Oral Cancer screenings every 6 months, Fluoride treatment every 3 months

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)

Special Supplemental Benefits for the Chronically Ill (SSBCI) - Premier HMO

The Centers for Medicare and Medicaid Services (CMS) allow plans to offer additional benefits to chronically ill members. For an enrollee to be defined as chronically ill, they must fit all three criteria: have one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit the overall health, have a high risk of hospitalization or other adverse health outcomes and require intensive care coordination. For 2023, our BlueMedicare Premier HMO plans will offer additional benefits to those members who qualify by having one or more of these conditions, CAD, CHF,

COPD, Diabetes, and are engaged in our clinical programs by completing their Health Risk Appraisal and visit their physician for the Annual Wellness Visit. Members will qualify throughout the year after both claims data and care management engagement is verified. Once eligible, Florida Blue outreach communications will provide additional details on how to begin taking advantage of these enhanced benefits for the remainder of 2023. Benefits are not granted retrospective of completion of qualifying events and expire at the end of the calendar year. These benefits can be marketed to prospects.

BlueMedicare Premier (HMO)

Medicare Plan Numbers	H1035-022, H1035-023, H1035-024, H1035-025, H1035-026, H1035-033, H1035-034, H1035-045, H1035-048
Service Areas	Brevard, Broward, Charlotte, Clay, Collier, Duval, Hernando, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Osceola, Pasco, Palm Beach, Pinellas, Polk, Sarasota, Seminole, St. Lucie counties
Meal Delivery (<i>ILS Meals</i>)	20 meals per month
Nutritional Therapy & Planning (<i>GuideWell</i>)	3 annual phone consultations
OTC Allowance (additional) (<i>NationsOTC</i>)	\$50 per quarter, additional items such as wearables, PERS devices
Personal Training Sessions (<i>SilverSneakers</i>)	5 annual private sessions/classes
Transportation (additional) (<i>Modivcare</i>)	12 annual one-way trips w/ no clinical criteria needed

Special Supplemental Benefits for the Chronically Ill (SSBCI) - Premier HMO

The Centers for Medicare and Medicaid Services (CMS) allow plans to offer additional benefits to chronically ill members. For an enrollee to be defined as chronically ill, they must fit all three criteria: have one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit the overall health, have a high risk of hospitalization or other adverse health outcomes and require intensive care coordination. For 2023, our BlueMedicare Premier HMO plans will offer additional benefits to those members who qualify by having one or more of these conditions, CAD, CHF,

COPD, Diabetes, and are engaged in our clinical programs by completing their Health Risk Appraisal and visit their physician for the Annual Wellness Visit. Members will qualify throughout the year after both claims data and care management engagement is verified. Once eligible, Florida Blue outreach communications will provide additional details on how to begin taking advantage of these enhanced benefits for the remainder of 2023. Benefits are not granted retrospective of completion of qualifying events and expire at the end of the calendar year. These benefits can be marketed to prospects.

BlueMedicare Premier (HMO)

Medicare Plan Numbers	H1035-043
Service Areas	Lake, Marion, Sumter counties
Nutritional Guidance (<i>Foodsmart</i>)	\$20 per month pre-paid food card for use at grocery store merchants including The Villages Grown market locations

APPENDIX

Caregiver Support by Carallel®



Caregiver Support by Carallel®



Caring for a loved one? Supported by a loved one?

Carallel provides tools, resources and on-call experts to navigate all types of caregiving challenges.

Talk to a Caregiving Expert

Speak with a caregiving expert by phone, live chat or email. Get confidential advice about your own unique caregiving situation and the challenges you face.

Ask us about caregiving topics like:



Health



Advance Care Planning



Senior Living



Family Dynamics



In-Home Care



Wellness & Lifestyle

Use Digital Caregiving Tools

Get 24/7 access to online resources and tools that help you collaborate and make decisions with confidence.

Your tools and resources allow you to:

- 1 **Organize:** Keep track of important documents, appointments, tasks, photos and videos.
- 2 **Collaborate:** Create your own care team and share information, tasks and decision making.
- 3 **Learn:** Get information on topics like finances, senior living, in-home care and more.

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Hearing Benefits by Nations Hearing



Access Your Hearing Benefit Online Today

Call 1-877-232-7013 (TTY: 711) to learn how you can take a hearing test and order hearing aids online.

Florida Blue Medicare has partnered with NationsHearing® to bring you a digital hearing experience. You can now access your hearing benefit using a computer, tablet, or smartphone with internet connection.

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Senior Assistance by Papa



We all need a pal sometimes.

That's why Papa and Florida Blue Medicare have teamed up to offer you a hand to help, a shoulder to lean on and an ear to listen — when, where and how you need it most.

Papa connects you to Papa Pals, who are there when you need them. They are available to provide companionship and emotional support, or assist with light household tasks, transportation, errands, meal prep, pets, technology and more. Papa Pals follow COVID-19 safety protocols and undergo robust background checks and training.

Your health plan includes access to 60 hours of help per year from a Papa Pal at no additional cost. And, there are no special qualifications needed to use Papa.



Want a friendly face to share a conversation with or play a card game? Maybe go for a leisurely stroll or grab a cup of coffee? Have a Papa Pal join you.



Need a ride to your doctor's appointment or to run errands? Could you use an extra hand with getting dinner ready? Just need someone to check in on you and see how you are doing? Papa is here to help.



Get started with a Pal today!

Call 1-888-941-3933 (TTY: 711)

Monday–Friday, 8 a.m. – 11 p.m.

Saturday & Sunday, 8 a.m. – 8 p.m. ET

papa



Companionship

Play board games, watch a movie or just take a walk.



Pharmacy / Grocery Help

Get help with errands.



Tech Help

Learn about smartphones, computers, tablets and much more.

_____ and much more.

**go big.
grow blue.**

*Not Applicable for RPPO members

Fitness Program by Silversneakers®

ACQUIRE NEW MEMBERS WITH SILVERSNEAKERS®

At Tivity Health®, our goal is to help you attract more members to the plans you sell. SilverSneakers® is a trusted and sought-after brand that's available to members through select Medicare plans at no additional cost. A more successful sales season can depend on how well you message the value of SilverSneakers to your clients.

WITH SILVERSNEAKERS, MEMBERS ARE FREE TO MOVE WHEN, WHERE AND HOW THEY WANT:



Supporting members using our best-in-class network of fitness locations and SilverSneakers Signature classes designed for all fitness levels.



Providing members an opportunity to engage outside of a traditional fitness center with SilverSneakers FLEX.



Extending engagement into the home where members can access SilverSneakers LIVE and On-Demand classes.



Helping members learn new skills, unlock life experiences, and continue life-long learning through our new partnership with GetSetUp.



LIFESTYLE IMPACT OF SILVERSNEAKERS'

88%

Participants responded that SilverSneakers has improved their quality of life

52%

Participants report that they have made new and valuable friendships through SilverSneakers

86%

Participants report feeling healthier after joining SilverSneakers

VALUE OF USING SILVERSNEAKERS AS A SALES TOOL'

65%

SilverSneakers participants indicated that SilverSneakers was an important reason for joining their health plan

58%

Participants stated that if SilverSneakers were no longer available through their health plan, they would likely switch to another plan

[SilverSneakers.com/PreferredAgents](https://www.silversneakers.com/PreferredAgents)

(877) 871-6968 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET



Online Healthcare by Teladoc[®]



Teledoc.com, AppStore or Google Play,
1-800-teledoc

OR

The telemedicine platform used by the Doctor
of your member

Covered on all Florida Blue Medicare Advantage Plans

- Urgently Needed Services
- Primary Care Physician Services
- Occupational Therapy Services
- Physician Specialist Services
- Individual Sessions for Mental Health Specialty Services
- Other Health Care Professional
- Individual Sessions for Psychiatric Services
- Physical Therapy & Speech-Language Pathology Services
- Opioid Treatment Program Services
- Individual Sessions for Outpatient Substance Abuse
- Diabetes Self-Management Training

Member pays the same cost share as being seen in the office

Telemedicine Benefit



Introducing your Telemedicine Benefit - Doctor on Demand!

- See a board-certified doctor or a licensed psychologist or psychiatrist through live, face-to-face video visits from anywhere!
- Access to our board-certified physicians 24/7, book an appointment with a psychologist at your convenience.
- Physicians can diagnose, treat and write prescriptions (if needed) for most non-emergency medical conditions.*
- Connect using your computer, smartphone, or tablet (with a front facing camera). You can download the app from the [App Store](#) or [Google Play](#)



dr. on demand

OR

See your Doctor via  zoom

(limited to participating  employed providers who participate in virtual visits)



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Hearing Benefits by Nations Hearing Online

A Convenient Online Experience

The member portal will guide you through all the services included in your hearing benefit. It's easy to use and keeps your information safe.



Take a Digital Hearing Test

From your computer or mobile device, log into the member portal to access the digital hearing test.



Order Hearing Aids

Use your benefit allowance to order hearing aids and have them shipped to your home at no extra cost.



Connect with an Online Representative

At any time during the process, you can connect with a representative to assist with questions and follow-up care.



To get started, visit Members.NationsHearing.com/FloridaBlueMedicare or call **1-877-232-7013 (TTY: 711)**, 8:00 a.m. to 11:00 p.m. ET, seven days a week.

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HealthyBlue Reward Program

HealthyBlue Rewards Program

Exclusively for
Florida Blue Medicare
Advantage Members



HealthyBlue is a rewards program focused on keeping **Florida Blue Medicare** Advantage members their healthiest. It's our way of saying "thanks" for being loyal to your health! Participating members must redeem earned rewards no later than 12/31 each year.⁴

Who is it for?

HealthyBlue is a program for BlueMedicare HMO, PPO and Group PPO (Employer PPO) members. This includes BlueMedicare Complete (HMO D-SNP) members.

Redeem your rewards for gift cards from
popular merchants like:



Annual Health Risk Appraisal

Annual Health Screening

Option 1: Annual Wellness Visit /Welcome to Medicare Exam

Option 2: In-Home Health Visit / Telehealth Visit

Breast Cancer Screening *Women only*

Colon Cancer Screening

Option 1: Fecal Immunochemical Test (FIT) - Complete every year

Option 2: FIT-DNA (also known as Cologuard or flexible sigmoidoscopy or CT colonography) - Complete once every 2-3 years, or sooner based on your doctor's recommendation.

Option 3: Colonoscopy - Complete once every 10 years, or sooner based on your doctor's recommendation

Diabetic Screenings

Diabetic Retinal Exam

Diabetic Blood Test (A1c)

Diabetic Urine Test for Protein

Flu Shot



NOTES: _____

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