

# Devoted Health First Look



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## A message from our founders



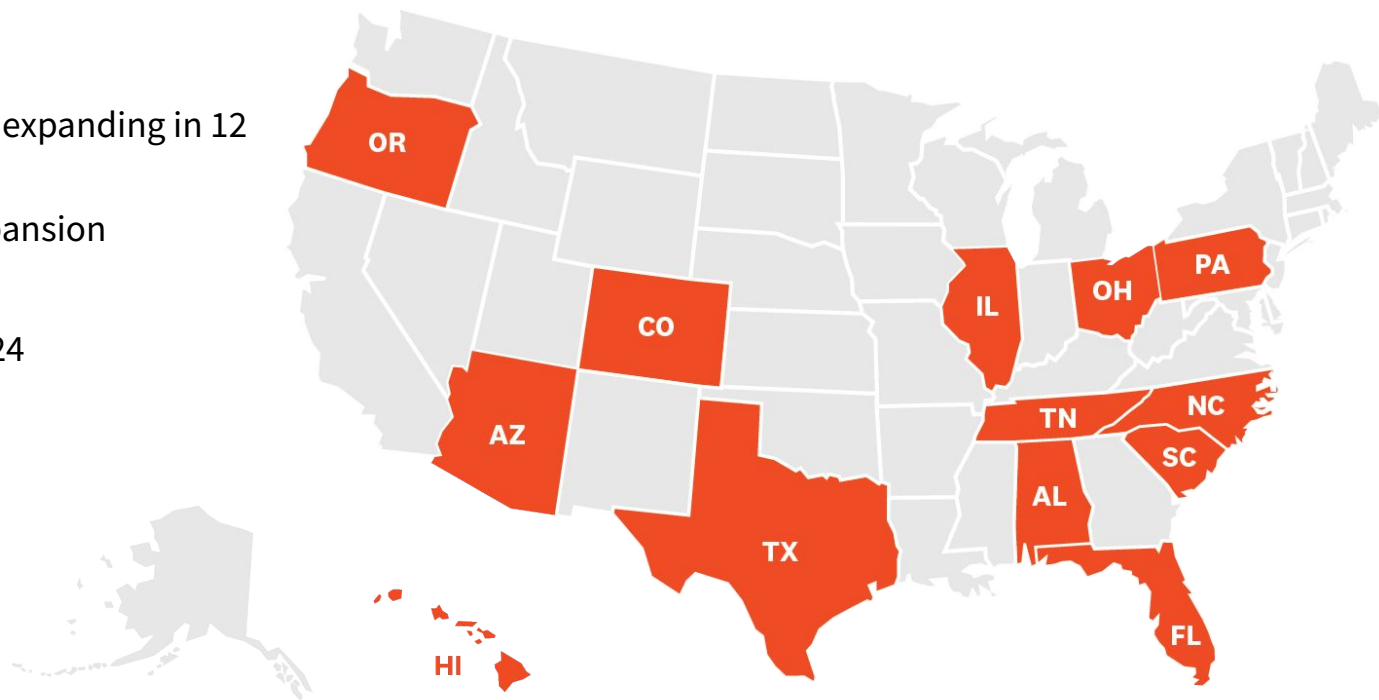
*We started Devoted Health because we wanted to help improve the lives and well-being of older Americans. We strive to treat our members like family, getting the right care at the right time in the right place. We hope you'll join us on this journey.*

*—Ed and Todd Park*

## We've added 13 states in 5 years

**Our current footprint covers 28.3% of MA enrollees nationally and a presence in most regions**

- In 2024, we are expanding in 12 of our 13 states
- 100 County Expansion
- 22 New PBPs
- 145 PBPs in 2024



## Ranked #3 nationally with respect to absolute number of net new MA members added during 2023 AEP

Top 10 growth	Total US	Growth (k) rank		Growth (k)	
		'22	'23	'22	'23
	Humana Inc	5	1	122.0	477.4
	UnitedHealth Group, Inc.	1	2	326.6	304.0
	<b>Devoted Health, Inc.</b>	<b>8</b>	<b>3</b>	<b>28.4</b>	<b>41.0</b>
	Elevance Health, Inc.	6	4	99.7	40.8
	CIGNA	163	5	-13.2	37.1
	Inland Empire Health Plan		6	0.0	32.0
	Blue Cross Blue Shield of Michigan Mutual Ins. Co.	14	7	12.5	18.6
	Local Initiative Health Authority for LA County		8	0.0	17.6
	CVS Health Corporation	4	9	167.6	16.0
	Highmark Health	12	10	16.0	15.5

- **#3 national ranking in only our fifth AEP** and despite being in only a quarter of the country
- **1 of 5 companies in the top 10 in two most recent AEPs**
- We've scaled rapidly year over year to over **132k members**

Growth represents the net change in membership (which CMS refers to as enrollment and is equal to new sales less disenrollment) using as reported by CMS between December 1 and February 1 for 2020-21, 2021-22, and 2022-23 periods. Membership data includes enrollments through Jan 3, 2023. Data excludes EGWP, MMP, PFFS / 1876 Cost / MSA / National PACE, Other  
Source: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/Monthly-Enrollment-by-Contract-Plan-State-County>



# Devoted Health's unique product delivers and scales unique results

## Member net promoter score of 77

- Vastly higher than industry average
- Significantly higher than iconic consumer brands like Apple, Amazon, and USAA
- Underpinned by a phenomenal member service

## Strong Medicare Advantage Star ratings

In eligible markets, 100% of Devoted members are in a 4, 4.5, or 5 Star plan.\*

**Ohio:** 5 Stars out of 5

**Florida:** 4.5 Stars out of 5

**Texas:** 4.5 Stars out of 5

**Arizona:** 4.0 Stars out of 5

## Leading provider service performance

- 90%+ of claims paid within 5 days
- 80% of providers credentialed within 20 days
- Average turnaround time of 13 hrs for expedited authorizations

## Systematic improvement in member care

Leading to better outcomes and lower medical cost ratios for member cohorts over time — which, in turn, enables (along with our Stars performance) sustainably superior plan benefits

\*Every year, Medicare evaluates plans based on a 5-star rating system. The above statement applies to the following Devoted Health contracts for contract year 2023: Devoted Health's HMO Contract H2697 earned 5 out of 5 stars, H1290 and H7993 earned 4.5 out of 5 stars, and H8173 earned 4 out of 5 stars. Our other plans aren't eligible for a rating yet.

## Get certified today!

- **AHIP, Pinpoint, and NABIP (previously known as NAHU) are accepted** to meet core training, FWA, and compliance requirements.
- You may access AHIP through our certification page if you haven't taken AHIP yet (and you'll **get \$50 off with our link** at checkout).
- Once your appointment has been verified, you'll be assigned a "Ready to Sell" status and be sent a **confirmation email for each state.**





# Our success comes from our love and dedication

**Our teams are well-prepared to serve you and your clients**

## Agent support (all U.S.-based)

- 96% of calls answered within 30 seconds
- 90.5% of issues resolved on the same call
- Average case resolution of 1.4 days
- Bilingual support
- Expanded weekend hours during AEP

*Source: Devoted Health's agent support dashboard, April 2022*

## Member Guides (all U.S.-based)

- 92.5% of calls answered within 30 seconds. Wait times may vary throughout the year
- > 92% of member issues resolved on first call
- 90% of members issues resolved within 3 days
- Expanded weekend hours during AEP and OEP

*Source: Devoted Health's Firm Health dashboard, May 2022*





# We're focused on making life easier for brokers

Powered by the same technology we use to deliver the best customer experience and improved health outcomes, we focus on driving an improved agent experience

## Quick, painless certification

Industry-leading, all-in-one certification process

Combined contracting and certification process can be completed in under an hour

## RTS... FAST

Our average processing time is less than 7 days!

You're certified, so let's get you ready to sell!

We'll notify you when you're ready to sell in state

## Simplified enrollment

Do it your way:

1. Submit enrollment in our easy-to-use agent portal
2. Connecture, Sunfire, Medicare Center, or other platforms

## Agent focused

**Centralized agent support:** 96% of agent calls answered within 30 seconds

Comprehensive trainings on Devoted and selling skills

Agent NPS of 75

## Quick payment

**Weekly commissions** are paid on the application date

On average, payments are received about 2 to 3 weeks after enrollments are confirmed



## Brokers that partner with us will...

### These activities cost real time and resources

- Spending time on managing existing clients means less time spent on prospecting/attracting new members
- Avoid real costs in hiring support staff to manage existing customers
- Happier and more satisfied members leads to **more referrals for brokers**

## What does this mean?

- **Spend less time servicing** and navigating carrier issues on behalf of their members
- **Spend less time changing plans** for existing clients — we have cleaner plan options and less crosswalking
- **Spend less time moving existing members from one carrier** to another — we have higher plan satisfaction and retention
- **Spend less time on administrative overhead.** We answer questions more quickly over the phone, certify brokers faster, reconcile commissions in less time, and make it easy to print/order marketing materials

# We celebrate your wins through our Star Sellers Program (SSP)

## Our broker loyalty program is designed to reward you for your hard work

- 4 tiers: Bronze, Silver, Gold, and Platinum
- Tier level is based on the total number of CMS approved applications accrued each plan year
- You'll unlock Broker Bucks to spend on Kaplan's life and health CE subscription, swag, and sales and marketing materials to help you sell:

<b>Bronze</b> (1-10 apps): \$100	<b>Silver</b> (11-30 apps): extra \$200	<b>Gold</b> (31-70 apps): extra \$500 + full cost of AHIP covered	<b>Platinum</b> (71+ apps): extra \$1,000 + full cost of AHIP covered + personalized note from CEO and item to showcase your achievement
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- Total application count is based on applications dates from 10/1 through 9/30 of each year
- Program resets every AEP plan year and Broker Bucks will expire 18 months after the beginning of a specific SSP year



# 2024 product overview



# Disclaimers

- All plans may not be available in every market
- To find out which plans are available in your market area, check the Summary of Benefits or visit Devoted.com and enter your zip code [here](#)
- New plan offerings for 2024 will not appear online until October 1
- To find information on plan benefits and availability before October 1, look out for emailed communications from our team
- All 2024 plan information in this document is pending approval from CMS

# 2024 product overview

## Giveback HMO and PPO

- Investing in high Part B giveback values
- Offset by less rich medical and supplemental benefits than other Devoted products, but **all giveback plans do offer dental**

## \$0 HMO and PPO

- Anchor product lines with **balanced** medical and supplemental benefits
- All PPOs, except in Chicago, are now a passive design with **identical in and out of network** cost sharing on most benefits (exclusions vary by market)

## Premium HMO and PPO

- Landing spot for people looking for **strong supplemental benefits**
- All premium products are **\$0 for individuals who receive 100% LIS/Extra Help**

## D-SNP & C-SNP HMO

- Dual and partial D-SNP oriented products are offered in AL, CO, FL, NC, OH, and renewed four C-SNP products in Arizona and Tennessee
- All SNP products have **Food & Home Card, OTC and comprehensive dental**



## 2024 Product Offerings: Giveback MAPD HMO and PPO

Plan Name	GIVEBACK / ESSENTIALS (MAPD HMO)	CHOICE GIVEBACK (MAPD PPO)
PBP Count	27	13
Member Persona	<ul style="list-style-type: none"><li>● Values reduction in Part B premium over lower out of pocket costs</li><li>● FFS switchers</li><li>● New to Medicare retirees</li></ul>	<ul style="list-style-type: none"><li>● Values reduction in Part B premium over lower out of pocket costs</li><li>● Looking for flexibility - no referrals and coverage OON</li></ul>

- \$0 premium plan
- **Reduction in monthly Part B premium**
- Higher cost shares than other Devoted plan options





## 2024 Product Offerings: Giveback MA-Only

Plan Name	LIBERTY (MA-ONLY HMO) <i>Maricopa and Pinal only</i>	LIBERTY CHOICE (MA-ONLY PPO) <i>Pima only</i>
PBP Count	1	1
Member Persona	<ul style="list-style-type: none"> <li>Has prescription coverage by other means</li> <li><b>Ideal for Veterans with VA coverage</b></li> </ul>	<ul style="list-style-type: none"> <li>Has prescription coverage by other means</li> <li><b>Ideal for Veterans with VA coverage</b></li> </ul>

- \$0 premium plan
- **Reduction in monthly Part B premium**
- **No prescription benefits**



## 2024 Product Offerings: \$0 Premium

Plan Name	CORE (MAPD HMO)	CHOICE (MAPD PPO)
PBP Count	34	23
Member Persona	<ul style="list-style-type: none"><li>• \$0 premium shopper</li><li>• <b>Looking for HMO with low cost share and additional benefits</b></li><li>• FFS switchers and New to Medicare retirees</li></ul>	<ul style="list-style-type: none"><li>• <b>Looking for flexibility - no referrals and coverage OON</b></li><li>• FFS switchers and New to Medicare retirees</li></ul>

- Competitive \$0 premium plan
- **Lots of extra benefits**
- Robust dental on all plans in form of embedded comprehensive, reimbursement, or a dental card



## 2024 Product Offerings: Low Premium

Plan Name	PRIME / PREMIUM (MAPD HMO)	CHOICE PLUS (MAPD PPO)	PRIME (MAPD HMO) <i>Ohio Only</i>
PBP Count	31	3	3
Member Persona	<ul style="list-style-type: none"> <li>Looking for strong additional benefits and low cost-sharing</li> <li><b>MA premium switcher or receives LIS/Extra Help</b></li> </ul>	<ul style="list-style-type: none"> <li>Looking for flexibility - no referrals and coverage OON</li> <li><b>Willing to pay a premium for additional benefits and low cost-sharing</b></li> <li>Medicare Supplement or MA premium switcher</li> </ul>	<ul style="list-style-type: none"> <li><b>Willing to pay a premium for strong additional benefits</b></li> <li>Coming from a Medicare Supplement or MA premium switcher</li> </ul>

- Low monthly premium (less than or equal to LIPSA)
- **Premium reduced to \$0 for 100% LIS**
- Even more extras and lowest copays



## 2024 Product Offerings: D-SNP HMO

Plan Type / Name	Full Dual Oriented <i>Devoted DUAL PLUS</i>	Partial Dual Oriented <i>Devoted DUAL</i>	Full + Partial Dual Oriented <i>Devoted DUAL PLUS</i>
Beneficiary Categories	<p>Only enrolls beneficiaries with <b>Medicare cost sharing protection</b> (full duals + QMBs):</p> <ul style="list-style-type: none"> <li>QMB+/QMB, SLMB+, FBDE</li> </ul>	<p>Enrolls all dual types, but benefits tailored to partial duals without <b>Medicare cost sharing protection</b>:</p> <ul style="list-style-type: none"> <li>SLMB, QI, QDWI</li> </ul> <p><i>Note FL partial dual oriented plans do not permit full duals to enroll</i></p>	<p><b>Enrolls all dual Medicare/Medicaid beneficiaries:</b></p> <ul style="list-style-type: none"> <li>QMB+/QMB, SLMB+/SLMB, FBDE, QI, QDWI</li> </ul> <p><i>South Florida only</i></p>
Cost Sharing	<b>Pay \$0 cost sharing</b> , even if filed with a coinsurance	<b>Reasonable cost sharing</b> - copays over coinsurance	<b>\$0 cost sharing</b>
Stand Out Points	<ul style="list-style-type: none"> <li>Richest supplemental benefits</li> </ul>	<ul style="list-style-type: none"> <li>Unique partial friendly design</li> </ul>	<ul style="list-style-type: none"> <li>\$0 cost sharing for partial and full duals</li> </ul>

- **Food & Home Card and comprehensive dental**
- **\$0 Part D drugs through VBID**

**Now in AL, CO, FL, NC and OH!**



## 2024 Product Offerings: C-SNP HMO

Plan Name	BE WELL (C-SNP HMO)	BE WELL PLUS / RESTORE PLUS (C-SNP HMO)
Plan Type	<b>\$0 Premium C-SNP</b>	<b>Premium C-SNP (Designed for LIS)</b>
Member Characteristics	<ul style="list-style-type: none"> <li>Either has diabetes or cardiac conditions including CHF</li> </ul>	<ul style="list-style-type: none"> <li>Receives low income subsidy, which reduces the premium as low as \$0</li> <li>Has either diabetes or cardiac conditions including CHF</li> </ul>

- Strong additional benefits geared towards those with eligible chronic condition
- Continuous open enrollment
- Offered in Arizona, Tennessee and Texas



## The Devoted PPO difference

- **Passive PPO**—same cost-share INN and OON
- **Copays** over coinsurance
- **Dental** on all plans

*\*Exceptions vary by plan and market*



## Dental: It's more than the dollars

- All plans have embedded dental coverage
- We continue to bid to win on dental annual maximums
- Our embedded comprehensive dental benefits have no copays or coinsurance\*. PLUS, preventative services don't count toward the annual maximum
- Dental cards and dental reimbursements are available in select markets to meet the local need

*\*In network. PPO and HMO-POS plans have cost share OON*





## The Food & Home Card for mom and dad

- A monthly allowance for **food, utilities, and rent**
- **94%** of non-SNP members qualify
- **Most members qualify** within the first 30 days of joining the plan

**Nearly every market and over half of PBPs will have at least one plan with a Food & Home Card in 2024!**



## Why design a plan for partial duals?

- SLMB, QI, and QDWI beneficiaries **don't receive Medicare cost-sharing assistance** (i.e., they pay copays and coinsurances)
- Many **competitor plans have historically had 20% cost-sharing** for important services like specialist copays, which is challenging for partial duals
- Devoted's DUAL (HMO) plans are **designed with the partial dual in mind** with reasonable cost-sharing and supplemental benefits to meet the customers' needs
- DUAL PLUS plans\* are filed with coinsurances & premiums (\$0 premium and \$0 cost sharing for the member with assistance from Medicaid\*)

*\*In OH and CO, member must see a provider who accepts Medicaid to ensure no balance billing*



# 2024 plan offerings



# Plan offerings by market

State	Market	Service Areas	Core	Premium / Prime	Essentials / Giveback	Dual	Dual Plus	Choice	Choice Giveback
FL	Miami-Dade	Miami-Dade	✓	✓	✓	✓			
	Broward / Palm Beach	Broward, Palm Beach	✓	✓	✓	✓		✓	
	Greater Orlando	Orange, Osceola, Seminole	✓	✓	✓	✓	✓	✓	
	Greater Tampa Bay	Hillsborough, Pinellas, Polk, Manatee, Hernando, Pasco	✓	✓	✓	✓	✓		✓
	North Florida	Lake, Marion, Sumter	✓	✓	✓	✓	✓	✓	
	Greater Jacksonville	Clay, Duval, Nassau, <b>St Johns*</b>	✓	✓*	✓	✓	✓	✓	
	Daytona	Flagler, Volusia	✓		✓	✓	✓	✓	
	East Coast	Brevard, Indian River, Martin, St. Lucie	✓		✓	✓	✓		✓
	Pensacola	Escambia, Santa Rosa				✓	✓	✓	✓
OH	Cleveland/Toledo/ Youngstown/Mid Ohio North	Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Medina, Ottawa, Portage, Sandusky, Seneca, Stark, Summit, Columbiana, Fulton, Hancock, Lucas, Mahoning, Trumbull, Wood, Ashland, Carroll, Crawford, Holmes, Richland, Tuscarawas, Wayne, Wyandot, <b>Hardin, Henry, Paulding, Putnam</b>	✓	✓	✓	✓	✓	✓	
	Cincinnati/Dayton/Lima	Allen, Auglaize, Brown, Butler, Clark, Clermont, Greene, Hamilton, Mercer, Miami, Montgomery, Preble, Shelby, Van Wert, Warren, <b>Clinton, Darke, Champaign</b>	✓	✓	✓	✓	✓	✓	
	Columbus	Delaware, Madison, Morrow, Union, <b>Fairfield, Franklin, Hocking, Licking, Perry, Pickaway, Marion, Coshocton, Guernsey, Logan</b>	✓	✓	✓	✓	✓	✓	



# Plan offerings by market

State	Market	Service Areas	Core	Prime / Premium	Essentials / Giveback	Choice Giveback	Choice	Choice Plus	Liberty	Liberty Choice	Be Well Plus	Be Well
AZ	Phoenix	Maricopa, Pinal	✓	✓	✓		✓		✓		✓	✓
	Yavapai	Yavapai, Coconino	✓			✓	✓					
	Rural AZ	Yuma, Santa Cruz, Cochise, Graham				✓	✓					
	Tucson	Pima	✓		✓		✓			✓		
TX	Houston	Brazoria, Fort Bend, Galveston, Harris, Montgomery, Waller, Walker, Chambers, Hardin, Jefferson, Liberty, Orange, San Jacinto	✓	✓	✓							
	San Antonio	Bexar, Comal, Guadalupe, Atascosa, Bandera, Kendall, Medina, Wilson	✓	✓								✓
		Gonzales, Karnes, Kerr, La Salle, McMullen	✓	✓								
	Austin	Burnet, Caldwell, Hays, Travis, Williamson, Blanco, Gillespie, Lampasas, Llano, San Saba				✓	✓					
	El Paso	El Paso, Hudspeth	✓		✓							
IL	Greater Chicago	Cook, Dupage, Kane, Kendall, Lake, McHenry, Will, Kankakee	✓	✓			✓					



# Plan offerings by market

State	Market	Service Areas	Core	Premium	Giveback	Dual	Dual Plus	Choice	Choice Giveback	Choice Plus
OR	Portland	Clackamas, Columbia, Multnomah, Washington	✓					✓		✓
HI	Hawaii	Honolulu, <b>Kauai</b>						✓	✓	✓
CO	Denver	Adams, Arapahoe, Boulder, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park, Broomfield	✓		✓	✓	✓	✓	✓	
	Greater CO & <b>Pueblo</b>	El Paso, Larimer, Teller, Weld, <b>Crowley, Custer, Lincoln, Saguache, Huerfano, Jackson, Fremont, Pueblo</b>	✓			✓	✓	✓	✓	
NC	Greensboro/ Winston-Salem	Alamance, Davidson, Davie, Forsyth, Guilford, Rockingham, <b>Caswell, Randolph, Stokes, Yadkin</b>	✓	✓	✓	✓	✓			
	<b>Charlotte</b>	<b>Cabarrus, Gaston, Mecklenburg, Union, Alexander, Anson, Catawba</b>	✓		✓	✓	✓			
SC	Upstate & <b>Charleston</b>	Anderson, Greenville, Greenwood, Laurens, Pickens, Spartanburg, <b>York, Abbeville, McCormick, Saluda, Union, Charleston, Colleton, Dorchester</b>	✓					✓	✓	
AL	Birmingham/Mobile/ Montgomery	Autauga, Baldwin, Bibb, Blount, Bullock, Chilton, Cullman, Dallas, DeKalb, Elmore, Etowah, Jefferson, Lowndes, Macon, Mobile, Montgomery, Shelby, St. Clair, Talladega, Walker, <b>Clay, Coosa</b>	✓		✓	✓	✓	✓		
	North Alabama	Colbert, Lauderdale <b>Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, Winston</b>			✓	✓	✓	✓		





# Plan offerings by market

State	Market	Service Areas	Core	Prime	Giveback HMO	Choice	Choice Giveback	Choice Plus	Be Well Plus
PA	Philadelphia	Bucks, Chester, Delaware, Montgomery, Philadelphia, <b>Lehigh, Northampton</b>	✓		✓	✓	✓	✓	
	<b>Eastern PA</b>	<b>Berks</b>				✓	✓	✓	
TN	Knoxville	Anderson, Blount, Cumberland, Jefferson, Knox, Loudon, Monroe, Sevier, <b>Campbell, Cocke, Grainger, Morgan, Scott, Union</b>	✓	✓	✓				
	Nashville	Cannon, Cheatham, Clay, Davidson, Dickson, Hickman, Humphreys, Jackson, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Warren, Williamson, Wilson,	✓		✓	✓	✓		✓
		<b>Giles, Lawrence, Lincoln, Moore, Van Buren, Wayne</b>	✓		✓	✓	✓		
	Memphis	Fayette, Shelby, Tipton	✓		✓				✓
	<b>Chattanooga</b>	<b>Bledsoe, Bradley, Grundy, Hamilton, Marion, Meigs, Polk, Rhea, Sequatchie</b>	✓			✓	✓		
	<b>Tri-Cities</b>	<b>Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington</b>	✓			✓	✓		





# Market breakdown



- 
- 1 Alabama
  - 2 Arizona
  - 3 Colorado
  - 4 Florida
  - 5 Hawaii
  - 6 Illinois
  - 7 North Carolina

- 8 Ohio
- 9 Oregon
- 10 Pennsylvania
- 11 South Carolina
- 12 Tennessee
- 13 Texas



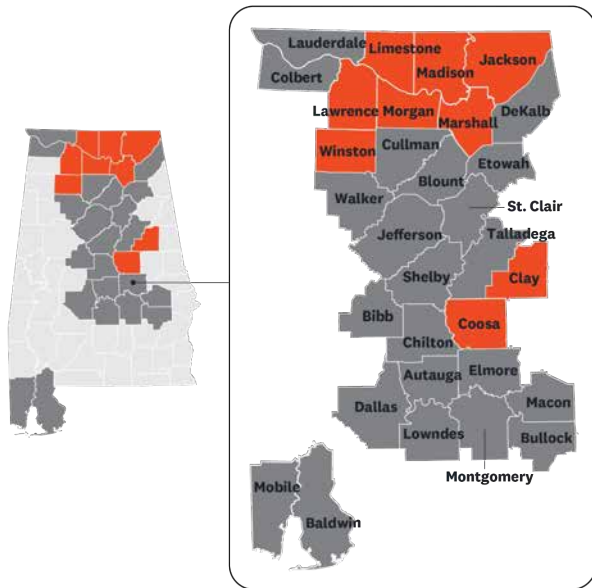
## 2024 COVERAGE AREA Alabama

### Alabama counties

- Autauga
- Baldwin
- Bibb
- Blount
- Bullock
- Chilton
- Colbert
- Cullman
- Dallas
- DeKalb
- Elmore
- Etowah
- Jefferson
- Lauderdale
- Lowndes
- Macon
- Mobile
- Montgomery
- Shelby
- St. Clair
- Talladega
- Walker
- **Clay (NEW)**
- **Coosa (NEW)**
- **Jackson (NEW)**
- **Lawrence (NEW)**
- **Limestone (NEW)**
- **Madison (NEW)**
- **Marshall (NEW)**
- **Morgan (NEW)**
- **Winston (NEW)**

**Plans available\*:** Devoted CORE Alabama (HMO), Devoted GIVEBACK Alabama (HMO), Devoted CHOICE Alabama (PPO), Devoted DUAL PLUS Alabama (HMO D-SNP), and Devoted DUAL Alabama (HMO D-SNP)

*\*Not all plans are available in all counties*



- Current counties
- **NEW 2024 counties**

# Alabama hospital network

## Birmingham

Brookwood, Princeton, Shelby, Citizens, Walker



## Montgomery



## Mobile



## North Alabama

Huntsville, Madison, Athens Limestone, Decatur Morgan, Highlands Medical Center, Marshall Medical Centers (2), Red Bay



Other providers available in our network

# Mobile network

## Contracted provider groups



## Hospitals



Other providers available in our network

# Alabama & Northwest Florida Portfolio

	Core HMO	Giveback HMO	Dual Plus HMO	Dual HMO	Choice PPO	Choice Giveback PPO
	<ul style="list-style-type: none"> <li>• \$0 Premium HMO</li> <li>• Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback MAPD HMO</li> <li>• Monthly reduction in Part B premium</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO</li> <li>• Ideal for full duals and QMBs</li> <li>• \$0 cost sharing and strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO</li> <li>• Ideal for partial duals</li> <li>• Reasonable medical cost share and extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 Premium PPO</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback MAPD PPO</li> <li>• Monthly reduction in Part B premium</li> <li>• Most OON benefits = INN</li> </ul>
Bham/Mobile/Montgomery	✓	✓	✓	✓	✓	
North Alabama		✓	✓	✓	✓	
Northwest Florida			✓	✓	✓	✓

# Birmingham/Mobile/Montgomery Portfolio

	Core HMO (H3080-001-000)	Giveback HMO (H3080-002-000)	Dual Plus HMO (H3080-003-000)	Dual HMO (H3080-004-000)	Choice PPO (H9888-001-000)
Plan Type	\$0 Premium HMO	Giveback HMO	D-SNP HMO	D-SNP HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> <li>• \$350 Eyewear Allowance</li> <li>• \$50/month OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> <li>• \$50/month OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$225/month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$0 cost sharing for all Medicare covered benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$160/month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$6,000 Comprehensive Dental</li> <li>• \$300 Eyewear Allowance</li> <li>• \$50/month OTC</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras



## AL: Birmingham/Mobile/Montgomery HMO Medical Benefits

	Devoted CORE Alabama (HMO) H3080-001-000	Devoted GIVEBACK Alabama (HMO) H3080-002-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$50/month Food & Home card	\$100 Part B giveback, \$0 monthly premium, and \$1,000 Preventive Plus dental coverage
Service Area	Autauga, Baldwin, Bibb, Blount, Bullock, Chilton, Clay, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jefferson, Lowndes, Macon, Mobile, Montgomery, Shelby, St. Clair, Talladega, Walker	
Referrals	No	No
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	<b>\$100</b>
Maximum Out-of-Pocket Limit	\$4,500	\$6,000
PCP	\$0	\$0
Specialist	<b>\$10</b>	<b>\$40</b>
Inpatient Hospital	\$245/day days 1-6	\$445/day days 1-5
Outpatient Surgery (ASC - OH)	\$145 - \$195	\$350 - \$400
Ground Ambulance	\$270	\$270
Emergency	\$120	\$120
Lab Copay	<b>\$0</b>	<b>\$0</b>

# AL: Birmingham/Mobile/Montgomery

## HMO Prescription and Extra Benefits

	Devoted CORE Alabama (HMO) H3080-001-000	Devoted GIVEBACK Alabama (HMO) H3080-002-000
Part D Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$6,000 comprehensive</b>	<b>Preventive Plus</b> up to \$1,000
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter	\$50 per quarter
Transportation	Not Covered	Not Covered
Vision	<b>\$350 per year</b>	<b>\$200 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# AL: Birmingham/Mobile/Montgomery PPO Medical Benefits

	Devoted CHOICE Alabama (PPO) H9888-001-000
Plan Highlights	<b>\$0 monthly premium, passive INN &amp; OON copays, rich supplemental benefits including \$6,000 comprehensive dental maximum</b>
Service Area	Autauga, Baldwin, Bibb, Blount, Bullock, Chilton, Clay, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jefferson, Lowndes, Macon, Mobile, Montgomery, Shelby, St. Clair, Talladega, Walker
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$5,900 / OON: \$8,950
PCP	\$0 / OON: \$0
Specialist	<b>\$20 / OON: \$20</b>
Inpatient Hospital	\$285/day days 1-5 / OON: \$285/day days 1-5
Outpatient Surgery (ASC - OH)	\$185 - \$235 / OON: \$185 - \$235
Ground Ambulance	\$270
Emergency	\$120
Lab Copay	<b>\$0 / OON: \$0</b>

# AL: Birmingham/Mobile/Montgomery

## PPO Prescription and Extra Benefits

	Devoted CHOICE Alabama (PPO) H9888-001-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	<b>\$0 / \$0</b> / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	Preventive & comprehensive up to <b>\$6,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$50 per quarter
Transportation	Not Covered
Vision	<b>\$300 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# AL: Birmingham/Mobile/Montgomery D-SNP Extra Benefits

	Devoted DUAL Alabama (HMO D-SNP) H3080-004-000	Devoted DUAL PLUS Alabama (HMO D-SNP) H3080-003-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$160/month Food & Home card	\$0 cost sharing, \$0 drugs, rich supplemental benefits including a \$225/month Food & Home card
Service Area	Autauga, Baldwin, Bibb, Blount, Bullock, Chilton, Clay, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jefferson, Lowndes, Macon, Mobile, Montgomery, Shelby, St. Clair, Talladega, Walker	
Beneficiary Categories	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QMB, QMB+, SLMB+
Referrals	No	No
Food & Home Card	\$160 per month	\$225 per month
Dental	Preventive & comprehensive Up to <b>\$6,000 comprehensive</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$65 per quarter	\$65 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Not Covered
Vision	\$400 per year	\$400 per year

## AL: Birmingham/Mobile/Montgomery D-SNP Prescription and Medical Benefits

	Devoted DUAL Alabama (HMO D-SNP) H3080-004-000	Devoted DUAL PLUS Alabama (HMO D-SNP) H3080-003-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	\$0	\$0
<b>Maximum Out-of-Pocket Limit</b>	\$5,900	\$8,850
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$0
<b>Inpatient Hospital</b>	\$150/day days 1-5	\$0/stay
<b>Outpatient Surgery (ASC - OH)</b>	\$50 - \$100	\$0 - \$0
<b>Ground Ambulance</b>	\$270	\$0
<b>Emergency</b>	\$120	\$0
<b>Lab Copay</b>	\$0	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

# North Alabama Portfolio

	Choice PPO (H9888-002-000)	Giveback HMO (H3080-002-000)	Dual Plus HMO (H3080-006-000)	Dual HMO (H3080-007-000)
Plan Type	\$0 Premium PPO	Giveback HMO	D-SNP HMO	D-SNP HMO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• \$300 Eyewear Allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> <li>• \$50/month OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$225/month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• \$0 cost sharing for all Medicare covered benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$160/month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>
Member Persona	Higher income switcher looking for the extras	Will trade medical benefits for high Part B premium reduction	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras

## AL: North Alabama HMO Medical Benefits

	Devoted GIVEBACK Alabama (HMO) H3080-002-000
Plan Highlights	<b>\$100 Part B giveback, \$0 monthly premium, and \$1,000 Preventive Plus dental coverage</b>
Service Area	Colbert, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Winston
Referrals	No
Member Premium	\$0
Part B Premium Buydown	<b>\$100</b>
Maximum Out-of-Pocket Limit	\$6,000
PCP	\$0
Specialist	<b>\$40</b>
Inpatient Hospital	\$445/day days 1-5
Outpatient Surgery (ASC - OH)	\$350 - \$400
Ground Ambulance	\$270
Emergency	\$120
Lab Copay	<b>\$0</b>



# AL: North Alabama HMO Prescription and Extra Benefits

	Devoted GIVEBACK Alabama (HMO) H3080-002-000
Part D Deductible	\$545 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	Not Covered
Dental	Preventive Plus up to \$1,000
Hearing	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter
Transportation	Not Covered
Vision	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# AL: North Alabama PPO Medical Benefits

	Devoted CHOICE Alabama (PPO) H9888-002-000
Plan Highlights	<b>\$0 monthly premium, passive INN &amp; OON copays, rich supplemental benefits including a \$50/month Food &amp; Home Card</b>
Service Area	Colbert, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Winston
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$5,500 / OON: \$8,950
PCP	\$0 / OON: \$0
Specialist	<b>\$20 / OON: \$20</b>
Inpatient Hospital	\$275/day days 1-6 / OON: \$275/day days 1-6
Outpatient Surgery (ASC - OH)	\$195 - \$275 / OON: \$195 - \$275
Ground Ambulance	\$270
Emergency	\$120
Lab Copay	<b>\$0 / OON: \$0</b>

# AL: North Alabama PPO Prescription and Extra Benefits

	Devoted CHOICE Alabama (PPO) H9888-002-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	\$50 per month
Dental	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$50 per quarter
Transportation	Not Covered
Vision	<b>\$300 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## AL: North Alabama D-SNP Extra Benefits

	Devoted DUAL Alabama (HMO D-SNP) H3080-007-000	Devoted DUAL PLUS Alabama (HMO D-SNP) H3080-006-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$160/month Food & Home card	\$0 cost sharing, \$0 drugs, rich supplemental benefits including a \$225/month Food & Home card
Service Area	Colbert, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Winston	
Beneficiary Categories	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QMB, QMB+, SLMB+
Referrals	No	No
Food & Home Card	\$160 per month	\$225 per month
Dental	Preventive & comprehensive up to \$6,000 comprehensive	Preventive & comprehensive up to \$7,500 comprehensive
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$65 per quarter	\$65 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Not Covered
Vision	\$400 per year	\$400 per year

## AL: North Alabama D-SNP Prescription and Medical Benefits

	Devoted DUAL Alabama (HMO D-SNP) H3080-007-000	Devoted DUAL PLUS Alabama (HMO D-SNP) H3080-006-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$5,900	\$8,850
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	<b>\$0</b>	\$0
<b>Inpatient Hospital</b>	\$150/day days 1-5	\$0/stay
<b>Outpatient Surgery (ASC - OH)</b>	\$50 - \$100	\$0 - \$0
<b>Ground Ambulance</b>	\$270	\$0
<b>Emergency</b>	\$120	\$0
<b>Lab Copay</b>	<b>\$0</b>	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

## 2024 COVERAGE AREA

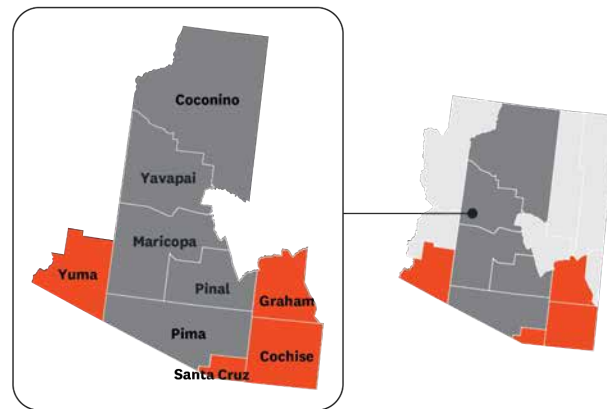
# Arizona

### Arizona counties

- Coconino
- Maricopa
- Pima
- Pinal
- Yavapai
- Cochise (NEW)
- Graham (NEW)
- Santa Cruz (NEW)
- Yuma (NEW)

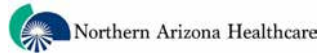
**Plans available\*:** Devoted CORE Arizona (HMO), Devoted CHOICE Arizona (PPO), Devoted PREMIUM Arizona (HMO), Devoted GIVEBACK Arizona (HMO), Devoted CHOICE GIVEBACK Arizona (PPO), Devoted LIBERTY Arizona (HMO), Devoted LIBERTY CHOICE Arizona (PPO), Devoted BE WELL Arizona (HMO C-SNP), and Devoted BE WELL PLUS Arizona (HMO C-SNP)

*\*Not all plans are available in all counties*



- Current counties
- NEW 2024 counties

# Arizona: Maricopa, Pima, Pinal, Yavapai, and Coconino counties



Other providers available in our network

# Arizona Portfolio

<div>Referrals no longer required on HMOs</div>	Core HMO	Giveback HMO	Premium HMO	Liberty HMO	Be Well C-SNP HMO	Be Well Plus C-SNP HMO	Choice PPO	NEW! Choice Giveback PPO	NEW! Liberty Choice PPO
	<ul style="list-style-type: none"> <li>• \$0 HMO</li> <li>• Strong medical and extras including Comp Dental and Quarterly OTC</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback HMO</li> <li>• Higher cost shares</li> <li>• Preventive Plus Dental</li> </ul>	<ul style="list-style-type: none"> <li>• Low Premium HMO (\$0 for 100% LIS)</li> <li>• Additional supplements such as Food &amp; Home Card</li> </ul>	<ul style="list-style-type: none"> <li>• MA Only Giveback HMO</li> <li>• Comp Dental</li> <li>• Quarterly OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 C-SNP HMO</li> <li>• Food &amp; Home Card</li> <li>• Ideal for chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Low Premium C-SNP HMO</li> <li>• Food &amp; Home Card</li> <li>• Ideal for chronic conditions w/ LIS</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 PPO</li> <li>• Comp Dental</li> <li>• Quarterly OTC</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback PPO</li> <li>• Higher cost shares</li> <li>• Preventive Plus Dental</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• MA Only Giveback PPO</li> <li>• Preventive Plus Dental</li> <li>• Most OON benefits = INN</li> </ul>
	Phoenix	✓	✓	✓	✓	✓	✓		
	Northern Arizona	✓					✓	✓	
	Pima	✓	✓				✓		✓
	Rural AZ						✓	✓	



# Phoenix Portfolio

	Core HMO (H8173-001-000)	NEW! Giveback HMO (H8173-019-000)	Premium HMO (H8173-002-000)	Liberty HMO (H8173-005-000)	Be Well HMO C-SNP (H8173-011-000)	Be Well Plus HMO C-SNP (H8173-014-000)	Choice PPO (H6586-001-000)
Plan Type	\$0 HMO	Giveback HMO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>	MA Only Giveback HMO	\$0 C-SNP HMO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>	\$0 PPO
Highlights	<ul style="list-style-type: none"> <li>• \$7,500 Comp Dental</li> <li>• \$110/Quarter OTC</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• \$140 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• \$60/Month Food &amp; Home Card</li> <li>• \$7,500 Comp Dental</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 Giveback</li> <li>• \$7,500 Comp Dental</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$7,500 Comp Dental</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• \$80/Month Food &amp; Home Card</li> <li>• \$7,500 Comp Dental</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• \$7,500 Comp Dental</li> <li>• \$85/Quarter OTC</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	Will pay premium in exchange for richest overall benefit package	Prefers Part B premium reduction and rich dental over Rx coverage	Prefers strong benefits tailored to support their condition	Prefers strong benefits tailored to support their condition and LIS	Values OON flexibility and strong overall benefit package

# AZ: Phoenix HMO Medical Benefits

	Devoted CORE Arizona (HMO) H8173-001-000	Devoted GIVEBACK Arizona (HMO) H8173-019-000	Devoted PREMIUM Arizona (HMO) H8173-002-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$7,500 Comprehensive Dental	\$140 Part B giveback, \$0 monthly premium with dental, vision and hearing coverage	Low monthly premium, \$7,500 Comprehensive Dental, \$60/month Food & Home Card
Service Area	Maricopa, Pinal		
Referrals	No	No	No
Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$140	\$0
Max Out-of-Pocket	\$3,200	\$8,300	\$3,200
PCP	\$0	\$0	\$0
Specialist	\$15	\$45 - \$50	\$5
Inpatient Hospital	\$175/day days 1-7	\$495/day days 1-4	\$175/day days 1-7
Outpatient Surgery (ASC - OH)	\$75 - \$175	\$350 - \$400	\$25 - \$175
Ground Ambulance	\$225	\$295	\$175
Emergency	\$135	\$100	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## AZ: Phoenix HMO Prescription and Extra Benefits

	Devoted CORE Arizona (HMO) H8173-001-000	Devoted GIVEBACK Arizona (HMO) H8173-019-000	Devoted PREMIUM Arizona (HMO) H8173-002-000
<b>Rx Deductible</b>	<b>\$0</b>	\$545 (T3-T5)	\$150 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$5 / \$45 / \$95 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 25%</b>	<b>\$0 / \$5 / \$45 / \$95 / 30%</b>
<b>Food &amp; Home Card</b>	Not Covered	Not Covered	<b>\$60 per month</b>
<b>Dental</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	<b>\$199 - \$499 copay per aid</b>
<b>Over-the-Counter</b>	\$110 per quarter	Not Covered	Not Covered
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$300 per year</b>	\$200 per year	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## AZ: Phoenix PPO Medical Benefits

	Devoted CHOICE Arizona (PPO) H6586-001-000
<b>Plan Highlights</b>	<b>\$0 monthly premium, passive INN &amp; OON copays, rich supplemental benefits including \$7,500 Comprehensive Dental Maximum</b>
<b>Service Area</b>	Maricopa, Pinal
<b>Premium</b>	\$0
<b>Part B Premium Buydown</b>	\$0
<b>Max Out-of-Pocket</b>	\$4,900 / OON: \$8,950
<b>PCP</b>	\$0 / OON: \$25
<b>Specialist</b>	<b>\$25 / OON: \$25</b>
<b>Inpatient Hospital</b>	\$250/day days 1-7 / OON: \$250/day days 1-7
<b>Outpatient Surgery (ASC - OH)</b>	\$150 - \$250 / OON: \$150 - \$250
<b>Ground Ambulance</b>	\$250
<b>Emergency</b>	\$120
<b>Lab Copay (Office/Lab)</b>	<b>\$0 / OON: \$0</b>

## AZ: Phoenix PPO Prescription and Extra Benefits

	Devoted CHOICE Arizona (PPO) H6586-001-000
<b>Rx Deductible</b>	\$175 (T3-T5)
<b>Rx Copays</b>	<b>\$0</b> / \$10 / \$47 / \$100 / 30%
<b>Food &amp; Home Card</b>	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid
<b>Over-the-Counter</b>	<b>\$85 per quarter</b>
<b>Transportation</b>	Not Covered
<b>Vision</b>	<b>\$250 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## AZ: Phoenix Liberty and CSNP Medical Benefits

	Devoted LIBERTY Arizona (HMO) H8173-005-000	Devoted BE WELL Arizona (HMO C-SNP) H8173-011-000	Devoted BE WELL PLUS Arizona (HMO C-SNP) H8173-014-000
Plan Highlights	\$125 Part B giveback \$0 monthly premium, \$7,500 Comprehensive Dental Maximum, no Rx coverage	\$0 monthly premium, \$50/month Food & Home Card, extra benefits tailored to diabetic, cardiac & CHF members	Low monthly premium, \$80/month Food & Home Card, extra benefits tailored to diabetic, cardiac & CHF members
Service Area	Maricopa, Pinal		
Referrals	No	No	No
Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$125	\$0	\$0
Max Out-of-Pocket	\$4,400	\$3,200	\$3,200
PCP	\$0	\$0	\$0
Specialist	\$40	\$0 - \$15	\$0 - \$15
Inpatient Hospital	\$225/day days 1-7	\$175/day days 1-7	\$175/day days 1-7
Outpatient Surgery (ASC - OH)	\$100 - \$200	\$75 - \$175	\$75 - \$175
Ground Ambulance	\$250	\$225	\$225
Emergency	\$120	\$135	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## AZ: Phoenix Liberty and CSNP Prescription and Extra Benefits

	Devoted LIBERTY Arizona (HMO) H8173-005-000	Devoted BE WELL Arizona (HMO C-SNP) H8173-011-000	Devoted BE WELL PLUS Arizona (HMO C-SNP) H8173-014-000
<b>Rx Deductible</b>	Not Covered	<b>\$0</b>	\$545 (T1-T5)
<b>Rx Copays</b>	Not Covered	<b>\$0 / \$0 / \$45 / \$95 / 33%</b>	25% / 25% / 25% / 25% / 25%
<b>Food &amp; Home Card</b>	Not Covered	<b>\$50 per month</b>	<b>\$80 per month</b>
<b>Dental</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$399 - \$699 copay per aid	\$399 - \$699 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	<b>\$75 per quarter</b>	<b>\$75 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	\$200 per year	<b>\$300 per year</b>	<b>\$300 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0	\$0	\$0
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$300 Devoted Wellness Bucks	\$0 Silversneakers, \$300 Devoted Wellness Bucks

# Pima Portfolio

	NEW! Core HMO (H8173-016-000)	Giveback HMO (H8173-013-000)	Choice PPO (H6586-003-000)	NEW! Liberty Choice PPO (H6586-005-000)
Plan Type	\$0 HMO	Giveback HMO	\$0 PPO	MA Only Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$135 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	Values OON flexibility and strong overall benefit package	Prefers Part B premium reduction and OON flexibility over Rx coverage



# AZ: Pima HMO Medical Benefits

	Devoted CORE Arizona (HMO) H8173-016-000	Devoted GIVEBACK Arizona (HMO) H8173-013-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including \$5,000 Comprehensive Dental	\$135 Part B giveback, \$0 monthly premium, \$0 Rx deductible, dental included
Service Area	Pima	
Referrals	No	No
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$135
Max Out-of-Pocket	\$2,400	\$3,900
PCP	\$0	\$0
Specialist	\$20	\$35
Inpatient Hospital	\$225/day days 1-7	\$375/day days 1-6
Outpatient Surgery (ASC - OH)	\$125 - \$225	\$295 - \$325
Ground Ambulance	\$250	\$350
Emergency	\$135	\$120
Lab Copay (Office/Lab)	\$0	\$0

## AZ: Pima HMO Prescription and Extra Benefits

	Devoted CORE Arizona (HMO) H8173-016-000	Devoted GIVEBACK Arizona (HMO) H8173-013-000
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$42 / \$90 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	\$50 per quarter
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision</b>	<b>\$350 per year</b>	\$200 per year
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## AZ: Pima PPO Medical Benefits

	Devoted CHOICE Arizona (PPO) H6586-003-000	Devoted LIBERTY CHOICE Arizona (PPO) H6586-005-000
<b>Plan Highlights</b>	<b>\$0 monthly premium, passive INN &amp; OON copays, rich supplemental benefits including \$5,000 Comprehensive Dental</b>	<b>\$150 Part B giveback, \$0 monthly premium, passive INN &amp; OON copays, dental included, no Rx coverage</b>
<b>Service Area</b>	Pima	Pima
<b>Premium</b>	\$0	\$0
<b>Part B Premium Buydown</b>	\$0	<b>\$150</b>
<b>Max Out-of-Pocket</b>	\$5,000 / OON: \$8,950	\$6,350 / OON: \$8,950
<b>PCP</b>	\$0 / OON: \$25	\$0 / OON: \$45
<b>Specialist</b>	<b>\$25 / OON: \$25</b>	\$45 / OON: \$45
<b>Inpatient Hospital</b>	\$295/day days 1-6 / OON: \$295/day days 1-6	\$395/day days 1-6 / OON: \$395/day days 1-6
<b>Outpatient Surgery (ASC - OH)</b>	\$195 - \$225 / OON: \$195 - \$225	\$295 - \$350 / OON: \$295 - \$350
<b>Ground Ambulance</b>	\$350	\$350
<b>Emergency</b>	\$120	\$120
<b>Lab Copay (Office/Lab)</b>	<b>\$0 / OON: \$0</b>	<b>\$0 / OON: \$0</b>

# AZ: Pima PPO Prescription and Extra Benefits

	Devoted CHOICE Arizona (PPO) H6586-003-000	Devoted LIBERTY CHOICE Arizona (PPO) H6586-005-000
Rx Deductible	\$0	Not Covered
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	Not Covered
Food & Home Card	Not Covered	Not Covered
Dental	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$100 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$350 per year</b>	<b>\$350 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0	\$0
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks	

# Rural Arizona Portfolio

	Choice PPO (H6586-002-000)	NEW! Choice Giveback PPO (H6586-006-000)
Plan Type	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"><li>• \$1,500 Reimbursable Dental Allowance</li><li>• \$50/Month Food &amp; Home Card</li><li>• \$200 Eyewear Allowance</li><li>• Most OON benefits = INN</li></ul>	<ul style="list-style-type: none"><li>• \$100 Giveback</li><li>• \$250 Reimbursable Dental Allowance</li><li>• \$200 Eyewear Allowance</li><li>• Most OON benefits = INN</li></ul>
Member Persona	Values OON flexibility and strong overall benefit package	Values Part B Premium reduction and OON flexibility over lower costs

# AZ: Rural AZ PPO Medical Benefits

	Devoted CHOICE Arizona (PPO) H6586-002-000	Devoted CHOICE GIVEBACK Arizona (PPO) H6586-006-000
Plan Highlights	\$0 monthly premium, passive INN & OON copays, rich supplemental benefits including a \$50/month Food & Home Card	\$100 Part B giveback, \$0 monthly premium, passive INN & OON copays, reimbursable dental included
Service Area	Cochise, Graham, Santa Cruz, Yuma	
Referrals	No	No
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$100
Max Out-of-Pocket	\$5,900 / OON: \$8,950	\$8,300 / OON: \$10,000
PCP	\$0 / OON: \$40	\$0 / OON: \$50
Specialist	\$40 / OON: \$40	\$45 - \$50 / OON: \$45 - \$50
Inpatient Hospital	\$335/day days 1-7 / OON: \$335/day days 1-7	\$495/day days 1-4 / OON: \$495/day days 1-4
Outpatient Surgery (ASC - OH)	\$250 - \$300 / OON: \$250 - \$300	\$350 - \$400 / OON: \$350 - \$400
Ground Ambulance	\$250	\$295
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0

## AZ: Rural AZ PPO Prescription and Extra Benefits

	Devoted CHOICE Arizona (PPO) H6586-002-000	Devoted CHOICE GIVEBACK Arizona (PPO) H6586-006-000
<b>Rx Deductible</b>	\$200 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0</b> / \$10 / \$47 / \$100 / 30%	<b>\$0</b> / \$5 / \$47 / \$100 / 25%
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered
<b>Dental</b>	<b>\$1,500 Reimbursable Allowance</b> (any provider - no network limitation)	<b>\$250 Reimbursable Allowance</b> (any provider - no network limitation)
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision</b>	\$200 per year	\$200 per year
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# Northern Arizona Portfolio

	Core HMO (H8173-007-000)	Choice PPO (H6586-002-000)	NEW! Choice Giveback PPO (H6586-006-000)
Plan Type	\$0 HMO	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$1,250 Reimbursable Dental Allowance</li> <li>• \$75/Quarter OTC</li> <li>• \$200 Eyewear Allowance (EyeMed)</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,500 Reimbursable Dental Allowance</li> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$200 Eyewear Allowance (EyeMed)</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 Giveback</li> <li>• \$250 Reimbursable Dental Allowance</li> <li>• \$200 Eyewear Allowance (EyeMed)</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Values OON flexibility and strong overall benefit package	Values Part B Premium reduction and OON flexibility over lower costs

All plans will move from a **dental/eyewear card** to a **dental reimbursement and eyewear coverage with EyeMed** in 2024



## AZ: Northern Arizona HMO Medical Benefits

	Devoted CORE Arizona (HMO) H8173-007-000
Plan Highlights	\$0 monthly premium, rich medical and supplemental benefits including a \$1,250 reimbursable dental allowance
Service Area	Coconino, Yavapai
Referrals	No
Premium	\$0
Part B Premium Buydown	\$0
Max Out-of-Pocket	\$4,900
PCP	\$0
Specialist	\$35
Inpatient Hospital	\$295/day days 1-7
Outpatient Surgery (ASC - OH)	\$150 - \$225
Ground Ambulance	\$225
Emergency	\$120
Lab Copay (Office/Lab)	\$0

# AZ: Northern Arizona HMO Prescription and Extra Benefits

	Devoted CORE Arizona (HMO) H8173-007-000
Rx Deductible	\$225 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$100 / 29%
Food & Home Card	Not Covered
Dental	<b>\$1,250 Reimbursable Allowance</b> (any provider - no network limitation)
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	<b>\$75 per quarter</b>
Transportation	Not Covered
Vision	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# AZ: Northern Arizona PPO Medical Benefits

	Devoted CHOICE Arizona (PPO) H6586-002-000	Devoted CHOICE GIVEBACK Arizona (PPO) H6586-006-000
Plan Highlights	\$0 monthly premium, passive INN & OON copays, rich supplemental benefits including a \$50/month Food & Home Card	\$100 Part B giveback, \$0 monthly premium, passive INN & OON copays, reimbursable dental included
Service Area	Cochise, Graham, Santa Cruz, Yuma	
Referrals	No	No
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$100
Max Out-of-Pocket	\$5,900 / OON: \$8,950	\$8,300 / OON: \$10,000
PCP	\$0 / OON: \$40	\$0 / OON: \$50
Specialist	\$40 / OON: \$40	\$45 - \$50 / OON: \$45 - \$50
Inpatient Hospital	\$335/day days 1-7 / OON: \$335/day days 1-7	\$495/day days 1-4 / OON: \$495/day days 1-4
Outpatient Surgery (ASC - OH)	\$250 - \$300 / OON: \$250 - \$300	\$350 - \$400 / OON: \$350 - \$400
Ground Ambulance	\$250	\$295
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0

## AZ: Northern Arizona PPO Prescription and Extra Benefits

	Devoted CHOICE Arizona (PPO) H6586-002-000	Devoted CHOICE GIVEBACK Arizona (PPO) H6586-006-000
<b>Rx Deductible</b>	\$200 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	\$0 / \$10 / \$47 / \$100 / 30%	\$0 / \$5 / \$47 / \$100 / 25%
<b>Food &amp; Home Card</b>	\$50 per month	Not Covered
<b>Dental</b>	<b>\$1,500 Reimbursable Allowance</b> (any provider - no network limitation)	<b>\$250 Reimbursable Allowance</b> (any provider - no network limitation)
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision</b>	\$200 per year	\$200 per year
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	

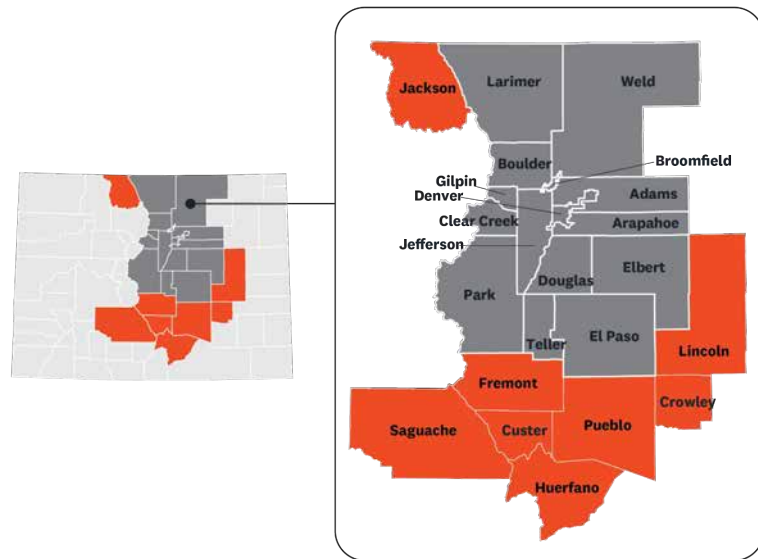
## 2024 COVERAGE AREA Colorado

### Colorado counties

- Adams
- Arapahoe
- Boulder
- Broomfield
- Clear Creek
- Denver
- Douglas
- El Paso
- Elbert
- Gilpin
- Jefferson
- Larimer
- Park
- Teller
- Weld
- **Crowley (NEW)**
- **Custer (NEW)**
- **Fremont (NEW)**
- **Huerfano (NEW)**
- **Jackson (NEW)**
- **Lincoln (NEW)**
- **Pueblo (NEW)**
- **Saguache (NEW)**

**Plans available\*:** Devoted CORE Colorado (HMO), Devoted CHOICE Colorado (PPO), Devoted GIVEBACK Colorado (HMO), Devoted CHOICE GIVEBACK Colorado (PPO), Devoted DUAL PLUS Colorado (HMO D-SNP), and Devoted DUAL Colorado (HMO D-SNP)

*\*Not all plans are available in all counties*



- Current counties
- **NEW 2024 counties**

# Colorado network development



Other providers available in our network

# Colorado Portfolio

Referrals no longer required on HMOs

All HMOs are now **HMO-POS** allowing OON access for dental services

	Core HMO-POS	Giveback HMO-POS	NEW! Dual HMO-POS	Dual Plus HMO-POS	Choice PPO	NEW! Choice Giveback PPO
	<ul style="list-style-type: none"> <li>• \$0 HMO-POS</li> <li>• Strong extra benefits like Comprehensive Dental and Food &amp; Home Card</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback HMO-POS</li> <li>• Higher cost shares</li> <li>• Preventive Plus dental</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO-POS</li> <li>• Low copays and strong supplementals</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO-POS</li> <li>• Rich supplementals ideal for full duals + QMBs</li> <li>• \$0 cost sharing for all medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 PPO</li> <li>• Strong extra benefits like Comprehensive Dental and Food &amp; Home Card</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback PPO</li> <li>• Higher cost shares</li> <li>• Preventive Plus dental</li> <li>• Most OON benefits = INN</li> </ul>
Denver Metro	✓	✓	✓	✓	✓	✓
Greater Colorado	✓		✓	✓	✓	✓

# Denver Metro Portfolio

	Core HMO-POS (H7147-004-000)	Giveback HMO-POS (H7147-005-000)	NEW! Dual HMO-POS (H7147-007-000)	Dual PLUS HMO-POS (H7147-003-000)	Choice PPO (H4808-002-000)	NEW! Choice Giveback PPO (H4808-003-000)
Plan Type	\$0 HMO-POS	Giveback HMO-POS	D-SNP HMO-POS	D-SNP HMO-POS	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental w/ OON access</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$110 Giveback</li> <li>• \$1,000 Preventive Plus Dental w/ OON access</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$100/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental w/ OON access</li> <li>• \$75/Quarter OTC</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$225/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental w/ OON access</li> <li>• \$75/Quarter OTC</li> <li>• \$0 cost sharing on all medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental</li> <li>• \$300 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	All duals, but best suited for SLMB, QI and QDWI	Full duals + QMB who want best in class supplementals	Values OON flexibility and strong overall benefit package	Values part B premium reduction and OON flexibility over lower costs



# CO: Denver Metro HMO Medical Benefits

	Devoted CORE Colorado (HMO-POS) H7147-004-000	Devoted GIVEBACK Colorado (HMO-POS) H7147-005-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$50/month Food & Home Card	\$110 Part B giveback, \$0 monthly premium, \$1000 Preventive Plus dental coverage
Service Area	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	
Referrals	No	No
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$110
Max Out-of-Pocket	\$3,900	\$5,900
PCP	\$0	\$0
Specialist	\$20	\$40
Inpatient Hospital	\$225/day days 1-5	\$350/day days 1-6
Outpatient Surgery (ASC - OH)	\$125 - \$200	\$250 - \$300
Ground Ambulance	\$250	\$275
Emergency	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0

# CO: Denver Metro HMO Prescription and Extra Benefits

	Devoted CORE Colorado (HMO-POS) H7147-004-000	Devoted GIVEBACK Colorado (HMO-POS) H7147-005-000
Rx Deductible	\$0	\$150 (T4-T5)
Rx Copays	\$0 / \$0 / \$47 / \$95 / 33%	\$0 / \$9 / \$47 / \$95 / 30%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive Up to <b>\$4,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$400 per year</b>	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$300 Devoted Wellness Bucks	\$0 Silversneakers, \$300 Devoted Wellness Bucks

# CO: Denver Metro PPO Medical Benefits

	Devoted CHOICE Colorado (PPO) H4808-002-000	Devoted CHOICE GIVEBACK Colorado (PPO) H4808-003-000
Plan Highlights	\$0 monthly premium, passive INN & OON copays, rich supplemental benefits including a \$50/month Food & Home Card	\$125 Part B giveback, \$0 monthly premium, passive INN & OON copays, \$1000 Preventive Plus dental coverage
Service Area	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$125
Max Out-of-Pocket	\$5,500 / OON: \$8,950	\$7,900 / OON: \$10,000
PCP	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$25 / OON: \$25	\$45 - \$50 / OON: \$45 - \$50
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5	\$385/day days 1-5 / OON: \$385/day days 1-5
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$200 - \$250	\$325 - \$350 / OON: \$325 - \$350
Ground Ambulance	\$275	\$350
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0

# CO: Denver Metro PPO Prescription and Extra Benefits

	Devoted CHOICE Colorado (PPO) H4808-002-000	Devoted CHOICE GIVEBACK Colorado (PPO) H4808-003-000
Rx Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$95 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive Up to <b>\$4,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$35 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$300 per year</b>	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$300 Devoted Wellness Bucks	

# Greater Colorado Portfolio

	Core HMO-POS (H7147-001-000)	NEW! Dual HMO-POS (H7147-007-000)	Dual PLUS HMO-POS (H7147-003-000)	Choice PPO (H4808-001-000)	NEW! Choice Giveback PPO (H4808-003-000)
Plan Type	\$0 HMO-POS	HMO-POS D-SNP	HMO-POS D-SNP	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental w/ OON access</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$100/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental w/ OON access</li> <li>• \$75/Quarter OTC</li> <li>• Copay instead of coinsurance on most medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$225/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental w/ OON access</li> <li>• \$75/Quarter OTC</li> <li>• \$0 cost sharing on all medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$35/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	All duals, but more ideal for SLMB, QI and QDWI	Full duals + QMB who want best in class supplementals	Values OON flexibility and strong overall benefit package	Values part B premium reduction and OON flexibility over lower costs

# CO: Greater Colorado HMO Medical Benefits

	Devoted CORE Colorado (HMO-POS) H7147-001-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$50/Month Food & Home Card
Service Area	Crowley, Custer, El Paso, Fremont, Huerfano, Jackson, Larimer, Lincoln, Pueblo, Saguache, Teller, Weld
Referrals	No
Premium	\$0
Part B Premium Buydown	\$0
Max Out-of-Pocket	\$4,900
PCP	\$0
Specialist	\$25
Inpatient Hospital	\$225/day days 1-6
Outpatient Surgery (ASC - OH)	\$150 - \$200
Ground Ambulance	\$270
Emergency	\$120
Lab Copay (Office/Lab)	\$0

# CO: Greater Colorado HMO Prescription and Extra Benefits

	Devoted CORE Colorado (HMO-POS) H7147-001-000
Rx Deductible	\$0
Rx Copays	\$0 / \$2 / \$47 / \$95 / 33%
Food & Home Card	\$50 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$50 per quarter
Transportation	Not Covered
Vision	<b>\$400 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$300 Devoted Wellness Bucks

# CO: Greater Colorado PPO Medical Benefits

	Devoted CHOICE Colorado (PPO) H4808-001-000	Devoted CHOICE GIVEBACK Colorado (PPO) H4808-003-000
Plan Highlights	\$0 monthly premium, passive INN & OON copays, rich supplemental benefits including a \$50/month Food & Home Card	\$125 Part B giveback, \$0 monthly premium, passive INN & OON copays, \$1000 Preventive Plus dental coverage
Service Area	Crowley, Custer, El Paso, Fremont, Huerfano, Jackson, Larimer, Lincoln, Pueblo, Saguache, Teller, Weld	
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$125
Max Out-of-Pocket	\$5,500 / OON: \$8,950	\$7,900 / OON: \$10,000
PCP	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$25 / OON: \$25	\$45 - \$50 / OON: \$45 - \$50
Inpatient Hospital	\$285/day days 1-6 / OON: \$285/day days 1-6	\$385/day days 1-5 / OON: \$385/day days 1-5
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$200 - \$250	\$325 - \$350 / OON: \$325 - \$350
Ground Ambulance	\$275	\$350
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0



# CO: Greater Colorado PPO Prescription and Extra Benefits

	Devoted CHOICE Colorado (PPO) H4808-001-000	Devoted CHOICE GIVEBACK Colorado (PPO) H4808-003-000
Rx Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$95 / 33%	\$0 / \$5 / \$47 / \$95 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$35 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$300 per year</b>	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$300 Devoted Wellness Bucks	

## CO: Colorado D-SNP Extra Benefits

	Devoted DUAL PLUS Colorado (HMO-POS D-SNP) H7147-003-000	Devoted DUAL Colorado (HMO-POS D-SNP) H7147-007-000
Plan Highlights	\$0 for Medicare benefits, \$0 drugs, rich supplemental benefits including a \$225/Month Food & Home Card	\$0 PCP visits, \$0 drugs, rich supplemental benefits including a \$100/month Food & Home Card
Service Area	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Crowley, Custer, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Huerfano, Jackson, Jefferson, Larimer, Lincoln, Park, Pueblo, Saguache, Teller, Weld	
Beneficiary Categories	QMB+, SLMB+, FBDE, QMB	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI
Referrals	No	No
Food & Home Card	\$225 per month	\$100 per month
Dental	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$75 per quarter	\$75 per quarter
Personal Emergency Response Device	\$0 per month	\$0 per month
Transportation	Not Covered	Not Covered
Vision Combined Limit	\$500 per year	\$400 per year

## CO: Colorado D-SNP Prescription and Medical Benefits

	Devoted DUAL PLUS Colorado (HMO-POS D-SNP) H7147-003-000	Devoted DUAL Colorado (HMO-POS D-SNP) H7147-007-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	\$0	\$0
<b>Maximum Out-of-Pocket Limit</b>	\$8,850	\$4,900
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$25
<b>Inpatient Hospital</b>	\$0 - \$1,650/stay**	\$250/day days 1-5
<b>Outpatient Surgery</b>	\$0 - 40%**	\$125 - \$250
<b>Ground Ambulance</b>	\$0 - 40%**	\$250
<b>Emergency</b>	\$0 - \$95**	\$120
<b>Lab Copay (Office/Lab)</b>	\$0 - 40%**	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs. \*\* Due to Medicaid cost share protections, QMB/QMB+ members pay \$0, FDBE/SLMB+ members will pay \$0 so long as they see a Medicaid-participating provider in the Devoted network*

## 2024 COVERAGE AREA

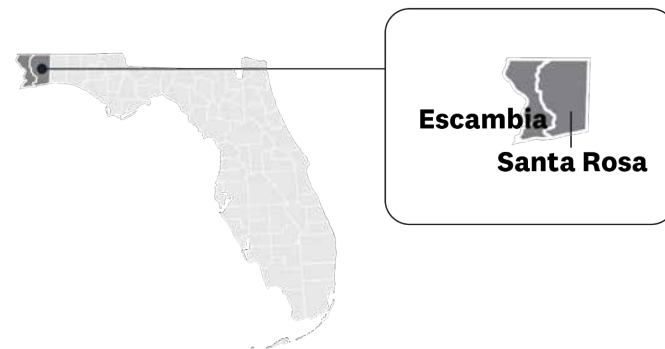
# Florida Panhandle

### Florida Panhandle counties

- Escambia
- Santa Rosa

**Plans available\*:** Devoted CHOICE Northwest Florida (PPO), Devoted CHOICE GIVEBACK Northwest Florida (PPO), Devoted DUAL PLUS Northwest Florida (HMO D-SNP), and Devoted DUAL Northwest Florida (HMO D-SNP)

*\*Not all plans are available in all counties*



- Current counties

# Northwest Florida Portfolio

	Choice PPO (H9884-011-000)	Choice Giveback PPO (H9884-013-000)	Dual Plus HMO (H1290-042-000)	Dual HMO (H1290-043-000)
Plan Type	\$0 Premium PPO	Giveback PPO	D-SNP HMO	D-SNP HMO
Highlights	<ul style="list-style-type: none"> <li>• \$75/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$350 Eyewear Allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$140 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$350 Eyewear Allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$240/month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental</li> <li>• \$550 Eyewear Allowance</li> <li>• \$0 cost sharing for all Medicare covered benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$140/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$300 Eyewear Allowance</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>
Member Persona	Higher income switcher looking for the extras	Will trade medical benefits for high Part B premium reduction	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras

# FL: Northwest Florida PPO Medical Benefits

	Devoted CHOICE Northwest Florida (PPO) H9884-011-000	Devoted CHOICE GIVEBACK Northwest Florida (PPO) H9884-013-000
Plan Highlights	\$0 monthly premium, passive INN & OON cost sharing, rich supplemental benefits including a \$75/month Food & Home Card	\$140 Part B premium buydown, \$0 monthly premium, passive INN & OON cost sharing, and dental included!
Service Area	Escambia, Santa Rosa	
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$140
Maximum Out-of-Pocket Limit	\$4,900 / OON: \$8,950	\$6,200 / OON: \$8,950
PCP	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$30 / OON: \$30	\$40 / OON: \$40
Inpatient Hospital	\$265/day days 1-5 / OON: \$265/day days 1-5	\$450/day days 1-4 / OON: \$450/day days 1-4
Outpatient Surgery (ASC - OH)	\$175 - \$225 / OON: \$175 - \$225	\$175 - \$225 / OON: \$175 - \$225
Ground Ambulance	\$285	\$285
Emergency	\$120	\$120
Lab Copay	\$0 / OON: \$0	\$0 / OON: \$0

# FL: Northwest Florida PPO Prescription and Extra Benefits

	Devoted CHOICE Northwest Florida (PPO) H9884-011-000	Devoted CHOICE GIVEBACK Northwest Florida (PPO) H9884-013-000
Part D Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	\$75 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$3,000 comprehensive</b>	<b>Preventive plus</b> up to \$1,000
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$350 per year</b>	<b>\$350 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# FL: Northwest Florida D-SNP Extra Benefits

	Devoted DUAL PLUS Northwest Florida (HMO D-SNP) H1290-042-000	Devoted DUAL Northwest Florida (HMO D-SNP) H1290-043-000
Plan Highlights	\$0 cost sharing for Medicare-covered services, \$0 drugs, rich supplemental benefits including a \$240/month Food & Home card	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$160/month Food & Home card
Service Area	Escambia, Santa Rosa	
Beneficiary Categories	FBDE, QMB, QMB+, SLMB+	QDWI, QI, SLMB
Referrals	Yes	Yes
Food & Home Card	\$240 per month	\$140 per month
Dental	Preventive & comprehensive up to <b>\$4,000 comprehensive</b>	Preventive & comprehensive up to <b>\$3,000 comprehensive</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$75 per quarter	\$60 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Unlimited	Not Covered
Vision	\$550 per year	\$300 per year



# FL: Northwest Florida D-SNP Prescription and Medical Benefits

	Devoted DUAL PLUS Northwest Florida (HMO D-SNP) H1290-042-000	Devoted DUAL Northwest Florida (HMO D-SNP) H1290-043-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$3,450	\$6,700
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	<b>\$0</b>
<b>Inpatient Hospital</b>	\$0/stay	\$135/day days 1-5
<b>Outpatient Surgery (ASC - OH)</b>	\$0	\$85 - \$135
<b>Ground Ambulance</b>	\$0	\$200
<b>Emergency</b>	\$0	\$100
<b>Lab Copay</b>	\$0	<b>\$0</b>

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

## 2024 COVERAGE AREA

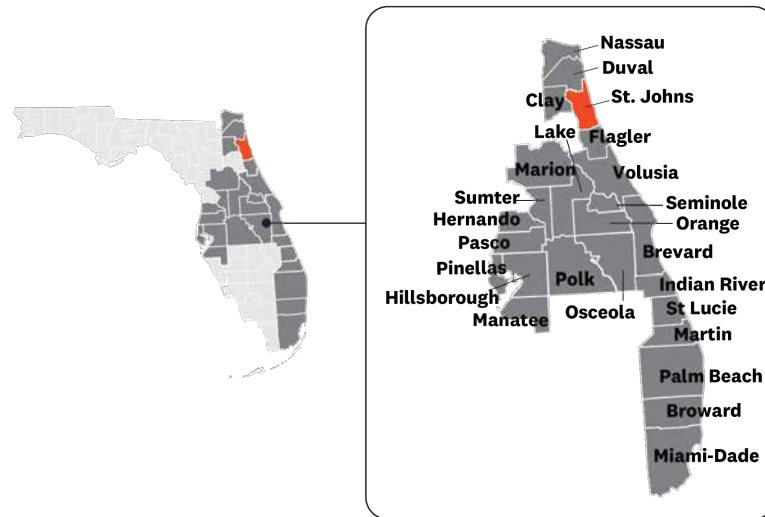
# Florida

### Florida counties

- Miami-Dade
- Broward
- Palm Beach
- Hillsborough
- Pinellas
- Seminole
- Osceola
- Polk
- Nassau
- Duval
- Clay
- Marion
- Lake
- Sumter
- Orange
- Hernando
- Pasco
- Manatee
- Brevard
- Flagler
- Indian River
- Martin
- St. Lucie
- Volusia
- **St. Johns (NEW)**

**Plans available\*:** Devoted CORE (HMO), Devoted PREMIUM (HMO), Devoted ESSENTIALS (HMO), Devoted CHOICE (PPO), Devoted CHOICE GIVEBACK (PPO), Devoted DUAL PLUS (HMO D-SNP), and Devoted DUAL (HMO D-SNP)

*\*Not all plans are available in all counties*



- Current counties
- **NEW 2024 counties**

## Florida: Miami-Dade



Other providers available in our network


# Florida Portfolio


	Core HMO	Giveback HMO	Premium HMO	Dual Plus HMO	Dual HMO	Choice PPO	Choice Giveback PPO
	<ul style="list-style-type: none"> <li>\$0 Premium HMO</li> <li>Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Premium HMO with monthly Part B Giveback reduction</li> </ul>	<ul style="list-style-type: none"> <li>Low premium HMO</li> <li>Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>D-SNP HMO</li> <li>Ideal for full duals and QMBs</li> <li>\$0 cost sharing for Medicare covered services</li> </ul>	<ul style="list-style-type: none"> <li>D-SNP HMO</li> <li>Ideal for partial duals</li> <li>Reasonable medical cost share and extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>\$0 PPO</li> <li>Comprehensive Dental</li> <li>Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>Giveback PPO</li> <li>Preventive Plus Dental</li> <li>Most OON benefits = INN</li> </ul>
Daytona	✓	✓		✓	✓	✓	
Jacksonville	✓	✓	✓	✓	✓	✓	
North FL	✓	✓	✓	✓	✓	✓	
Orlando	✓	✓	✓	✓	✓	✓	
South FL*	✓	✓	✓	✓		✓*	
Tampa Bay**	✓	✓	✓	✓	✓	✓**	✓**
Atlantic Coast	✓	✓		✓	✓		✓


\*South FL consists of Broward, Miami-Dade, and Palm Beach counties, but Miami-Dade does NOT have Choice.

\*\*Tampa Bay consists of Hillsborough, Hernando, Manatee, Pasco, Pinellas, Polk counties. Manatee does NOT have Choice Giveback but does have Choice. All of Tampa excluding Manatee has Choice Giveback and does NOT have Choice.

# YoY Florida D-SNP Changes

South Florida	2023	Plan Name	Dual				<ul style="list-style-type: none"><li>• All duals will remain enrolled in the same plan</li><li>• Plan name changes for 2024</li></ul>
		Eligible Dual Status	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI				
	2024	Plan Name	Dual Plus				
		Eligible Dual Status	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI				

Pensacola	2023	Plan Name	Dual - 1	Dual - 2			<ul style="list-style-type: none"><li>• QMBs will now be part of the same plan as the Full Duals</li></ul>
		Eligible Dual Status	QMB+, SLMB+, FBDE	QMB, SLMB, QI, QDWI			
	2024	Plan Name	Dual Plus	Dual			
		Eligible Dual Status	QMB+, SLMB+, FBDE, QMB	SLMB, QI, QDWI			

Rest of Florida	2023	Plan Name		Dual			<ul style="list-style-type: none"><li>• Becomes <b>two plans</b> in 2024</li><li>• QMBs will now be part of the same plan as the Full Duals</li></ul>
		Eligible Dual Status		QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI			
	2024	Plan Name	Dual Plus	Dual			
		Eligible Dual Status	QMB+, SLMB+, FBDE, QMB	SLMB, QI, QDWI			

**QMB:** Does not receive Full Medicaid benefits, but is Medicare cost share protected

# Miami-Dade Portfolio

	Core HMO (H1290-001-000)	Essentials HMO (H1290-013-000)	Premium HMO (H1290-037-001)	Dual Plus HMO (H1290-019-000)
Plan Type	\$0 HMO	Giveback HMO	Low Premium HMO (Premium <= LIPSA; \$0 for 100% LIS)	HMO D-SNP
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$350 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/Month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Will trade medical benefits for high Part B premium reduction	Will pay premium for lower cost share on certain medical benefits	Full and Partial duals who want best in class supplementals

# FL: South Florida: Miami-Dade HMO Medical Benefits

	Devoted CORE Miami-Dade (HMO) H1290-001-000	Devoted ESSENTIALS Miami-Dade (HMO) H1290-013-000	Devoted PREMIUM Florida (HMO) H1290-037-001
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist and inpatient copay, rich comprehensive dental and eyewear coverage
Service Area	Miami-Dade		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$164.90	\$0
Maximum Out-of-Pocket Limit	\$1,500	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	\$0	\$25	\$0
Inpatient Hospital	\$0 per stay	\$225/day days 1-6	\$0 per stay
Outpatient Surgery (ASC - OH)	\$15 - \$50	\$150 - \$200	\$0 - \$0
Ground Ambulance	\$95	\$250	\$95
Emergency	\$125	\$120	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## FL: South Florida: Miami-Dade HMO Prescription and Extra Benefits

	Devoted CORE Miami-Dade (HMO) H1290-001-000	Devoted ESSENTIALS Miami-Dade (HMO) H1290-013-000	Devoted PREMIUM Florida (HMO) H1290-037-001
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 30%</b>	<b>\$0 / \$0 / 25% / 25% / 25%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	<b>\$200 per year</b>	<b>\$350 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks



## FL: South Florida: Miami-Dade D-SNP Extra Benefits

	Devoted DUAL PLUS Miami-Dade (HMO D-SNP) H1290-019-000
Plan Highlights	\$0 cost sharing for most medical benefits, \$0 drugs, rich supplemental benefits including: a \$320/month Food & Home card, unlimited dental, and \$500 eyewear allowance
Service Area	Miami-Dade
Beneficiary Categories	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI
Referrals	Yes
Food & Home Card	\$320 per month
Dental	Preventive & comprehensive No Limit
Hearing	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month
Transportation	Unlimited
Vision	\$500 per year

# FL: South Florida: Miami-Dade

## D-SNP Prescription and Medical Benefits

	Devoted DUAL PLUS Miami-Dade (HMO D-SNP) H1290-019-000
Part D Deductible*	\$0
Rx Copays*	\$0
Maximum Out-of-Pocket Limit	\$3,400
PCP	\$0
Specialist	\$0
Inpatient Hospital	\$0 per stay
Outpatient Surgery (ASC - OH)	\$0 - \$0
Ground Ambulance	\$0 - \$150**
Emergency	\$0 - \$135**
Lab Copay (Office/Lab)	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBIID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.\*\* Due to Medicaid cost share protections, FBDE/SLMB+/QMB/QMB+ members pay \$0*

## Florida: Palm Beach and Broward



Other providers available in our network

# Palm Beach Portfolio

	Core HMO (H1290-003-000)	Essentials HMO (H1290-015-000)	Premium HMO (H1290-037-003)	Dual Plus HMO (H1290-021-000)	Choice PPO (H9884-001-000)
Plan Type	\$0 HMO	Giveback HMO	Low Premium HMO (Premium <= LIPSA; \$0 for 100% LIS)	HMO D-SNP	\$0 PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$400 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/Month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$110/Quarter OTC</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Will trade medical benefits for high Part B premium reduction	Will pay premium for lower cost share on certain medical benefits	Full and Partial duals who want best in class supplementals	Values OON flexibility and strong overall benefit package

# FL: South Florida: Palm Beach HMO Medical Benefits

	Devoted CORE Palm Beach (HMO) H1290-003-000	Devoted ESSENTIALS Palm Beach (HMO) H1290-015-000	Devoted PREMIUM Florida (HMO) H1290-037-003
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist and inpatient copay, rich comprehensive dental and eyewear coverage
Service Area	Palm Beach		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$164.90	\$0
Maximum Out-of-Pocket Limit	\$3,400	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	\$0	\$25	\$0
Inpatient Hospital	\$35/day days 1-6	\$225/day days 1-6	\$0/stay
Outpatient Surgery (ASC - OH)	\$25 - \$35	\$150 - \$200	\$0 - \$25
Ground Ambulance	\$250	\$250	\$95
Emergency	\$135	\$120	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## FL: South Florida: Palm Beach HMO Prescription and Extra Benefits

	Devoted CORE Palm Beach (HMO) H1290-003-000	Devoted ESSENTIALS Palm Beach (HMO) H1290-015-000	Devoted PREMIUM Florida (HMO) H1290-037-003
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 30%</b>	<b>\$0 / \$0 / 25% / 25% / 25%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision Combined Limit</b>	<b>\$400 per year + \$100 reimbursement</b>	<b>\$200 per year</b>	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0	\$0	\$0
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# FL: South Florida: Palm Beach D-SNP Extra Benefits

	Devoted DUAL PLUS Palm Beach (HMO D-SNP) H1290-021-000
Plan Highlights	\$0 cost sharing for most medical benefits, \$0 drugs, rich supplemental benefits including: a \$320/month Food & Home card, unlimited dental, and \$500 eyewear allowance
Service Area	Palm Beach
Beneficiary Categories	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI
Referrals	Yes
Food & Home Card	\$320 per month
Dental	Preventive & comprehensive No Limit
Hearing	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0
Transportation	Unlimited
Vision	\$500 per year

# FL: South Florida: Palm Beach

## D-SNP Prescription and Medical Benefits

	Devoted DUAL PLUS Palm Beach (HMO D-SNP) H1290-021-000
Part D Deductible*	\$0
Rx Copays*	\$0
Maximum Out-of-Pocket Limit	\$3,400
PCP	\$0
Specialist	\$0
Inpatient Hospital	\$0 per stay
Outpatient Surgery (ASC/OH)	\$0
Ground Ambulance	\$0 - \$250**
Emergency	\$0 - \$135**
Lab Copay (Office/Lab)	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBIID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.\*\* Due to Medicaid cost share protections, QMB/QMB+ members pay \$0, FBDE/SLMB+ members will pay \$0 so long as they see a Medicaid-participating provider in the Devoted network*



# Broward Portfolio

	Core HMO (H1290-002-000)	Essentials HMO (H1290-014-000)	Premium HMO (H1290-037-002)	Dual Plus HMO (H1290-020-000)	Choice PPO (H9884-001-000)
Plan Type	\$0 HMO	Giveback HMO	Low Premium HMO (Premium <= LIPSA; \$0 for 100% LIS)	HMO D-SNP	\$0 PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$350 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$110/Quarter OTC</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Will trade medical benefits for high Part B premium reduction	Will pay premium for lower cost share on certain medical benefits	Full and Partial duals who want best in class supplementals	Values OON flexibility and strong overall benefit package

## FL: South Florida: Broward HMO Medical Benefits

	Devoted CORE Broward (HMO) H1290-002-000	Devoted ESSENTIALS Broward (HMO) H1290-014-000	Devoted PREMIUM Florida (HMO) H1290-037-002
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist and inpatient copay, rich comprehensive dental and eyewear coverage
Service Area	Broward		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$164.90	\$0
Maximum Out-of-Pocket Limit	\$2,500	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	\$0	\$25	\$0
Inpatient Hospital	\$0 per stay	\$225/day days 1-6	\$0 per stay
Outpatient Surgery (ASC - OH)	\$50 - \$100	\$150 - \$200	\$0 - \$25
Ground Ambulance	\$200	\$250	\$95
Emergency	\$135	\$120	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## FL: South Florida: Broward HMO Prescription and Medical Benefits

	Devoted CORE Broward (HMO) H1290-002-000	Devoted ESSENTIALS Broward (HMO) H1290-014-000	Devoted PREMIUM Florida (HMO) H1290-037-002
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 30%</b>	<b>\$0 / \$0 / 25% / 25% / 25%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	<b>\$200 per year</b>	<b>\$350 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## FL: South Florida: Broward D-SNP Extra Benefits

	Devoted DUAL PLUS Broward (HMO D-SNP) H1290-020-000
Plan Highlights	\$0 cost sharing for most medical benefits, \$0 drugs, rich supplemental benefits including: a \$320/month Food & Home card, unlimited dental, and \$500 eyewear allowance
Service Area	Broward
Beneficiary Categories	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI
Referrals	Yes
Food & Home Card	\$320 per month
Dental	Preventive & comprehensive No Limit
Hearing	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month
Transportation	Unlimited
Vision	\$500 per year

# FL: South Florida: Broward D-SNP Prescription and Medical Benefits

	Devoted DUAL PLUS Broward (HMO D-SNP) H1290-020-000
Part D Deductible*	\$0
Rx Copays*	\$0
Maximum Out-of-Pocket Limit	\$3,400
PCP	\$0
Specialist	\$0
Inpatient Hospital	\$0 per stay
Outpatient Surgery (ASC/OH)	\$0
Ground Ambulance	\$0 - \$200**
Emergency	\$0 - \$135**
Lab Copay (Office/Lab)	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs. \*\* Due to Medicaid cost share protections, QMB/QMB+ members pay \$0, FBDE/SLMB+ members will pay \$0 so long as they see a Medicaid-participating provider in the Devoted network*

## FL: South Florida: Broward/Palm Beach PPO Medical Benefits

	Devoted CHOICE South Florida (PPO) H9884-001-000
Plan Highlights	<b>\$0 monthly premium, passive INN &amp; OON cost sharing with strong supplemental benefits including \$2,000 dental &amp; eyewear card and \$85/quarter OTC</b>
Service Area	Broward, Palm Beach
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$3,700 / OON: \$6,500
PCP	\$0 / OON: \$0
Specialist	<b>\$30 / OON: \$30</b>
Inpatient Hospital	\$250/day days 1-5 / OON: \$250/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$250 / OON: \$150 - \$250
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	<b>\$0 / OON: \$0</b>

# FL: South Florida: Broward/Palm Beach

## PPO Prescription and Extra Benefits

	Devoted CHOICE South Florida (PPO) H9884-001-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$2,000 Dental & Eyewear Card
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$110 per quarter
Transportation	Not Covered
Vision Combined Limit	\$2,000 Dental & Eyewear Card
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## Atlantic Coast: Brevard, Indian River, Martin, St. Lucie



### Hospital systems





# East Coast Portfolio

	Core HMO (H1290-046-000)	Essentials HMO (H1290-045-000)	Dual HMO (H1290-039-000)	Dual Plus HMO (H1290-052-000)	Choice Giveback PPO (H9884-008-000)
Plan Type	\$0 HMO	Giveback HMO	HMO D-SNP	HMO D-SNP	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$2,500 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/Month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/Month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,250 Dental/Eyewear Reimbursable Allowance</li> <li>• Most OON Benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Will trade medical benefits for high Part B premium reduction	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Values OON flexibility and strong overall benefit package

## FL: East Coast HMO Medical Benefits

	Devoted CORE East Coast Florida (HMO) H1290-046-000	Devoted ESSENTIALS East Coast Florida (HMO) H1290-045-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	\$150 giveback, \$0 monthly premium with dental, vision, and hearing coverage
Service Area	Brevard, Indian River, Martin, St. Lucie	
Referrals	Yes	Yes
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$150
Maximum Out-of-Pocket Limit	\$3,400	\$4,900
PCP	\$0	\$0
Specialist	\$15	\$25
Inpatient Hospital	\$125/day days 1-6	\$250/day days 1-6
Outpatient Surgery (ASC - OH)	\$75 - \$100	\$175 - \$200
Ground Ambulance	\$300	\$300
Emergency	\$135	\$120
Lab Copay (Office/Lab)	\$0	\$0

## FL: East Coast HMO Prescription and Extra Benefits

	Devoted CORE East Coast Florida (HMO) H1290-046-000	Devoted ESSENTIALS East Coast Florida (HMO) H1290-045-000
Part D Deductible	\$0	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive Up to <b>\$2,500 comprehensive</b>	Preventive plus up to <b>\$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$100 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision Combined Limit	\$400 per year + \$100 reimbursement	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks	

# FL: East Coast PPO Medical Benefits

	Devoted CHOICE GIVEBACK East Coast Florida (PPO) H9884-008-000
Plan Highlights	Maximum giveback, \$0 monthly premium, passive INN & OON cost sharing with \$1,250 dental and eyewear reimbursement
Service Area	Brevard, Indian River, Martin, St. Lucie
Member Premium	\$0
Part B Premium Buydown	\$164.90
Maximum Out-of-Pocket Limit	\$4,850 / OON: \$8,950
PCP	\$0 / OON: \$0
Specialist	\$40 / OON: \$40
Inpatient Hospital	\$295/day days 1-7 / OON: \$295/day days 1-7
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$200 - \$250
Ground Ambulance	\$300
Emergency	\$120
Lab Copay (Office/Lab)	\$0 / OON: \$0

# FL: East Coast PPO Prescription and Extra Benefits

	Devoted CHOICE GIVEBACK East Coast Florida (PPO) H9884-008-000
Part D Deductible	\$350 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$100 / 27%
Food & Home Card	Not Covered
Dental	\$1,250 Dental & Eyewear Reimbursement
Hearing	\$599 - \$899 copay per aid
Over-the-Counter	Not Covered
Transportation	Not Covered
Vision Combined Limit	\$1,250 Dental & Eyewear Reimbursement
Personal Emergency Response Device	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## FL: East Coast D-SNP Extra Benefits

	Devoted DUAL East Coast Florida (HMO D-SNP) H1290-039-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Brevard, Indian River, Martin, St. Lucie	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision Combined Limit	\$500 per year	\$500 per year

## FL: East Coast D-SNP Prescription and Medical Benefits

	Devoted DUAL East Coast Florida (HMO D-SNP) H1290-039-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	\$0	\$0
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$0
<b>Inpatient Hospital</b>	\$0 per stay	\$0 per stay
<b>Outpatient Surgery (ASC/OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$300	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay (Office/Lab)</b>	\$0	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

## Osceola, Orange, and Seminole



Other providers available in our network



# Orlando Portfolio

	Core HMO (H1290-005-000)	Giveback HMO (H1290-018-000)	Premium HMO (H1290-037-004)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-022-000)	Choice PPO (H9884-003-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Premium HMO	D-SNP HMO	D-SNP HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$300 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$85/Quarter OTC</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

# FL: Orlando HMO Medical Benefits

	Devoted CORE Orlando (HMO) H1290-005-000	Devoted ESSENTIALS Orlando (HMO) H1290-018-000	Devoted PREMIUM Florida (HMO) H1290-037-004
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist and inpatient copay, rich comprehensive dental and eyewear coverage
Service Area	Orange, Osceola, Seminole		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<=LIPSA)
Part B Premium Buydown	\$0	<b>\$164.90</b>	\$0
Maximum Out-of-Pocket Limit	\$2,900	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	<b>\$5</b>	<b>\$20</b>	<b>\$0</b>
Inpatient Hospital	\$25/day days 1-5	\$275/day days 1-7	<b>\$0 per stay</b>
Outpatient Surgery (ASC - OH)	\$25 - \$50	\$125 - \$250	\$0 - \$25
Ground Ambulance	\$250	\$250	\$95
Emergency	\$135	\$120	\$135
Lab Copay (Office/Lab)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## FL: Orlando HMO Prescription and Extra Benefits

	Devoted CORE Orlando (HMO) H1290-005-000	Devoted ESSENTIALS Orlando (HMO) H1290-018-000	Devoted PREMIUM Florida (HMO) H1290-037-004
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 30%</b>	\$0 / \$0 / 25% / 25% / 25%
<b>Food &amp; Home Card</b>	\$50/Month	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	<b>\$200 per year</b>	<b>\$300 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# FL: Orlando PPO Medical Benefits

	Devoted CHOICE Orlando (PPO) H9884-003-000
Plan Highlights	<b>\$0 monthly premium, passive INN &amp; OON cost sharing with strong supplemental benefits including \$2,000 dental &amp; eyewear card and \$85/quarter OTC</b>
Service Area	Orange, Osceola, Seminole
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$4,900 / OON: \$8,950
PCP	\$0 / OON: \$0
Specialist	<b>\$30 / OON: \$30</b>
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$270 / OON: \$150 - \$270
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	<b>\$0 / OON: \$0</b>

## FL: Orlando PPO Prescription and Extra Benefits

	Devoted CHOICE Orlando (PPO) H9884-003-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$2,000 Dental and Eyewear Card
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$85 per quarter
Transportation	Not Covered
Vision	\$2,000 Dental and Eyewear Card
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## FL: Orlando D-SNP Extra Benefits

	Devoted DUAL Orlando (HMO D-SNP) H1290-022-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Orange, Osceola, Seminole	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision	\$500 per year	\$500 per year

## FL: Orlando D-SNP Prescription and Medical Benefits

	Devoted DUAL Orlando (HMO D-SNP) H1290-022-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	\$0	\$0
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$0
<b>Inpatient Hospital</b>	\$0 per stay	\$0 per stay
<b>Outpatient Surgery (ASC/OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$250	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay</b>	\$0	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

# Hillsborough, Pinellas, Manatee, Hernando and Pasco

**MA**Xhealth

 **MY DOCTOR**  
MEDICAL GROUP

 **MEDICAL CONSULTANTS**  
— MANAGEMENT —

 **Palm**  
MEDICAL CENTERS

 **American Care**  
Medical Centers

 **IMA**  
Medical Group

 **VillageMD**

 **Dedicated Senior**  
Medical Center

 **PHC**  
OF PINELLAS

 **veriMED**  
Where quality, integrity and YOU matter most

 **HUMANITARY**  
MEDICAL CENTER INC.

 **AEGIS** MEDICAL GROUP

 **Live Better**  
MEDICAL GROUP

 **PHYSICIAN**  
PARTNERS

 **Caremax**

 **Cornerstone**  
Medical Care

 **Health Plus Advantage**

 **CLAREMEDICA**  
HEALTH PARTNERS

 **AllCare**  
COMPLETE

 **GREENBROOK**  **MEDICAL**

 **INNOVACARE**

 **LABRADOR**  
PRIMARY CARE CENTER

 **ClinicalCare**  
Medical Centers

 **CanoHealth**

 **PHYSICIANS**  
FIRST CHOICE  
YOUR HEALTHCARE PARTNERS

 **Wipcare**

Other providers available in our network



# Polk



Other providers available in our network

# Tampa Portfolio (Hillsborough, Hernando, Pasco counties)

	Core HMO (H1290-036-001)	Giveback HMO (H1290-051-001)	Premium HMO (H1290-037-005)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-024-000)	Choice Giveback PPO* (H9884-005-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Premium HMO	D-SNP HMO	D-SNP HMO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$400 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Part B Giveback</li> <li>• \$1,250 Dental &amp; Eyewear Reimbursement</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class supplemental benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

# Tampa Portfolio (Polk, Pinellas counties)

	Core HMO (H1290-036-002)	Giveback HMO (H1290-051-001)	Premium HMO (H1290-037-005)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-024-000)	Choice Giveback PPO* (H9884-006-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Premium HMO	D-SNP HMO	D-SNP HMO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>\$50/month Food &amp; Home Card</li> <li>\$3,000 Comprehensive Dental</li> <li>\$100/Quarter OTC</li> <li>\$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>\$164.90 Part B Giveback</li> <li>\$1,500 Comprehensive Dental</li> <li>\$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 Comprehensive Dental</li> <li>\$250/Quarter OTC</li> <li>\$400 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>\$320/month Food &amp; Home Card</li> <li>Unlimited Comprehensive Dental</li> <li>\$100/Quarter OTC</li> <li>\$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>\$150/month Food &amp; Home Card</li> <li>\$3,000 Comprehensive Dental</li> <li>\$100/Quarter OTC</li> <li>\$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>\$164.90 Part B Giveback</li> <li>\$1,250 Dental &amp; Eyewear Reimbursement</li> <li>Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class supplemental benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

## FL: Tampa: HMO Medical Benefits (Hernando, Hillsborough, Pasco)

	Devoted CORE Tampa (HMO) H1290-036-001	Devoted ESSENTIALS Tampa (HMO) H1290-051-001	Devoted PREMIUM Florida (HMO) H1290-037-005
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist and inpatient copay, rich comprehensive dental and eyewear coverage
Service Area	Hernando, Hillsborough, Pasco		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$164.90	\$0
Maximum Out-of-Pocket Limit	\$1,900	\$4,900	\$3,200
PCP	\$0	\$0	\$0
Specialist	\$5	\$20	\$0
Inpatient Hospital	\$50/day days 1-5	\$195/day days 1-6	\$0 per stay
Outpatient Surgery (ASC - OH)	\$25 - \$90	\$95 - \$195	\$0 - \$25
Ground Ambulance	\$200	\$250	\$150
Emergency	\$135	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0	\$0

## FL: Tampa: HMO Prescription and Extra Benefits (Hillsborough, Hernando, Pasco)

	Devoted CORE Tampa (HMO) H1290-036-001	Devoted ESSENTIALS Tampa (HMO) H1290-051-001	Devoted PREMIUM Florida (HMO) H1290-037-005
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 30%</b>	<b>\$0 / \$0 / 25% / 25% / 25%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	\$200 per year	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

**FL: Tampa: PPO Medical Benefits**  
**(Hillsborough, Hernando, Pasco, Pinellas)**

	Devoted CHOICE GIVEBACK Tampa (PPO) H9884-005-000
Plan Highlights	Maximum giveback, \$0 monthly premium, passive INN & OON cost sharing with \$1,250 dental and eyewear reimbursement
Service Area	Hernando, Hillsborough, Pasco, Pinellas
Member Premium	\$0
Part B Premium Buydown	\$164.90
Maximum Out-of-Pocket Limit	\$5,500 / OON: \$5,500
PCP	\$0 / OON: \$0
Specialist	\$30 / OON: \$30
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$295 / OON:\$150 - \$295
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	\$0 / OON: \$0

FL: Tampa: PPO Prescription and Extra Benefits  
(Hillsborough, Hernando, Pasco, Pinellas)

	Devoted CHOICE GIVEBACK Tampa (PPO) H9884-005-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$1,250 Dental & Eyewear Reimbursement
Hearing	\$599 - \$899 copay per aid
Over-the-Counter	Not Covered
Transportation	Not Covered
Vision Combined Limit	\$1,250 Dental & Eyewear Reimbursement
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## FL: Tampa: HMO Medical Benefits (Polk, Pinellas)

	Devoted CORE Tampa (HMO) H1290-036-002	Devoted ESSENTIALS Tampa (HMO) H1290-051-002	Devoted PREMIUM Florida (HMO) H1290-037-005
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50/month Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist and inpatient copay, rich comprehensive dental and eyewear coverage
Service Area	Polk, Pinellas		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$164.90	\$0
Maximum Out-of-Pocket Limit	\$2,300	\$4,900	\$3,200
PCP	\$0	\$0	\$0
Specialist	\$10	\$35	\$0
Inpatient Hospital	\$50/day days 1-5	\$250/day days 1-6	\$0 per stay
Outpatient Surgery (ASC - OH)	\$25 - \$90	\$95 - \$250	\$0 - \$25
Ground Ambulance	\$200	\$250	\$150
Emergency	\$120	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0	\$0



## FL: Tampa: HMO Prescription and Extra Benefits (Polk, Pinellas)

	Devoted CORE Tampa (HMO) H1290-036-002	Devoted ESSENTIALS Tampa (HMO) H1290-051-002	Devoted PREMIUM Florida (HMO) H1290-037-005
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$8 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 33%</b>	\$0 / \$0 / 25% / 25% / 25%
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive Up to <b>\$1,500 comprehensive</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	<b>\$200 per year</b>	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# FL: Tampa: PPO Medical Benefits (Polk)

	Devoted CHOICE GIVEBACK Polk (PPO) H9884-006-000
Plan Highlights	Maximum giveback, \$0 monthly premium, passive INN & OON cost sharing with \$1,250 dental and eyewear reimbursement
Service Area	Polk
Member Premium	\$0
Part B Premium Buydown	\$164.90
Maximum Out-of-Pocket Limit	\$5,500 / OON: \$5,500
PCP	\$0 / OON: \$0
Specialist	\$30 / OON: \$30
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$295 / OON: \$150 - \$295
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	\$0 / OON: \$0

# FL: Tampa: PPO Prescription and Extra Benefits (Polk)

	Devoted CHOICE GIVEBACK Polk (PPO) H9884-006-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$1,250 Dental & Eyewear Reimbursement
Hearing	\$599 - \$899 copay per aid
Over-the-Counter	Not Covered
Transportation	Not Covered
Vision Combined Limit	\$1,250 Dental & Eyewear Reimbursement
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## FL: Tampa D-SNP Extra Benefits

	Devoted DUAL Tampa (HMO D-SNP) H1290-024-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Polk, Pinellas, Hillsborough, Hernando, Pasco	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision	\$500 per year	\$500 per year

## FL: Tampa D-SNP Prescription and Medical Benefits

	Devoted DUAL Tampa (HMO D-SNP) H1290-024-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$0
<b>Inpatient Hospital</b>	<b>\$0 per stay</b>	<b>\$0 per stay</b>
<b>Outpatient Surgery (ASC/OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$250	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay</b>	<b>\$0</b>	<b>\$0</b>

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. These members do not have to pay the Part D deductible and have \$0 copays for all Part D Drugs that are on our formulary. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

# Manatee Portfolio

	Core HMO (H1290-025-000)	Giveback HMO (H1290-032-000)	Premium HMO (H1290-044-003)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-034-000)	Choice PPO (H9884-007-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Premium HMO	D-SNP HMO	D-SNP HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$2,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$85/Quarter OTC</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

# FL: Manatee HMO Medical Benefits

	Devoted CORE Manatee (HMO) H1290-025-000	Devoted ESSENTIALS Manatee (HMO) H1290-032-000	Devoted PREMIUM Florida (HMO) H1290-044-003
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	\$150 giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist copay, rich comprehensive dental and eyewear coverage
Service Area	Manatee		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$150	\$0
Maximum Out-of-Pocket Limit	\$3,200	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	\$10	\$30	\$0
Inpatient Hospital	\$75/day days 1-5	\$195/day days 1-6	\$45/day days 1-5
Outpatient Surgery (ASC - OH)	\$25 - \$75	\$100 - \$195	\$0 - \$45
Ground Ambulance	\$250	\$250	\$150
Emergency	\$135	\$120	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## FL: Manatee HMO Prescription and Extra Benefits

	Devoted CORE Manatee (HMO) H1290-025-000	Devoted ESSENTIALS Manatee (HMO) H1290-032-000	Devoted PREMIUM Florida (HMO) H1290-044-003
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 30%</b>	<b>\$0 / \$0 / \$45 / \$95 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	\$200 per year	<b>\$400 per year + \$100 reimbursement</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks



## FL: Manatee PPO Medical Benefits

	Devoted CHOICE Manatee (PPO) H9884-007-000
Plan Highlights	<b>\$0 monthly premium, passive INN &amp; OON cost sharing with strong supplemental benefits including \$2,000 dental &amp; eyewear card and \$85/quarter OTC</b>
Service Area	Manatee
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	<b>\$4,900 / OON: \$4,900</b>
PCP	\$0 / OON:\$0
Specialist	<b>\$30 / OON: \$30</b>
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$295 / OON: \$150 - \$295
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	<b>\$0 / OON: \$0</b>

# FL: Manatee PPO Prescription and Extra Benefits

	Devoted CHOICE Manatee (PPO) H9884-007-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$2,000 Dental and Eyewear Card
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$85 per quarter
Transportation	Not Covered
Vision	\$2,000 Dental and Eyewear Card
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# FL: Manatee D-SNP Medical Benefits

	Devoted DUAL Manatee (HMO D-SNP) H1290-034-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Manatee	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision	\$500 per year	\$500 per year

## FL: Manatee D-SNP Prescription and Medical Benefits

	Devoted DUAL Manatee (HMO D-SNP) H1290-034-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	\$0	\$0
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$0
<b>Inpatient Hospital</b>	\$0 per stay	\$0 per stay
<b>Outpatient Surgery (ASC/OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$250	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay</b>	\$0	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

# Jacksonville

## Primary care



Other providers available in our network

# Greater Jacksonville Portfolio

	Core HMO (H1290-029-000)	Giveback HMO (H1290-031-000)	Premium HMO (H1290-044-002)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-023-000)	Choice PPO (H9884-004-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Premium HMO	D-SNP HMO	D-SNP HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$2,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$145 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$85/Quarter OTC</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

# FL: Jacksonville HMO Medical Benefits

	Devoted CORE Jacksonville (HMO) H1290-029-000	Devoted ESSENTIALS Jacksonville (HMO) H1290-031-000	Devoted PREMIUM Florida (HMO)* H1290-044-002
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	\$145 giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist copay, rich comprehensive dental and eyewear coverage
Service Area	Clay, Duval, Nassau, St. Johns		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$145	\$0
Maximum Out-of-Pocket Limit	\$3,400	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	\$10	\$40	\$0
Inpatient Hospital	\$125/day days 1-5	\$450/day days 1-4	\$125/day days 1-5
Outpatient Surgery (ASC - OH)	\$75 - \$125	\$125 - \$250	\$0 - \$50
Ground Ambulance	\$250	\$250	\$200
Emergency	\$135	\$120	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## FL: Jacksonville HMO Prescription and Extra Benefits

	Devoted CORE Jacksonville (HMO) H1290-029-000	Devoted ESSENTIALS Jacksonville (HMO) H1290-031-000	Devoted PREMIUM Florida (HMO) H1290-044-002
<b>Part D Deductible</b>	\$0	\$150 (T3-T5)	\$0
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	\$0 / \$5 / \$47 / \$100 / 30%	<b>\$0 / \$0 / \$45 / \$95 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	<b>\$200 per year</b>	<b>\$400 per year + \$100 reimbursement</b>
<b>Personal Emergency Response Device &amp; Monthly Fee</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks



## FL: Jacksonville D-SNP Extra Benefits

	Devoted DUAL Jacksonville (HMO D-SNP) H1290-023-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Clay, Duval, Nassau, St. Johns	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision	\$500 per year	\$500 per year

## FL: Jacksonville D-SNP Prescription and Medical Benefits

	Devoted DUAL Jacksonville (HMO D-SNP) H1290-023-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	<b>\$0</b>	\$0
<b>Inpatient Hospital</b>	<b>\$0 per stay</b>	\$0 per stay
<b>Outpatient Surgery (ASC/OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$250	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay</b>	<b>\$0</b>	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

# FL: Jacksonville/Daytona PPO Medical Benefits

	Devoted CHOICE (PPO) H9884-004-000
Plan Highlights	\$0 monthly premium, passive INN & OON cost sharing with strong supplemental benefits including \$2,000 dental & eyewear card and \$85/quarter OTC
Service Area	Clay, Duval, Flagler, Nassau, St. Johns, Volusia
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$5,500 / OON: \$8,950
PCP	\$0 / OON:\$0
Specialist	\$30 / OON: \$30
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$270 / OON: \$150 - \$270
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	\$0 / OON: \$0

# FL: Jacksonville/Daytona PPO Prescription and Extra Benefits

	Devoted CHOICE Manatee (PPO) H9884-007-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$2,000 Dental and Eyewear Card
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$85 per quarter
Transportation	Not Covered
Vision	\$2,000 Dental and Eyewear Card
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# Daytona - Volusia / Flagler

## Primary care



Other providers available in our network

# Daytona Portfolio

	Core HMO (H1290-050-000)	Giveback HMO (H1290-049-000)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-041-000)	Choice PPO (H9884-004-000)
Plan Type	\$0 Premium HMO	Giveback HMO	D-SNP HMO	D-SNP HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$145 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$85/Quarter OTC</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

## FL: Daytona HMO Medical Benefits

	Devoted CORE Daytona (HMO) H1290-050-000	Devoted ESSENTIALS Daytona (HMO) H1290-049-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, and rich supplemental benefits including \$50/month Food & Home card	\$145 giveback, \$0 monthly premium, \$1,000 preventive plus dental, and \$200 eyewear allowance
Service Area	Flagler, Volusia	
Referrals	Yes	Yes
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	<b>\$145</b>
Maximum Out-of-Pocket Limit	\$3,700	\$4,900
PCP	\$0	\$0
Specialist	<b>\$10</b>	<b>\$30</b>
Inpatient Hospital	\$75/day days 1-4	\$375/day days 1-5
Outpatient Surgery (ASC - OH)	\$50 - \$75	\$145 - \$195
Ground Ambulance	\$250	\$250
Emergency	\$135	\$120
Lab Copay (Office/Lab)	<b>\$0</b>	<b>\$0</b>

## FL: Daytona HMO Prescription and Extra Benefits

	Devoted CORE Daytona (HMO) H1290-050-000	Devoted ESSENTIALS Daytona (HMO) H1290-049-000
Part D Deductible	\$0	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$100 / 30%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	<b>Preventive Plus</b> up to \$1,000
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$100 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	\$400 per year + \$100 reimbursement	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks	



## FL: Daytona D-SNP Extra Benefits

	Devoted DUAL Daytona (HMO D-SNP) H1290-041-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Flagler, Volusia	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision	\$500 per year	\$500 per year

## FL: Daytona D-SNP Prescription and Medical Benefits

	Devoted DUAL Daytona (HMO D-SNP) H1290-041-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	<b>\$0</b>	\$0
<b>Inpatient Hospital</b>	<b>\$0 per stay</b>	\$0 per stay
<b>Outpatient Surgery (ASC - OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$250	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay</b>	<b>\$0</b>	\$0

## LMS (Lake, Marion, Sumter)

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Other providers available in our network

# North Florida Portfolio (Lake, Marion, Sumter counties)

	Core HMO (H1290-027-000)	Giveback HMO (H1290-035-000)	Premium HMO (H1290-044-001)	Dual Plus HMO (H1290-052-000)	Dual HMO (H1290-033-000)	Choice PPO (H9884-012-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Premium HMO	D-SNP HMO	D-SNP HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/month Food &amp; Home Card</li> <li>• \$2,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$250/Quarter OTC</li> <li>• \$400 Eyewear Allowance + \$100 Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• \$320/month Food &amp; Home Card</li> <li>• Unlimited Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$3,000 Comprehensive Dental</li> <li>• \$100/Quarter OTC</li> <li>• \$500 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000 Dental &amp; Eyewear Card</li> <li>• \$85/Quarter OTC</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras	Values network flexibility, strong medical benefits and extras

# FL: North Florida HMO Medical Benefits

	Devoted CORE North Florida (HMO) H1290-027-000	Devoted ESSENTIALS North Florida (HMO) H1290-035-000	Devoted PREMIUM Florida (HMO) H1290-044-001
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$0 tier 1 & 2 drugs, \$50 monthly Food & Home card	Maximum giveback, \$0 monthly premium with dental, vision, and hearing coverage	Low monthly premium, \$0 specialist copay, rich comprehensive dental and eyewear coverage
Service Area	Lake, Marion, Sumter		
Referrals	Yes	Yes	Yes
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	<b>\$164.90</b>	\$0
Maximum Out-of-Pocket Limit	\$2,750	\$4,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	<b>\$5</b>	<b>\$25</b>	<b>\$0</b>
Inpatient Hospital	\$40/day days 1-5	\$225/day days 1-6	\$25/day days 1-5
Outpatient Surgery (ASC - OH)	\$25 - \$40	\$150 - \$225	\$0 - \$25
Ground Ambulance	\$200	\$250	\$100
Emergency	\$135	\$120	\$135
Lab Copay (Office/Lab)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

# FL: North Florida HMO Prescription and Extra Benefits

	Devoted CORE North Florida (HMO) H1290-027-000	Devoted ESSENTIALS North Florida (HMO) H1290-035-000	Devoted PREMIUM Florida (HMO) H1290-044-001
<b>Part D Deductible</b>	<b>\$0</b>	\$150 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$100 / 33%</b>	\$0 / \$5 / \$47 / \$100 / 30%	<b>\$0 / \$0 / \$45 / \$95 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$2,000 comprehensive</b>	Preventive plus up to <b>\$1,000</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	<b>\$100 per quarter</b>	Not Covered	<b>\$250 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year + \$100 reimbursement</b>	\$200 per year	<b>\$400 per year + \$100 reimbursement</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# FL: North Florida PPO Medical Benefits

	Devoted CHOICE North Florida (PPO) H9884-012-000
Plan Highlights	\$0 monthly premium, passive INN & OON cost sharing with strong supplemental benefits including \$2,000 dental & eyewear card and \$85/quarter OTC
Service Area	Lake, Marion, Sumter
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$4,900 / OON: \$8,950
PCP	\$0 / OON: \$0
Specialist	\$30 / OON: \$30
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$270 / OON: \$150 - \$270
Ground Ambulance	\$250
Emergency	\$120
Lab Copay (Office/Lab)	\$0 /OON: \$0

# FL: North Florida PPO Prescription and Extra Benefits

	Devoted CHOICE North Florida (PPO) H9884-012-000
Part D Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	\$2,000 Dental and Eyewear Card
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$85 per quarter
Transportation	Not Covered
Vision	\$2,000 Dental and Eyewear Card
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks



## FL: North Florida D-SNP Extra Benefits

	Devoted DUAL North Florida (HMO D-SNP) H1290-033-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
Plan Highlights	\$0 PCP & specialist visits, \$0 drugs, rich supplemental benefits including a \$150/month Food & Home card	\$0 cost sharing for Medicare-covered benefits, \$0 drugs, rich supplemental benefits including a \$320/month Food & Home card
Service Area	Lake, Marion Sumter	
Beneficiary Categories	QDWI, QI, SLMB	FBDE, QMB, QMB +, SLMB +
Referrals	Yes	Yes
Food & Home Card	\$150 per month	\$320 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive <b>No Limit</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$100 per quarter	\$100 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Unlimited
Vision	\$500 per year	\$500 per year

## FL: North Florida D-SNP Prescription and Medical Benefits

	Devoted DUAL North Florida (HMO D-SNP) H1290-033-000	Devoted DUAL PLUS Florida (HMO D-SNP) H1290-052-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$3,400	\$3,400
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$0	\$0
<b>Inpatient Hospital</b>	<b>\$0 per stay</b>	\$0 per stay
<b>Outpatient Surgery (ASC/OH)</b>	\$0	\$0
<b>Ground Ambulance</b>	\$250	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay</b>	<b>\$0</b>	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

## 2024 COVERAGE AREA

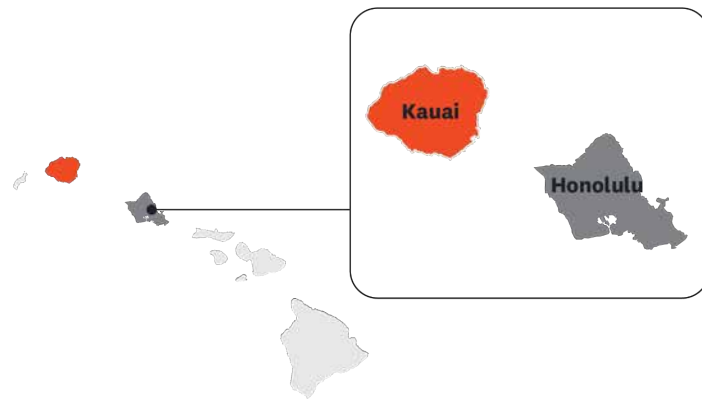
# Hawaii

### Hawaii counties

- Honolulu
- **Kauai (NEW)**

**Plans available\*:** Devoted CHOICE Hawaii (PPO), Devoted CHOICE PLUS Hawaii (PPO), and Devoted CHOICE GIVEBACK Hawaii (PPO)

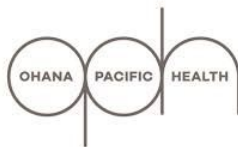
*\*Not all plans are available in all counties*



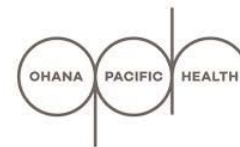
- Current counties
- **NEW 2024 counties**

# Hawaii

## Greater Honolulu



## Kauai



Other providers available in our network

## Hawaii Portfolio (Honolulu & Kauai)

	Choice PPO (H2686-001-000)	Choice Plus PPO (H2686-002-000)	NEW! Choice Giveback PPO (H2686-003-000)
Plan Type	\$0 PPO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$300 Eyewear Allowance</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• LIPSA Premium</li> <li>• \$30/Month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	Values OON flexibility and strong overall benefit package	Will pay premium in exchange for richer overall benefit package and OON flexibility	Values part B premium reduction and OON flexibility over lower costs

# HI: Honolulu PPO Medical Benefits

	Devoted CHOICE Hawaii (PPO) H2686-001-000	Devoted CHOICE PLUS Hawaii (PPO) H2686-002-000	Devoted CHOICE GIVEBACK Hawaii (PPO) H2686-003-000
Plan Highlights	\$0 monthly premium, passive INN & OON cost sharing, rich supplemental benefits including	Passive INN & OON cost sharing, rich supplemental benefits including a \$30/month Food & Home Card	\$100 Part B giveback, passive INN & OON cost sharing along with dental, vision and hearing coverage
Service Area	Honolulu, Kauai		
Member Premium	\$0	TBD (<= LIPSA)	\$0
Part B Premium Buydown	\$0	\$0	\$100
Max Out-of-Pocket	\$6,700 / OON: \$10,000	\$5,500 / OON: \$8,950	\$8,300 / OON: \$10,000
PCP	\$0 / OON: \$0	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$35 / OON: \$35	\$35 / OON: \$35	\$50 / OON: \$50
Inpatient Hospital	\$375/day days 1-5 / OON: \$375/day days 1-5	\$325/day days 1-5 / OON: \$325/day days 1-5	\$475/day days 1-4 / OON: \$475/day days 1-4
Outpatient Surgery (ASC - OH)	\$300 - \$350 / OON: \$300 - \$350	\$250 - \$300 / OON: \$250 - \$300	\$350 - \$400 / OON: \$350 - \$400
Ground Ambulance	\$220	\$275	\$295
Emergency	\$100	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0	\$0 / OON: \$0

# HI: Honolulu PPO Prescription and Extra Benefits

	Devoted CHOICE Hawaii (PPO) H2686-001-000	Devoted CHOICE PLUS Hawaii (PPO) H2686-002-000	Devoted CHOICE GIVEBACK Hawaii (PPO) H2686-003-000
Part D Deductible	\$200 (T3-5)	\$200 (T3-T5)	\$545 (T3-5)
Rx Copays	\$0 / \$0 / \$45 / \$100 / 30%	\$0 / \$0 / \$45 / \$100 / 30%	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	Not Covered	\$30 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>	Preventive & comprehensive up to <b>\$6,000 comprehensive</b>	<b>Preventive plus</b> up to \$1,000
Hearing	\$399 - \$699 copay per aid	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter	\$85 per quarter	Not Covered
Transportation	Not Covered	Not Covered	Not Covered
Vision	\$300 per year	\$400 per year	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>

## 2024 COVERAGE AREA

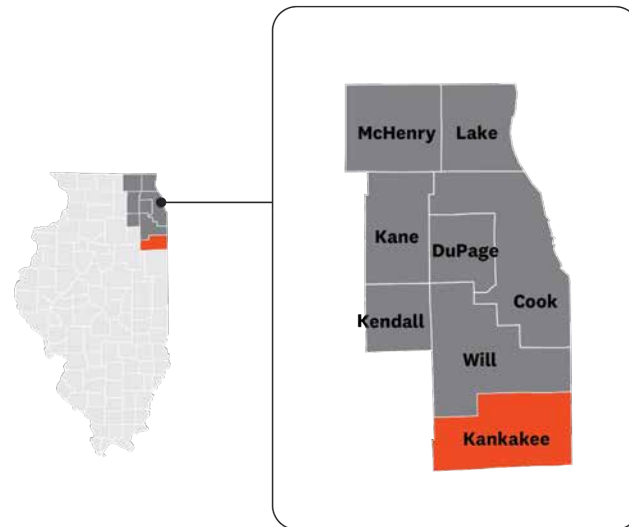
# Illinois

### Illinois counties

- Cook
- Dupage
- Kane
- Kendall
- Lake
- Mchenry
- Will

- **Kankakee (NEW)**

**Plans available:** Devoted CORE Illinois (HMO), Devoted CHOICE Illinois (PPO), and Devoted GIVEBACK Illinois (HMO)



- Current counties
- **NEW 2024 counties**



## Illinois: Greater Chicago



**8 NEW hospitals for 2023,  
some PPO only**



Other providers available in our network

# Chicago Portfolio

	Core HMO (H7151-001-000)	Giveback HMO (H7151-003-000)	Choice PPO (H6545-001-000)
Plan Type	\$0 Premium HMO	Giveback HMO	\$0 Premium PPO
Highlights	<ul style="list-style-type: none"> <li>• \$60/Month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• \$0 Part D deductible, competitive formulary composition and Rx copays</li> </ul>	<ul style="list-style-type: none"> <li>• \$110 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$125 Eyewear Allowance</li> <li>• \$0 Part D deductible and competitive formulary composition</li> </ul>	<ul style="list-style-type: none"> <li>• \$7,500 Comprehensive Dental</li> <li>• \$300 Eyewear Allowance</li> <li>• Reasonable OON copays instead of coinsurance on most benefits</li> <li>• \$0 Part D deductible, competitive formulary composition and Rx copays</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Wants network flexibility, strong medical benefits and extras

# IL: Chicago HMO Medical Benefits

	Devoted CORE Illinois (HMO) H7151-001-000	Devoted GIVEBACK Illinois (HMO) H7151-003-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$60/month Food & Home card	\$110 Part B giveback, \$0 monthly premium, and preventive dental coverage
Service Area	Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Will	
Referrals	Yes	Yes
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$110
Maximum Out-of-Pocket Limit	\$2,500	\$4,500
PCP	\$0	\$0
Specialist	\$15	\$40
Inpatient Hospital	\$150/day days 1-7	\$395/day days 1-5
Outpatient Surgery (ASC - OH)	\$95 - \$150	\$150 - \$395
Ground Ambulance	\$250	\$250
Emergency	\$90	\$120
Lab Copay (Office/Lab/OP Hospital)	\$0	\$0

## IL: Chicago HMO Prescription and Extra Benefits

	Devoted CORE Illinois (HMO) H7151-001-000	Devoted GIVEBACK Illinois (HMO) H7151-003-000
Part D Deductible	\$0	\$0
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$10 / \$47 / \$100 / 33%
Food & Home Card	\$60 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$7,500 comprehensive</b>	<b>Preventive plus up to \$1,000</b>
Hearing	\$199 - \$499 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter	Not Covered
Transportation	12 one-way trips per year (25 miles per trip)	Not Covered
Vision	<b>\$400 per year</b>	<b>\$125 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# IL: Chicago PPO Medical Benefits

	Devoted CHOICE Illinois (PPO) H6545-001-000
Plan Highlights	<b>\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits with reasonable OON copays and \$7,500 comprehensive dental</b>
Service Area	Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Will
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$3,200 / OON: \$5,450
PCP	<b>\$0 / OON: \$10</b>
Specialist	<b>\$20 / OON: \$25</b>
Inpatient Hospital	\$295/day days 1-6 / OON: \$295/day days 1-6
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$250 - \$295
Ground Ambulance	\$280
Emergency	\$120
Lab Copay (Office/Lab)	<b>\$0 / OON: \$0</b>

# IL: Chicago PPO Prescription and Extra Benefits

	Devoted CHOICE Illinois (PPO) H6545-001-000
Part D Deductible	\$0
Rx Copays	\$0 / \$5 / \$47 / \$100 / 33%
Food & Home Card	Not Covered
Dental	Preventive & comprehensive up to <b>\$7,500 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$125 per quarter
Transportation	Not Covered
Vision	<b>\$300 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## 2024 COVERAGE AREA

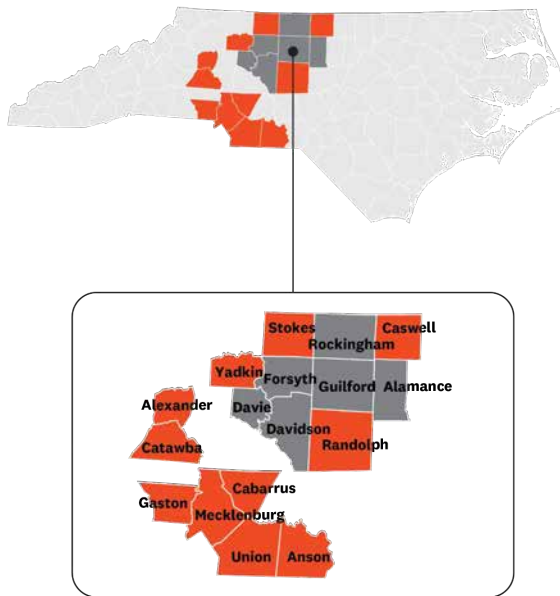
# North Carolina

### North Carolina counties

- Alamance
- Davidson
- Davie
- Forsyth
- Guilford
- Rockingham
- Alexander (NEW)
- Anson (NEW)
- Cabarrus (NEW)
- Caswell (NEW)
- Catawba (NEW)
- Gaston (NEW)
- Mecklenburg (NEW)
- Randolph (NEW)
- Stokes (NEW)
- Union (NEW)
- Yadkin (NEW)

**Plans available\*:** Devoted CORE North Carolina (HMO), Devoted GIVEBACK North Carolina (HMO), Devoted PREMIUM North Carolina (HMO), Devoted DUAL PLUS North Carolina (HMO D-SNP), and Devoted DUAL North Carolina (HMO D-SNP)

*\*Not all plans are available in all counties*



- Current counties
- NEW 2024 counties

# North Carolina: Greensboro/Winston-Salem hospitals



- ✓ North Carolina Baptist Hospital
  - ✓ Davie Medical Center
  - ✓ Lexington Medical Center
  - ✓ High Point Regional Health
  - ✓ Wilkes Regional Medical Center

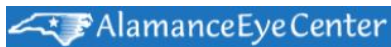


- ✓ The Moses Cone Memorial Hospital
- ✓ Alamance Regional Medical Center
  - ✓ Annie Penn Hospital
  - ✓ Behavioral Health Hospital
- ✓ Wesley Long Community Hospital





# North Carolina: Greensboro/Winston-Salem physician network



Other providers available in our network

# North Carolina: Charlotte (and contiguous counties) hospitals



- ✓ Atrium Health Anson
- ✓ Atrium Health Behavioral Health
- ✓ Atrium Health Cabarrus
- ✓ Atrium Health Cleveland
- ✓ Atrium Health Kings Mountain
- ✓ Atrium Health Lincoln
- ✓ Atrium Health Mercy
- ✓ Atrium Health Pineville
- ✓ Atrium Health Stanly
- ✓ Atrium Health Union
- ✓ Atrium Health Union West
- ✓ Atrium Health University City
- ✓ Carolinas Medical Center
- ✓ Carolinas Rehabilitation

FRYE REGIONAL  
MEDICAL CENTER

A Duke LifePoint Hospital



# North Carolina: Charlotte area physician network



Duke LifePoint Physician Practices



Other providers available in our network

# North Carolina: Charlotte (and contiguous counties) hospitals



- ✓ St. Thomas Dekalb
- ✓ St. Thomas Hickman
- ✓ St. Thomas Highlands
- ✓ St. Thomas Rutherford
- ✓ St. Thomas Stones River
- ✓ St. Thomas Hickman
- ✓ St. Thomas MidTown
- ✓ St. Thomas River Park
- ✓ St. Thomas West



- ✓ Skyline Madison Campus
- ✓ TriStar Ashland City
- ✓ TriStar Centennial
- ✓ TriStar Hendersonville
- ✓ TriStar Horizon
- ✓ TriStar Northcrest
- ✓ TriStar Skyline
- ✓ TriStar Southern Hills
- ✓ TriStar Stonecrest
- ✓ TriStar Summit



- ✓ Riverview Regional
- ✓ Sumner Regional
- ✓ Trousdale



- ✓ Williamson

# North Carolina Portfolio

	Core HMO	Giveback HMO	Premium HMO	Dual Plus HMO	Dual HMO
	<ul style="list-style-type: none"> <li>• \$0 Premium HMO</li> <li>• Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback MAPD HMO</li> <li>• Monthly Part B premium reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Low Premium HMO</li> <li>• Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO</li> <li>• Ideal for full duals and QMBs</li> <li>• Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO</li> <li>• Ideal for partial duals</li> <li>• Reasonable medical cost share and extra benefits</li> </ul>
Charlotte	✓	✓		✓	✓
Greensboro/ Winston-Salem	✓	✓	✓	✓	✓

# Charlotte Portfolio

	Core HMO (H5299-004-000)	Giveback HMO (H5299-012-000)	Dual Plus HMO (H5299-006-000)	Dual HMO (H5299-009-000)
Plan Type	\$0 Premium HMO	Giveback HMO	D-SNP HMO	D-SNP HMO
Highlights	<ul style="list-style-type: none"> <li>• \$35/month Food &amp; Home Card</li> <li>• \$1,500 Card-Based Dental</li> <li>• \$350 Eyewear Allowance</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 Part B Giveback</li> <li>• \$500 Card-Based Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$300/month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$450 Eyewear Allowance</li> <li>• \$0 cost sharing on Medicare covered benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100/month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras

# Greensboro/Winston-Salem Portfolio

	Core HMO (H5299-001-000)	Giveback HMO (H5299-002-000)	Premium HMO (H3080-003-000)	Dual Plus HMO (H5299-006-000)	Dual HMO (H5299-009-000)
Plan Type	\$0 Premium HMO	Giveback HMO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>	D-SNP HMO	D-SNP HMO
Highlights	<ul style="list-style-type: none"> <li>• \$35/month Food &amp; Home Card</li> <li>• \$1,500 Card-Based Dental</li> <li>• \$350 Eyewear Allowance</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$135 giveback</li> <li>• \$500 Card-Based Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$80/month Food &amp; Home Card</li> <li>• \$1,750 Card-Based Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• \$50/Quarter OTC</li> </ul>	<ul style="list-style-type: none"> <li>• \$300/month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$450 Eyewear Allowance</li> <li>• \$0 cost sharing on Medicare covered benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100/month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• Copays instead of coinsurance on most medical benefits</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class supplemental benefits	Full duals (QMB+, SLMB+, FBDE) and QMBs who want best in class supplementals	Partial duals (SLMB, QI, QDWI) who want reasonable cost sharing and extras

# NC: Charlotte HMO Medical Benefits

	Devoted CORE North Carolina (HMO) H5299-004-000	Devoted GIVEBACK North Carolina (HMO) H5299-012-000
Plan Highlights	\$0 monthly premium, rich medical and supplemental benefits including a \$35/month Food & Home card and card-based dental coverage	\$125 Part B giveback, \$0 monthly premium, and card-based dental coverage
Service Area	Alexander, Anson, Cabarrus, Catawba, Gaston, Mecklenburg, Union	
Referrals	No	No
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$125
Maximum Out-of-Pocket Limit	\$3,900	\$6,700
PCP	\$0	\$0
Specialist	\$20	\$45
Inpatient Hospital	\$295/day days 1-5	\$440/day days 1-4
Outpatient Surgery (ASC - OH)	\$195 - \$275	\$295 - \$395
Ground Ambulance	\$290	\$295
Emergency	\$120	\$100
Lab Copay	\$0	\$0



## NC: Charlotte HMO Prescription and Extra Benefits

	Devoted CORE North Carolina (HMO) H5299-004-000	Devoted GIVEBACK North Carolina (HMO) H5299-012-000
<b>Part D Deductible</b>	<b>\$0</b>	\$395 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$5 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 27%</b>
<b>Food &amp; Home Card</b>	<b>\$35 per month</b>	Not Covered
<b>Dental</b>	<b>\$1,500 card-based annual limit</b>	<b>\$500 card-based annual limit</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision</b>	<b>\$350 per year</b>	<b>\$200 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## NC: Greensboro/Winston-Salem HMO Medical Benefits

	Devoted CORE North Carolina (HMO) H5299-001-000	Devoted GIVEBACK North Carolina (HMO) H5299-002-000	Devoted PREMIUM North Carolina (HMO) H5299-003-000
Plan Highlights	\$0 monthly premium, rich benefits including a \$35/month Food & Home card and card-based dental coverage	\$135 Part B giveback, \$0 monthly premium, and card-based dental coverage	Low monthly premium, rich benefits including a \$80/month Food & Home card and card-based dental coverage
Service Area	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Yadkin		
Referrals	No	No	No
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$135	\$0
Maximum Out-of-Pocket Limit	\$3,600	\$6,700	\$3,600
PCP	\$0	\$0	\$0
Specialist	\$15	\$40	\$15
Inpatient Hospital	\$295/day days 1-5	\$395/day days 1-5	\$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$175 - \$245	\$295 - \$345	\$175 - \$245
Ground Ambulance	\$290	\$295	\$290
Emergency	\$135	\$100	\$135
Lab Copay	\$0	\$0	\$0

## NC: Greensboro/Winston-Salem HMO Prescription and Extra Benefits

	Devoted CORE North Carolina (HMO) H5299-001-000	Devoted GIVEBACK North Carolina (HMO) H5299-002-000	Devoted PREMIUM North Carolina (HMO) H5299-003-000
<b>Part D Deductible</b>	<b>\$0</b>	\$395 (T3-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$45 / \$95 / 33%</b>	<b>\$0 / \$0 / \$47 / \$100 / 27%</b>	<b>\$0 / \$0 / 25% / 25% / 25%</b>
<b>Food &amp; Home Card</b>	<b>\$35 per month</b>	Not Covered	<b>\$80 per month</b>
<b>Dental</b>	<b>\$1,500 card-based annual limit</b>	<b>\$500 card-based annual limit</b>	<b>\$1,750 card-based annual limit</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered	\$50 per quarter
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$350 per year</b>	<b>\$200 per year</b>	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## NC: North Carolina D-SNP Extra Benefits

	Devoted DUAL North Carolina (HMO D-SNP) H5299-009-000	Devoted DUAL PLUS North Carolina (HMO D-SNP) H5299-006-000
Plan Highlights	Low doctor copays, \$0 drugs, rich supplemental benefits including a \$100/month Food & Home card	\$0 Medicare-covered services, \$0 drugs, rich supplemental benefits including a \$300/month Food & Home card
Service Area	Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Davidson, Davie, Forsyth, Gaston, Guilford, Mecklenburg, Randolph, Rockingham, Stokes, Union, Yadkin	
Beneficiary Categories	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QMB, QMB+, SLMB+
Referrals	No	No
Food & Home Card	\$100 per month	\$300 per month
Dental	Preventive & comprehensive up to <b>\$6,000 comprehensive</b>	Preventive & comprehensive up to <b>\$7,500 comprehensive</b>
Hearing	\$0 - \$299 copay per aid	\$0 - \$299 copay per aid
Over-the-Counter	\$50 per quarter	\$50 per quarter
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Transportation	Not Covered	Not Covered
Vision	\$400 per year	\$450 per year

## NC: North Carolina D-SNP Prescription and Medical Benefits

	Devoted DUAL North Carolina (HMO D-SNP)	Devoted DUAL PLUS North Carolina (HMO D-SNP)
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Limit</b>	\$3,600	\$8,850
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	<b>\$15</b>	\$0
<b>Inpatient Hospital</b>	\$295/day days 1-5	\$0
<b>Outpatient Surgery (ASC - OH)</b>	\$175 - \$245	\$0
<b>Ground Ambulance</b>	\$290	\$0
<b>Emergency</b>	\$135	\$0
<b>Lab Copay (Office/Lab)</b>	<b>\$0</b>	\$0

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs.*

## 2024 COVERAGE AREA

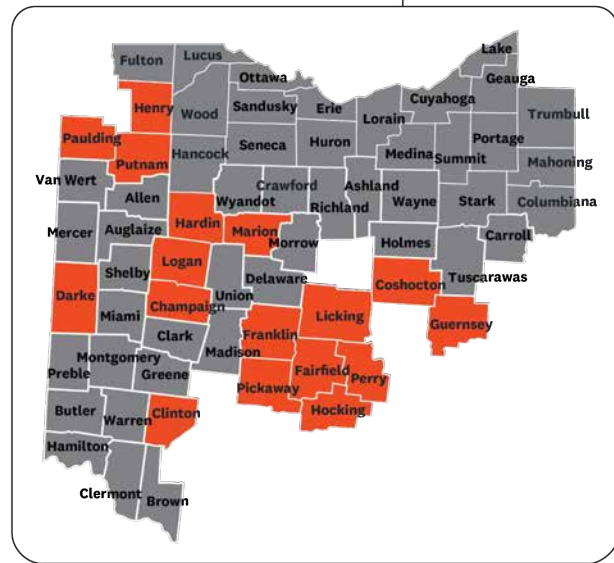
# Ohio

### North Carolina counties

• Allen	• Holmes	• Union
• Ashland	• Huron	• Van Wert
• Auglaize	• Lake	• Warren
• Brown	• Lorain	• Wayne
• Butler	• Lucas	• Wood
• Carroll	• Madison	• Wyandot
• Clark	• Mahoning	• <b>Champaign (NEW)</b>
• Clermont	• Medina	• <b>Clinton (NEW)</b>
• Columbiana	• Mercer	• <b>Coshocton (NEW)</b>
• Crawford	• Miami	• <b>Darke (NEW)</b>
• Cuyahoga	• Montgomery	• <b>Fairfield (NEW)</b>
• Delaware	• Morrow	• <b>Franklin (NEW)</b>
• Erie	• Ottawa	• <b>Guernsey (NEW)</b>
• Fulton	• Portage	• <b>Hardin (NEW)</b>
• Geauga	• Preble	• <b>Henry (NEW)</b>
• Greene	• Richland	• <b>Hocking (NEW)</b>
• Hamilton	• Sandusky	• <b>Licking (NEW)</b>
• Hancock	• Seneca	• <b>Logan (NEW)</b>
	• Shelby	• <b>Marion (NEW)</b>
	• Stark	• <b>Paulding (NEW)</b>
	• Summit	• <b>Perry (NEW)</b>
	• Trumbull	• <b>Pickaway (NEW)</b>
	• Tuscarawas	• <b>Putnam (NEW)</b>

**Plans available\*:** Devoted CORE Ohio (HMO), Devoted PRIME Ohio (HMO), Devoted GIVEBACK Ohio (HMO), Devoted CHOICE Ohio (PPO), Devoted DUAL PLUS Ohio (HMO D-SNP), and Devoted DUAL Ohio (HMO D-SNP)

*\*Not all plans are available in all counties*



- Current counties
- **NEW 2024 counties**

# Ohio

## Primary care



UNITY HEALTH NETWORK



## Health systems



Other providers available in our network

# Ohio Portfolio

	Core HMO	Giveback HMO	Prime HMO	Dual HMO	Dual Plus HMO	Choice PPO
	<ul style="list-style-type: none"> <li>• \$0 HMO</li> <li>• Strong extra benefits like Comprehensive Dental and Food &amp; Home Card</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback HMO</li> <li>• Higher cost shares</li> </ul>	<ul style="list-style-type: none"> <li>• Low premium HMO</li> <li>• Lowest copays and more extras</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO</li> <li>• Low copays and rich supplemental benefits</li> <li>• Ideal for partial duals</li> </ul>	<ul style="list-style-type: none"> <li>• D-SNP HMO</li> <li>• Rich supplemental benefits</li> <li>• Ideal for full duals + QMBs</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 PPO</li> <li>• Most OON benefits = INN</li> </ul>
Northern Ohio	✓	✓	✓	✓	✓	✓
Central Ohio	✓	✓	✓	✓	✓	✓
Southwest Ohio	✓	✓	✓	✓	✓	✓



# Northern Ohio Portfolio

	Core HMO (H2697-001-000)	Giveback HMO (H2697-003-000)	Prime HMO (H2697-002-000)	Dual HMO (H2697-011-000)	Dual Plus HMO (H2697-010-000)	Choice PPO (H2526-001-000)
Plan Type	\$0 HMO	Giveback HMO	Premium HMO	HMO D-SNP	HMO D-SNP	\$0 PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> </ul>	<ul style="list-style-type: none"> <li>• Low Premium</li> <li>• \$7,500 Comprehensive Dental</li> </ul>	<ul style="list-style-type: none"> <li>• \$95/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• Reasonable cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$250/Month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$0 cost share on all medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• \$100/Quarter OTC</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	Will pay premium in exchange for richest overall benefit package	All duals, but more ideal for SLMB, QI and QDWI	Full duals + QMBs who want best in class supplementals	Values OON flexibility and strong overall benefit package

# OH: Cleveland HMO Medical Benefits

	Devoted CORE Ohio (HMO) H2697-001-000	Devoted GIVEBACK Ohio (HMO) H2697-003-000	Devoted PRIME Ohio (HMO) H2697-002-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$50/month Food & Home Card	\$164.90 Part B giveback, \$0 monthly premium, \$1,000 Preventive Plus Dental	Low monthly premium, rich medical and supplemental benefits including \$7,500 Comprehensive Dental
Service Area	Ashland, Carroll, Columbiana, Crawford, Cuyahoga, Erie, Fulton, Geauga, Hancock, Hardin, Henry, Holmes, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Ottawa, Paulding, Portage, Putnam, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Tuscarawas, Wayne, Wood, Wyandot		
Referrals	No	No	No
Premium	\$0	\$0	\$19
Part B Premium Buydown	\$0	\$164.90	\$0
Max Out-of-Pocket	\$3,800	\$5,900	\$3,900
PCP	\$0	\$0	\$0
Specialist	\$25	\$40	\$25
Inpatient Hospital	\$295/day days 1-6	\$450/day days 1-5	\$295/day days 1-6
Outpatient Surgery (ASC - OH)	\$195 - \$295	\$250 - \$450	\$100 - \$295
Ground Ambulance	\$260	\$300	\$200
Emergency	\$135	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0	\$0

## OH: Cleveland HMO Prescription and Extra Benefits

	Devoted CORE Ohio (HMO) H2697-001-000	Devoted GIVEBACK Ohio (HMO) H2697-003-000	Devoted PRIME Ohio (HMO) H2697-002-000
<b>Rx Deductible</b>	<b>\$0</b>	\$545 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$42 / \$95 / 33%</b>	<b>\$0 / \$10 / \$47 / \$100 / 25%</b>	<b>\$0 / \$0 / \$42 / \$95 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$6,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	<b>\$199 - \$499 copay per aid</b>
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered	<b>\$170 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year</b>	\$200 per year	<b>\$500 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# Central Ohio Portfolio

	Core HMO (H2697-007-000)	Giveback HMO (H2697-009-000)	Prime HMO (H2697-008-000)	Dual HMO (H2697-011-000)	Dual Plus HMO (H2697-010-000)	Choice PPO (H2526-001-000)
Plan Type	\$0 HMO	Giveback HMO	Premium HMO	HMO D-SNP	HMO D-SNP	\$0 PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$6,000 Comprehensive Dental</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> </ul>	<ul style="list-style-type: none"> <li>• Low Premium</li> <li>• \$7,500 Comprehensive Dental</li> </ul>	<ul style="list-style-type: none"> <li>• \$95/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• Reasonable cost shares</li> </ul>	<ul style="list-style-type: none"> <li>• \$250/Month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$0 cost share on all medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• \$100/Quarter OTC</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	Will pay premium in exchange for richest overall benefit package	All duals, but more ideal for SLMB, QI and QDWI	Full duals + QMBs who want best in class supplementals	Values OON flexibility and strong overall benefit package

# OH: Central Ohio HMO Medical Benefits

	Devoted CORE Ohio (HMO) H2697-007-000	Devoted GIVEBACK Ohio (HMO) H2697-009-000	Devoted PRIME Ohio (HMO) H2697-008-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$50/month Food & Home Card	\$164.90 Part B giveback, \$0 monthly premium, \$1,000 Preventive Plus Dental	Low monthly premium, rich medical and supplemental benefits including \$7,500 Comprehensive Dental
Service Area	Delaware, Madison, Morrow, Union, Coshocton, Fairfield, Franklin, Guernsey, Hocking, Licking, Logan, Marion, Perry, Pickaway		
Referrals	No	No	No
Premium	\$0	\$0	\$19
Part B Premium Buydown	\$0	\$164.90	\$0
Max Out-of-Pocket	\$4,200	\$6,350	\$3,900
PCP	\$0	\$0	\$0
Specialist	\$30	\$50	\$25
Inpatient Hospital	\$310/day days 1-6	\$450/day days 1-5	\$295/day days 1-6
Outpatient Surgery (ASC - OH)	\$235 - \$285	\$350 - \$400	\$195 - \$245
Ground Ambulance	\$260	\$300	\$260
Emergency	\$120	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0	\$0

# OH: Central Ohio HMO Prescription and Extra Benefits

	Devoted CORE Ohio (HMO) H2697-007-000	Devoted GIVEBACK Ohio (HMO) H2697-009-000	Devoted PRIME Ohio (HMO) H2697-008-000
<b>Rx Deductible</b>	<b>\$0</b>	\$545 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$42 / \$95 / 33%</b>	<b>\$0 / \$10 / \$47 / \$100 / 25%</b>	<b>\$0 / \$0 / \$42 / \$95 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$6,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	<b>\$199 - \$499 copay per aid</b>
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered	<b>\$170 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year</b>	\$200 per year	<b>\$450 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# Southwest Ohio Portfolio

	Core HMO (H2697-004-000)	Giveback HMO (H2697-006-000)	Prime HMO (H2697-005-000)	Dual HMO (H2697-011-000)	Dual Plus HMO (H2697-010-000)	Choice PPO (H2526-001-000)
Plan Type	\$0 HMO	Giveback HMO	Premium HMO	HMO D-SNP	HMO D-SNP	\$0 PPO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> </ul>	<ul style="list-style-type: none"> <li>• Low Premium</li> <li>• \$7,500 Comprehensive Dental</li> </ul>	<ul style="list-style-type: none"> <li>• \$95/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• Reasonable cost shares</li> </ul>	<ul style="list-style-type: none"> <li>• \$250/Month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• \$0 cost share on all medical benefits</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> <li>• \$100/Quarter OTC</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	Will pay premium in exchange for richest overall benefit package	All duals, but more ideal for SLMB, QI and QDWI	Full duals + QMBs who want best in class supplementals	Values OON flexibility and strong overall benefit package

# OH: SW Ohio HMO Medical Benefits

	Devoted CORE Ohio (HMO) H2697-004-000	Devoted GIVEBACK Ohio (HMO) H2697-006-000	Devoted PRIME Ohio (HMO) H2697-005-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$50/month Food & Home Card	\$164.90 Part B giveback, \$0 monthly premium, \$1,000 Preventive Plus Dental	Low monthly premium, rich medical and supplemental benefits including \$7,500 Comprehensive Dental
Service Area	Allen, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Mercer, Miami, Montgomery, Preble, Shelby, Van Wert, Warren		
Referrals	No	No	No
Premium	\$0	\$0	\$19
Part B Premium Buydown	\$0	\$164.90	\$0
Max Out-of-Pocket	\$4,200	\$6,350	\$3,900
PCP	\$0	\$0	\$0
Specialist	\$30	\$50	\$25
Inpatient Hospital	\$310/day days 1-6	\$450/day days 1-5	\$295/day days 1-6
Outpatient Surgery (ASC - OH)	\$235 - \$285	\$350 - \$400	\$195 - \$245
Ground Ambulance	\$260	\$300	\$260
Emergency	\$120	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0	\$0



## OH: SW Ohio HMO Prescription and Extra Benefits

	Devoted CORE Ohio (HMO) H2697-004-000	Devoted GIVEBACK Ohio (HMO) H2697-006-000	Devoted PRIME Ohio (HMO) H2697-005-000
<b>Rx Deductible</b>	<b>\$0</b>	\$545 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$42 / \$95 / 33%</b>	<b>\$0 / \$10 / \$47 / \$100 / 25%</b>	<b>\$0 / \$0 / \$42 / \$95 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$50 per month</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	<b>\$199 - \$499 copay per aid</b>
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered	<b>\$175 per quarter</b>
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year</b>	\$200 per year	<b>\$450 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# OH: Ohio PPO Medical Benefits

	Devoted CHOICE Ohio (PPO) H2526-001-000
Plan Highlights	<b>\$0 monthly premium, passive INN &amp; OON copays, rich supplemental benefits including \$5,000 Comprehensive Dental Maximum</b>
Service Area	Allen, Ashland, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Delaware, Erie, Fairfield, Franklin, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Henry, Hocking, Holmes, Huron, Lake, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Montgomery, Morrow, Ottawa, Paulding, Perry, Pickaway, Portage, Preble, Putnam, Richland, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Wayne, Wood, Wyandot
Premium	\$0
Part B Premium Buydown	\$0
Max Out-of-Pocket	<b>\$5,300 / OON: \$5,300</b>
PCP	\$0 / OON: \$0
Specialist	<b>\$30 / OON: \$30</b>
Inpatient Hospital	\$395/day days 1-5 / OON: \$395/day days 1-5
Outpatient Surgery (ASC - OH)	\$300 - \$350 / OON: \$300 - \$350
Ground Ambulance	\$290
Emergency	\$120
Lab Copay (Office/Lab)	<b>\$0 / OON: \$0</b>

# OH: Ohio PPO Prescription and Extra Benefits

	Devoted CHOICE Ohio (PPO) H2526-001-000
Rx Deductible	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 30%
Food & Home Card	Not Covered
Dental	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	<b>\$100 per quarter</b>
Transportation	Not Covered
Vision	<b>\$400 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## OH: Ohio D-SNP Extra Benefits

	Devoted DUAL Ohio (HMO D-SNP) H2697-011-000	Devoted DUAL PLUS Ohio (HMO D-SNP) H2697-010-000
<b>Plan Highlights</b>	<b>\$0 PCP visits, \$0 drugs, rich supplemental benefits including a \$95/Month Food &amp; Home Card</b>	<b>\$0 for Medicare benefits, \$0 drugs, rich supplemental benefits including a \$250/month Food &amp; Home Card</b>
<b>Service Area</b>	Allen, Ashland, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Delaware, Erie, Fairfield, Franklin, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Henry, Hocking, Holmes, Huron, Lake, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Montgomery, Morrow, Ottawa, Paulding, Perry, Pickaway, Portage, Preble, Putnam, Richland, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Wayne, Wood, Wyandot	
<b>Beneficiary Categories</b>	QMB+, SLMB+, FBDE, QMB, SLMB, QI, QDWI	QMB+, SLMB+, FBDE, QMB
<b>Referrals</b>	No	No
<b>Food &amp; Home Card</b>	<b>\$95 per month</b>	<b>\$250 per month</b>
<b>Dental</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>	Preventive & comprehensive Up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	<b>\$0 - \$299 copay per aid</b>	<b>\$0 - \$299 copay per aid</b>
<b>Over-the-Counter</b>	\$50 per quarter	\$100 per quarter
<b>Personal Emergency Response Device</b>	\$0 per month	\$0 per month
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision Combined Limit</b>	<b>\$400 per year</b>	<b>\$400 per year</b>

## OH: Ohio D-SNP Prescription and Medical Benefits

	Devoted DUAL Ohio (HMO D-SNP) H2697-011-000	Devoted DUAL PLUS Ohio (HMO D-SNP) H2697-010-000
<b>Part D Deductible*</b>	\$0	\$0
<b>Rx Copays*</b>	\$0	\$0
<b>Maximum Out-of-Pocket Limit</b>	\$3,900	\$8,850
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$25	\$0
<b>Inpatient Hospital</b>	\$295/day days 1-6	\$0 - \$1,630/stay**
<b>Outpatient Surgery</b>	\$100 - \$295	\$0 - 40%**
<b>Ground Ambulance</b>	\$200	\$0 - 40%**
<b>Emergency</b>	\$120	\$0 - \$95**
<b>Lab Copay (Office/Lab)</b>	\$0	\$0 - 40%

*\*Members that receive "Extra Help" to pay for their Medicare prescription drug program costs are eligible for reduced cost sharing through VBID. If a member does not receive "Extra Help", they will pay the \$545 deductible for Part D drugs on Tiers 1-5 then 25% of the total cost for drugs. \*\* Due to Medicaid cost share protections, QMB/QMB+ members pay \$0, FDBE/SLMB+ members will pay \$0 so long as they see a Medicaid-participating provider in the Devoted network*

## 2024 COVERAGE AREA

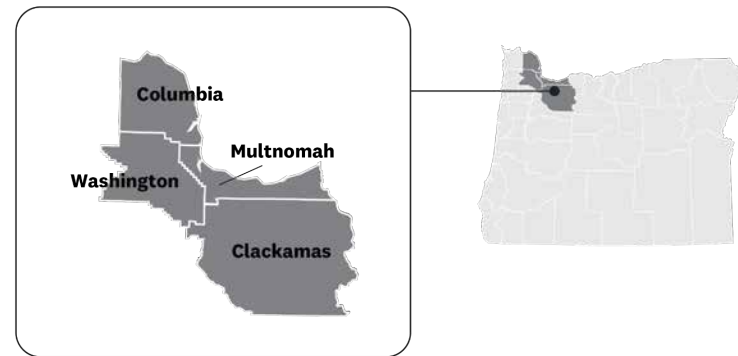
# Oregon

### Oregon counties

- Multnomah
- Columbia
- Washington
- Clackamas

**Plans available\*:** Devoted CORE Oregon (HMO), Devoted CHOICE Oregon (PPO), and Devoted CHOICE PLUS Oregon (PPO)

*\*Not all plans are available in all counties*



- Current counties

## Oregon: Greater Portland



Other providers available in our network

# Portland Portfolio

	Core HMO (H2923-001-000)	Choice PPO (H7199-001-000)	Choice Plus PPO (H7199-002-000)
Plan Type	\$0 HMO	\$0 PPO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$3,500 Comprehensive Dental</li> <li>• \$80/Quarter OTC</li> <li>• \$350 Eyewear Allowance</li> <li>• Referrals no longer required</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000 Comprehensive Dental</li> <li>• \$60/Quarter OTC</li> <li>• \$300 Eyewear Allowance</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• \$60/Month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental</li> <li>• \$50/Quarter OTC</li> <li>• \$350 Eyewear Allowance</li> <li>• Most OON benefits = INN</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Values OON flexibility and strong overall benefit package	Will pay premium in exchange for richer overall benefit package and OON flexibility



# OR: Portland HMO Medical Benefits

	Devoted CORE Oregon (HMO) H2923-001-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$50/month Food & Home Card
Service Area	Clackamas, Columbia, Multnomah, Washington
Referrals	No
Premium	\$0
Part B Premium Buydown	\$0
Max Out-of-Pocket	\$5,200
PCP	\$0
Specialist	\$20
Inpatient Hospital	\$375/day days 1-5
Outpatient Surgery (ASC - OH)	\$300 - \$350
Ground Ambulance	\$275
Emergency	\$120
Lab Copay (Office/Lab)	\$0

# OR: Portland HMO Prescription and Extra Benefits

	Devoted CORE Oregon (HMO) H2923-001-000
Rx Deductible	\$0
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%
Food & Home Card	\$50 per month
Dental	Preventive & comprehensive Up to <b>\$3,500 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$80 per quarter
Transportation	Not Covered
Vision	\$350 per year
Personal Emergency Response Device & Monthly Fees	\$0
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# OR: Portland PPO Medical Benefits

	Devoted CHOICE Oregon (PPO) H7199-001-000	Devoted CHOICE PLUS Oregon (PPO) H7199-002-000
Plan Highlights	\$0 monthly premium, passive INN & OON copays, rich supplemental benefits including \$3,000 Comprehensive Dental	Low monthly premium, passive INN & OON copays, rich supplemental benefits including a \$60/month Food & Home Card
Service Area	Clackamas, Columbia, Multnomah, Washington	
Premium	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$0
Max Out-of-Pocket	\$5,900 / OON: \$8,950	\$5,400 / OON: \$8,950
PCP	\$0 / OON: \$20	\$0 / OON: \$10
Specialist	\$30 / OON: \$30	\$20 / OON: \$20
Inpatient Hospital	\$375/day days 1-4 / OON: \$375/day days 1-4	\$300/day days 1-5 / OON: \$300/day days 1-5
Outpatient Surgery (ASC - OH)	\$300 - \$350 / OON: \$300 - \$350	\$200 - \$250 / OON: \$200 - \$250
Ground Ambulance	\$285	\$275
Emergency	\$120	\$120
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0

# OR: Portland PPO Prescription and Extra Benefits

	Devoted CHOICE Oregon (PPO) H7199-001-000	Devoted CHOICE PLUS Oregon (PPO) H7199-002-000
Rx Deductible	\$225 (T3-T5)	\$150 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 29%	\$0 / \$0 / \$45 / \$95 / 30%
Food & Home Card	Not Covered	\$60 per month
Dental	Preventive & comprehensive Up to <b>\$3,000 comprehensive</b>	Preventive & comprehensive Up to <b>\$4,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid	<b>\$199 - \$499 copay per aid</b>
Over-the-Counter	\$60 per quarter	\$50 per quarter
Transportation	Not Covered	Not Covered
Vision	<b>\$300 per year</b>	<b>\$350 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks	

## 2024 COVERAGE AREA

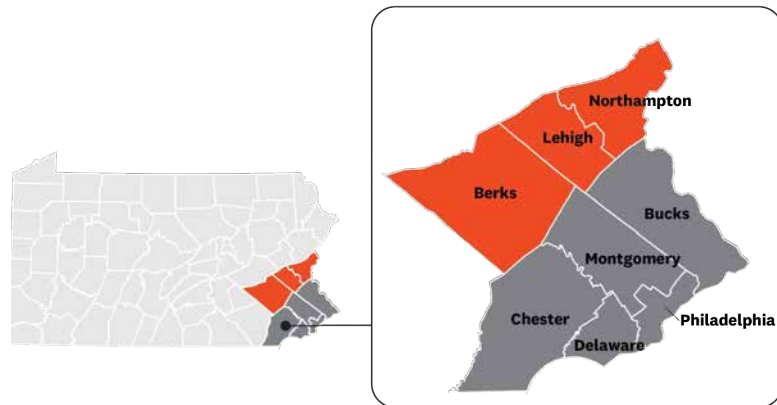
# Pennsylvania

### Pennsylvania counties

- Bucks
- Chester
- Delaware
- Montgomery
- Philadelphia
- Berks (NEW)
- Lehigh (NEW)
- Northampton (NEW)

**Plans available\*:** Devoted CHOICE Pennsylvania (PPO), Devoted CHOICE PLUS Pennsylvania (PPO), Devoted CHOICE GIVEBACK Pennsylvania (PPO), Devoted CORE Pennsylvania (HMO), Devoted GIVEBACK Pennsylvania (HMO)

*\*Not all plans are available in all counties*



- Current counties
- NEW 2024 counties

## Hospitals: Bucks county



- ✓ Jefferson Bucks
- ✓ Rothman Specialty Hospital



- ✓ St. Mary Medical Center (Bucks)



- ✓ Doylestown Hospital (Bucks)

# Hospitals: Delaware and Chester counties



**Main Line Health®**

- ✓ Riddle Hospital  
(Delaware)
- ✓ Paoli Hospital (Chester)



**TOWER HEALTH**  
Advancing Health.  
Transforming Lives.

- ✓ Phoenixville Hospital  
(Chester)



**Trinity Health**  
Mid-Atlantic

- ✓ Mercy Fitzgerald Hospital  
(Delaware)

**CROZERHEALTH**   
*Be Well. Do Good.*

- ✓ Springfield Hospital
- ✓ Crozer Chester Medical Center
- ✓ Delaware County Memorial  
Hospital
- ✓ Taylor Hospital

## Hospitals: Montgomery county



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

- ✓ Jefferson Abington
- ✓ Jefferson Lansdale



**Main Line Health®**

- ✓ Lankenau Medical Center
- ✓ Bryn Mawr Hospital



**Now part of Jefferson Health**

- ✓ Einstein Elkins Park
- ✓ Einstein Montgomery
- ✓ MossRehab



- ✓ Grand View Hospital



- ✓ Holy Redeemer Hospital



**TOWER HEALTH**

Advancing Health.  
Transforming Lives.

- ✓ Pottstown Hospital



## Hospitals: Philadelphia county



- ✓ Thomas Jefferson University Hospital
- ✓ Jefferson Methodist Hospital
- ✓ Jefferson Torresdale Hospital
- ✓ Jefferson Frankford Hospital
- ✓ Magee Rehab Hospital



- ✓ Einstein Medical Center Philadelphia



- ✓ Nazareth Hospital

# Hospitals: Berks, Lehigh and Northampton counties



- ✓ Reading Hospital (Berks)



- ✓ 17th Street (Lehigh)
- ✓ Cedar Crest (Lehigh)
- ✓ Macungie (Lehigh)
- ✓ Hecktown Oaks (Northampton)
- ✓ Highland Ave (Northampton)
- ✓ Muhlenberg (Northampton)
- ✓ Carbon (Carbon)

## Pennsylvania: Independent PCP groups



Other providers available in our network

## Pennsylvania: Independent specialist groups



Other providers available in our network

# Pennsylvania Portfolio

	Core	Giveback	Choice	NEW! Choice Giveback	NEW! Choice Plus
	<ul style="list-style-type: none"> <li>• \$0 Premium HMO</li> <li>• Strong extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback HMO</li> <li>• Part B premium reduction</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 Premium PPO</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback PPO</li> <li>• Part B Premium Reduction</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Premium PPO</li> <li>• Strong extra benefits</li> <li>• Most OON benefits = INN</li> </ul>
Philadelphia	✓	✓	✓	✓	✓
Eastern PA (Lehigh, Northampton)	✓	✓	✓	✓	✓
Eastern PA (Berks County)			✓	✓	✓

# Philadelphia Portfolio

	Core HMO* (H6852-001-000)	Giveback HMO* (H6852-002-000)	Choice PPO (H6018-001-000)	NEW! Choice Giveback PPO (H6018-003-000)	NEW! Choice Plus PPO (H6018-002-000)
Plan Type	\$0 Premium HMO	Giveback HMO	\$0 Premium PPO	Giveback PPO	Low Premium PPO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>
Highlights	<ul style="list-style-type: none"> <li>• \$75/month Food &amp; Home Card</li> <li>• \$6,500 Comprehensive Dental</li> <li>• \$400 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$95 Part B Giveback</li> <li>• \$2,500 Comprehensive Dental</li> <li>• \$250 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$25/month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$100/month Food &amp; Home Card</li> <li>• \$7,500 Comprehensive Dental</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Wants network flexibility and strong medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for the extras

## PA: Philadelphia/Eastern PA HMO Medical Benefits

	Devoted CORE Philadelphia (HMO) H6852-001-000	Devoted GIVEBACK Philadelphia (HMO) H6018-002-000
<b>Plan Highlights</b>	<b>\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$75/month Food &amp; Home card</b>	<b>\$95 Part B giveback, \$0 monthly premium, and comprehensive dental included!</b>
<b>Service Area</b>	Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Philadelphia	
<b>Referrals</b>	No	No
<b>Member Premium</b>	\$0	\$0
<b>Part B Premium Buydown</b>	\$0	<b>\$95</b>
<b>Maximum Out-of-Pocket Limit</b>	\$6,900	\$7,900
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	<b>\$25</b>	<b>\$45</b>
<b>Inpatient Hospital</b>	\$235/day days 1-7	\$375/day days 1-5
<b>Outpatient Surgery (ASC - OH)</b>	\$150 - \$200	\$275 - \$325
<b>Ground Ambulance</b>	\$300	\$300
<b>Emergency</b>	\$100	\$100
<b>Lab Copay</b>	<b>\$0</b>	<b>\$0</b>

## PA: Philadelphia/Eastern PA HMO Prescription and Extra Benefits

	Devoted CORE Philadelphia (HMO) H6852-001-000	Devoted GIVEBACK Philadelphia (HMO) H6018-002-000
<b>Part D Deductible</b>	\$0	\$250 (T3-T5)
<b>Rx Copays</b>	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$7 / \$47 / \$100 / 28%
<b>Food &amp; Home Card</b>	\$75 per month	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$6,500 comprehensive</b>	Preventive & comprehensive Up to <b>\$2,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	\$75 per quarter
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year</b>	<b>\$250 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>



## PA: Philadelphia/Eastern PA PPO Medical Benefits

	Devoted CHOICE Pennsylvania (PPO) H6018-001-000	Devoted CHOICE GIVEBACK Pennsylvania (PPO) H6018-003-000	Devoted CHOICE PLUS Pennsylvania (PPO) H6018-002-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, passive INN & OON cost sharing with rich medical and supplemental benefits	\$150 Part B premium buydown, \$0 monthly premium, passive INN & OON cost sharing and dental included!	Low monthly premium, \$0 Rx deductible, passive INN & OON cost sharing with rich medical and supplemental benefits
Service Area	Berks, Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Philadelphia		
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$150	\$0
Maximum Out-of-Pocket Limit	\$7,200 / OON: \$10,000	\$8,300 / OON: \$10,000	\$5,100 / OON: \$5,100
PCP	\$0 / OON: \$0	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$30 / OON: \$30	\$50 / OON: \$50	\$25 / OON: \$25
Inpatient Hospital	\$250/day days 1-7 / OON: \$250/day days 1-7	\$475/day days 1-4 / OON: \$475/day days 1-4	\$250/day days 1-5 / OON: \$250/day days 1-5
Outpatient Surgery (ASC - OH)	\$200 - \$225 / OON: \$200 - \$225	\$350 - \$400 / OON: \$350 - \$400	\$200 - \$225 / OON: \$200 - \$225
Ground Ambulance	\$300	\$350	\$270
Emergency	\$100	\$100	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0	\$0 / OON: \$0

## PA: Philadelphia/Eastern PA PPO Prescription and Extra Benefits

	Devoted CHOICE Pennsylvania (PPO) H6018-001-000	Devoted CHOICE GIVEBACK Pennsylvania (PPO) H6018-003-000	Devoted CHOICE PLUS Pennsylvania (PPO) H6018-002-000
<b>Part D Deductible</b>	<b>\$0</b>	\$545 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$5 / \$47 / \$100 / 33%</b>	<b>\$0 / \$5 / \$47 / \$100 / 25%</b>	<b>\$0 / \$5 / \$47 / \$100 / 33%</b>
<b>Food &amp; Home Card</b>	<b>\$25 per month</b>	Not Covered	<b>\$100 per month</b>
<b>Dental</b>	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>	<b>Preventive plus</b> up to \$1,000	Preventive & comprehensive up to <b>\$7,500 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	\$50 per quarter	Not Covered	Not Covered
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$350 per year</b>	<b>\$200 per year</b>	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>

## 2024 COVERAGE AREA

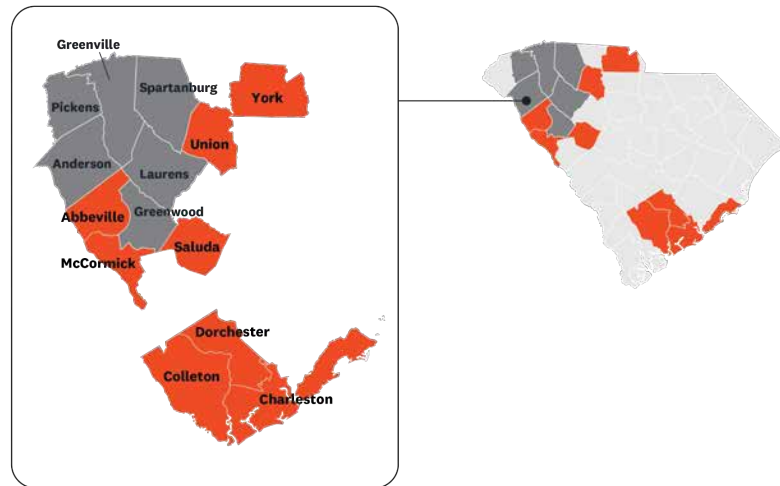
# South Carolina

### South Carolina counties

- Anderson
- Greenville
- Greenwood
- Laurens
- Pickens
- Spartanburg
- Abbeville (NEW)
- Charleston (NEW)
- Colleton (NEW)
- Dorchester (NEW)
- McCormick (NEW)
- Saluda (NEW)
- Union (NEW)
- York (NEW)

**Plans available\*:** Devoted CORE South Carolina (HMO), Devoted CHOICE South Carolina (PPO), and Devoted CHOICE GIVEBACK South Carolina (PPO),

*\*Not all plans are available in all counties*



- Current counties
- NEW 2024 counties

# Charleston/Upstate South Carolina hospitals

## Charleston



## Upstate and York County, SC



Other providers available in our network

# Charleston/Upstate South Carolina physician network

## Charleston



## Upstate and York County, SC



DYNAMIC PHYSIATRY, PLLC



Other providers available in our network

## South Carolina Portfolio (Upstate & Charleston)

	Core HMO (H3041-001-000)	Choice PPO (H7199-001-000)	Choice Giveback PPO (H7199-002-000)
Plan Type	\$0 HMO	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$1,750 Card-based Dental</li> <li>• \$40/month Food &amp; Home card</li> <li>• \$400 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,500 Card-based Dental</li> <li>• \$35/month Food &amp; Home card</li> <li>• \$350 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$135 giveback</li> <li>• \$500 Card-based Dental</li> <li>• \$200 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Values network flexibility and strong medical benefits and extras	Will trade medical benefits for high Part B premium reduction

# SC: Upstate & Charleston HMO Medical Benefits

	Devoted CORE South Carolina (HMO) H3041-001-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$40/month Food & Home card
Service Area	Abbeville, Anderson, Charleston, Colleton, Dorchester, Greenville, Greenwood, Laurens, McCormick, Pickens, Saluda, Spartanburg, Union, York
Referrals	No
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$5,900
PCP	\$0
Specialist	\$20
Inpatient Hospital	\$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$195 - \$245
Ground Ambulance	\$250
Emergency	\$120
Lab Copay	\$0

# SC: Upstate & Charleston HMO Prescription and Extra Benefits

	Devoted CORE South Carolina (HMO) H3041-001-000
Part D Deductible	\$0
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%
Food & Home Card	\$40 per month
Dental	\$1,750 card-based annual limit
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$50 per quarter
Transportation	Not Covered
Vision	\$400 per year
Personal Emergency Response Device & Monthly Fees	\$0
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks



## SC: Upstate & Charleston PPO Medical Benefits

	Devoted CHOICE South Carolina (PPO) H7028-001-000	Devoted CHOICE GIVEBACK South Carolina (PPO) H7028-002-000
Plan Highlights	<b>\$0 monthly premium, \$0 Rx deductible, passive INN &amp; OON cost sharing with rich medical and supplemental benefits including a \$35/month Food &amp; Home card</b>	<b>\$135 Part B premium buydown, \$0 monthly premium, passive INN &amp; OON cost sharing and dental included!</b>
Service Area	Abbeville, Anderson, Charleston, Colleton, Dorchester, Greenville, Greenwood, Laurens, McCormick, Pickens, Saluda, Spartanburg, Union, York	
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	<b>\$135</b>
Maximum Out-of-Pocket Limit	\$5,900 / OON: \$8,950	\$6,700 / OON: \$11,300
PCP	<b>\$0 / OON: \$25</b>	<b>\$0 / OON: \$30</b>
Specialist	<b>\$25 / OON: \$25</b>	<b>\$40 / OON: \$40</b>
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5	\$395/day days 1-5 / OON: \$395/day days 1-5
Outpatient Surgery (ASC - OH)	\$195 - \$245 / OON: \$195 - \$245	\$295 - \$345 / OON: \$295 - \$345
Ground Ambulance	\$250	\$250
Emergency	\$120	\$100
Lab Copay	<b>\$0 / OON: \$0</b>	<b>\$0 / OON: \$0</b>

# SC: Upstate & Charleston PPO Prescription and Extra Benefits

	Devoted CHOICE South Carolina (PPO) H7028-001-000	Devoted CHOICE GIVEBACK South Carolina (PPO) H7028-002-000
Part D Deductible	\$0	\$395 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%	\$0 / \$2 / \$47 / \$100 / 27%
Food & Home Card	\$35 per month	Not Covered
Dental	\$1,500 card-based annual limit	\$500 card-based annual limit
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$50 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	\$350 per year	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## 2024 COVERAGE AREA

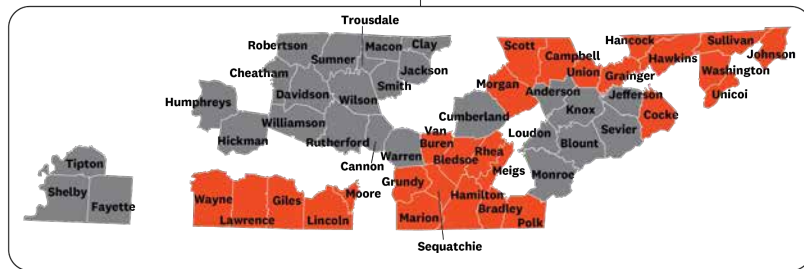
# Tennessee

### Tennessee counties

- Anderson
- Blount
- Cannon
- Cheatham
- Clay
- Cumberland
- Davidson
- Fayette
- Hickman
- Humphreys
- Jackson
- Jefferson
- Knox
- Loudon
- Macon
- Monroe
- Robertson
- Rutherford
- Sevier
- Shelby
- Smith
- Sumner
- Tipton
- Trousdale
- Warren
- Williamson
- Wilson
- **Bledsoe (NEW)**
- **Bradley (NEW)**
- **Campbell (NEW)**
- **Cocke (NEW)**
- **Giles (NEW)**
- **Grainger (NEW)**
- **Grundy (NEW)**
- **Hamilton (NEW)**
- **Hancock (NEW)**
- **Hawkins (NEW)**
- **Johnson (NEW)**
- **Lawrence (NEW)**
- **Lincoln (NEW)**
- **Marion (NEW)**
- **Meigs (NEW)**
- **Moore (NEW)**
- **Morgan (NEW)**
- **Polk (NEW)**
- **Rhea (NEW)**
- **Scott (NEW)**
- **Sequatchie (NEW)**
- **Sullivan (NEW)**
- **Unicoi (NEW)**
- **Union (NEW)**
- **Van Buren (NEW)**
- **Washington (NEW)**
- **Wayne (NEW)**

**Plans available\*:** Devoted CORE (HMO), Devoted GIVEBACK (HMO), Devoted CHOICE (PPO), Devoted CHOICE GIVEBACK (PPO), Devoted PREMIUM (HMO), Devoted BE WELL PLUS Tennessee (HMO C-SNP)

*\*Not all plans are available in all counties*



- Current counties
- **NEW 2024 counties**

# Tennessee hospital network

## Memphis



## Chattanooga



## Nashville



## Knoxville



## Tri-cities



Other providers available in our network

# Memphis network

## Contracted provider groups



## Hospitals



Other providers available in our network

# Nashville network

## Contracted provider groups



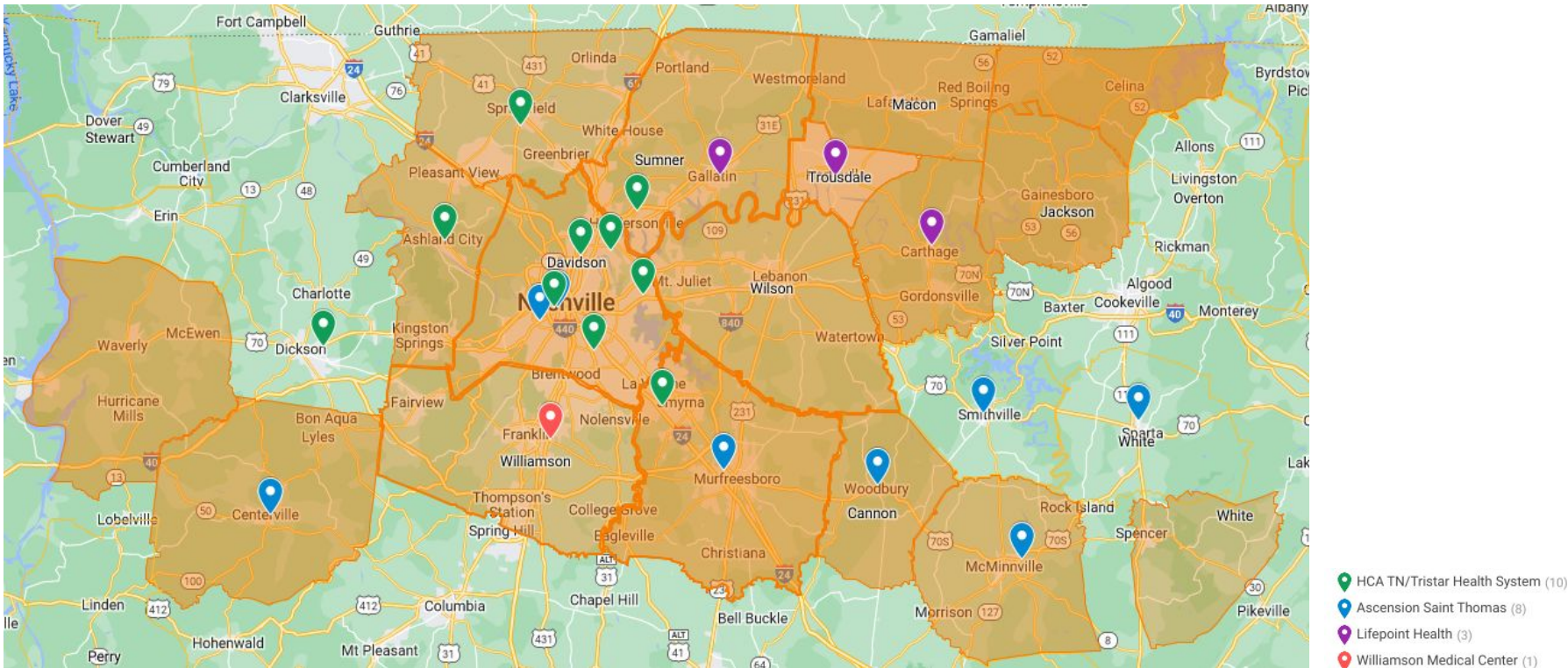
## Hospitals



Other providers available in our network



# Nashville network



# Tennessee Portfolio

	Core HMO	Giveback HMO	Premium HMO	Be Well Plus HMO	Choice PPO	NEW! Choice Giveback PPO
	<ul style="list-style-type: none"> <li>• \$0 HMO</li> <li>• Strong extra benefits like Comprehensive Dental and Food &amp; Home Card</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback HMO</li> <li>• Higher cost shares</li> <li>• Dental (including coverage of exams and extractions)</li> </ul>	<ul style="list-style-type: none"> <li>• Low premium HMO</li> <li>• Additional supplementals (more \$ for Dental, Food &amp; Home card)</li> </ul>	<ul style="list-style-type: none"> <li>• Low premium C-SNP HMO</li> <li>• Food &amp; Home Card</li> <li>• Extra benefits tailored to diabetic members</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 PPO</li> <li>• Comprehensive dental</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback PPO</li> <li>• Dental (including coverage of exams and extractions)</li> <li>• Most OON benefits = INN</li> </ul>
Chattanooga	✓				✓	✓
Knoxville	✓	✓	✓			
Memphis	✓	✓		✓		
Nashville	✓	✓		✓	✓	✓
Tri-Cities	✓				✓	✓



# Chattanooga Portfolio

	Core HMO (H7605-009-000)	Choice PPO (H9231-007-000)	Choice Giveback PPO (H9231-002-000)
Plan Type	\$0 HMO	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$75/month Food &amp; Home card</li> <li>• \$300 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,500 Comprehensive Dental</li> <li>• \$50/month Food &amp; Home card</li> <li>• \$250 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Values network flexibility and strong medical benefits and extras	Will trade medical benefits for high Part B premium reduction

# TN: Chattanooga HMO Medical Benefits

	Devoted CORE Tennessee (HMO) H7605-009-000
Plan Highlights	<b>\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$75/month Food &amp; Home card</b>
Service Area	Bledsoe, Bradley, Grundy, Hamilton, Marion, Meigs, Polk, Rhea, Sequatchie
Referrals	No
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$4,500
PCP	\$0
Specialist	<b>\$20</b>
Inpatient Hospital	\$295/day days 1-5
Outpatient Surgery (ASC - OH)	\$175 - \$225
Ground Ambulance	\$300
Emergency	\$120
Lab Copay	<b>\$0</b>

# TN: Chattanooga HMO Prescription and Extra Benefits

	Devoted CORE Tennessee (HMO) H7605-009-000
Part D Deductible	\$0
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%
Food & Home Card	\$75 per month
Dental	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$75 per quarter
Transportation	Not Covered
Vision	<b>\$300 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# TN: Chattanooga PPO Medical Benefits

	Devoted CHOICE Tennessee (PPO) H9231-007-000	Devoted CHOICE GIVEBACK Tennessee (PPO) H9231-002-000
Plan Highlights	\$0 monthly premium, passive INN & OON copays, rich medical and supplemental benefits including \$50/month Food & Home card	\$150 Part B premium buydown, \$0 monthly premium, passive INN & OON copays, preventive plus dental included
Service Area	Bledsoe, Bradley, Grundy, Hamilton, Marion, Meigs, Polk, Rhea, Sequatchie	
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$150
Maximum Out-of-Pocket Limit	\$5,500 / OON: \$8,950	\$8,300 / OON: \$10,000
PCP	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$30 / OON: \$30	\$50 / OON: \$50
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5	\$475/day days 1-4 / OON: \$475/day days 1-4
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$200 - \$250	\$350 - \$400 / OON: \$350 - \$400
Ground Ambulance	\$300	\$350
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0

# TN: Chattanooga PPO Prescription and Extra Benefits

	Devoted CHOICE Tennessee (PPO) H9231-007-000	Devoted CHOICE GIVEBACK Tennessee (PPO) H9231-002-000
Part D Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$3,500 comprehensive</b>	<b>Preventive plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$75 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$250 per year</b>	<b>\$200 per year</b>
Personal Emergency Response Device	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## Knoxville Portfolio

	Core HMO (H7605-001-000)	Giveback HMO (H7605-002-000)	Premium HMO (H7605-003-000)
Plan Type	\$0 HMO	Giveback HMO	Low Premium HMO (Premium <= LIPSA; \$0 for 100% LIS)
Highlights	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$50/month Food &amp; Home card</li> <li>• \$350 annual Eyewear allowance</li> </ul>		
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Higher income switcher looking for best in class supplemental benefits

# TN: Knoxville HMO Medical Benefits

	Devoted CORE Tennessee (HMO) H7605-001-000	Devoted GIVEBACK Tennessee (HMO) H7605-002-000	Devoted PREMIUM Tennessee (HMO) H7605-003-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$50/month Food & Home card	\$125 Part B giveback, \$0 monthly premium, preventive plus dental	Low monthly premium, rich medical and supplemental benefits including a \$75/month Food & Home card
Service Area	Anderson, Blount, Campbell, Cocke, Cumberland, Grainger, Jefferson, Knox, Loudon, Monroe, Morgan, Scott, Sevier, Union		
Referrals	No	No	No
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$125	\$0
Maximum Out-of-Pocket Limit	\$3,900	\$6,700	\$3,900
PCP	\$0	\$0	\$0
Specialist	\$20	\$40	\$15
Inpatient Hospital	\$250/day days 1-5	\$375/day days 1-5	\$175/day days 1-5
Outpatient Surgery (ASC - OH)	\$150 - \$200	\$275 - \$325	\$100 - \$150
Ground Ambulance	\$270	\$300	\$265
Emergency	\$120	\$100	\$120
Lab Copay	\$0	\$0	\$0

# TN: Knoxville HMO Prescription and Extra Benefits

	Devoted CORE Tennessee (HMO) H7605-001-000	Devoted GIVEBACK Tennessee (HMO) H7605-002-000	Devoted PREMIUM Tennessee (HMO) H7605-003-000
Part D Deductible	\$0	\$395 (T3-T5)	\$0
Rx Copays	\$0 / \$0 / \$47 / \$95 / 33%	\$0 / \$7 / \$45 / \$100 / 27%	\$0 / \$0 / \$45 / \$95 / 33%
Food & Home Card	\$50 per month	Not Covered	\$75 per month
Dental	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>	<b>Preventive plus up to \$1,000</b>	Preventive & comprehensive up to <b>\$5,500 comprehensive</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
Over-the-Counter	\$60 per quarter	Not Covered	\$60 per quarter
Transportation	Not Covered	Not Covered	Not Covered
Vision	<b>\$350 per year</b>	<b>\$200 per year</b>	<b>\$450 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks



## Memphis Portfolio

	Core HMO (H7605-004-000)	Giveback HMO (H7605-005-000)	Be Well Plus HMO (H7605-006-000)
Plan Type	\$0 HMO	Giveback HMO	Premium C-SNP HMO (Premium <= LIPSA; \$0 for 100% LIS)
Highlights	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$75/month Food &amp; Home card</li> <li>• \$400 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental</li> <li>• \$300 annual Eyewear allowance</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	MA switcher with Diabetes looking for strong benefits tailored to support their condition

## TN: Memphis HMO Medical Benefits

	Devoted CORE Tennessee (HMO) H7605-004-000	Devoted GIVEBACK Tennessee (HMO) H7605-005-000	Devoted BE WELL PLUS Tennessee (HMO C-SNP) H7605-006-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$75/month Food & Home card	\$125 Part B giveback, \$0 monthly premium, preventive plus dental	LIPSA premium chronic plan with extra benefits tailored to diabetic members including a \$150/month Food & Home card
Service Area	Fayette, Shelby, Tipton		
Referrals	No	No	No
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$125	\$0
Maximum Out-of-Pocket Limit	\$4,900	\$6,700	\$5,900
PCP	\$0	\$0	\$0
Specialist	\$15	\$40	\$0 - \$15
Inpatient Hospital	\$275/day days 1-5	\$375/day days 1-5	\$275/day days 1-5
Outpatient Surgery (ASC - OH)	\$175 - \$225	\$275 - \$325	\$175 - \$225
Ground Ambulance	\$290	\$300	\$300
Emergency	\$120	\$100	\$120
Lab Copay	\$0	\$0	\$0

## TN: Memphis HMO Prescription and Extra Benefits

	Devoted CORE Tennessee (HMO) H7605-004-000	Devoted GIVEBACK Tennessee (HMO) H7605-005-000	Devoted BE WELL PLUS Tennessee (HMO C-SNP) H7605-006-000
<b>Part D Deductible</b>	<b>\$0</b>	\$295 (T3-T5)	\$545 (T1-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$45 / \$97 / 33%</b>	<b>\$0 / \$7 / \$45 / \$100 / 28%</b>	25% / 25% / \$25% / 25% / 25%
<b>Food &amp; Home Card</b>	<b>\$75 per month</b>	Not Covered	<b>\$150 per month</b>
<b>Dental</b>	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>	<b>Preventive plus up to \$1,000</b>	Preventive & comprehensive up to <b>\$4,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
<b>Over-the-Counter</b>	\$75 per quarter	Not Covered	\$75 per quarter
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$400 per year</b>	<b>\$200 per year</b>	<b>\$300 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>

# Nashville Portfolio

	Core HMO (H7605-007-000)	Giveback HMO (H7605-008-000)	Choice PPO (H9231-001-000)	Choice Giveback PPO (H9231-005-000)	Be Well Plus HMO (H7605-006-000)
Plan Type	\$0 HMO	Giveback HMO	\$0 PPO	Giveback PPO	LIPSA Premium C-SNP HMO (\$0 for 100% LIS)
Highlights	<ul style="list-style-type: none"> <li>• \$5,000 Comprehensive Dental</li> <li>• \$75/month Food &amp; Home card</li> <li>• \$400 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,500 Comprehensive Dental</li> <li>• \$50/month Food &amp; Home card</li> <li>• \$300 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$150/month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental</li> <li>• \$300 annual Eyewear allowance</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Will trade medical benefits for high Part B premium reduction	Values network flexibility and strong medical benefits and extras	Will trade medical benefits for high Part B premium reduction	MA switcher with Diabetes looking for strong benefits tailored to support their condition

# TN: Nashville HMO Medical Benefits

	Devoted CORE Tennessee (HMO) H7605-007-000	Devoted GIVEBACK Tennessee (HMO) H7605-008-000	Devoted BE WELL PLUS Tennessee (HMO C-SNP) H7605-006-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$75/month Food & Home card	\$100 Part B giveback, \$0 monthly premium, preventive plus dental	LIPSA premium chronic plan with extra benefits tailored to diabetic members including a \$150/month Food & Home card
Service Area*	Cannon, Cheatham, Clay, Davidson, Giles, Hickman, Humphreys, Jackson, Lawrence, Lincoln, Macon, Moore, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Warren, Wayne, Williamson, Wilson		
Referrals	No	No	No
Member Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$100	\$0
Maximum Out-of-Pocket Limit	\$5,400	\$6,700	\$5,900
PCP	\$0	\$0	\$0
Specialist	\$15	\$40	\$0 - \$15
Inpatient Hospital	\$295/day days 1-5	\$375/day days 1-5	\$275/day days 1-5
Outpatient Surgery (ASC - OH)	\$175 - \$225	\$300 - \$350	\$175 - \$225
Ground Ambulance	\$300	\$300	\$300
Emergency	\$120	\$100	\$120
Lab Copay	\$0	\$0	\$0

# TN: Nashville HMO Prescription and Extra Benefits

	Devoted CORE Tennessee (HMO) H7605-007-000	Devoted GIVEBACK Tennessee (HMO) H7605-008-000	Devoted BE WELL PLUS Tennessee (HMO C-SNP) H7605-006-000
Part D Deductible	\$0	\$0	\$545 (T1-T5)
Rx Copays	\$0 / \$0 / \$45 / \$100 / 33%	\$0 / \$7 / \$47 / \$100 / 33%	25% / 25% / \$25% / 25% / 25%
Food & Home Card	\$75 per month	Not Covered	\$150 per month
Dental	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>	<b>Preventive plus up to \$1,000</b>	Preventive & comprehensive up to <b>\$4,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	\$199 - \$499 copay per aid
Over-the-Counter	\$75 per quarter	\$65 per quarter	\$75 per quarter
Transportation	Not Covered	Not Covered	Not Covered
Vision	<b>\$400 per year</b>	<b>\$200 per year</b>	<b>\$300 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & <b>\$300 Devoted Wellness Bucks</b>

# TN: Nashville PPO Medical Benefits

	Devoted CHOICE Tennessee (PPO) H9231-001-000	Devoted CHOICE GIVEBACK Tennessee (PPO) H9231-005-000
Plan Highlights	\$0 monthly premium, passive INN & OON cost sharing, rich medical and supplemental benefits including \$50/month Food & Home card	\$150 Part B premium buydown, \$0 monthly premium, passive INN & OON cost sharing, preventive plus dental included
Service Area	Cannon, Cheatham, Clay, Davidson, Giles, Hickman, Humphreys, Jackson, Lawrence, Lincoln, Macon, Moore, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Warren, Wayne, Williamson, Wilson	
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$150
Maximum Out-of-Pocket Limit	\$5,900 / OON: \$8,950	\$8,300 / OON: \$10,000
PCP	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$25 / OON: \$25	\$50 / OON: \$50
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5	\$475/day days 1-4 / OON: \$475/day days 1-4
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$200 - \$250	\$350 - \$400 / OON: \$350 - \$400
Ground Ambulance	\$300	\$350
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON : \$0

# TN: Nashville PPO Prescription and Extra Benefits

	Devoted CHOICE Tennessee (PPO) H9231-001-000	Devoted CHOICE GIVEBACK Tennessee (PPO) H9231-005-000
Part D Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$2 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$3,500 comprehensive</b>	<b>Preventive plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$75 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$300 per year</b>	<b>\$200 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks



# Tri-Cities Portfolio

	Core HMO (H7605-009-000)	Choice PPO (H9231-007-000)	Choice Giveback PPO (H9231-002-000)
Plan Type	\$0 HMO	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$4,000 Comprehensive Dental</li> <li>• \$75/month Food &amp; Home card</li> <li>• \$300 annual Eyewear allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,500 Comprehensive Dental</li> <li>• \$50/month Food &amp; Home card</li> <li>• \$250 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>• \$150 Part B Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 annual Eyewear allowance</li> <li>• Mostly identical INN &amp; OON cost sharing</li> </ul>
Member Persona	MA switcher looking for best medical benefits and extras	Values network flexibility and strong medical benefits and extras	Will trade medical benefits for high Part B premium reduction

# TN: Tri-Cities HMO Medical Benefits

	Devoted CORE Tennessee (HMO) H7605-010-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including a \$75/month Food & Home card
Service Area	Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington
Referrals	No
Member Premium	\$0
Part B Premium Buydown	\$0
Maximum Out-of-Pocket Limit	\$3,500
PCP	\$0
Specialist	\$25
Inpatient Hospital	\$275/day days 1-5
Outpatient Surgery (ASC - OH)	\$175 - \$225
Ground Ambulance	\$300
Emergency	\$135
Lab Copay	\$0

# TN: Tri-Cities HMO Prescription and Extra Benefits

	Devoted CORE Tennessee (HMO) H7605-010-000
Part D Deductible	\$0
Rx Copays	\$0 / \$0 / \$47 / \$100 / 33%
Food & Home Card	\$75 per month
Dental	Preventive & comprehensive up to <b>\$5,000 comprehensive</b>
Hearing	\$399 - \$699 copay per aid
Over-the-Counter	\$75 per quarter
Transportation	Not Covered
Vision	<b>\$300 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks

# TN: Tri-Cities PPO Medical Benefits

	Devoted CHOICE Tennessee (PPO) H9231-010-000	Devoted CHOICE GIVEBACK Tennessee (PPO) H9231-006-000
Plan Highlights	\$0 monthly premium, passive INN & OON cost sharing, rich medical and supplemental benefits including \$50/month Food & Home card	\$150 Part B premium buydown, \$0 monthly premium, passive INN & OON cost sharing, preventive plus dental included
Service Area	Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	
Member Premium	\$0	\$0
Part B Premium Buydown	\$0	\$150
Maximum Out-of-Pocket Limit	\$4,500 / OON: \$8,950	\$8,300 / OON: \$10,000
PCP	\$0 / OON: \$0	\$0 / OON: \$0
Specialist	\$30 / OON: \$30	\$50 / OON: \$50
Inpatient Hospital	\$295/day days 1-5 / OON: \$295/day days 1-5	\$475/day days 1-4 / OON: \$475/day days 1-4
Outpatient Surgery (ASC - OH)	\$200 - \$250 / OON: \$200 - \$250	\$350 - \$400 / OON: \$350 - \$400
Ground Ambulance	\$300	\$350
Emergency	\$120	\$100
Lab Copay (Office/Lab)	\$0 / OON: \$0	\$0 / OON: \$0

# TN: Tri-Cities PPO Prescription and Extra Benefits

	Devoted CHOICE Tennessee (PPO) H9231-010-000	Devoted CHOICE GIVEBACK Tennessee (PPO) H9231-006-000
Part D Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$5 / \$47 / \$100 / 33%	\$0 / \$5 / \$47 / \$100 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive up to <b>\$3,500 comprehensive</b>	<b>Preventive plus up to \$1,000</b>
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$75 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	<b>\$250 per year</b>	<b>\$200 per year</b>
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers & \$150 Devoted Wellness Bucks	\$0 Silversneakers & \$150 Devoted Wellness Bucks

## 2024 COVERAGE AREA

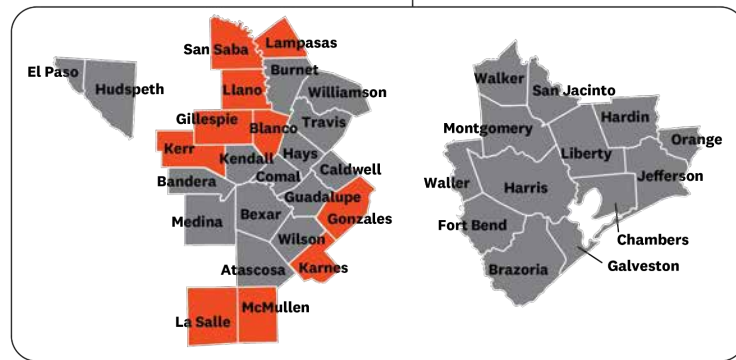
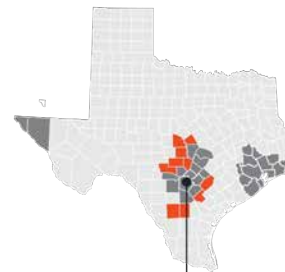
# Texas

### Texas counties

- |             |               |                    |
|-------------|---------------|--------------------|
| • Atascosa  | • Hays        | • <b>Blanco</b>    |
| • Bandera   | • Hudspeth    | • <b>Gillespie</b> |
| • Bexar     | • Jefferson   | • <b>Gonzales</b>  |
| • Brazoria  | • Kendall     | • <b>Karnes</b>    |
| • Burnet    | • Liberty     | • <b>Kerr</b>      |
| • Caldwell  | • Medina      | • <b>La Salle</b>  |
| • Chambers  | • Montgomery  | • <b>Lampasas</b>  |
| • Comal     | • Orange      | • <b>Llano</b>     |
| • El Paso   | • San Jacinto | • <b>McMullen</b>  |
| • Fort Bend | • Travis      | • <b>San Saba</b>  |
| • Galveston | • Walker      |                    |
| • Guadalupe | • Waller      |                    |
| • Hardin    | • Williamson  |                    |
| • Harris    | • Wilson      |                    |

**Plans available\*:** Devoted CORE (HMO), Devoted CHOICE (PPO), Devoted PRIME (HMO), Devoted GIVEBACK (HMO), Devoted CHOICE GIVEBACK (PPO), and Devoted BE WELL San Antonio (HMO C-SNP)

*\*Not all plans are available in all counties*



- Current counties
- **NEW 2024 counties**

## El-Paso



Other providers available in our network

## Houston



Other providers available in our network



# Texas Portfolio

	Core HMO	Giveback HMO	Prime HMO	Be Well C-SNP HMO	Choice PPO	Choice Giveback PPO
	<ul style="list-style-type: none"> <li>• \$0 HMO</li> <li>• Well-rounded benefit package</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback HMO</li> <li>• Higher cost shares</li> <li>• Preventive Plus Dental</li> </ul>	<ul style="list-style-type: none"> <li>• Low premium HMO</li> <li>• Additional supplementals such as Food &amp; Home Card</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 C-SNP HMO</li> <li>• Food &amp; Home Card</li> <li>• Extra benefits tailored to diabetic members</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 PPO</li> <li>• Well-rounded benefit package</li> <li>• Most OON benefits = INN</li> </ul>	<ul style="list-style-type: none"> <li>• Giveback PPO</li> <li>• Higher cost shares</li> <li>• Preventive Plus Dental</li> <li>• Most OON benefits = INN</li> </ul>
<b>Greater Houston/ Beaumont</b>	✓	✓	✓			
<b>San Antonio</b>	✓		✓	✓		
<b>Austin</b>					✓	✓
<b>El Paso</b>	✓	✓				

# Austin Portfolio

	Choice PPO (H6813-002-000)	Choice Giveback PPO (H6813-001-000)
Plan Type	\$0 PPO	Giveback PPO
Highlights	<ul style="list-style-type: none"> <li>• \$4,000 Comprehensive Dental</li> <li>• \$60/Quarter OTC</li> <li>• \$300 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$125 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>
Member Persona	Values OON flexibility and strong overall benefit package	Values part B premium reduction and OON flexibility over lower costs

## TX: Austin PPO Medical Benefits

	Devoted CHOICE Austin (PPO) H6813-002-000	Devoted CHOICE GIVEBACK Austin (PPO) H6813-001-000
<b>Plan Highlights</b>	<b>\$0 monthly premium, passive INN &amp; OON copays, rich supplemental benefits including \$4,000 Comprehensive Dental</b>	<b>\$125 Part B giveback, \$0 monthly premium, passive INN &amp; OON copays, dental included</b>
<b>Service Area</b>	Blanco, Burnet, Caldwell, Gillespie, Hays, Lampasas, Llano, San Saba, Travis, Williamson	
<b>Premium</b>	\$0	\$0
<b>Part B Premium Buydown</b>	\$0	<b>\$125</b>
<b>Max Out-of-Pocket</b>	\$6,700 / OON: \$8,950	\$7,550 / OON: \$11,300
<b>PCP</b>	\$0 / OON: \$0	\$0 / OON: \$0
<b>Specialist</b>	\$40 / OON: \$40	\$40 / OON: \$40
<b>Inpatient Hospital</b>	\$325/day days 1-5 / OON: \$325/day days 1-5	\$335/day days 1-6 / OON: \$335/day days 1-6
<b>Outpatient Surgery (ASC - OH)</b>	\$200 - \$225 / OON: \$200 - \$225	\$250 - \$300 / OON: \$250 - \$300
<b>Ground Ambulance</b>	\$265	\$265
<b>Emergency</b>	\$100	\$100
<b>Lab Copay (Office/Lab)</b>	<b>\$0 / OON: \$0</b>	<b>\$0 / OON: \$0</b>

## TX: Austin PPO Prescription and Extra Benefits

	Devoted CHOICE Austin (PPO) H6813-002-000	Devoted CHOICE GIVEBACK Austin (PPO) H6813-001-000
<b>Rx Deductible</b>	\$200 (T4-T5)	\$545 (T3-T5)
<b>Rx Copays</b>	<b>\$0 / \$0 / \$47 / \$99 / 30%</b>	<b>\$0 / \$5 / \$47 / \$99 / 25%</b>
<b>Food &amp; Home Card</b>	Not Covered	Not Covered
<b>Dental</b>	Preventive & comprehensive Up to <b>\$4,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
<b>Over-the-Counter</b>	<b>\$60 per quarter</b>	Not Covered
<b>Transportation</b>	Not Covered	Not Covered
<b>Vision</b>	<b>\$300 per year</b>	<b>\$200 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

# El Paso Portfolio

	Core HMO (H7993-007-000)	Giveback HMO (H7993-008-000)
Plan Type	\$0 HMO	Giveback HMO
Highlights	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$2,500 Comprehensive dental</li> <li>• \$100/Quarter OTC</li> <li>• \$350 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits

# TX: El Paso HMO Medical Benefits

	Devoted CORE El Paso (HMO) H7993-007-000	Devoted GIVEBACK El Paso (HMO) H7993-008-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, rich medical and supplemental benefits including \$2,500 Comprehensive Dental	\$164.90 Part B giveback, \$0 monthly premium, dental included
Service Area	El Paso, Hudspeth	
Referrals	Yes	Yes
Premium	\$0	\$0
Part B Premium Buydown	\$0	\$164.90
Max Out-of-Pocket	\$3,450	\$7,550
PCP	\$0	\$0
Specialist	\$20	\$45 - \$50
Inpatient Hospital	\$120/day days 1-5	\$375/day days 1-5
Outpatient Surgery (ASC - OH)	\$75 - \$120	\$275 - \$350
Ground Ambulance	\$275	\$275
Emergency	\$135	\$100
Lab Copay (Office/Lab)	\$0	\$0

# TX: El Paso HMO Prescription and Extra Benefits

	Devoted CORE El Paso (HMO) H7993-007-000	Devoted GIVEBACK El Paso (HMO) H7993-008-000
Rx Deductible	\$0	\$545 (T3-T5)
Rx Copays	\$0 / \$0 / \$47 / \$95 / 33%	\$0 / \$0 / \$47 / \$100 / 25%
Food & Home Card	\$50 per month	Not Covered
Dental	Preventive & comprehensive Up to \$2,500 comprehensive	Preventive Plus up to \$1,000
Hearing	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid
Over-the-Counter	\$100 per quarter	Not Covered
Transportation	Not Covered	Not Covered
Vision	\$350 per year	\$200 per year
Personal Emergency Response Device & Monthly Fees	\$0 per month	\$0 per month
Wellness	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks

## Greater Houston & Beaumont Portfolio

	Core HMO (H7993-001-000)	Giveback HMO (H7993-006-000)	Prime HMO (H7993-002-000)
Plan Type	\$0 HMO	Giveback HMO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>
Highlights	<ul style="list-style-type: none"> <li>• \$4,000 Comprehensive Dental</li> <li>• \$60/Quarter OTC</li> <li>• \$300 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$164.90 Giveback</li> <li>• \$1,000 Preventive Plus Dental</li> <li>• \$200 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• \$60/Quarter OTC</li> <li>• \$400 Eyewear Allowance</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Prefers large Part B premium reduction over medical benefits	Will pay premium in exchange for richest overall benefit package



# TX: Greater Houston & Beaumont HMO Medical Benefits

	Devoted CORE Greater Houston (HMO) H7993-001-000	Devoted GIVEBACK Greater Houston (HMO) H7993-006-000	Devoted PRIME Greater Houston (HMO) H7993-002-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$4,000 Comprehensive Dental	\$164.90 Part B giveback, \$0 monthly premium, dental included	Low monthly premium, \$50/month Food & Home Card, \$5,000 Comprehensive Dental
Service Area	Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, San Jacinto, Walker, Waller		
Referrals	Yes	Yes	Yes
Premium	\$0	\$0	TBD (<= LIPSA)
Part B Premium Buydown	\$0	\$164.90	\$0
Max Out-of-Pocket	\$3,400	\$6,900	\$3,400
PCP	\$0	\$0	\$0
Specialist	\$20	\$45	\$20
Inpatient Hospital	\$225/stay	\$325/day days 1-6	\$225/stay
Outpatient Surgery (ASC - OH)	\$75 - \$150	\$175 - \$325	\$75 - \$150
Ground Ambulance	\$250	\$250	\$250
Emergency	\$135	\$100	\$135
Lab Copay (Office/Lab)	\$0	\$0	\$0

## TX: Greater Houston & Beaumont HMO Prescription and Extra Benefits

	Devoted CORE Greater Houston (HMO) H7993-001-000	Devoted GIVEBACK Greater Houston (HMO) H7993-006-000	Devoted PRIME Greater Houston (HMO) H7993-002-000
<b>Rx Deductible</b>	<b>\$0</b>	\$395 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$40 / \$80 / 33%</b>	<b>\$0 / \$7 / \$47 / \$100 / 27%</b>	<b>\$0 / \$0 / \$40 / \$80 / 33%</b>
<b>Food &amp; Home Card</b>	Not Covered	Not Covered	<b>\$50 per month</b>
<b>Dental</b>	Preventive & comprehensive Up to <b>\$4,000 comprehensive</b>	<b>Preventive Plus up to \$1,000</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	\$599 - \$899 copay per aid	<b>\$199 - \$499 copay per aid</b>
<b>Over-the-Counter</b>	\$60 per quarter	Not Covered	\$60 per quarter
<b>Transportation</b>	Not Covered	Not Covered	Not Covered
<b>Vision</b>	<b>\$300 per year</b>	\$200 per year	<b>\$400 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$300 Devoted Wellness Bucks

# San Antonio Portfolio

	Core HMO (H7993-003-000)	Prime HMO (H7993-004-000)	Be Well HMO (H7993-005-000)
Plan Type	\$0 HMO	Low Premium HMO <i>(Premium &lt;= LIPSA; \$0 for 100% LIS)</i>	\$0 HMO C-SNP
Highlights	<ul style="list-style-type: none"> <li>• \$3,500 Comprehensive Dental</li> <li>• \$195/Quarter OTC</li> <li>• \$300 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$50/Month Food &amp; Home Card</li> <li>• \$5,000 Comprehensive Dental</li> <li>• \$195/Quarter OTC</li> <li>• \$325 Eyewear Allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$75/Month Food &amp; Home Card</li> <li>• \$4,000 Comprehensive Dental</li> <li>• \$0 specialist visits with endocrinologist</li> <li>• \$265/Quarter OTC</li> </ul>
Member Persona	OM switchers & Age-Ins who value low cost & additional benefits	Will pay premium in exchange for richest overall benefit package	Prefers strong benefits tailored to support their condition

# TX: San Antonio HMO Medical Benefits

	Devoted CORE San Antonio (HMO) H7993-003-000	Devoted PRIME San Antonio (HMO) H7993-004-000	Devoted BE WELL San Antonio (HMO C-SNP) H7993-005-000
Plan Highlights	\$0 monthly premium, \$0 Rx deductible, \$3,500 Comprehensive Dental	Low monthly premium, \$50/month Food & Home Card and \$5,000 Comprehensive Dental	\$0 monthly premium, \$0 Rx deductible, \$75/month Food & Home Card, extra benefits tailored to diabetic members
Service Area	Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Karnes, Kendall, Kerr, La Salle, McMullen, Medina, Wilson		Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Referrals	Yes	Yes	Yes
Premium	\$0	TBD (<= LIPSA)	\$0
Part B Premium Buydown	\$0	\$0	\$0
Max Out-of-Pocket	\$3,900	\$3,900	\$3,900
PCP	\$0	\$0	\$0
Specialist	\$15	\$10	\$0 - \$10
Inpatient Hospital	\$100/day days 1-5	\$100/day days 1-5	\$100/day days 1-5
Outpatient Surgery (ASC - OH)	\$50 - \$100	\$25 - \$100	\$50 - \$100
Ground Ambulance	\$265	\$125	\$125
Emergency	\$120	\$120	\$120
Lab Copay (Office/Lab)	\$0	\$0	\$0

## TX: San Antonio HMO Prescription and Extra Benefits

	Devoted CORE San Antonio (HMO) H7993-003-000	Devoted PRIME San Antonio (HMO) H7993-004-000	Devoted BE WELL San Antonio (HMO C-SNP) H7993-005-000
<b>Rx Deductible</b>	<b>\$0</b>	\$545 (T3-T5)	<b>\$0</b>
<b>Rx Copays</b>	<b>\$0 / \$0 / \$40 / \$99 / 33%</b>	<b>\$0 / \$0 / 25% / 25% / 25%</b>	<b>\$0 / \$0 / \$40 / \$99 / 33%</b>
<b>Food &amp; Home Card</b>	Not Covered	<b>\$50 per month</b>	<b>\$75 per month</b>
<b>Dental</b>	Preventive & comprehensive Up to <b>\$3,500 comprehensive</b>	Preventive & comprehensive Up to <b>\$5,000 comprehensive</b>	Preventive & comprehensive Up to <b>\$4,000 comprehensive</b>
<b>Hearing</b>	\$399 - \$699 copay per aid	<b>\$199 - \$499 copay per aid</b>	<b>\$199 - \$499 copay per aid</b>
<b>Over-the-Counter</b>	<b>\$195 per quarter</b>	<b>\$195 per quarter</b>	<b>\$265 per quarter</b>
<b>Transportation</b>	24 one-way trips per year Unlimited to PCP (30 miles per trip)	36 one-way trips per year Unlimited to PCP (30 miles per trip)	36 one-way trips per year Unlimited to PCP (30 miles per trip)
<b>Vision</b>	<b>\$300 per year</b>	<b>\$325 per year</b>	<b>\$325 per year</b>
<b>Personal Emergency Response Device &amp; Monthly Fees</b>	\$0 per month	\$0 per month	\$0 per month
<b>Wellness</b>	\$0 Silversneakers, \$150 Devoted Wellness Bucks	\$0 Silversneakers, \$300 Devoted Wellness Bucks	\$0 Silversneakers, \$300 Devoted Wellness Bucks

# The Devoted Health Difference



# Benefits you need to know

1

## Food and Home Card

- Monthly allowance to use towards groceries, rent and utilities
- Offered on at least one non-SNP plan in nearly every market (and all SNP plans)
- Over 90% of members qualify for for the card!

2

## Competitive dental benefit

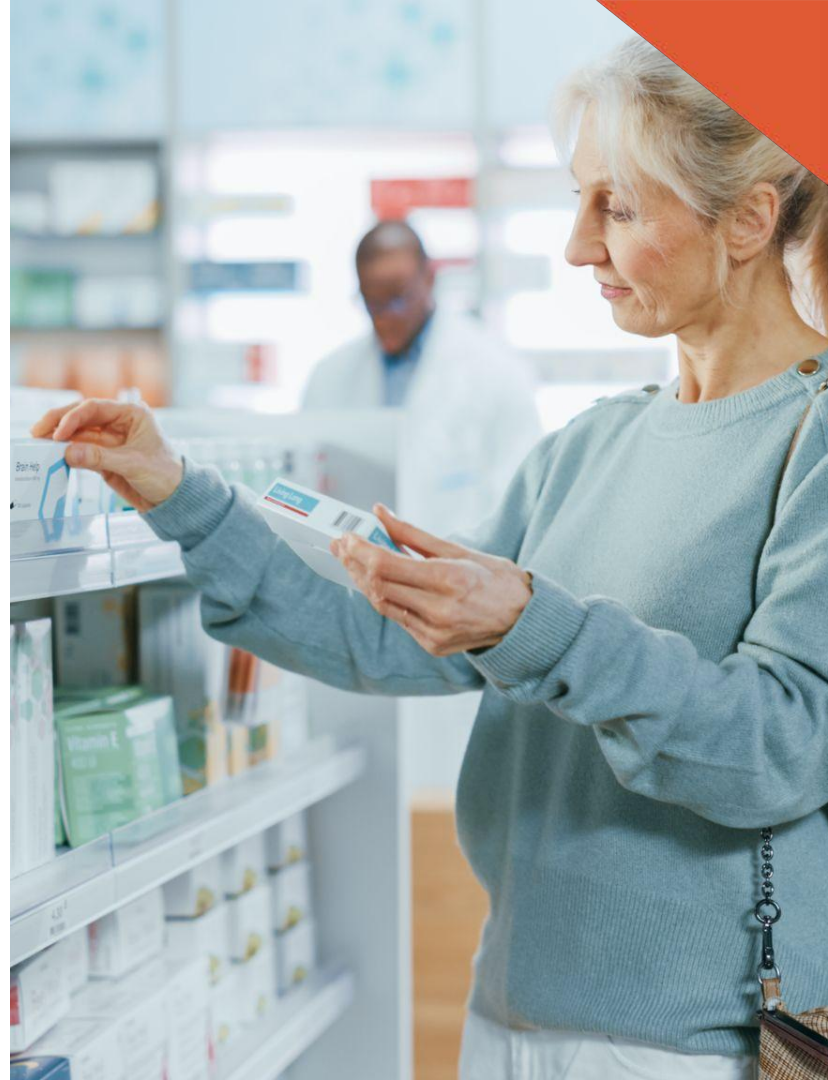
- Allowance amount varies by plan
- Can be used for fillings, extractions, and more
- May be offered through a vendor, debit card of allowance (depending on market)

3

## Low-cost adherence drugs

- \$0 Tier 1 prescription drug copays on ALL plans
- Many everyday medications fall under Tier 1 and 2
- All D-SNP plans (FL, AL, OH, CO and NC) reduce all Part D drugs to \$0 for LIS recipients

*All 2024 plans are pending CMS approval and benefit availability will vary by plan.*





# Benefits you need to know

4

## OTC benefits

- Quarterly allowance (dollar amount varies by plan)
- Can be used throughout the quarter (no rollover)
- Good for purchases made online, over the phone, and in-store at CVS

5

## Low-cost hearing aids

- Flat copay for each aid to limit cost to member
- Coverage for 2 aids a year
- Batteries included at no additional charge and no monthly monitoring fees

6

## Excluded drug coverage\*

- Erectile Dysfunction drugs, generic brands
- Folic acid 1mg tablets
- Vitamin D 50,000 unit capsules
- B12 injections

*\*Not available on some D-SNP plans. All 2024 plans are pending CMS approval and benefit availability will vary by plan.*





# Benefits you need to know

7

## Wellness Bucks

- \$150 to \$300 (dollar amount varies by plan)
- Good for gym equipment, fitness trackers, and exercise classes
- Members pay out of pocket then are reimbursed
- C-SNP and FL D-SNP members can use wellness dollars to get reimbursed for a phone or tablet
  - Not applicable to NW FL D-SNPs

8

## Devoted Dollars

- Member rewards program
- Visa gift cards mailed to members homes for preventive screenings and annual care.

*All 2024 plans are pending CMS approval and benefit availability will vary by plan.*



**If interested, call  
us to find out  
more!**

**1-800-DEVOTED (338-6833) TTY 711**

