

AEP 2025 PRELIMINARY BENEFIT OVERVIEW

August 2024



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Table of Contents

Topic	Slide Number(s)
Elevance Health	<u>4</u>
National Medicare Advantage Strategy	<u>5</u>
Key Regulatory Changes for 2025	<u>6</u>
Key Legislative Change	<u>7</u>
Prescription Drug & Dental	<u>8-9</u>
Everyday Options Allowances (EOA)	<u>10-11</u>
Essential Extras (EE)	<u>12-15</u>
Benefits Prepaid Card	<u>16</u>
Arizona	<u>19</u>
California	<u>34</u>
Colorado	<u>103</u>
Connecticut	<u>110</u>
Florida	<u>127</u>
Georgia	<u>354</u>
Indiana	<u>381</u>

Topic	Slide Number
Iowa	<u>410</u>
Kansas	<u>417</u>
Kentucky	<u>420</u>
Louisiana	<u>447</u>
Maine	<u>454</u>
Missouri	<u>471</u>
Nevada	<u>486</u>
New Hampshire	<u>501</u>
New Jersey	<u>514</u>
New York	<u>521</u>
Ohio	<u>536</u>
Tennessee	<u>567</u>
Texas	<u>580</u>
Virginia	<u>645</u>
Washington	<u>680</u>
Wisconsin	<u>687</u>



Elevance Health: Fortune 20 Leader in Medicare, Medicaid & Commercial

Our Purpose:

Improve the health of humanity

Our Mission:

Improving lives and communities.
Simplifying Healthcare. Expecting More.

Our Strategy:

To become a lifetime, trusted health partner

Approximately
115M
total lives served

Q1, 2024 Data

24 Markets With Medicare Presence

Includes States
and Puerto Rico

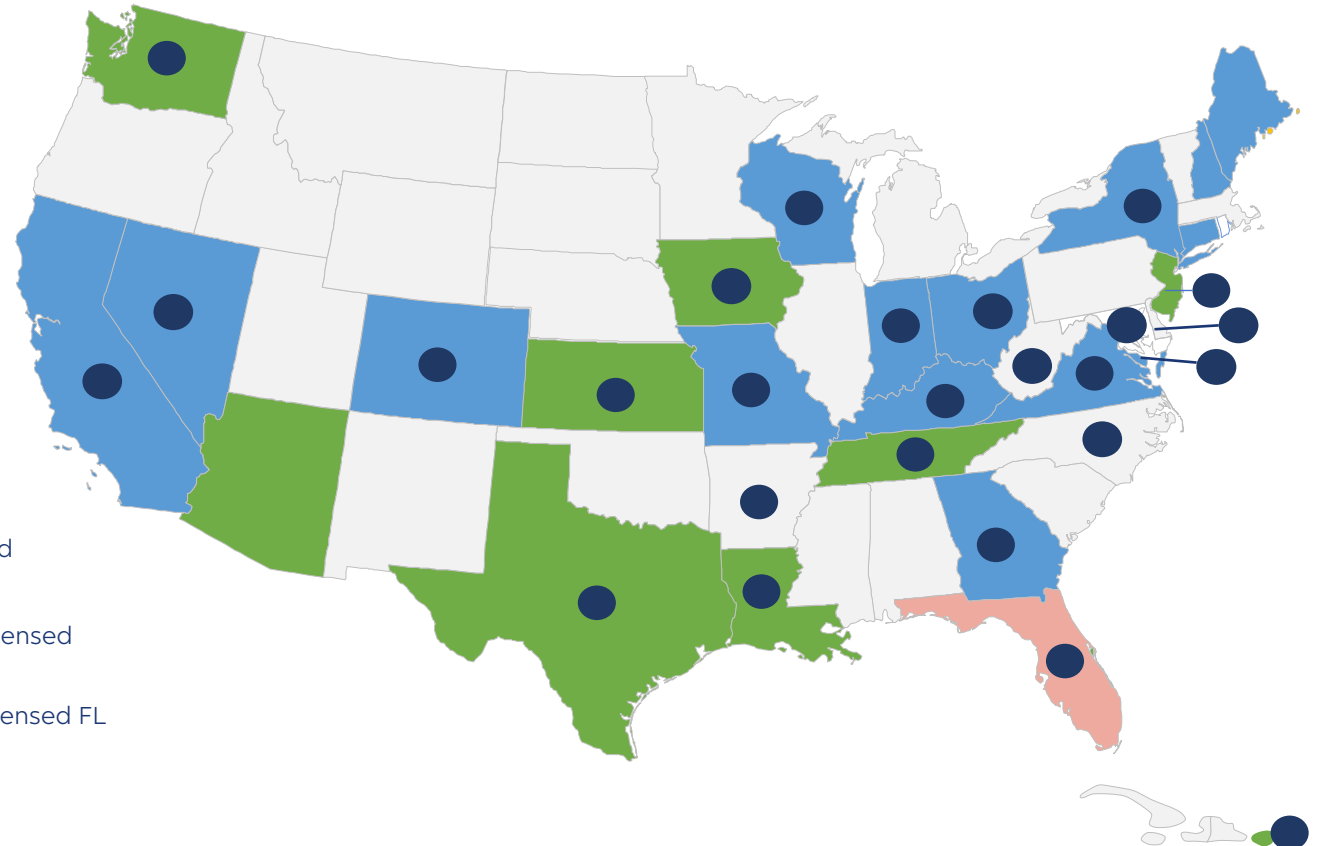
14 States BC or BCBS Plan

26* Locations With Medicaid Plans

Includes States, D.C.
& Puerto Rico

* As of 1/1/2025

- BC or BCBS licensed Medicare plans
- Non-BC or BCBS licensed Medicare plans
- Non-BC or BCBS licensed FL Medicare plans
- Medicaid plans



Continuing to Balance Stability & Growth

- 2nd largest SNP market share in our footprint, 2nd largest national Medicaid player
- Continue to focus on D-SNP for balanced growth and defend our non-SNP market position
- D-SNP plans with \$0 copays in every county in our D-SNP footprint
- Expanding D-SNP plans with a simple combined allowance that includes Groceries, OTC*, Utilities and Assistive Devices
- Improving access to dental providers with OON dental benefits
- Expanding MA footprint covers more than 3 out of 5 Eligibles nationally

*FL offers OTC as a separate benefit



ELV recognizes the critical role **Agencies and Brokers** play to enroll beneficiaries in the Medicare plan that best meets their needs

CMS Final Rule Impacts You and Your Clients

CMS Final Rule

Special Election Period (SEP) changes for D-SNP and Declared Disaster

- Changes to D-SNP SEP
- Updates to Declared Disaster SEP

Marketing Filing Requirements for TPMOs & Carriers

- Material Filing
- SSBCI Disclaimer
- Prior Written Consent for TPMOs

New Guardrails for Broker Compensation (pending)

- *One-time Increase for Fair Market Value (FMV)*
- *Federal Judge issued a "stay" on July 3, 2024*

Key Legislative Change Drives Industry Rx Impacts to MAPD and PDP

Shifts costs to plans
and drug
manufacturers

Inflation Reduction Act of 2022 (IRA)

2022-2024

- Consolidation of Low-Income Subsidy (LIS) level 4 into LIS level 1 thereby reducing what cost sharing and premium is paid by beneficiary
- \$35 cap on covered insulin and no cost sharing for adult vaccines
- 0% beneficiary coinsurance in the catastrophic coverage phase, plan cost increases to 20%

2025
Changes

- **Initial Coverage** – New drug manufacturer discount of 10% on brand drugs (initial coverage phase)
- **Coverage Gap** – Eliminated
- **Out-of-Pocket** - Capped at \$2,000
- **Catastrophic Coverage** – Drug Plans and manufacturers will pay most of the costs
- **Medicare Prescription Payment Plan (M3P)** - Allows participants to pay out-of-pocket drug costs in monthly installments

Increases
Rx Costs for Many
Beneficiaries



Helping members
understand
Federally
mandated changes

Making formulary changes that reduce member cost and improve experience

- Moving key drugs to lower tiers (e.g. diabetes)
- Increasing the number of drugs on Tier 2
- Lowering generic copays on T1 and T2 – ensuring access

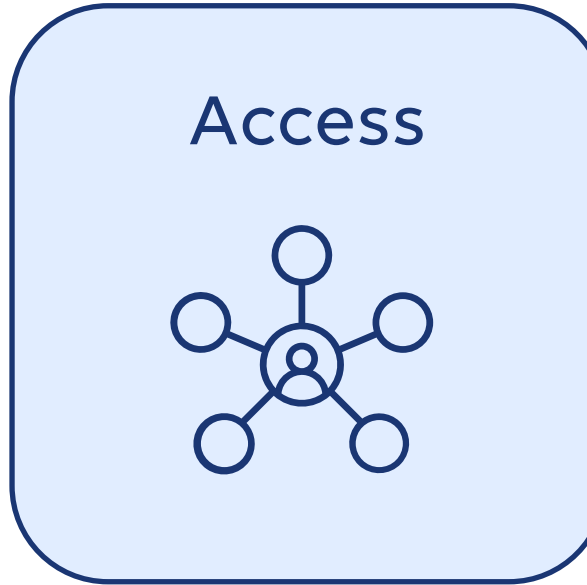
Communications that educate members on industry changes

- Explain that their annual max-out-of-pocket (MOOP) expenses will be capped at \$2,000
- Lower utilizing members may see increased costs
- Assist members in registering for the Medicare Prescription Payment Plan (M3P) program (smoothing)

Out of Network Benefits Enhance Access to Dentists



We are improving
the competitiveness
of our Dental benefit
by focusing on...

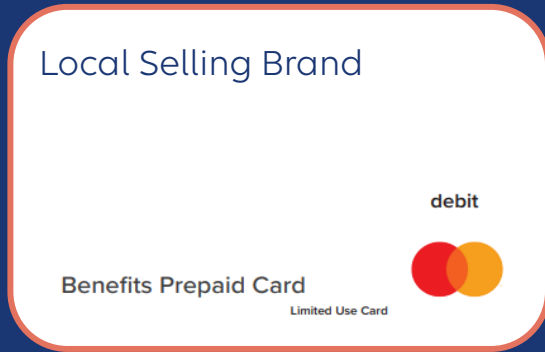


&



- Allowing access to out of network dentists* by changing HMO plans to HMO-POS plans
- Members will receive new ID cards

*Excluding Florida plans and I-SNP plans



Everyday Options Allowances (EOA) help our members enjoy a healthier life

- Single card for members to use across offerings (i.e., Groceries, OTC, Utilities and Assistive Devices)
- Combined allowance increases options and provides greater flexibility







- Brand & Generic OTC*
- Lead D-SNP plans include the expanded Everyday Options Allowance (EOA)*

*FL offers 3, OTC benefit is a separate benefit, not included in EOA

2025 Everyday Options Allowances and Requirements

- Combined allowance is easy for members to use – delivering simplicity, choice, and flexibility for the benefits that members value most
- Expanding the reach of EOA allows us to better meet the specific needs of Dual eligibles and improve member health outcomes
- Provider confirmation required for Groceries and Utilities

Benefit	Description	How members use the Benefits Pre-Paid Card	Pre-Cert
	Groceries: Healthy foods including fresh meats and vegetables, dairy items, canned goods, and more	In-store through retail network or NationsBenefits online store	Yes**
	OTC*: Cold and flu medicine, vitamins and supplements, first aid, pain relief, and more	In-store through retail network or NationsBenefits online store	N/A
	Utilities: Home phone and internet service; electric, gas, water, and sewage bills	Pay bills directly or pay OOP and submit reimbursement	Yes**
	Assistive Devices: Handrails, shower stools, raised toilet seats, temporary mobility ramps, and more	NationsBenefits online store	N/A

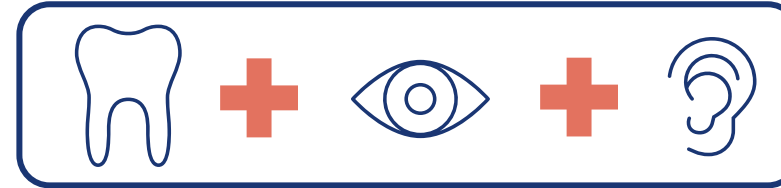
*In FL, OTC is a separate benefit and not included in Everyday Options Allowance

**Benefits on many D-SNP or C-SNP plans use plan eligibility to meet VBID/SSBCI conditions. General Enrollment plans will require prior approval.



Personalized
benefits for
members to
achieve their
health goals

Choices for Essential Extras* – Services Available



Dental, Vision and Hearing



Groceries**



Utilities**



Assistive
Devices



Transportation**+

- ✓ Members tailor their plan to best suit their needs
- ✓ Encourage members to select their EE benefit package at the point-of-sale for quality member experience

* Benefit availability varies by plan

** Benefits on many D-SNP or C-SNP plans use plan eligibility to meet VBI/SSBCI conditions. General Enrollment plans will require prior approval.

+ Precertification only required for non-health destinations



Making life a little
easier with a
spending allowance

Important Enrollment Reminders

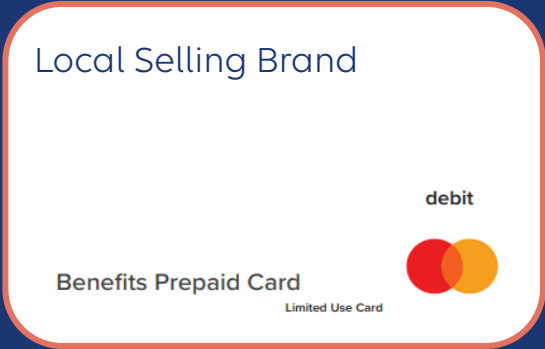
- **Best Practice - Make selection during enrollment at point of sales (paper and electronic).**
- Benefit selection(s) after the time of enrollment can be made via the member portal, submitting the Selection Form or by contacting Member Services.
- Where EE is available, member will select a benefit based on the plan design.
- All members will receive a **confirmation letter within 7 business days** of their election with benefit details.

What else?

- Member may be able to make a one-time change to initial election if he/she has not used any part of their benefit(s).
- Once a member uses an EE benefit, they cannot change during the plan year.
- For the benefit to be covered, must use an approved provider and meet any pre-certification criteria.
- EE benefits with an **allotted dollar amount (monthly, quarterly or annually) will be loaded on the Benefits Prepaid Card.**

*Benefit availability varies by plan

2025 Essential Extras (EE)*



Our plans help members enjoy a healthier life with greater comfort and relief from challenges they may be facing

Extra benefits that members can choose from

Offerings with focus on highest valued benefits that allow members to customize their plan!

Choice

5

Up to five options available

Reduces member and agent confusion

3

Continued use of three package variations

Improve sales/marketing/communication

*Benefit availability varies by plan

2025 Essential Extras

Essential Extras

- Allows members to select supplemental benefits from a defined list
- Provides flexibility that will help members tailor their MA plan to their specific needs
- Continued focus on highest valued benefits
- Members can select the benefit(s)* based on the plan design
- Provider confirmation may be required on Groceries, Utilities and Transportation (non-health)

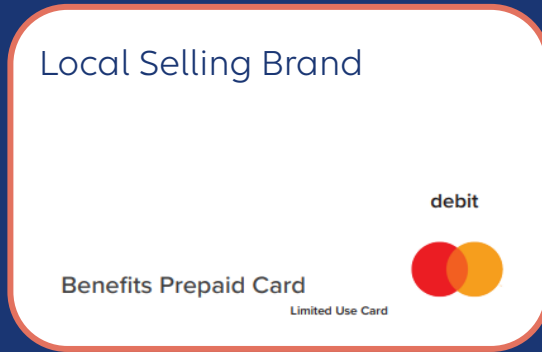
Benefit	Description	Pre-Cert	“Low”	“Medium”	“High”
Dental, Vision & Hearing	\$500/Yr. towards Dental/Vision/Hearing	N/A	✓	✓	✓
Transportation (Plan Covered Destinations)	60 One-Way Trips	Yes**+	✓	✓	✓
Assistive Devices	\$500/Yr. towards Assistive Devices	N/A	✓	✓	✓
Utilities	\$150/Qtr. towards Utilities	Yes**		✓	✓
Groceries (Grocery Card)	\$50/Month Grocery Benefit	Yes**			✓

* Benefit availability varies by plan, some CA & TX plans can select 2 benefits

** Benefits on many D-SNP or C-SNP plans use plan eligibility to meet VBID/SSBCI conditions. General Enrollment plans will require prior approval.

+ Precertification only required for non-health destinations





Continuing to
improve
NationsBenefits
retailer network
and experience

How does it work?

- A single card where all allowance(s) are loaded which include the **Everyday Options Allowances and Essential Extras** and works just like a prepaid credit card
- Allowances are added to the card (monthly, quarterly, annually) upon the member's effective date or when benefit is selected or approved
- Members can begin shopping as soon as plan coverage begins**
- Member chooses how to order and fulfill their needs with in-store network retailer, online or phone orders

What can it be used for?

- Use to purchase eligible items within the approved benefit(s) and retailer network for Groceries, OTC, Utilities, Assistive Devices, etc.
- Retailers including Walmart, Kroger, Walgreens, CVS, Rite Aid, Giant Eagle
- Walmart Bill Pay can be used to pay Utilities such as gas, electric, phone and sewer

What else?

- Card cannot be converted to cash
- When buying in-store, choose "Credit" at checkout. Avoid debit as it might be declined. Members do NOT need a PIN with their card
- One Integrated Call Center, all benefits through Member Service number on the card

*Member will also have a medical ID card.

** Pre-cert needed for groceries and utilities

2025 Market Highlights



Format Key

Key	
☆	Lead plan
Blue Font	New to plan and/or benefit offering
Green Font	Increase to benefit offering
New	New plan
HMO	Plans on terra cotta grids
SNP	Plans on navy grids
PPO	Plans on turquoise grids

PLAN	☆ Anthem MediBlue Plus (HMO) H0544-064
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$50 per quarter

PLAN	Anthem MediBlue Diabetes Care Plus (HMO C-SNP) ¹ H0544-094
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride and 1 cleaning per year; \$500 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge / 180 chronic condition
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered

PLAN	New Anthem Medicare Advantage (PPO) H4509-014
ESSENTIAL EXTRAS	(Pick 1) Everyday Options Allowance for Dental Vision Hearing - \$500 per year; Transportation - 60 one-way trips per year; Assistive Devices - \$500 per year
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®





2025 Proposed Service Area

Market Highlights

- Stability and consistency on HMO and C-SNP offerings
- Simple and consistent Essential Extras offerings
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Carelon Health's clinical model continues to provide the gold standard for care
- Network includes key provider partners including Banner, Carelon Health, Health Cosmos, Oak Street, CenterWell and One Medical

Service Area


Coconino, Maricopa, Pima, Pinal, Santa Cruz

Arizona 2025 Plan Highlights


PLAN	 Wellpoint Medicare Advantage (HMO-POS) H1423-009
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,000
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$196
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$3 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Coconino, Maricopa, Pinal, Santa Cruz




Arizona 2025 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO-POS) H1423-009
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$0 copay - \$750 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$58 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	14 post discharge


Arizona 2025 Plan Highlights

PLAN	 Wellpoint Medicare Advantage 1 (HMO-POS) H1423-004
PREMIUM	\$0
PART B REBATE	N/A
MAX OUT-OF-POCKET	\$2,700
PCP	\$0 copay
SPECIALIST	\$0 - \$35 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$75
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Pima

Arizona 2025 Plan Highlights


PLAN	 Wellpoint Medicare Advantage 1 (HMO-POS) H1423-004
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PODIATRY	\$0 copay CCC / \$35 copay PAL; 4 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition

Arizona 2025 Plan Highlights

PLAN	<div> Wellpoint Chronic Care (HMO-POS C-SNP) H1423-002</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,700
PCP	\$0 copay
SPECIALIST	\$0 - \$35 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$75 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$4 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Pima




Arizona 2025 Plan Highlights

PLAN	<div> Wellpoint Chronic Care (HMO-POS C-SNP) H1423-002</div>
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$105 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL combined with NH / \$0 copay - unlimited one-way trips to CCC
PODIATRY	\$0 CCC, \$35 PAL copay; 12 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition




Arizona 2025 Plan Highlights (Carelon Health Network)

PLAN	 Wellpoint Carelon Kidney Care (HMO-POS C-SNP) H2593-040
PREMIUM	\$0
PART B REBATE	\$7
MAX OUT-OF-POCKET	\$3,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$100 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Pima



Arizona 2025 Plan Highlights (Carelon Health Network)

PLAN	 Wellpoint Carelon Kidney Care (HMO-POS C-SNP) H2593-040
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$75 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition

Arizona 2025 Plan Highlights

PLAN	Wellpoint Premium Savings (HMO) H1423-005
PREMIUM	\$0
PART B REBATE	\$52.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 - \$10 copay
SPECIALIST	\$0 - \$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$125 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$0 / \$25 / 25% / 33% / \$0</div> <div>\$0 copay – T1 and T2 mail order 30-90 day supply</div>
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Pima



Arizona 2025 Plan Highlights

PLAN	Wellpoint Premium Savings (HMO) H1423-005
ESSENTIAL EXTRAS	N/A
DENTAL	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips per year
PODIATRY	N/A
HEALTHY MEALS	14 post discharge / 2x90 chronic condition



Arizona 2025 Plan Highlights

PLAN	Wellpoint Lung Care (HMO-POS C-SNP) H1423-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,700
PCP	\$0 copay
SPECIALIST	\$0 - \$35 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$75 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Pima



Arizona 2025 Plan Highlights

PLAN	Wellpoint Lung Care (HMO-POS C-SNP) H1423-001
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$105 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL combined with NH / \$0 copay - unlimited one-way trips to CCC
PODIATRY	\$0 CCC, \$35 PAL copay; 12 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Arizona 2025 Plan Highlights (Carelon Health Network)

PLAN	Wellpoint Carelon Home Care (HMO I-SNP) H1423-008	Wellpoint Carelon Home Care (HMO I-SNP) H1423-007
PREMIUM	\$0	\$0
PART B REBATE	n/a	\$20
MAX OUT-OF-POCKET	\$2,700	\$2,700
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 5)	\$175 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 25% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$7.50 / 25% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Care	Care
MARKET SERVICE AREA	Maricopa	Pima



Arizona 2025 Plan Highlights (Carelton Health Network)

PLAN	Wellpoint Carelon Home Care (HMO I-SNP) H1423-008	Wellpoint Carelon Home Care (HMO I-SNP) H1423-007
DENTAL	\$0 copay – \$750 allowance for preventive and comprehensive services per year	\$0 copay – \$500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$200 per quarter	
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – 12 one-way trips per year	
PODIATRY	\$0 copay – 4 visits per year	\$0 copay – 6 visits per year



2025 Proposed MA Footprint



Market Highlights

- Prime HMO plans in 5 more counties including expansion into Marin and Stanislaus
- Launch of Carelon Chronic and Lung C-SNP plans in 3 counties with new Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices
- Lead D-SNP plans with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Exclusively Aligned Enrollment (EAE) D-SNP HMO plan in 7 counties and D-SNP HMO plans in Kern and San Francisco
- Carelon Health’s clinical model continues to provide the gold standard for care
- D-SNP PPO offering with focused service area in 7 counties

Service Area

All Counties EXCEPT: Del Norte, Humboldt, Imperial, Lake, Lassen, Mendocino, Modoc, Nevada, San Benito, Santa Barbara, Santa Cruz, Siskiyou, Trinity


Northern California

Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-004
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,500
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$188 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$3 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Sacramento, San Francisco, Yolo




Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-004
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	1 oral exam, 1 cleaning every year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
PODIATRY	\$0 copay – 24 visits per year



Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-005
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,900
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$188 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$7 / 20% / 25% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Alameda, Kern, Marin, San Joaquin, San Mateo, Stanislaus




Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-005
DENTAL	1 oral exam, 1 cleaning every year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits per year




Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-010
PREMIUM	\$0
MAX OUT-OF-POCKET	\$800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$50 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / 20% / 25% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Santa Clara




Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-010
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20% preventive – 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 36 one-way trips to PAL combined with NH
PODIATRY	\$0 copay – unlimited visits per year
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year



Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-006
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$4 / \$20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Fresno, Kings, Madera, Tulare




Northern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-006
DENTAL	1 oral exam, 1 cleaning every year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
PODIATRY	\$0 copay – unlimited visits per year




Northern California 2025 Plan Highlights

PLAN	 Anthem Dual Advantage (HMO D-SNP) H4471-004
MEDICAID STATUS	Full Dual; FBDE, QMB+, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers \$0 copay – T1 to T5 mail order 30-90 day supply
RX FORMULARY	Advantage
MARKET SERVICE AREA	Sacramento, San Francisco




Northern California 2025 Plan Highlights

PLAN	 Anthem Dual Advantage (HMO D-SNP) H4471-004
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$50 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 48 one-way trips to PAL
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	10 post discharge
ACUPUNCTURE	\$0 copay – unlimited visits per year




Northern California 2025 Plan Highlights

PLAN	 Anthem MediBlue Dual Access (PPO D-SNP) H4704-001
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance / FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350 (IN) / \$14,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – T1 to T6 mail order 30-90 day supply
RX FORMULARY	Core
MARKET SERVICE AREA	Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Tuolumne



Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI, QMB) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans.


Northern California 2025 Plan Highlights

PLAN	 Anthem MediBlue Dual Access (PPO D-SNP) H4704-001
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI, QMB) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans.




Northern California 2025 Plan Highlights

PLAN	 Anthem MediBlue ESRD Care (PPO C-SNP) ¹ H8552-028
PREMIUM	\$37.10
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 - 20% coinsurance
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$130 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$2 / 20% / 25% / 31% / \$0</div> <div>\$0 copay – T1 and T2 mail order 30-90 day supply</div>
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Fresno, Kings, Madera, Merced, Monterey, San Joaquin, Stanislaus, Tulare (also Kern, San Diego, San Luis Obispo, Ventura)




¹Care management by DaVita Integrated Kidney Care

Northern California 2025 Plan Highlights

PLAN	 Anthem MediBlue ESRD Care (PPO C-SNP) H8552-028
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year Preventive Out of Network: 20% - Comprehensive Out of Network: 50%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
EVERYDAY OPTIONS ALLOWANCE	\$50 per month - Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 52 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 meals post discharge / 90 meals chronic condition




Northern California 2025 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H8552-029</div>
PREMIUM	\$63
MEDICAL DEDUCTIBLE	\$590
MAX OUT-OF-POCKET	\$8,850 (IN) / \$13,300 (IN & OON)
PCP	\$10 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$215 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$575 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / 25% / 25% / 25% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA	Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Glenn, Inyo, Mariposa, Mono, Napa, Placer, Plumas, San Francisco, Shasta, Sierra, Solano, Sonoma, Sutter, Tehama, Tuolumne, Yuba
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Northern California 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H8552-029
DENTAL	\$0 copay – \$500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year: \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®



Northern California 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H0544-064
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$10 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$100 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / 20% / 35% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Sacramento, Yolo



Northern California 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H0544-064
DENTAL	1 oral exam, 1 cleaning per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
PODIATRY	\$0 copay – 24 visits per year



Northern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-069
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$5 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$360 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$7 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	San Francisco



Northern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-069
DENTAL	1 oral exam, 1 cleaning per year In Network: \$0 copay / Out of Network: 20%
VISION	\$1 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – 24 visits per year
ACUPUNCTURE	\$0 copay – unlimited visits per year



Northern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-098
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$15 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$315 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$1 / 20% / 30% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Alameda



Northern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-098
DENTAL	\$0 copay – 1 oral exam, 1 cleaning per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
PODIATRY	\$0 copay – 24 visits per year
ACUPUNCTURE	\$0 copay – 12 visits per year



Northern California 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H0544-095
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$2 / 20% / 35% / 33% / \$0</div> <div>\$0 copay – T1 and T2 mail order 30-90 day supply</div>
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	San Joaquin




Northern California 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H0544-095
DENTAL	1 oral exam, 1 cleaning every year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips to PAL
PERS	\$0 copay
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – 24 visits per year



Southern California

Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-007
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,000
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$300 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Ventura




Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-007
DENTAL	1 oral exam, 1 cleaning every year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits per year




Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-009
PREMIUM	\$0
MAX OUT-OF-POCKET	\$499
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 (per stay)
SKILLED NURSING FACILITY	\$50 (days 21 - 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / 15% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Los Angeles, Orange




Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-009
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$40 per quarter
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 20 one-way trips to PAL
PODIATRY	\$0 copay – unlimited visits per year
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year




Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	<div> Anthem Carelon Medicare Advantage (HMO-POS) H4161-011</div>
PREMIUM	\$0
PART B REBATE	\$7.30
MAX OUT-OF-POCKET	\$499
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$25 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 15% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Los Angeles, Orange




Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	<div> Anthem Carelon Medicare Advantage (HMO-POS) H4161-011</div>
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$175 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to CCC; 22 one-way trips to PAL
PODIATRY	\$0 copay - 12 visits per year
HEALTHY MEALS	12 post discharge / 2 meals per day for 90 days chronic condition
CHIROPRACTIC	N/A




Southern California 2025 Plan Highlights

PLAN	 Anthem Select (HMO-POS) H0544-058
PREMIUM	\$0
MAX OUT-OF-POCKET	\$800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$75 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / 15% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Los Angeles, Orange




Southern California 2025 Plan Highlights

PLAN	 Anthem Select (HMO-POS) H0544-058
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$40 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 12 one-way trips to PAL
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year




Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-002
PREMIUM	\$0
PART B REBATE	\$30.85
MAX OUT-OF-POCKET	\$800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$50 copay (days 21-100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / 15% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Riverside, San Bernardino




Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-002
DENTAL	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20% preventive - 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year




Southern California 2025 Plan Highlights (Carelon Health Network)

PLAN	<div> Anthem Carelon Medicare Advantage (HMO-POS) H4161-013</div>
PREMIUM	\$0
PART B REBATE	\$17.00
MAX OUT-OF-POCKET	\$800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$100 copay (days 21 - 100))
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	San Bernardino



Southern California 2025 Plan Highlights (Carelon Health Network)

PLAN	<div> Anthem Carelon Medicare Advantage (HMO-POS) H4161-013</div>
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to CCC
PODIATRY	\$0 copay CCC - \$10 PAL copay; 4 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition




Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-003
PREMIUM	\$0
PART B REBATE	\$17.00
MAX OUT-OF-POCKET	\$2,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$100 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / 20% / 25% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	San Diego



Southern California 2025 Plan Highlights

PLAN	 Anthem Prime (HMO-POS) H4161-003
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20% preventive – 50% comprehensive
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
TRANSPORTATION	\$0 copay – 30 one-way trips per year
PODIATRY	\$0 copay – unlimited visits per year



Southern California 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage Aligned (HMO D-SNP) H4471-001</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$0 copay (per stay)
MOST SERVICES COVERED BY PART B	\$0
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers \$0 copay – T1 to T5 mail order 30-90 day supply
RX FORMULARY	Advantage

MARKET SERVICE AREA	Los Angeles, Fresno, Kings, Madera, Tulare, Sacramento, Santa Clara
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Southern California 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage Aligned (HMO D-SNP) H4471-001</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$425 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$85 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 65 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – unlimited visits per year




Southern California 2025 Plan Highlights

PLAN	Full Dual	 Anthem Dual Advantage (HMO D-SNP) H4471-003
MEDICAID STATUS	Full Dual; FBDE, QMB+, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers \$0 copay – T1 to T5 mail order 30-90 day supply	
RX FORMULARY	Advantage	
MARKET SERVICE AREA	Kern	



Southern California 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Dual Advantage (HMO D-SNP) H4471-003</div>
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 48 one-way trips to PAL
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	10 post discharge



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Chronic Care (HMO-POS C-SNP) H4161-014		Anthem Carelon Lung Care (HMO-POS C-SNP) H4161-016	
	New	☆	New	☆
PREMIUM			\$0	
MAX OUT-OF-POCKET			\$499	
PCP			\$0 copay	
SPECIALIST			\$0 copay	
INPATIENT HOSPITAL			\$0 copay (per stay)	
SKILLED NURSING FACILITY			\$50 copay (days 21 - 100)	
RX DEDUCTIBLE			\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6			\$0 / \$0 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	
RX MOOP			\$2,000	
RX FORMULARY			Care	
MARKET SERVICE AREA			Los Angeles, Orange	



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	<div>New</div> Anthem Carelon Chronic Care ☆ (HMO-POS C-SNP) H4161-014	<div>New</div> Anthem Carelon Lung Care ☆ (HMO-POS C-SNP) H4161-016
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$50 per month – Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay - 44 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC	\$0 copay - 22 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	<div><div>☆</div><div>Anthem Carelon Chronic Care (HMO-POS C-SNP) H0544-004</div></div>	<div><div>☆</div><div>Anthem Carelon Lung Care (HMO-POS C-SNP) H0544-014</div></div>
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$800	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay (per stay)	
SKILLED NURSING FACILITY	\$25 copay (days 21 - 100)	\$25 copay (days 32 - 100)
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$45 / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Care	

MARKET SERVICE AREA

Los Angeles, Orange



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	<div>☆ Anthem Carelon Chronic Care (HMO-POS C-SNP) H0544-004</div>	<div>☆ Anthem Carelon Lung Care (HMO-POS C-SNP) H0544-014</div>
ESSENTIAL EXTRAS	(Pick 2) Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	
DENTAL	<div>\$6,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%</div>	<div>Unlimited allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%</div>
VISION	<div>\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year</div>	<div>\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year</div>
HEARING	<div>\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</div>	
OVER THE COUNTER	<div>\$125 per quarter</div>	
FITNESS	<div>\$0 copay - SilverSneakers®</div>	
TRANSPORTATION	<div>\$0 copay - 44 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC</div>	<div>22 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC</div>
PODIATRY	<div>\$0 copay – unlimited visits per year</div>	

HEALTHY MEALS

14 post discharge / 2 meals per day for 90 days chronic condition



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Chronic Care (HMO-POS C-SNP) H4161-015		Anthem Carelon Lung Care (HMO-POS C-SNP) H4161-017	
	New	☆	New	☆
PREMIUM			\$0	
MAX OUT-OF-POCKET			\$800	
PCP			\$0 copay	
SPECIALIST			\$0 copay	
INPATIENT HOSPITAL			\$25 copay (per stay)	
SKILLED NURSING FACILITY			\$50 copay (days 21 - 100)	
RX DEDUCTIBLE			\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6			\$0 / \$9.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	
RX MOOP			\$2,000	
RX FORMULARY			Care	
MARKET SERVICE AREA			San Bernardino	



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	<div>New</div> <div>★ Anthem Carelon Chronic Care (HMO-POS C-SNP) H4161-015</div>	<div>New</div> <div>★ Anthem Carelon Lung Care (HMO-POS C-SNP) H4161-017</div>
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$50 per month – Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay - 10 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC	\$0 copay - 22 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	





Southern California 2025 Plan Highlights

PLAN	Anthem Carelon Chronic Care (HMO-POS C-SNP) H0544-010		Anthem Carelon Lung Care (HMO-POS C-SNP) H0544-019	
	☆		☆	
PREMIUM				\$0
MAX OUT-OF-POCKET		\$1,000		\$1,900
PCP				\$0 copay
SPECIALIST				\$0 copay
INPATIENT HOSPITAL				\$25 copay (days 1 – 10)
SKILLED NURSING FACILITY				\$100 copay (days 21 – 100)
RX DEDUCTIBLE				\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$0 / \$45 / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply		\$0 / \$0 / \$45 / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP				\$2,000
RX FORMULARY				Care
MARKET SERVICE AREA				San Bernardino





Southern California 2025 Plan Highlights

PLAN	 Anthem Carelon Chronic Care (HMO-POS C-SNP) H0544-010	 Anthem Carelon Lung Care (HMO-POS C-SNP) H0544-019
ESSENTIAL EXTRAS	(Pick 2) Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	
DENTAL	\$6,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	Unlimited allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
OVER THE COUNTER	\$75 per quarter	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay - 10 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	 Anthem Carelon Kidney Care (HMO-POS C-SNP) H0544-015	 Anthem Carelon Kidney Care (HMO-POS C-SNP) H0544-020
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$7
MAX OUT-OF-POCKET	\$800	\$1,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$110 copay (days 1 – 5)	\$160 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$25 copay (days 32 – 100)	\$100 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$5 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Care	Care
MARKET SERVICE AREA	Los Angeles, Orange	San Bernardino



Southern California 2025 Plan Highlights (Carelon Health Network)

PLAN	<div><div>★ Anthem Carelon Kidney Care (HMO-POS C-SNP) H0544-015</div><div>★ Anthem Carelon Kidney Care (HMO-POS C-SNP) H0544-020</div></div>	
ESSENTIAL EXTRAS	(Pick 2) Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Groceries - \$50 per month, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
OVER THE COUNTER	\$75 per quarter	
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay –150 one-way trips to PAL	Limited Clinical Benefit
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	



Southern California 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H0544-062
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$100 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Kern



Southern California 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H0544-062
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips to PAL combined with NH
PERS	\$0 copay
PODIATRY	\$0 copay – 24 visits per year



Southern California 2025 Plan Highlights (Carelon Health Network)

PLAN	Anthem Carelon Premium Savings (HMO-POS) H4161-012
PREMIUM	\$0
PART B REBATE	\$52.10
MAX OUT-OF-POCKET	\$1,500
PCP	\$0 copay CCC \$5 copay
SPECIALIST	\$0 copay CCC \$20 copay
INPATIENT HOSPITAL	\$125 copay (per stay)
SKILLED NURSING FACILITY	\$100 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 15% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Los Angeles, Orange, San Bernardino



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Premium Savings (HMO-POS) H4161-012
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips to PAL
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition
CHIROPRACTIC	\$20 copay – 12 visits per year



Southern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-066
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$50 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / 15% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	Riverside, San Bernardino



Southern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-066
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips to PAL
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year



Southern California 2025 Plan Highlights (Carelon Health Network)

PLAN	Anthem Carelon Premium Savings (HMO-POS) H4161-012
PREMIUM	\$0
PART B REBATE	\$62.10
MAX OUT-OF-POCKET	\$1,500
PCP	\$0 copay CCC \$5 copay
SPECIALIST	\$0 copay CCC \$20 copay
INPATIENT HOSPITAL	\$125 copay (per stay)
SKILLED NURSING FACILITY	\$100 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Los Angeles, Orange, San Bernardino



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Premium Savings (HMO-POS) H4161-012
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips to PAL
HEALTHY MEALS	14 post discharge / 2x90 chronic condition
CHIROPRACTIC	\$20 copay – 12 visits per year



Southern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-091
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,500
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$100 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$3 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Advantage
MARKET SERVICE AREA	San Diego



Southern California 2025 Plan Highlights

PLAN	Anthem Select (HMO-POS) H0544-091
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay - SilverSneakers®
PODIATRY	\$0 copay – unlimited visits per year



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Home Care (HMO I-SNP) H0544-005	
PREMIUM	\$0	
PART B REBATE	\$30	
MAX OUT-OF-POCKET	\$800	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay (per stay)	
SKILLED NURSING FACILITY	Medicare FFS	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Care	
MARKET SERVICE AREA	Los Angeles, Orange	



Southern California 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Home Care (HMO I-SNP) H0544-005
DENTAL	\$0 copay – Unlimited allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 22 one way trips to PAL
PERS	\$0 copay
PODIATRY	\$0 copay – 6 visits per year



Southern California 2025 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) ¹ H8552-028
PREMIUM	\$37.10
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 - 20% coinsurance
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$130 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 25% / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Kern, San Diego, San Luis Obispo, Ventura (also Fresno, Kings, Madera, Merced, Monterey, San Joaquin, Stanislaus, Tulare)

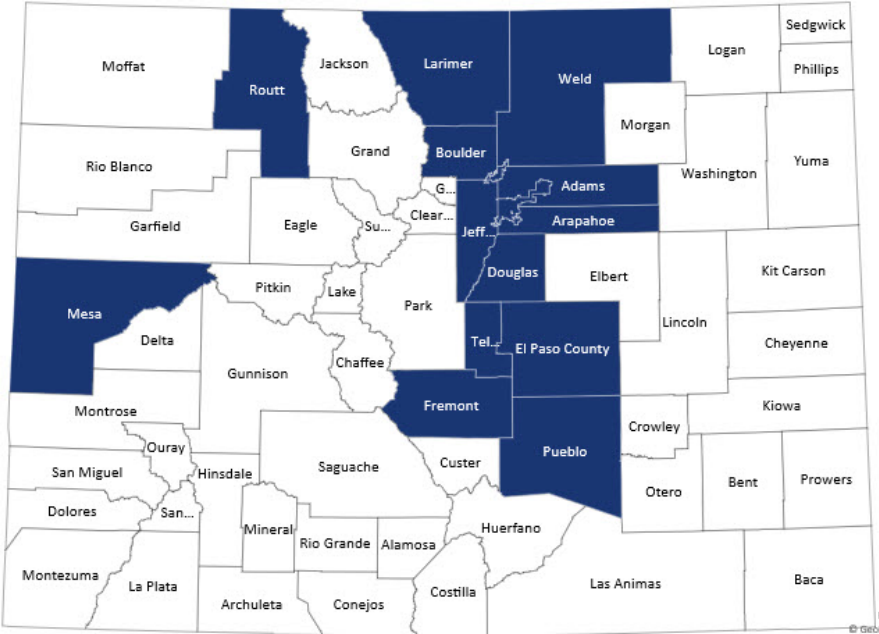


¹Care management by DaVita Integrated Kidney Care

Southern California 2025 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) H8552-028
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
EVERYDAY OPTIONS ALLOWANCE	\$50 per month - Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 52 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 meals post discharge / 90 meals chronic condition





 2025 Proposed Service Area


Market Highlights

- D-SNP plan options for Partial or Full Dual-Eligibles
- D-SNP plan with Everyday Options Allowance for Groceries, OTC, Utilities **and Assistive Devices** and all Rx at \$0
- ESRD C-SNP HMO-POS plan includes OON Dental coverage to improve access to dental providers
- Simple and consistent Essential Extras offerings
- Network includes key providers such as: UC Health, Centura, HealthOne, MedNOW Clinics, SCL Health and Oak Street

Service Area


Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld

Colorado 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H4346-012
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$299 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$4 / 20% / 35% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld




Colorado 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H4346-012
VISION	\$0 copay – 1 routine eye exam per year; \$75 allowance – eyeglasses or contact lenses per year
FITNESS	\$0 copay - SilverSneakers®
MCRS	\$0 copay




Colorado 2025 Plan Highlights


PLAN	<div>All Dual</div> <div> Anthem Dual Advantage (HMO D-SNP) H4346-014</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	\$0 - \$45.10
MAX OUT-OF-POCKET		\$9,350
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL	\$0	\$0 copay – Medicare FFS
SKILLED NURSING FACILITY	\$0	\$0 copay – Medicare FFS
RX DEDUCTIBLE	\$0	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – T1 to T6 mail order 30-90 day supply	
RX MOOP		\$2,000
RX FORMULARY		Core
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld	



Colorado 2025 Plan Highlights

PLAN	<div>All Dual</div> <div> Anthem Dual Advantage (HMO D-SNP) H4346-014</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$65 per month - Groceries, OTC, Utilities, and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year


Colorado 2025 Plan Highlights

PLAN	<div>Anthem Kidney Care (HMO-POS C-SNP) H4346-029</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,751
PCP	\$0 copay
SPECIALIST	\$0 - \$35 copay
INPATIENT HOSPITAL	\$289 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$5 / 20% / 25% / 33% / \$0</div> <div>\$0 copay – T1 and T2 mail order 30-90 day supply</div>
RX MOOP	\$2,000
RX FORMULARY	Core

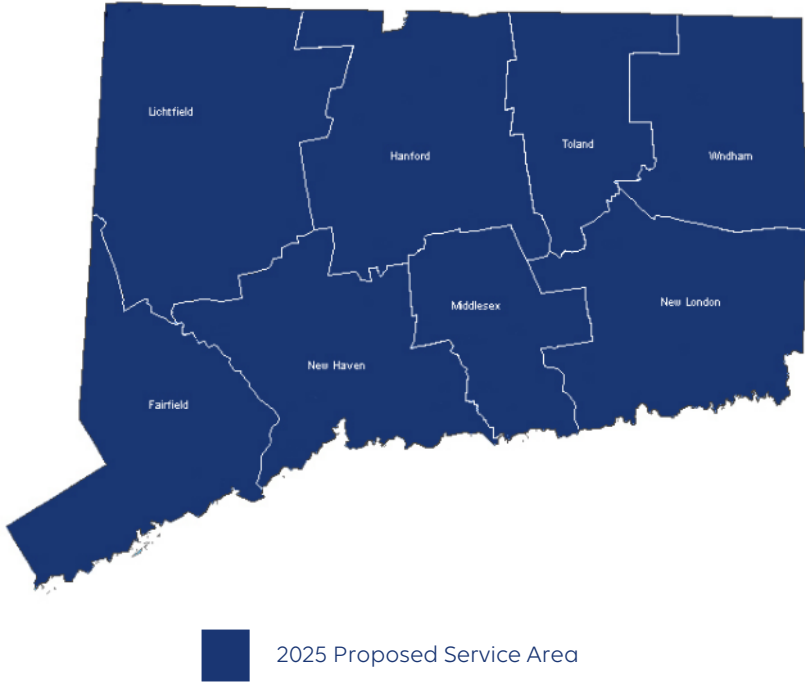
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld
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Colorado 2025 Plan Highlights

PLAN	<div>Anthem Kidney Care (HMO-POS C-SNP) H4346-029</div>
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay / Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$750 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$25 per quarter
FITNESS	\$0 copay - SilverSneakers®
MCRS	\$0 copay






Market Highlights

- 3rd largest MA plan in CT
- D-SNP member growth leader
- Lead D-SNP plan has embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assisted Devices plus all Rx at \$0
- \$0 HMO-POS in 6 counties with OTC, Vision and Hearing benefits
- NEW MA-only HMO-POS plan with \$90 Part B Giveback
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Statewide PPO plan provides access to OON providers in Boston, NYC and more

Service Area


All Counties

Connecticut 2025 Plan Highlights

PLAN	 Anthem Select (HMO-POS) H5854-010
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,300
PCP	\$5 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$4 / 20% / 30% / 29% / \$0 \$0 copay – T1 – T2, mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham




Connecticut 2025 Plan Highlights

PLAN	 Anthem Select (HMO-POS) H5854-010
DENTAL	1 oral exam and 1 cleaning per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$60 per quarter
FITNESS	\$0 copay – SilverSneakers®




Connecticut 2025 Plan Highlights

PLAN	New	 Anthem Veteran (HMO-POS) H5854-018
PREMIUM		\$0
PART B REBATE		\$90
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$5,900
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$350 copay (days 1 – 5 or per stay)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MARKET SERVICE AREA		Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham




Connecticut 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Veteran (HMO-POS) H5854-018</div>
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$45 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – unlimited trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge



Connecticut 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage Select (HMO D-SNP) H5854-013</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham



Connecticut 2025 Plan Highlights

PLAN

Full Dual



Anthem Full Dual Advantage Select (HMO D-SNP)

H5854-013

DENTAL

\$0 copay – \$2,250 allowance for preventive and comprehensive services per year

VISION

\$0 copay – 1 routine eye exam per year;
\$200 allowance – eyeglasses or contact lenses per year

HEARING

\$0 copay – 1 hearing exam, fitting & evaluation per year;
\$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year

EVERYDAY OPTIONS
ALLOWANCE

\$135 per month – Groceries, OTC, Utilities and Assistive Devices

FITNESS

\$0 copay – SilverSneakers®

HEALTH & FITNESS
TRACKER

\$0 copay – tracking device & engagement membership

TRANSPORTATION

\$0 copay – 60 one-way trips

PERS


\$0 copay

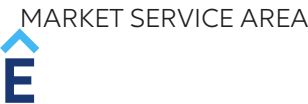
HEALTHY MEALS

14 meals (post discharge)




Connecticut 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H2836-005
PREMIUM	\$2
MEDICAL DEDUCTIBLE	\$750 (applies to OON only)
MAX OUT-OF-POCKET	\$9,350 (IN) / \$13,300 (IN & OON)
PCP	\$5 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	40%
RX DEDUCTIBLE	\$275 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$3 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core



Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

Connecticut 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H2836-005
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits



Connecticut 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H5854-011				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$6,700				
PCP	\$0 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$440 copay (days 1 – 4)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 (T1 – T6)		\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	25%/ 25% / 25% / 25%/ 25%		\$0	\$0	\$0
	All tiers mail order 30-90 day supply – 25%		All tiers mail order 30-90 day supply – \$0		
RX MOOP	\$2,000				
RX FORMULARY	Core				
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham				



Connecticut 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H5854-011
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips
HEALTHY MEALS	14 meals (post discharge)



Connecticut 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H5854-009
PREMIUM	\$21
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,800
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$440 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$380 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 35% / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Hartford, Fairfield, Litchfield, Middlesex, New Haven, Windham



Connecticut 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H5854-009
VISION	\$0 copay – 1 routine eye exam per year
FITNESS	\$0 copay – SilverSneakers®



Connecticut 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (PPO D-SNP) H2836-006
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350 (IN) / \$14,000 (OON)	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
MOST OUT OF NETWORK SERVICES	\$0-40%	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	



Connecticut 2025 Plan Highlights

PLAN	Full Dual Anthem Full Dual Advantage (PPO D-SNP) H2836-006
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$125 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 48 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	21 post discharge



Connecticut 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H5854-008
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	

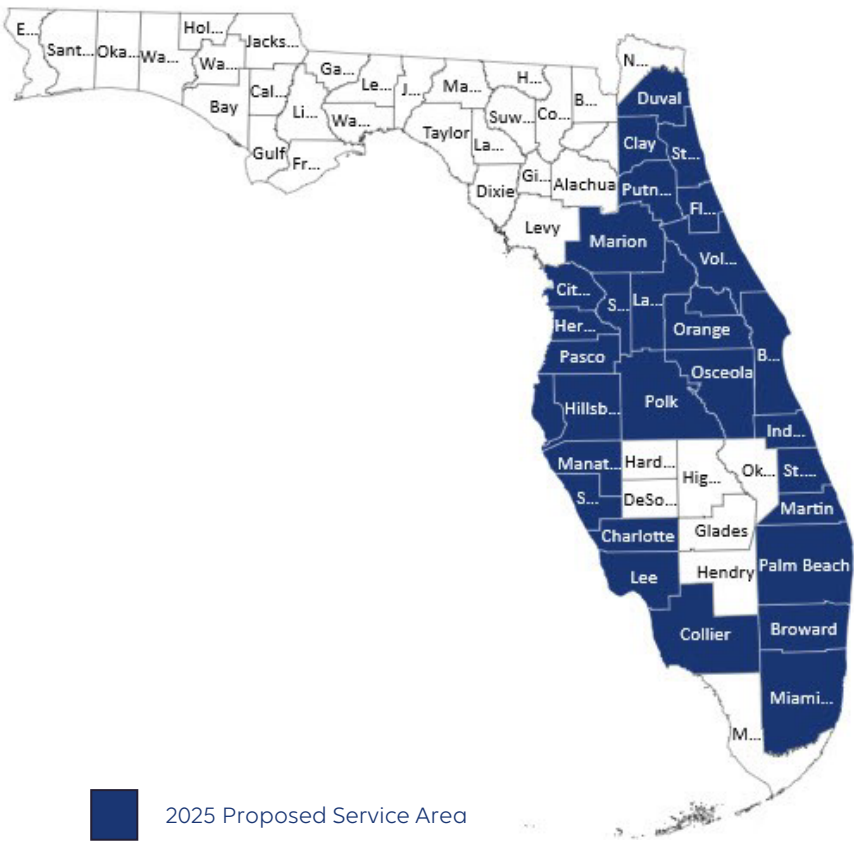
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham
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Connecticut 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>Anthem Full Dual Advantage 2 (HMO D-SNP) H5854-008</div>
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year
OTC	\$195 per quarter
TRANSPORTATION	\$0 copay – 6 one-way trips





Market Highlights

- Market Leading Star Ratings



Simply



HealthSun



Freedom



Optimum

- #1 C-SNP Market Share
- #3 D-SNP & HMO Market Share
- Fast growing state with 5M eligibles; ELV FL grew 2x AEP24 market average at 4.6%

- Robust portfolio including HMO, D-SNP, C-SNP & PPO
- Competitive Everyday Options Allowance for Groceries, Utilities and Assistive Devices
- Maximum HMO Part B Giveback plans available
- All plans offer generous OTC, Vision, Hearing and Enhanced Dental
- Designation as a Highly Integrated Dual Eligible Plan (HIDE)
- Active Fitness available on select plans

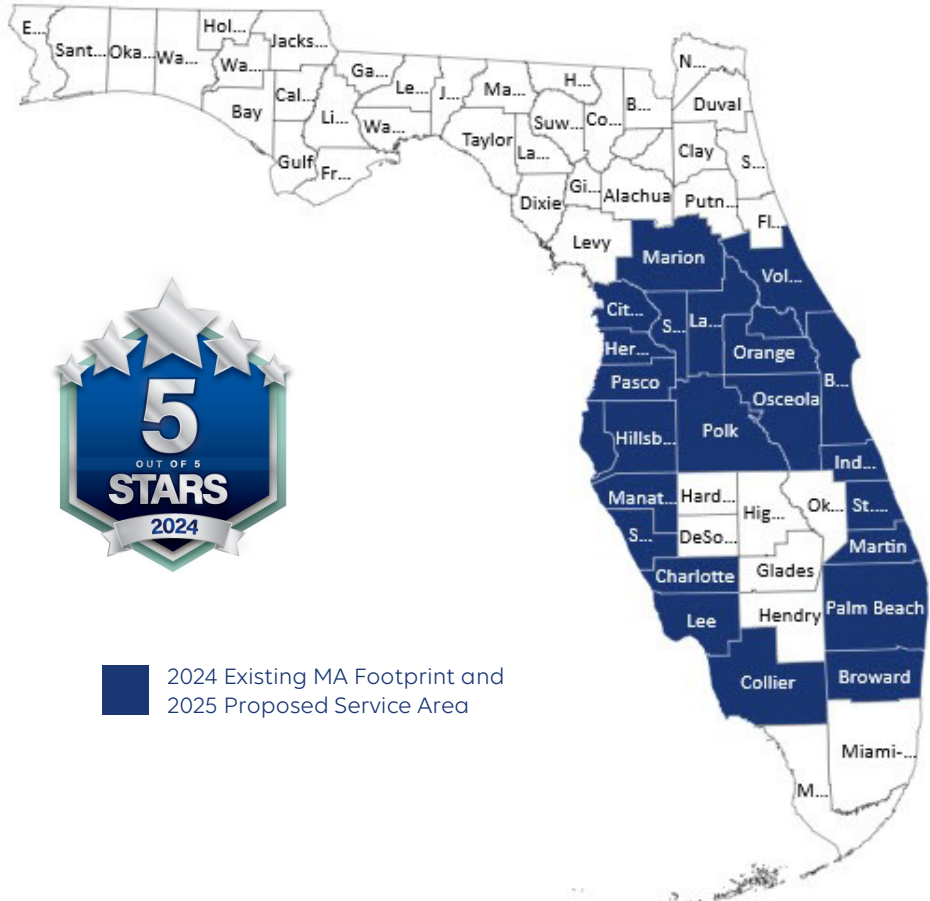
Service Area

Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Flagler, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia



- Freedom = 4.5 Stars
- Broad portfolio of products include HMO, C-SNP and D-SNP
- POS plans with OON benefits in Puerto Rico using plan approved provider network
- C-SNP leader
- Easy C-SNP enrollment process with 98% acceptance
- Enriched benefits in the monthly Everyday Options Allowance – Groceries, Utilities and Assistive Devices
- All Part D covered drugs at \$0 copay for ALL TIERS and phases D-SNP HMO including excluded drugs
- Maximum HMO Part B Giveback Plans Available
- Monthly OTC on D-SNP and Non D-SNP plans
- Everyday Options Allowance – Groceries, Utilities and Assistive Devices on D-SNP and C-SNP plans
- Rich Dental with no maximum allowance and MOOP as low as \$1,500

Brevard, Broward, Charlotte, Citrus, Collier, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter, Volusia



Market Highlights

- Optimum = 5 Stars 3 years in a row
- Broad portfolio of products include HMO, C-SNP and D-SNP
- C-SNP leader
- Easy C-SNP enrollment process with 98% acceptance
- Enriched benefits in the monthly Everyday Options Allowance – Groceries, Utilities and Assistive Devices
- All Part D covered drugs at \$0 copay for ALL TIERS and phases D-SNP HMO including excluded drugs
- Part B Giveback
- Monthly OTC on D-SNP plans and Non D-SNP plans
- Everyday Options Allowance – Groceries, Utilities and Assistive Devices on D-SNP and C-SNP plans
- Rich Dental with no maximum allowance and MOOP as low as \$1,000

Service Area

Brevard, Broward, Charlotte, Citrus, Collier, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Sumter, Volusia



Market Highlights

- Simply = 5 Stars
- Broad portfolio of products include HMO, D-SNP, I/IE-SNP, C-SNP and PPO
- Simply HMO/D-SNP = 5 Stars
- Benefit Rich Provider Specific Plans
- PPO in 30 Counties
- Competitive Part B Giveback Plans
- Competitive Everyday Options Allowance – Groceries, Utilities and Assistive Devices
- Rich comprehensive Dental coverage
- All Part D covered drugs at \$0 copay for ALL TIERS and phases D-SNP HMO including excluded drugs
- Everyday Option Allowance:
 - Groceries, Utilities and Assistive Devices, along with monthly OTC – D-SNP HMO
 - Dental, Vision and Hearing on select plans
 - Groceries, Assistive Devices, and Utilities on C-SNP and select HMO plans

Service Area

Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Flagler, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia



Market Highlights

- Health Sun = 5-Star 7 years in a row
- Robust portfolio including HMO, D-SNP and new C-SNP plans in Miami-Dade, Broward and Palm Beach
- Offering a cutting-edge primary and multispecialty medical center model through our exclusive and wholly owned provider network
- Monthly OTC benefit and enriched Everyday Options Allowance – Groceries, Utilities and Assistive Devices on all D-SNPs
- Monthly OTC benefit and a monthly Everyday Options Allowance – Groceries, Utilities and Assistive Devices on Non D-SNP plans
- Maximum HMO Part B Giveback Plans offered in all counties
- Rich comprehensive Dental coverage, including implants
- Rich Dental, Vision and OTC allowances per month
- Everyday Options Allowance - Groceries, Utilities and Assistive Devices monthly allowance

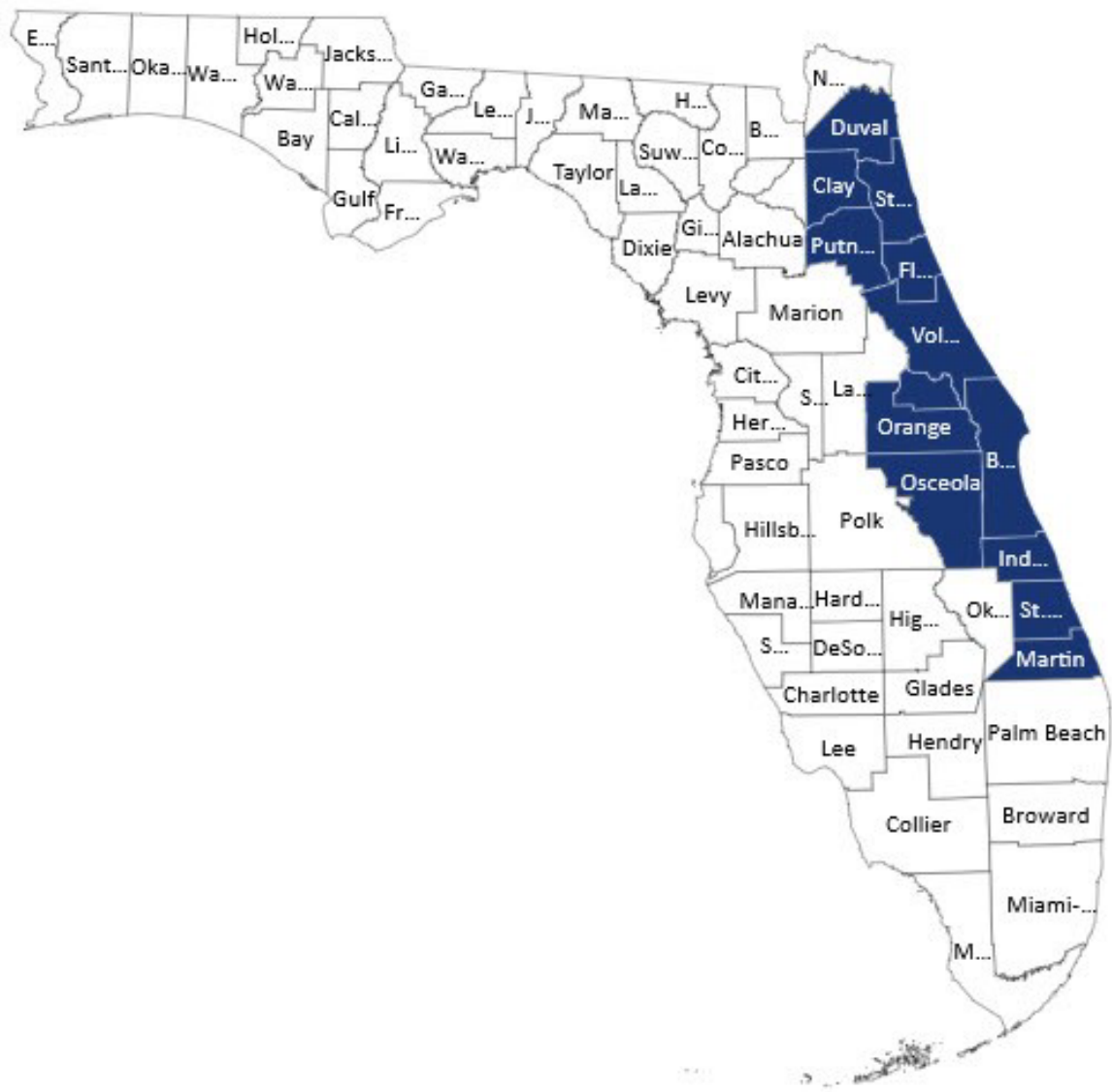
Service Area

Broward, Miami-Dade, Palm Beach

Central
Freedom
Optimum
Simply

Treasure Coast
Freedom
Optimum
Simply

Jacksonville
Simply



Florida - East

Central

Lead Plans
Freedom
Optimum
Simply



LEAD PLANS

Central

Simply - Central Florida 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-120
PREMIUM	\$0
PART B REBATE	\$160
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3/T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole



Simply - Central Florida 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-120
DENTAL	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$47 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips
PODIATRY	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge

Freedom - Central Florida 2025 Plan Highlights

PLAN	 Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20/ \$60 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
Rx MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2025 Plan Highlights

PLAN	<div>☆ Freedom VIP Savings (HMO C-SNP) H5427-072</div>
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$100 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2025 Plan Highlights

PLAN	<div>★ Full Dual</div> Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	QMB, QMB+
PREMIUM	\$0 - \$16.80
MAX OUT-OF-POCKET	\$500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Freedom Medi-Medi Full (HMO D-SNP) H5427-087</div>
DENTAL	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



FREEDOM

Central

Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-089	Freedom Platinum Rewards Plan Rx (HMO) H5427-102
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$2,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$25 copay (days 1 – 7)	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$10 / \$85 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-089	Freedom Platinum Rewards Plan Rx (HMO) H5427-102
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$85 per month	\$75 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 12 one-way trips per year	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
PREMIUM	\$0
PART B REBATE	\$75
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 5) \$20 copay (days 6 - 20) \$125 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
RX MOOP	N/A
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
DENTAL	Option 1
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078		★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087	
	All Dual		Full Dual	
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+	
PREMIUM	\$0 - \$16.50		\$0	
MAX OUT-OF-POCKET	\$500		\$500	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia		Orange, Osceola, Seminole, Volusia	



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078		★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087	
	All Dual		Full Dual	
DENTAL	Option 3		Option 3	
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year		\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices		\$200 per month Groceries, Utilities and Assistive Devices	
OVER THE COUNTER	\$135 per month		\$135 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
HEALTHY MEALS	10 post discharge within 7 days		10 post discharge within 7 days	



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	★ Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$50 / 33% / \$0 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$20 / \$60 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
Rx MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia

Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	★ Freedom VIP Savings (HMO C-SNP) H5427-072
DENTAL	Option 4	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days

Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / N/A Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Máximo (HMO-POS) H5427-112
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Máximo (HMO-POS) H5427-112
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$75 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Central



Optimum - Central Florida 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP)		Optimum Emerald Full (HMO D-SNP)	
	All Dual	H5594-016	Full Dual	H5594-017
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+	
PREMIUM	\$0 - \$19.50		\$0	
MAX OUT-OF-POCKET	\$500		\$500	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia		Orange, Osceola, Seminole, Volusia	



Optimum - Central Florida 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP)		Optimum Emerald Full (HMO D-SNP)	
	All Dual	H5594-016	Full Dual	H5594-017
DENTAL	Option 3		Option 3	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices		\$200 per month Groceries, Utilities and Assistive Devices	
OVER THE COUNTER	\$135 per month		\$135 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



SIMPLY

Central



Simply - Central Florida 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-120
PREMIUM	\$0
PART B REBATE	\$160
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3/T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole

Simply - Central Florida 2025 Plan Highlights

PLAN	<div>☆ Simply Extra Platinum (HMO) H5471-120</div>
DENTAL	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$47 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips
PODIATRY	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge



Simply - Central Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-074	Simply Extra (HMO) H5471-107
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$130
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$20 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)	\$200 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$150 (days 21 – 100)	\$0 (days 1 – 20) \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$35 / \$85 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$10 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole



Simply - Central Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-074	Simply Extra (HMO) H5471-107
DENTAL	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	N/A
OVER THE COUNTER	\$75 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - Central Florida 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-122	Simply Complete Platinum (HMO D-SNP) H5471-121
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PART B REBATE	\$164.90	N/A
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,200	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$20 copay	\$0 copay
INPATIENT HOSPITAL	\$200 copay (days 1-5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/ T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3/T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3/T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole



Simply - Central Florida 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-122	Simply Complete Platinum (HMO D-SNP) H5471-121
DENTAL	Value Dental Plan - \$0 copay \$1,500 for preventative and comprehensive per year	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$75 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$85 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips / 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 36 chronic condition

Simply - Central Florida 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-073	Simply Complete (HMO D-SNP) H5471-072
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)	\$0 copay
SKILLED NURSING FACILITY	\$0 (days 1 – 20) / \$150 (days 21 – 100)	\$0 (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$30 / \$75 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3 and T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 and T3 and T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole



Simply - Central Florida 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-073	Simply Complete (HMO D-SNP) H5471-072
DENTAL	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	\$125 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$100 per month	\$125 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - Central Florida 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-006
PREMIUM	\$0
PART B REBATE	\$5
MAX OUT-OF-POCKET	\$5,000 (IN) \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$275 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) / \$196 (days 21 – 100)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42/ 25%/ 31% / \$0 T1 mail order 30-100 day supply T2 and T3 and T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Simply - Central Florida 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-006
DENTAL	Value Dental Plan - \$0 copay \$2,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$45 per month
FITNESS	\$0 copay - SilverSneakers®



Florida - East

Treasure Coast

Freedom
Optimum
Simply



FREEDOM

Treasure Coast

Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-088	Freedom Platinum Rewards Plan Rx (HMO) H5427-106
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$150
MAX OUT-OF-POCKET	\$1,500	\$3,250
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$25 copay
INPATIENT HOSPITAL	\$85 copay (days 1 – 7)	\$250 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$30 / \$80 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-088	Freedom Platinum Rewards Plan Rx (HMO) H5427-106
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$60 per month	\$65 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year	\$0 copay – 20 one-way trips
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
PREMIUM	\$0
PART B REBATE	\$75
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 5) \$20 (days 6 - 20) \$125 (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
RX MOOP	N/A
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
DENTAL	Option 1
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$0 - \$16.50	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie



Freedom - Central Florida 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-108	Freedom VIP Savings (HMO C-SNP) H5427-082
PREMIUM	\$0	\$0
PART B REBATE	\$174.70	\$125
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 7)	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$30 / \$80 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-108	Freedom VIP Savings (HMO C-SNP) H5427-082
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$60 per month	\$50 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0
PART B REBATE	\$120
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$80 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Indian River, Martin, St Lucie



Freedom - Treasure Coast 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$60 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Treasure Coast



Optimum - Treasure Coast 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016		Optimum Emerald Full (HMO D-SNP) H5594-017	
	All Dual		Full Dual	
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+	
PREMIUM	\$0 - \$19.50		\$0	
MAX OUT-OF-POCKET	\$500		\$500	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie		Brevard, Indian River, Martin, St Lucie	



Optimum - Treasure Coast 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
	All Dual	Full Dual
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge in 7 days	10 post discharge in 7 days



SIMPLY

Treasure Coast



Simply - Treasure Coast 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-002
PREMIUM	\$0
PART B REBATE	\$5
MAX OUT-OF-POCKET	\$4,500 (IN) \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42/ 25%/ 31% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Simply - Treasure Coast 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-002
DENTAL	Value Dental Plan - \$0 copay \$1,500 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®



SIMPLY

Jacksonville



Simply - Jacksonville 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-110	Simply Extra (HMO) H5471-112
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$125
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$35 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 4)	\$325 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$150 (days 21 – 100)	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$35/ \$85 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$10 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Clay, Duval, St Johns	Clay, Duval, St Johns

Simply - Jacksonville 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-110	Simply Extra (HMO) H5471-112
DENTAL	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	N/A
OVER THE COUNTER	\$90 per month	\$75 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - Jacksonville 2025 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-111
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
PREMIUM	\$0
MAX OUT-OF-POCKET	\$500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 (days 1 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T6 mail order 30-90 day supply T4 – T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000
MARKET SERVICE AREA	Clay, Duval, St Johns



Simply - Jacksonville 2025 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-111
DENTAL	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$130 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips / 24 one-way trips to grocery store
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	14 post discharge

Simply - Jacksonville 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-003
PREMIUM	\$0
PART B REBATE	\$5
MAX OUT-OF-POCKET	\$6,800 (IN) \$11,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$350 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / 25%/ 31% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Clay, Duval, Flagler, Putnam, St Johns



Simply - Jacksonville 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-003
DENTAL	Value Dental Plan - \$0 copay \$2,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$45 per month
FITNESS	\$0 copay - SilverSneakers®



2025 Freedom Dental

DESCRIPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	COPAY	FREQUENCY	COPAY	FREQUENCY	COPAY	FREQUENCY	CO-PAY	FREQUENCY
Periodic oral exam or comprehensive exam	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Emergency (problem focused) visit	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Complete series including bitewings	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Additional X-ray	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Occlusal film	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Bitewing single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 2	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 4	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Panoramic film	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Temporomandibular joint film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Cleaning	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Adult fluoride	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Full mouth debridement	N/A	N/A	\$0 copay	1 per 2 years	\$0 copay	1 per 2 years	\$0 co-pay	1 per 2 years
Simple extraction / Surgical removal or erupted tooth	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
One or two surface resin restoration / One, two or three surface resin filing	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Periodontal maintenance	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year
Deep Cleaning (Root Scaling/planning)	N/A	N/A	\$0 copay	4 quads per year	\$0 copay	4 quads per year	\$0 copay	4 quads/per year
Crown	N/A	N/A	N/A	N/A	\$0 copay	1 per year	N/A	N/A
Prosthetic-Partial or Full Denture	N/A	N/A	N/A	N/A	\$0 copay	1 per 5 years	\$0 copay	1 per 5 years
Denture realign	N/A	N/A	N/A	N/A	\$0 copay	1 per year	\$0 copay	1 per year



2025 Optimum Dental

DESCRIPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	COPAY	FREQUENCY	COPAY	FREQUENCY	COPAY	FREQUENCY	CO-PAY	FREQUENCY
Periodic oral exam or comprehensive exam	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Emergency (problem focused) visit	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Complete series including bitewings	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Additional X-ray	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Occlusal film	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Bitewing single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 2	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 4	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Panoramic film	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Temporomandibular joint film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Cleaning	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Adult fluoride	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Full mouth debridement	N/A	N/A	\$0 copay	1 per 2 years	\$0 copay	1 per 2 years	\$0 co-pay	1 per 2 years
Simple extraction / Surgical removal or erupted tooth	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
One or two surface resin restoration / One, two or three surface resin filing	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Periodontal maintenance	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year
Deep Cleaning (Root Scaling/planning)	N/A	N/A	\$0 copay	4 quads per year	\$0 copay	4 quads per year	\$0 copay	4 quads/per year
Crown	N/A	N/A	N/A	N/A	\$0 copay	1 per year	N/A	N/A
Prosthetic-Partial or Full Denture	N/A	N/A	N/A	N/A	\$0 copay	1 per 5 years	\$0 copay	1 per 5 years
Denture realign	N/A	N/A	N/A	N/A	\$0 copay	1 per year	\$0 copay	1 per year



2025 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic Film every 3 years

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan

\$0 Copay:

- Exams
- Prophylaxis Cleanings
- Fluoride Treatment
- Dental X-rays (bitewing & panoramic films)
- Other Diagnostic and Preventive dental services

Comprehensive Dental Items:

- \$1,000 - \$2,500 allowance for covered preventive and comprehensive dental services depending on plan benefits

3

Select Dental Plan

\$0 Copay:

- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic film every 3 years

Comprehensive Dental Items:

- 2 Amalgam or resin fillings every year
- 2 Crowns every year
- 1 Root canal every year
- 1 Periodontal scaling/root planing per quadrant every 3 years
- 2 fixed partial dentures (bridges) 1 per arch every 5 years
- 1 set of complete or partial dentures every 5 years
- 1 denture adjustment/reline every year
- 6 simple or surgical extractions every year (in 1 or more visits)
- Medically necessary surgical procedures including analgesia
- Other Adjunctive general services

Tampa Bay

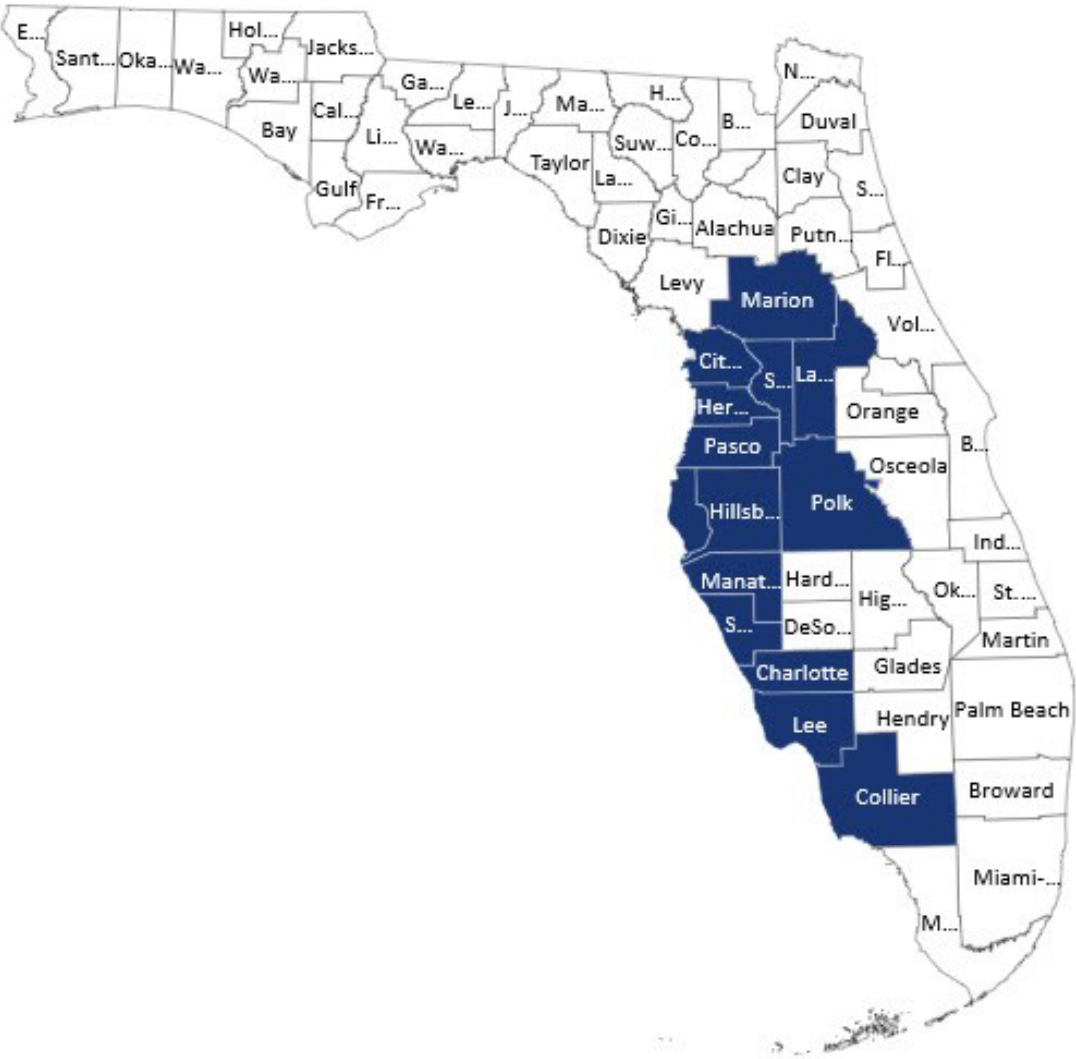
Freedom
Optimum
Simply

The Villages

Freedom
Optimum
Simply

Gulf Coast

Freedom
Optimum
Simply



Florida - West

Tampa Bay

Freedom
Optimum
Simply



LEAD PLANS

West

Simply - Tampa Bay 2025 Plan Highlights

PLAN	★ Simply Extra Platinum (HMO) H5471-117
PREMIUM	\$0
PART B REBATE	\$164.90
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$20 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk



Simply - Tampa Bay 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-117
DENTAL	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$100 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips
PODIATRY	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Optimum Emerald Full (HMO D-SNP) H5594-017</div>
MEDICAID STATUS	QMB, QMB+
PREMIUM	\$0 - \$25.30
MAX OUT-OF-POCKET	\$500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Optimum Emerald Full (HMO D-SNP) H5594-017</div>
DENTAL	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips
PERS	\$0 copay
HEALTHY MEALS	10 post discharge in 7 days




Optimum - Tampa Bay 2025 Plan Highlights

PLAN	<div> Optimum Diamond Rewards (HMO C-SNP) H5594-028</div>
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$1,650
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$65 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$125 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$55 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas Citrus



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	<div> Optimum Diamond Rewards (HMO C-SNP) H5594-028</div>
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 monthly allowance Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$90 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



FREEDOM

Tampa Bay



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-092	Freedom Platinum Rewards Plan Rx (HMO) H5427-107
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,750	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$40 copay (days 1 – 5)	\$95 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$55 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$35 / \$65 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Polk	Polk

Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-092	Freedom Platinum Rewards Plan Rx (HMO) H5427-107
DENTAL	Option 2	Option 4
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$85 per month	\$60 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 12 one-way trips per year	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Platinum Plan Rx (HMO) H5427-093
PREMIUM	\$0	\$0
PART B REBATE	\$75	N/A
MAX OUT-OF-POCKET	\$3,400	\$2,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$10 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)	\$60 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 5) \$20 copay (days 6 - 20) \$125 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$15 / \$60 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	N/A	\$2,000
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Platinum Plan Rx (HMO) H5427-093
DENTAL	Option 1	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$35 per month	\$65 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year	\$0 copay – 12 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$0 - \$16.50	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 , T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP)	Freedom Medi-Medi Full (HMO D-SNP)
	All Dual H5427-078	Full Dual H5427-087
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$50 / 33% / \$0 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$20/ \$60 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
DENTAL	Option 4	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-099	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0	\$0
PART B REBATE	\$174.70	\$174.70
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 5)	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$172 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$65 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$20 / \$60 / 33% / N/A Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Citrus, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-099	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
DENTAL	Option 4	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$85 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Máximo (HMO-POS) H5427-113
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$1,900
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$95 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$172 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$70 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Hillsborough and Polk



Freedom - Tampa Bay 2025 Plan Highlights

PLAN	Freedom Máximo (HMO-POS) H5427-113
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$75 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Tampa Bay



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B REBATE	\$174.70	N/A
MAX OUT-OF-POCKET	\$1,900	\$1,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1 - 5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$172 copay (days 21-100)	\$0 copay (days 1 – 20) \$95 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$5 / \$15 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$5 / \$50 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
DENTAL	Option 2	Option 4
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$75 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – unlimited one-way trips
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Gold Plus Plan (HMO) H5594-032
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$1,900
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$172 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$5 / \$15 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Citrus and Hernando



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Gold Plus Plan (HMO) H5594-032
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$75 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips
HEALTHY MEALS	10 post discharge within 7 days



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016		★ Optimum Emerald Full (HMO D-SNP) H5594-017	
	All Dual		Full Dual	
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+	
PREMIUM	\$0 - \$19.50		\$0	
MAX OUT-OF-POCKET	\$500		\$500	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016		★ Optimum Emerald Full (HMO D-SNP) H5594-017	
	All Dual		Full Dual	
DENTAL	Option 3		Option 3	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices		\$200 per month Groceries, Utilities and Assistive Devices	
OVER THE COUNTER	\$135 per month		\$135 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	★ Optimum Diamond Rewards (HMO C-SNP) H5594-028		Optimum Diamond Rewards COPD (HMO C-SNP) H5594-029	
PREMIUM	\$0		\$0	
PART B REBATE	\$174.70		\$174.70	
MAX OUT-OF-POCKET	\$1,650		\$1,750	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$10 copay		\$10 copay	
INPATIENT HOSPITAL	\$65 copay (days 1 - 5)		\$65 copay (days 1 - 5)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$125 copay (days 21 – 100)		\$0 copay (days 1 – 20) \$125 copay (days 21 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$55 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only		\$0 / \$15 / \$55 / 33% / N/A Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas Citrus		Hernando, Hillsborough, Pasco, Pinellas Citrus	



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	 Optimum Diamond Rewards (HMO C-SNP) H5594-028	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-029
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 monthly allowance Groceries, Utilities and Assistive Devices	\$80 monthly allowance Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$90 per month	\$85 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Diamond (HMO C-SNP) H5594-036
PREMIUM	\$0
PART B REBATE	N/A
MAX OUT-OF-POCKET	\$1,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (days 1 - 90)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$95 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5/ \$50 / 33% / \$0 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas Citrus



Optimum - Tampa Bay 2025 Plan Highlights

PLAN	Optimum Diamond (HMO C-SNP) H5594-036
DENTAL	Option 4
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 monthly allowance Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$90 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



SIMPLY

Tampa Bay



Simply - Tampa Bay 2025 Plan Highlights

PLAN	☆ Simply Extra Platinum (HMO) H5471-117
PREMIUM	\$0
PART B REBATE	\$164.90
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$20 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk



Simply - Tampa Bay 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-117
DENTAL	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$100 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips
PODIATRY	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-071	Simply Extra (HMO) H5471-106
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$145
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$30 copay
INPATIENT HOSPITAL	\$40 copay (days 1 - 5)	\$200 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 - 20) \$40 (days 21 – 100)	\$0 (days 1 - 20) \$60 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$10 / \$55 / 33% / \$0 T1 mail order 30-100 day supply T2, T6 mail order 30-90 day supply	\$0 / \$20 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2, T6 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Polk	Polk



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-071	Simply Extra (HMO) H5471-106
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Basic Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$100 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam per year
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision, and hearing (combined)	\$500 allowance per year dental, vision, and hearing (combined)
OVER THE COUNTER	\$105 per month	\$47 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-119	Simply Complete Platinum (HMO D-SNP) H5471-118
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PART B REBATE	\$164.90	N/A
PREMIUM	N/A	\$0
MAX OUT-OF-POCKET	\$2,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$0 copay
INPATIENT HOSPITAL	\$100 copay (days 1-5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / \$95/ 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk	Hernando, Hillsborough, Pasco, Pinellas, Polk



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-119	Simply Complete Platinum (HMO D-SNP) H5471-118
DENTAL	Value Dental Plan - \$0 copay \$1,500 for preventative and comprehensive per year	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$150 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$75 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips / 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 36 chronic condition

Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-070	Simply Complete (HMO D-SNP) H5471-066
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$0	\$0
PART B REBATE	\$50	N/A
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 (days 1 - 20) \$40 (days 21 – 100)	\$0 (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$15 / \$55 / 33% / T6 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D all tiers T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Polk	Polk



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-070	Simply Complete (HMO D-SNP) H5471-066
DENTAL	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	\$100 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$90 per month	\$110 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 30 chronic condition



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-008
PREMIUM	\$0
PART B REBATE	N/A
MAX OUT-OF-POCKET	\$5,000 (IN) \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / 25%/ 31% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Polk, Citrus, Hernando, Hillsborough, Pasco, and Pinellas



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-008
DENTAL	Value Dental Plan -\$0 copay \$2,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$67 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-078	Simply Extra (HMO) H5471-108
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$145
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$30 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 8)	\$175 copay (days 1 - 6)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$150 (days 21 – 100)	\$0 (days 1 – 20) \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$35/ \$85 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$20 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas

Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-078	Simply Extra (HMO) H5471-108
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Basic Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$100 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam per year
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	\$500 allowance per year dental, vision and hearing (combined)
OVER THE COUNTER	\$110 per month	\$50 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-075	Simply Complete (HMO D-SNP) H5471-082
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)	\$0 copay
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$150 (days 21 – 100)	\$0 (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/ T6	\$0 / \$0 / \$30 / \$75 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas



Simply - Tampa Bay 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-075	Simply Complete (HMO D-SNP) H5471-082
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	\$100 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$85 per month	\$105 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



West Florida

The Villages

Freedom
Optimum
Simply



FREEDOM

The Villages

Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
PREMIUM	\$0
PART B REBATE	\$75
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 5) \$20 copay (days 6 - 20) \$125 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
MARKET SERVICE AREA	Lake, Marion, Sumter



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
DENTAL	Option 1
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PERS	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-094	Freedom Platinum Rewards Plan Rx (HMO) H5427-096
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$2,000	\$3,200
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$40 copay (days 1 – 5)	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$35 / \$85 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-094	Freedom Platinum Rewards Plan Rx (HMO) H5427-096
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$55 per month	\$65 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$0 - \$16.50	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	★ Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$50 / 33% / \$0 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 / \$20 / \$60 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	☆ Freedom VIP Savings (HMO C-SNP) H5427-072
DENTAL	Option 4	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / N/A Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Lake, Marion, Sumter



Freedom - The Villages 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

The Villages

Optimum - The Villages 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP)		Optimum Emerald Full (HMO D-SNP)	
	All Dual	H5594-016	Full Dual	H5594-017
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+	
PREMIUM	\$0 - \$19.50		\$0	
MAX OUT-OF-POCKET	\$500		\$500	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Lake, Marion, Sumter		Lake, Marion, Sumter	



Optimum - The Villages 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
	All Dual	Full Dual
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge in 7 days	10 post discharge in 7 days



SIMPLY

The Villages



Simply - The Villages 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-009
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,000 (IN) \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 - 6)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$125 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / 25% / 31% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Lake, Marion, Sumter



Simply -The Villages 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-009
DENTAL	Value Dental Plan - \$0 copay \$2,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$56 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year



West Florida

Gulf Coast
Freedom
Optimum
Simply



FREEDOM

Gulf Coast



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-098	Freedom Platinum Rewards Plan Rx (HMO) H5427-105
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$105
MAX OUT-OF-POCKET	\$2,600	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$25 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$35 / \$85 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Charlotte, Lee, Collier	Charlotte, Collier, Lee



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-098	Freedom Platinum Rewards Plan Rx (HMO) H5427-105
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$70 per month	\$50 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-091	Freedom Platinum Rewards Plan Rx (HMO) H5427-103
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$150
MAX OUT-OF-POCKET	\$2,600	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$30 copay
INPATIENT HOSPITAL	\$75 copay (days 1 – 7)	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$35 / \$85 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Manatee, Sarasota	Manatee, Sarasota

Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-091	Freedom Platinum Rewards Plan Rx (HMO) H5427-103
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$85 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 12 one-way trips per year	\$0 copay – 20 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
PREMIUM	\$0
PART B REBATE	\$75
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 5) \$20 copay (days 6 - 20) \$125 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
RX MOOP	N/A
MARKET SERVICE AREA	Lee, Manatee, Sarasota



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
DENTAL	Option 1
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$0 - \$16.50	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota	Charlotte, Collier, Lee, Manatee, Sarasota



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	★ Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 (days 21 – 100)	\$0 copay (days 1 – 20) \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$50 / 33% / \$0 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3,T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$20 / \$60 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Manatee, Sarasota	Manatee, Sarasota



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	★ Freedom VIP Savings (HMO C-SNP) H5427-072
DENTAL	Option 4	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / N/A Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Manatee, Sarasota



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom VIP Savings (HMO C-SNP) H5427-082	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0	\$0
PART B REBATE	\$125	\$120
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$30 / \$80 / 33%/NA Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Charlotte, Collier, Lee	Charlotte, Collier, Lee



Freedom - Gulf Coast 2025 Plan Highlights

PLAN	Freedom VIP Savings (HMO C-SNP) H5427-082	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$50 per month	\$60 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



OPTIMUM

Gulf Coast



Optimum - Gulf Coast 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016		Optimum Emerald Full (HMO D-SNP) H5594-017	
	All Dual		Full Dual	
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+	
PREMIUM	\$0 - \$19.50		\$0	
MAX OUT-OF-POCKET	\$500		\$500	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)	
RX DEDUCTIBLE	\$0		\$0	
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	
RX MOOP	\$2,000		\$2,000	
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota		Charlotte, Collier, Lee, Manatee, Sarasota	

Optimum - Gulf Coast 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016		Optimum Emerald Full (HMO D-SNP) H5594-017	
	All Dual		Full Dual	
DENTAL	Option 3		Option 3	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices		\$200 per month Groceries, Utilities and Assistive Devices	
OVER THE COUNTER	\$125 per month		\$135 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



SIMPLY

Gulf Coast

Simply - Gulf Coast 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-007
PREMIUM	\$0
PART B REBATE	\$5
MAX OUT-OF-POCKET	\$5,000 (IN) \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$185 (days 21 – 100)
RX DEDUCTIBLE	\$125 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / 25% / 31% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota



Simply - Gulf Coast 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-007
DENTAL	Value Dental Plan - \$0 copay \$2,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$45 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year



2025 Freedom Dental

DESCRIPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	COPAY	FREQUENCY	COPAY	FREQUENCY	COPAY	FREQUENCY	CO-PAY	FREQUENCY
Periodic oral exam or comprehensive exam	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Emergency (problem focused) visit	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Complete series including bitewings	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Additional X-ray	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Occlusal film	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Bitewing single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 2	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 4	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Panoramic film	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Temporomandibular joint film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Cleaning	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Adult fluoride	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Full mouth debridement	N/A	N/A	\$0 copay	1 per 2 years	\$0 copay	1 per 2 years	\$0 co-pay	1 per 2 years
Simple extraction / Surgical removal or erupted tooth	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
One or two surface resin restoration / One, two or three surface resin filing	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Periodontal maintenance	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year
Deep Cleaning (Root Scaling/planning)	N/A	N/A	\$0 copay	4 quads per year	\$0 copay	4 quads per year	\$0 copay	4 quads/per year
Crown	N/A	N/A	N/A	N/A	\$0 copay	1 per year	N/A	N/A
Prosthetic-Partial or Full Denture	N/A	N/A	N/A	N/A	\$0 copay	1 per 5 years	\$0 copay	1 per 5 years
Denture realign	N/A	N/A	N/A	N/A	\$0 copay	1 per year	\$0 copay	1 per year



2025 Optimum Dental

DESCRIPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	COPAY	FREQUENCY	COPAY	FREQUENCY	COPAY	FREQUENCY	CO-PAY	FREQUENCY
Periodic oral exam or comprehensive exam	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Emergency (problem focused) visit	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Complete series including bitewings	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Additional X-ray	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Occlusal film	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Bitewing single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 2	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 4	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Panoramic film	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Temporomandibular joint film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Cleaning	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Adult fluoride	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Full mouth debridement	N/A	N/A	\$0 copay	1 per 2 years	\$0 copay	1 per 2 years	\$0 co-pay	1 per 2 years
Simple extraction / Surgical removal or erupted tooth	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
One or two surface resin restoration / One, two or three surface resin filing	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Periodontal maintenance	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year
Deep Cleaning (Root Scaling/planning)	N/A	N/A	\$0 copay	4 quads per year	\$0 copay	4 quads per year	\$0 copay	4 quads/per year
Crown	N/A	N/A	N/A	N/A	\$0 copay	1 per year	N/A	N/A
Prosthetic-Partial or Full Denture	N/A	N/A	N/A	N/A	\$0 copay	1 per 5 years	\$0 copay	1 per 5 years
Denture realign	N/A	N/A	N/A	N/A	\$0 copay	1 per year	\$0 copay	1 per year



2025 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic Film every 3 years

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan

\$0 Copay:

- Exams
- Prophylaxis Cleanings
- Fluoride Treatment
- Dental X-rays (bitewing & panoramic films)
- Other Diagnostic and Preventive dental services

Comprehensive Dental Items:

- \$1,000 - \$2,500 allowance for covered preventive and comprehensive dental services depending on plan benefits

3

Select Dental Plan

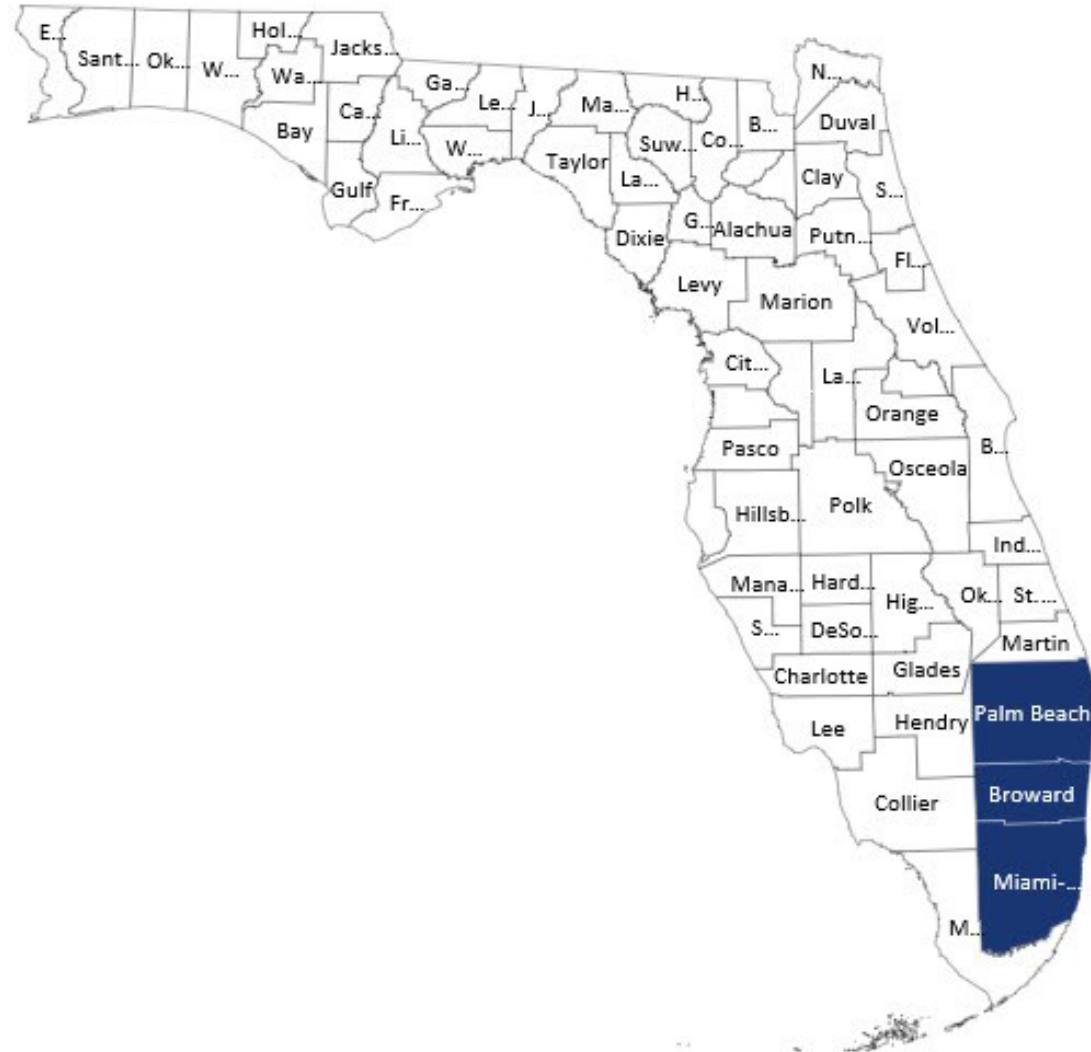
\$0 Copay:

- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic film every 3 years

Comprehensive Dental Items:

- 2 Amalgam or resin fillings every year
- 2 Crowns every year
- 1 Root canal every year
- 1 Periodontal scaling/root planing per quadrant every 3 years
- 2 fixed partial dentures (bridges) 1 per arch every 5 years
- 1 set of complete or partial dentures every 5 years
- 1 denture adjustment/reline every year
- 6 simple or surgical extractions every year (in 1 or more visits)
- Medically necessary surgical procedures including analgesia
- Other Adjunctive general services

HealthSun
Simply
Freedom
Optimum



Florida - South

South Florida

HealthSun
Simply
Freedom
Optimum



LEAD PLANS

South Florida



HealthSun - South Florida 2025 Plan Highlights

PLAN	<div>All Dual</div> <div>☆</div> <div>HealthSun MediSun Extra (HMO D-SNP) H5431-019</div>
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QDWI, QI
PREMIUM	\$0 - \$19.80
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1-100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers T1 – mail order 30-100 day supply T2 mail order 30-90 day supply T3 – T6 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Miami-Dade, Broward




HealthSun - South Florida 2025 Plan Highlights

PLAN	<div>All Dual</div> <div>☆ HealthSun MediSun Extra (HMO D-SNP) H5431-019</div>
DENTAL	HS 8
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam per year \$0 copay - 1 fitting/evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$225 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$128 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips \$0 copay - 6 one-way trips to plan approved locations
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month




HealthSun - South Florida 2025 Plan Highlights

PLAN	 HealthSun VitalCare (HMO C-SNP) H5431-021
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$1,900
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$37 / \$85 / 33% /\$0 \$0 copay – T1 30-100 day supply \$0 copay T2 , T6 mail order 30-90 day supply
RX MOOP	\$2,000
MARKET SERVICE AREA	Miami-Dade and Broward



HealthSun - South Florida 2025 Plan Highlights

PLAN	 HealthSun VitalCare (HMO C-SNP) H5431-021
DENTAL	HS 7
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month



Simply - South Florida 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-113
PREMIUM	\$0
PART B REBATE	\$164.90
MAX OUT-OF-POCKET	\$2,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Miami-Dade



Simply - South Florida 2025 Plan Highlights

PLAN	 Simply Extra Platinum (HMO) H5471-113
DENTAL	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$45 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips
PERS	N/A
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



HEALTHSUN

Florida - South

HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-001	HealthSun HealthAdvantage Plus (HMO) H5431-017
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,500	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$20 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$30 / 33% /\$0 \$0 copay – T1 30-100 day supply \$0 copay – T2, T6 mail order 30-90 day supply	\$0 / \$0 / \$10 / \$30 / 33% /\$0 \$0 copay – T1 30-100 day supply \$0 copay – T2, T6 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-001	HealthSun HealthAdvantage Plus (HMO) H5431-017
DENTAL	HS 8	HS 7
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$80 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL	\$0 copay – unlimited one-way trips to PAL
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 4 visits	\$0 copay – 4 visits
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge

HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun MediMax (HMO) H5431-006
PREMIUM	\$23.90
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1-100)
RX DEDUCTIBLE	\$590 (T1 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$0 / \$25 / 25% / 25% / \$0</div> <div>\$0 copay – Part D on all tiers if receive Extra Help (LIS)</div>
RX MOOP	\$2,000
MARKET SERVICE AREA	Miami-Dade, Broward



HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun MediMax (HMO) H5431-006
DENTAL	HS 8
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam; \$0 copay – 1 fitting/evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$75 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$103 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips \$0 copay - 6 one-way trips to Medicaid or SS
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month



HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-012	HealthSun HealthAdvantage Plus (HMO) H5431-018
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$2,500	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$15 copay
INPATIENT HOSPITAL	\$0 copay	\$150 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$55 copay (days 21 – 100)	\$0 copay (days 1 - 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$5 / \$30 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay – T2, T6 mail order 30-90 day supply	\$0 / \$0 / \$5 / \$50 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay – T2, T6 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward	Broward



HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-012	HealthSun HealthAdvantage Plus (HMO) H5431-018
DENTAL	HS 8	HS 7
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam per year \$0 copay - 1 fitting/evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam per year \$0 copay - 1 fitting/evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$85 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 4 visits per year	\$0 copay – 4 visits per year
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge



HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-013	HealthSun HealthAdvantage Plus (HMO) H5431-020
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$15 copay
INPATIENT HOSPITAL	\$20 copay (days 1 - 6)	\$150 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1-20) \$55 copay (days 21-100)	\$0 copay (days 1-20) \$60 copay (days 21-100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$15 / \$30 / 33% / \$0 \$0 copay – T1 30-100 day supply and T2, T6 mail order 30-90 day supply	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 30-100 day supply, T2, T3, T6 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Palm Beach	Palm Beach



HealthSun - South Florida 2025 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-013	HealthSun HealthAdvantage Plus (HMO) H5431-020
DENTAL	HS 8	HS 7
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam per year \$0 copay - 1 fitting/evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$25 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$82 per month	\$59 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 4 visits per year	\$0 copay – 4 visits per year
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge



HealthSun - South Florida 2025 Plan Highlights

PLAN	<div>All Dual</div> <div>☆ HealthSun MediSun Extra (HMO D-SNP) H5431-019</div>
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QDWI, QI
PREMIUM	\$0 - \$19.80
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1-100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers T1 – mail order 30-100 day supply T2 mail order 30-90 day supply T3 – T6 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Miami-Dade, Broward



HealthSun - South Florida 2025 Plan Highlights

PLAN	<div>All Dual</div> <div>☆ HealthSun MediSun Extra (HMO D-SNP) H5431-019</div>
DENTAL	HS 8
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam per year \$0 copay - 1 fitting/evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$225 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$128 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips \$0 copay - 6 one-way trips to plan approved locations
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month



HealthSun - South Florida 2025 Plan Highlights

PLAN	All Dual	HealthSun MediSun Plus (HMO D-SNP) H5431-016
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QDWI, QI	
PREMIUM	\$0 - \$10.90	
MAX OUT-OF-POCKET	\$3,450	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay (days 1-100)	
RX DEDUCTIBLE	\$0	
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 mail order 30-90 day supply T3 – T6 mail order 30 day supply only	
RX MOOP	\$2,000	
MARKET SERVICE AREA	Palm Beach	




HealthSun - South Florida 2025 Plan Highlights

PLAN	All Dual	HealthSun MediSun Plus (HMO D-SNP) H5431-016
DENTAL	HS 8	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam per year; \$0 copay - 1 fitting/evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$225 per month Groceries, Utilities and Assistive Devices	
OVER THE COUNTER	\$130 per month	
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips \$0 copay - 6 one-way trips to plan approved locations	
PERS	\$0 copay	
PODIATRY	\$0 copay – 4 visits per year	
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	




HealthSun - South Florida 2025 Plan Highlights

PLAN	 HealthSun VitalCare (HMO C-SNP) H5431-021	HealthSun VitalCare (HMO C-SNP) H5431-022
PREMIUM	\$0	\$0
PART B REBATE	\$174.70	\$174.70
MAX OUT-OF-POCKET	\$1,900	\$2,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$15 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$37 / \$85 / 33% /\$0 \$0 copay – T1 30-100 day supply \$0 copay T2 , T6 mail order 30-90 day supply	\$0 / \$0 / \$37 / \$85 / 33% /\$0 \$0 copay – T1 30-100 day supply \$0 copay T2, T6 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Miami-Dade and Broward	Palm Beach



HealthSun - South Florida 2025 Plan Highlights

PLAN	 HealthSun VitalCare (HMO C-SNP) H5431-021	HealthSun VitalCare (HMO C-SNP) H5431-022
DENTAL	HS 7	HS 7
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	\$50 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$55 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL	\$0 copay – unlimited one-way trips to PAL
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 4 visits	\$0 copay – 4 visits
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge / 20 chronic condition meals per month



SIMPLY


Florida - South



Simply - South Florida 2025 Plan Highlights

PLAN	Simply More Platinum (HMO) H5471-114	★ Simply Extra Platinum (HMO) H5471-113
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$164.90
MAX OUT-OF-POCKET	\$1,900	\$2,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$50 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$30 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 / \$0 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Miami-Dade	Miami-Dade

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More Platinum (HMO) H5471-114	 Simply Extra Platinum (HMO) H5471-113
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$90 per month	\$40 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – 12 one-way trips
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - South Florida 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-116	Simply Complete Platinum (HMO D-SNP) H5471-115
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PART B REBATE	\$164.90	N/A
PREMIUM	N/A	\$0
MAX OUT-OF-POCKET	\$2,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1-5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/ T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-116	Simply Complete Platinum (HMO D-SNP) H5471-115
DENTAL	Value Dental Plan - \$0 copay \$1,500 for preventative and comprehensive per year	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	\$225 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$57 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 36 chronic condition

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More Platinum (HMO) H5471-124	Simply Extra Platinum (HMO) H5471-123
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$164.90
MAX OUT-OF-POCKET	\$3,200	\$3,200
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$20 copay
INPATIENT HOSPITAL	\$0 copay	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$55 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$15 / \$75 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 / \$10 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward & Palm Beach	Broward & Palm Beach

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More Platinum (HMO) H5471-124	Simply Extra Platinum (HMO) H5471-123
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,500 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision, and hearing (combined)	N/A
EVERYDAY OPTIONS ALLOWANCE	\$30 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$65 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – 12 one-way trips
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	N/A
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - South Florida 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-126	Simply Complete Platinum (HMO D-SNP) H5471-125
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PART B REBATE	\$164.90	N/A
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,200	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1-5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/ T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward & Palm Beach	Broward & Palm Beach



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Level Platinum (HMO C-SNP) H5471-126	Simply Complete Platinum (HMO D-SNP) H5471-125
DENTAL	Value Dental Plan - \$0 copay \$1,500 for preventative and comprehensive per year	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$35 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$60 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 36 chronic condition

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-065	Simply Extra (HMO) H5471-103
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$145
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$85 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$20 copay (days 21-100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$30 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 / \$0 / \$47 / \$95 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Miami-Dade	Miami-Dade

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-065	Simply Extra (HMO) H5471-103
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$30 per month Groceries, Utilities and Assistive Devices	N/A
OVER THE COUNTER	\$80 per month	\$40 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – 12 one-way trips
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - South Florida 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-069	Simply Complete (HMO D-SNP) H5471-064
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$20 copay (days 21 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/ T6	\$0 / \$0 / \$0 / \$25 / 33% / \$0 T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3, T6 mail order 30-90 day supply T4-T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-069	Simply Complete (HMO D-SNP) H5471-064
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, Utilities and Assistive Devices	\$150 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$101 per month	\$103 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 36 chronic condition



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,600 (IN) \$5,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$280 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$125 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / 25% / 31% / \$0
RX MOOP	\$2,000
MARKET SERVICE AREA	Miami-Dade, Broward, Palm Beach



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-001
DENTAL	Value Dental Plan - \$0 copay \$2,500 preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$72 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year



Simply - South Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-077	Simply Extra (HMO) H5471-104
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$145
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$25 copay
INPATIENT HOSPITAL	\$0 copay	\$200 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$55 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$25 / \$85 / 33% / \$0	\$0 / \$10 / \$47 / \$100 / 33% / \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward	Broward

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-077	Simply Extra (HMO) H5471-104
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision, and hearing (combined)	N/A
OVER THE COUNTER	\$55 per month	\$45 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	N/A
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-083	Simply Extra (HMO) H5471-105
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$145
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$40 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 8)	\$225 copay (days 1 - 8)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$55 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$75 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$100 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$25 / \$85 / 33%/ \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$15 / \$47 / \$95 / 31%/ \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Palm Beach	Palm Beach

Simply - South Florida 2025 Plan Highlights

PLAN	Simply More (HMO) H5471-083	Simply Extra (HMO) H5471-105
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Value Dental Plan - \$0 copay \$1,000 for preventative and comprehensive per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
OVER THE COUNTER	\$65 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
HEALTHY MEALS	10 post discharge	10 post discharge

Simply - South Florida 2025 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-084	Simply Level (HMO C-SNP) H5471-085
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI	N/A
LIS ELIGIBILITY	Yes	N/A
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$50 copay (days 1 - 8)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 21) \$40 copay (days 21 - 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D all tiers T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 / \$0 / \$15 / \$75 / 33%/\$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Palm Beach	Palm Beach



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-084	Simply Level (HMO C-SNP) H5471-085
DENTAL	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Select Dental Plan - \$0 copay – 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A	\$500 allowance per year– dental, vision, and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Groceries, Utilities and Assistive Devices	\$50 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$100 per month	\$60 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips / 24 one-way trips to grocery store	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – unlimited visits
HEALTHY MEALS	10 post discharge	10 post discharge



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-076	Simply Level (HMO C-SNP) H5471-080
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QI, QDWI	N/A
LIS ELIGIBILITY	Yes	N/A
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 21) \$40 copay (days 21 - 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D all tiers T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 / \$0 / \$15 / \$75 / 33% / \$0 T1 mail order 30-100 day supply T2 and T3, T6 mail order 30-90 day supply T4 and T5 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward	Broward



Simply - South Florida 2025 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-076	Simply Level (HMO C-SNP) H5471-080
DENTAL	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)	Select Dental Plan - \$0 copay 2 oral exams, 2 cleanings, 2 x-rays and 1 panoramic per year; comprehensive included (see plan for details)
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$500 allowance per year dental, vision and hearing (combined)	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Groceries, Utilities and Assistive Devices	\$50 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$115 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips 24 one-way trips to grocery store	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – unlimited visits
HEALTHY MEALS	10 post discharge	10 post discharge



FREEDOM

Florida - South



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
PREMIUM	\$0
PART B REBATE	\$75
MAX OUT-OF-POCKET	\$2,400
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 5) \$20 copay (days 6 - 20) \$125 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
RX MOOP	N/A
MARKET SERVICE AREA	Palm Beach



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052
DENTAL	Option 1
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
HEALTHY MEALS	10 post discharge within 7 days



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$0 - \$16.50	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward, Palm Beach	Broward, Palm Beach



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
	All Dual	Full Dual
DENTAL	Option 3	Option 3
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices	\$200 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$135 per month	\$135 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$174.70
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 (days 21 – 100)	\$0 copay (days 1 – 20) \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$50 / 33% / \$0 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$20 / \$60 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Palm Beach	Palm Beach



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
DENTAL	Option 4	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$174.70
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) / \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / N/A Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000
MARKET SERVICE AREA	Palm Beach



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
DENTAL	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month Groceries, Utilities and Assistive Devices
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom VIP Savings (HMO C-SNP) H5427-082	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0	\$0
PART B REBATE	\$125	\$120
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10 Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$30 / \$80 / 33%/ NA Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Charlotte, Collier, Lee	Charlotte, Collier, Lee



Freedom - South Florida 2025 Plan Highlights

PLAN	Freedom VIP Savings (HMO C-SNP) H5427-082	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
DENTAL	Option 2	Option 2
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$50 per month	\$60 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



OPTIMUM

Florida - South



Optimum - South Florida 2025 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B REBATE	\$174.70	N/A
MAX OUT-OF-POCKET	\$1,900	\$1,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1 - 5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$172 copay (days 21-100)	\$0 copay (days 1 – 20) \$95 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$5 / \$15 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only	\$0 / \$5 / \$50 / 33% Mail Order – All Tiers 2x T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward	Broward

Optimum - South Florida 2025 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
DENTAL	Option 2	Option 4
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$75 per month	\$100 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – unlimited one-way trips
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Optimum - South Florida 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
	All Dual	Full Dual
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$0 - \$19.50	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T3 – T3 , T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0
RX MOOP	\$2,000	\$2,000
MARKET SERVICE AREA	Broward, Palm Beach	Broward, Palm Beach



Optimum - South Florida 2025 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016		Optimum Emerald Full (HMO D-SNP) H5594-017	
	All Dual		Full Dual	
DENTAL	Option 3		Option 3	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Groceries, Utilities and Assistive Devices		\$200 per month Groceries, Utilities and Assistive Devices	
OVER THE COUNTER	\$135 per month		\$135 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



2025 HealthSun Dental Options

HealthSun 7

\$0 Copay:

Preventive Dental Services:

- 2 Exams every year
- 2 Prophylaxis cleanings every year
- 2 Fluoride treatments every year
- 2 Periapical x-rays every year
- 2 Bitewing x-rays every year
- 1 complete series of full-mouth or panoramic x-rays every 3 years

Comprehensive Dental Services:

- 2 Crowns every year
- 2 Root canals every year
- 4 Amalgam or resin fillings every year
- 4 Extractions or cutting procedure every year
- 1 Periodontal scaling/root planing every quadrant every year
- 1 Full mouth debridement every 24 consecutive months
- 2 Periodontal maintenance every year.
- 1 complete denture or partial denture of the upper jaw per arch.
- 1 complete denture or partial denture of the lower jaw per arch
- Other Adjunctive general dental services

\$2,000 annual combined maximum benefit

HealthSun 8

\$0 Copay:

Preventive Dental Services:

- 2 Exams every year
- 2 Prophylaxis cleanings every year
- 2 Fluoride treatments every year
- 2 Periapical x-rays every year
- 2 Bitewing x-rays every year
- 1 complete series of full-mouth or panoramic x-rays every 3 years

Comprehensive Dental Services:

- 2 Implants every year
- 2 Crowns every year
- 2 Root canals every year
- 4 Amalgam or resin fillings every year
- 4 Extractions or cutting procedure every year
- 1 Periodontal scaling/root planing every quadrant every year
- 1 Full mouth debridement every 24 consecutive months
- 2 Periodontal maintenance every year.
- 1 complete denture or partial denture of the upper jaw per arch.
- 1 complete denture or partial denture of the lower jaw per arch
- Other Adjunctive general dental services

\$5,000 annual combined maximum benefit



2025 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic Film every 3 years

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan

\$0 Copay:

- Exams
- Prophylaxis Cleanings
- Fluoride Treatment
- Dental X-rays (bitewing & panoramic films)
- Other Diagnostic and Preventive dental services

Comprehensive Dental Items:

- \$1,000 - \$2,500 allowance for covered preventive and comprehensive dental services depending on plan benefits

3

Select Dental Plan

\$0 Copay:

- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic film every 3 years

Comprehensive Dental Items:

- 2 Amalgam or resin fillings every year
- 2 Crowns every year
- 1 Root canal every year
- 1 Periodontal scaling/root planing per quadrant every 3 years
- 2 fixed partial dentures (bridges) 1 per arch every 5 years
- 1 set of complete or partial dentures every 5 years
- 1 denture adjustment/reline every year
- 6 simple or surgical extractions every year (in 1 or more visits)
- Medically necessary surgical procedures including analgesia
- Other Adjunctive general services

2025 Optimum Dental

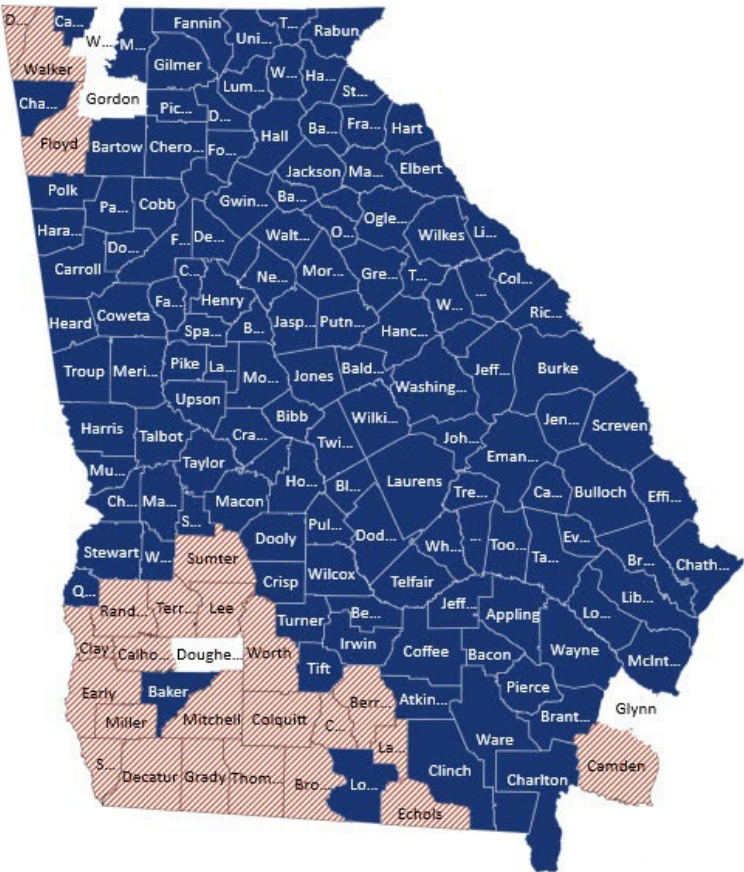
DESCRIPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	COPAY	FREQUENCY	COPAY	FREQUENCY	COPAY	FREQUENCY	CO-PAY	FREQUENCY
Periodic oral exam or comprehensive exam	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Emergency (problem focused) visit	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Complete series including bitewings	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Additional X-ray	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Occlusal film	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Bitewing single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 2	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 4	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Panoramic film	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Temporomandibular joint film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Cleaning	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Adult fluoride	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Full mouth debridement	N/A	N/A	\$0 copay	1 per 2 years	\$0 copay	1 per 2 years	\$0 co-pay	1 per 2 years
Simple extraction / Surgical removal or erupted tooth	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
One or two surface resin restoration / One, two or three surface resin filing	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Periodontal maintenance	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year
Deep Cleaning (Root Scaling/planning)	N/A	N/A	\$0 copay	4 quads per year	\$0 copay	4 quads per year	\$0 copay	4 quads/per year
Crown	N/A	N/A	N/A	N/A	\$0 copay	1 per year	N/A	N/A
Prosthetic-Partial or Full Denture	N/A	N/A	N/A	N/A	\$0 copay	1 per 5 years	\$0 copay	1 per 5 years
Denture realign	N/A	N/A	N/A	N/A	\$0 copay	1 per year	\$0 copay	1 per year



2025 Freedom Dental

DESCRIPTION	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	COPAY	FREQUENCY	COPAY	FREQUENCY	COPAY	FREQUENCY	CO-PAY	FREQUENCY
Periodic oral exam or comprehensive exam	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Emergency (problem focused) visit	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Complete series including bitewings	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Additional X-ray	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Occlusal film	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Bitewing single film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 2	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Bitewings 4	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Panoramic film	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 copay	1 per 3 years	\$0 co-pay	1 per 3 years
Temporomandibular joint film	\$0 copay	1 per year	\$0 copay	1 per year	\$0 copay	1 per year	\$0 co-pay	1 per year
Cleaning	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Adult fluoride	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Full mouth debridement	N/A	N/A	\$0 copay	1 per 2 years	\$0 copay	1 per 2 years	\$0 co-pay	1 per 2 years
Simple extraction / Surgical removal or erupted tooth	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
One or two surface resin restoration / One, two or three surface resin filing	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 co-pay	2 per year
Periodontal maintenance	N/A	N/A	\$0 copay	2 per year	\$0 copay	2 per year	\$0 copay	2 per year
Deep Cleaning (Root Scaling/planning)	N/A	N/A	\$0 copay	4 quads per year	\$0 copay	4 quads per year	\$0 copay	4 quads/per year
Crown	N/A	N/A	N/A	N/A	\$0 copay	1 per year	N/A	N/A
Prosthetic-Partial or Full Denture	N/A	N/A	N/A	N/A	\$0 copay	1 per 5 years	\$0 copay	1 per 5 years
Denture realign	N/A	N/A	N/A	N/A	\$0 copay	1 per year	\$0 copay	1 per year





2024 Existing MA Footprint

2025 Proposed SA Expansion

Market Highlights


- \$0 PPO expansion into 24 new counties
- New Lead PPO plans to enhance our product portfolio, including:
 - Full and Partial D-SNP plans with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
 - New MAPD and MA-only PPO plans with up to \$130 Part B Giveback
 - \$0 MAPD PPO with embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices
- Plan consolidations to simplify product offerings
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- PPO plans provide OON access through BlueCard Network
- Strong Commercial presence with over 50% market share, offering great opportunity for conversion

Service Area

Expansion Counties: Berrien, Brooks, Calhoun, Camden, Clay, Colquitt, Cook, Dade, Decatur, Early, Echols, Floyd, Grady, Lanier, Lee, Miller, Mitchell, Randolph, Seminole, Sumter, Terrell, Thomas, Walker and Worth




Georgia 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H5422-011
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,400
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$295 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$1 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Cherokee, Chattooga, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson



Georgia 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H5422-011
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	8 post discharge



Georgia 2025 Plan Highlights

PLAN

Full Dual



Anthem Full Dual Advantage (PPO D-SNP)

H4036-032

MEDICAID STATUS

Full Dual, FBDE, QMB+, QMB, SLMB+

PREMIUM

\$0

MEDICAL DEDUCTIBLE

\$0

MAX OUT-OF-POCKET

\$9,350 -(IN) / \$14,000 (OON)

PCP

\$0 copay

SPECIALIST

\$0 copay

INPATIENT HOSPITAL

\$0 copay

SKILLED NURSING
FACILITY

\$0 copay

RX DEDUCTIBLE

\$0

RX PREFERRED
COST SHARE
T1/T2/T3/T4/T5/T6

\$0 copay – Part D on all tiers

RX FORMULARY

Core

MARKET SERVICE AREA

All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield




Georgia 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (PPO D-SNP) H4036-032</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$205 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	42 post discharge



Georgia 2025 Plan Highlights


PLAN	 Anthem Kidney Care (HMO POS C-SNP) H5422-015
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$40 copay (\$0 Nephrologist)
DIALYSIS	\$0
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$7 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA




Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson

Georgia 2025 Plan Highlights

PLAN	 Anthem Kidney Care (HMO POS C-SNP) H5422-015
EVERYDAY OPTIONS ALLOWANCE	\$50 per month – Groceries, OTC, Utilities and Assistive Devices
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – Unlimited one-way trips
PODIATRY	\$0 copay – 6 visits per year




Georgia 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage (HMO D-SNP) H5422-019 (Consolidation of H5422-017+H5422-016+H5422-019)</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson




Georgia 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage (HMO D-SNP) H5422-019 (Consolidation of H5422-017+H5422-016+H5422-019)</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$110 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	20 post discharge




Georgia 2025 Plan Highlights

PLAN	<div> Anthem Grocery (PPO) H4036-033 (Consolidation of H4036-031 + H4036-033)</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,300 (IN) / \$14,000 (IN & OON)
PCP	\$0 copay (IN)
SPECIALIST	\$30 (IN)
INPATIENT HOSPITAL	\$380 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214-copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	40%
RX DEDUCTIBLE	\$295 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 35% / 29% / N/A \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Fit




All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield

Georgia 2025 Plan Highlights

PLAN	<div> Anthem Grocery (PPO) H4036-033 (Consolidation of H4036-031 + H4036-033)</div>
DENTAL	<div><div>\$1,500 allowance for preventive and comprehensive services per year</div><div>In Network: \$0 copay for preventive and comprehensive services</div><div>Out of Network: 20% for preventive and 50% for comprehensive services</div></div>
VISION	<div><div>\$0 copay – 1 routine eye exam per year</div><div>\$275 allowance – eyeglasses or contact lenses per year</div></div>
HEARING	<div><div>\$0 copay – 1 routine hearing exam</div></div>
EVERYDAY OPTIONS ALLOWANCE	<div><div>\$40 per month – Groceries, OTC, Utilities and Assistive Devices</div></div>
FITNESS	<div><div>\$0 copay – SilverSneakers®</div></div>
PODIATRY	<div><div>\$0 copay – unlimited visits per year</div></div>




Georgia 2025 Plan Highlights

PLAN	New	 Anthem Veteran (PPO) H4036-040
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$750 (applies to OON only)	
MAX OUT-OF-POCKET	\$9,350 (IN) / \$14,000 (IN & OON)	
PART B PREMIUM REBATE	\$130	
PCP	\$20 copay (IN)	
SPECIALIST	\$50 copay (IN)	
INPATIENT HOSPITAL	\$678 copay (days 1 – 3) (IN)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	
MOST OUT OF NETWORK SERVICES	50%	
MARKET SERVICE AREA	All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield	




Georgia 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Veteran (PPO) H4036-040</div>
DENTAL	<p>\$2,250 allowance for preventive and comprehensive services per year</p> <p>In Network: \$0 copay for preventive and comprehensive services</p> <p>Out of Network: 20% for preventive and 50% for comprehensive services</p>
VISION	<p>\$0 copay – 1 routine eye exam per year;</p> <p>\$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>1 hearing exam, fitting & evaluation per year</p>
FITNESS	<p>\$0 copay – SilverSneakers®</p>
TRANSPORTATION	<p>\$0 copay – 12 one-way trips</p>
PODIATRY	<p>\$0 copay – unlimited visits per year</p>



Georgia 2025 Plan Highlights

PLAN	New	 Anthem Premium Savings (PPO) H4036-041
PREMIUM		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,350 (IN) / \$14,000 (IN & OON)
PART B PREMIUM REBATE		\$60
PCP		\$0 copay (IN)
SPECIALIST		\$40 (IN)
INPATIENT HOSPITAL		\$380 copay (days 1 – 7)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES		50%
RX DEDUCTIBLE		\$295 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$4 / 20% / 35% / 29% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP		\$2,000
RX FORMULARY		Fit

All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield



MARKET SERVICE AREA

Georgia 2025 Plan Highlights

PLAN	New	 Anthem Premium Savings (PPO) H4036-041
DENTAL		\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION		\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
OVER THE COUNTER		\$25 per quarter
HEARING		\$0 copay – 1 routine hearing exam
FITNESS		\$0 copay – SilverSneakers®
PODIATRY		\$0 copay – unlimited visits per year



Georgia 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H5422-013				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$5,900				
PCP	\$0 copay				
SPECIALIST	\$15 copay				
INPATIENT HOSPITAL	\$295 copay (day 1 – 7)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20); \$214 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 T2 – T5)		\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / 25% / 25% / 25% / 25% / \$0		T1 & T6 @ \$0 \$4.90-\$12.15	T1 & T6 @ \$0 \$1.60-\$4.80	\$0
	T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply		T1 and T6 @ \$0; T2 – T5 @ 3x copay - 30-90 day supply		\$0 copay – all tiers
RX MOOP	\$2,000				
RX FORMULARY	Core				

MARKET SERVICE AREA



Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Cherokee, Chattooga, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson

Georgia 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H5422-013
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$95 per quarter
TRANSPORTATION	\$0 copay – 12 one-way trips
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
MEALS	\$0 copay – 14 Post Discharge



Georgia 2025 Plan Highlights

PLAN	Anthem Veteran (HMO-POS) H5422-014
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Cherokee, Chattooga, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson



Georgia 2025 Plan Highlights

PLAN	Anthem Veteran (HMO-POS) H5422-014
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	8 post discharge



Georgia 2025 Plan Highlights

PLAN	New	Partial Dual	Anthem Dual Advantage (PPO D-SNP) H4036-039
MEDICAID STATUS			Partial Dual, SLMB, QI, QDWI
PREMIUM			\$0
MEDICAL DEDUCTIBLE			\$0
MAX OUT-OF-POCKET			\$5,000 (IN) / \$8,000 (OON)
PCP			\$0 copay
SPECIALIST			\$0 copay
INPATIENT HOSPITAL			\$300 copay (days 1 – 6)
SKILLED NURSING FACILITY			\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES			\$50%
RX DEDUCTIBLE			\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6			\$0 copay – Part D on all tiers
RX FORMULARY			Core
MARKET SERVICE AREA			All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield



Georgia 2025 Plan Highlights

PLAN	New	Partial Dual	Anthem Dual Advantage (PPO D-SNP) H4036-039
DENTAL			\$0 copay – \$3,000 allowance for preventive and comprehensive services per year
VISION			\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING			\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE			\$80 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS			\$0 copay – SilverSneakers®
TRANSPORTATION			\$0 copay – 60 one-way trips per year
PERS			\$0 copay
PODIATRY			\$0 copay – unlimited visits per year



Georgia 2025 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H5422-018
MEDICAID STATUS	Partial Dual, SLMB, QI, QDWI	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$6,750	
PCP	\$0 copay	
SPECIALIST	\$30 copay	
INPATIENT HOSPITAL	\$300 copay (days 1 – 6)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	

MARKET SERVICE AREA



Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson

Georgia 2025 Plan Highlights

PLAN	<div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D-SNP) H5422-018</div>
DENTAL	\$2,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$50 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year



Georgia 2025 Plan Highlights

PLAN	New	Anthem Medicare Advantage 3 (PPO) H4036-042
PREMIUM		\$29
MEDICAL DEDUCTIBLE		\$500 – (applies to OON only)
MAX OUT-OF-POCKET		\$6,750 (IN) / \$10,100 (IN & OON)
PCP		\$0 copay (IN)
SPECIALIST		\$25 copay (IN)
INPATIENT HOSPITAL		\$380 copay (days 1 – 7) (IN)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES		50%
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$4 / \$20 / \$40 / 33% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP		\$2,000
RX FORMULARY		Fit
MARKET SERVICE AREA		All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield



Georgia 2025 Plan Highlights

PLAN	<div>New</div> <div>Anthem Medicare Advantage 3 (PPO) H4036-042</div>
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year
EVERYDAY OPTIONS ALLOWANCE	\$55 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits



Georgia 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-030
PREMIUM	\$77
MEDICAL DEDUCTIBLE	\$500 – (applies to OON only)
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,100 (IN & OON)
PCP	\$5 copay (IN)
SPECIALIST	\$35 copay (IN)
INPATIENT HOSPITAL	\$295 copay (days 1 – 6) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / 20% / 35% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Cherokee, Chattooga, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson
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Georgia 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-030
DENTAL	\$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits





2025 Proposed Service Area


Market Highlights

- Over 130k MA members with 24% Market Share
- Full, Partial and Integrated D-SNP plans with Everyday Options Allowance for Groceries, OTC, Utilities and Assisted Devices all Rx at \$0
- \$0 Premium HMO plans include lower MOOPs and Essential Extras with groceries
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- MA-only PPO with a \$70 Part B Giveback
- Enhanced Chronic Care SNP in Marion County

Service Area


All Counties

Indiana 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-042-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,150
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 45% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Elkhart, Fulton, Jasper, Kosciusko, Lagrange, Lake, La Porte, Marshall, Newton, Porter, Pulaski, St Joseph, Starke





Indiana 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-042-001
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$110 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge






Indiana 2025 Plan Highlights


PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-042-004	 Anthem Medicare Advantage (HMO-POS) H3447-042-002
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,150	\$4,150
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$25 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 45% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	\$0 / \$0 / 20% / 45% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Core	Core
MARKET SERVICE AREA	Bartholomew, Benton, Blackford, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, Delaware, Dubois, Fayette, Floyd, Fountain, Franklin, Gibson, Greene, Harrison, Henry, Howard, Jackson, Jay, Jefferson, Jennings, Knox, Lawrence, Martin, Miami, Monroe, Ohio, Orange, Owen, Parke, Perry, Pike, Posey, Randolph, Ripley, Rush, Scott, Spencer, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Warren, Warrick, Washington, Wayne, White	Adams, Allen, De Kalb, Grant, Huntington, Noble, Steuben, Wabash, Wells, Whitley



Indiana 2025 Plan Highlights


PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-042-004	 Anthem Medicare Advantage (HMO-POS) H3447-042-002
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$95 per quarter	\$105 per quarter
FITNESS	SilverSneakers®	SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
 HEALTHY MEALS	20 post discharge	20 post discharge

Indiana 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-042-003
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,150
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 45% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Montgomery, Morgan, Putnam, Shelby




Indiana 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-042-003
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,500 allowance allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive service
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$110 per quarter
FITNESS	SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge




Indiana 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage Aligned (HMO D–SNP) H3447–048-000</div>
MEDICAID STATUS	Pathways eligible: Full Dual, FBDE, QMB+, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide



Indiana 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage Aligned (HMO D-SNP) H3447-048-000</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$190 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Indiana 2025 Plan Highlights

PLAN	 Anthem Chronic Care (HMO-POS C-SNP) H3447-043
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$0 – \$10 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 45% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Marion



Indiana 2025 Plan Highlights

PLAN	<div>☆ Anthem Chronic Care (HMO-POS C-SNP) H3447-043</div>
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	<div>\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services</div>
VISION	<div>\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year</div>
HEARING	<div>\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</div>
OTC	\$105 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge




Indiana 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H7093-001-000
PREMIUM	\$0
PART B PREMIUM REBATE	\$70
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350 (IN) / \$14,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Statewide




Indiana 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H7093-001-000
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge
PERS	\$0 copay




Indiana 2025 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H7093-002-000</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$390 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9 / 20% / 35% / 31% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide



Indiana 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H7093-002-000
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,200 allowance for preventive and comprehensive services per year (cost share applies) In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$85 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits



Indiana 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H3447-024-000				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$4,900				
PCP	\$0 copay				
SPECIALIST	\$30 copay				
INPATIENT HOSPITAL	\$290 copay (days 1 – 7 days)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 (T2 – T5)		\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / 25% / 25% / 25% / 25% / \$0 Mail order T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply		T1 & T6 @ \$0 \$4.90-\$12.15	T1 & T6 @ \$0 \$1.60-\$4.80	\$0
			Mail order \$0 copay – Part D on all tiers		\$0 copay – all tiers
RX MOOP	\$2,000				
RX FORMULARY	Core				
MARKET SERVICE AREA	Statewide				



Indiana 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H3447-024-000
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$170 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Indiana 2025 Plan Highlights

PLAN	New	Full Dual	Anthem Full Dual Advantage Aligned NFLOC (HMO D–SNP) H3447–055-000
MEDICAID STATUS	Pathways eligible, Nursing Facility Level of Care (NFLOC): FBDE, QMB+, SLMB+		
PREMIUM	\$0		
MEDICAL DEDUCTIBLE	\$0		
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	\$0 copay		
SKILLED NURSING FACILITY	\$0 copay		
RX DEDUCTIBLE	\$0		
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Statewide		



Indiana 2025 Plan Highlights

PLAN	<div>New</div> <div>Full Dual</div> <div>Anthem Full Dual Advantage Aligned NFLOC (HMO D–SNP) H3447–055–000</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$190 per month –Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 150 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Indiana 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H3447-020-000
MEDICAID STATUS	Not Eligible for Pathways: Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Statewide	



Indiana 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H3447-020-000
DENTAL		\$0 copay – \$3,000 allowance for preventive and comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$50 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 60 one-way trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



Indiana 2025 Plan Highlights

PLAN	Partial Dual		Anthem Dual Advantage (HMO D–SNP) H3447–046-000	
	Partial Dual; QMB, SLMB, QDWI, QI			
MEDICAID STATUS	QMB pays		SLMB, QDWI and Qi pays	
PREMIUM	\$0		Cost Share	
MEDICAL DEDUCTIBLE	\$0		Cost Share	
MAX OUT-OF-POCKET	N/A		\$4,200	
PCP	\$0 copay		\$0 copay	
SPECIALIST	\$0 copay		\$30 copay	
INPATIENT HOSPITAL	\$0 copay		\$350 (days 1 – 6)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$0 copay (per days 21 – 100)		\$0 copay (days 1 – 20) \$214 (per days 21 – 100)	
RX DEDUCTIBLE	\$0			
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers			
RX FORMULARY	Core			
MARKET SERVICE AREA	Statewide			



Indiana 2025 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H3447-046-000
DENTAL		\$0 copay – \$2,500 allowance for preventive and comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$100 per month –Groceries, OTC, Utilities and Assistive Devices
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 60 one-way trips
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



Indiana 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H1607-012-000	
PREMIUM	\$62	
MEDICAL DEDUCTIBLE	\$500 – (deductible only applicable to OON)	
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,000 (IN & OON)	
PCP	\$10 copay	
SPECIALIST	\$40 copay	
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20)	
	\$214 copay (days 21 – 100)	
RX DEDUCTIBLE	\$60 (T3 – T5)	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / 20% / 35% / 32% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Core	
MARKET SERVICE AREA	Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Daviess, De Kalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Howard, Huntington, Jackson, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Madison, Marion, Martin, Monroe, Morgan, Newton, Noble, Ohio, Parke, Perry, Pike, Porter, Posey, Putnam, Randolph, Scott, Shelby, Spencer, St Joseph, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley	



Indiana 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H1607-012-000
DENTAL	1 oral exam and 1 cleaning per year In Network - \$0 copay Out-of-Network – 20%
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$60 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits



Indiana 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H1607-015-000
PREMIUM	\$31
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,150 (IN) / \$6,200 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$370 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$295
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$3 / 20% / 35% / 29% / \$0
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	All counties



Indiana 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H1607-015-000
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits



Indiana 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (RPPO) R4487-001-000
PREMIUM	\$74
MEDICAL DEDUCTIBLE	\$500 – (OON only)
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$8 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	All Counties in Indiana and Kentucky



Indiana 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (RPPO) R4487-001-000
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year Out-of-Network – 20%
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits





 2025 Proposed Service Area

Market Highlights

- New Full Dual D-SNP plan with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- Full Dual D-SNP plan with Everyday Options Allowance for Groceries and OTC, Essential Extras and all Rx at \$0
- Statewide Partial Dual D-SNP plan available
- D-SNP HMO-POS plans include OON Dental coverage to improve access to dental providers
- Simple and consistent Essential Extras offering

Service Area

All Counties

Iowa 2025 Plan Highlights

PLAN	<div>Full Dual</div> ★ Wellpoint Full Dual Advantage 2 (HMO-POS D–SNP) H0907–003
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright



Iowa 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage 2 (HMO-POS D-SNP) H0907-003</div>
DENTAL	\$0 copay – \$6,000 allowance for preventive and comprehensive services per year *includes point-of-service (POS) for dental services
VISION	\$0 copay – 1 routine eye exam per year; \$650 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$145 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 150 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	42 post discharge



Iowa 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO-POS D-SNP) H0907-001</div>
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright



Iowa 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO-POS D-SNP) H0907-001</div>
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$6,000 allowance for preventive and comprehensive services per year *includes point-of-service (POS) for dental services
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$140 per month – Groceries and OTC
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 150 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	42 post discharge



Iowa 2025 Plan Highlights

PLAN	Partial Dual	Wellpoint Dual Advantage (HMO-POS D-SNP) H0907-002
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI	
PREMIUM	\$0 - \$27.20	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$4,151	
PCP	\$0 copay	
SPECIALIST	\$30 copay	
INPATIENT HOSPITAL	\$295 copay (days 1 - 5)	
SKILLED NURSING FACILITY	\$214 copay (days 21 - 100)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX MOOP	\$2,000	
RX FORMULARY	Core	

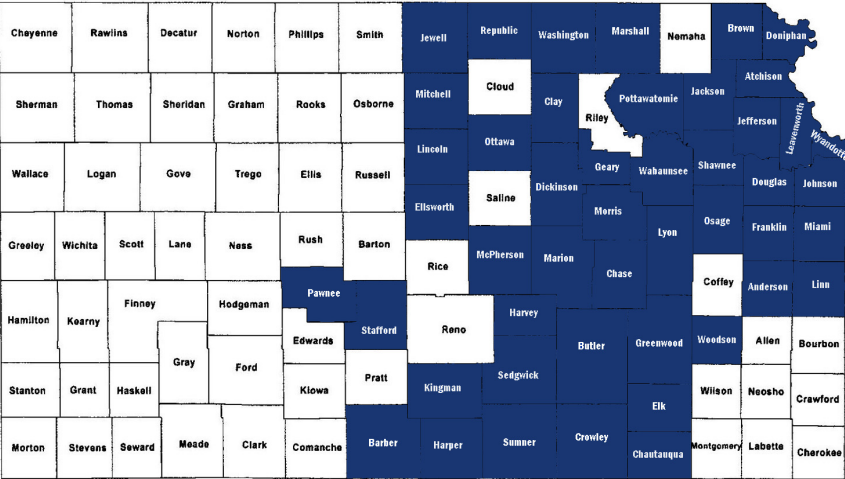
MARKET SERVICE AREA	Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
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Iowa 2025 Plan Highlights

PLAN	Partial Dual	Wellpoint Dual Advantage (HMO-POS D-SNP) H0907-002
ESSENTIAL EXTRAS		(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL		\$0 copay – \$2,000 allowance for preventive and comprehensive services per year *includes point-of-service (POS) for dental services
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$25 per month – Groceries and OTC
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 24 one-way trips
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge





2025 Proposed MA Footprint

Market Highlights

- D-SNP focused market entry in parallel with Medicaid
- Strong Dental, Vision, Hearing, Transportation benefits
- New Full Dual D-SNP plan with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0

Service Area

Anderson, Atchison, Barber, Brown, Butler, Chase, Chautauqua, Clay, Cowley, Dickinson, Doniphan, Douglas, Elk, Ellsworth, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewell, Johnson, Kingman, Leavenworth, Lincoln, Linn, Lyon, Marion, Marshall, McPherson, Miami, Mitchell, Morris, Osage, Ottawa, Pawnee, Pottawatomie, Republic, Sedgwick, Shawnee, Stafford, Sumner, Wabaunsee, Washington, Woodson, Wyandotte



Kansas 2025 Plan Highlights

PLAN	<div>New</div> <div>Full Dual</div> <div>★ Healthy Blue Full Dual Advantage (HMO D-SNP) H6316-005</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$590
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Anderson, Atchison, Barber, Brown, Butler, Chase, Chautauqua, Clay, Cowley, Dickinson, Doniphan, Douglas, Elk, Ellsworth, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewell, Johnson, Kingman, Leavenworth, Lincoln, Linn, Lyon, Marion, Marshall, McPherson, Miami, Mitchell, Morris, Osage, Ottawa, Pawnee, Pottawatomie, Republic, Sedgwick, Shawnee, Stafford, Sumner, Wabaunsee, Washington, Woodson, Wyandotte



Kansas 2025 Plan Highlights

PLAN	<div>NewFull Dual</div> <div>★ Healthy Blue Full Dual Advantage (HMO D-SNP) H6316-005</div>
DENTAL	\$0 copay – Unlimited oral exam(s), cleaning(s), dental X-ray(s), fluoride treatment(s) every year; \$3,500 comprehensive allowance per [year]
VISION	\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$300 / \$2,500 maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$200 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 48 one-way trips per year to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – Unlimited visits per year
HEALTHY MEALS	42 post discharge





2025 Proposed Service Area

Market Highlights

- Largest MA plan with over 140K MA members and 38% Market Share
- YTD market growth leader (over 30K members)
- New Lead Full Dual D-SNP plan with embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- \$0 Premium HMO plans with Essential Extras provides grocery allowance option in every county
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- MA-only PPO with a \$75 Part B Giveback
- Enhanced Chronic Care SNP in Jefferson County

Service Area

All Counties






Kentucky 2025 Plan Highlights

PLAN	★ Anthem Medicare Advantage (HMO-POS) H9525-013-001	★ Anthem Medicare Advantage (HMO-POS) H9525-013-002
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,900	\$4,800
PCP	\$0 copay	\$0 copay
SPECIALIST	\$50 copay	\$55 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 7)	\$375 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Core	
MARKET SERVICE AREA	Adair, Anderson, Ballard, Barren, Bath, Bell, Boyd, Boyle, Breathitt, Breckinridge, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Clay, Clinton, Crittenden, Cumberland, Elliott, Estill, Fleming, Floyd, Franklin, Fulton, Garrard, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Hickman, Hopkins, Jackson, Johnson, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Magoffin, Marion, Marshall, Martin, Mason, McCreary, McLean, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nicholas, Ohio, Owen, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Simpson, Taylor, Todd, Trigg, Union, Washington, Wayne, Webster, Whitley, Wolfe Bullitt, Henry, Jefferson, Meade, Nelson, Oldham, Shelby, Spencer, Trimble	



Kentucky 2025 Plan Highlights



PLAN	 Anthem Medicare Advantage (HMO-POS) H9525-013-001	 Anthem Medicare Advantage (HMO-POS) H9525-013-002
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
 HEALTHY MEALS	20 post discharge	20 post discharge

Kentucky 2025 Plan Highlights

PLAN	★ Anthem Medicare Advantage (HMO-POS) H9525-013-003	★ Anthem Medicare Advantage (HMO-POS) H9525-013-004
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,850	\$4,150
PCP	\$0 copay	\$0 copay
SPECIALIST	\$50 copay	\$55 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 7)	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Core	
MARKET SERVICE AREA	Bourbon, Clark, Fayette, Jessamine, Madison, Scott, Woodford	Allen, Boone, Bracken, Butler, Campbell, Daviess, Edmonson, Gallatin, Grant, Henderson, Kenton, McCracken, Pendleton, Warren




Kentucky 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H9525-013-003	 Anthem Medicare Advantage (HMO-POS) H9525-013-004
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,600 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge	20 post discharge



HEALTHY MEALS

Kentucky 2025 Plan Highlights

PLAN	New	Full Dual	 Anthem Full Dual Advantage 2 (HMO D-SNP) H9525-019-000
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+		
PREMIUM	\$0		
MEDICAL DEDUCTIBLE	\$0		
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	\$0 copay		
SKILLED NURSING FACILITY	\$0 copay		
RX DEDUCTIBLE	\$0		
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Statewide		




Kentucky 2025 Plan Highlights

PLAN	New	Full Dual	☆ Anthem Full Dual Advantage 2 (HMO D-SNP) H9525-019-000
DENTAL			\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION			\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING			\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE			\$175 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS			\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER			\$0 copay – tracking device & engagement membership
TRANSPORTATION			\$0 copay – 60 one-way trips per year
PERS			\$0 copay
PODIATRY			\$0 copay – unlimited visits per year
HEALTHY MEALS			20 post discharge




Kentucky 2025 Plan Highlights

PLAN	 Anthem Chronic Care (HMO-POS C-SNP) H9525-017
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,150
PCP	\$0 copay
SPECIALIST	\$15 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Jefferson




Kentucky 2025 Plan Highlights

PLAN	 Anthem Chronic Care (HMO-POS C-SNP) H9525-017
EVERYDAY OPTIONS ALLOWANCE	\$80 per month – Groceries, OTC, Utilities and Assistive Devices
DENTAL	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge




Kentucky 2025 Plan Highlights

PLAN	 Anthem Kidney Care (HMO-POS C-SNP) H9525-011
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$0 – \$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 25% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide




Kentucky 2025 Plan Highlights

PLAN	 Anthem Kidney Care (HMO-POS C-SNP) H9525-011
EVERYDAY OPTIONS ALLOWANCE	\$50 per month – Groceries, OTC, Utilities and Assistive Devices
DENTAL	<div>\$2,000 allowance for preventive and comprehensive services per year</div> <div>In Network: \$0 copay for preventive and comprehensive services</div> <div>Out of Network: 20% for preventive and 50% for comprehensive services</div>
VISION	<div>\$0 copay – 1 routine eye exam per year;</div> <div>\$275 allowance – eyeglasses or contact lenses per year</div>
HEARING	<div>\$0 copay – 1 hearing exam, fitting & evaluation per year;</div> <div>\$2,000 or prescribed or \$300 for OTC hearing aid maximum plan benefit per year</div>
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits




Kentucky 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4909-023
PREMIUM	\$0
PART B REBATE	\$75
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	All Counties



Kentucky 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4909-023
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge




Kentucky 2025 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H4036-036</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,100 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$350 (T3- T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 35% / 28% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide




Kentucky 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4036-036
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device
PODIATRY	\$0 copay – unlimited visits




Kentucky 2025 Plan Highlights

PLAN	New	 Anthem Medicare Advantage 4 (PPO) H4036-038-000
PREMIUM		\$0
MAX OUT-OF-POCKET		\$9,350 (IN) / 14,000 (IN & OON)
PCP		\$0 copay
SPECIALIST		\$45 copay
INPATIENT HOSPITAL		\$380 copay ([days 1 – 7)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$0 / 25% / 40% / 33% / N/A \$0 copay – Part D on all tiers \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP		\$2,000
RX FORMULARY		Fit
MARKET SERVICE AREA	Ballard, Bracken, Breathitt, Butler, Caldwell, Carlisle, Clay, Clinton, Crittenden, Cumberland, Edmondson, Elliott, Fleming, Green, Hickman, Knott, Lee, Leslie, Lewis, Magoffin, Martin, Mc Creary, Menifee, Metcalfe, Morgan, Nicholas, Owsley, Powell, Robertson, Union	



Kentucky 2025 Plan Highlights

PLAN	New	 Anthem Medicare Advantage 4 (PPO) H4036-038-000
DENTAL		\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION		\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$70 per month – Groceries, OTC, Utilities and Assistive Devices
TRANSPORTATION		\$0 copay – 24 one-way trips per year
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device
PODIATRY		\$0 copay – unlimited visits
PERS		\$0 copay



Kentucky 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H9525-007
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
MARKET SERVICE AREA	Statewide	



Kentucky 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H9525-007
ESSENTIAL EXTRAS		(Pick 1) Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL		\$0 copay – \$3,500 allowance for preventive and comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$120 per month – Groceries and OTC
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 60 one-way trips
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits
HEALTHY MEALS		20 post discharge



Kentucky 2025 Plan Highlights

PLAN	<div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D-SNP) H9525-016</div>
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$375 (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide



Kentucky 2025 Plan Highlights

PLAN	Partial Dual Anthem Dual Advantage (HMO D-SNP) H9525-016
EVERYDAY EXTRAS	(Pick 1) Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$50 per month – Groceries and OTC
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Kentucky 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-034
PREMIUM	\$49
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$6,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core



Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Bracken, Breathitt, Butler, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Graves, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Kenton, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Lewis, Livingston, Logan, Lyon, Madison, Magoffin, Marshall, Mason, McCracken, McCreary, Menifee, Metcalfe, Monroe, Montgomery, Nicholas, Owen, Pendleton, Perry, Powell, Pulaski, Robertson, Rockcastle, Rowan, Scott, Warren, Whitley, Wolfe, Woodford

Kentucky 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-034
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$40 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits



Kentucky 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-035
PREMIUM	\$38
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,950 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$6 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide



Kentucky 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-035
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$70 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits



Kentucky 2025 Plan Highlights

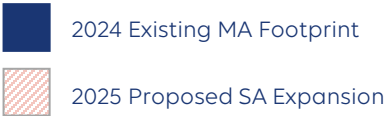
PLAN	Anthem Medicare Advantage (RPPO) R4487-001-000
PREMIUM	\$74
MEDICAL DEDUCTIBLE	\$500 – (OON only)
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$8 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	All Counties in Indiana and Kentucky



Kentucky 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (RPPO) R4487-001-000
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year Out-of-Network – 20%
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits





Market Highlights

- New Full Dual D-SNP plan with embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- Full Dual D-SNP plan with embedded Everyday Options Allowance for Groceries and OTC, Essential Extras and all Rx at \$0
- Partial Dual D-SNP plan available
- Simple and consistent Essential Extras offering
- Statewide service area; expansion into final parish

Service Area

All Parishes: [East Carroll](#)

Louisiana 2024 Plan Highlights

PLAN 2	Full Dual	★ Healthy Blue Dual Advantage 2 (HMO D–SNP) H1947–004
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	Medicare Fee for Service	
SKILLED NURSING FACILITY	Medicare Fee for Service	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St Bernard, St Charles, St Helena, St James, St John Baptist, St Landry, St Martin, St Mary, St Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn	



Louisiana 2024 Plan Highlights

PLAN	<div>Full Dual</div> ☆ Healthy Blue Dual Advantage 2 (HMO D-SNP) H1947-004
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$375 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$195 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 96 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge
CHIROPRACTIC	\$0 copay – 12 visits per year



Louisiana 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>★ Healthy Blue Dual Advantage (HMO D–SNP) H1947–001</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare Fee for Service
SKILLED NURSING FACILITY	Medicare Fee for Service
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St Bernard, St Charles, St Helena, St James, St John Baptist, St Landry, St Martin, St Mary, St Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn



Louisiana 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div> Healthy Blue Dual Advantage (HMO D-SNP) H1947-001</div>
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$165 per month – Groceries and OTC
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 96 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge
CHIROPRACTIC	\$0 copay – 12 visits per year



Louisiana 2024 Plan Highlights

PLAN	Partial Dual	Healthy Blue Enhanced Care (HMO D–SNP) H1947–003
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$6,750	
PCP	\$0 copay	
SPECIALIST	\$30 copay	
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	
SKILLED NURSING FACILITY	\$214 copay (days 21 – 100)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St Bernard, St Charles, St Helena, St James, St John Baptist, St Landry, St Martin, St Mary, St Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn	



Louisiana 2024 Plan Highlights

PLAN	Partial Dual	Healthy Blue Enhanced Care (HMO D–SNP) H1947–003
DENTAL	\$0 copay – 1 oral exam, 1 cleaning every year	
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
FITNESS	\$0 copay – SilverSneakers®	
TRANSPORTATION	\$0 copay – 36 one-way trips	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	20 post discharge	






Market Highlights

- \$0 HMO POS with \$0 Rx Deductible, Dental, Vision, Hearing and Essential Extras
- \$0 HMO expansion to Penobscot
- HMO-POS plans includes OON Dental coverage to improve access to dental providers
- NEW MA-only PPO plan with \$100 Part B Giveback
- Lead D-SNP plan has embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assisted Devices plus all Rx at \$0
- PPO plans provide access to providers including Boston, NYC and more

Service Area


All Counties

Maine 2025 Plan Highlights

PLAN	 Anthem MaineHealth Advantage Choice (HMO-POS) H9065-002
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750 (IN) / \$9,550 (OON)
PCP	\$0 copay (IN)
SPECIALIST	\$40 copay (IN)
INPATIENT HOSPITAL	\$395 copay (days 1 – 5) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	30%-40%
RX DEDUCTIBLE	\$300 (T3 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Cumberland, York




Maine 2025 Plan Highlights

PLAN	 Anthem MaineHealth Advantage Choice (HMO-POS) H9065-002
ESSENTIAL EXTRAS	Covered (pick 1); Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$65 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay




Maine 2025 Plan Highlights

PLAN	 Anthem MaineHealth Advantage Plus (HMO-POS) H9065-008
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$175 copay (days 21 – 100)
RX DEDUCTIBLE	\$300 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$4 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Penobscot , Sagadahoc, Somerset, Waldo




Maine 2025 Plan Highlights

PLAN	 Anthem MaineHealth Advantage Plus (HMO-POS) H9065-008
ESSENTIAL EXTRAS	Covered (pick 1); Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$89 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – 6 visits per year



Maine 2025 Plan Highlights

PLAN	Full Dual  Anthem MaineHealth Advantage Dual Plus (HMO D-SNP) H9065-001	
MEDICAID STATUS	Full Dual, FBDE, SLMB+, QMB+, QMB	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York	




Maine 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem MaineHealth Advantage Dual Plus (HMO D-SNP) H9065-001</div>
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 40 one-way trips
PERS	\$0 copay
HEALTHY MEALS	14 post discharge / 30 chronic condition




Maine 2024 Plan Highlights

PLAN	New	 Anthem MaineHealth Advantage Veteran (PPO) H9219-004
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$750 (applies to OON only)	
MAX OUT-OF-POCKET	\$6,800 (IN) / \$10,000 (IN & OON)	
PART B PREMIUM REBATE	\$100	
PCP	\$0 copay (IN)	
SPECIALIST	\$45 copay (IN)	
INPATIENT HOSPITAL	\$290 copay (days 1 – 5) (IN)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	
MOST OUT OF NETWORK SERVICES	50%	
MARKET SERVICE AREA	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York	



Maine 2024 Plan Highlights

PLAN	New	 Anthem MaineHealth Advantage Veteran (PPO) H9219-004
DENTAL		\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION		\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING		1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER		\$50 per quarter
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 24 one-way trips



Maine 2025 Plan Highlights

PLAN	Anthem MaineHealth Advantage Choice (HMO-POS) H9065-003 (Consolidation of H9065-003 and H9065-004)
PREMIUM	\$22
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750 (IN) / \$9,550 (OON)
PCP	\$0 copay (IN)
SPECIALIST	\$40 copay (IN)
INPATIENT HOSPITAL	\$395 copay (days 1 – 5) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	30%-40%
RX DEDUCTIBLE	\$300 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 \$0/ \$2 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Sagadahoc, Somerset, Waldo, Washington




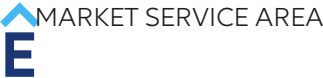
Maine 2025 Plan Highlights

PLAN	Anthem MaineHealth Advantage Choice (HMO-POS) H9065-003 (Consolidation of H9065-003 and H9065-004)
ESSENTIAL EXTRAS	Covered (pick 1); Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – 6 visits per year



Maine 2025 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO-POS) H9065-006				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$5,500				
PCP	\$0 copay				
SPECIALIST	\$35 copay				
INPATIENT HOSPITAL	\$325 copay (days 1 – 7)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$420 (T2 – T5)		\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/15%/25%/25%/28%/\$0		T1 & T6 @ \$0 T2 – T5 @ \$4.90-\$12.15	T1 & T6 @ \$0 T2 – T5 \$1.60-\$4.80	\$0
	Mail Order: T1 & T6 @\$0; T2 – T5 @ 25% 30-90 day supply		Mail Order: T1 & T6 @ \$0; T2 – T5 @ 3x cost share 30- 90 day supply		Mail Order: T1 – T6 @ \$0 copay 30-90 days supply
RX MAXIMUM OUT-OF-POCKET	\$2,000				
RX FORMULARY	Core				
 MARKET SERVICE AREA	Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo, York				



Maine 2025 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO-POS) H9065-006
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$105 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
HEALTHY MEALS	10 post discharge
TRANSPORTATION	\$0 copay – 24 one-way trips



Maine 2025 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO-POS) H9065-007				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$5,750				
PCP	\$0 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$325 copay (days 1 – 7)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 (T2 – T5)		\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/ 15% / 25% / 25% \$95/29%/\$0		T1 & T6 @ \$0 \$4.90-\$12.15	T1 & T6 @ \$0 \$1.60-\$4.80	\$0
	Mail order: Tier 1 & 6 @ \$0 copay; Tiers 2-5 @ 25% 30-90 day supply		Mail Order: 3x cost share 30-90 day supply		Mail Order: T1 – T6 @ \$0
RX MOOP	\$2,000				
RX FORMULARY	Core				
MARKET SERVICE AREA	Aroostook, Hancock, Penobscot, Piscataquis, Washington				



Maine 2025 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO-POS) H9065-007
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTHY MEALS	10 post discharge
TRANSPORTATION	\$0 copay – 24 one-way trips



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Access (PPO) H9219-001 (consolidation of H9219-001 and H9219-002)
PREMIUM	\$2
MEDICAL DEDUCTIBLE	\$1,000 (applies to OON only)
MAX OUT-OF-POCKET	\$6,750 (IN) / \$9,550 (IN & OON)
PCP	\$0 copay (IN)
SPECIALIST	\$45 copay (IN)
INPATIENT HOSPITAL	\$325 copay (days 1 – 7) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	40%
RX DEDUCTIBLE	\$400 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 35% / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core



MARKET SERVICE AREA

Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford,
Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York

Maine 2024 Plan Highlights

PLAN	<div>Anthem MaineHealth Advantage Access (PPO) H9219-001 (consolidation of H9219-001 and H9219-002)</div>
DENTAL	<div><div>\$1,500</div> allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services</div>
VISION	<div>\$0 copay – 1 routine eye exam per year; <div>\$300</div> allowance – eyeglasses or contact lenses per year</div>
HEARING	<div>1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</div>
FITNESS	<div>\$0 copay – SilverSneakers®</div>





2025 Proposed Service Area

Market Highlights

- New Full Dual D-SNP plan with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- Full Dual D-SNP plan with Everyday Options Allowance for Groceries and OTC, Essential Extras and all Rx at \$0
- Partial Dual D-SNP plan available
- MA-only PPO with a \$70 Part B Giveback
- New HMO with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices available in 12 counties
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Simple and consistent Essential Extras offering

Service Area

All Counties (in Anthem BCBS license area – excludes Kansas City)




Missouri 2025 Plan Highlights

PLAN	<div>New</div> ★ Anthem Medicare Advantage 2 (HMO-POS) H3447-054-000
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Fit
MARKET SERVICE AREA	Carter, Chariton, Knox, Lewis, Mississippi, Monroe, Oregon, Ralls, Ripley, Shannon, Shelby, Stoddard




Missouri 2025 Plan Highlights

PLAN	<div>New</div>  Anthem Medicare Advantage 2 (HMO-POS) H3447-054-000
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$60 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 30 one-way trips per year to PAL (combined with NH)
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge




Missouri 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-038-001
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Knox, Laclede, Lawrence, Lewis, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Francois, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Wayne, Webster, Wright




Missouri 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-038-001
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50 per month, Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$135 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge




Missouri 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-038-002
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$2,800
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$245 copay (days 1 – 8)
SKILLED NURSING FACILITY	\$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Franklin, Jefferson, Lincoln, St Charles, St Louis, St Louis City, Warren, Washington



Missouri 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3447-038-002
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50 per month, Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge



Missouri 2025 Plan Highlights

PLAN	<div>NewFull Dual</div> <div>☆Anthem Full Dual Advantage 2 (HMO D–SNP) H3447–053</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare Fee For Service
SKILLED NURSING FACILITY	Medicare Fee For Service
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright



Missouri 2025 Plan Highlights

PLAN	<div>NewFull Dual</div> <div>☆ Anthem Full Dual Advantage 2 (HMO D-SNP) H3447-053</div>
DENTAL	\$0 copay – \$5,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$525 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY OPTIONS ALLOWANCE	\$205 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 150 one-way trips per year to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	42 post discharge



Missouri 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H3447-018</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare Fee For Service
SKILLED NURSING FACILITY	Medicare Fee For Service
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core

MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright
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Missouri 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H3447-018</div>
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$5,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
HEALTHY OPTIONS ALLOWANCE	\$180 per month – Groceries and OTC
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 150 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	42 post discharge




Missouri 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4909-021
PREMIUM	\$0
PART B REBATE	\$70
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,751 (IN)/ \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$360 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$203 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright



Missouri 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4909-021
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



Missouri 2025 Plan Highlights

PLAN	<div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D–SNP) H3447-047</div>
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI
PREMIUM	\$26.90
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$245 (days 1 – 8)
SKILLED NURSING FACILITY	Medicare Fee for Service
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	All Counties



Missouri 2025 Plan Highlights

PLAN	Partial Dual Anthem Dual Advantage (HMO D-SNP) H3447-047
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Groceries and OTC
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 48 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge





2025 Proposed MA Service Area

Market Highlights



- D-SNP plans with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- Chronic C-SNP and Lung C-SNP plans transition from EE to a new Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Carelon Health’s clinical model continues to provide the gold standard for care
- Network includes key provider partners Carelon Health, P3 Health Partners, St. Mary’s and Valley Oaks

Service Area

Clark, Washoe





Nevada 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H4346-017	 Anthem Medicare Advantage (HMO-POS) H4346-019
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$1,250	\$4,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$45 copay
INPATIENT HOSPITAL	\$0 copay (per stay)	\$290 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$125 copay (days 21 – 100)	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$3 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$7 / 20% / 35% / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Advantage	Advantage
MARKET SERVICE AREA	Clark	Washoe




Nevada 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H4346-017	 Anthem Medicare Advantage (HMO-POS) H4346-019
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$350 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$15 per quarter	\$95 per quarter
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL combined with NH	N/A
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 24 visits per year	N/A




Nevada 2025 Plan Highlights

PLAN	 Anthem Full Dual Advantage (HMO D-SNP) H4346-025	
MEDICAID STATUS	FBDE, QMB+, QMB	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay (per stay)	
SKILLED NURSING FACILITY	\$0	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Advantage	
MARKET SERVICE AREA	Clark, Washoe	




Nevada 2025 Plan Highlights

PLAN	 Anthem Full Dual Advantage (HMO D-SNP) H4346-025
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$65 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 52 one-way trips to PAL combined with NH
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	14 post discharge
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 20 visits per year




Nevada 2025 Plan Highlights (Carelton Health Network)

PLAN	<div> Anthem Carelon Chronic Care (HMO-POS C-SNP) H4346-006</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,250
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$125 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Clark



Nevada 2025 Plan Highlights (Carelon Health Network)

PLAN	<div>Anthem Carelon Chronic Care (HMO-POS C-SNP) H4346-006</div>		
EVERYDAY OPTIONS ALLOWANCE	\$75 per month - Assistive Devices, Groceries, OTC and Utilities		
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%		
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year		
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year		
FITNESS	\$0 copay - SilverSneakers®		
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC		
PERS	N/A		\$0 copay
PODIATRY	\$0 CCC, \$10 PAL copay; 9 visits per year		\$0 CCC, \$10 PAL copay; 12 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition		



Nevada 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Medicare Advantage (HMO-POS) H4346-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,500
PCP	\$0 - \$20 copay
SPECIALIST	\$0 - \$10 copay
INPATIENT HOSPITAL	\$50 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$100 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Clark



Nevada 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Medicare Advantage (HMO-POS) H4346-001
ESSENTIAL EXTRAS	(Pick 1) Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$1,800 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$15 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL \$0 copay - unlimited one-way trips to CCC
PODIATRY	\$0 copay CCC, \$10 copay PAL; 4 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition
CHIROPRACTIC	\$20 copay – 12 visits per year



Nevada 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Full Dual Advantage (HMO D-SNP) H4346-026
MEDICAID STATUS	FBDE, QMB+, QMB
PREMIUM	\$0
MAX OUT-OF-POCKET	\$8,850
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$0
MOST SERVICES COVERED BY PART B	\$0
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply for all tiers
RX FORMULARY	Care
MARKET SERVICE AREA	Clark



Nevada 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Full Dual Advantage (HMO D-SNP) H4346-026
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$50 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 52 one-way trips to PAL combined with NH / \$0 copay - unlimited one-way trips to CCC
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	14 post discharge
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 20 visits per year



Nevada 2025 Plan Highlights

PLAN	Anthem Carelon Chronic Care (HMO-POS C-SNP) H4346-005
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,250
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$125 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Care
MARKET SERVICE AREA	Clark



Nevada 2025 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Chronic Care (HMO-POS C-SNP) H4346-005	
EVERYDAY OPTIONS ALLOWANCE	\$75 per month - Groceries, OTC, Utilities and Assistive Devices	
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC	
PERS	N/A	\$0 copay
PODIATRY	\$0 CCC, \$10 PAL copay; 9 visits per year	\$0 CCC, \$10 PAL copay; 12 visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	



Nevada 2025 Plan Highlights

PLAN	Anthem Carelon Home Care (HMO I-SNP) H4346-010
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 25% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX FORMULARY	Care
MARKET SERVICE AREA	Clark



Nevada 2025 Plan Highlights

PLAN	Anthem Carelon Home Care (HMO I-SNP) H4346-010
DENTAL	\$0 copay – \$1,750 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$205 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PODIATRY	\$0 copay – 12 visits per year





 2025 Proposed Service Area


Market Highlights

- \$0 HMO with Essential Extras, Dental, Vision, Hearing and OTC
- Statewide Look-Alike plan with Essential Extras, Dental, Vision, Hearing and OTC
- \$0 PPO with no In-Network Deductible, Dental, Vision, Hearing and OTC
- New MA-only PPO plan with \$90 Part B Giveback
- HMO-POS plans includes OON Dental coverage to improve access to dental providers
- PPO plans provide access to providers including Boston, NYC and more

Service Area


All Counties - [PPO expanding into Coos county](#)

New Hampshire 2025 Plan Highlights

PLAN	 Anthem Select (HMO-POS) H3536-006
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,760
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 5 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 25% / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Sullivan



New Hampshire 2025 Plan Highlights

PLAN	 Anthem Select (HMO-POS) H3536-006
ESSENTIAL EXTRAS	Covered (pick 1); Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OTC	\$110 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
ACUPUNCTURE	\$0 copay – 12 visits per year




New Hampshire 2025 Plan Highlights

PLAN	★ Anthem Medicare Advantage 2 (HMO) ¹ H3536-004			
MEDICAID STATUS	Medicare & Full Medicaid Eligibility			Medicare Only
PREMIUM	\$0			\$3.40
MEDICAL DEDUCTIBLE	\$0			\$0
MAX OUT-OF-POCKET	\$8,300			\$8,300
PCP	\$0 copay			\$35 copay
SPECIALIST	\$0 copay			\$50 copay
INPATIENT HOSPITAL	\$0 copay			Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay			Medicare Fee For Service
MOST SERVICES COVERED BY PART B	0%			20%
EXTRA HELP LEVEL	Level 1	Level 2	Level 3	No extra Help
RX DEDUCTIBLE	\$0	\$0	\$0	\$590 (T2 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	T1 & T6 @ \$0 T2 – T5 @ \$4.90 - \$12.15	T1 & T6 @ \$0 T2 – T5 @ \$1.60 - \$480	\$0	\$0 / 25% / 25% / 25% / 25% / \$0
	Mail Order: T1 & T6 @ \$0 T2 – T5 @ 3x cost share 30-90 day supply		Mail Order: T1 – T6 \$0	Mail Oder T1 & T6 @ \$0 T2 – T5 @ 25% 30-90 day supply
RX MOOP	\$2,000		N/A	\$2,000
RX FORMULARY	Core			
MARKET SERVICE AREA	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan			



¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services. Premium applies only if applicable to enrollee. 504

New Hampshire 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage 2 (HMO)¹ H3536-004
ESSENTIAL EXTRAS	Covered (pick 1); Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device
HEALTHY MEALS	14 post discharge
TRANSPORTATION	\$0 copay – 24 one-way trips

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services. Premium applies only if applicable to enrollee.



New Hampshire 2025 Plan Highlights

PLAN	 Anthem Select (PPO) H4036-029
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$750 (applies to OON only)
MAX OUT-OF-POCKET	\$8,450 (IN) / \$12,000 (IN & OON)
PCP	\$0 copay (IN)
SPECIALIST	\$45 copay (IN)
INPATIENT HOSPITAL	\$415 copay (days 1 – 5 6) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$395 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / 25% / 25% / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Belknap , Cheshire, Grafton, Hillsborough, Merrimack, Sullivan



New Hampshire 2025 Plan Highlights

PLAN	 Anthem Select (PPO) H4036-029
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$80 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay



New Hampshire 2024 Plan Highlights

PLAN	New	 Anthem Veteran (PPO) H4036-037
PREMIUM		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$5,900 (IN) / \$8,950 (IN & OON)
PART B PREMIUM REBATE		\$90
PCP		\$0 copay (IN)
SPECIALIST		\$40 copay (IN)
INPATIENT HOSPITAL		\$350 copay (days 1 – 5) (IN)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES		50%
MARKET SERVICE AREA		Statewide



New Hampshire 2024 Plan Highlights

PLAN	<div>New</div> <div> Anthem Veteran (PPO) H4036-037</div>
DENTAL	<p>\$2,000 allowance for preventive and comprehensive services per year</p> <p>In Network: \$0 copay for preventive and comprehensive services</p> <p>Out of Network: 20% for preventive and 50% for comprehensive services</p>
VISION	<p>\$0 copay – 1 routine eye exam per year;</p> <p>\$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>1 hearing exam, fitting & evaluation per year;</p> <p>\$1,000 for prescribed or \$300 for OTC hearing aid</p> <p>maximum plan benefit per year</p>
FITNESS	<p>\$0 copay – SilverSneakers®</p>
OTC	<p>\$45 per quarter</p>
TRANSPORTATION	<p>\$0 copay - Unlimited one-way trips</p>
ACUPUNCTURE	<p>\$0 copay – 24 visits per year</p>



New Hampshire 2025 Plan Highlights

PLAN	Anthem Medicare Advantage(HMO-POS) H3536-002
PREMIUM	\$26
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,800
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$415 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$1 / 20% / 35% / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan



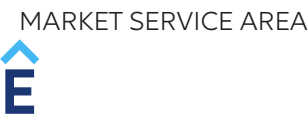
New Hampshire 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H3536-002
DENTAL	\$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits per year



New Hampshire 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4036-028
PREMIUM	\$48
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,000 (IN) / \$10,000 (IN & OON)
PCP	\$10 copay (IN)
SPECIALIST	\$35 copay (IN)
INPATIENT HOSPITAL	\$415 copay (days 1 – 4) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	40%
RX DEDUCTIBLE	\$395 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$41 / \$95 / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core

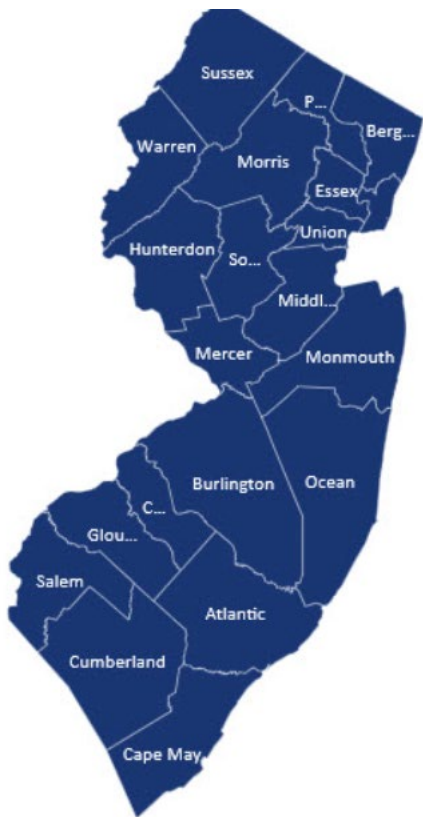


MARKET SERVICE AREA Belknap, Carroll, Cheshire, [Coos](#), Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan

New Hampshire 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4036-028
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
OVER THE COUNTER	\$70 per quarter
FITNESS	\$0 copay – SilverSneakers®





2025 Proposed Service Area

Market Highlights

- Lead D-SNP plan has embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assisted Devices plus all Rx at \$0
- Non-SNP HMO-POS plans include OON Dental coverage to improve access to dental providers
- \$0 HMO-POS plans in 8 counties with Dental, Vision and Hearing

Service Area

All Counties

New Jersey 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO D-SNP) H3240-013</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon , Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren



New Jersey 2024 Plan Highlights

PLAN	<div>Full Dual</div> ☆ Wellpoint Full Dual Advantage (HMO D-SNP) H3240-013
EVERYDAY OPTIONS ALLOWANCE	\$301 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips to non-health related destinations (i.e. grocery store)
PERS	\$0 copay
HEALTHY MEALS	2 meals per day (post discharge and/or chronic need) (90 days total per year)



New Jersey 2024 Plan Highlights

PLAN	Wellpoint Medicare Advantage (HMO-POS) H3240-022
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,950
PCP	\$5 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$300 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / 25% / 25% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Camden, Cape May, Cumberland, Hudson, Mercer, Salem, Somerset, Union



New Jersey 2024 Plan Highlights

PLAN	Wellpoint Medicare Advantage (HMO-POS) H3240-022
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTHY MEALS	14 post discharge



New Jersey 2024 Plan Highlights

PLAN	Wellpoint Extra Help (HMO-POS) H3240-021				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$7,550				
PCP	\$0 copay				
SPECIALIST	\$20 copay				
INPATIENT HOSPITAL	\$335 copay (days 1 – 5)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4*	Level 1*	Level 2*	Level 3*
RX DEDUCTIBLE	\$590 (T1 – T6)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	25%/ 25% / 25% / 25%/ 25%	\$0	\$0	\$0	\$0
	All tiers mail order 30-90 day supply – 25%	All tiers mail order 30-90 day supply – \$0			
RX MOOP	\$2,000				
FORMULARY	Core				
MARKET SERVICE AREA	Atlantic, Essex, Gloucester, Morris, Passaic, Sussex, Union				



* Part D excluded drugs may have a copay

New Jersey 2024 Plan Highlights

PLAN	Wellpoint Extra Help (HMO-POS) H3240-021
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$85 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 32 one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	2 meals per day (post discharge and/or chronic need) (90 days total per year)





2025 Proposed Service Area

Market Highlights

- Lead D-SNP plan has embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assisted Devices plus all Rx at \$0
- MA-only HMO includes Dental, Vision and OTC and new \$75 Part B Giveback
- Robust network of providers including Memorial Sloan Kettering, Mount Sinai, Montefiore, NYC Health and Hospitals and more
- Plan consolidations to simplify product offerings
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Portfolio of Non-SNP plans with options that include Dental, OTC, Vision and/or Hearing


Service Area

HMO/D-SNP: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester

PPO: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington




New York 2025 Plan Highlights

PLAN	 Anthem Veteran (HMO-POS) H8432-036-000 (Consolidation of H8432-037-001 into H8432-036)
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
PART B PREMIUM REBATE	\$75
MAX OUT-OF-POCKET	\$6,800
PCP	\$10 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Bronx, Kings, New York, Orange, Queens, Richmond, Rockland



New York 2025 Plan Highlights

PLAN	<div> Anthem Veteran (HMO-POS) H8432-036-000 (Consolidation of H8432-037-001 into H8432-036)</div>
DENTAL	<div>\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services</div>
VISION	<div>\$0 copay – 1 routine eye exam per year</div>
OVER THE COUNTER	<div>\$64 per quarter</div>
FITNESS	<div>\$0 copay – SilverSneakers®</div>



New York 2025 Plan Highlights

PLAN	<div><div>HIDE (IB-Dual)</div><div>☆</div><div><div>Anthem HealthPlus Full Dual Advantage (HMO D-SNP)</div><div>H8432-042</div><div>(Consolidation of H1732-003+H8432-007+H8432-028+H8432-034 = H8432-042)</div></div></div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 copay – Part D on all tiers</div> <div>\$0 copay – on all tiers mail order 30-90 day supply</div>
RX FORMULARY	Core
MARKET SERVICE AREA	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester



New York 2025 Plan Highlights

PLAN	<div><div>HIDE (IB-Dual)</div><div>☆</div><div><div>Anthem HealthPlus Full Dual Advantage (HMO D-SNP)</div><div>H8432-042</div><div>(Consolidation of H1732-003+H8432-007+H8432-028+H8432-034 = H8432-042)</div></div></div>
DENTAL	\$0 copay – preventive and comprehensive services per year. No maximum allowance. Exclusions and limitations apply
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$160 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 36 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
ACUPUNCTURE	\$0 copay – 24 visits per year



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-040-000
PREMIUM	\$24
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,900
PCP	\$10 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$480 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / 20% / 25% / 28% / N/A
RX MOOP	\$2,000
FORMULARY	Fit
MARKET SERVICE AREA	Bronx, Kings, New York, Queens, Richmond



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-040-000
VISION	\$0 copay – 1 routine eye exam per year
OVER THE COUNTER	\$30 per quarter
FITNESS	\$0 copay – SilverSneakers®



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (HMO-POS) H8432-016-000
PREMIUM	\$41
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,800
PCP	\$5 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$415 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$8 / 20% / 35% / 30% / \$0
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Orange, Rockland, Westchester



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (HMO-POS) H8432-016-000
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H8432-009-000
PREMIUM	\$55
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,200
PCP	\$15 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$385 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9 / 20% / 35% / 29% / N/A
RX MOOP	\$2,000
FORMULARY	Fit
MARKET SERVICE AREA	Rockland, Westchester



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H8432-009-000
DENTAL	2 exams, 2 cleanings, 1 x-ray In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$65 per quarter
FITNESS	\$0 copay – SilverSneakers



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-010-000	Anthem Medicare Advantage (HMO) H8432-011-000
PREMIUM	\$51	\$71
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$8,300	\$6,950
PCP	\$15 copay	\$15 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)	\$410 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$395 (T3 – T5)	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 35% / 28% / N/A	\$0 / \$15 / 25% / 25% / 28% / N/A
RX MOOP	\$2,000	\$2,000
FORMULARY	Fit	Fit
MARKET SERVICE AREA	Nassau	Suffolk



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-010-000	Anthem Medicare Advantage (HMO) H8432-011-000
OVER THE COUNTER	N/A	\$45 per quarter
DENTAL	1 oral exam and 1 cleaning per year In Network: \$0 copay Out of Network: 20%	1 oral exam and 1 cleaning per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
HEALTHY MEALS	42 post discharge	N/A



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H3342-023-001	Anthem Medicare Advantage (PPO) H3342-023-002
PREMIUM	\$76	\$75
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$6,200 (IN) / \$9,000 (IN & OON)	\$6,200 (IN) / \$9,000 (IN & OON)
PCP	\$10 copay (IN)	\$10 copay (IN)
SPECIALIST	\$50 copay (IN)	\$50 copay (IN)
INPATIENT HOSPITAL	\$372 copay (days 1 – 5) (IN)	\$372 copay (days 1 – 5) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$395 (T3 – T5)	\$395 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 35% / 28% / \$0	\$0 / \$2 / 20% / 35% / 28% / \$0
RX MOOP	\$2,000	\$2,000
FORMULARY	Core	Core
MARKET SERVICE AREA	Columbia, Delaware, Greene	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington



New York 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H3342-023-001	Anthem Medicare Advantage (PPO) H3342-023-002
VISION	\$0 copay – routine eye exam per year	\$0 copay – 1 routine eye exam per year
OVER THE COUNTER	\$35 per quarter	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®





2025 Proposed Service Area

Market Highlights


- Largest MA Plan with over 300K MA members and #1 Market Share
- New Full Dual D-SNP plan with embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assisted Devices and all Rx at \$0
- \$0 HMO plans with Essential Extras provides grocery allowance option in every county
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- MA-only PPO with \$150 Part B Giveback
- Enhanced Chronic Care SNP in Cuyahoga, Franklin and Hamilton counties

Service Area

All Counties




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-001
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,500
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 50% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Adams, Allen, Auglaize, Belmont, Champaign, Clark, Clinton, Coshocton, Crawford, Darke, Defiance, Erie, Fayette, Fulton, Gallia, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lawrence, Logan, Lucas, Marion, Meigs, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Paulding, Perry, Pike, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-001
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities - \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; . \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$79 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-002
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,600
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 50% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Brown, Butler, Clermont, Greene, Hamilton, Miami, Montgomery, Preble, Warren




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-002
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$85 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-003
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,150
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 50% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Athens, Delaware, Fairfield, Franklin, Licking, Knox, Madison, Morrow, Pickaway, Union




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-003
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental Vision Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$105 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge




Ohio 2025 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (HMO-POS) H3655-045-004 (consolidated H3655-038 & H3655-045-004)</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,150
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 50% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas



Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H3655-045-004 (consolidated H3655-038 & H3655-045-004)
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$107 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2025 Plan Highlights

PLAN	New	Full Dual	☆ Anthem Full Dual Advantage 2 (HMO D–SNP) H3655–049
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+		
PREMIUM	\$0		
MEDICAL DEDUCTIBLE	\$0		
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	\$0 copay		
SKILLED NURSING FACILITY	\$0 copay		
RX DEDUCTIBLE	\$0		
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Statewide		



Ohio 2025 Plan Highlights

PLAN	<div>New</div> <div>Full Dual</div> <div>☆ Anthem Full Dual Advantage 2 (HMO D–SNP) H3655–049</div>
DENTAL	\$0 copay – \$4,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$235 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 96 trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2025 Plan Highlights

PLAN	<div>Diabetes, CHF and Cardiovascular disease</div> <div>☆ Anthem Chronic Care (HMO-POS C-SNP) H3655-047</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,900
PCP	\$0 copay
SPECIALIST	\$0 – \$25 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 50% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Cuyahoga, Franklin, Hamilton




Ohio 2025 Plan Highlights

PLAN	<div>Diabetes, CHF and Cardiovascular disease</div> <div>★ Anthem Chronic Care (HMO-POS C-SNP) H3655-047</div>
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities - \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	<div>\$2,500 allowance for preventive and comprehensive services per year</div> <div>In Network: \$0 copay for preventive and comprehensive services</div> <div>Out of Network: 20% for preventive and 50% for comprehensive services</div>
VISION	<div>\$0 copay – 1 routine eye exam per year;</div> <div>\$300 allowance – eyeglasses or contact lenses per year</div>
HEARING	<div>\$0 copay – 1 hearing exam, fitting & evaluation per year;</div> <div>\$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</div>
OVER THE COUNTER	\$70 per quarter
GROCERIES	\$25 per month
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge




Ohio 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4036-022
PREMIUM	\$0
PART B REBATE	\$150
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	All Counties




Ohio 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4036-022
ESSENTIAL EXTRAS	(Pick 1) Dental Vision Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge




Ohio 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4036-026
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Athens, Belmont, Butler, Carroll, Clermont, Columbiana, Defiance, Fulton, Gallia, Greene, Hamilton, Harrison, Jefferson, Lucas, Mahoning, Meigs, Monroe, Montgomery, Ottawa, Trumbull, Warren, Washington, Williams, Wood



Ohio 2025 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H4036-026 (consolidated with H4036-023 & H4036-026)</div>
ESSENTIAL EXTRAS	(Pick 1) Dental Vision Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$55 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



Ohio 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (HMO-POS) H3655-034 (Consolidation of H3655-034 + H3655-042)
PREMIUM	\$31
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,100
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$285 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Belmont, Brown, Butler, Carroll, Columbiana, Delaware, Greene, Hamilton, Lucas, Mahoning, Miami, Montgomery, Muskingum, Portage, Preble, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Wood



Ohio 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (HMO-POS) H3655-034 (Consolidation of H3655-034 + H3655-042)
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H3655-041				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$7,550				
PCP	\$0 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 (T2 – T5)		\$0	\$0	\$0
RX PREFERRED COST SHARE	\$0 / 25% / 25% / 25% / 25% / \$0		T1 & T6 @ \$0 \$4.90-\$12.15	T1 & T6 @ \$0 \$1.60-\$4.80	\$0
	T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply		T1 and T6 @ \$0; T2 – T5 @ 3x copay - 30-90 day supply		\$0 copay – all tiers
RX MOOP	\$2,000				
RX FORMULARY	Core				
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot				



Ohio 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H3655-041
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities - \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$125 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 12 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H3655-033
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Statewide	



Ohio 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H3655-033
ESSENTIAL EXTRAS		(Pick 1) Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL		\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$175 per month – Groceries and OTC
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 96 trips
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



Ohio 2025 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H3655-048
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$4,150	
PCP	\$0 copay	
SPECIALIST	\$25 copay	
INPATIENT HOSPITAL	\$295 (days 1 – 7)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Statewide	



Ohio 2025 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H3655-048
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay – SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 24 one-way trips	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	20 post discharge	



Ohio 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-025
PREMIUM	\$46
MEDICAL DEDUCTIBLE	\$1,000 (applies only to OON services)
MAX OUT-OF-POCKET	\$5,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$13 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Highland, Holmes, Huron, Jefferson, Knox, Lake, Lawrence, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Montgomery, Morrow, Muskingum, Ottawa, Pickaway, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Washington, Wayne, Williams, Wood



Ohio 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-025
DENTAL	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits



Ohio 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 4 (PPO) H4036-017	
PREMIUM	\$66	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$4,900 (IN) / \$8,950 (IN & OON)	
PCP	\$0 copay	
SPECIALIST	\$25 copay	
INPATIENT HOSPITAL	\$295 copay (days 1 – 8)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)	
RX DEDUCTIBLE	\$40 (T3 – T5)	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$12 / 20% / 35% / 30% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Core	
MARKET SERVICE AREA	Belmont, Carroll, Columbiana, Cuyahoga, Delaware, Geauga, Greene, Lake, Lorain, Miami, Montgomery, Muskingum, Preble, Sandusky, Stark, Summit, Trumbull	



Ohio 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 4 (PPO) H4036-017
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits



Ohio 2025 Plan Highlights

PLAN	Anthem Veteran (RPPO) R5941-013	Anthem Medicare Advantage (RPPO) R5941-014
PREMIUM	\$0	\$81
MEDICAL DEDUCTIBLE	\$0	\$1,000 (applies to OON only)
MAX OUT-OF-POCKET	\$4,150 (IN) / \$4,900 (OON)	\$6,750 (IN) / \$10,100 (IN & OON)
PCP	\$0 copay	\$10 copay
SPECIALIST	\$30 copay	\$40 copay
INPATIENT HOSPITAL	\$255 copay (days 1 – 8)	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)	\$0 copay (days 1 – 20) \$214 (per days 21 – 100)
RX DEDUCTIBLE	N/A	\$50 (T3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A	\$3 / \$8 / 20% / 35% / 32% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Statewide	Statewide



Ohio 2025 Plan Highlights

PLAN	Anthem Veteran (RPPO) R5941-013	Anthem Medicare Advantage (RPPO) R5941-014
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services	1 oral exam and 1 cleaning per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive services
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$70 per quarter	N/A
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits





2025 Proposed Service Area



Market Highlights

- **NEW Lead \$0 HMO-POS** plans in all counties featuring:
 - Essential Extra options, including Groceries
 - Dental Point-of-Service (POS) option provides OON Dental coverage to improve access to dental providers
 - Increased dental allowance
- **Lead HMO D-SNP** plan with embedded Everyday Options Allowance for Groceries, OTC, Utilities, Assistive Devices, and all Rx at \$0
- OON medical access still available with *renewing* \$0 HMO-POS plans

Service Area

All Counties

Tennessee 2025 Plan Highlights

PLAN	New  Wellpoint Medicare Advantage 2 (HMO-POS) H5828-014-00	New  Wellpoint Medicare Advantage 2 (HMO-POS) H5828-015-000
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,150	\$5,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$25 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 6)	\$350 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 33% / N/A \$0 copay T1 and T2 mail order 30-90 day supply	\$0 / \$5 / 20% / 35% / 33% / N/A \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Fit	Fit
MARKET SERVICE AREA	Fayette, Shelby, Tipton	Cannon, Cheatham, Davidson, Dickson, Maury, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, Wilson



Tennessee 2025 Plan Highlights

PLAN	<div>New</div> <div>★ Wellpoint Medicare Advantage 2 (HMO-POS) H5828-014-00</div>	<div>New</div> <div>★ Wellpoint Medicare Advantage 2 (HMO-POS) H5828-015-00</div>
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
OVER THE COUNTER	\$20	\$20
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	SilverSneakers®	SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge	20 post discharge



Tennessee 2025 Plan Highlights

PLAN	New ☆ Wellpoint Medicare Advantage 2 (HMO-POS) H5828-016-00	New ☆ Wellpoint Medicare Advantage 2 (HMO-POS) H5828-017-000
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,900	\$4,150 (IN)
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$25 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 6)	\$350 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 33% / N/A \$0 copay T1 and T2 mail order 30-90 day supply	\$0 / \$5 / 20% / 35% / 33% / N/A \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Fit	Fit
MARKET SERVICE AREA	Bedford, Benton, Bledsoe, Bradley, Carroll, Carter, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, De Kalb, Decatur, Dyer, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Madison, Marshall, Mc Minn, Mc Nairy, Meigs, Monroe, Montgomery, Moore, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Scott, Sevier, Stewart, Sullivan, Unicoi, Van Buren, Warren, Washington, Wayne, Weakley, White.	Anderson, Blount, Campbell, Hamilton, Knox, Loudon, Marion, Morgan, Roane, Sequatchie, Union



Tennessee 2025 Plan Highlights

PLAN	<div>New</div> <div>★</div> <div>Wellpoint Medicare Advantage 2 (HMO-POS) H5828-016-00</div>	<div>New</div> <div>★</div> <div>Wellpoint Medicare Advantage 2 (HMO-POS) H5828-017-00</div>
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$20	\$20
FITNESS	SilverSneakers®	SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge	20 post discharge




Tennessee 2025 Plan Highlights

PLAN	<div>☆ Wellpoint Medicare Advantage (HMO-POS) H5828-013 (Consolidation of H5828-012-001+H5828-012-002+H5828-012-003)</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750 (IN)/ \$10,100 (OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
MOST OUT OF NETWORK SERVICES	40%
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Statewide



Tennessee 2025 Plan Highlights


PLAN	 Wellpoint Medicare Advantage (HMO-POS) H5828-013 (Consolidation of H5828-012-001+H5828-012-002+H5828-012-003)
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$60 per quarter
FITNESS	SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge

Tennessee 2025 Plan Highlights

PLAN	<div>☆ Wellpoint Extra Help (HMO-POS) H5828-008</div>			
LIS ELIGIBILITY	No LIS	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$4,900			
PCP	\$0 copay			
SPECIALIST	\$25 copay			
INPATIENT HOSPITAL	\$325 copay (days 1 – 6)			
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)			
EXTRA HELP LEVEL	No Extra Help	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 (T1 – T6)	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	25% / 25% / 25% / 25% / 25% / 25%	\$0	\$0	\$0
	\$0 copay all tiers mail order 30–60 day supply with LIS			
RX MOOP	\$2,000	N/A		
RX FORMULARY	Core			
MARKET SERVICE AREA	Statewide			



Tennessee 2025 Plan Highlights


PLAN	 Wellpoint Extra Help (HMO-POS) H5828-008
EVERYDAY OPTIONS ALLOWANCE	\$65 per month – Groceries, OTC, Utilities and Assistive Devices
DENTAL	\$3,250 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 48 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge

Tennessee 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO D-SNP) H5828-002</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers
MARKET SERVICE AREA	All Counties



Tennessee 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>  Wellpoint Full Dual Advantage (HMO D-SNP) H5828-002 </div>
DENTAL	\$0 copay – \$5,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$600 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$175 -per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 96 trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	42 post discharge
CHIROPRACTIC	\$0 copay – 48 visits per year

Tennessee 2025 Plan Highlights

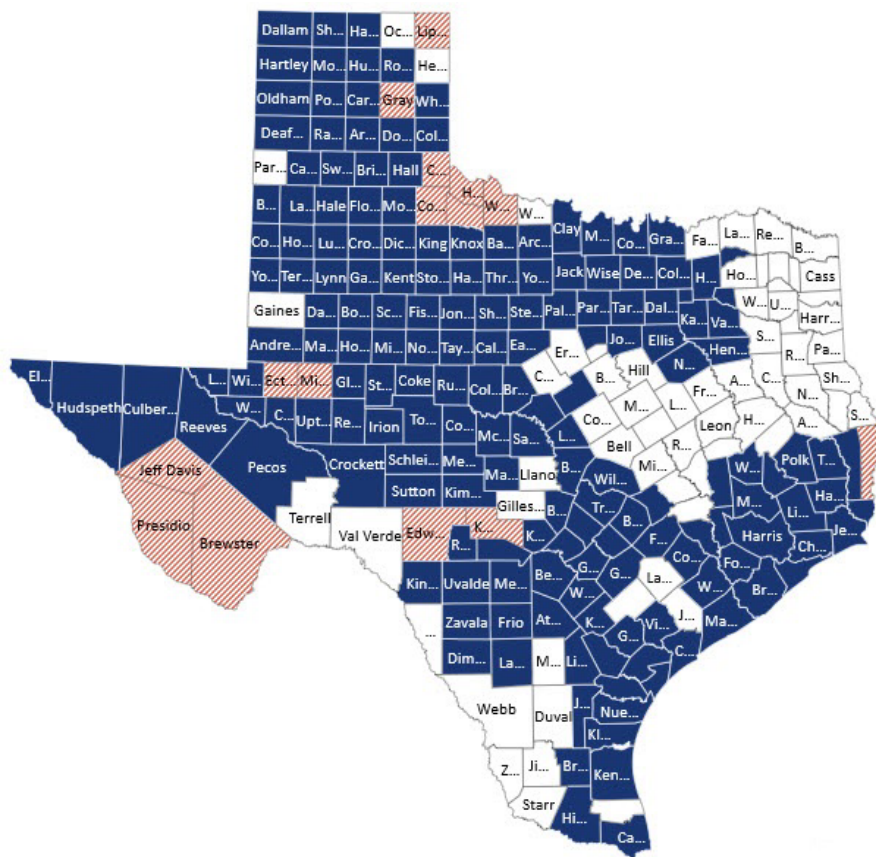
PLAN	Full Dual	Wellpoint Full Dual Advantage Support (HMO D-SNP) H5828-001
MEDICAID STATUS	Full Dual, FBDE, QMB+, SLMB+, CHOICES Groups 1, 2, 3	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	Medicare FFS	
SKILLED NURSING FACILITY	Medicare FFS	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
MARKET SERVICE AREA	Statewide	



Tennessee 2025 Plan Highlights

PLAN	Full Dual	Wellpoint Full Dual Advantage Support (HMO D-SNP) H5828-001
DENTAL	\$0 copay – \$6,000 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$650 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$310 per month – Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay – SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	
TRANSPORTATION	\$0 copay – unlimited one-way trips	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	42 post discharge	
CHIROPRACTIC	\$0 copay – unlimited visits per year	





Market Highlights


- D-SNP plan options for Partial and Full Dual eligibles
- D-SNP plan expansion in 15 counties and 71 newly marketed counties for the Full Dual D-SNP plans matching the Medicaid service area in Jefferson, Lubbock, Nueces & West TX
- New Full Dual D-SNP plan offering in San Antonio
- Lead D-SNP plans with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices all Rx at \$0 plus increased Dental
- Enhanced D-SNP Everyday Options Allowance in Dallas, Hidalgo, Houston, Nueces and West Texas
- HMO-POS plans include OON Dental coverage to improve access to dental providers
- Chronic, Lung and ESRD C-SNPs available with Everyday Options Allowance for Groceries and OTC
- Select HMO plans in Houston and San Antonio with simple and consistent Essential Extras offerings

Service Area

Anderson, Andrews, Angelina, Aransas, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera, Bastrop, Baylor, Bee, Bexar, Borden, Brazoria, [Brewster](#), Briscoe, Brooks, Brown, Burnet, Caldwell, Calhoun, Callahan, Cameron, Camp, Carson, Castro, Chambers, Cherokee, [Childress](#), Clay, Cochran, Collin, Colorado, Coke, Coleman, Collingsworth, Comal, Concho, Cooke, [Cottle](#), Crane, Crockett, Crosby, Culberson, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, Dickens, [Gray](#), Dimmit, Donley, Eastland, [Ector](#), [Edwards](#), Ellis, El Paso, Fayette, Fisher, Floyd, [Foard](#), Fort Bend, Franklin, Frio, Galveston, Garza, Glasscock, Goliad, Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hale, Hall, Hansford, [Hardeman](#), Hardin, Harris, Hartley, Haskell, Hays, Henderson, Hidalgo, Hockley, Hood, Hopkins, Howard, Hudspeth, Hunt, Hutchinson, Irion, Jack, Jasper, [Jeff Davis](#), Jefferson, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kent, [Kerr](#), Kimble, King, Kinney, Kleberg, Knox, La Salle, Lamb, Lee, Liberty, [Lipscomb](#), Live Oak, Loving, Lubbock, Lynn, Martin, Mason, Matagorda, McCulloch, Medina, Menard, [Midland](#), Mills, Mitchell, Montague, Montgomery, Moore, Motley, Nacogdoches, Navarro, [Newton](#), Nolan, Nueces, Oldham, Orange, Palo Pinto, Parker, Pecos, Polk, Potter, [Presidio](#), Rains, Randall, Reagan, Real, Reeves, Roberts, Rockwall, Refugio, Runnels, Rusk, San Jacinto, San Patricio, Schleicher, Scurry, Shackelford, Sherman, Smith, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terry, Throckmorton, Titus, Tom Green, Travis, Tyler, Upshur, Upton, Uvalde, Van Zandt, Victoria, Walker, Waller, Ward, Wharton, Wheeler, [Wilbarger](#), Williamson, Wilson, Winkler, Wise, Wood, Yoakum, Young, Zavala



Austin MSA

Texas – 2025 Plan Highlights – Austin MSA

PLAN	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-001	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-013
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Care	Care
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise




Texas – 2025 Plan Highlights – Austin MSA

PLAN	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-001	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-013
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$100 per month – Groceries and OTC	\$100 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL (combined with NH)	\$0 copay – 26 one-way trips to PAL (combined with NH)
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	14 post discharge / 2 meals per day for 90 days chronic condition




Texas – 2025 Plan Highlights – Austin MSA

PLAN	<div> Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031 THIS PLAN IS SOLD EXCLUSIVELY THROUGH A SPECIFIC WELLPOINT TEAM</div>	
PREMIUM	\$19.40	
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & OON)	
PCP	\$0 copay	
SPECIALIST	\$0 - 20%	
INPATIENT HOSPITAL	Medicare FFS	
RX DEDUCTIBLE	\$100 (T3 – T5)	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 10% / 20% / 31% / \$0 \$0 copay – mail order 30-90 day supply all tiers	
RX MOOP	\$2,000	
RX FORMULARY	Core	
MARKET SERVICE AREA	Bexar, Comal, El Paso, Hays, Travis, Williamson	




Texas – 2025 Plan Highlights – Austin MSA

PLAN	<div> Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031 THIS PLAN IS SOLD EXCLUSIVELY THROUGH A SPECIFIC WELLPOINT TEAM</div>
ESSENTIAL EXTRAS	(Pick 1) Assistive Devices - \$500 per year, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Utilities - \$50/month
DENTAL	<div><div>\$2,000 allowance for preventive and comprehensive services per year</div><div>In Network: \$0 copay</div><div>Out of Network: 20%</div></div>
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	<div>\$75 per month – Groceries and OTC</div>
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition




Dallas – Fort Worth MSA

Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	Full Dual	 Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-002
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Anderson, Archer, Camp, Cherokee, Clay, Collin, Cooke, Dallas, Delta, Denton, Ellis, Franklin, Grayson, Gregg, Henderson, Hood, Hopkins, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Rusk, Smith, Tarrant, Throckmorton, Titus, Upshur, Van Zandt, Wise, Wood	




Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	Full Dual	 Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-002
DENTAL	\$0 copay – \$5,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$160 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – unlimited visits per year	





Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-001	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-013
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Care	Care
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise




Texas – 2025 Plan Highlights – Dallas Fort Worth MSA


PLAN	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-001	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-013
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$100 per month – Groceries and OTC	\$100 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL (combined with NH)	\$0 copay – 26 one-way trips to PAL (combined with NH)
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	14 post discharge / 2 meals per day for 90 days chronic condition




Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$5 / 20% / 25% / 33% / \$0</div> <div>\$0 copay – mail order 30-90 day supply all tiers</div>
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA	Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise
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Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043
ESSENTIAL EXTRAS	(Pick 1) Healthy Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$90 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 34 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	All Dual		Wellpoint Dual Advantage (HMO D-SNP) H8849-011-002	
MEDICAID STATUS	Medicare & Medicaid Eligibility / FBDE, QMB+, QMB, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI	
PREMIUM	\$0		\$0 - \$28.40	
MAX OUT-OF-POCKET			\$9,350	
PCP			\$0 copay	
SPECIALIST			\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay – Medicare FFS	
SKILLED NURSING FACILITY	\$0 copay		\$0 copay – Medicare FFS	
RX DEDUCTIBLE	\$0		\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6			\$0 copay – Part D on all tiers \$0 copay – T1 and T2 mail order 30-90 day supply	
RX FORMULARY			Core	
MARKET SERVICE AREA	Anderson, Archer, Camp, Cherokee, Clay, Collin, Cooke, Dallas, Delta, Denton, Ellis, Franklin, Grayson, Gregg, Henderson, Hood, Hopkins, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Rusk, Smith, Tarrant, Throckmorton, Titus, Upshur, Van Zandt, Wise, Wood			



Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

PLAN	All Dual	Wellpoint Dual Advantage (HMO D-SNP) H8849-011-002
DENTAL	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$105 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$ copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



El Paso MSA

Texas – 2025 Plan Highlights – El Paso MSA

PLAN	Full Dual	 Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-004
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX MOOP	\$2,000	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	El Paso, Hudspeth	
		

Texas – 2025 Plan Highlights – El Paso MSA

PLAN	Full Dual	 Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-004
DENTAL	\$0 copay – \$5,000 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$125 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	42 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – unlimited visits per year	




Texas – 2025 Plan Highlights – El Paso MSA

PLAN	☆ Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031
PREMIUM	\$19.40
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 - 20%
INPATIENT HOSPITAL	Medicare FFS
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 10% / 20% / 31% / \$0 \$0 copay – mail order 30-90 day supply all tiers
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Bexar, Comal, El Paso, Hays, Travis, Williamson



Texas – 2025 Plan Highlights – El Paso MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031
ESSENTIAL EXTRAS	(Pick 1) Assistive Devices - \$500 per year, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Utilities - \$50/month
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – El Paso MSA

PLAN	All Dual		Wellpoint Dual Advantage (HMO D-SNP) H8849-011-004	
	Medicare & Medicaid Eligibility / FBDE, QMB+, QMB, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI	
PREMIUM	\$0		\$0 - \$28.40	
MAX OUT-OF-POCKET			\$9,350	
PCP			\$0 copay	
SPECIALIST			\$0 copay	
INPATIENT HOSPITAL	\$0 copay		\$0 copay – Medicare FFS	
SKILLED NURSING FACILITY	\$0 copay		\$0 copay – Medicare FFS	
RX DEDUCTIBLE	\$0		\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6			\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY			Core	
MARKET SERVICE AREA			El Paso, Hudspeth	



Texas – 2025 Plan Highlights – El Paso MSA

PLAN	Wellpoint Dual Advantage (HMO D-SNP)	
	All Dual	H8849-011-004
DENTAL	\$0 copay – \$2,250 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$75 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	28 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	




Hidalgo MSA

Texas – 2025 Plan Highlights – Hidalgo MSA

PLAN	Full Dual	☆ Wellpoint Full Dual Advantage (HMO D-SNP) H2593-053
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
MOST SERVICES COVERED BY PART B	\$0 copay	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Cameron, Hidalgo	




Texas – 2025 Plan Highlights – Hidalgo MSA

PLAN	<div>Full Dual</div> <div> Wellpoint Full Dual Advantage (HMO D-SNP) H2593-053</div>
DENTAL	\$0 copay – \$5,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$165 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 48 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – unlimited visits per year




Houston MSA

Texas – 2025 Plan Highlights – Houston MSA

PLAN	 Wellpoint Select (HMO-POS) H8849-009
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 35% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Fort Bend, Harris, Montgomery




Texas – 2025 Plan Highlights – Houston MSA

PLAN	 Wellpoint Select (HMO-POS) H8849-009
ESSENTIAL EXTRAS	(Pick 2) Healthy Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$215 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – 24 visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – Houston MSA

PLAN	Full Dual	 Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-001
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
MOST SERVICES COVERED BY PART B	\$0 copay	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Angelina, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Walker, Waller, Wharton	





Texas – 2025 Plan Highlights – Houston MSA

PLAN	Full Dual	
		Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-001
DENTAL	\$0 copay – \$5,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$165 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – unlimited visits per year	





Texas – 2025 Plan Highlights – Houston MSA

PLAN	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-005	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-003
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$20 copay	\$0 - \$20 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)	\$120 copay (days 1 – 3)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Care	Care
MARKET SERVICE AREA	Harris	Harris




Texas – 2025 Plan Highlights – Houston MSA

PLAN	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-005	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-003
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$80 per month – Groceries and OTC	\$90 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL (combined with NH)	\$0 copay – 24 one-way trips to PAL (combined with NH)
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 24 visits per year	\$0 copay – 24 visits per year
HEALTHY MEALS	10 post discharge / 30 chronic condition	10 post discharge / 30 chronic condition



Texas – 2025 Plan Highlights – Houston MSA


PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 25% / 33% / \$0 \$0 copay – mail order 30-90 day supply all tiers
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA



Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise

Texas – 2025 Plan Highlights – Houston MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043
ESSENTIAL EXTRAS	(Pick 1) Healthy Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$90 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 34 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – Houston MSA

PLAN	All Dual		Wellpoint Dual Advantage (HMO D-SNP) H8849-011-001	
MEDICAID STATUS	Medicare & Medicaid Eligibility / FBDE, QMB+, QMB, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI	
PREMIUM	\$0		\$0 - \$28.40	
MAX OUT-OF-POCKET			\$9,350	
PCP			\$0 copay	
SPECIALIST			\$0 copay	
INPATIENT HOSPITAL	\$0		\$0 copay – Medicare FFS	
SKILLED NURSING FACILITY	\$0		\$0 copay – Medicare FFS	
RX DEDUCTIBLE	\$0		\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6			\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY			Core	
MARKET SERVICE AREA	Angelina, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Walker, Waller, Wharton			



Texas – 2025 Plan Highlights – Houston MSA

PLAN	All Dual	
	Wellpoint Dual Advantage (HMO D-SNP) H8849-011-001	
DENTAL	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$70 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



Jefferson MSA

Texas – 2025 Plan Highlights – Jefferson MSA

PLAN	<div>NewFull Dual</div> ☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-044-000
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
MOST SERVICES COVERED BY PART B	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, San Jacinto, Walker, Polk, Tyler



Texas – 2025 Plan Highlights – Jefferson MSA

PLAN	New	Full Dual	☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-044-000
DENTAL			\$0 copay – \$5,500 allowance for preventive and comprehensive services per year
VISION			\$0 copay – 1 routine eye exam per year; \$600 allowance – eyeglasses or contact lenses per year
HEARING			\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE			\$150 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS			\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER			\$0 copay - tracking device & engagement membership
TRANSPORTATION			\$0 copay – 65 one-way trips to PAL (combined with NH)
PERS			\$0 copay
PODIATRY			\$0 copay – unlimited visits per year
HEALTHY MEALS			21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE			\$0 copay – unlimited visits per year



Lubbock MSA

Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	<div>NewFull Dual</div> ☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-047-000
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
MOST SERVICES COVERED BY PART B	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Swisher, Terry, Carson, Deaf Smith, Hutchinson, Potter, Randall



Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	New	Full Dual	☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-047-000
DENTAL			\$0 copay – \$5,500 allowance for preventive and comprehensive services per year
VISION			\$0 copay – 1 routine eye exam per year; \$575 allowance – eyeglasses or contact lenses per year
HEARING			\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE			\$120 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS			\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER			\$0 copay - tracking device & engagement membership
TRANSPORTATION			\$0 copay – 65 one-way trips to PAL (combined with NH)
PERS			\$0 copay
PODIATRY			\$0 copay – unlimited visits per year
HEALTHY MEALS			21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE			\$0 copay – unlimited visits per year




Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	Full Dual		☆ Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-005
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+		
PREMIUM	\$0		
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	\$0 copay		
SKILLED NURSING FACILITY	\$0 copay		
MOST SERVICES COVERED BY PART B	\$0 copay		
RX DEDUCTIBLE	\$0		
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry		




Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	<div>Full Dual</div> <div> Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-005</div>
DENTAL	\$0 copay – \$5,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$100 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – unlimited visits per year



Texas – 2025 Plan Highlights – Lubbock MSA


PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$5 / 20% / 25% / 33% / \$0</div> <div>\$0 copay – mail order 30-90 day supply all tiers</div>
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA

Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise



Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043
ESSENTIAL EXTRAS	(Pick 1) Healthy Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$750 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$90 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 34 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	<div>All Dual</div> <div>Wellpoint Dual Advantage (HMO D-SNP)</div> <div>H8849-011-005</div>		
MEDICAID STATUS	Medicare & Medicaid Eligibility / FBDE, QMB+, QMB, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI
PREMIUM	\$0	\$0 – \$28.40	
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	\$0	\$0 copay - Medicare FFS	
SKILLED NURSING FACILITY	\$0	\$0 copay - Medicare FFS	
RX DEDUCTIBLE	\$0	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry		



Texas – 2025 Plan Highlights – Lubbock MSA

PLAN	All Dual	
	Wellpoint Dual Advantage (HMO D-SNP) H8849-011-005	
DENTAL	\$0 copay – \$2,250 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$85 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 48 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



Nueces MSA

Texas – 2025 Plan Highlights – Nueces MSA

PLAN	Full Dual	☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-045-000
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
MOST SERVICES COVERED BY PART B	\$0 copay	
RX DEDUCTIBLE	\$0	
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Core	

MARKET SERVICE AREA	Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria
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Texas – 2025 Plan Highlights – Nueces MSA

PLAN	Full Dual	
	★ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-045-000	
DENTAL	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$450 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWQNCCE	\$165 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 96 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	28 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – unlimited visits per year	




San Antonio MSA

Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	 Wellpoint Select (HMO-POS) H8849-006
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,500
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Bexar



Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	 Wellpoint Select (HMO-POS) H8849-006
ESSENTIAL EXTRAS	(Pick 1) Healthy Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$144 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	<div>NewFull Dual☆</div> Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-051-000
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
MOST SERVICES COVERED BY PART B	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson



Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	<div>New</div> <div>Full Dual</div> <div>☆</div> <div>Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-051-000</div>
DENTAL	\$0 copay – \$4,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$125 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 96 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – unlimited visits per year





Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-001	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-013
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$225 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Care	Care
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise





Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	 Wellpoint Chronic Care (HMO-POS C-SNP) H8849-001	 Wellpoint Lung Care (HMO-POS C-SNP) H8849-013
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$100 per month – Groceries and OTC	\$100 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL (combined with NH)	\$0 copay – 26 one-way trips to PAL (combined with NH)
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	14 post discharge / 2 meals per day for 90 days chronic condition




Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031
PREMIUM	\$19.40
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 - 20%
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare FFS
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$0 / 10% / 20% / 31% / \$0</div> <div>\$0 copay – mail order 30-90 day supply all tiers</div>
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE AREA


Bexar, Comal, El Paso, Hays, Travis, Williamson

Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	 Wellpoint Kidney Care (HMO-POS C-SNP) H2593-031
ESSENTIAL EXTRAS	(Pick 1) Assistive Devices - \$500 per year, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Utilities - \$50/month
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition



Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	All Dual		Wellpoint Dual Advantage (HMO D-SNP) H8849-011-003
MEDICAID STATUS	Medicare & Medicaid Eligibility / FBDE, QMB+, QMB, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI
PREMIUM	\$0		\$0 - \$28.40
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	\$0 copay		\$0 copay – Medicare FFS
SKILLED NURSING FACILITY	\$0 copay		\$0 copay – Medicare FFS
RX DEDUCTIBLE	\$0		\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Kendall, La Salle, Medina, Real, Wilson, Zavala		



Texas – 2025 Plan Highlights – San Antonio MSA

PLAN	All Dual	
	Wellpoint Dual Advantage (HMO D-SNP) H8849-011-003	
DENTAL	\$0 copay – \$2,750 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$70 per month - Groceries, OTC, Utilities and Assistive Devices	
FITNESS	\$0 copay - SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	20 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



West Texas MSA

Texas – 2025 Plan Highlights – West Texas MSA

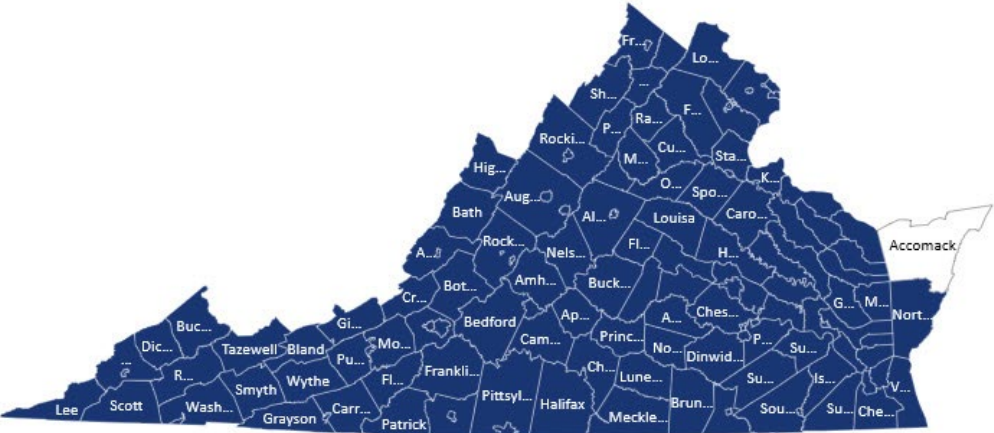
PLAN	NewFull Dual☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-046-000
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay
MOST SERVICES COVERED BY PART B	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Callahan, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Concho, Cottle, Crane, Crockett, Culberson, Dallam, Dawson, Dickens, Dimmit, Donley, Eastland, Ector, Edwards, Fisher, Foard, Frio, Glasscock, Gray, Hall, Hansford, Hardeman, Hartley, Haskell, Howard, Irion, Jack, Jeff Davis, Jones, Kent, Kerr, Kimble, King, Kinney, Knox, La Salle, Lipscomb, Loving, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Oldham, Palo Pinto, Pecos, Presidio, Reagan, Real, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Taylor, Thockmorton, Tom Green, Upton, Uvalde, Ward, Wheeler, Wilbarger, Winkler, Yoakum, Young, Zavala



Texas – 2025 Plan Highlights – West Texas MSA

PLAN	<div>NewFull Dual</div> <div>☆ Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-046-000</div>
DENTAL	\$0 copay – \$5,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$165 per month - Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 65 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	21 post discharge / 2 meals per day for 90 days chronic condition
ACUPUNCTURE	\$0 copay – unlimited visits per year





2025 Proposed Service Area

Market Highlights


- #3 in total MA enrollment, over 95K MA members
- New \$0 HMO-POS plans featuring:
 - Everyday Options allowance for Groceries, OTC, Utilities, and Assistive Devices for all members
 - OON dental coverage through point-of-service option
 - Dental, vision, and hearing coverage
 - 31 county HMO-POS expansion in SW Virginia
- Lead D-SNP plan has embedded Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices plus all Rx at \$0
- MA-only PPO with \$80 Part B Giveback

Service Area

All Counties: EXCEPT Accomack




Virginia 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Medicare Advantage 3 (HMO-POS) H3447-049</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,800
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$150 (Tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 31% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Fit
MARKET SERVICE AREA	Amelia, Caroline, Charles City, Chesapeake City, Chesterfield, Colonial Heights City, Dinwiddie, Essex, Franklin City, Gloucester, Goochland, Hampton City, Hanover, Henrico, Hopewell City, Isle Of Wight, James City, King And Queen, King George, King William, Lancaster, Mathews, Middlesex, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince George, Richmond, Richmond City, Southampton, Suffolk City, Surry, Sussex, Virginia each City, Westmoreland, Williamsburg City, York




Virginia 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Medicare Advantage 3 (HMO-POS) H3447-049</div>
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips per year




Virginia 2025 Plan Highlights

PLAN	New	 Anthem Medicare Advantage 3 (HMO-POS) H3447-050
PREMIUM		\$0
MAX OUT-OF-POCKET		\$3,900
PCP		\$0 copay
SPECIALIST		\$25 copay
INPATIENT HOSPITAL		\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE		\$150 (Tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$5 / 20% / 35% / 35% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP		\$2,000
RX FORMULARY		Fit
MARKET SERVICE AREA		Albemarle, Alleghany, Amherst, Appomattox, Augusta, Bath, Bedford, Botetourt, Brunswick, Buckingham, Buena Vista City, Campbell, Charlotte, Charlottesville City, Covington City, Craig, Cumberland, Emporia City, Floyd, Fluvanna, Franklin, Frederick, Giles, Greene, Greenville, Halifax, Harrisonburg City, Highland, Lexington City, Louisa, Lunenburg, Lynchburg City, Mecklenburg, Montgomery, Nelson, Nottoway, Orange, Page, Prince Edward, Pulaski, Radford City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Shenandoah, Staunton City, Waynesboro City, Winchester City




Virginia 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Medicare Advantage 3 (HMO-POS) H3447-050</div>
DENTAL	<p>\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services</p>
VISION	<p>\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
EVERYDAY OPTIONS ALLOWANCE	<p>\$80 per month – Groceries, OTC, Utilities and Assistive Devices</p>
FITNESS	<p>\$0 copay – SilverSneakers®</p>
HEALTH & FITNESS TRACKER	<p>\$0 copay – tracking device & engagement membership</p>
TRANSPORTATION	<p>\$0 copay – 24 one-way trips per year</p>




Virginia 2025 Plan Highlights

PLAN	New	 Anthem Medicare Advantage 3 (HMO-POS) H3447-051
PREMIUM		\$19
MAX OUT-OF-POCKET		\$3,900
PCP		\$0 copay
SPECIALIST		\$30 copay
INPATIENT HOSPITAL		\$415 copay (days 1 – 6)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE		\$250 (Tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$5 / 20% / 35% / 30% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP		\$2,000
RX FORMULARY		Fit
MARKET SERVICE AREA		Alexandria City, Arlington, Clarke, Culpeper, Fairfax, Fairfax City, Falls Church City, Fauquier, Fredericksburg City, Loudoun, Madison, Manassas City, Manassas Park City, Prince William, Rappahannock, Spotsylvania, Stafford, Warren




Virginia 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Medicare Advantage 3 (HMO-POS) H3447-051</div>
DENTAL	\$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$65 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips per year




Virginia 2025 Plan Highlights

PLAN	New	 Anthem Medicare Advantage 3 (HMO-POS) H3447-052
PREMIUM		\$0
MAX OUT-OF-POCKET		\$4,900
PCP		\$0 copay
SPECIALIST		\$30 copay
INPATIENT HOSPITAL		\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE		\$250 (Tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$4 / 20% / 35% / 30% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP		\$2,000
RX FORMULARY		Fit
MARKET SERVICE AREA		Bland, Bristol City, Buchanan, Carroll, Danville City, Dickenson, Galax City, Grayson, Henry, Lee, Martinsville City, Norton City, Patrick, Pittsylvania, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe




Virginia 2025 Plan Highlights

PLAN	<div>New</div> <div> Anthem Medicare Advantage 3 (HMO-POS) H3447-052</div>
DENTAL	\$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$65 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips per year



Virginia 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage (HMO D-SNP) H4694-004-000 (Transition from H3447-045)</div>	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	All Counties EXCEPT: Accomack	




Virginia 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>★ Anthem Full Dual Advantage (HMO D-SNP) H4694-004-000 (Transition from H3447-045)</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$425 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$343 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	14 post discharge / 42 chronic condition
ACUPUNCTURE	\$0 copay – 12 visits per year




Virginia 2025 Plan Highlights

PLAN	<div>Anthem Chronic Care (HMO-POS C-SNP) H3447-037 (consolidation of H3447-004 into H3447-037)</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,000
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Chesapeake City, Chesterfield , Colonial Heights City , Goochland , Hampton City, Hanover , Henrico , Hopewell City , James City Co, Loudoun, Mathews, Newport News City, Norfolk City, Petersburg City , Portsmouth City, Powhatan , Prince William, Richmond City , Suffolk City, Virginia Beach City



Virginia 2025 Plan Highlights

PLAN	 Anthem Chronic Care (HMO-POS C-SNP) (consolidation of H3447-004 into H3447-037)
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$3,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PODIATRY	\$0 copay – 6 visits per year




Virginia 2025 Plan Highlights

PLAN	<div> Anthem Veteran (PPO) H4909-020</div>
PREMIUM	\$0
PART B REBATE	\$80
MEDICAL DEDUCTIBLE	\$750 (OON only)
MAX OUT-OF-POCKET	\$6,800 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Albemarle, Amelia, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buena Vista City, Campbell, Caroline, Charles City, Charlotte, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Cumberland, Dickenson, Dinwiddie, Emporia City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greenville, Halifax, Hampton City, Hanover, -Henrico, Henry, Highland, Isle of Wight, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Mathews, Middlesex, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Tazewell, Virginia Beach City, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe




Virginia 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4909-020
DENTAL	\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year



Virginia 2025 Plan Highlights


PLAN	 Anthem Medicare Advantage (PPO) H4909-014
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$750 (OON)
MAX OUT-OF-POCKET	\$7,950 (IN) / \$11,300 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$295 (T3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core

MARKET SERVICE
AREA



Alleghany, Amelia, Amherst, Appomattox, Augusta, Bedford, Bland, Botetourt, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Falls Church City, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Galax City, Giles, Goochland, Grayson, Greene, Greenville, Halifax, Henry, Highland, Isle of Wight, James City, King and Queen, King George, Lancaster, Lee, Lexington City, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, Norfolk City, Northampton, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Portsmouth City, Powhatan, Prince Edward, Pulaski, Radford City, Rappahannock, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Scott, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Virginia Beach City, Warren, Washington, Williamsburg City, Winchester City, Wise, Wythe, York

Virginia 2025 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H4909-014</div>
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
OVER THE COUNTER	\$30 per quarter
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership



Virginia 2025 Plan Highlights

PLAN	Anthem Grocery (HMO-POS) H3447-039-000 (Consolidation of H3447-001 + H3447-005 + H3447-039 = H3447-039)
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$345 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$195 (Tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$3 / 20% / 35% / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Bedford, Botetourt, Chesapeake City, Chesterfield, Colonial Heights, Franklin, Franklin City, Goochland, Hampton City, Hanover, Henrico, Hopewell City, Isle Of Wight, Lynchburg City, Montgomery, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Richmond City, Roanoke, Roanoke City, Salem City, Suffolk City, Virginia Beach City



Virginia 2025 Plan Highlights

PLAN	Anthem Grocery (HMO-POS) H3447-039 (Consolidation of H3447-001 + H3447-005 + H3447-039 = H3447-039)
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
GROCERIES	\$45 per month
OVER THE COUNTER	\$160 per month
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 12 one-way trips per year



Virginia 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H3447-013
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Chesapeake City, Franklin City, Gloucester, Hampton City, Isle Of Wight, James City Co, King William, Mathews, Middlesex, Newport News City, Norfolk City, Northampton, Northumberland, Poquoson City, Portsmouth City, Southampton, Suffolk City, Surry, Virginia Beach City, Williamsburg City, York



Virginia 2025 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO-POS) H3447-013
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$140 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership



Virginia 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (HMO-POS) H3447-025 (Consolidation of H3447-014 + H3447-025)
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$320 (Tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$1 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Albemarle, Alexandria City, Amelia, Amherst, Augusta, Bedford, Botetourt, Bristol City, Buena Vista City, Campbell, Charlottesville City, Danville City, Dinwiddie, -Floyd, Fluvanna, Franklin, Frederick, Fredericksburg City, Giles, Greene, Halifax, Harrisonburg City, Henry, King George, Lexington City, Louisa, Loudon, Lynchburg City, Manassas City, Manassas Park City, Martinsville City, Montgomery, Orange, Pittsylvania, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Shenandoah, Stafford, Staunton City, Tazewell, Washington, Waynesboro City, Westmoreland, Wise, Wythe



Virginia 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (HMO-POS) H3447-025 (Consolidation of H3447-014 + H3447-025)
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,200 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$45 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PODIATRY	\$0 copay – 6 visits per year



Virginia 2025 Plan Highlights

PLAN	Anthem Extra Help (HMO-POS) H3447-028				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	\$0	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$2,900				
PCP	\$0 copay				
SPECIALIST	\$25 copay				
INPATIENT HOSPITAL	\$300 copay (days 1 – 5)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help		Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$590 (T2 – T5)		\$0	\$0	\$0
RX PREFERRED COST SHARE	\$0 / 25% / 25% / 25% / 25% / \$0		T1 & T6 @ \$0 \$4.90-\$12.15	T1 & T6 @ \$0 \$1.60-\$4.80	\$0
T1/T2/T3/T4/T5/T6	T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply		T1 and T6 @ \$0; T2 – T5 @ 3x copay - 30-90 day supply		\$0 copay – all tiers
RX MOOP	\$2,000				
RX FORMULARY	Core				
MARKET SERVICE AREA	Statewide (except Accomack)				



Virginia 2025 Plan Highlights

PLAN	Anthem Extra Help(HMO-POS) H3447-028
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$3,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$110 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	10 post discharge



Virginia 2025 Plan Highlights

PLAN	Anthem Dual Advantage (PPO D-SNP) H2441-001-000 (Transition from H4909-018-000)			
MEDICAID STATUS	QMB			
PREMIUM	\$0			
MEDICAL DEDUCTIBLE	\$0			
MAX OUT-OF-POCKET	\$9,350 (IN) / \$14,000 (IN & OON)			
PCP	\$0 copay			
SPECIALIST	\$0 copay			
INPATIENT HOSPITAL	\$0 copay			
SKILLED NURSING FACILITY	\$0 copay			
EXTRA HELP LEVEL	Level 1	Level 2	Level 3	No Extra Help
RX DEDUCTIBLE	\$0	\$0	\$0	\$590 (T2 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	T1 & T6 @ \$0; T2 – T5 @ \$4.90 - \$12.15 Mail Order: T 1 & T6 @0; T2 – T5 @ copay for each 30 day supply	T1 & T6 @ \$0 T2 – T5 @ \$1.60 - \$4.80	\$0 Mail Order: T1 – T6 \$0	\$0 / 20% / 25% / 25% / 25% / \$0 Mail Oder T1 and T6 @ \$0; T2-5 @ 25% 30-90 day supply
RX MOOP	\$2,000		N/A	\$2,000
RX FORMULARY	Core			



All Counties EXCEPT:
Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Prince William

Virginia 2025 Plan Highlights

PLAN	Anthem Dual Advantage (PPO D-SNP) H4909-018
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
GROCERIES	\$50 monthly allowance
OVER THE COUNTER	\$260 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 48 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	42 post discharge



Virginia 2025 Plan Highlights

PLAN	Full Dual		Anthem Full Dual Advantage 2 (HMO D-SNP)	
			H4694-001-000 (Transition from H3447-011-000)	
PREMIUM			\$0	
MAX OUT-OF-POCKET			\$9,350	
PCP			\$0 copay	
SPECIALIST			\$0 copay	
INPATIENT HOSPITAL			\$0 copay	
SKILLED NURSING FACILITY			\$0 copay	
RX DEDUCTIBLE			\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6			\$0 copay – Part D on all tiers	
RX FORMULARY			Core	
MARKET SERVICE AREA			All Counties EXCEPT: Accomack	



Virginia 2025 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H4694-001-000 (Transition from H3447-011-000)
ESSENTIAL EXTRAS		(Pick 1) Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL		\$0 copay – \$3,500 allowance for preventive and comprehensive services per year
VISION		\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
GROCERIES		\$75 monthly allowance
OVER THE COUNTER		\$400 per quarter
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 48 one-way trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – 4 visits per year
HEALTHY MEALS		14 post discharge / 42 chronic condition
ACUPUNCTURE		\$0 copay – 12 visits per year



Virginia 2025 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4694-002-000 (Transition from H3447- 030-000)	
MEDICAID STATUS	QMB	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$9,350	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay (per stay)	
SKILLED NURSING FACILITY	\$0 copay (per stay)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	All Counties EXCEPT: Accomack	



Virginia 2025 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4694-002-000 (Transition from H3447- 030-000)
DENTAL	\$0 copay – \$3,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$425 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$125 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers® / Nifty after Fifty
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	14 post discharge / 42 chronic condition
ACUPUNCTURE	\$0 copay – 12 visits per year



Virginia 2025 Plan Highlights

PLAN	Anthem Kidney Care (HMO-POS C-SNP) H3447-033
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$0 – \$40 copay
DIALYSIS	\$0 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$325 (tiers 3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 25% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, and Falls Church City



Virginia 2025 Plan Highlights

PLAN	Anthem Kidney Care (HMO-POS C-SNP) H3447-033
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50/month, Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,800 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PODIATRY	\$0 copay – 6 visits per year



Virginia 2025 Plan Highlights

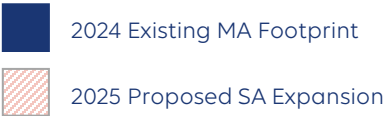
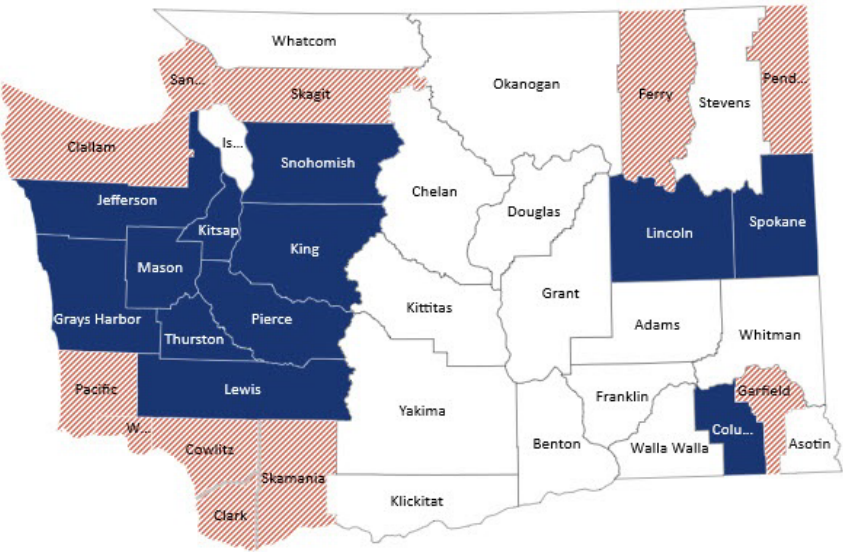
PLAN	Anthem Grocery (PPO) H4909-026
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$750 (OON)
MAX OUT-OF-POCKET	\$7,950 (IN) / \$11,300 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$214 copay (days 21 – 100)
RX DEDUCTIBLE	\$295 (tiers 3, 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$3 / 20% / 35% / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Bedford, Chesapeake City, Chesterfield, Franklin, Franklin City, Hampton City, Henrico, Isle Of Wight, Lynchburg City, Poquoson City, Portsmouth City, Richmond City, Roanoke, Salem City, Suffolk City, Virginia Beach City



Virginia 2025 Plan Highlights

PLAN	Anthem Grocery (PPO) H4909-026
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year;
GROCERIES	\$35 per month
OVER THE COUNTER	\$60 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership





Market Highlights

- Now distinct D-SNP plan options for Full vs. Partial Dual-Eligible
- D-SNP plan with new Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- Expanding D-SNP into 11 counties
- ESRD C-SNP HMO-POS plan includes OON Dental coverage to improve access to dental providers
- Simple and consistent Essential Extras offerings
- Network Includes key provider partners, such as Providence, CHI Franciscan, UW Physicians, Swedish and Seattle Medical Group

Service Area

Columbia, [Clallam](#), [Clark](#), [Cowlitz](#), [Ferry](#), [Garfield](#), Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, [Pacific](#), [Pend Oreille](#), Pierce, [San Juan](#), [Skagit](#), [Skamania](#), Snohomish, Spokane, Thurston, [Wahkiakum](#)

Washington 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div> Wellpoint Full Dual Advantage (HMO D-SNP) H1894-002</div>
MEDICAID STATUS	Full Dual; FBDE, QMB, QMB+, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
SKILLED NURSING FACILITY	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Columbia, Clallam , Clark , Cowlitz , Ferry , Garfield , Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific , Pend Oreille , Pierce, San Juan , Skagit , Skamania , Snohomish, Spokane, Thurston, Wahkiakum



Washington 2025 Plan Highlights

PLAN	 Wellpoint Full Dual Advantage (HMO D-SNP) H1894-002
DENTAL	\$3,500 allowance for preventive and comprehensive services per year In Network: \$0 copay
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay - 60 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 Post Discharge meals / 2 meals per day for 90 days chronic condition



Washington 2025 Plan Highlights

PLAN	<div>☆</div> Wellpoint Kidney Care (HMO-POS C-SNP) H1894-008
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$0 - \$45 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$140 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$0 / 20% / 25% / 33% / \$0</div> <div>\$0 copay – T1 and T2 mail order 30-90 day supply</div>
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	King, Kitsap, Pierce, Snohomish, Spokane, Thurston



Washington 2025 Plan Highlights

PLAN	<div>☆</div> Wellpoint Kidney Care (HMO-POS C-SNP) H1894-008
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50 per month, Utilities - \$150 per quarter, Dental, Vision, and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	2 meals per day for 90 days chronic condition



Washington 2025 Plan Highlights

PLAN	New	Partial Dual	Wellpoint Dual Advantage (HMO D-SNP) H1894-011
MEDICAID STATUS			Partial Dual; SLMB, QDWI, QI
PREMIUM			\$0 - \$29.20
MAX OUT-OF-POCKET			\$9,350
PCP			\$0 copay
SPECIALIST			\$0 copay
INPATIENT HOSPITAL			\$0 copay – Medicare FFS
SKILLED NURSING FACILITY			\$0 copay – Medicare FFS
RX DEDUCTIBLE			\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6			\$0 copay – Part D on all tiers
RX FORMULARY			Core
MARKET SERVICE AREA	Columbia, Clallam, Clark, Cowlitz, Ferry, Garfield, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum		



Washington 2025 Plan Highlights

PLAN

New

Partial Dual

Wellpoint Dual Advantage (HMO D-SNP)
H1894-011

DENTAL \$0 copay – \$2,500 allowance for preventive and comprehensive services per year

VISION \$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

HEARING \$0 copay - 1 hearing exam, fitting & evaluation per year;
\$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year

EVERYDAY OPTIONS ALLOWANCE \$50 per month - Groceries, OTC, Utilities and Assistive Devices

FITNESS \$0 copay - SilverSneakers®

TRANSPORTATION \$0 copay – 24 one-way trips per year to PAL (combined with NH)

PERS \$0 copay

PODIATRY \$0 copay – unlimited visits per year

HEALTHY MEALS 14 post discharge / 2 meals per day for 90 days chronic condition

ACUPUNCTURE \$0 copay – unlimited visits per year

CHIROPRACTIC \$0 copay – 24 visits per year







- Expansion of HMO and D-SNP statewide
- New Full Dual D-SNP plan with Everyday Options Allowance for Groceries, OTC, Utilities and Assistive Devices and all Rx at \$0
- Full Dual D-SNP plan with Everyday Options Allowance for Groceries and OTC, Essential Extras and all Rx at \$0
- Partial Dual D-SNP plan available
- MA-only PPO with a \$95 Part B Giveback
- Simple and consistent Essential Extras offering
- HMO-POS plans include OON Dental coverage to improve access to dental providers



All counties

Wisconsin 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H9525-004	 Anthem Medicare Advantage (HMO-POS) H9525-006
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,400	\$4,300
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)	\$295 copay (days 1 – 6)
RX DEDUCTIBLE	\$150 (T3 – T5)	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 40% / 31% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply	\$0 / \$0 / 20% / 45% / 31% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
RX MOOP	\$2,000	\$2,000
RX FORMULARY	Core	Core
MARKET SERVICE AREA	Adams, Ashland, Bayfield, Clark, Douglas, Florence, Forest, Green, Iowa, Iron, Jefferson, Juneau, Kenosha, Lafayette, Langlade, Lincoln, Marathon, Marinette, Milwaukee, Oneida, Portage, Price, Racine, Rock, Taylor, Vilas, Walworth, Waukesha, Wood	Barron, Brown, Buffalo, Burnett, Calumet, Chippewa, Crawford, Dodge, Door, Dunn, Eau Claire, Fond Du Lac, Grant, Green Lake, Jackson, Kewaunee, La Crosse, Manitowoc, Marquette, Menominee, Monroe, Oconto, Outagamie, Ozaukee, Pepin, Pierce, Polk, Richland, Rusk, Sawyer, Shawano, Sheboygan, St. Croix , Trempealeau, Vernon, Washburn, Washington, Waupaca, Waushara, Winnebago




Wisconsin 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H9525-004	 Anthem Medicare Advantage (HMO-POS) H9525-006
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50 per month, Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	(Pick 1) Groceries – \$50 per month, Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year (cost share applies) In Network: \$0 copay Out of Network: 20%	\$1,000 allowance for preventive and comprehensive services per year (cost share applies) In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$55 per quarter	\$140 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PERS	N/A	\$0 copay
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
HEALTHY MEALS	20 post discharge	20 post discharge




Wisconsin 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H9525-015
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,151
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$150 (T 3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 20% / 35% / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	Columbia, Dane, Sauk



Wisconsin 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO-POS) H9525-015
ESSENTIAL EXTRAS	(Pick 1) Groceries – \$50 per month, Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year (cost share applies) In Network: \$0 copay Out of Network: 20%
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$90 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Wisconsin 2025 Plan Highlights

PLAN	New	Full Dual	☆ Anthem Full Dual Advantage 2 (HMO D–SNP) H9525–018
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+		
PREMIUM	\$0		
MEDICAL DEDUCTIBLE	\$0		
MAX OUT-OF-POCKET	\$9,350		
PCP	\$0 copay		
SPECIALIST	\$0 copay		
INPATIENT HOSPITAL	Medicare Fee For Service		
SKILLED NURSING FACILITY	Medicare Fee For Service		
RX DEDUCTIBLE	\$0		
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers		
RX FORMULARY	Core		
MARKET SERVICE AREA	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		



Wisconsin 2025 Plan Highlights

PLAN	<div>New</div> <div>Full Dual</div> <div>☆ Anthem Full Dual Advantage 2 (HMO D-SNP) H9525-018</div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$450 allowance eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$180 per month – Groceries, OTC, Utilities and Assistive Devices
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 65 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	42 post discharge



Wisconsin 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H9525-003</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,350
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare Fee For Service
SKILLED NURSING FACILITY	Medicare Fee For Service
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers
RX FORMULARY	Core
MARKET SERVICE AREA	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix , Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood




Wisconsin 2025 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (HMO D-SNP) H9525-003</div>
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$450 allowance eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$175 per month – Groceries and OTC
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips to PAL (combined with NH)
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge




Wisconsin 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4036-020
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,700 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$370 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$195 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / 20% / 35% / 30% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
RX MOOP	\$2,000
RX FORMULARY	Core
MARKET SERVICE AREA	All Counties



Wisconsin 2025 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4036-020
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year (cost share applies)
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits




Wisconsin 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4036-024
PREMIUM	\$0
PART B REBATE	\$95
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,751 (IN) / \$10,000 (IN & OON)
PCP	\$15 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$203 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	All Counties



Wisconsin 2025 Plan Highlights

PLAN	 Anthem Veteran (PPO) H4036-024
ESSENTIAL EXTRAS	(Pick 1) Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



Wisconsin 2025 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H9525-012
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$4,500	
PCP	\$0	
SPECIALIST	\$25	
INPATIENT HOSPITAL	\$295 (days 1 – 6)	
SKILLED NURSING FACILITY	\$203 (days 21 – 100)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers	
RX FORMULARY	Core	
MARKET SERVICE AREA	Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Green, Green Lake, Grant, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix , Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	



Wisconsin 2025 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H9525-012
ESSENTIAL EXTRAS	(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year	
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$55 per month – Groceries and OTC	
FITNESS	\$0 copay – SilverSneakers®	
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	
TRANSPORTATION	\$0 copay – 42 one-way trips to PAL (combined with NH)	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	20 post discharge	



Wisconsin 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-008	
PREMIUM	\$39	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$4,500 (IN) / \$8,950 (IN & OON)	
PCP	\$5 copay	
SPECIALIST	\$40 copay	
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	
SKILLED NURSING FACILITY	\$203 copay (days 21 – 100)	
RX DEDUCTIBLE	\$120 (T3 – T5)	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$11 / 20% / 35% / 31% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	
RX MOOP	\$2,000	
RX FORMULARY	Core	
MARKET SERVICE AREA	Adams, Ashland, Bayfield, Brown, Calumet, Clark, Dodge, Door, Douglas, Florence, Fond Du Lac, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	



Wisconsin 2025 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-008
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$10 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits

