

AEP 2024 PRELIMINARY BENEFIT OVERVIEW

August 2023



Confidentiality Reminder

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The plans, premiums & formularies represented are not yet approved by CMS and are subject to change.

Discussion today focuses on plans and benefits we've filed with CMS for 2024.

We have not yet received approval from CMS to proceed.

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Elevance Health Overview

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

Nearly
118 Million
total lives served

Q1, 2023 Data

23 Markets With Medicare Presence

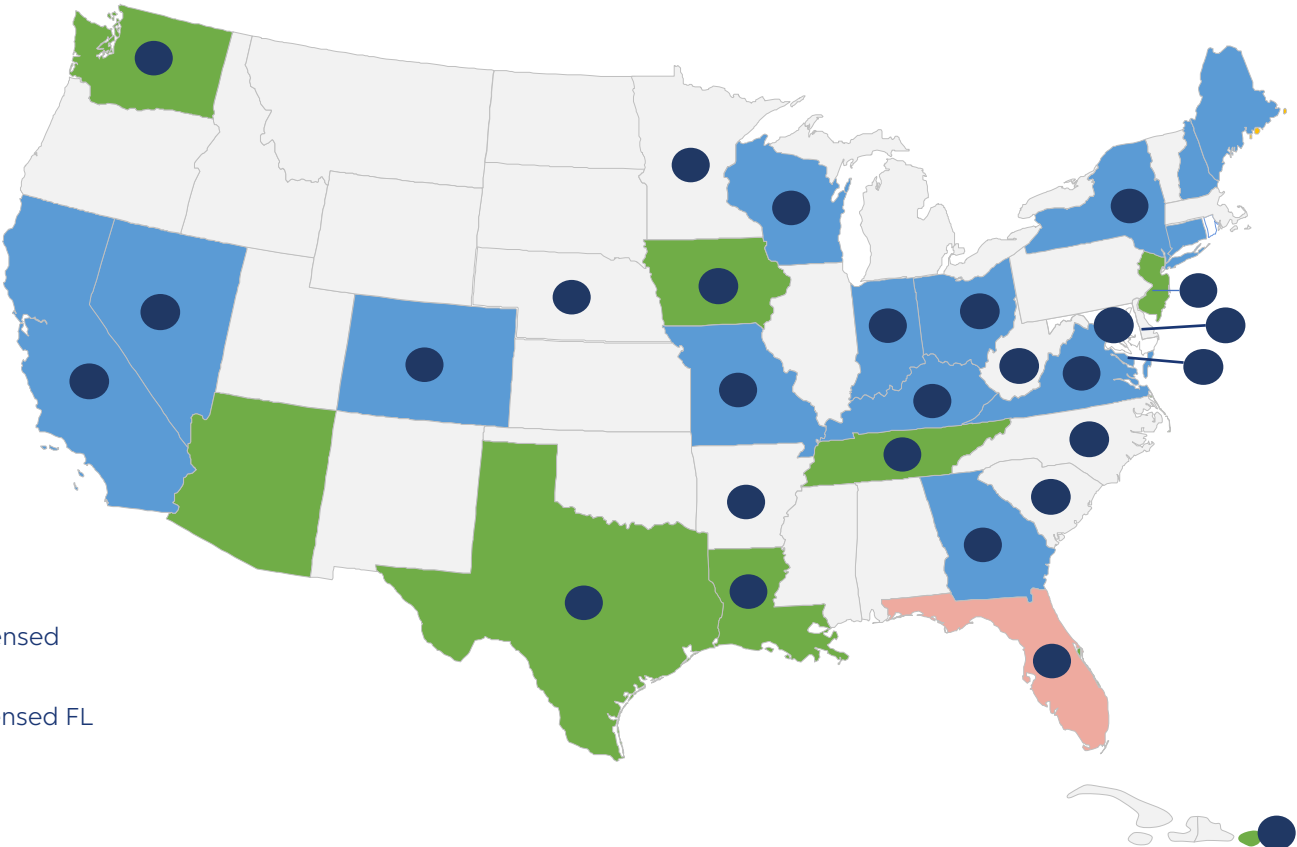
Includes States
and Puerto Rico

14 States BC or BCBS Plan

28 Locations With Medicaid Plans

Includes States, D.C.
& Puerto Rico

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



Balancing Stability & Growth Through Simplified Benefits and Products

Stability & Growth

- Our Leadership position across Medicare, Medicaid & Commercial markets creates opportunity and synergy for our selling partners and their clients.
- A 91 county expansion means 93% of Medicare eligibles in our footprint have access to our Medicare Advantage plans.
- Simplified branding and streamlined product naming is designed to improve customer experience.

Simplified Benefits & Products



Enriched D-SNP plans

- 90% of D-SNP plans now offer a combined allowance card
- 100% of D-SNP plans now have \$0 Rx copay on all Tiers and \$0 PCP copay



Improved prescription drug coverage

- More \$0 copays on Top 100 drugs
- Reduced Rx cost shares for Tier 1 and 2 on many plans



Improved Dental & Hearing benefits

- Easier access with more flexible allowances and larger networks
- Expanded access to include OTC hearing aids



Majority of non-SNP Plans remain \$0 premium



Streamlined Essential Extras to support important social drivers of health

Simplified Brand Architecture



For more information about our go-to-market brands (i.e., Anthem, Wellpoint, Carelon), visit [Our Companies | Elevance Health](#)

AEP 2024 Selling Brand Changes

	From	Transition Date	To
Parent Company		June 2022	
In-Market Health Plan	 An Anthem Company  An Anthem Company	January 1, 2024	 
In-Market Health Plan		January 1, 2024	
In-Market Health Plan		January 1, 2023	

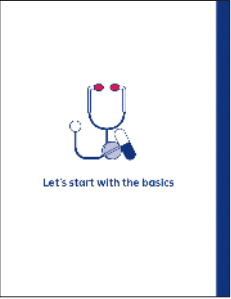
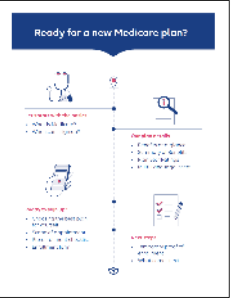
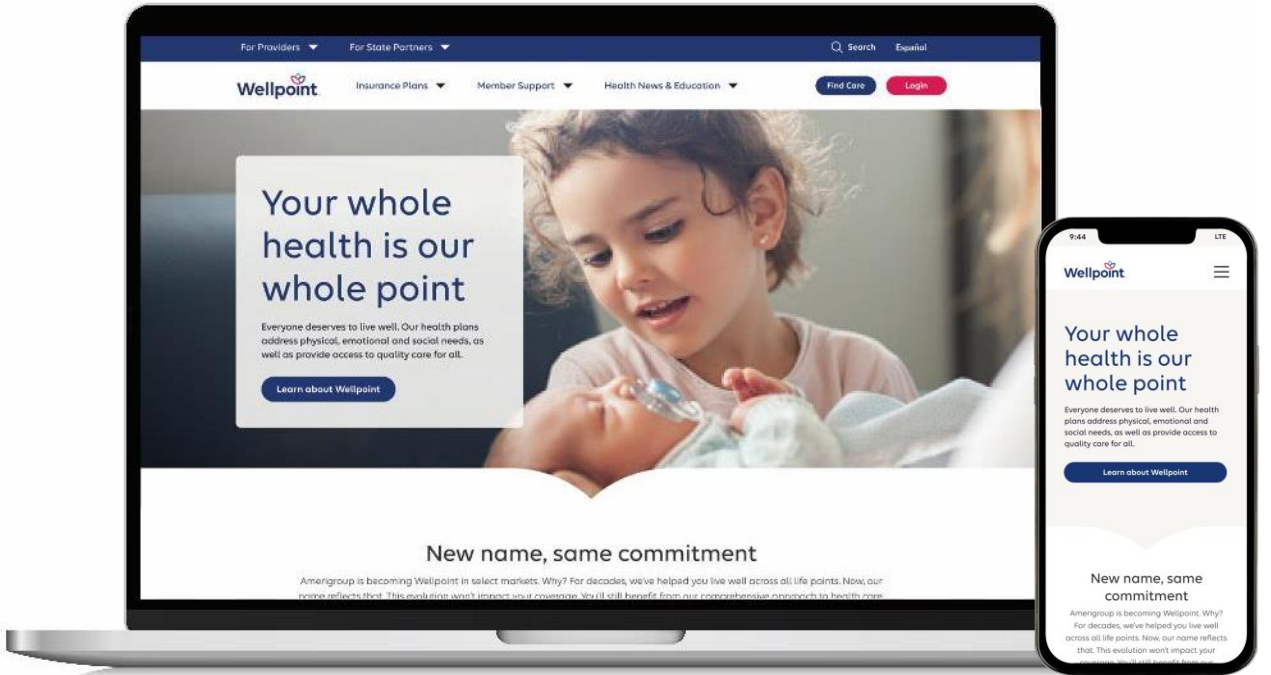
For more information about our go-to-market brands (i.e., Anthem, Wellpoint, Carelon), visit [Our Companies | Elevance Health](#)



Wellpoint Launch



Everyone deserves plans
that focus on their whole
health



Amerigroup is Becoming Wellpoint (Existing Member Communication)

Communication Timeline

SEPTEMBER
ANOC




OCTOBER
AEP Member Campaign



NOVEMBER
New Member ID card



JANUARY
OEP Member Campaign




Your guide to your 2024 benefits
Annual Notice of Changes

[Plan Name 1]
[Plan Name 2]

[Customer Service:]
[1-XXX-XXX-XXXX TTY: 711]
[www.brand_url.com]

Your plan just got even better.

No action is needed - it will auto-renew at the end of the year.

 Amerigroup is becoming Wellpoint. New name. Same commitment to you. wellpoint.com/FAQ

Your plan just got even better.

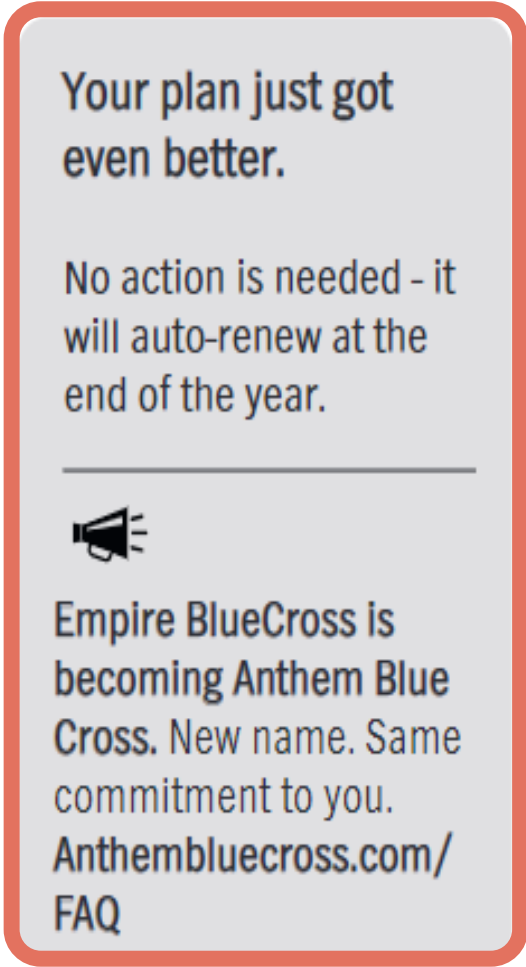
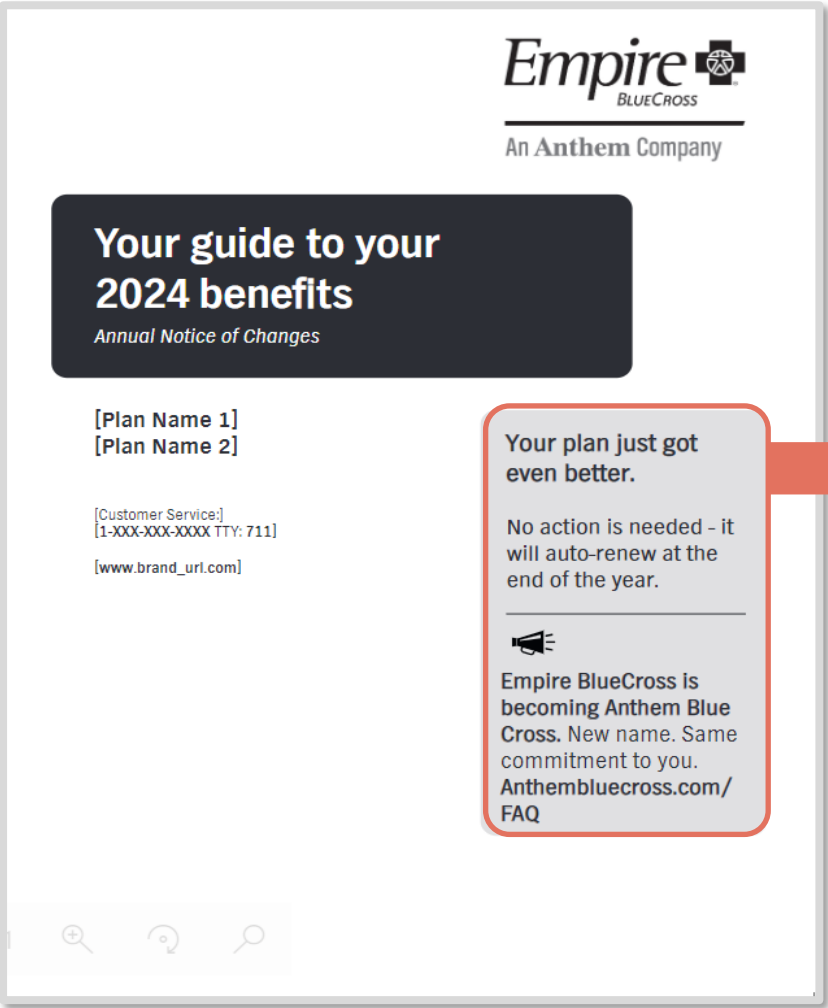
No action is needed - it will auto-renew at the end of the year.



Amerigroup is becoming Wellpoint.
New name. Same commitment to you.
wellpoint.com/FAQ



Empire BC/BCBS is becoming Anthem BC/BCBS (Existing Member Communication)



Simplified Plan Names



Simplified,
Consistent and
Descriptive
Naming

Highlights

- **Simplified** - plan naming based on member and broker research
- **Consistent** - across all brands and markets
- **Descriptive** - to help you and clients identify the right plan for them
- **Communication** - communicating to current members via the ANOC, retention campaign, and special notice in ID card re-issue

Example

2023 Name	2024 Name
Anthem <i>MediBlue Plus</i> (HMO)	Anthem Medicare Advantage (HMO)
Amerivantage Classic Plus (HMO)	Wellpoint Medicare Advantage (HMO)

2024 Essential Extras (EE) Enhancements*

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

Continued simplification of offerings with focus on highest valued benefits



Ease of use improves member experience!

Enhancements

3

Continued use of only 3 package variations

Improve sales/marketing/communication

5

Total of five services available

Fewer options reduce member and agent confusion

1

One Name

“Everyday Extras” is being retired and all plans will use “Essential Extras”

Note: EEs not available in Florida

*Benefit availability varies by plan



2024 Essential Extras

Essential Extras (formerly known as Everyday 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 simplification...focus on highest valued benefits
- Members have the opportunity to Pick 1 or Pick 2 benefits based on the plan design*

Benefit	Description	Pre-Cert	"Low"	"Medium"	"High"
Dental, Vision & Hearing	\$500/Yr. towards Dental/Vision/Hearing	No	X	X	X
Transportation (Plan Covered Destinations)	60 One-Way Trips	No	X	X	X
Assistive Devices	\$500/Yr. towards Assistive Devices	No	X	X	X
Utilities	\$150/Qtr. towards Utilities**	SSBCI/VBID***		X	X
Groceries (Grocery Card)	\$50/Month Grocery Benefit	SSBCI***			X

* Benefit availability varies by plan

** Change from 2023 to support improved member ability to use benefit 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.

Note: EEs not available in Florida



Everyday Options Allowances – Embedded Benefit Varies By Plan*



Everyday Options Allowances help our members enjoy a healthier life with greater comfort and relief from challenges they may be facing.

- Single allowance for members to use as they prefer
- **Brand & Generic OTC***
- Increases options and provides greater **flexibility to use their embedded benefit allowance**

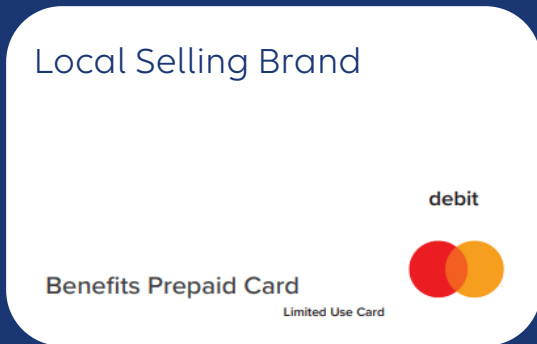
Groceries and OTC

Groceries, OTC,
Assisted Devices and
Utilities

Groceries, Home and
Pet Care Supplies and
Utilities
(FL only)

* FL OTC benefit is a separate benefit, not included in Everyday Option Allowances

Benefits Prepaid Card*



BENEFITS PREPAID CARD

Technology that enables members to access multiple benefits and balances tied to a single card.

How does it work?

- **A single card where all allowances are loaded** which include the **Essential Extras and Everyday Options Allowances** 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
- 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, Assistive Devices, etc.
- Retailers including Walmart, Kroger, Walgreens, CVS, Rite Aid, Giant Eagle

What else?

- Card cannot be converted to cash
- Card can be run as either "credit" or "debit" (no pin required) for all benefits resulting in easier/more intuitive user experience
- One Integrated Call Center, all benefits through Member Service number on the card

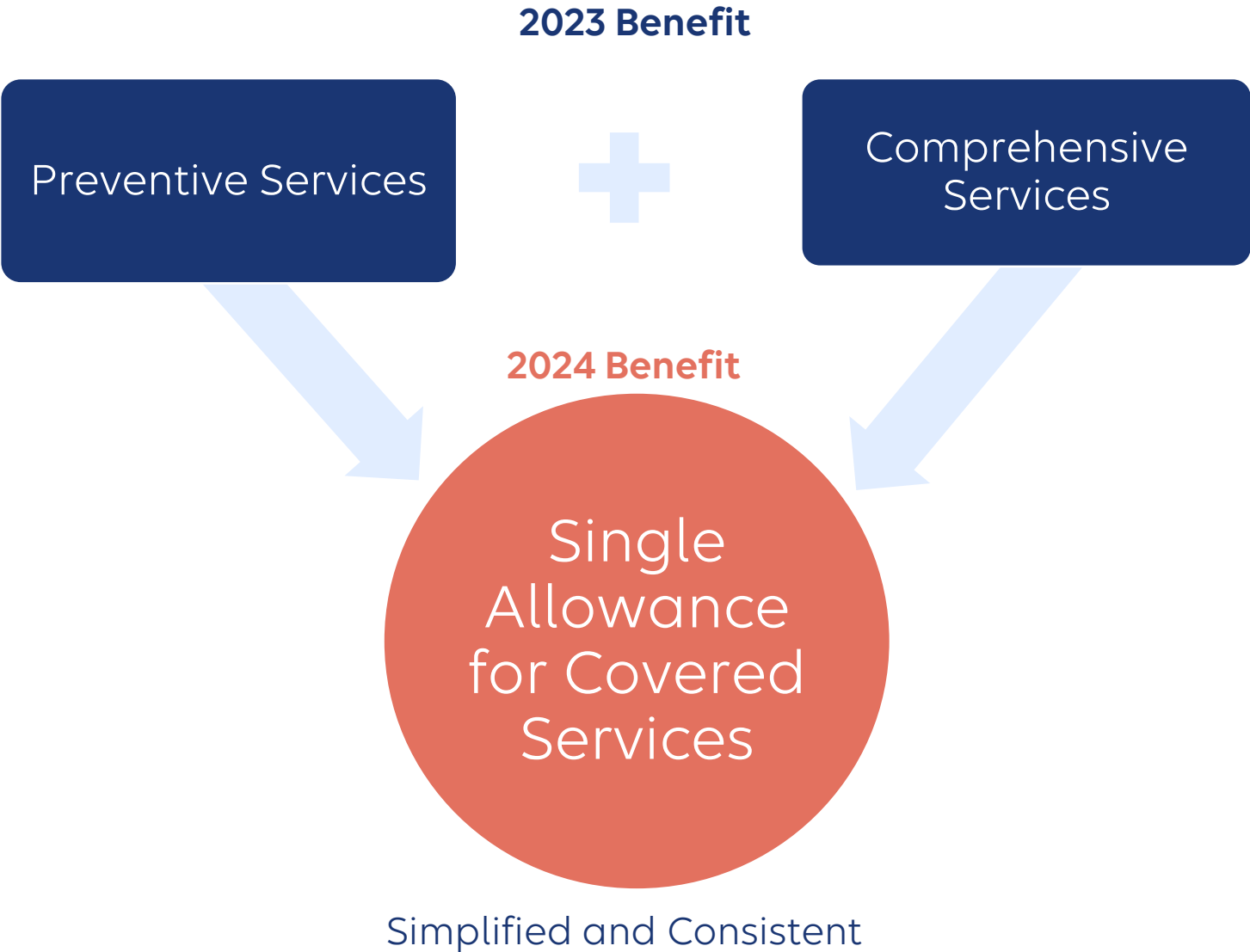


*Member will also have a medical ID card.

New Simplified Dental Benefit for 2024*



Streamlined Design
Improved Networks
Easier, Faster Access
Reduces Agent &
Member Confusion



*Benefit availability varies by plan



Expanded Coverage for OTC Hearing Aids

Improving access
to hearing aids

Hearing loss is estimated to impact 30M people yet only 20% seek intervention*

- OTC Hearing Aids do not require hearing exam from an audiologist.
- More affordable option for members with low/moderate hearing loss.
- Plan benefits allow one type (OTC or prescribed) of hearing aid per year.
- Member can use in conjunction with the Essential Extra (EE) Dental, Vision and Hearing benefit (if available on plan and selected).

Note: OTC hearing aids not applicable in FL

*Source: Food & Drug Administration

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®



■ 2023 Existing MA Footprint and
2024 Proposed Service Area


Market Highlights

- Stability and consistency on HMO offerings
- Simple and consistent Essential Extras offerings
- Simplified dental allowances to include both Preventive and Comprehensive services
- 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, Yavapai

Arizona 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO) H1423-009
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,000
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$7.50 / \$40 / \$85 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Coconino, Maricopa, Pinal, Santa Cruz, Yavapai




Arizona 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO) H1423-009
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50/month, Utilities - \$50/month, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
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; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$55 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 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO) H1423-004	Wellpoint Premium Savings (HMO) H1423-005
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$52.70
MAX OUT-OF-POCKET	\$2,700	\$3,400
PCP	\$0 copay	\$0 - \$10 copay
SPECIALIST	\$0 - \$35 copay	\$0 - \$40 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$5 / \$10.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Pima	Pima



Arizona 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO) H1423-004	Wellpoint Premium Savings (HMO) H1423-005
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50/month, Utilities - \$50/month, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	N/A
DENTAL	\$0 copay – \$500 allowance for preventive and comprehensive services per year	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year	\$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; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$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	\$0 copay – 4 one-way trips per year
PODIATRY	\$0 copay CCC / \$35 copay PAL; 4 visits per year	N/A
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	
PEST CONTROL	\$0 copay - quarterly or 1-time eradication services	



Arizona 2024 Plan Highlights

PLAN	Wellpoint Lung Care (HMO C-SNP) H1423-001	☆ Wellpoint Chronic Care (HMO C-SNP) H1423-002
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$2,700	\$2,700
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$35 copay	\$0 - \$35 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)	\$200 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Pima	Pima



Arizona 2024 Plan Highlights

PLAN	Wellpoint Lung Care (HMO C-SNP) H1423-001	☆ Wellpoint Chronic Care (HMO C-SNP) H1423-002
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50/month, Utilities - \$50/month, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	
DENTAL	\$0 copay – \$500 allowance for preventive and comprehensive services per year	
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; \$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 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	





Market Highlights

- New competitive Prime HMO plans in 7 more counties
- Launch of Carelon HMO plans in 3 counties
- Enhancing (EAE) D-SNP plan in Los Angeles and Santa Clara
- Expanding the Exclusively Aligned Enrollment (EAE) D-SNP plan in 5 northern CA counties
- Expanding Northern California D-SNP PPO offering in 6 counties
- Lead D-SNP plans with new Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities plus increased Dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings
- Carelon Health's clinical model continues to provide the gold standard for care

Service Area

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

Northern California

Northern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-004
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,500
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 4)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$7 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Sacramento, San Francisco



Northern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-004
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	\$0 copay – 1 oral exam, 1 cleaning every 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; \$1,500 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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H0544-064
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$10 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Sacramento, Yolo



Northern California 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H0544-064
DENTAL	\$0 copay – 1 oral exam, 1 cleaning 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; \$1,500 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 – 24 visits per year



Northern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-069
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$5 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$360 copay (days 1 – 4)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	San Francisco



Northern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-069
DENTAL	\$0 copay – 1 oral exam, 1 cleaning per year
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
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay - SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – 24 visits per year
ACUPUNCTURE	\$0 copay – unlimited visits per year



Northern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-098
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$15 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Alameda



Northern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-098
DENTAL	\$0 copay – 1 oral exam, 1 cleaning 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; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$25 per quarter
FITNESS	\$0 copay - SilverSneakers®
PODIATRY	\$0 copay – 24 visits per year
ACUPUNCTURE	\$0 copay – 12 visits per year



Northern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-005
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,900
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	San Mateo, Alameda



Northern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-005
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 oral exam, 1 cleaning every 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; \$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®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits per year



Northern California 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H0544-095
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	San Joaquin



Northern California 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H0544-095
DENTAL	\$0 copay – 2 oral exam(s), 2 cleaning(s), 1 dental X-ray, 1 fluoride treatment every year
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year
OVER THE COUNTER	\$50 per quarter
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



Northern California 2024 Plan Highlights

PLAN	New	Anthem Prime (HMO) H4161-010
PREMIUM		\$0
MAX OUT-OF-POCKET		\$800
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5		\$0 / \$0 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA		Santa Clara



Northern California 2024 Plan Highlights

PLAN	<div>New</div> <div>Anthem Prime (HMO) H4161-010</div>
ESSENTIAL EXTRAS	(Pick 2) 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
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	\$150 per quarter
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
PERS	\$0 copay - tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits per year
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year



Northern California 2024 Plan Highlights

PLAN	☆ Anthem Prime (HMO) H4161-006
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$12 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Fresno, Kings , Madera , Tulare



Northern California 2024 Plan Highlights

PLAN	 Anthem Prime (HMO) H4161-006
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
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	\$100 per quarter
FITNESS	\$0 copay - SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year



Northern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-004	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance - FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,850	
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 T6 mail order 30-90 day supply	
MARKET SERVICE AREA	Sacramento, San Francisco	

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.



Northern California 2024 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 - Assistive Devices, Groceries, OTC and Utilities
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



Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.

Northern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-007	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance - FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,850	
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 – T1 and T2 mail order 30-90 day supply	
MARKET SERVICE AREA	Alameda	

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.



Northern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-007
DENTAL	\$0 copay – \$1,400 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	\$70 per month - Assistive Devices, Groceries, OTC and Utilities
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	10 post discharge
ACUPUNCTURE	\$0 copay – unlimited visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year



Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.

Northern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-006	
MEDICAID STATUS	Medicare & Medicaid Eligibility with <u>full</u> cost share assistance - FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,850	
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 – T1 to T6 mail order 30-90 day supply	
MARKET SERVICE AREA	San Joaquin	



Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.

Northern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-006
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; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	\$75 per month - Assistive Devices, Groceries, OTC and Utilities
FITNESS	\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
TRANSPORTATION	\$0 copay – 48 one-way trips to PAL combined w/ NH
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	10 post discharge
ACUPUNCTURE	\$0 copay – unlimited visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.



Northern California 2024 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	\$7,550 (IN) / \$11,300 (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
MARKET SERVICE AREA	Alpine, Amador, Butte, Calaveras, El Dorado, Inyo, Mono, Napa, Shasta, Solano, Sonoma, Sutter, Tehama, Tuolumne, Yuba



2022 Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.

Northern California 2024 Plan Highlights

PLAN	Anthem MediBlue Dual Access (PPO D-SNP) H4704-001
DENTAL	\$0 copay – \$2,600 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
OVER THE COUNTER	\$80 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year

2022 Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.



Northern California 2024 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) H8552-028
PREMIUM	\$31.20
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$0 - 20% coinsurance
INPATIENT HOSPITAL	Medicare FFS
RX DEDUCTIBLE	\$130 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$1 / \$6 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Fresno, Kings, Madera, Merced, Monterey, San Joaquin, Stanislaus, Tulare (also Kern, San Diego, San Luis Obispo, Ventura)




Northern California 2024 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) H8552-028
DENTAL	\$0 copay – \$1,500 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
OVER THE COUNTER	\$150 per quarter
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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H8552-029
PREMIUM	\$30
MEDICAL DEDUCTIBLE	\$590
MAX OUT-OF-POCKET	\$8,850 (IN) / \$13,300 (IN & OON)
PCP	\$10 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$215 copay (days 1 – 7)
RX DEDUCTIBLE	\$370 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$12 / \$42 / \$95 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
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



Northern California 2024 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H8552-029</div>
DENTAL	\$0 copay – 2 oral exams, 2 cleanings every year
VISION	\$0 copay – 1 routine eye exam per year: \$150 allowance – eyeglasses or contact lenses per year
FITNESS	\$0 copay - SilverSneakers®



Southern California

Southern California 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H0544-062
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Kern



Southern California 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H0544-062
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 oral exam, 1 cleaning every 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; \$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 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-007
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,000
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$300 copay (days 1 – 4)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Ventura



Southern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-007
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; \$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®
HEALTH & FITNESS TRACKER	\$0 copay - tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits per year



Southern California 2024 Plan Highlights

PLAN	New	Anthem Prime (HMO) H4161-009
PREMIUM		\$0
MAX OUT-OF-POCKET		\$499
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 (per stay)
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5		\$0 / \$0 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA		Los Angeles, Orange



Southern California 2024 Plan Highlights

PLAN	<div>New</div> <div>Anthem Prime (HMO) H4161-009</div>
ESSENTIAL EXTRAS	(Pick 2) 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 – \$1,600 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
OVER THE COUNTER	\$80 per quarter
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
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
ACUPUNCTURE	\$0 copay – 24 visits per year
CHIROPRACTIC	\$0 copay – 12 visits per year



Southern California 2024 Plan Highlights (Carelton Health Network)

PLAN	<div>New</div> <div>Anthem Carelon Medicare Advantage (HMO) H4161-011</div>	<div>New</div> <div>Anthem Carelon Premium Savings (HMO) H4161-012</div>
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$52.10
MAX OUT-OF-POCKET	\$499	\$1,500
PCP	\$0 copay	\$0 copay CCC \$5 copay
SPECIALIST	\$0 copay	\$0 copay CCC \$20 copay
INPATIENT HOSPITAL	\$0 copay (per stay)	\$125 copay (per stay)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$30 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$0 / \$30 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Los Angeles, Orange	Los Angeles, Orange, San Bernardino




Southern California 2024 Plan Highlights (Carelton Health Network)

PLAN	<div>New</div> Anthem Carelon Medicare Advantage (HMO) H4161-011	<div>New</div> Anthem Carelon Premium Savings (HMO) H4161-012
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	\$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	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses 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	\$175 per quarter	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to CCC; 22 one-way trips to PAL	\$0 copay – 4 one-way trips to PAL
PODIATRY	\$0 copay - 12 visits per year	N/A
HEALTHY MEALS	12 post discharge / 2 meals per day for 90 days chronic condition	14 post discharge / 2 meals per day for 90 days chronic condition
CHIROPRACTIC	N/A	\$20 copay – 12 visits per year




Southern California 2024 Plan Highlights

PLAN	 Anthem Select (HMO) H0544-058
PREMIUM	\$0
MAX OUT-OF-POCKET	\$800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Los Angeles, Orange




Southern California 2024 Plan Highlights

PLAN	 Anthem Select (HMO) H0544-058
ESSENTIAL EXTRAS	(Pick 2) 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 oral exam(s), 2 cleaning(s), 1 dental X-ray every 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
OVER THE COUNTER	\$80 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 2024 Plan Highlights

PLAN	 Anthem Prime (HMO) H4161-002
PREMIUM	\$0
MAX OUT-OF-POCKET	\$800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Riverside, San Bernardino



Southern California 2024 Plan Highlights

PLAN	 Anthem Prime (HMO) H4161-002
ESSENTIAL EXTRAS	(Pick 2) 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 – \$2,250 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
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
PERS	\$0 copay
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 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-066
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,800
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per stay)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Riverside, San Bernardino



Southern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-066
ESSENTIAL EXTRAS	(Pick 2) Groceries - \$50/month, Utilities - \$50/month, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$0 copay – 2 oral exam(s), 2 cleaning(s), 1 dental X-ray every 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
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips to PAL
PERS	\$0 copay
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 2024 Plan Highlights (Carelton Health Network)

PLAN	<div>New</div> <div>Anthem Carelon Medicare Advantage (HMO) H4161-013</div>	<div>New</div> <div>Anthem Carelon Premium Savings (HMO) H4161-012</div>
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$52.10
MAX OUT-OF-POCKET	\$800	\$1,500
PCP	\$0 copay	\$0 copay CCC \$5 copay
SPECIALIST	\$0 copay	\$0 copay CCC \$20 copay
INPATIENT HOSPITAL	\$0 copay (per stay)	\$125 copay (per stay)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$45 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$0 / \$30 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	San Bernardino	Los Angeles, Orange, San Bernardino



Southern California 2024 Plan Highlights (Carelon Health Network)

PLAN	<div>New</div> Anthem Carelon Medicare Advantage (HMO) H4161-013	<div>New</div> Anthem Carelon Premium Savings (HMO) H4161-012
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	\$0 copay – \$1,500 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	
OVER THE COUNTER	\$150 per quarter	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to CCC	\$0 copay – 4 one-way trips to PAL
PODIATRY	\$0 copay CCC - \$10 PAL copay; 4 visits per year	N/A
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	
CHIROPRACTIC	N/A	\$20 copay – 12 visits per year



Southern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-003
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	San Diego



Southern California 2024 Plan Highlights

PLAN	Anthem Prime (HMO) H4161-003
ESSENTIAL EXTRAS	(Pick 2) 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 – \$1,750 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	\$125 per quarter
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$25 per month
TRANSPORTATION	\$0 copay – 30 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year



Southern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-091
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,500
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / \$42 / \$95 / 33% / N/A \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	San Diego



Southern California 2024 Plan Highlights

PLAN	Anthem Select (HMO) H0544-091
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
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 30 one-way trips to PAL
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year



Southern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-003	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance - FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,850	
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 T2 mail order 30-90 day supply	
MARKET SERVICE AREA	Kern	



Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.

Southern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-003
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 - Assistive Devices, Groceries, OTC and Utilities
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

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.



Southern California 2023 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-005	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance - FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,850	
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	\$0 copay – Part D on all tiers \$0 copay – T1 to T5 mail order 30-90 day supply	
MARKET SERVICE AREA	Ventura	

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.




Southern California 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H4471-005
DENTAL	\$0 copay – \$1,750 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 - Assistive Devices, Groceries, OTC and Utilities
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	10 post discharge

Medicare & Medicaid “Partial” Eligibles (SLMB, QI, QDWI) will be retained in the plan, however DHCS prohibits new enrollment of partial dual eligibles in D-SNP plans beginning in PY 2023.




Southern California 2024 Plan Highlights

PLAN	 Anthem Full Dual Advantage Aligned (HMO D-SNP) H4471-001
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$8,850
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 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Los Angeles, Fresno , Kings , Madera , Tulare , Sacramento , Santa Clara



Southern California 2024 Plan Highlights

PLAN	 Anthem Full Dual Advantage Aligned (HMO D-SNP) H4471-001
DENTAL	\$0 copay – \$4,000 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	\$85 per month - Assistive Devices, Groceries, OTC and Utilities
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 2024 Plan Highlights (Carelon Health Network)

PLAN	Anthem Carelon Chronic Care (HMO C-SNP) H0544-004	Anthem Carelon Lung Care (HMO C-SNP) H0544-014
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$800	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay (per stay)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$30 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	
MARKET SERVICE AREA	Los Angeles, Orange	



Southern California 2024 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Chronic Care (HMO C-SNP) H0544-004	Anthem Carelon Lung Care (HMO C-SNP) H0544-014
ESSENTIAL EXTRAS	(Pick 2) 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; \$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, 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 - 44 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC	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 2024 Plan Highlights

PLAN	Anthem Carelon Chronic Care (HMO C-SNP) H0544-010	Anthem Carelon Lung Care (HMO C-SNP) H0544-019
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$1,900	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$25 copay (days 1 – 10)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	San Bernardino	



Southern California 2024 Plan Highlights

PLAN	Anthem Carelon Chronic Care (HMO C-SNP) H0544-010	Anthem Carelon Lung Care (HMO C-SNP) H0544-019
ESSENTIAL EXTRAS	(Pick 2) Utilities - \$50/month, 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; \$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 - 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	





■ 2023 Existing MA Footprint and
■ 2024 Proposed Service Area


Market Highlights

- D-SNP plan options for Partial or Full Dual-Eligibles
- D-SNP plan with new Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities plus increased Dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- 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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H4346-012
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$299 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld




Colorado 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H4346-012
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; \$500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$25 per quarter
FITNESS	\$0 copay - SilverSneakers®




Colorado 2024 Plan Highlights

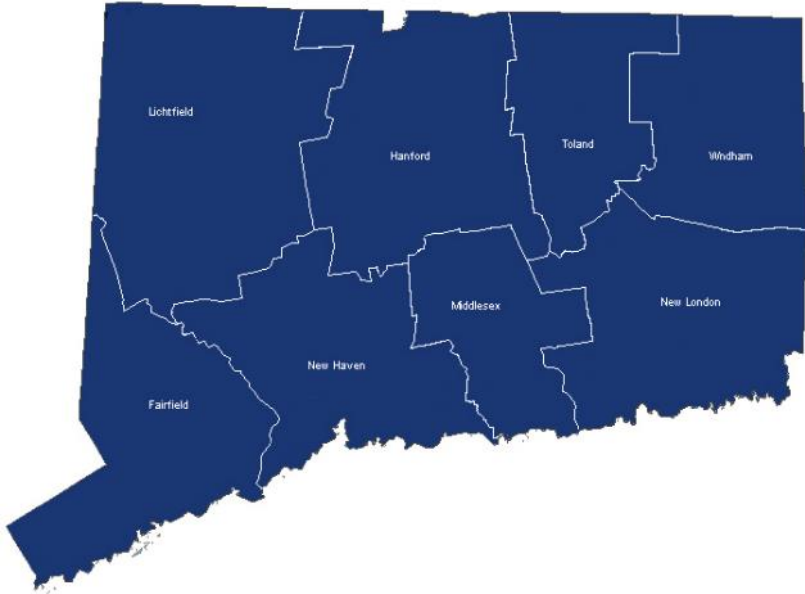
PLAN	<div>All Dual</div> <div> Anthem Dual Advantage (HMO D-SNP) H4346-014</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	\$0 - \$39.80
MAX OUT-OF-POCKET		\$8,850
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	
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Mesa, Pueblo, Routt, Teller, Weld	



Colorado 2024 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; \$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	\$65 per month - Assistive Devices, Groceries, OTC, and Utilities
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year





2023 Existing MA Footprint and
2024 Proposed Service Area


Market Highlights

- 3rd largest MA plan in Connecticut
- D-SNP plan with new Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities, and all Rx at \$0
- Strong HMO & PPO plans with OTC, Groceries, Dental, Vision, Essential Extras
- Simplified Dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings

Service Area


All Counties

Connecticut 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H2836-005
PREMIUM	\$10
MEDICAL DEDUCTIBLE	\$750 (applies to OON only)
MAX OUT-OF-POCKET	\$8,850 (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) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham



Connecticut 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H2836-005
DENTAL	\$0 copay – \$750 allowance for preventive and comprehensive services per year
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 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</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	\$8,850
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	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham



Connecticut 2024 Plan Highlights

PLAN	<div>Full Dual</div> ☆ Anthem Full Dual Advantage Select (HMO D-SNP) H5854-013
DENTAL	\$0 copay – \$1,750 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 – Assistive Devices, Groceries, OTC and Utilities
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 60 one-way trips
PERS	\$0 copay



Connecticut 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (PPO D-SNP) H2836-006</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850 (IN) / \$13,300 (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
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham



Connecticut 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (PPO D-SNP) H2836-006</div>
DENTAL	\$0 copay – \$2,250 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
OVER THE COUNTER	\$90 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	42 post discharge



Connecticut 2024 Plan Highlights

PLAN	Anthem Select (HMO) 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) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$14 / \$35 / \$95 / 29% / \$0 \$0 copay – T1 – T2, mail order 30-90 day supply
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham



Connecticut 2024 Plan Highlights

PLAN	Anthem Select (HMO) H5854-010
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 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®



Connecticut 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) H5854-011				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$6,700				
PCP	\$5 copay				
SPECIALIST	\$45 copay				
INPATIENT HOSPITAL	\$440 copay (days 1 – 4)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$545 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$10/\$15/\$47/25%/\$10	\$0	\$0	\$0	\$0
	All tiers mail order 30-90 day supply – \$0				
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham				



Connecticut 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) H5854-011
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year
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



Connecticut 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H5854-009 (Consolidated H5854-007 + H5854-009)
PREMIUM	\$36
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$440 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$380 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$12 / \$15 / \$42 / \$95 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Hartford , Fairfield, Litchfield, Middlesex, New Haven, Windham



Connecticut 2024 Plan Highlights

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



Connecticut 2024 Plan Highlights

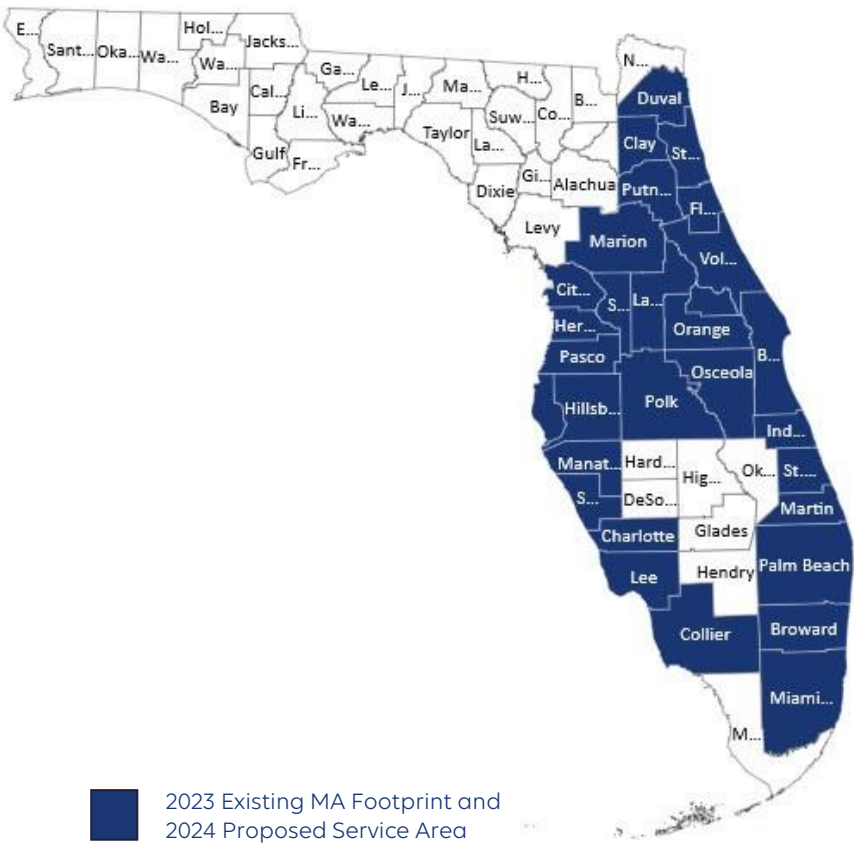
PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H5854-008
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$8,850	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	
SKILLED NURSING FACILITY	\$0 copay	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	



Connecticut 2024 Plan Highlights

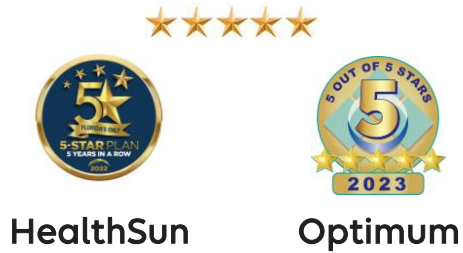
PLAN	<div>Full Dual</div> <div>Anthem Full Dual Advantage 2 (HMO D-SNP) H5854-008</div>
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
OTC	\$100 per quarter





Market Highlights

- #3 Market Share; largest C-SNP player
- Fast growing state with 5M eligibles; HMO focused state with high MA penetration
- New C-SNP in HealthSun
- New Provider Specific Plans in Simply
- New POS plans in Freedom with OON benefits in Puerto Rico using MMM provider network
- Robust portfolio including HMO, D-SNP, C-SNP, I-SNP & PPO
- Everyday Options Allowance for Groceries, Home and Pet Care Supplies and Utilities
- All plans offer generous OTC, Vision, Hearing and Enhanced Dental
- The only 5 Star plans in FL



HealthSun

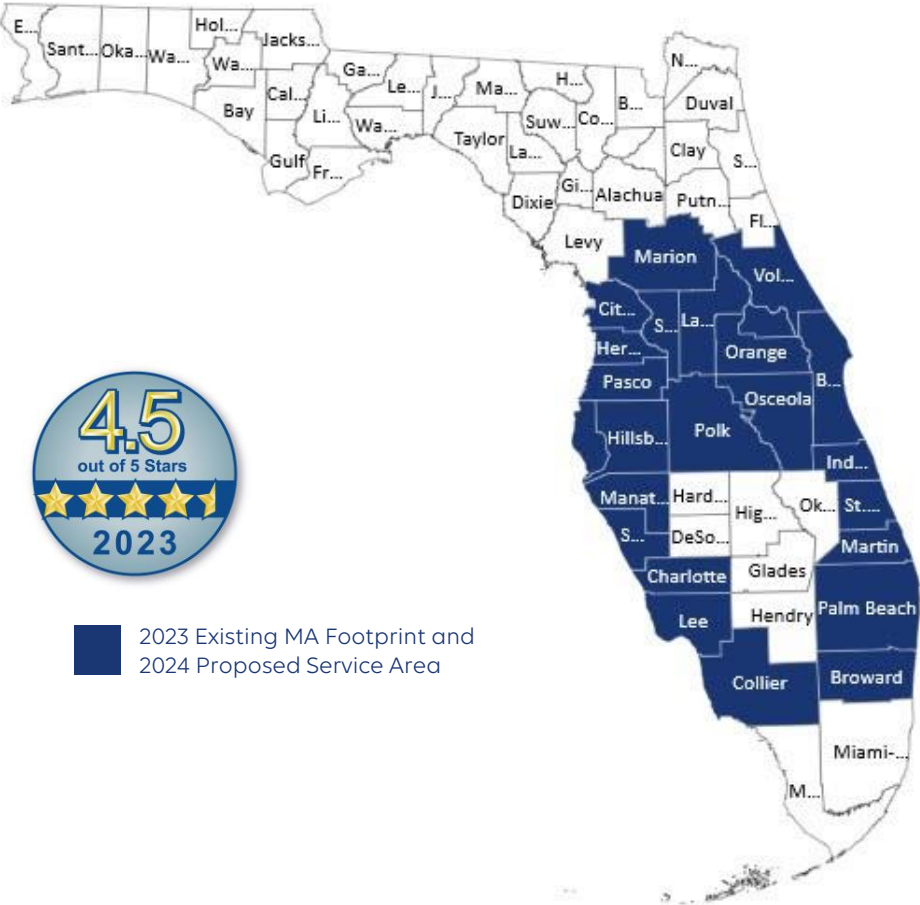
Optimum

- Simply and Freedom are 4.5 Star 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

- Broad portfolio of products include HMO, C-SNP and D-SNP
- New POS plans with OON benefits in Puerto Rica using MMM network
- C-SNP leader
- Easy C-SNP enrollment process with 98% acceptance
- Freedom = 4.5 Stars
- Added benefits in the monthly Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities.
- All Part D covered drugs at \$0 copay for ALL TIERS and phases D-SNP HMO*
- Part B premium rebate
- Monthly OTC on D-SNP and Non D-SNP plans
- Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities on D-SNP and C-SNP plans
- Rich Dental with no maximum allowance and MOOP as low as \$1,500

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

* Part D excluded drugs may have a copay



Market Highlights

- 5-Star plan for 6 years in a row
- Robust portfolio including HMO, D-SNP, and new C-SNP plans in Miami-Dade, Broward and Palm Beach
- State of the art primary/multispecialty medical center model through wholly owned and exclusive provider network
- Month OTC benefit and a monthly Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities on all D-SNPs
- Monthly OTC benefit and a monthly Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities on Non D-SNP plans
- Part B Premium Rebate plans offered in all counties
- Rich comprehensive Dental coverage, including implants
- Rich Dental, Vision and OTC allowances per month
- Everyday Options Allowance - Groceries, Home and Pet Care Supplies, and Utilities monthly allowance.

Service Area

Broward, Miami-Dade, Palm Beach



Market Highlights

- Broad portfolio of products include HMO, C-SNP and D-SNP
- C-SNP leader
- Easy C-SNP enrollment process with 98% acceptance
- New non-cash back C-SNP plan in Tampa market
- Optimum = 5 Stars
- Added benefits in the monthly Everyday Options Allowance – Groceries, Home and Pet Care Supplies and Utilities
- All Part D covered drugs at \$0 copay for ALL TIERS and phases D-SNP HMO*
- Part B Premium Rebate
- Monthly OTC on D-SNP plans and Non D-SNP plans
- Everyday Options Allowance – Groceries, Home and Pet Care Supplies and Utilities 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

* Part D excluded drugs may have a copay

Florida – Simply Medicare Advantage 2024



Market Highlights

- Broad portfolio of products include HMO, D-SNP, I/IE-SNP, C-SNP and PPO
- Simply HMO/D-SNP = 4.5 Stars.
- NEW Provider Specific plans
- HMO and D-SNP in 14 Counties
- PPO in 30 Counties
- Competitive Part B premium rebates
- One combined I/IE-SNP plan
- Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities
- Rich comprehensive Dental coverage, including implants
- All Part D covered drugs at \$0 copay for ALL TIERS and phases D-SNP HMO*
- D-SNP HMO: monthly OTC, Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities and Everyday Options Allowance – Dental, Vision and Hearing on select plans
- Monthly Everyday Options Allowance – Groceries, Home and Pet Care Supplies, and Utilities on I/IE-SNP, C-SNP and select HMO plans

Service Area

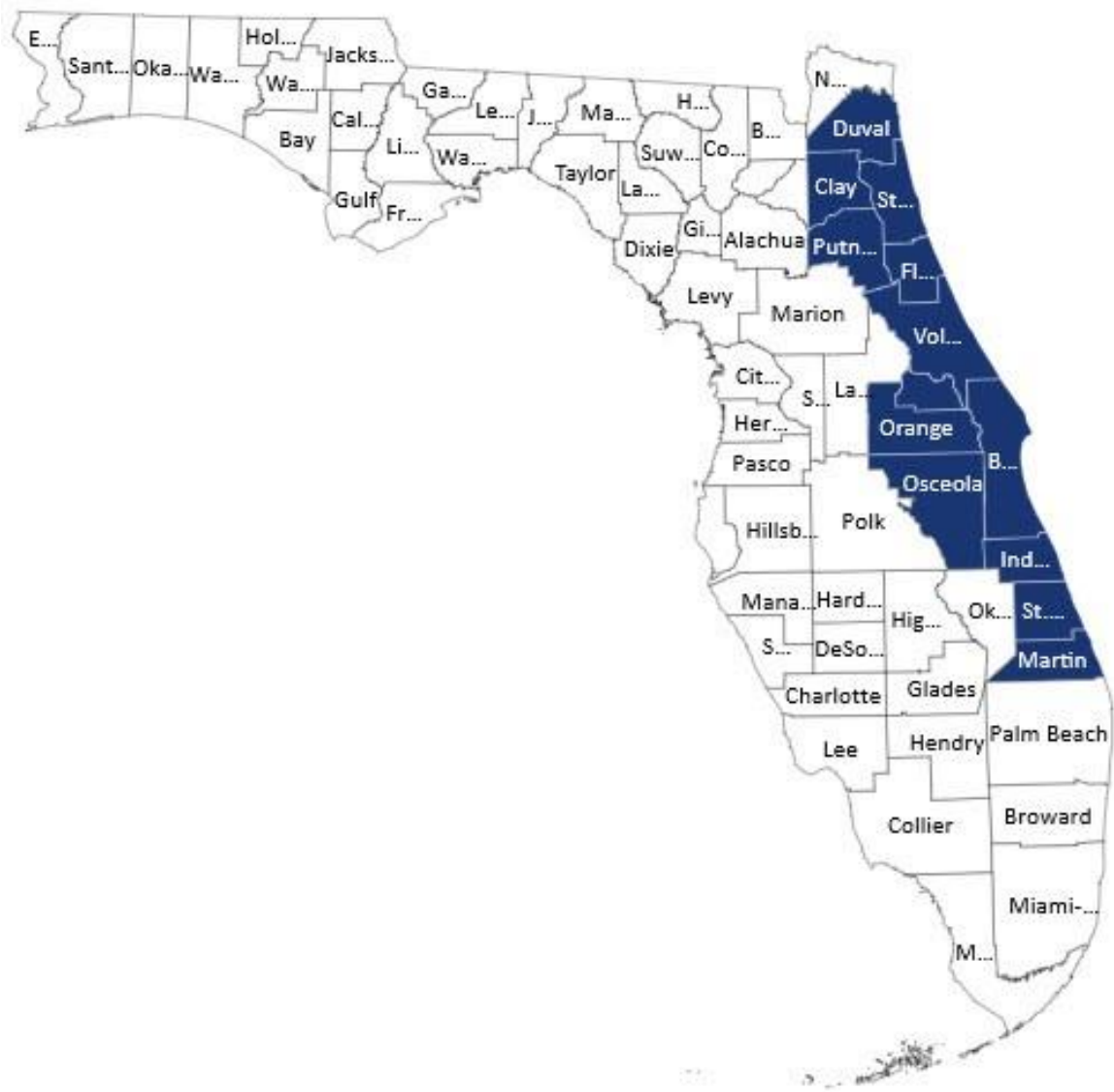
Brevard, Broward, Charlotte, Citrus, Clay, Collier, Duval, Flagler, Hernando, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia

* Part D excluded drugs may have a copay

Central
Freedom
Optimum
Simply

Treasure Coast
Freedom
Optimum
Simply

Jacksonville
Simply



FREEDOM

Central

Freedom - Central Florida 2024 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-089	Freedom Platinum Rewards Plan Rx (HMO) H5427-102
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$164.90
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 / \$25 / \$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	\$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
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2024 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	\$75 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	Orange, Osceola, Seminole, Volusia Also available in: <i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter Brevard, Indian River, Martin, St Lucie Lee, Manatee, Sarasota, Palm Beach</i>



Freedom - Central Florida 2024 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 2024 Plan Highlights

PLAN	All Dual Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Full Dual ★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia
	Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach	Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Freedom - Central Florida 2024 Plan Highlights

PLAN	All Dual Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Full Dual ★ Freedom Medi-Medi Full (HMO D-SNP) 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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$0	\$164.90
MAX OUT-OF-POCKET	\$1,500	\$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	\$0 / \$15 / \$55 / 33% / \$0 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 / \$250 / \$60 / 33% / \$10 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
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia
	Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter Manatee, Sarasota, Palm Beach	Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter Manatee, Sarasota, Palm Beach



Freedom - Central Florida 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$164.90
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
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia

Also available in:
Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Lake, Marion, Sumter, Manatee, Sarasota, Palm Beach



Freedom - Central Florida 2024 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 \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
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 2024 Plan Highlights

PLAN	New	Freedom Máximo (HMO-POS) H5427-112
PREMIUM		\$0
PART B REBATE		\$164.90
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
MARKET SERVICE AREA		Orange, Osceola, Seminole



Freedom - Central Florida 2024 Plan Highlights

PLAN	<div>New</div> 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 \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$50 per month
IN-HOME SUPPORT	30 hours per year
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 2024 Plan Highlights

PLAN	All Dual Optimum Emerald Partial (HMO D-SNP) H5594-016	Full Dual Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach	Orange, Osceola, Seminole, Volusia Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Optimum - Central Florida 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Optimum Emerald Partial (HMO D-SNP) H5594-016</div>	<div>Full Dual</div> <div>Optimum Emerald Full (HMO D-SNP) H5594-017</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 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 2024 Plan Highlights

PLAN	<div>New</div> ★ 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	\$0 / \$10 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole



Simply - Central Florida 2024 Plan Highlights

PLAN	<div>New</div> ★ 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	\$40 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 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-122	New Simply Complete Platinum (HMO D-SNP) H5471-121
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$164.90	\$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	\$0 / \$0 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole



* Part D excluded drugs may have a copay

Simply - Central Florida 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-122	New 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, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$0 / \$0 / \$25 / \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$10 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole



Simply - Central Florida 2024 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	\$1,000 allowance per year dental, vision and hearing (combined)	N/A
OVER THE COUNTER	\$60 per month	\$40 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 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
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	\$0 / \$0 / \$25 / \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole



* Part D excluded drugs may have a copay

Simply - Central Florida 2024 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, home and pet care supplies and utilities	\$125 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-006
PREMIUM	\$0
MAX OUT-OF-POCKET	IN \$5,000 Combined IN/OON \$8,950
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 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47/ \$100 / 30% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Simply - Central Florida 2024 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	\$40 per month
FITNESS	\$0 copay - SilverSneakers®



Florida - East

Treasure Coast

Freedom
Optimum
Simply



FREEDOM

Treasure Coast



Freedom - Treasure Coast 2024 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-088	Freedom Platinum Rewards Plan Rx (HMO) H5427-106
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$150
MAX OUT-OF-POCKET	\$1,750	\$3,400
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
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2024 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	\$50 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Lee, Manatee, Sarasota, Palm Beach



Freedom - Treasure Coast 2024 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 2024 Plan Highlights

PLAN	Freedom Platinum Plus Plan Rx (HMO) H5427-109
PREMIUM	\$50
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$1,500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$25 / \$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
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2024 Plan Highlights

PLAN	Freedom Platinum Plus Plan Rx (HMO) H5427-109
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
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Treasure Coast 2024 Plan Highlights

PLAN	All Dual Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Full Dual Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach	Brevard, Indian River, Martin, St Lucie Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Freedom - Treasure Coast 2024 Plan Highlights

PLAN	All Dual		Full Dual	
	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078		Freedom Medi-Medi Full (HMO D-SNP) 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	\$175 per month Groceries, home and pet care supplies and utilities		\$175 per month Groceries, home and pet care supplies and utilities	
OVER THE COUNTER	\$125 per month		\$125 per month	
IN-HOME SUPPORT	30 hours per year		30 hours per year	
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 2024 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	\$164.90	\$120
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 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie

Also available in:
Charlotte, Collier, Lee
Broward



Freedom - Treasure Coast 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$50 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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
MARKET SERVICE AREA	Indian River, Martin, St Lucie Also available in: Charlotte, Collier, Lee Broward



Freedom - Treasure Coast 2024 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	\$50 per month
IN-HOME SUPPORT	30 hours per year
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 2024 Plan Highlights

PLAN	All Dual	Optimum Emerald Partial (HMO D-SNP) H5594-016	Full Dual	Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS		FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+
PREMIUM		\$35.80		\$0 - \$35.90
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		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA		Brevard, Indian River, Martin, St Lucie Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach		Brevard, Indian River, Martin, St Lucie Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Optimum - Treasure Coast 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Optimum Emerald Partial (HMO D-SNP) H5594-016</div>	<div>Full Dual</div> <div>Optimum Emerald Full (HMO D-SNP) H5594-017</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 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 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-002
PREMIUM	\$0
MAX OUT-OF-POCKET	IN \$4,500 Combined IN/OON \$8,950
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 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47/ \$100 / 30% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Simply - Treasure Coast 2024 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	\$40 per month
FITNESS	\$0 copay - SilverSneakers®



SIMPLY

Jacksonville



Simply - Jacksonville 2024 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	\$0 / \$0 / \$35/ \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$10 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Clay, Duval, St Johns	Clay, Duval, St Johns



Simply - Jacksonville 2024 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	\$1,000 allowance per year dental, vision and hearing (combined)	N/A
OVER THE COUNTER	\$50 per month	\$35 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-111
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QI
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 mail order 30-90 day supply T4 – T5 mail order 30 day supply only
MARKET SERVICE AREA	Clay, Duval, St Johns



* Part D excluded drugs may have a copay

Simply - Jacksonville 2024 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, home and pet care supplies and utilities
OVER THE COUNTER	\$100 per month
IN-HOME SUPPORT	30 hours per year
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 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-003
PREMIUM	\$0
MAX OUT-OF-POCKET	IN \$6,500 Combined IN/OON \$11,000
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 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47 / \$100 / 30% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Clay, Duval, Flagler, Putnam, St Johns



Simply - Jacksonville 2024 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	\$40 per month
FITNESS	\$0 copay - SilverSneakers®



2024 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	1 per year	\$0 copay	1 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	1 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



Note: For 2024, Freedom will be changing vendors from Argus/Aflac to Liberty.

2024 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	1 per year	\$0 copay	1 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	1 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



Note: For 2024, Optimum will be changing vendors from Argus/Aflac to Liberty.

1

Basic Dental Plan

\$0 Copay:

- 2 Exams
- 2 Prophylaxis Cleanings
- 2 Bitewings
- 1 Panoramic Film

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan \$1000-\$2500

\$0 Copay:

- Exams
- Prophylaxis Cleanings
- Bitewings
- Panoramic Film

Comprehensive Dental Items:

- comprehensive dental services depending on plan benefits

3

Select Dental Plan

\$0 Copay:

- 2 Exams
- 2 Prophylaxis Cleanings
- 2 Bitewings
- 1 Panoramic Film

Comprehensive Dental Items:

- 2 Amalgam or resin fillings
- Up to 6 simple or surgical extractions (in 1 or more visits)
- 2 crowns
- 1 root canal
- 2 implants every year
- 2 fixed partial dentures (bridges) 1 per arch every 5 years
- periodontal scaling & root planing per quadrant every 3 years
- 1 set of complete or partial dentures every five years, and
- 1 denture adjustment/reline every year.
- Medically necessary surgical procedures including analgesia



Note: For 2024, Simply will be changing vendors from DentaQuest to Liberty.

Tampa Bay

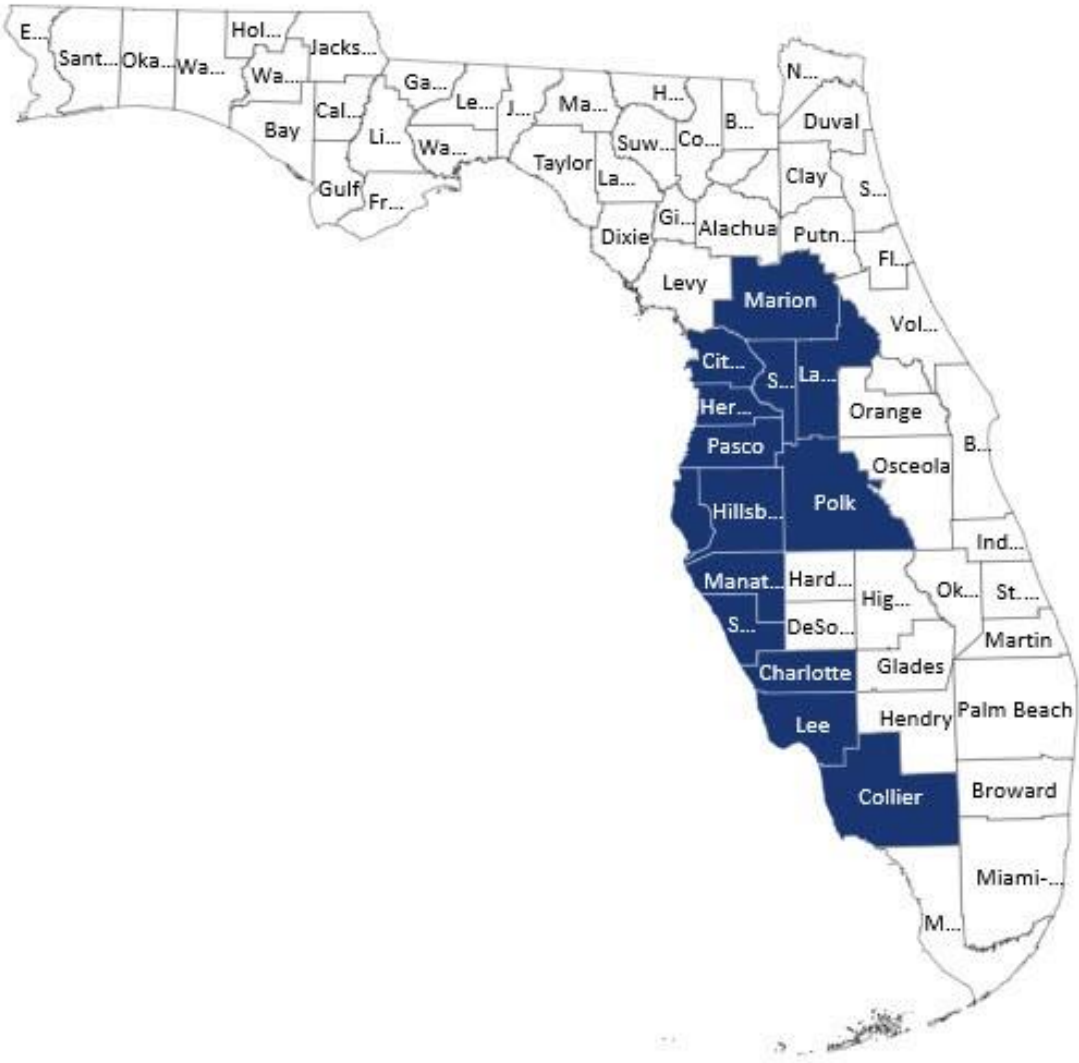
Freedom
Optimum
Simply

The Villages

Freedom
Optimum
Simply

Gulf Coast

Freedom
Optimum
Simply



FREEDOM

Tampa Bay



Freedom - Tampa Bay 2024 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-092	Freedom Platinum Rewards Plan Rx (HMO) H5427-107
PREMIUM	\$0	\$0
PART B REBATE	\$20	\$164.90
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 / \$30 / \$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
MARKET SERVICE AREA	Polk	Polk



Freedom - Tampa Bay 2024 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 \$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	\$75 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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 / \$30 / \$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
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Lee, Manatee, Sarasota, Palm Beach	Citrus



Freedom - Tampa Bay 2024 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 \$150 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
IN-HOME SUPPORT	N/A	30 hours per year
OVER THE COUNTER	\$35 per month	\$60 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 2024 Plan Highlights

PLAN	All Dual Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Full Dual Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Freedom - Tampa Bay 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Freedom Medi-Medi Partial (HMO D-SNP) H5427-078</div>	<div>Full Dual</div> <div>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$0	\$164.90
MAX OUT-OF-POCKET	\$1,500	\$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	\$0 / \$15 / \$55 / 33% / \$0 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 / \$20 / \$60 / 33% / \$10 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
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota, Palm Beach	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota, Palm Beach



Freedom - Tampa Bay 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$164.90	\$164.90
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 / \$60 / 33% / \$10 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 / \$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
MARKET SERVICE AREA	Citrus, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota Palm Beach



Freedom - Tampa Bay 2024 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 \$150 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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	<div>New</div> Freedom Máximo (HMO-POS) H5427-113
PREMIUM	\$0
PART B REBATE	\$164.90
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 / \$30 / \$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
MARKET SERVICE AREA	Hillsborough and Polk



Freedom - Tampa Bay 2024 Plan Highlights

PLAN	<div>New</div> 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 \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$50 per month
IN-HOME SUPPORT	30 hours per year
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 2024 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B REBATE	\$164.90	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 / \$30 / \$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	\$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
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas Also available in: Broward, Citrus	Hernando, Hillsborough, Pasco, Pinellas Also available in: Broward, Citrus



Optimum - Tampa Bay 2024 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 \$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	\$50 per month	\$85 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 2024 Plan Highlights

PLAN	Optimum Gold Plus Plan (HMO) H5594-032
PREMIUM	\$0
PART B REBATE	\$164.90
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 / \$20 / \$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
MARKET SERVICE AREA	Citrus and Hernando



Optimum - Tampa Bay 2024 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 \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
OVER THE COUNTER	\$50 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 2024 Plan Highlights

PLAN	All Dual	Optimum Emerald Partial (HMO D-SNP) H5594-016	Full Dual	☆ Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS		FBDE, SLMB+, SLMB, QDWI, QI		QMB, QMB+
PREMIUM		\$35.80		\$0 - \$35.90
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		\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Optimum - Tampa Bay 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Optimum Emerald Partial (HMO D-SNP) H5594-016</div>	<div>Full Dual</div> <div>★ Optimum Emerald Full (HMO D-SNP) H5594-017</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 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 2024 Plan Highlights

PLAN	<div>☆ Optimum Diamond Rewards (HMO C-SNP) H5594-028</div>		<div>Optimum Diamond Rewards COPD (HMO C-SNP) H5594-029</div>	
PREMIUM	\$0		\$0	
PART B REBATE	164.90		\$164.90	
MAX OUT-OF-POCKET	\$1,750		\$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 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	
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas Citrus		Hernando, Hillsborough, Pasco, Pinellas Citrus	



Optimum - Tampa Bay 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 monthly allowance Groceries, home and pet care supplies and utilities	\$85 monthly allowance Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 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 2024 Plan Highlights

PLAN	New	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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA		Hernando, Hillsborough, Pasco, Pinellas Citrus



Optimum - Tampa Bay 2024 Plan Highlights

PLAN	<div>New</div> <div>Optimum Diamond (HMO C-SNP) H5594-036</div>
DENTAL	Option 4
VISION	\$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
EVERYDAY OPTIONS ALLOWANCE	\$85 monthly allowance Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$85 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 2024 Plan Highlights

PLAN	<div>New</div> ★ 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	\$0 / \$20 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk



Simply - Tampa Bay 2024 Plan Highlights

PLAN	<div>New</div> ★ 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	\$50 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 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-119	New Simply Complete Platinum (HMO D-SNP) H5471-118
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$164.90	\$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	\$0 / \$0 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk	Hernando, Hillsborough, Pasco, Pinellas, Polk



* Part D excluded drugs may have a copay

Simply - Tampa Bay 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-119	New 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, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Simply More (HMO) H5471-071	Simply Extra (HMO) H5471-106
PREMIUM	\$0	\$0
PART B REBATE	\$20	\$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	\$0 / \$0 / \$10 / \$55 / 33% T1 mail order 30-100 day supply T2 mail order 30-90 day supply	\$0 / \$20 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2 mail order 30-90 day supply
MARKET SERVICE AREA	Polk	Polk



Simply - Tampa Bay 2024 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	\$1,500 allowance per year dental, vision, and hearing (combined)	\$1,000 allowance per year dental, vision, and hearing (combined)
OVER THE COUNTER	\$100 per month	\$40 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 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
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$0	\$0
PART B REBATE	\$65	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	\$0 / \$0 / \$0 / \$40 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 copay – Part D all tiers T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Polk	Polk



* Part D excluded drugs may have a copay

Simply - Tampa Bay 2024 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	\$1,000 allowance per year dental, vision and hearing (combined)	\$1,000 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, home and pet care supplies and utilities	\$100 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$100 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-008	Simply Freedom Extra (LPPO) H9469-005
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$52
MAX OUT-OF-POCKET	IN \$5,000 Combined IN/OON \$8,950	IN \$6,400 Combined IN/OON \$11,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$40 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 5)	\$350 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$150 (T4 – T5)	\$150 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47/ \$100 / 30% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$10 / \$47/ \$100 / 30% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Polk, Citrus, Hernando, Hillsborough, Pasco, and Pinellas	Polk, Citrus, Hernando, Hillsborough, Pasco, and Pinellas



Simply - Tampa Bay 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-008	Simply Freedom Extra (LPPO) H9469-005
DENTAL	Value Dental Plan -\$0 copay \$2,000 for preventative and comprehensive per year	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	\$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	N/A
OVER THE COUNTER	\$40 per month	N/A
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year



Simply - Tampa Bay 2024 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	\$0 / \$0 / \$35/ \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$20 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas



Simply - Tampa Bay 2024 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	\$1,000 allowance per year dental, vision and hearing (combined)	\$1,000 allowance per year dental, vision and hearing (combined)
OVER THE COUNTER	\$100 per month	\$35 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 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
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	\$0 / \$0 / \$30 / \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas



* Part D excluded drugs may have a copay

Simply - Tampa Bay 2024 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, home and pet care supplies and utilities	\$100 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$100 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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



FREEDOM

The Villages



Freedom - The Villages 2024 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Platinum Plus Plan Rx (HMO) H5427-104
PREMIUM	\$0	\$30
PART B REBATE	\$75	\$0
MAX OUT-OF-POCKET	\$3,400	\$1,500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$0 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)	\$0 copay
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 / \$20 / \$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
MARKET SERVICE AREA	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Lee, Manatee, Sarasota, Palm Beach	Lake, Marion, Sumter



Freedom - The Villages 2024 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Platinum Plus Plan Rx (HMO) H5427-104
DENTAL	Option 1	Option 3
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 \$400 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; \$2,000 hearing aid maximum per year
OVER THE COUNTER	\$35 per month	\$75 per month
IN-HOME SUPPORT	N/A	30 hours per year
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	N/A	\$500 per year
TRANSPORTATION	\$0 copay – 6 one-way trips per year	\$0 copay – unlimited one-way trips
PERS	N/A	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - The Villages 2024 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-094	Freedom Platinum Rewards Plan Rx (HMO) H5427-096
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$164.90
MAX OUT-OF-POCKET	\$2,000	\$3,400
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 / \$25 / \$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	\$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
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter



Freedom - The Villages 2024 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	\$50 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	All Dual Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	☆ Full Dual Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Freedom - The Villages 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Freedom Medi-Medi Partial (HMO D-SNP) H5427-078</div>	<div>★ Full Dual</div> <div>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$0	\$164.90
MAX OUT-OF-POCKET	\$1,500	\$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	\$0 / \$15 / \$55 / 33% / \$0 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 / \$20 / \$60 / 33% / \$10 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
MARKET SERVICE AREA	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Manatee, Sarasota, Palm Beach	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Manatee, Sarasota, Palm Beach



Freedom - The Villages 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$164.90
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
INSULIN SAVINGS PROGRAM	N/A
MARKET SERVICE AREA	Lake, Marion, Sumter

Also available in:
Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Orange, Osceola, Seminole, Volusia
Manatee, Sarasota, Palm Beach



Freedom - The Villages 2024 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 \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
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 2024 Plan Highlights

PLAN	All Dual Optimum Emerald Partial (HMO D-SNP) H5594-016	Full Dual Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach



* Part D excluded drugs may have a copay

Optimum - The Villages 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Optimum Emerald Partial (HMO D-SNP) H5594-016</div>	<div>Full Dual</div> <div>Optimum Emerald Full (HMO D-SNP) H5594-017</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 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 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-009
PREMIUM	\$0
MAX OUT-OF-POCKET	IN \$5,000 Combined IN/OON \$8,950
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 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47/ \$100 / 31% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Lake, Marion, Sumter



Simply -The Villages 2024 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	\$40 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year



FREEDOM

Gulf Coast



Freedom - Gulf Coast 2024 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-098	Freedom Platinum Rewards Plan Rx (HMO) H5427-105
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$100
MAX OUT-OF-POCKET	\$3,400	\$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 / \$30 / \$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	\$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
MARKET SERVICE AREA	Charlotte, Lee, Collier	Charlotte, Collier, Lee



Freedom - Gulf Coast 2024 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 \$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	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-091	Freedom Platinum Rewards Plan Rx (HMO) H5427-103
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$150
MAX OUT-OF-POCKET	\$2,750	\$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 / \$25 / \$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	\$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
MARKET SERVICE AREA	Manatee, Sarasota	Manatee, Sarasota



Freedom - Gulf Coast 2024 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 \$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	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	Lee, Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie, Palm Beach



Freedom - Gulf Coast 2024 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 2024 Plan Highlights

PLAN	Freedom Platinum Plus Plan Rx (HMO) H5427-110
PREMIUM	\$50
MAX OUT-OF-POCKET	\$1,500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$20 / \$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
MARKET SERVICE AREA	Manatee, Sarasota



Freedom - Gulf Coast 2024 Plan Highlights

PLAN	Freedom Platinum Plus Plan Rx (HMO) H5427-110
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
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
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 - Gulf Coast 2024 Plan Highlights

PLAN	Freedom Platinum Plus Plan Rx (HMO) H5427-111
PREMIUM	\$50
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$2,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$150 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$25 / \$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
MARKET SERVICE AREA	Charlotte, Collier, Lee



Freedom - Gulf Coast 2024 Plan Highlights

PLAN	Freedom Platinum Plus Plan Rx (HMO) H5427-111
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
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Freedom Medi-Medi Partial (HMO D-SNP) H5427-078</div>	<div>★ Full Dual</div> <div>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</div>
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Broward, Palm Beach	Charlotte, Collier, Lee, Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Broward, Palm Beach



* Part D excluded drugs may have a copay

Freedom - Gulf Coast 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Freedom Medi-Medi Partial (HMO D-SNP) H5427-078</div>	<div>☆</div> <div>Full Dual</div> <div>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</div>
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	<div>\$175 per month</div> <div>Groceries, home and pet care supplies and utilities</div>	<div>\$175 per month</div> <div>Groceries, home and pet care supplies and utilities</div>
OVER THE COUNTER	\$125 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$0	\$164.90
MAX OUT-OF-POCKET	\$1,500	\$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	\$0 / \$15 / \$55 / 33% / \$0	\$0 / \$20 / \$60 / 33% / \$10
	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	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
MARKET SERVICE AREA	Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Palm Beach	Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Palm Beach



Freedom - Gulf Coast 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$164.90
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
MARKET SERVICE AREA	Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia, Palm Beach



Freedom - Gulf Coast 2024 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 \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
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 2024 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	\$120	\$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 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
MARKET SERVICE AREA	Charlotte, Collier, Lee Also available in: Brevard, Indian River, Martin, St Lucie Broward	Charlotte, Collier, Lee Also available in: Indian River, Martin, St Lucie Broward



Freedom - Gulf Coast 2024 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	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	All Dual Optimum Emerald Partial (HMO D-SNP) H5594-016	Full Dual Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Broward, Palm Beach	Charlotte, Collier, Lee, Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Broward, Palm Beach



* Part D excluded drugs may have a copay

Optimum - Gulf Coast 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Optimum Emerald Partial (HMO D-SNP) H5594-016</div>	<div>Full Dual</div> <div>Optimum Emerald Full (HMO D-SNP) H5594-017</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 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 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-007	Simply Freedom Extra (LPPO) H9469-004
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$52
MAX OUT-OF-POCKET	IN \$5,000 Combined IN/OON \$8,950	IN \$6,400 Combined IN/OON \$11,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$40 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 5)	\$350 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 (days 1 – 20) \$196 (days 21 – 100)	\$0 (days 1 – 20) \$196 (days 21 – 100)
RX DEDUCTIBLE	\$125 (T4 – T5)	\$125 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47/ \$100 / 31% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$10 / \$47/ \$100 / 31% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota	Charlotte, Collier, Lee, Manatee, Sarasota



Simply - Gulf Coast 2024 Plan Highlights

PLAN	Simply Freedom (LPPO) H9469-007	Simply Freedom Extra (LPPO) H9469-004
DENTAL	Value Dental Plan - \$0 copay \$2,000 for preventative and comprehensive per year	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	\$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	N/A
OVER THE COUNTER	\$40 per month	N/A
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year



2024 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	1 per year	\$0 copay	1 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	1 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



Note: For 2024, Freedom will be changing vendors from Argus/Aflac to Liberty.

2024 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	1 per year	\$0 copay	1 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	1 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



Note: For 2024, Optimum will be changing vendors from Argus/Aflac to Liberty.

1

Basic Dental Plan

\$0 Copay:

- 2 Exams
- 2 Prophylaxis Cleanings
- 2 Bitewings
- 1 Panoramic Film

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan \$1000-\$2500

\$0 Copay:

- Exams
- Prophylaxis Cleanings
- Bitewings
- Panoramic Film

Comprehensive Dental Items:

- comprehensive dental services depending on plan benefits

3

Select Dental Plan

\$0 Copay:

- 2 Exams
- 2 Prophylaxis Cleanings
- 2 Bitewings
- 1 Panoramic Film

Comprehensive Dental Items:

- 2 Amalgam or resin fillings
- Up to 6 simple or surgical extractions (in 1 or more visits)
- 2 crowns
- 1 root canal
- 2 implants every year
- 2 fixed partial dentures (bridges) 1 per arch every 5 years
- periodontal scaling & root planing per quadrant every 3 years
- 1 set of complete or partial dentures every five years, and
- 1 denture adjustment/reline every year.
- Medically necessary surgical procedures including analgesia



Note: For 2024, Simply will be changing vendors from DentaQuest to Liberty.

South Florida

HealthSun
Simply
Freedom
Optimum



HEALTHSUN

Florida - South

HealthSun - South Florida 2024 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-001	HealthSun HealthAdvantage Plus (HMO) H5431-017
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$164.90
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 / \$25 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay – T2 mail order 30-90 day supply	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay – T2 mail order 30-90 day supply
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



HealthSun - South Florida 2024 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, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$75 per month	\$50 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 2024 Plan Highlights

PLAN	HealthSun MediMax (HMO) H5431-006
PREMIUM	\$35.80
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	\$545 (T1 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	25% / 25% / 25% / 25% / 25% / \$0 \$0 copay – Part D on all tiers if receive Extra Help (LIS)
MARKET SERVICE AREA	Miami-Dade, Broward



HealthSun - South Florida 2024 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, home and pet care supplies and utilities
OVER THE COUNTER	\$100 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 2024 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-012	HealthSun HealthAdvantage Plus (HMO) H5431-018
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$164.90
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 / \$0 / \$30 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay – T2 mail order 30-90 day supply	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay – T2 mail order 30-90 day supply
MARKET SERVICE AREA	Broward	Broward



HealthSun - South Florida 2024 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, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$80 per month	\$50 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 2024 Plan Highlights

PLAN	<div>NewAll Dual</div> <div>☆ HealthSun MediSun Extra (HMO D-SNP) H5431-019</div>
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QDWI, QI
PREMIUM	\$0 - \$35.80
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	\$0 copay – Part D on all tiers T1 – mail order 30-100 day supply T2 mail order 30-90 day supply T3 – T5 mail order 30 day supply only
MARKET SERVICE AREA	Miami-Dade, Broward



HealthSun - South Florida 2024 Plan Highlights

PLAN	<div>New</div> <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	<div>\$200 per month</div> <div>Groceries, home and pet care supplies and utilities</div>
OVER THE COUNTER	\$125 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 2024 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-013	HealthSun HealthAdvantage Plus (HMO) H5431-020
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$164.90
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 mail order 30-90 day supply	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 30-100 day supply, T2, T3 mail order 30-90 day supply
MARKET SERVICE AREA	Palm Beach	Palm Beach



HealthSun - South Florida 2024 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, Home and Pet Care Supplies, and Utilities	N/A
OVER THE COUNTER	\$75 per month	\$50 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 2024 Plan Highlights

PLAN	All Dual	HealthSun MediSun Plus (HMO D-SNP) H5431-016
MEDICAID STATUS	FBDE, QMB+, QMB, SLMB+, SLMB, QDWI, QI	
PREMIUM	\$0 - \$35.80	
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	
MARKET SERVICE AREA	Palm Beach	




HealthSun - South Florida 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>HealthSun MediSun Plus (HMO D-SNP) H5431-016</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	<div>\$200 per month</div> <div>Groceries, home and pet care supplies and utilities</div>
OVER THE COUNTER	\$125 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 2024 Plan Highlights

PLAN	<div>New</div>  HealthSun VitalCare (HMO C-SNP) H5431-021	<div>New</div> HealthSun VitalCare (HMO C-SNP) H5431-022
PREMIUM	\$0	\$0
PART B REBATE	\$164.90	\$164.90
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 mail order 30-90 day supply	\$0 / \$0 / \$37 / \$85 / 33% / \$0 \$0 copay – T1 30-100 day supply \$0 copay T2 mail order 30-90 day supply
MARKET SERVICE AREA	Miami-Dade and Broward	Palm Beach



HealthSun - South Florida 2024 Plan Highlights

PLAN	<div>New</div> <div> HealthSun VitalCare (HMO C-SNP) H5431-021</div>	<div>New</div> <div>HealthSun VitalCare (HMO C-SNP) H5431-022</div>
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	\$75 per month Groceries, home and pet care supplies and utilities	\$50 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$50 per month	\$50 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 2024 Plan Highlights

PLAN	<div>New</div> Simply More Platinum (HMO) H5471-114	<div>New</div>  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	\$0 / \$0 / \$0 / \$5 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 / \$0 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



Simply - South Florida 2024 Plan Highlights

PLAN	<div>New</div> Simply More Platinum (HMO) H5471-114	<div>New</div> <div>★</div> 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	\$1,000 allowance per year dental, vision and hearing (combined)	N/A
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$85 per month	\$40 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-116	New Simply Complete Platinum (HMO D-SNP) H5471-115
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$164.90	\$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	\$0 / \$0 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



* Part D excluded drugs may have a copay

Simply - South Florida 2024 Plan Highlights

PLAN	<div>New</div> Simply Level Platinum (HMO C-SNP) H5471-116	<div>New</div> 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	\$75 per month Groceries, home and pet care supplies and utilities	\$200 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$85 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	<div>New</div> <div>Simply More Platinum (HMO) H5471-124</div>	<div>New</div> <div>Simply Extra Platinum (HMO) H5471-123</div>
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	\$0 / \$0 / \$15 / \$75 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 / \$10 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Broward & Palm Beach	Broward & Palm Beach



Simply - South Florida 2024 Plan Highlights

PLAN	<div>New</div> Simply More Platinum (HMO) H5471-124	<div>New</div> 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	\$1,000 allowance per year dental, vision, and hearing (combined)	N/A
EVERYDAY OPTIONS ALLOWANCE	\$30 per month Groceries, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$60 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-126	New Simply Complete Platinum (HMO D-SNP) H5471-125
MEDICAID STATUS	N/A	FBDE, QMB+, QMB, SLMB+, SLMB, QI
LIS ELIGIBILITY	N/A	Yes
PREMIUM	\$164.90	\$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	\$0 / \$0 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Broward & Palm Beach	Broward & Palm Beach



* Part D excluded drugs may have a copay

Simply - South Florida 2024 Plan Highlights

PLAN	New Simply Level Platinum (HMO C-SNP) H5471-126	New 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	\$50 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$50 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	\$0 / \$0 / \$0 / \$5 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 / \$0 / \$47 / \$100 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



Simply - South Florida 2024 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	\$50 per month Groceries, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$85 per month	\$25 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 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
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	\$0 / \$0 / \$0 / \$10 / 33% T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2-T3 mail order 30-90 day supply T4-T5 mail order 30 day supply only
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



* Part D excluded drugs may have a copay

Simply - South Florida 2024 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	\$1,000 allowance per year dental, vision and hearing (combined)	\$500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Groceries, home and pet care supplies and utilities	\$150 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$80 per month	\$100 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Simply Freedom (LPP0) H9469-001
PREMIUM	\$0
MAX OUT-OF-POCKET	IN \$3,600 Combined IN/OON \$5,450
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 (T4 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$47/ \$100 / 31%
MARKET SERVICE AREA	Miami-Dade, Broward, Palm Beach



Simply - South Florida 2024 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	\$40 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year



Simply - South Florida 2024 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 / \$15 / \$75 / 33%	\$0 / \$10 / \$47 / \$100 / 33%
MARKET SERVICE AREA	Broward	Broward



Simply - South Florida 2024 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
EVERYDAY OPTIONS ALLOWANCE	\$30 per month Groceries, home and pet care supplies and utilities	N/A
OVER THE COUNTER	\$50 per month	\$25 per month
IN-HOME SUPPORT	30 hours annually	N/A
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



HEALTHY MEALS

Simply - South Florida 2024 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	\$0 / \$0 / \$15 / \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$15 / \$47 / \$100 / 31% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Palm Beach	Palm Beach



Simply - South Florida 2024 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
EVERYDAY OPTIONS ALLOWANCE	\$30 per month Groceries, Home and Pet Care Supplies, and Utilities	N/A
OVER THE COUNTER	\$50 per month	\$20 per month
IN-HOME SUPPORT	30 hours per year	N/A
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 2024 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	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	\$0 copay – Part D all tiers T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$0 / \$15 / \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Palm Beach	Palm Beach



* Part D excluded drugs may have a copay

Simply - South Florida 2024 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, home and pet care supplies and utilities	\$50 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$100 per month	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	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	\$0 copay – Part D all tiers T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only	\$0 / \$0 / \$15 / \$75 / 33% T1 mail order 30-100 day supply T2 and T3 mail order 30-90 day supply T4 and T5 mail order 30 day supply only
MARKET SERVICE AREA	Broward	Broward



* Part D excluded drugs may have a copay

Simply - South Florida 2024 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)	\$1,500 allowance per year dental, vision and hearing (combined)
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Groceries, home and pet care supplies and utilities	\$50 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$100 per month	\$40 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	Palm Beach Also available in: <i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie, Lee, Manatee, Sarasota</i>



Freedom - South Florida 2024 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 2024 Plan Highlights

PLAN	All Dual Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Full Dual Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Broward, Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota	Broward, Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota



* Part D excluded drugs may have a copay

Freedom - South Florida 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Freedom Medi-Medi Partial (HMO D-SNP) H5427-078</div>	<div>Full Dual</div> <div>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</div>
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	<div>\$175 per month</div> <div>Groceries, home and pet care supplies and utilities</div>	<div>\$175 per month</div> <div>Groceries, home and pet care supplies and utilities</div>
OVER THE COUNTER	\$125 per month	\$125 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 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	\$0	\$164.90
MAX OUT-OF-POCKET	\$1,500	\$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	\$0 / \$15 / \$55 / 33% / \$0 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 / \$20 / \$60 / 33% / \$10 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
MARKET SERVICE AREA	Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Manatee, Sarasota	Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter, Orange, Osceola, Seminole, Volusia Manatee, Sarasota



Freedom - South Florida 2024 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 \$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
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month	\$75 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$164.90
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
MARKET SERVICE AREA	Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia, Manatee, Sarasota



Freedom - South Florida 2024 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 \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$85 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$75 per month
IN-HOME SUPPORT	30 hours per year
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 2024 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	\$120	\$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 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
MARKET SERVICE AREA	Charlotte, Collier, Lee Also available in: Brevard, Indian River, Martin, St Lucie Broward	Charlotte, Collier, Lee Also available in: Indian River, Martin, St Lucie Broward



Freedom - South Florida 2024 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	\$50 per month
IN-HOME SUPPORT	30 hours per year	30 hours per year
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 2024 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B REBATE	\$164.90	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 / \$30 / \$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	\$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
MARKET SERVICE AREA	Broward Also available in: Hernando, Hillsborough, Pasco, Pinellas Citrus	Broward Also available in: Hernando, Hillsborough, Pasco, Pinellas Citrus



Optimum - South Florida 2024 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 \$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	\$50 per month	\$85 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 2024 Plan Highlights

PLAN	All Dual Optimum Emerald Partial (HMO D-SNP) H5594-016	Full Dual Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	FBDE, SLMB+, SLMB, QDWI, QI	QMB, QMB+
PREMIUM	\$35.80	\$0 - \$35.90
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	\$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3 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 T3 – T3 mail order 30-90 day supply T4 mail order 30 day supply only
MARKET SERVICE AREA	Broward, Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota	Broward, Palm Beach Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota



* Part D excluded drugs may have a copay

Optimum - South Florida 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>Optimum Emerald Partial (HMO D-SNP) H5594-016</div>	<div>Full Dual</div> <div>Optimum Emerald Full (HMO D-SNP) H5594-017</div>
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	\$175 per month Groceries, home and pet care supplies and utilities	\$175 per month Groceries, home and pet care supplies and utilities
OVER THE COUNTER	\$125 per month	\$125 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



2023 HealthSun Dental Options

HealthSun 7



\$0 Copay:

Preventive Dental Services:

- 2 visits every year for Oral exams
- 2 visits every year for Prophylaxis (cleanings)
- 2 visits every year for Fluoride treatment
- 2 visits every year for Bitewing dental x-rays up to 1 series
- 1 visit every 3 years for Full-mouth x-rays (panoramic) up to 1 complete series

Comprehensive Dental Services:

- 2 Crowns every year
- 2 Root canals (Endodontics) every year
- 4 Restorative services (four teeth) every year
- 4 Simple Extractions every year
- 1 Scaling/root planing every quadrant every year
- 1 Full mouth debridement every 24 consecutive months
- 1 Partial dentures every 3 years
- 1 Total superior prosthesis every 3 years
- 1 Total inferior prosthesis every 3 years
- Oral/maxillofacial surgery and other dental services

\$2,000 annual combined maximum benefit

HealthSun 8



\$0 Copay:

Preventive Dental Services:

- 2 visits every year for Oral exams
- 2 visits every year for Prophylaxis (cleanings)
- 2 visits every year for Fluoride treatment
- 2 visits every year for Bitewing dental x-rays up to 1 series
- 1 visit every 3 years for Full-mouth x-rays (panoramic) up to 1 complete series

Comprehensive Dental Services:

- 2 Crowns every year
- 2 Root canals every year
- 4 Restorative services (four teeth) every year
- 4 Simple Extractions every year
- 1 Scaling/root planing every quadrant every year
- 1 Full mouth debridement every 24 consecutive months
- 1 Partial dentures every 3 years
- 1 Total superior prosthesis every 3 years
- 1 Total inferior prosthesis every 3 years
- Oral/maxillofacial surgery and other dental services
- 2 Implants every year

\$5,000 annual combined maximum benefit

2024 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

- 2 Exams
- 2 Prophylaxis Cleanings
- 2 Bitewings
- 1 Panoramic Film

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan \$1000-\$2500

\$0 Copay:

- Exams
- Prophylaxis Cleanings
- Bitewings
- Panoramic Film

Comprehensive Dental Items:

- comprehensive dental services depending on plan benefits

3

Select Dental Plan

\$0 Copay:

- 2 Exams
- 2 Prophylaxis Cleanings
- 2 Bitewings
- 1 Panoramic Film

Comprehensive Dental Items:

- 2 Amalgam or resin fillings
- Up to 6 simple or surgical extractions (in 1 or more visits)
- 2 crowns
- 1 root canal
- 2 implants every year
- 2 fixed partial dentures (bridges) 1 per arch every 5 years
- periodontal scaling & root planing per quadrant every 3 years
- 1 set of complete or partial dentures every five years, and
- 1 denture adjustment/reline every year.
- Medically necessary surgical procedures including analgesia



Note: For 2024, Simply will be changing vendors from DentaQuest to Liberty.

2024 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	1 per year	\$0 copay	1 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	1 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



Note: For 2024, Freedom will be changing vendors from Argus/Aflac to Liberty.

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	1 per year	\$0 copay	1 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	1 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



Note: For 2024, Optimum will be changing vendors from Argus/Aflac to Liberty.



- New lead D-SNP plan with Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities, all Rx at \$0 with strong dental and vision allowances
- \$0 HMOs and PPOs including MAPD and MA only
- D-SNP products for both Full and Partial Dual eligibles
- Expanded ESRD C-SNP service area with \$0 cost share for dialysis
- HMO plan consolidations to simplify product offerings
- Simplified Dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings
- Strong Commercial presence with 51% market share, offering great opportunity for conversions

All Counties EXCEPT: Berrien, Brooks, Calhoun, Camden, Clay, Colquitt, Cook, Dade, Decatur, Dougherty, Early, Echols, Floyd, Glynn, Gordon, Grady, Lanier, Lee, Miller, Mitchell, Randolph, Seminole, Sumter, Terrell, Thomas, Walker, Whitfield, Worth

Georgia 2024 Plan Highlights

PLAN	New	Full Dual	☆	Anthem Full Dual Advantage (HMO D-SNP) H5422-019
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+			
PREMIUM	\$0			
MEDICAL DEDUCTIBLE	\$0			
MAX OUT-OF-POCKET	\$8,300			
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			
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 2024 Plan Highlights

PLAN	<div>New</div> <div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H5422-019</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	\$150 per month – Assistive Devices, Groceries, OTC and Utilities
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 2024 Plan Highlights

PLAN	Full Dual	Anthem Grocery (HMO D-SNP) H5422-016
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$8,850	
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	Bartow, Cherokee, Clayton, Cobb, Coweta, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spalding, Walton	



Georgia 2024 Plan Highlights

PLAN	Full Dual	Anthem Grocery (HMO D-SNP) H5422-016
DENTAL	\$3,500 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	\$100 per month – Assistive Devices, Groceries, OTC and Utilities	
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 – 6 visits per year	
HEALTHY MEALS	20 post discharge	



Georgia 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (PPO D-SNP) H4036-032 (H7728-011 changed to H4036-032)</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850 (IN) /\$13,300 (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

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, Chattooga, Cherokee, Clarke, Clayton, Clich, 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 2024 Plan Highlights

PLAN	<div><div>Full Dual</div><div>☆</div><div><div>Anthem Full Dual Advantage (PPO D-SNP)</div><div>H4036-032</div><div>(H7728-011 changed to H4036-032)</div></div></div>
DENTAL	\$0 copay – \$4,000 allowance for preventive and comprehensive services per year
VISION	<div>\$0 copay – 1 routine eye exam per year;</div> <div>\$425 allowance – eyeglasses or contact lenses per year</div>
HEARING	<div>\$0 copay – 1 hearing exam, fitting & evaluation per year;</div> <div>\$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</div>
EVERYDAY OPTIONS ALLOWANCE	\$140 per month – Assistive Devices, Groceries, OTC and Utilities
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 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H5422-007
MEDICAID STATUS		Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$8,850
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		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 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H5422-007
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		\$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
GROCERIES		\$50 per month
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		\$300 per quarter
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 – 6 visits per year
HEALTHY MEALS		20 post discharge



Georgia 2024 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	\$5,000	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$300 copay (days 1 – 6)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / 0% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	
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 2024 Plan Highlights

PLAN	<div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D-SNP) H5422-018</div>
DENTAL	\$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 – Assistive Devices, Groceries, OTC and Utilities
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year



Georgia 2024 Plan Highlights

PLAN	Anthem Kidney Care (HMO C-SNP) H5422-015
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$40 copay
DIALYSIS	\$0
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
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 2024 Plan Highlights

PLAN	Anthem Kidney Care (HMO C-SNP) H5422-015
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
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	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips
PODIATRY	\$0 copay – 6 visits per year



Georgia 2024 Plan Highlights

PLAN	Anthem Grocery (PPO) H4036-033 (H7728-012 changed to H4036-033)
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (IN & OON)
PCP	\$5 copay (IN)
SPECIALIST	\$40 (IN)
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bartow, Cherokee, Clayton, Cobb, Coweta, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spalding, Walton



Georgia 2024 Plan Highlights

PLAN	Anthem Grocery (PPO) H4036-033 (H7728-012 changed to H4036-033)
DENTAL	\$0 copay – \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 routine hearing exam
GROCERIES	\$30 per month
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits per year



Georgia 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-030 (H7728-005 changed to H4036-030)
PREMIUM	\$59
MEDICAL DEDUCTIBLE	\$500 – (applies to OON only)
MAX OUT-OF-POCKET	\$6,050 (IN) / \$9,550 (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) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
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



Georgia 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-030 (H7728-005 changed to H4036-030)
DENTAL	\$1,750 allowance for preventive and comprehensive services per 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 \$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



Georgia 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4036-031 (H7728-006 changed to H4036-031)
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (IN & OON)
PCP	\$5 copay (IN)
SPECIALIST	\$40 copay (IN)
INPATIENT HOSPITAL	\$295 copay (days 1 – 6) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
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



Georgia 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4036-031 (H7728-006 changed to H4036-031)
DENTAL	\$0 copay – \$1,200 allowance for preventive and comprehensive services per year
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




Georgia 2024 Plan Highlights

PLAN	<div> <div> <div>☆</div> <div> Anthem Medicare Advantage (HMO) <div>H5422-011</div> <div>(Consolidated H5422-011, H5422-008 and H5422-017)</div> </div> </div> </div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,100
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	<div>\$0 copay (days 1 – 20)</div> <div>\$196 copay (days 21 – 100)</div>
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$4 / \$11 / \$35 / \$95 / 33% / \$0</div> <div>\$0 copay – T1 and T2 mail order 30-90 day supply</div>
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 2024 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (HMO) H5422-011 (Consolidated H5422-011, H5422-008 and H5422-017)</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	\$1,000 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®
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 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) H5422-013				
	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
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); \$196 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4*	Level 1*	Level 2*	Level 3*
RX DEDUCTIBLE	\$545 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5/\$15/\$47/\$95/25%/\$5	\$0	\$0	\$0	\$0
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				



* Part D excluded drugs may have a copay

Georgia 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) 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
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®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year



Georgia 2024 Plan Highlights

PLAN	Anthem Veteran (HMO) 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) \$196 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 2024 Plan Highlights

PLAN	Anthem Veteran (HMO) 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
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





2023 Existing MA Footprint and
2024 Proposed Service Area

Market Highlights

- 122K MA members with 24% Market Share
- D-SNP plan with Everyday Options Allowance for Groceries and OTC, increased comp dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering
- Tier 1 and Tier 2 Rx at \$0 on HMO
- Offering statewide \$0 LPPO, with \$0 Tier 1 Rx
- MA Only PPO with higher Part B Giveback
- Launching new Partial Duals D-SNP statewide
- Introducing new Chronic Care C-SNP in Marion county

Service Area

All Counties



Indiana 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) H3447-024-000				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
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) \$203 (per days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$545 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers				
MARKET SERVICE AREA	All Counties				



Indiana 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) 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	\$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	\$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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3447-042-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,250
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$310 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 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Elkhart, Fulton, Jasper, Kosciusko, Lagrange, Lake, La Porte, Marshall, Newton, Porter, Pulaski, St Joseph, Starke



Indiana 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) 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	\$0 copay – \$1,200 allowance for preventive and comprehensive services per year
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	\$70 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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3447-042-004	Anthem Medicare Advantage (HMO) H3447-042-002
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,250	\$4,250
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3447-042-004	Anthem Medicare Advantage (HMO) 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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year	\$0 copay – \$1,200 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	\$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	\$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	\$70 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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H3447-042-003
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,250
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
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 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Montgomery, Morgan, Putnam, Shelby



Indiana 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) 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	\$0 copay – \$1,500 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
OVER THE COUNTER	\$70 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 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H3447-020-000</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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
MARKET SERVICE AREA	All Counties



Indiana 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D–SNP) H3447–020–000</div>
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; \$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	\$140 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 per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Indiana 2024 Plan Highlights

PLAN	New	Full Dual	Anthem Full Dual Advantage Aligned (HMO D–SNP) H3447–048-000
MEDICAID STATUS	ALIGNED Full Dual, FBDE, QMB+, QMB, SLMB+		
PREMIUM	\$0		
MEDICAL DEDUCTIBLE	\$0		
MAX OUT-OF-POCKET	\$8,850		
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		
MARKET SERVICE AREA	All Counties		



Indiana 2024 Plan Highlights

PLAN	New	Full Dual	Anthem Full Dual Advantage Aligned (HMO D–SNP) H3447–048–000
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 – \$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			\$140 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 per year
PERS			\$0 copay
PODIATRY			\$0 copay – unlimited visits per year
HEALTHY MEALS			20 post discharge



Indiana 2024 Plan Highlights

PLAN	New	Partial Dual	Anthem Dual Advantage (HMO D–SNP) H3447–046-000
MEDICAID STATUS			Partial Dual; SLMB, QDWI, QI
PREMIUM			TBD
MEDICAL DEDUCTIBLE			\$0
MAX OUT-OF-POCKET			\$3,900
PCP			\$0 copay
SPECIALIST			\$25 copay
INPATIENT HOSPITAL			\$295 (days 1 – 5)
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
MARKET SERVICE AREA			All Counties



Indiana 2024 Plan Highlights

PLAN	<div>New</div> <div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D–SNP) H3447–046–000</div>
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 – \$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
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 – 24 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Indiana 2024 Plan Highlights

PLAN	New	Anthem Chronic Care (HMO C-SNP) H3447-043
PREMIUM		\$0
MAX OUT-OF-POCKET		\$6,700
PCP		\$0 copay
SPECIALIST		\$0 – \$45 copay
INPATIENT HOSPITAL		\$380 copay (days 1 – 5)
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA		Marion



Indiana 2024 Plan Highlights

PLAN	<div>New</div> <div>Anthem Chronic Care (HMO C-SNP) H3447-043</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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per 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
GROCERIES	\$25 per month
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



Indiana 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H1607-012-000
PREMIUM	\$58
MEDICAL DEDUCTIBLE	\$500 – (deductible only applicable to OON)
MAX OUT-OF-POCKET	\$6,400 (IN) / \$10,000 (IN & OON)
PCP	\$10 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$60 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$12 / \$42 / \$95 / 32% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H1607-012-000
DENTAL	\$0 copay – 1 oral exam and 1 cleaning 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	\$38 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits



Indiana 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H1607-015-000
PREMIUM	\$28
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$370 copay (days 1 – 5)
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 / \$13 / \$42 / \$95 / 33% / \$0
MARKET SERVICE AREA	All counties



Indiana 2024 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	\$0 copay – \$2,000 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
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®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits



Indiana 2024 Plan Highlights

PLAN	Anthem Veteran (PPO) H7093-001-000
PREMIUM	\$0
PART B REBATE	\$70
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (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	All Counties




Indiana 2024 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
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




Indiana 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H7093-002-000
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$390 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties



Indiana 2024 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	\$0 copay – \$1,250 allowance for preventive and comprehensive services per year (cost share applies)
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	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits



Indiana 2024 Plan Highlights

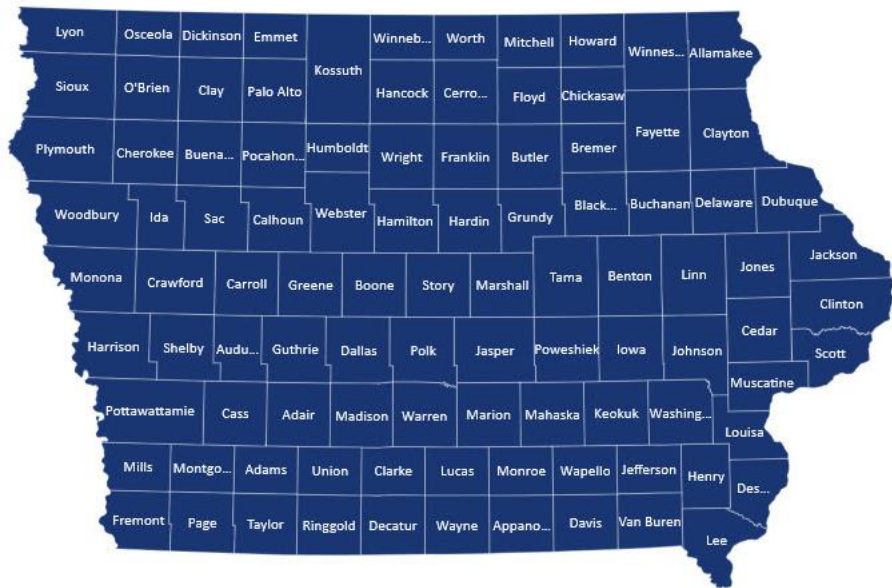
PLAN	Anthem Medicare Advantage (RPPO) R4487-001-000
PREMIUM	\$84
MEDICAL DEDUCTIBLE	\$500 – (OON only)
MAX OUT-OF-POCKET	\$6,400 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$6 / \$15 / \$37 / 46% / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties in Indiana and Kentucky



Indiana 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (RPPO) R4487-001-000
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
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





2023 Existing MA Footprint and
2024 Proposed Service Area

Market Highlights

- 7k D-SNP members
- D-SNP plan with Everyday Options Allowance for Groceries and OTC and all Rx at \$0
- Launching new Partial Duals D-SNP statewide
- Simplified dental allowances to include both Preventive and Comprehensive services
- Improving access for dental services by adding Point-of-Service (POS) option
- Simple and consistent Essential Extras offering

Service Area

All Counties

Iowa 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO-POS D–SNP) H0907–001</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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	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 2024 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/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	\$175 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 2024 Plan Highlights

PLAN	<div>New</div> <div>Partial Dual</div> <div>☆</div> <div>Wellpoint Dual Advantage (HMO-POS D–SNP) H0907-002</div>
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI
PREMIUM	TBD
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,900
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$295 (days 1-5)
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
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 2024 Plan Highlights

PLAN	<div>New</div> <div>Partial Dual</div> <div>☆ Wellpoint Dual Advantage (HMO-POS D-SNP) H0907-002</div>
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 – \$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	\$55 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





2023 Existing MA Footprint and
2024 Proposed Service Area

Market Highlights

- 113K MA members with 32% Market Share
- D-SNP plan with Everyday Options Allowance for Groceries and OTC and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering
- Tier 1 and Tier 2 Rx at \$0 on HMO
- Offering NEW statewide \$0 LPPO, with \$0 Tier 1 Rx
- MA Only PPO with higher Part B Giveback
- Launching new Partial Duals D-SNP statewide
- Introducing new Chronic Care C-SNP in Jefferson county

Service Area

All Counties




Kentucky 2024 Plan Highlights

PLAN	<div>Anthem Medicare Advantage (HMO) H9525-013-001</div>	<div>☆ Anthem Medicare Advantage (HMO) H9525-013-002</div>
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$5,300	\$4,800
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H9525-013-001	 Anthem Medicare Advantage (HMO) 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	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year	\$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	\$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	\$100 per quarter	\$100 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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H9525-013-003	Anthem Medicare Advantage (HMO) H9525-013-004
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$5,300	\$4,800
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H9525-013-003	Anthem Medicare Advantage (HMO) 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	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year	\$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	\$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	\$100 per quarter	\$100 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 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D–SNP) H9525–007</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MAX OUT-OF-POCKET	\$8,850
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
MARKET SERVICE AREA	All Counties



Kentucky 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D–SNP) H9525–007</div>
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	\$130 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 2024 Plan Highlights

PLAN	<div>New</div> <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	\$25 copay
INPATIENT HOSPITAL	\$350 (days 1 – 5)
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
MARKET SERVICE AREA	All Counties



Kentucky 2024 Plan Highlights

PLAN	New	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	\$55 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 2024 Plan Highlights

PLAN	New	Anthem Chronic Care (HMO C-SNP) H9525-017
PREMIUM		\$0
MAX OUT-OF-POCKET		\$6,700
PCP		\$0 copay
SPECIALIST		\$0 – \$45 copay
INPATIENT HOSPITAL		\$380 copay (days 1 – 5)
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA		Jefferson



Kentucky 2024 Plan Highlights

PLAN	<div>New</div> <div>Anthem Chronic Care (HMO C-SNP) H9525-017</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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per 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
GROCERIES	\$25 per month
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



Kentucky 2024 Plan Highlights

PLAN	Anthem Kidney Care (HMO C-SNP) H9525-011
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$0 – \$35 copay
INPATIENT HOSPITAL	\$300 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties



Kentucky 2024 Plan Highlights

PLAN	Anthem Kidney Care (HMO C–SNP) H9525–011
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	\$0 copay – \$1,200 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	\$100 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



Kentucky 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-034 (formerly H7728-013)
PREMIUM	\$44
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,000 (IN) / \$6,900 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$310 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	\$3 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply

MARKET SERVICE AREA

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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-034 (formerly H7728-013)
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per 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; \$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®
PODIATRY	\$0 copay – unlimited visits



Kentucky 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-035 (formerly H7728-009)
PREMIUM	\$28
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,950 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties



Kentucky 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4036-035 (formerly H7728-009)
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; \$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	\$60 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits



Kentucky 2024 Plan Highlights

PLAN	Anthem Veteran (PPO) H4909-023
PREMIUM	\$0
PART B REBATE	\$70
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) \$203 (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 2024 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	\$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



Kentucky 2024 Plan Highlights

PLAN	<div>New</div> <div>☆</div> <div>Anthem Medicare Advantage (PPO) H4036-036</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$370 copay (days 1 – 5)
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 / \$12 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties



Kentucky 2024 Plan Highlights

PLAN	<div>New</div> <div>☆</div> <div>Anthem Medicare Advantage (PPO) H4036-036</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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year (cost share applies)
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	\$50 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits



Kentucky 2024 Plan Highlights

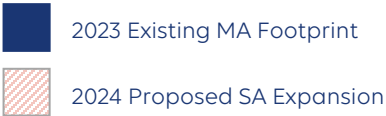
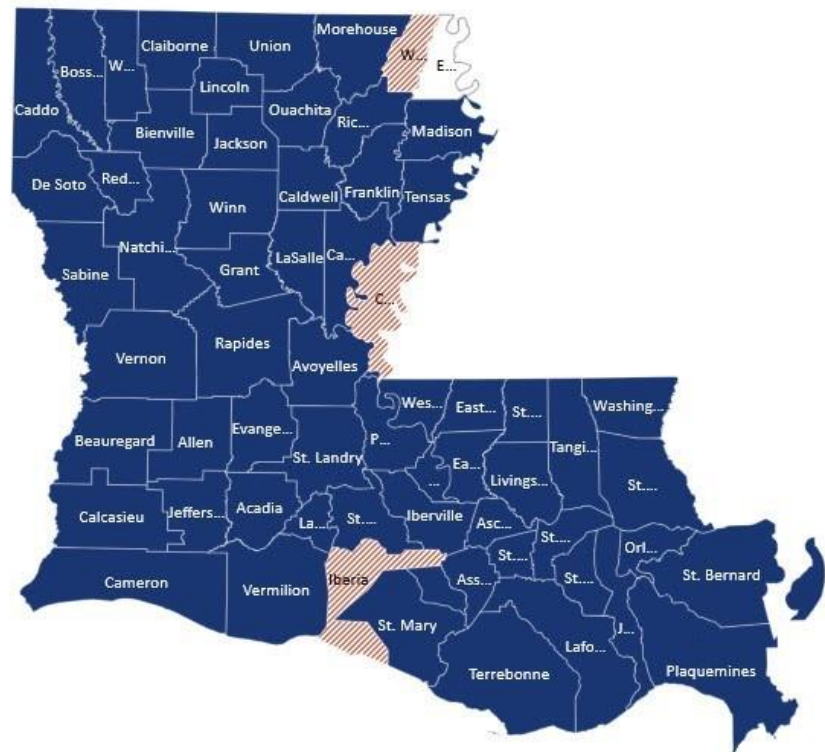
PLAN	Anthem Medicare Advantage (RPPO) R4487-001
PREMIUM	\$84
MEDICAL DEDUCTIBLE	\$500 (OON only)
MAX OUT-OF-POCKET	\$6,400 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$6 / \$15 / \$37 / 46% / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties in Indiana and Kentucky



Kentucky 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (RPPO) R4487-001
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
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

- Expanding in 3 parishes
- D-SNP plan with Everyday Options Allowance for Groceries and OTC allowance and all Rx at \$0
- Improved Partial Duals offering
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering

Service Area

All Parishes EXCEPT: East Carroll
New for 2024: [Concordia](#), [Iberia](#), [West Carroll](#)

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	\$8,850
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
MARKET SERVICE AREA	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia , De Soto, East Baton Rouge, 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/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; \$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	\$175 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	<div>Partial Dual</div> <div>☆ Healthy Blue Enhanced Care (HMO D–SNP) H1947–003</div>
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$295 (days 1 – 7)
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
MARKET SERVICE AREA	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia , De Soto, East Baton Rouge, 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>Partial Dual</div> <div>☆ Healthy Blue Enhanced Care (HMO D–SNP) H1947–003</div>
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 – \$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	\$55 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 per year
HEALTHY MEALS	20 post discharge





2023 Existing MA Footprint and
2024 Proposed Service Area

Market Highlights

- D-SNP plan with Everyday Options Allowance for Groceries and OTC, and all Rx at \$0
- \$0 HMO/HMO POS with \$0 Rx Deductible, Dental, Vision, Hearing and Essential Extras
- PPO plans provide In Network access to providers out of area including Boston, NYC, and much more.
- Simplified Dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings

Service Area

All Counties



Maine 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem MaineHealth Advantage Dual Plus (HMO D-SNP) H9065-001</div>
MEDICAID STATUS	Full Dual, FBDE, SLMB+, QMB+, QMB
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York



Maine 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem MaineHealth Advantage Dual Plus (HMO D-SNP) H9065-001</div>
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
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 – Assistive Devices, Groceries, OTC and Utilities
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	☆ Anthem MaineHealth Advantage Choice (HMO-POS) H9065-002
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,350 (IN) / \$9,550 (OON)
PCP	\$0 copay (IN)
SPECIALIST	\$40 copay (IN)
INPATIENT HOSPITAL	\$325 copay (days 1 – 7) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Cumberland, York




Maine 2024 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	\$0 copay – \$1,500 allowance for preventive and comprehensive services per 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; \$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®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay




Maine 2024 Plan Highlights

PLAN	 Anthem MaineHealth Advantage Plus (HMO) H9065-008
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,350
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$175 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo



Maine 2024 Plan Highlights

PLAN	 Anthem MaineHealth Advantage Plus (HMO) 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	\$0 copay – \$1,200 allowance for preventive and comprehensive services per 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; \$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 & engagement membership
PODIATRY	\$0 copay – 6 visits per year



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Choice (HMO-POS) H9065-003	Anthem MaineHealth Advantage Choice (HMO-POS) H9065-004
PREMIUM	\$29	\$83
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$6,000 (IN) / \$8,500 (OON)	\$6,000 (IN) / \$8,500 (ONN)
PCP	\$0 copay (IN)	\$0 copay (IN)
SPECIALIST	\$40 copay (IN)	\$40 copay (IN)
INPATIENT HOSPITAL	\$325 copay (days 1 – 7) (IN)	\$325 copay (days 1 – 7) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$185 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$10 / \$37 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo	Aroostook, Hancock, Penobscot, Piscataquis, Washington



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Choice (HMO-POS) H9065-003	Anthem MaineHealth Advantage Choice (HMO-POS) 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	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 – \$1,750 allowance for preventive and comprehensive services per year	\$0 copay – \$1,500 allowance for preventive and comprehensive services per year
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; \$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	\$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	\$80 per quarter	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – 6 visits per year	\$0 copay – 6 visits per year



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO)				
	H9065-006 (consolidated H9065-005 & H9065-006)				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
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) \$196 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$275 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$16/\$47/\$95/28%/\$0	\$0	\$4.50 – \$11.20	\$1.55 – \$4.15	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo, York				



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO) H9065-006
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; \$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
HEALTHY MEALS	10 post discharge



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO) H9065-007				
	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
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) \$196 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$275 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$16/\$47/\$95/29%/\$0	\$0	\$4.50 – \$11.20	\$1.55 – \$4.15	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Aroostook, Hancock, Penobscot, Piscataquis, Washington				



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Extra (HMO) H9065-007
DENTAL	\$0 copay – \$1,500 allowance for preventive and comprehensive services per 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; \$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



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Access (PPO) H9219-001	Anthem MaineHealth Advantage Access (PPO) H9219-002
PREMIUM	\$20	\$44
MEDICAL DEDUCTIBLE	\$1,000 (applies to OON only)	\$1,000 (applies to OON only)
MAX OUT-OF-POCKET	\$6,350 (IN) / \$9,550 (IN & OON)	\$5,800 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay (IN)	\$0 copay (IN)
SPECIALIST	\$35 copay (IN)	\$35 copay (IN)
INPATIENT HOSPITAL	\$325 copay (days 1 – 7) (IN)	\$300 copay (days 1 – 6) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$400 (T3 – T5)	\$400 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$42 / \$95 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$3 / \$10 / \$42 / \$95 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo, York	Aroostook, Hancock, Penobscot, Piscataquis, Washington



Maine 2024 Plan Highlights

PLAN	Anthem MaineHealth Advantage Access (PPO) H9219-001	Anthem MaineHealth Advantage Access (PPO) H9219-002
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year	\$0 copay – 1 oral exam, 1 cleaning per year
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	1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	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®	\$0 copay – SilverSneakers®





■ 2023 Existing MA Footprint and
■ 2024 Proposed Service Area

Market Highlights

- 56K MA members with 13% Market Share
- D-SNP plan with Everyday Options Allowance for Groceries and OTC and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering
- Tier 1 and Tier 2 Rx at \$0 on HMO
- Offering statewide \$0 LPPO with \$0 Tier 1 Rx
- MA Only PPO with higher Part B Giveback
- Launching new Partial Duals D-SNP statewide

Service Area

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

Missouri 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3447-038-001
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3447-038-001
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 – \$1,500 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
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
HEALTHY MEALS	20 post discharge




Missouri 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) 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	\$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 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Franklin, Jefferson, Lincoln, St Charles, St Louis, St Louis City, Warren, Washington



Missouri 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H3447-038-002
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	\$0 copay – \$1,500 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
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
HEALTHY MEALS	20 post discharge



Missouri 2024 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	\$8,850
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
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 2024 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/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 2024 Plan Highlights

PLAN	<div>New</div> <div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D–SNP) H3447-047</div>
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI
PREMIUM	TBD
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
MARKET SERVICE AREA	All Counties



Missouri 2024 Plan Highlights

PLAN	New	Partial Dual	Anthem Dual Advantage (HMO D-SNP) H3447-047
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 – \$3,000 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			\$90 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



Missouri 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4909-015
PREMIUM	\$44
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,000 (IN)/ \$7,000 (IN & OON)
PCP	\$5 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
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	\$4 / \$13 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cedar, Chariton, Christian, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Franklin, Gasconade, Greene, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Macon, Madison, Mississippi, Moniteau, Monroe, Montgomery, Newton, Osage, Ozark, Perry, Pike, Polk, Randolph, Reynolds, Ripley, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Taney, Texas, Warren, Washington, Wayne, Webster, Wright



Missouri 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (PPO) H4909-015
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; \$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	\$62 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits




Missouri 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4909-016
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,900 (IN)/ \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$370 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4909-016
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 – \$1,750 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	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PODIATRY	\$0 copay – unlimited visits



Missouri 2024 Plan Highlights

PLAN	Anthem Veteran (PPO) H4909-021
PREMIUM	\$0
PART B REBATE	\$70
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (IN)/ \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$360 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	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 2024 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






Market Highlights

- D-SNP plans with new Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities plus increased Dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings
- 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) H4346-017	Anthem Medicare Advantage (HMO) 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)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$8 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Clark	Washoe




Nevada 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H4346-017	Anthem Medicare Advantage (HMO) H4346-019
ESSENTIAL EXTRAS	(Pick 1) Groceries - \$50/month, Utilities - \$50/month, 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	\$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	\$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	\$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	\$30 per quarter	\$25 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 2024 Plan Highlights (Carelon Health Network)

PLAN	 Anthem Carelon Medicare Advantage (HMO) H4346-001	Anthem Carelon Premium Savings (HMO) H4346-009
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$52.10
MAX OUT-OF-POCKET	\$1,500	\$3,400
PCP	\$0 copay	\$10 copay
SPECIALIST	\$0 - \$10 copay	\$0 - \$25 copay
INPATIENT HOSPITAL	\$50 copay (days 1 – 5)	\$75 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$5 / \$10.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Clark	Clark




Nevada 2024 Plan Highlights (Carelton Health Network)

PLAN	 Anthem Carelon Medicare Advantage (HMO) H4346-001	Anthem Carelon Premium Savings (HMO) H4346-009
ESSENTIAL EXTRAS	(Pick 1) Utilities - \$50/month, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year	N/A
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year	\$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	\$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	\$10 per quarter	\$30 per quarter
FITNESS	\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay - 12 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC	N/A
PODIATRY	\$0 copay CCC, \$10 copay PAL; 4 visits per year	N/A
HEALTHY MEALS	14 post discharge / 2 meals per day for 90 days chronic condition	14 post discharge
CHIROPRACTIC	\$20 copay – 12 visits per year	




Nevada 2024 Plan Highlights

PLAN	 Anthem Full Dual Advantage (HMO D-SNP) H4346-025
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)
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 all tiers
MARKET SERVICE AREA	Clark, Washoe



Nevada 2024 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 - Assistive Devices, Groceries, OTC and Utilities
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 2024 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)	
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	
MARKET SERVICE AREA	Clark	



Nevada 2024 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 - Assistive Devices, Groceries, OTC and Utilities
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 2024 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Lung Care (HMO C-SNP) H4346-005	Anthem Carelon Chronic Care (HMO C-SNP) H4346-006
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$1,500	\$1,500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$10 copay	\$0 - \$10 copay
INPATIENT HOSPITAL	\$50 copay (days 1 – 5)	\$50 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Clark	Clark



Nevada 2024 Plan Highlights (Carelton Health Network)

PLAN	Anthem Carelon Lung Care (HMO C-SNP) H4346-005	Anthem Carelon Chronic Care (HMO C-SNP) H4346-006
ESSENTIAL EXTRAS	(Pick 1) Utilities - \$50/month, 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	\$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	
OVER THE COUNTER	\$10 per quarter	\$100 per quarter
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	





2023 Existing MA Footprint and
2024 Proposed Service Area


Market Highlights

- \$0 Premium Select Plus HMO with Essential Extras, Dental, Vision and Hearing benefits
- \$0 Premium Select PPO with OTC, Dental, Vision, Hearing, and no In-Network Deductible
- PPO plans provide In Network access to providers out of area including Boston, NYC, and much more.
- Simplified Dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings

Service Area


All Counties - (Duals focused plan now statewide)

New Hampshire 2024 Plan Highlights

PLAN	 Anthem Select (HMO) H3536-006
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T4 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / \$35 / \$94 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Belknap , Cheshire, Grafton, Hillsborough, Merrimack, Sullivan



New Hampshire 2024 Plan Highlights

PLAN	 Anthem Select (HMO) 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	\$0 copay – \$1,750 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
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 2024 Plan Highlights

PLAN	<div> Anthem Select (PPO) H4036-029 (Change from H7728-010)</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$750 (applies to OON only)
MAX OUT-OF-POCKET	\$8,000 (IN) / \$12,000 (IN & OON)
PCP	\$0 copay (IN)
SPECIALIST	\$45 copay (IN)
INPATIENT HOSPITAL	\$370 copay (days 1 – 6) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Belknap , Cheshire, Grafton, Hillsborough, Merrimack, Sullivan



New Hampshire 2024 Plan Highlights

PLAN	<div> Anthem Select (PPO) H4036-029 (Change from H7728-010)</div>
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; \$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®
PERS	\$0 copay




New Hampshire 2024 Plan Highlights

PLAN	<div>☆ Anthem Medicare Advantage 2 (HMO)¹ H3536-004</div>	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	\$37.60
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%
RX DEDUCTIBLE	\$0	\$545
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	\$5 / \$15 / \$39 / \$95 / 25% / \$5
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.



New Hampshire 2024 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; \$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
OVER THE COUNTER	\$140 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership

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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage(HMO) H3536-002
PREMIUM	\$41
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$390 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$190 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan



New Hampshire 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3536-002
DENTAL	\$0 copay – \$1,750 allowance for preventive and comprehensive services per 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 \$1,000 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 2024 Plan Highlights

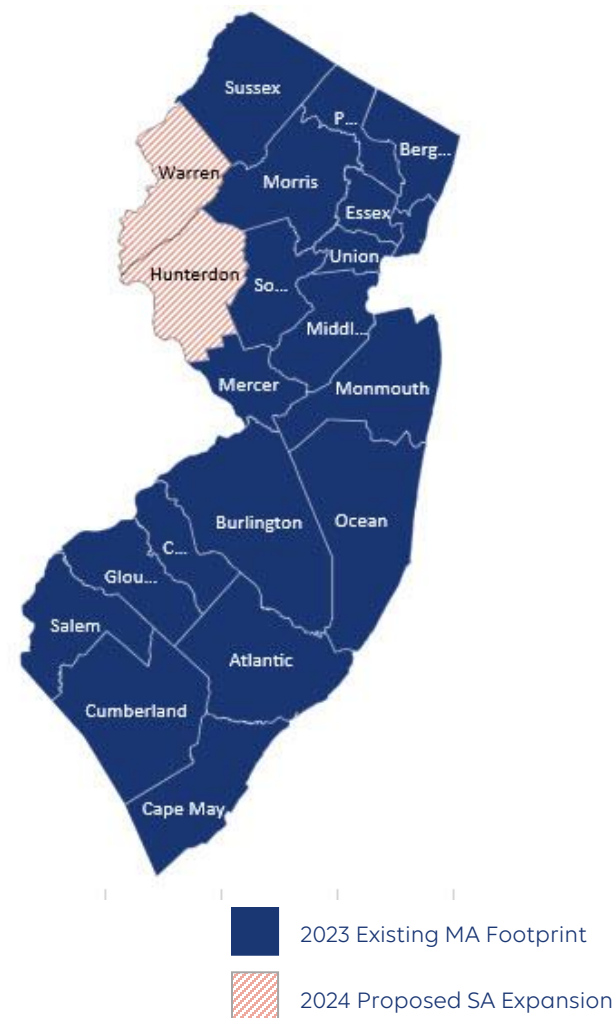
PLAN	Anthem Medicare Advantage (PPO) H4036-028 (Change from H7728-002)	
PREMIUM	\$39	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (IN & OON)	
PCP	\$10 copay (IN)	
SPECIALIST	\$35 copay (IN)	
INPATIENT HOSPITAL	\$395 copay (days 1 – 4) (IN)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	
RX DEDUCTIBLE	\$260 (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	
MARKET SERVICE AREA	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan	



New Hampshire 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4036-028 (Change from H7728-002)
DENTAL	\$0 copay – \$1,000 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
OVER THE COUNTER	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®





Market Highlights

- NJ is the 3rd biggest player in D-SNP with over 17k members
- Statewide D-SNP plan with competitive combined Everyday Options Allowance for Assisted Devices, Groceries, OTC and Utilities, and all Rx at \$0
- \$0 Premium HMOs in select counties with Dental, Vision and Hearing benefits
- Improved network with addition of the 5 Prime Hospitals

Service Area

All Counties
New for 2024: [Hunterdon](#) and [Warren](#)

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	\$8,850
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	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> <div>☆ Wellpoint Full Dual Advantage (HMO D-SNP) H3240-013</div>
EVERYDAY OPTIONS ALLOWANCE	\$260 per month – Assistive Devices, Groceries, OTC and Utilities
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) H3240-022
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,750
PCP	\$5 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$450 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$35 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Camden, Cape May, Cumberland, Hudson, Mercer, Salem, Somerset, Union



New Jersey 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO) H3240-022
DENTAL	\$0 copay – \$1,000 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; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
FITNESS	\$0 copay – SilverSneakers®



New Jersey 2024 Plan Highlights

PLAN	Wellpoint Extra Help (HMO) H3240-021				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$7,550				
PCP	\$0 copay				
SPECIALIST	\$25 copay				
INPATIENT HOSPITAL	\$335 copay (days 1 – 5)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4*	Level 1*	Level 2*	Level 3*
RX DEDUCTIBLE	\$545 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$10/\$15/\$47/\$95/25%/\$10	\$0	\$0	\$0	\$0
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) H3240-021
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per 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; \$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®
TRANSPORTATION	\$0 copay – 32 one-way trips per year
PERS	\$0 copay





■ 2023 Existing MA Footprint and 2024 Proposed Service Area

Market Highlights

- D-SNP plans with competitive combined Everyday Options Allowance for Groceries and OTC, includes \$0 for all Rx, with strong dental and vision allowances
- Portfolio of Non-SNP plans with options that include Dental, OTC, Vision and/or Hearing
- Simplified Dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings
- Robust network of providers including Memorial Sloan Kettering, Mount Sinai, Montefiore, NYC Health and Hospitals and more

Service Area

Albany, Bronx, Clinton, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, Westchester



New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem HealthPlus Full Dual Advantage (HMO D-SNP) H1732-003</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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 \$0 copay – on all tiers mail order 30-90 day supply
MARKET SERVICE AREA	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester



New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆</div> <div>Anthem HealthPlus Full Dual Advantage (HMO D-SNP) H1732-003</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	\$125 per month – Assistive Devices, Groceries, OTC and Utilities
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 2024 Plan Highlights

PLAN	Anthem Select (HMO) H8432-016
PREMIUM	\$45
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,400
PCP	\$5 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 30% / \$0
MARKET SERVICE AREA	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester



New York 2024 Plan Highlights

PLAN	Anthem Select (HMO) H8432-016
DENTAL	\$0 copay – \$750 allowance for preventive and comprehensive services per year
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 2024 Plan Highlights

PLAN	Anthem Veteran Select (HMO) H8432-036
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$10 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Bronx, Dutchess, Kings, New York, Orange, Putnam, Queens, Richmond, Rockland



New York 2024 Plan Highlights

PLAN	Anthem Veteran Select (HMO) H8432-036
VISION	\$0 copay – 1 routine eye exam per year
OVER THE COUNTER	\$64 per quarter
FITNESS	\$0 copay – SilverSneakers®



New York 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage Select (HMO D-SNP) H8432-028
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$8,850	
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	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, Ulster, Westchester	



New York 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage Select (HMO D-SNP) H8432-028
DENTAL		\$0 copay – \$1,200 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; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER		\$210 per quarter
TRANSPORTATION		\$0 copay – 6 one-way trips
FITNESS		\$0 copay – SilverSneakers®
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
ACUPUNCTURE		\$0 copay – 24 visits per year



New York 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage Select (HMO D-SNP) H8432-034
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+	
PREMIUM	\$0	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$8,850	
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	Suffolk	



New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>Anthem Full Dual Advantage Select (HMO D-SNP) H8432-034</div>
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 – \$1,500 allowance for preventive and comprehensive services per 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; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$255 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 24 one-way trips per year



New York 2024 Plan Highlights

PLAN

Full Dual

Anthem Full Dual Advantage (HMO D-SNP)
H8432-039-001

MEDICAID STATUS

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

PREMIUM

\$0

MEDICAL DEDUCTIBLE

\$0

MAX OUT-OF-POCKET

\$8,850

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

Columbia, Delaware, Dutchess, Greene, Putnam



New York 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage (HMO D-SNP) H8432-039-001
EVERYDAY OPTIONS ALLOWANCE	N/A	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year	
VISION	\$0 copay – 1 routine eye exam per year	
HEARING	N/A	
OVER THE COUNTER	\$120 per quarter	
FITNESS	\$0 copay – SilverSneakers®	
TRANSPORTATION	\$0 copay – 6 one-way trips per year	



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-040-000 (Consolidation of H8432-008-005 + H8432-008-006 + H8432-008-007)
PREMIUM	\$16
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$10 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$480 copay (days 1 – 4)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / \$42 / \$94 / 27% / N/A
MARKET SERVICE AREA	Bronx, Kings, Queens



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-040-000 (Consolidation of H8432-008-005 + H8432-008-006 + H8432-008-007)
VISION	\$0 copay – 1 routine eye exam per year
FITNESS	\$0 copay – SilverSneakers®



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-009
PREMIUM	\$62
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) \$185 copay (days 21 – 100)
RX DEDUCTIBLE	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$42 / \$95 / 27% / N/A
MARKET SERVICE AREA	Rockland, Westchester



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-009
DENTAL	\$0 copay – 2 exams, 2 cleanings, 1 x-ray
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; \$2,500 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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-010	Anthem Medicare Advantage (HMO) H8432-011
PREMIUM	\$51	\$80
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)	\$390 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 – T5)	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / \$40 / \$95 / 27% / N/A	\$0 / \$15 / \$42 / \$95 / 27% / N/A
MARKET SERVICE AREA	Nassau	Suffolk



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-010	Anthem Medicare Advantage (HMO) H8432-011
OVER THE COUNTER	N/A	\$45 per quarter
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year	\$0 copay – 1 oral exam and 1 cleaning per year
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 2024 Plan Highlights

PLAN	Anthem Veteran (HMO) H8432-037-001	Anthem Veteran (HMO) H8432-037-002
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$8,300	\$6,500
PCP	\$20 copay	\$0 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)	\$400 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	N/A	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A	N/A
MARKET SERVICE AREA	Bronx, Kings, Queens, Richmond, Westchester	Saratoga



New York 2024 Plan Highlights

PLAN	Anthem Veteran (HMO) H832-037-001	Anthem Veteran (HMO) H8432-037-002
OVER THE COUNTER	N/A	\$150 per quarter
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-038-001	Anthem Medicare Advantage (HMO) H8432-038-002
PREMIUM	\$54	\$40
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$5,000	\$5,000
PCP	\$5 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)	\$325 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$325 (T3 – T5)	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$37 / \$95 / 28% / N/A	\$0 / \$10 / \$37 / \$95 / 28% / N/A
MARKET SERVICE AREA	Columbia, Delaware, Greene	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H8432-038-001	Anthem Medicare Advantage (HMO) H8432-038-002
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	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year	\$0 copay – \$2,750 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year
OVER THE COUNTER	\$30 per quarter	\$72 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership	\$0 copay – tracking device & engagement membership



New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H8432-007</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Westchester




New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H8432-007</div>
OVER THE COUNTER	\$110 per quarter
TRANSPORTATION	\$0 copay – 6 one-way trips per year
FITNESS	\$0 copay – SilverSneakers®




New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div> Anthem Full Dual Advantage (HMO D-SNP) H8432-039-002</div>
MEDICAID STATUS	Full Dual; FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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 0
MARKET SERVICE AREA	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington



New York 2024 Plan Highlights

PLAN	Full Dual	 Anthem Full Dual Advantage (HMO D-SNP) H8432-039-002
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Assistive Devices, Groceries, OTC and Utilities	
DENTAL	\$0 copay – \$2,250 allowance for preventive and comprehensive services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$200 comprehensive allowance per year	
HEARING	1 exam; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
OVER THE COUNTER	N/A	
FITNESS	\$0 copay – SilverSneakers®	
TRANSPORTATION	\$0 copay – 36 one-way trips per year	



New York 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>Anthem HealthPlus Full Dual Advantage LTSS (HMO D-SNP) (FIDE) H1732-001</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, SLMB+, Medicaid Advantage Plus with HealthPlus
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester



New York 2024 Plan Highlights

PLAN	Full Dual	Anthem HealthPlus Full Dual Advantage LTSS (HMO D-SNP) (FIDE) H1732-001
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; \$1,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$225 per month – Assistive Devices, Groceries, OTC and Utilities
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 48 one-way trips
PODIATRY		\$0 copay – 6 visits per year
ACUPUNCTURE		\$0 copay – 24 visits per year
CHIROPRACTIC		\$0 copay – 12 visits



New York 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H3342-023-001	Anthem Medicare Advantage (PPO) H3342-023-002
PREMIUM	\$91	\$90
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 – 4) (IN)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$196 copay (days 21 – 100)
RX DEDUCTIBLE	\$310 (T3 – T5)	\$310 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$38 / \$88 / 28% / \$0	\$3 / \$10 / \$38 / \$88 / 28% / \$0
MARKET SERVICE AREA	Columbia, Delaware, Greene	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington



New York 2024 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®





2023 Existing MA Footprint and
2024 Proposed Service Area

Market Highlights

- Largest MA Plan with 314K MA members and #1 Market Share
- D-SNP plan with Everyday Options Allowance for Groceries and OTC, increased comp dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering
- Tier 1 and Tier 2 Rx at \$0 on HMO
- Offering \$0 LPPO in 24 counties, with \$0 Tier 1 Rx
- MA Only PPO with higher Part B Giveback
- Launching new Partial Duals D-SNP statewide
- Introducing new Chronic Care C-SNP in key counties

Service Area

All Counties



Ohio 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (HMO) H3655-034
PREMIUM	\$37
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) \$195 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$10 / \$37 / \$90 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (HMO) H3655-034
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
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 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) H3655-041				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
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) \$203 (per days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$545 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$10/\$20/\$47/\$95/25%/\$10	\$0	\$0	\$0	\$0
	\$0 copay T1 and T2 mail order 30–90 day supply				
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 2024 Plan Highlights

PLAN	Anthem Extra Help (HMO) 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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per 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; \$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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (HMO) H3655-042
PREMIUM	\$25
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
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	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Allen, Ashland, Brown, Butler, Carroll, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Medina, Miami, Montgomery, Morrow, Ottawa, Pickaway, Portage, Preble, Seneca, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wood



Ohio 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 2 (HMO) 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	\$0 copay – \$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; \$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
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3655-045-001
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$395 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 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) 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
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	\$45 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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3655-045-002
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,600
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$310 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 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Brown, Butler, Clermont, Greene, Hamilton, Miami, Montgomery, Preble, Warren



Ohio 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) 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	\$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; \$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®
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H3655-045-003
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$310 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 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Athens, Delaware, Fairfield, Franklin, Licking, Knox, Madison, Morrow, Pickaway, Union




Ohio 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) 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	\$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; \$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
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge




Ohio 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H3655-045-004 (consolidated H3655-038 & H3655-045-004)
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$310 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 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas



Ohio 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) 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	\$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
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
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (HMO D–SNP) H3655–033</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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



Ohio 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (HMO D–SNP) H3655–033</div>
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	\$205 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 2024 Plan Highlights

PLAN	<div>New</div> <div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D–SNP) H3655-048</div>
MEDICAID STATUS	Partial Dual; SLMB, QDWI, QI
PREMIUM	TBD
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$295 (days 1 – 7)
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
MARKET SERVICE AREA	All Counties



Ohio 2024 Plan Highlights

PLAN	<div>New</div> <div>Partial Dual</div> <div>Anthem Dual Advantage (HMO D–SNP) H3655-048</div>
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 – \$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
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 – 24 one-way trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Ohio 2024 Plan Highlights

PLAN	New	Anthem Chronic Care (HMO C-SNP) H3655-047
PREMIUM		\$0
MAX OUT-OF-POCKET		\$6,700
PCP		\$0 copay
SPECIALIST		\$0 – \$45 copay
INPATIENT HOSPITAL		\$380 copay (days 1 – 5)
RX DEDUCTIBLE		\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6		\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA		Cuyahoga, Franklin, Hamilton



Ohio 2024 Plan Highlights

PLAN	<div>New</div> <div>Anthem Chronic Care (HMO 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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per 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
GROCERIES	\$25 per month
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 60 one-way trips per year
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



Ohio 2024 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) \$203 (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 2024 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
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036–025
PREMIUM	\$56
MEDICAL DEDUCTIBLE	\$1,000 (applies only to OON services)
MAX OUT-OF-POCKET	\$5,500 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
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	\$4 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-025
DENTAL	\$0 copay – \$1,200 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
OVER THE COUNTER	\$107 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits




Ohio 2024 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H4036-026 (consolidated with H4036-023 & H4036-026)</div>
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,500 (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) \$203 (per days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div>\$0 / \$15 / \$42 / \$95 / 33% / \$0</div> <div>\$0 copay T1 and T2 mail order 30–60 day supply</div>
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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (PPO) H4036-026 (consolidated with H4036-023 & H4036-026)
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 – \$1,000 allowance for preventive and comprehensive services per year (cost share applies)
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	\$50 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 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 4 (PPO) H4036-017	
PREMIUM	\$76	
MEDICAL DEDUCTIBLE	\$0	
MAX OUT-OF-POCKET	\$4,300 (IN) / \$8,950 (IN & OON)	
PCP	\$0 copay	
SPECIALIST	\$25 copay	
INPATIENT HOSPITAL	\$270 copay (days 1 – 8)	
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)	
RX DEDUCTIBLE	\$40 (T3 – T5)	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply	
MARKET SERVICE AREA	Belmont, Carroll, Columbiana, Cuyahoga, Delaware, Geauga, Greene, Lake, Lorain, Miami, Montgomery, Muskingum, Preble, Sandusky, Stark, Summit, Trumbull	



Ohio 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 4 (PPO) H4036-017
DENTAL	\$0 copay – \$2,500 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; \$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 2024 Plan Highlights

PLAN	Anthem Veteran (RPPO) R5941-013	Anthem Medicare Advantage (RPPO) R5941-014
PREMIUM	\$0	\$78
MEDICAL DEDUCTIBLE	\$0	\$1,000 (applies to OON only)
MAX OUT-OF-POCKET	\$3,900 (IN) / \$4,900 (OON)	\$6,050 (IN) / \$9,550 (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) \$203 (per days 21 – 100)	\$0 copay (days 1 – 20) \$203 (per days 21 – 100)
RX DEDUCTIBLE	N/A	\$50 (T3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A	\$6 / \$15 / \$42 / 41% / 32% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	All Counties	All Counties



Ohio 2024 Plan Highlights

PLAN	Anthem Veteran (RPPO) R5941-013	Anthem Medicare Advantage (RPPO) R5941-014
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year	\$0 copay – 1 oral exam and 1 cleaning 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
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	\$135 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





2023 Existing MA Footprint and
2024 Proposed Service Area


Market Highlights

- 40K MA Members
- D-SNP plan with Everyday Options Allowance for Groceries and OTC, increased comp dental and all Rx at \$0
- New segmented HMO to better differentiate benefits across the state
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering
- Tier 1 Rx at \$0 on HMO

Service Area


All Counties

Tennessee 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO-POS) H5828-012-001 (segmented from H5828-005)	Wellpoint Medicare Advantage (HMO-POS) H5828-012-002 (segmented from H5828-005)
PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$4,900 (IN)/ \$8,950 (OON)	\$5,900 (IN)/ \$8,950 (OON)
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 5)	\$290 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$0 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Fayette, Shelby, Tipton	Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, Wilson



Tennessee 2024 Plan Highlights

PLAN	 Wellpoint Medicare Advantage (HMO-POS) H5828-012-001 (segmented from H5828-005)	Wellpoint Medicare Advantage (HMO-POS) H5828-012-002 (segmented from H5828-005)
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	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year	\$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	\$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	\$100 per quarter	\$70 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



Tennessee 2024 Plan Highlights

PLAN	Wellpoint Medicare Advantage (HMO-POS) H5828-012-003 (segmented from H5828-005)
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,900 (IN) / \$8,950 (OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
MARKET SERVICE AREA	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Carroll, Carter, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Decatur, Dekalb, Dyer, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Stewart, Sullivan, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White



Tennessee 2024 Plan Highlights

PLAN	Wellpoint Medicare Advantage (HMO-POS) H5828-012-003 (segmented from H5828-005)
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 – \$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
OVER THE COUNTER	\$85 per quarter
FITNESS	\$0 copay – SilverSneakers®
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge




Tennessee 2024 Plan Highlights

PLAN	<div>☆ Wellpoint Extra Help (HMO) H5828-008</div>				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$4,900				
PCP	\$0 copay				
SPECIALIST	\$25 copay				
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$545	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$10/\$20/\$37/\$90/25%/\$10	\$0	\$0	\$0	\$0
	\$0 copay all tiers mail order 30–90 day supply				
MARKET SERVICE AREA	All Counties				



Tennessee 2024 Plan Highlights

PLAN	 Wellpoint Extra Help (HMO) H5828-008
EVERYDAY 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 – \$1,500 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
OVER THE COUNTER	\$230 per quarter
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 2024 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	\$8,850	
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 2024 Plan Highlights

PLAN	Full Dual	Wellpoint Full Dual Advantage Support (HMO D–SNP) H5828–001
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 – \$5,000 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		\$230 per month – Groceries and OTC
FITNESS		\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay – tracking device & engagement membership
TRANSPORTATION		\$0 copay – 150 trips
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		42 post discharge
CHIROPRACTIC		\$0 copay – 48 visits per year



Tennessee 2024 Plan Highlights

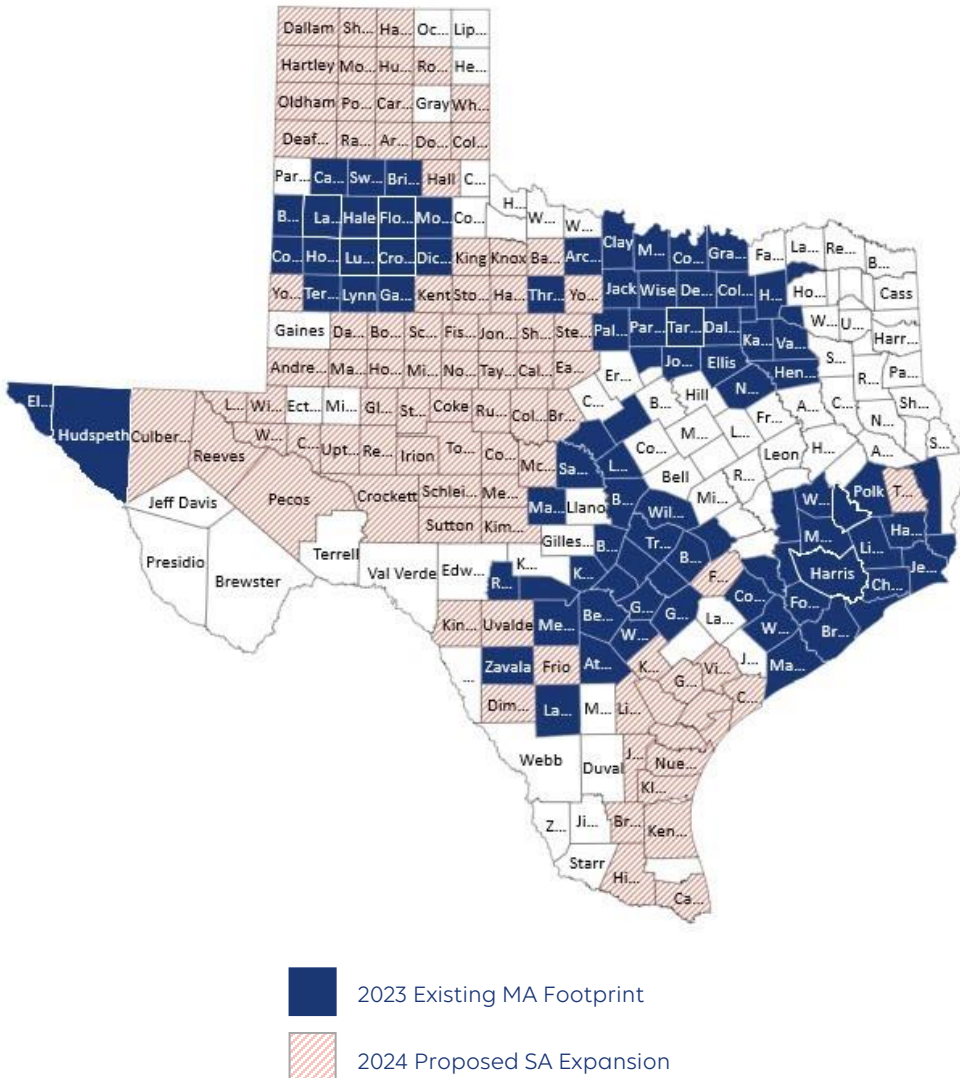
PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO D–SNP) H5828–002</div>
MEDICAID STATUS	Full Dual, FBDE, QMB+, QMB, SLMB+
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	Medicare FFS
SKILLED NURSING FACILITY	Medicare 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 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Wellpoint Full Dual Advantage (HMO D–SNP)</div> <div>H5828–002</div>
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 – \$5,000 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	\$180 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	42 post discharge
CHIROPRACTIC	\$0 copay – 48 visits per year





Market Highlights

- D-SNP plan expansion in 16 counties; new full dual offerings in the Valley and Nueces
- Lead D-SNP plans with new Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities, all Rx at \$0 plus increased Dental
- D-SNP plan options for Partial and Full Dual eligibles
- Improving select C-SNP and I-SNP offerings; focused enhancements on Dental, Vision, Rx and new Everyday Options Allowance for Groceries and OTC
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offerings

Service Area

Anderson, [Andrews](#), Angelina, [Aransas](#), Archer, [Armstrong](#), Atascosa, Austin, Bailey, Bandera, Bastrop, [Baylor](#), [Bee](#), Bexar, [Borden](#), Brazoria, Briscoe, [Brooks](#), [Brown](#), Burnet, Caldwell, [Calhoun](#), [Callahan](#), [Cameron](#), Camp, [Carson](#), Castro, Chambers, Cherokee, Clay, Cochran, Collin, Colorado, [Coke](#), [Coleman](#), [Collingsworth](#), Comal, [Concho](#), Cooke, [Crane](#), [Crockett](#), Crosby, [Culberson](#), [Dallam](#), Dallas, [Dawson](#), [Deaf Smith](#), Delta, Denton, Dickens, [Dimmit](#), [Donley](#), [Eastland](#), Ellis, El Paso, [Fayette](#), [Fisher](#), Floyd, Fort Bend, Franklin, [Frio](#), Galveston, Garza, [Glasscock](#), [Goliad](#), Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hale, [Hall](#), [Hansford](#), Hardin, Harris, [Hartley](#), [Haskell](#), Hays, Henderson, [Hidalgo](#), Hockley, Hood, Hopkins, [Howard](#), Hudspeth, Hunt, [Hutchinson](#), Irion, Jack, Jasper, Jefferson, [Jim Wells](#), Johnson, [Jones](#), [Karnes](#), Kaufman, Kendall, [Kenedy](#), [Kent](#), [Kimble](#), [King](#), [Kinney](#), [Kleberg](#), [Knox](#), La Salle, Lamb, Lee, Liberty, [Live Oak](#), [Loving](#), Lubbock, Lynn, [Martin](#), Mason, Matagorda, [McCulloch](#), Medina, [Menard](#), Mills, [Mitchell](#), Montague, Montgomery, [Moore](#), Motley, Nacogdoches, Navarro, [Nolan](#), [Nueces](#), [Oldham](#), Orange, Palo Pinto, Parker, [Pecos](#), Polk, [Potter](#), 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](#), Williamson, Wilson, [Winkler](#), Wise, Wood [Yoakum](#), [Young](#), Zavala

Texas – 2024 Plan Highlights – Austin MSA

PLAN	Wellpoint Chronic Care (HMO C-SNP) H8849-001	Wellpoint Lung Care (HMO C-SNP) H8849-013
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$10 copay	\$0 - \$10 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
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 – 2024 Plan Highlights – Austin MSA

PLAN	Wellpoint Chronic Care (HMO C-SNP) H8849-001	Wellpoint Lung Care (HMO C-SNP) H8849-013
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	\$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	\$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	\$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 and OTC	\$75 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL	\$0 copay – 26 one-way trips to PAL
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 – 2024 Plan Highlights – Dallas Fort Worth MSA

PLAN	Full Dual	Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-002
MEDICAID STATUS	QMB+, QMB, SLMB+	
PREMIUM	\$0 - \$17.00	
MAX OUT-OF-POCKET	\$8,550	
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 – T1 and T2 mail order 30-90 day supply	
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 – 2024 Plan Highlights – Dallas Fort Worth MSA

PLAN	Wellpoint Full Dual Advantage (HMO D-SNP)	
	Full Dual	H8849-010-002
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 - Assistive Devices, Groceries, OTC, and Utilities	
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 – 2024 Plan Highlights – Dallas Fort Worth MSA

PLAN	All Dual		Wellpoint Full Dual Advantage (HMO D-SNP) H8849-011-002	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI	
PREMIUM	\$0		\$0 - \$24.50	
MAX OUT-OF-POCKET			\$8,550	
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	
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 – 2024 Plan Highlights – Dallas Fort Worth MSA

PLAN	All Dual	Wellpoint Full 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; \$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		\$105 per month - Assistive Devices, Groceries, OTC and Utilities
FITNESS		\$0 copay - SilverSneakers®
HEALTH & FITNESS TRACKER		\$0 copay - tracking device & engagement membership
TRANSPORTATION		\$ copay – 48 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



Texas – 2024 Plan Highlights – Dallas Fort Worth MSA

PLAN	Wellpoint Chronic Care (HMO C-SNP) H8849-001	Wellpoint Lung Care (HMO C-SNP) H8849-013
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$10 copay	\$10 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
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 – 2024 Plan Highlights – Dallas Fort Worth MSA

PLAN	Wellpoint Chronic Care (HMO C-SNP) H8849-001	Wellpoint Lung Care (HMO C-SNP) H8849-013
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	\$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	\$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	\$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 and OTC	\$75 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL	\$0 copay – 26 one-way trips to PAL
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 – 2024 Plan Highlights – El Paso MSA

PLAN	Full Dual	 Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-004
MEDICAID STATUS	QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,550	
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 – T1 and T2 mail order 30-90 day supply	
MARKET SERVICE AREA	El Paso, Hudspeth	



Texas – 2024 Plan Highlights – El Paso MSA

PLAN	<div>Full Dual</div> <div> Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-004</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	\$125 per month - Assistive Devices, Groceries, OTC, and Utilities
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 – 2024 Plan Highlights – El Paso MSA

PLAN	<div>All Dual</div> <div>Wellpoint Dual Advantage (HMO D-SNP) H8849-011-004</div>		
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI
PREMIUM	\$0	\$0 - \$24.50	
MAX OUT-OF-POCKET	\$8,550		
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		
MARKET SERVICE AREA	El Paso, Hudspeth		



Texas – 2024 Plan Highlights – El Paso MSA

PLAN	All Dual	
	Wellpoint Dual Advantage (HMO D-SNP) 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 - Assistive Devices, Groceries, OTC, and Utilities	
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	20 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



Texas – 2024 Plan Highlights – Hidalgo MSA

PLAN	Full Dual	New	Wellpoint Full Dual Advantage (HMO D-SNP) H2593-053-001
MEDICAID STATUS	QMB+, QMB, SLMB+		
PREMIUM	\$17.00		
MAX OUT-OF-POCKET	\$8,850		
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 – T1 and T2 mail order 30-90 day supply		
MARKET SERVICE AREA	Cameron, Hidalgo		




Texas – 2024 Plan Highlights – Hidalgo MSA

PLAN	Full Dual	New	Wellpoint Full Dual Advantage (HMO D-SNP) H2593-053-001
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			\$150 per month - Assistive Devices, Groceries, OTC and Utilities
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 – 2024 Plan Highlights – Houston MSA

PLAN	 Wellpoint Select (HMO) H8849-009
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Fort Bend, Harris, Montgomery



Texas – 2024 Plan Highlights – Houston MSA

PLAN	 Wellpoint Select (HMO) H8849-009
ESSENTIAL EXTRAS	(Pick 2) Healthy Groceries - \$50/month, Utilities - \$50/month, 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; \$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	\$200 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 – 2024 Plan Highlights – Houston MSA

PLAN	<div>Full Dual</div> <div>Wellpoint Full Dual Advantage (HMO D-SNP)</div> <div>H8849-010-001</div>
MEDICAID STATUS	QMB+, QMB, SLMB+
PREMIUM	\$17.00
MAX OUT-OF-POCKET	\$8,550
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 – T1 and T2 mail order 30-90 day supply
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 – 2024 Plan Highlights – Houston MSA

PLAN	Full Dual	
	Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-001	
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	\$150 per month - Assistive Devices, Groceries, OTC and Utilities	
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 – 2024 Plan Highlights – Houston MSA

PLAN	All Dual		Wellpoint Dual Advantage (HMO D-SNP) H8849-011-001	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI	
PREMIUM	\$0		\$0 - \$24.50	
MAX OUT-OF-POCKET			\$8,550	
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 and T2 mail order 30-90 day supply	
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 – 2024 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; \$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	
EVERYDAY OPTIONS ALLOWANCE	\$70 per month - Assistive Devices, Groceries, OTC and Utilities	
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	20 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



Texas – 2024 Plan Highlights – Houston MSA

PLAN	Wellpoint Lung Care (HMO C-SNP) H8849-005	Wellpoint Chronic Care (HMO 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)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Harris	Harris



Texas – 2024 Plan Highlights – Houston MSA

PLAN	Wellpoint Lung Care (HMO C-SNP) H8849-005	Wellpoint Chronic Care (HMO C-SNP) H8849-003
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	\$0 copay – \$2,500 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	\$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
EVERYDAY OPTIONS ALLOWANCE	\$75 per month – Groceries and OTC	\$75 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips to PAL	\$0 copay – 24 one-way trips to PAL
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 – 2024 Plan Highlights – Lubbock MSA

PLAN	Full Dual	Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-005
MEDICAID STATUS	QMB+, QMB, SLMB+	
PREMIUM	\$0	
MAX OUT-OF-POCKET	\$8,550	
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 – T1 and T2 mail order 30-90 day supply	
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry	



Texas – 2024 Plan Highlights – Lubbock MSA

PLAN	Full Dual	Wellpoint Full Dual Advantage (HMO D-SNP) H8849-010-005
DENTAL		\$0 copay – \$4,500 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 - Assistive Devices, Groceries, OTC and Utilities
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 – 2024 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 / QMB, QMB+, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI
PREMIUM	\$0	\$0 – \$24.50	
MAX OUT-OF-POCKET	\$8,550		
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 and T2 mail order 30-90 day supply		
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry		



Texas – 2024 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; \$175 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		\$85 per month - Assistive Devices, Groceries, OTC and Utilities
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 – 24 visits per year



Texas – 2024 Plan Highlights – Nueces MSA

PLAN	Full Dual	New	Wellpoint Full Dual Advantage (HMO D-SNP) H2593-045-000
MEDICAID STATUS	QMB+, QMB, SLMB+		
PREMIUM	\$0		
MAX OUT-OF-POCKET	\$8,850		
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 – T1 and T2 mail order 30-90 day supply		
MARKET SERVICE AREA	Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria		



Texas – 2024 Plan Highlights – Nueces MSA

PLAN	Full Dual	New	Wellpoint Full Dual Advantage (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; \$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 ALLOWQNCCE			\$125 per month - Assistive Devices, Groceries, OTC and Utilities
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 – 2024 Plan Highlights – San Antonio MSA

PLAN	Wellpoint Select (HMO) H8849-006
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,500
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – Part D on all tiers \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Bexar



Texas – 2024 Plan Highlights – San Antonio MSA

PLAN	Wellpoint Select (HMO) H8849-006
ESSENTIAL EXTRAS	(Pick 1) Healthy Groceries - \$50/month, Utilities - \$50/month, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year
DENTAL	\$0 copay – \$1,200 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
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 – 2024 Plan Highlights – San Antonio MSA

PLAN	All DualWellpoint Dual Advantage (HMO D-SNP) H8849-011-003		
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+		With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI
PREMIUM	\$0		\$0 - \$25.50
MAX OUT-OF-POCKET	\$8,550		
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		
MARKET SERVICE AREA	Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Kendall, La Salle, Medina, Real, Wilson, Zavala		



Texas – 2024 Plan Highlights – San Antonio MSA

PLAN	All Dual	
	Wellpoint Dual Advantage (HMO D-SNP) H8849-011-003	
DENTAL	\$0 copay – \$3,000 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	\$80 per month - Assistive Devices, Groceries, OTC and Utilities	
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	20 post discharge / 2 meals per day for 90 days chronic condition	
ACUPUNCTURE	\$0 copay – 24 visits per year	



Texas – 2024 Plan Highlights – San Antonio MSA

PLAN	Wellpoint Chronic Care (HMO C-SNP) H8849-001	Wellpoint Lung Care (HMO C-SNP) H8849-013
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$10 copay	\$10 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply
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 – 2024 Plan Highlights – San Antonio MSA

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PLAN	Wellpoint Chronic Care (HMO C-SNP) H8849-001	Wellpoint Lung Care (HMO C-SNP) H8849-013
DENTAL	\$0 copay – \$2,500 allowance for preventive and comprehensive services per year	\$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	\$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	\$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 and OTC	\$75 per month – Groceries and OTC
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 26 one-way trips to PAL	\$0 copay – 26 one-way trips to PAL
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



Virginia - Medicare Advantage 2024

Market Highlights

- 91K MA members, 18% Market Share
- New statewide* lead D-SNP plans with Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities, and all Rx at \$0 with rich dental and vision allowances
- \$0 PPOs Statewide (less six counties), including MAPD, MA only and D-SNP
- ESRD C-SNP with \$0 cost share for dialysis
- HMO plan consolidations to simplify product offerings
- Simplified Dental allowances to include both Preventive and Comprehensive services
- Carelon Health's clinical model continues to provide the gold standard for care. Improved Dental, Vision and OTC on C-SNPs
- Simple and consistent Essential Extras offerings
- MA Only PPO with higher Part B Giveback


Service Area

All Counties *EXCEPT: Accomack



2023 Existing MA Footprint and
2024 Proposed Service Area

Virginia 2024 Plan Highlights

PLAN	 Anthem Grocery (HMO) H3447-039
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$285 copay (days 1 – 6)
RX DEDUCTIBLE	\$150 (Tiers 4, 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$35 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bedford, Botetourt, Chesapeake City, Chesterfield, Franklin, Franklin City, Hampton City, Hanover, Henrico, Isle Of Wight, Lynchburg City, Montgomery, Poquoson City, Portsmouth City, Richmond City, Roanoke, Roanoke City, Salem City, Suffolk City, Virginia Beach City



Virginia 2024 Plan Highlights

PLAN	 Anthem Grocery (HMO) 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	\$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
GROCERIES	\$45 per month
OVER THE COUNTER	\$175 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
TRANSPORTATION	\$0 copay – 12 one-way trips per year



Virginia 2024 Plan Highlights

PLAN	Anthem Grocery (PPO) H4909-026
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$750 (OON)
MAX OUT-OF-POCKET	\$7,550 (IN) / \$11,300 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
RX DEDUCTIBLE	\$95 (tiers 4 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bedford, Botetourt, Chesapeake City, Chesterfield, Franklin, Franklin City, Hampton City, Hanover, Henrico, Isle Of Wight, Lynchburg City, Montgomery, Poquoson City, Portsmouth City, Richmond City, Roanoke, Roanoke City, Salem City, Suffolk City, Virginia Beach City



Virginia 2024 Plan Highlights

PLAN	Anthem Grocery (PPO) H4909-026
DENTAL	\$0 copay – \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year;
GROCERIES	\$45 per month
OVER THE COUNTER	\$75 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership



Virginia 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4909-014
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$750 (OON)
MAX OUT-OF-POCKET	\$7,550 (IN) / \$11,300 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 7)
RX DEDUCTIBLE	\$95 (T3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Prince William



Virginia 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (PPO) H4909-014
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 – \$1,500 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®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership



Virginia 2024 Plan Highlights

PLAN	Anthem Dual Advantage (PPO D-SNP) H4909-018
MEDICAID STATUS	QMB
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,300 (IN) / \$12,450 (IN & 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
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Prince William



Virginia 2024 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	\$75 monthly allowance
OVER THE COUNTER	\$300 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 2024 Plan Highlights

PLAN	Anthem Veteran (PPO) H4909-020
PREMIUM	\$0
PART B REBATE	\$80
MEDICAL DEDUCTIBLE	\$750 (OON only)
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 5)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Falls Church City, Prince William



Virginia 2024 Plan Highlights

PLAN	Anthem Veteran (PPO) H4909-020
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; \$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 2024 Plan Highlights

PLAN	New	Full Dual	☆	Anthem Full Dual Advantage (HMO D-SNP) H3447-045
PREMIUM	\$0			
MAX OUT-OF-POCKET	\$8,850			
PCP	\$0 copay			
SPECIALIST	\$0 copay			
INPATIENT HOSPITAL	\$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	All Counties EXCEPT: Accomack			



Virginia 2024 Plan Highlights

PLAN	<div>New</div> <div>Full Dual</div> <div>☆</div> <div>Anthem Full Dual Advantage (HMO D-SNP) H3447- 045</div>
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	\$250 per month – Assistive Devices, Groceries, OTC and Utilities
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



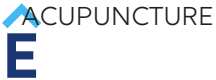
Virginia 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H3447-011
PREMIUM		\$0
MAX OUT-OF-POCKET		\$8,850
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$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		All Counties EXCEPT: Accomack



Virginia 2024 Plan Highlights

PLAN	Full Dual	Anthem Full Dual Advantage 2 (HMO D-SNP) H3447- 011
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 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H3447- 030
MEDICAID STATUS	QMB
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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
MARKET SERVICE AREA	All Counties EXCEPT: Accomack



Virginia 2024 Plan Highlights

PLAN	Anthem Dual Advantage (HMO D-SNP) H3447- 030
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 – Assistive Devices, Groceries, OTC and Utilities
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 2024 Plan Highlights

PLAN	Anthem Kidney Care (HMO 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)
RX DEDUCTIBLE	\$325 (tiers 3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, and Falls Church City




Virginia 2024 Plan Highlights

PLAN	Anthem Kidney Care (HMO 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	\$0 copay – \$1,800 allowance for preventive and comprehensive services per 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; \$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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H3447-013
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,900
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$285 copay (days 1 – 6)
RX DEDUCTIBLE	\$150 (tiers 4 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$35 / 95\$ / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
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 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) 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	\$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
OVER THE COUNTER	\$170 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership




Virginia 2024 Plan Highlights

PLAN	<div> Anthem Medicare Advantage 2 (HMO) H3447-025 (Consolidation of H3447-014 + H3447-025)</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$150 (Tiers 4 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$35 / 95\$ / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Albemarle, Alexandria City, Amelia, Amherst, Augusta, Bedford, Botetourt, Bristol City, Buena Vista City, Campbell, Charlottesville City, Chesapeake City , Clarke, Culpeper, Danville City, Dinwiddie, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City , Frederick, Fredericksburg City, Giles, Gloucester , Greene, Halifax, Hampton City , Harrisonburg City, Henry, Isle of Wight , James City , King George, King William , Lexington City, Louisa, Lynchburg City, Manassas City, Mathews , Martinsville City, Middlesex , Montgomery, Newport News City , Norfolk City , Northampton , Northumberland , Orange, Pittsylvania, Poquoson City , Portsmouth City , Prince Edward, Prince George, Pulaski, Radford City, Rappahannock, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Shenandoah, Southampton , Spotsylvania, Stafford, Staunton City, Suffolk City , Surry , Tazewell, Virginia Beach City , Warren, Washington, Waynesboro City, Westmoreland, Winchester City, Wise, Williamsburg City , Wythe, York




Virginia 2024 Plan Highlights

PLAN	<div> Anthem Medicare Advantage 2 (HMO) H3447-025 (Consolidation of H3447-014 + H3447-025)</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	\$0 copay – \$1,750 allowance for preventive and comprehensive services per 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; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
OVER THE COUNTER	\$42 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 2024 Plan Highlights

PLAN	 Anthem Carelon Medicare Advantage (HMO) H3447-001	Anthem Carelon Premium Savings (HMO) H3447-005
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$50.80
MAX OUT-OF-POCKET	\$3,850	\$3,850
PCP	\$0 copay	\$10 copay
SPECIALIST	\$0 – \$20 copay	\$0 – \$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)	\$345 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-60 day supply	\$5 / \$12.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30-60 day supply
MARKET SERVICE AREA	Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City	Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City



Virginia 2024 Plan Highlights

PLAN	 Anthem I Carelon Medicare Advantage (HMO) H3447-001	Anthem I Carelon Premium Savings (HMO) H3447-005
DENTAL	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year	N/A
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; \$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	\$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	N/A
FITNESS	\$0 copay – SilverSneakers® / Nifty after Fifty	\$0 copay – SilverSneakers® / Nifty after Fifty
TRANSPORTATION	42 one-way trips	N/A
PODIATRY	\$0 – \$20 copay; 4 visits per year	N/A
HEALTHY MEALS	14 post discharge	14 post discharge
CHIROPRACTIC	N/A	\$20 copay – 12 visits per year



Virginia 2024 Plan Highlights

PLAN	<div>Anthem Extra Help (HMO) H3447-028 (Consolidation of H3447-027 + H3447-028)</div>				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$2,900				
PCP	\$0 copay				
SPECIALIST	\$20 copay				
INPATIENT HOSPITAL	\$300 copay (days 1 – 5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$545 (T2 – T5)	\$0	\$0	\$0	\$0
RX PREFERRED COST SHARE	\$0 / \$10 / \$47 / \$95 / 25% / \$0	\$0	\$4.50 – \$11.20	\$1.55 – \$4.15	\$0
T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Amelia, Amherst, Albemarle, Augusta, Bedford, Botetourt, Bristol City, Buena Vista City, Brunswick, Campbell, Caroline, Charlottesville City, Chesterfield, Chesapeake City, Colonial Heights City, Culpeper, Danville City, Dinwiddie, Emporia City, Fauquier, Floyd, Franklin, Frederick, Fredericksburg City, Giles, Gloucester, Goochland, Greenville, Halifax, Hanover, Hampton City, Harrisonburg City, Henrico, Henry, Hopewell City, Isle Of Wight, James City Co, King William, Lexington City, Lunenburg, Lynchburg City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Newport News City, Norfolk City, Northampton, Northumberland, Nottoway, Orange, Petersburg City, Pittsylvania, Powhatan, Poquoson City, Portsmouth City, Prince Edward, Prince George, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Shenandoah, Spotsylvania, Stafford, Staunton City, Suffolk City, Tazewell, Virginia Beach City, Washington, Waynesboro City, Williamsburg City, Winchester City, Wise, Wythe, York				




Virginia 2024 Plan Highlights

PLAN	Anthem Extra Help(HMO) H3447-028 (Consolidation of H3447-027 + 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	\$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
OVER THE COUNTER	\$135 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 2024 Plan Highlights

PLAN	 Anthem Carelon Chronic Care (HMO C-SNP) H3447-004	Anthem Carelon Lung Care (HMO C-SNP) H3447-003
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,850	\$3,850
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$20 copay	\$0 – \$20 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$5 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City	Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City



Virginia 2024 Plan Highlights

PLAN	 Anthem Carelon Chronic Care (HMO C-SNP) H3447-004	Anthem Carelon Lung Care (HMO C-SNP) H3447-003
DENTAL	\$0 copay – \$3,000 allowance for preventive and comprehensive services per year	\$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	\$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	\$150 per quarter	\$150 per quarter
FITNESS	\$0 copay – SilverSneakers®	\$0 copay – SilverSneakers®
TRANSPORTATION	\$0 copay – 68 one-way trips per year	\$0 copay – 24 one-way trips per year
PODIATRY	\$0 – \$20 copay; 12 visits per year	\$0 – \$20 copay; 9 visits per year
HEALTHY MEALS	14 post discharge	14 post discharge



Virginia 2024 Plan Highlights

PLAN	Anthem Chronic Care (HMO C-SNP) H3447-037
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,000
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Chesapeake City, Hampton City, James City Co, Loudoun, Mathews, Newport News City, Norfolk City, Portsmouth City, Prince William, Suffolk City, Virginia Beach City



Virginia 2024 Plan Highlights

PLAN	Anthem Chronic Care (HMO C-SNP) 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	\$0 copay – \$2,000 allowance for preventive and comprehensive services per 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; \$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®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PODIATRY	\$0 copay – 6 visits per year





2023 Existing MA Footprint and
2024 Proposed Service Area

Market Highlights

- D-SNP plan option for Partial and Full Dual-Eligible
- D-SNP plan with new Everyday Options Allowance for Assistive Devices, Groceries, OTC and Utilities plus increased Dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- 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, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pierce, Snohomish, Spokane, Thurston

Washington 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>☆ Wellpoint Dual Advantage (HMO D-SNP) H1894-002</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & <u>Partial</u> Medicaid Eligibility
PREMIUM	\$0	\$0 - \$24.50
MAX OUT-OF-POCKET	\$8,850	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay (per stay)	\$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	
MARKET SERVICE AREA	Columbia, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pierce, Snohomish, Spokane, Thurston	



Washington 2024 Plan Highlights

PLAN	<div>All Dual</div> <div>☆ Wellpoint Dual Advantage (HMO D-SNP) H1894-002</div>
DENTAL	\$0 copay – \$3,500 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	\$75 per month - Assistive Devices, Groceries, OTC and Utilities
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	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





2023 Existing MA Footprint and
2024 Proposed Service Area


Market Highlights

- 39K MA members
- D-SNP plan with Everyday Options Allowance for Groceries and OTC, increased comp dental and all Rx at \$0
- Simplified dental allowances to include both Preventive and Comprehensive services
- Simple and consistent Essential Extras offering
- Tier 1 and Tier 2 Rx at \$0 on HMO
- Offering statewide \$0 LPPO, with \$0 Tier 1 Rx
- MA Only PPO with higher Part B Giveback
- Improved Partial Duals offering

Service Area


All Counties (PPO)
All Counties EXCEPT St. Croix (HMO and D-SNP)

Wisconsin 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H9525-004	Anthem Medicare Advantage (HMO) 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)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$150 (T3 – T5)	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$42 / \$95 / 30% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$0 / \$0 / \$42 / \$95 / 30% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
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, Trempealeau, Vernon, Washburn, Washington, Waupaca, Waushara, Winnebago



Wisconsin 2024 Plan Highlights

PLAN	 Anthem Medicare Advantage (HMO) H9525-004	Anthem Medicare Advantage (HMO) H9525-006
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	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year (cost share applies)	\$0 copay – \$1,000 allowance for preventive and comprehensive services per year (cost share applies)
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	\$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	\$65 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



Wisconsin 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H9525-015
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$150 (T 3 – 5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Columbia, Dane, Sauk



Wisconsin 2024 Plan Highlights

PLAN	Anthem Medicare Advantage (HMO) H9525-015
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 (cost share applies)
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	\$60 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



Wisconsin 2023 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
PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$8,850
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
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, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood



Wisconsin 2024 Plan Highlights

PLAN	<div>Full Dual</div> <div>☆ Anthem Full Dual Advantage (HMO D–SNP) H9525–003</div>
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; \$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 trips
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



Wisconsin 2024 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	\$0 – Medicare Fee For Service	
RX DEDUCTIBLE	\$0	
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – Part D on all tiers	
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, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	



Wisconsin 2024 Plan Highlights

PLAN	Partial Dual	Anthem Dual Advantage (HMO D–SNP) H9525–012
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 – \$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 trips per year	
PERS	\$0 copay	
PODIATRY	\$0 copay – unlimited visits per year	
HEALTHY MEALS	20 post discharge	



Wisconsin 2024 Plan Highlights

PLAN	Anthem Medicare Advantage 3 (PPO) H4036-008
PREMIUM	\$34
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	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–60 day supply
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 2024 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	\$44 per quarter
FITNESS	\$0 copay – SilverSneakers®
PODIATRY	\$0 copay – unlimited visits




Wisconsin 2024 Plan Highlights

PLAN	<div> Anthem Medicare Advantage (PPO) H4036-020</div>
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	\$0 copay (days 1 – 20) \$203 copay (days 21 – 100)
RX DEDUCTIBLE	\$195 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	<div><div>\$0 / \$15 / \$42 / \$95 / 29% / \$0</div><div>\$0 copay T1 and T2 mail order 30–60 day supply</div></div>
MARKET SERVICE AREA	All Counties



Wisconsin 2024 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; \$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	\$35 per quarter
FITNESS	\$0 copay – SilverSneakers®
HEALTH & FITNESS TRACKER	\$0 copay – tracking device & engagement membership
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits



Wisconsin 2024 Plan Highlights

PLAN	Anthem Veteran (PPO) H4036-024
PREMIUM	\$0
PART B REBATE	\$95
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (IN) / \$10,000 (IN & OON)
PCP	\$15 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
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	All Counties



Wisconsin 2024 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



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