

AEP 2025 PRELIMINARY BENEFIT OVERVIEW

August 2024

A decorative graphic consisting of four overlapping, upward-pointing chevrons (V-shapes) in a light blue color, positioned in the lower right quadrant of the slide.

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The plans and benefits, premiums & formularies represented have been filed for 2025 and are not yet approved by CMS and are subject to change.

We have not yet received approval from CMS to proceed.

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

Our Purpose:
 Improve the health of humanity

Our Mission:
 Improving lives and communities.
 Simplifying Healthcare. Expecting More.

Our Strategy:
 To become a lifetime, trusted health partner

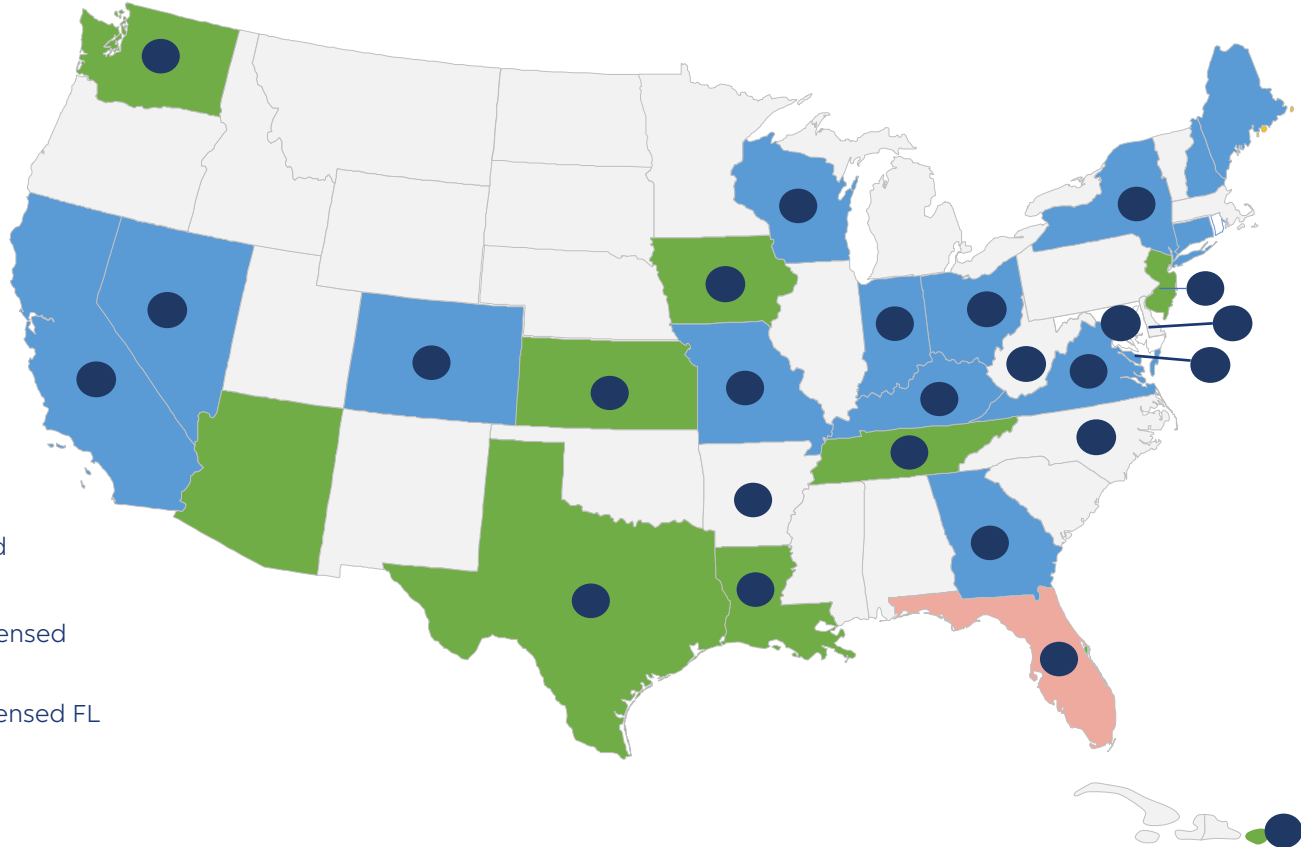
Approximately
115M
 total lives served
Q1, 2024 Data

24 Markets With Medicare Presence
 Includes States and Puerto Rico

14 States BC or BCBS Plan

26* Locations With Medicaid Plans
 Includes States, D.C. & Puerto Rico
 * As of 1/1/2025

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



Continuing to Balance Stability & Growth

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

*FL offers OTC as a separate benefit



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

CMS Final Rule Impacts You and Your Clients

CMS Final Rule

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

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

Marketing Filing Requirements for TPMOs & Carriers

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

New Guardrails for Broker Compensation (pending)

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

Key Legislative Change Drives Industry Rx Impacts to MAPD and PDP

Shifts costs to plans
and drug
manufacturers

Inflation Reduction Act of 2022 (IRA)

2022-2024

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

2025
Changes

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

Increases
Rx Costs for Many
Beneficiaries



Helping members understand Federally mandated changes

Making formulary changes that reduce member cost and improve experience

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

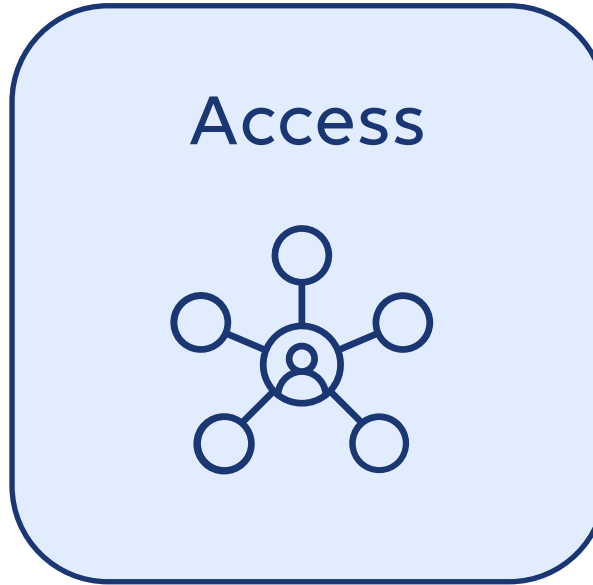
Communications that educate members on industry changes

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

Out of Network Benefits Enhance Access to Dentists



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

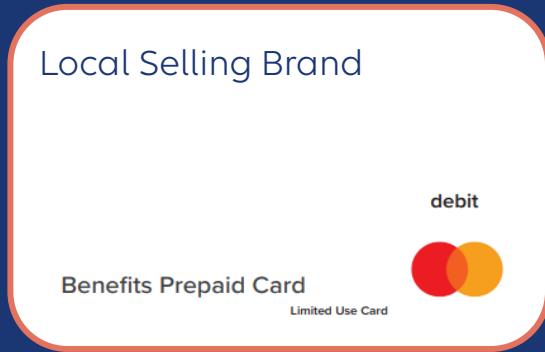


&



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

*Excluding Florida plans and I-SNP plans



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

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







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

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

2025 Everyday Options Allowances and Requirements

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

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

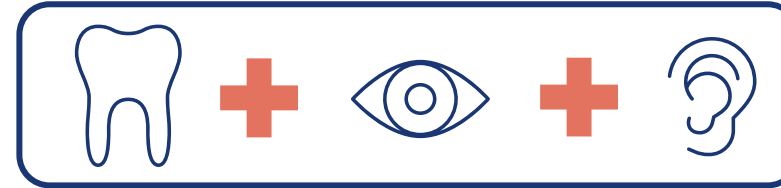
*In FL, OTC is a separate benefit and not included in Everyday Options Allowance

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

Choices for Essential Extras* – Services Available



Personalized benefits for members to achieve their health goals



Dental, Vision and Hearing



Groceries**



Utilities**



Assistive Devices



Transportation**+

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

* Benefit availability varies by plan

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

+ Precertification only required for non-health destinations



Making life a little
easier with a
spending allowance

Important Enrollment Reminders

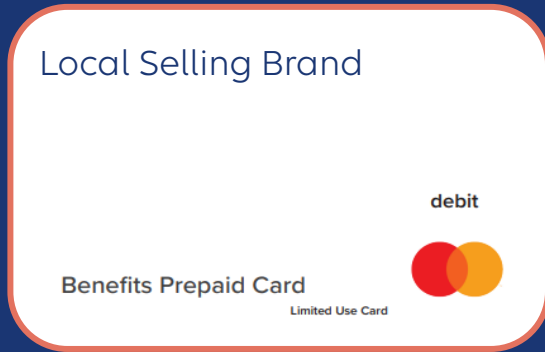
- **Best Practice - Make selection during enrollment at point of sales (paper and electronic).**
- Benefit selection(s) after the time of enrollment can be made via the member portal, submitting the Selection Form or by contacting Member Services.
- Where EE is available, member will select a benefit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

What else?

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

*Benefit availability varies by plan

2025 Essential Extras (EE)*



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

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

Extra benefits that members can choose from

Choice

5

Up to five options available

Reduces member and agent confusion

3

Continued use of three package variations

Improve sales/marketing/communication

*Benefit availability varies by plan

2025 Essential Extras

Essential Extras

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

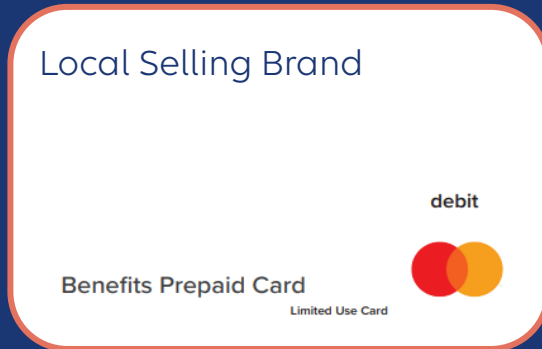
| Benefit | Description | Pre-Cert | “Low” | “Medium” | “High” |
|--|---|----------|-------|----------|--------|
| Dental, Vision & Hearing | \$500/Yr. towards Dental/Vision/Hearing | N/A | ✓ | ✓ | ✓ |
| Transportation (Plan Covered Destinations) | 60 One-Way Trips | Yes**+ | ✓ | ✓ | ✓ |
| Assistive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

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

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

+ Precertification only required for non-health destinations





Continuing to
improve
NationsBenefits
retailer network
and experience

How does it work?

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

What can it be used for?

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

What else?

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

*Member will also have a medical ID card.

** Pre-cert needed for groceries and utilities

2025 Market Highlights



Format Key

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

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

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

| PLAN | New Anthem Medicare Advantage (PPO) H4909-014 |
|------------------|--|
| ESSENTIAL EXTRAS | (Pick 1) Everyday Options Allowance for Dental Vision Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year |
| DENTAL | \$0 copay - \$1,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay - 1 routine eye exam per year; \$100 allowance - eyeglasses or contact lenses per year |
| HEARING | \$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| FITNESS | \$0 copay - SilverSneakers® |





 2025 Proposed Service Area


Market Highlights

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

Service Area


Coconino, Maricopa, Pima, Pinal, Santa Cruz

Arizona 2025 Plan Highlights


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



Arizona 2025 Plan Highlights


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

Arizona 2025 Plan Highlights


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



Arizona 2025 Plan Highlights

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

Arizona 2025 Plan Highlights

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




Arizona 2025 Plan Highlights

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




Arizona 2025 Plan Highlights (Carelon Health Network)

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



Arizona 2025 Plan Highlights (Carelon Health Network)

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



Arizona 2025 Plan Highlights

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



Arizona 2025 Plan Highlights

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



Arizona 2025 Plan Highlights

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



Arizona 2025 Plan Highlights

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



Arizona 2025 Plan Highlights (Carelon Health Network)

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



Arizona 2025 Plan Highlights (Carelon Health Network)

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





2025 Proposed MA Footprint



Market Highlights

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


Service Area

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

Northern California




Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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

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




Northern California 2025 Plan Highlights

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

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




Northern California 2025 Plan Highlights

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




¹Care management by DaVita Integrated Kidney Care

Northern California 2025 Plan Highlights

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




Northern California 2025 Plan Highlights

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

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights

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



Northern California 2025 Plan Highlights


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



Southern California




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights (Carelon Health Network)

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




Southern California 2025 Plan Highlights (Carelon Health Network)

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights

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




Southern California 2025 Plan Highlights (Carelon Health Network)

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




Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights

| PLAN | Full Dual | ★ | 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; \$425 allowance – eyeglasses or contact lenses per year | | |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year | | |
| EVERYDAY OPTIONS ALLOWANCE | \$85 per month - Groceries, OTC, Utilities and Assistive Devices | | |
| FITNESS | \$0 copay - SilverSneakers® | | |
| ACTIVE FITNESS | \$25 per month | | |
| HEALTH & FITNESS TRACKER | \$0 copay - tracking device & engagement membership | | |
| TRANSPORTATION | \$0 copay – 65 one-way trips per year | | |
| PERS | \$0 copay | | |
| PODIATRY | \$0 copay – unlimited visits per year | | |
| HEALTHY MEALS | 14 post discharge / 2 meals per day for 90 days chronic condition | | |
| ACUPUNCTURE | \$0 copay – unlimited visits per year | | |



Southern California 2025 Plan Highlights

| | |
|---------------------------------------|--|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #00a68a; color: white; padding: 5px 10px; border-radius: 10px;">Full Dual</div> <div style="font-size: 2em;">☆</div> <div> <p>Anthem Dual Advantage (HMO D-SNP)</p> <p>H4471-003</p> </div> </div> |
| MEDICAID STATUS | Full Dual; FBDE, QMB+, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5 | <p>\$0 copay – Part D on all tiers</p> <p>\$0 copay – T1 to T5 mail order 30-90 day supply</p> |
| RX FORMULARY | Advantage |
| MARKET SERVICE AREA | Kern |







Southern California 2025 Plan Highlights

| PLAN | <div data-bbox="644 204 873 268" style="background-color: #00a68a; color: white; border-radius: 10px; padding: 5px; display: inline-block;">Full Dual</div> <div data-bbox="1014 204 1072 258" style="font-size: 2em; margin-right: 10px;">☆</div> <div data-bbox="1108 199 1793 264" style="font-weight: bold;">Anthem Dual Advantage (HMO D-SNP)</div> <div data-bbox="1383 239 1523 264" style="font-size: 0.8em;">H4471-003</div> |
|----------------------------|---|
| DENTAL | \$0 copay – \$1,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$70 per month - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay - SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay - tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 48 one-way trips to PAL |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 10 post discharge |





Southern California 2025 Plan Highlights (Carelon Health Network)

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





Southern California 2025 Plan Highlights (Carelon Health Network)

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





Southern California 2025 Plan Highlights (Carelon Health Network)

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





Southern California 2025 Plan Highlights (Carelon Health Network)

| PLAN |  Anthem Carelon Chronic Care (HMO-POS C-SNP) H0544-004 |  Anthem Carelon Lung Care (HMO-POS C-SNP) H0544-014 |
|------------------|---|--|
| ESSENTIAL EXTRAS | (Pick 2) Utilities - \$150 per quarter, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Assistive Devices - \$500 per year | |
| DENTAL | \$6,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20% | Unlimited allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20% |
| VISION | \$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year | \$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 | |



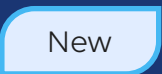



Southern California 2025 Plan Highlights (Carelon Health Network)

| PLAN | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid #0070C0; border-radius: 10px; padding: 2px 5px; margin-right: 5px;">New</div> <div style="text-align: center; margin-right: 10px;">  </div> <div style="text-align: center;"> Anthem Carelon Chronic Care (HMO-POS C-SNP) H4161-015 </div> </div> | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid #0070C0; border-radius: 10px; padding: 2px 5px; margin-right: 5px;">New</div> <div style="text-align: center; margin-right: 10px;">  </div> <div style="text-align: center;"> Anthem Carelon Lung Care (HMO-POS C-SNP) H4161-017 </div> </div> |
|---|---|--|
| PREMIUM | \$0 | |
| MAX OUT-OF-POCKET | \$800 | |
| PCP | \$0 copay | |
| SPECIALIST | \$0 copay | |
| INPATIENT HOSPITAL | \$25 copay (per stay) | |
| SKILLED NURSING FACILITY | \$50 copay (days 21 - 100) | |
| RX DEDUCTIBLE | \$0 | |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$9.50 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply | |
| RX MOOP | \$2,000 | |
| RX FORMULARY | Care | |
| MARKET SERVICE AREA | San Bernardino | |




Southern California 2025 Plan Highlights (Carelon Health Network)

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





Southern California 2025 Plan Highlights

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





Southern California 2025 Plan Highlights

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





Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights (Carelton Health Network)

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights

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



Southern California 2025 Plan Highlights (Carelon Health Network)

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



Southern California 2025 Plan Highlights (Carelon Health Network)

PLAN

Anthem | Carelon Home Care (HMO I-SNP)
H0544-005

DENTAL

\$0 copay – Unlimited allowance for preventive and comprehensive services per year

VISION

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

HEARING

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

OVER THE COUNTER

\$125 per quarter

FITNESS

\$0 copay - SilverSneakers®

TRANSPORTATION

\$0 copay – 22 one way trips to PAL

PERS

\$0 copay

PODIATRY

\$0 copay – 6 visits per year



Southern California 2025 Plan Highlights

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



¹Care management by DaVita Integrated Kidney Care

Southern California 2025 Plan Highlights

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





 2025 Proposed Service Area

Market Highlights


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

Service Area

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




Colorado 2025 Plan Highlights

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



Colorado 2025 Plan Highlights

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



Colorado 2025 Plan Highlights

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




Colorado 2025 Plan Highlights

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




Colorado 2025 Plan Highlights

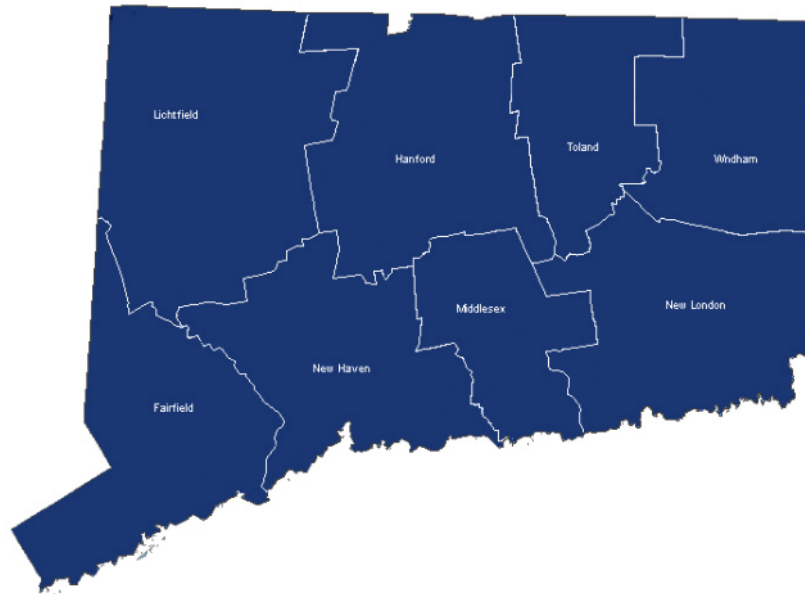
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|---|--|
| PLAN |  Anthem Kidney Care (HMO-POS C-SNP) H4346-029 |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$6,751 |
| PCP | \$0 copay |
| SPECIALIST | \$0 - \$35 copay |
| INPATIENT HOSPITAL | \$289 copay (days 1 – 6) |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$5 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply |
| RX MOOP | \$2,000 |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld |



Colorado 2025 Plan Highlights

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





2025 Proposed Service Area

Market Highlights


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

Service Area

All Counties




Connecticut 2025 Plan Highlights

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




Connecticut 2025 Plan Highlights

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





Connecticut 2025 Plan Highlights

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





Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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




Connecticut 2025 Plan Highlights

| PLAN | Full Dual ★ Anthem Full Dual Advantage Select (HMO D-SNP) H5854-013 |
|----------------------------|---|
| DENTAL | \$0 copay – \$2,250 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$135 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 60 one-way trips |
| PERS | \$0 copay |
| HEALTHY MEALS | 14 meals (post discharge) |



Connecticut 2025 Plan Highlights


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

MARKET SERVICE AREA

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

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



Connecticut 2025 Plan Highlights

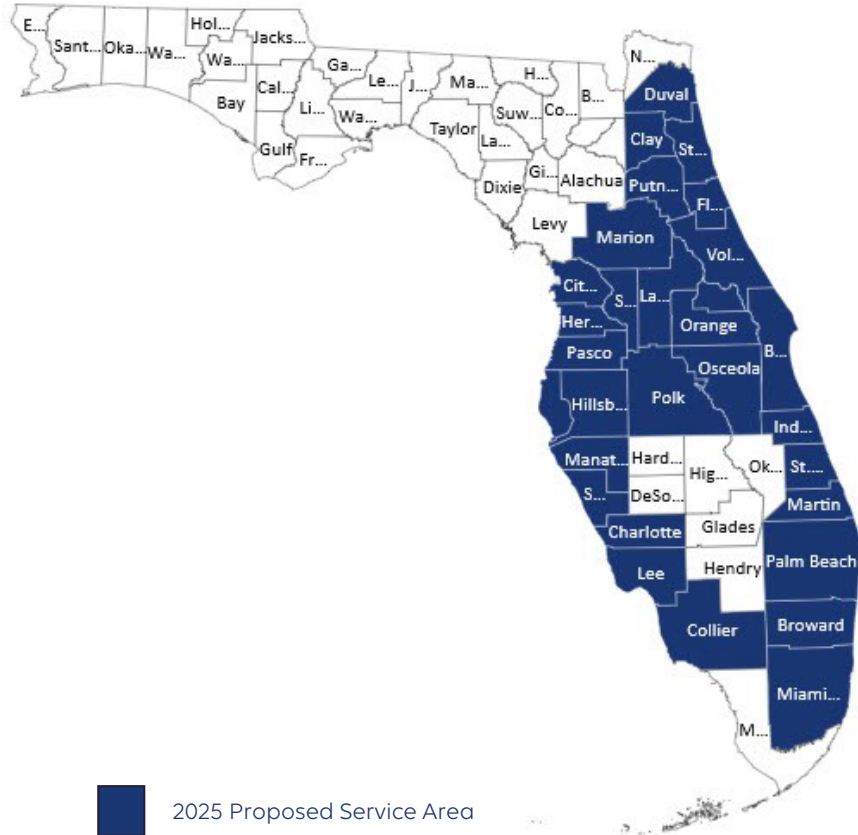
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|---|---|
| PLAN | Full Dual Anthem Full Dual Advantage 2 (HMO D-SNP) H5854-008 |
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST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



Connecticut 2025 Plan Highlights

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





Market Highlights

- Market Leading Star Ratings



Simply



HealthSun



Freedom



Optimum

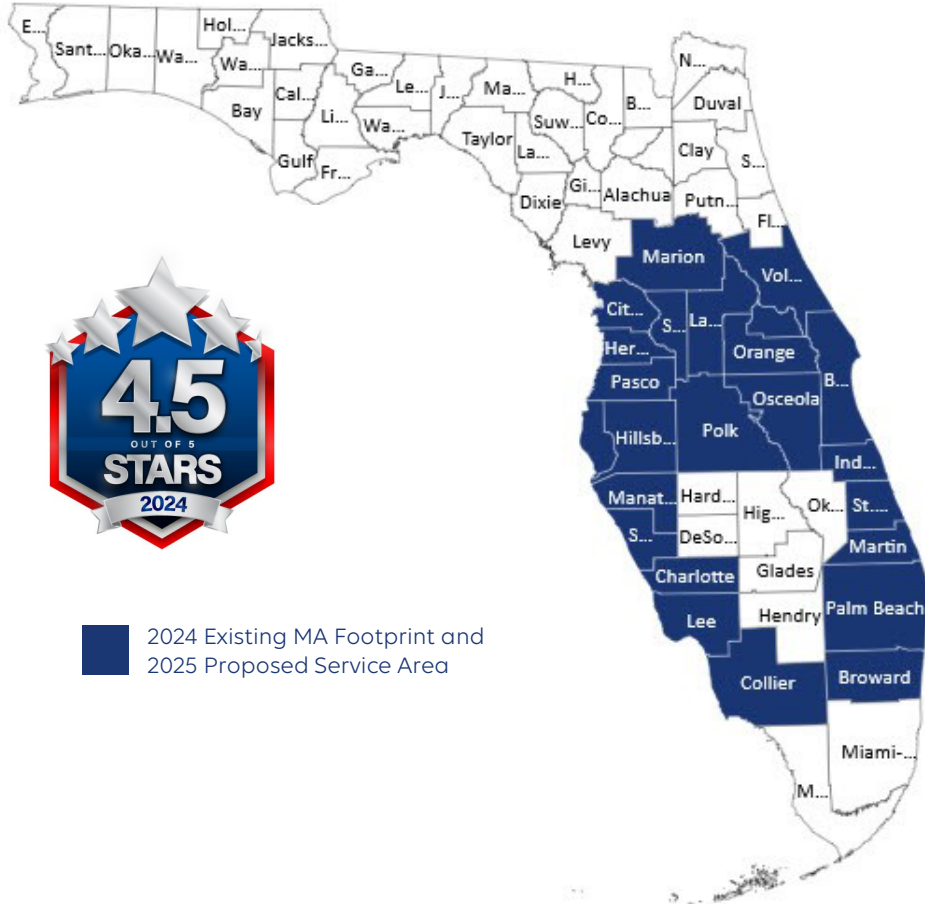
- #1 C-SNP Market Share
- #3 D-SNP & HMO Market Share
- Fast growing state with 5M eligibles; ELV FL grew 2x AEP24 market average at 4.6%

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

Service Area

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



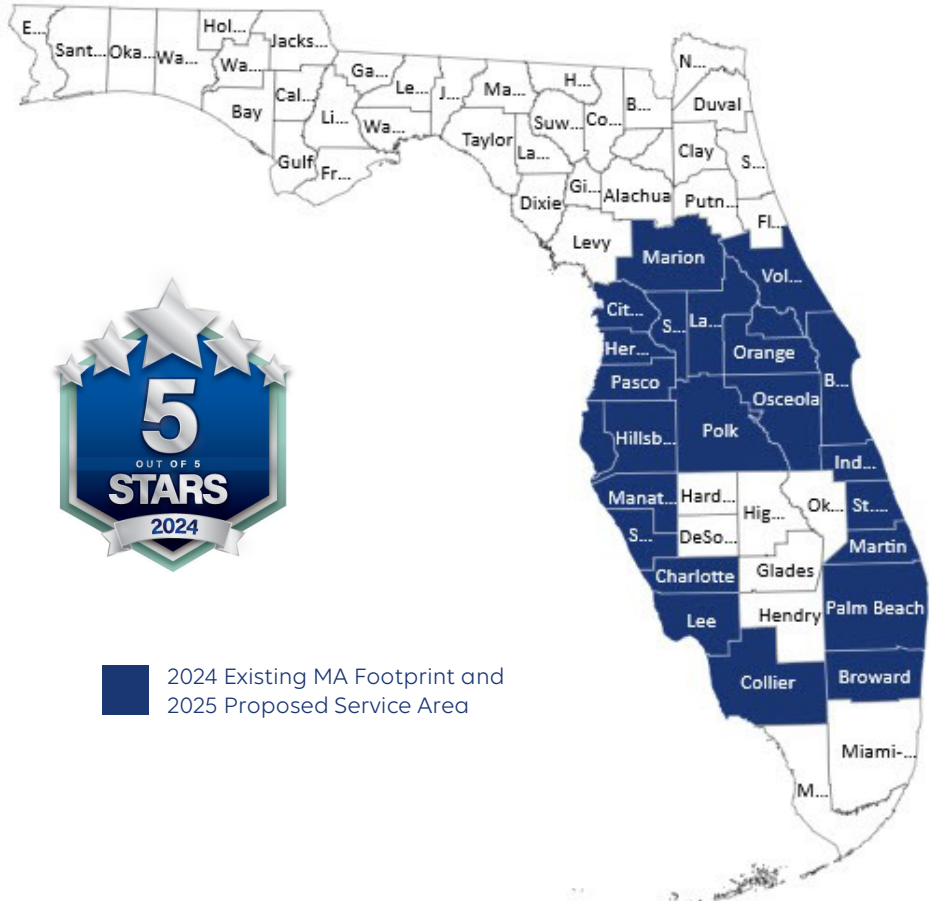


Market Highlights

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

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



■ 2024 Existing MA Footprint and 2025 Proposed Service Area

Market Highlights

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

Service Area

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





■ 2024 Existing MA Footprint and 2025 Proposed Service Area

Market Highlights

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

Service Area

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





Market Highlights

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

Service Area

Broward, Miami-Dade, Palm Beach



Central

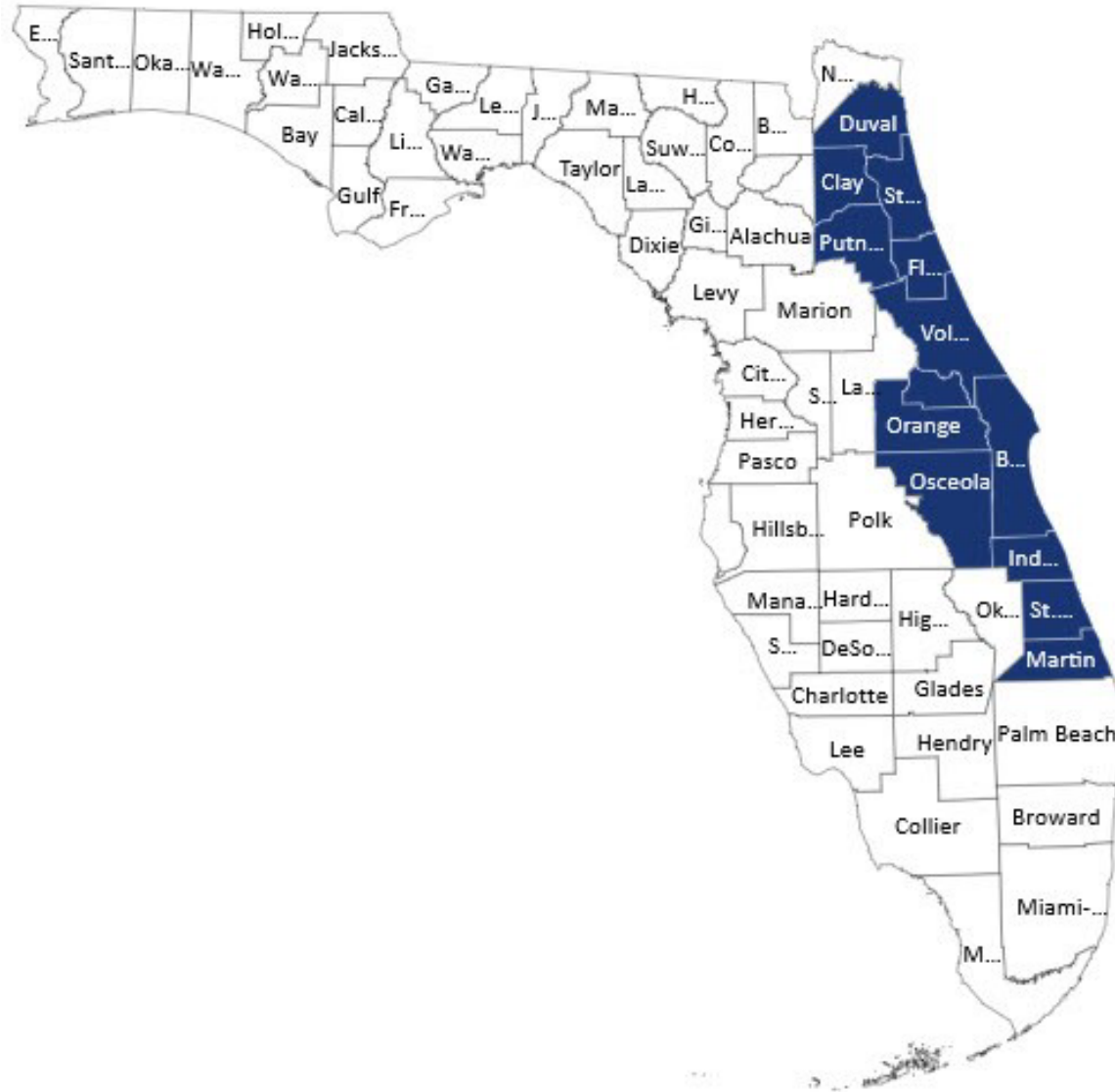
Freedom
Optimum
Simply

Treasure Coast

Freedom
Optimum
Simply

Jacksonville

Simply



Florida - East

Central

Lead Plans
Freedom
Optimum
Simply



LEAD PLANS

Central



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights


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

Freedom - Central Florida 2025 Plan Highlights

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





Freedom - Central Florida 2025 Plan Highlights

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




Freedom - Central Florida 2025 Plan Highlights

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



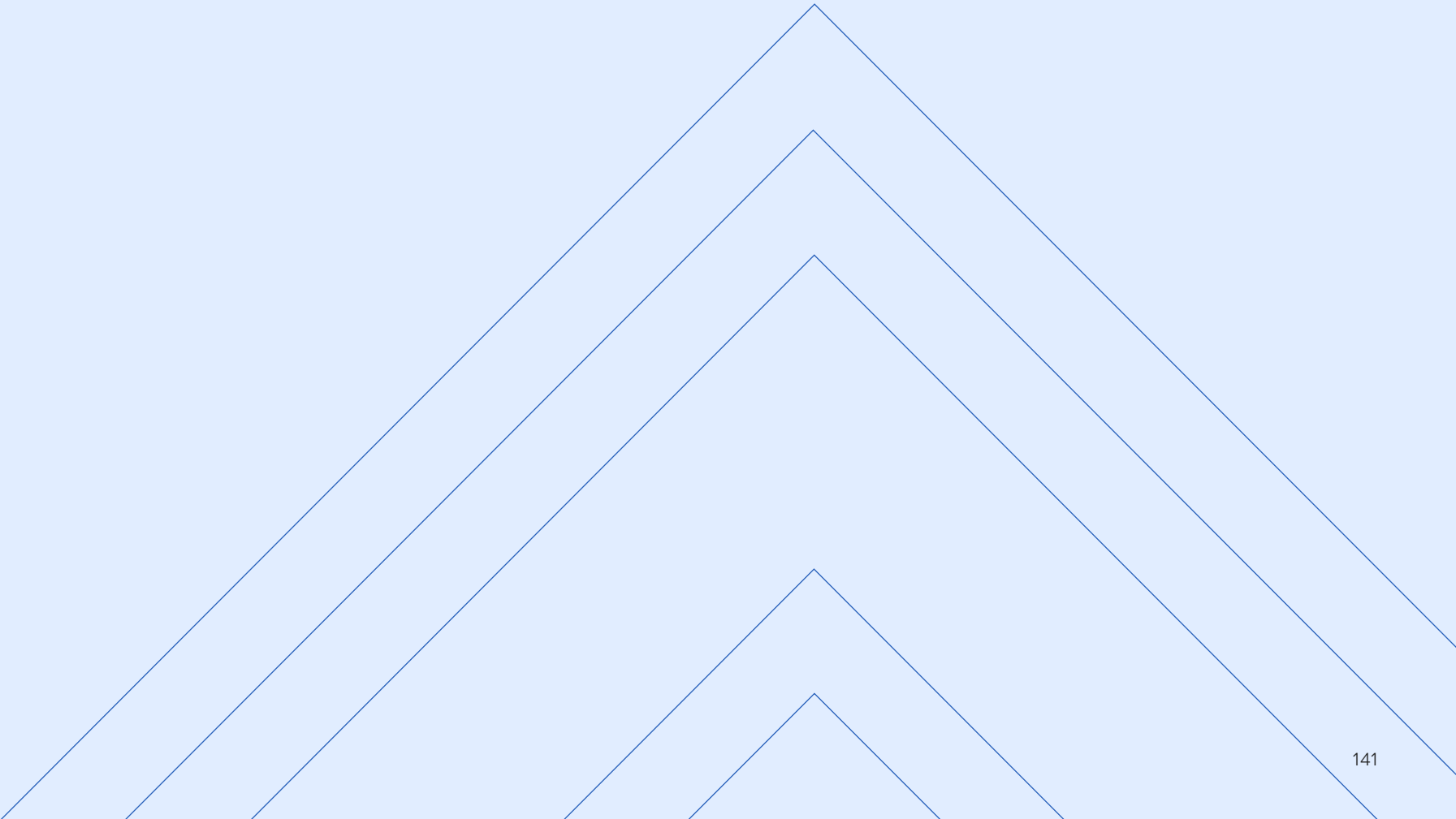
Freedom - Central Florida 2025 Plan Highlights

| | |
|----------------------------|--|
| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="background-color: #0070c0; color: white; padding: 5px 10px; border-radius: 10px;">Full Dual</div> <div style="text-align: center;">  </div> <div style="text-align: right;"> <p>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</p> </div> </div> |
| DENTAL | Option 3 |
| VISION | \$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year |
| HEARING | \$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year |
| EVERYDAY OPTIONS ALLOWANCE | \$200 per month Groceries, Utilities and Assistive Devices |
| OVER THE COUNTER | \$135 per month |
| FITNESS | \$0 copay - SilverSneakers® |
| TRANSPORTATION | \$0 copay – unlimited one-way trips |
| PERS | \$0 copay |
| HEALTHY MEALS | 10 post discharge within 7 days |



FREEDOM

Central



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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





Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



OPTIMUM

Central



Optimum - Central Florida 2025 Plan Highlights

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



Optimum - Central Florida 2025 Plan Highlights

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



SIMPLY

Central



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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

Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

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



Simply - Central Florida 2025 Plan Highlights

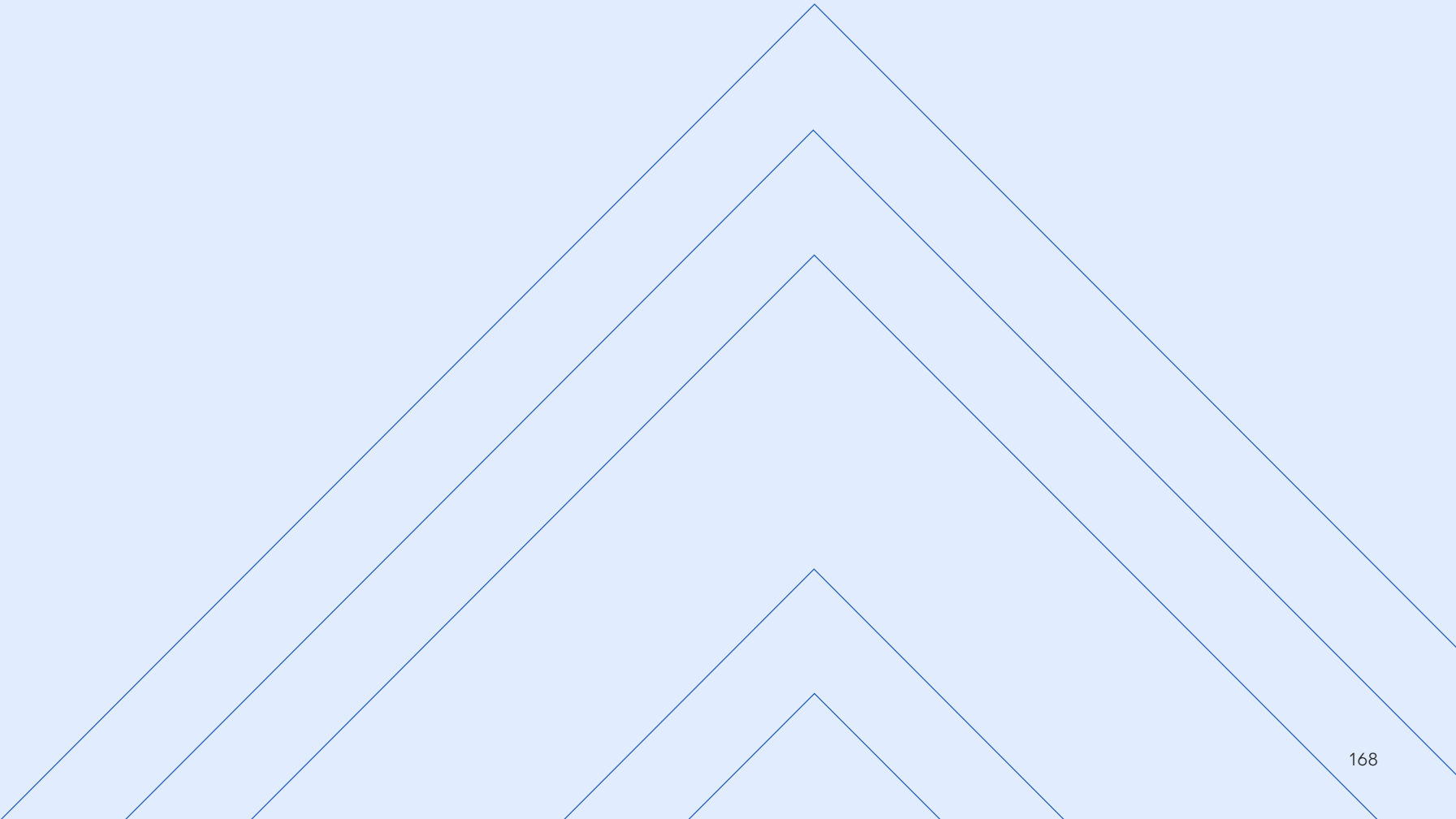
| | |
|------------------|--|
| PLAN | Simply Freedom (LPPO) H9469-006 |
| DENTAL | Value Dental Plan - \$0 copay \$2,000 for preventative and comprehensive per year |
| VISION | \$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year |
| HEARING | \$0 copay -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



Florida - East

Treasure Coast

Freedom
Optimum
Simply



FREEDOM

Treasure Coast



Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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







Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Central Florida 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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



Freedom - Treasure Coast 2025 Plan Highlights

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



OPTIMUM

Treasure Coast



Optimum - Treasure Coast 2025 Plan Highlights

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



Optimum - Treasure Coast 2025 Plan Highlights

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



SIMPLY

Treasure Coast



Simply - Treasure Coast 2025 Plan Highlights

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



Simply - Treasure Coast 2025 Plan Highlights

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



SIMPLY

Jacksonville



Simply - Jacksonville 2025 Plan Highlights

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

Simply - Jacksonville 2025 Plan Highlights

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

Simply - Jacksonville 2025 Plan Highlights

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



Simply - Jacksonville 2025 Plan Highlights

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

Simply - Jacksonville 2025 Plan Highlights

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

Simply - Jacksonville 2025 Plan Highlights

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



2025 Freedom Dental

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



2025 Optimum Dental

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



2025 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

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

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan

\$0 Copay:

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

Comprehensive Dental Items:

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

3

Select Dental Plan

\$0 Copay:

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

Comprehensive Dental Items:

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

Tampa Bay

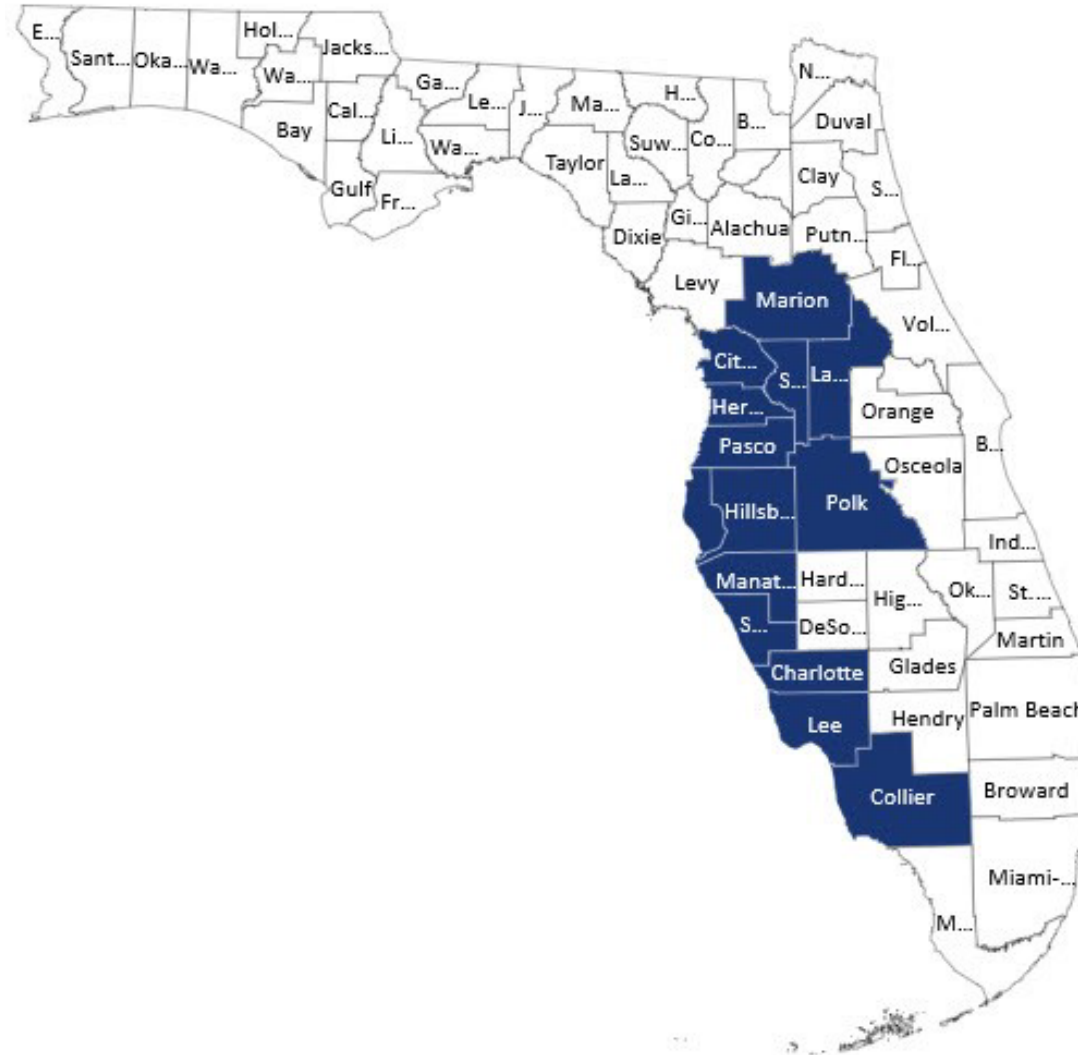
Freedom
Optimum
Simply

The Villages

Freedom
Optimum
Simply

Gulf Coast

Freedom
Optimum
Simply



Florida - West

Tampa Bay

Freedom
Optimum
Simply



LEAD PLANS

West



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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

Optimum - Tampa Bay 2025 Plan Highlights

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




Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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



FREEDOM

Tampa Bay



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



Freedom - Tampa Bay 2025 Plan Highlights

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



OPTIMUM

Tampa Bay



Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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




Optimum - Tampa Bay 2025 Plan Highlights

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






Optimum - Tampa Bay 2025 Plan Highlights

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




Optimum - Tampa Bay 2025 Plan Highlights

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




Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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



Optimum - Tampa Bay 2025 Plan Highlights

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




SIMPLY

Tampa Bay



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

★ **Simply Extra Platinum (HMO)**
H5471-117

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



Simply - Tampa Bay 2025 Plan Highlights

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



West Florida

The Villages

Freedom
Optimum
Simply



FREEDOM

The Villages



Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

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





Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

| PLAN | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Freedom Medi-Medi Partial (HMO D-SNP) H5427-078</p> </div> <div style="text-align: center;">  <p>Freedom Medi-Medi Full (HMO D-SNP) H5427-087</p> </div> </div> | |
|---------------------------------|--|--|
| | FBDE, SLMB+, SLMB, QDWI, QI | QMB, QMB+ |
| MEDICAID STATUS | FBDE, SLMB+, SLMB, QDWI, QI | QMB, QMB+ |
| PREMIUM | \$0 - \$16.50 | \$0 |
| MAX OUT-OF-POCKET | \$500 | \$500 |
| PCP | \$0 copay | \$0 copay |
| SPECIALIST | \$0 copay | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 100) | \$0 copay (days 1 – 100) |
| RX DEDUCTIBLE | \$0 | \$0 |
| RX COST SHARE T1/T2/T3/T4/T5 | \$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0 | \$0 copay – Part D on all tiers T1 mail order 30-100 day supply T2 – T3, T5 mail order 30-90 day supply T4 mail order 30 day supply only Note: Part D excluded drugs are \$0 |
| RX MOOP | \$2,000 | \$2,000 |
| MARKET SERVICE AREA | Lake, Marion, Sumter | Lake, Marion, Sumter |



Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

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



Freedom - The Villages 2025 Plan Highlights

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



OPTIMUM

The Villages



Optimum - The Villages 2025 Plan Highlights

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



Optimum - The Villages 2025 Plan Highlights

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



SIMPLY

The Villages



Simply - The Villages 2025 Plan Highlights

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



Simply -The Villages 2025 Plan Highlights

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



West Florida

Gulf Coast
Freedom
Optimum
Simply



FREEDOM

Gulf Coast



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



Freedom - Gulf Coast 2025 Plan Highlights

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



OPTIMUM

Gulf Coast



Optimum - Gulf Coast 2025 Plan Highlights

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



Optimum - Gulf Coast 2025 Plan Highlights

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



SIMPLY

Gulf Coast

Simply - Gulf Coast 2025 Plan Highlights

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



Simply - Gulf Coast 2025 Plan Highlights

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



2025 Freedom Dental

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



2025 Optimum Dental

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



2025 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

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

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan

\$0 Copay:

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

Comprehensive Dental Items:

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

3

Select Dental Plan

\$0 Copay:

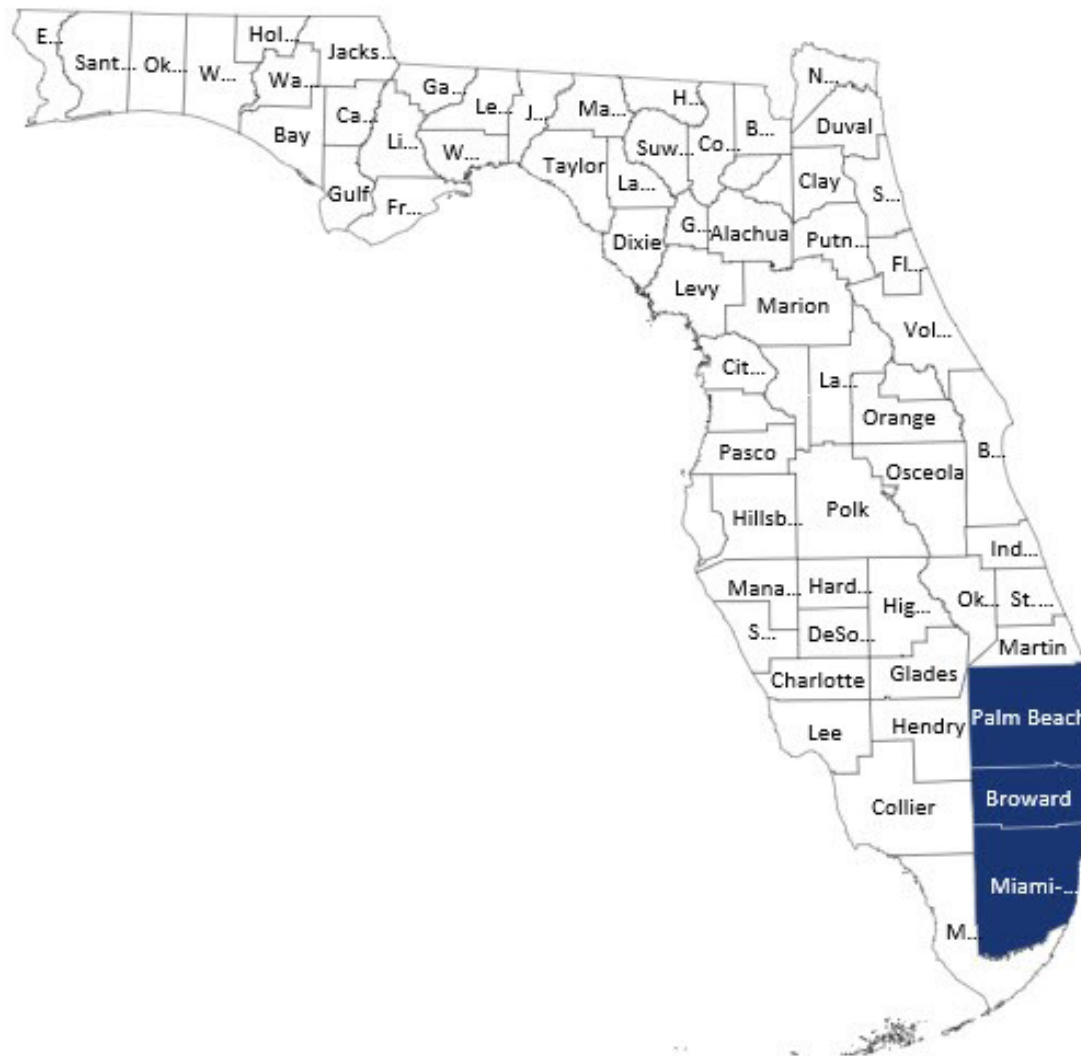
- 2 Exams every year
- 2 Prophylaxis Cleanings every year
- 2 Bitewing X-rays every year
- 1 Panoramic film every 3 years

Comprehensive Dental Items:

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

South Florida

HealthSun
Simply
Freedom
Optimum



Florida - South

South Florida

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Simply
Freedom
Optimum





LEAD PLANS

South Florida





HealthSun - South Florida 2025 Plan Highlights

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




HealthSun - South Florida 2025 Plan Highlights

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




HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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

HEALTHSUN

Florida - South



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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





HealthSun - South Florida 2025 Plan Highlights

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





HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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




HealthSun - South Florida 2025 Plan Highlights

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




HealthSun - South Florida 2025 Plan Highlights

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



HealthSun - South Florida 2025 Plan Highlights

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

SIMPLY

Florida - South



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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

Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



Simply - South Florida 2025 Plan Highlights

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



FREEDOM

Florida - South



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



Freedom - South Florida 2025 Plan Highlights

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



OPTIMUM

Florida - South



Optimum - South Florida 2025 Plan Highlights

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



Optimum - South Florida 2025 Plan Highlights

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



Optimum - South Florida 2025 Plan Highlights

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



Optimum - South Florida 2025 Plan Highlights

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



2025 HealthSun Dental Options

HealthSun 7

\$0 Copay:

Preventive Dental Services:

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

Comprehensive Dental Services:

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

\$2,000 annual combined maximum benefit

HealthSun 8

\$0 Copay:

Preventive Dental Services:

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

Comprehensive Dental Services:

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

\$5,000 annual combined maximum benefit



2025 Simply Dental Options

1

Basic Dental Plan

\$0 Copay:

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

Comprehensive Dental Items are not provided as a supplemental benefit

2

Value Dental Plan

\$0 Copay:

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

Comprehensive Dental Items:

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

3

Select Dental Plan

\$0 Copay:

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

Comprehensive Dental Items:

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

2025 Optimum Dental

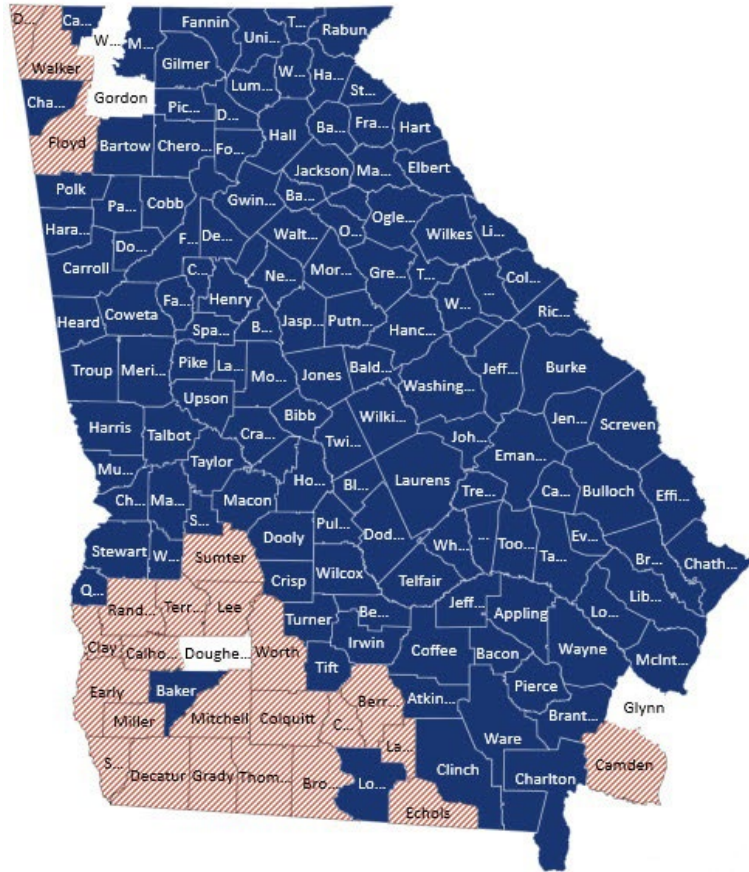
| DESCRIPTION | OPTION 1 | | OPTION 2 | | OPTION 3 | | OPTION 4 | |
|---|-----------|---------------|-----------|------------------|-----------|------------------|------------|------------------|
| | COPAY | FREQUENCY | COPAY | FREQUENCY | COPAY | FREQUENCY | CO-PAY | FREQUENCY |
| Periodic oral exam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



2025 Freedom Dental

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





2024 Existing MA Footprint
 2025 Proposed SA Expansion

Market Highlights


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

Service Area

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




Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

| | |
|---|--|
| PLAN | Full Dual ★ Anthem Full Dual Advantage (PPO D-SNP) H4036-032 |
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 -(IN) / \$14,000 (OON) |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield |



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights



Anthem Kidney Care (HMO POS C-SNP)

H5422-015


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

MARKET SERVICE AREA



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

Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

PLAN

Full Dual



Anthem Full Dual Advantage (HMO D-SNP)

H5422-019

(Consolidation of H5422-017+H5422-016+H5422-019)

MEDICAID STATUS Full Dual, FBDE, QMB+, QMB, SLMB+

PREMIUM \$0

MEDICAL DEDUCTIBLE \$0

MAX OUT-OF-POCKET \$9,350

PCP \$0 copay

SPECIALIST \$0 copay

INPATIENT HOSPITAL \$0 copay

SKILLED NURSING FACILITY \$0 copay

RX DEDUCTIBLE \$0

RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 \$0 copay – all tiers


RX FORMULARY Core

MARKET SERVICE AREA

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




Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights


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

MARKET SERVICE AREA

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





Georgia 2025 Plan Highlights

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




Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

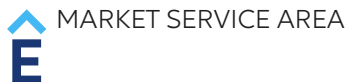
| | | |
|----------------|-----|--|
| PLAN | New |  Anthem Veteran (PPO) H4036-040 |
| DENTAL | | \$2,250 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services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




Georgia 2025 Plan Highlights

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

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



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

| PLAN | Anthem Extra Help (HMO-POS) H5422-013 | | | | |
|--|---|-------------|--|--------------------------------|-----------------------|
| LIS ELIGIBILITY | No LIS | 25% Subsidy | 50% Subsidy | 75% Subsidy | 100% Subsidy |
| PREMIUM | TBD | \$0 | \$0 | \$0 | \$0 |
| MAX OUT-OF-POCKET | \$5,900 | | | | |
| PCP | \$0 copay | | | | |
| SPECIALIST | \$15 copay | | | | |
| INPATIENT HOSPITAL | \$295 copay (day 1 – 7) | | | | |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20); \$214 copay (days 21 – 100) | | | | |
| EXTRA HELP LEVEL | No Extra Help | Level 1 | | Level 2 | Level 3 |
| RX DEDUCTIBLE | \$590 T2 – T5) | \$0 | | \$0 | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / 25% / 25% / 25% / 25% / \$0 | | T1 & T6 @ \$0 \$4.90-\$12.15 | T1 & T6 @ \$0 \$1.60-\$4.80 | \$0 |
| | T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply | | T1 and T6 @ \$0; T2 – T5 @ 3x copay - 30-90 day supply | | \$0 copay – all tiers |
| RX MOOP | \$2,000 | | | | |
| RX FORMULARY | Core | | | | |
| MARKET SERVICE AREA | Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Burke, Butts, Candler, Carroll, Charlton, Chatham, Chattahoochee, Cherokee, Chattooga, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Dooly, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson | | | | |



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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

MARKET SERVICE AREA



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

Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

| PLAN | <div style="background-color: #00a68f; color: white; padding: 5px; display: inline-block; border-radius: 10px;">New</div> Anthem Medicare Advantage 3 (PPO) H4036-042 |
|--|---|
| PREMIUM | \$29 |
| MEDICAL DEDUCTIBLE | \$500 – (applies to OON only) |
| MAX OUT-OF-POCKET | \$6,750 (IN) / \$10,100 (IN & OON) |
| PCP | \$0 copay (IN) |
| SPECIALIST | \$25 copay (IN) |
| INPATIENT HOSPITAL | \$380 copay (days 1 – 7) (IN) |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 copay (days 21 – 100) |
| MOST OUT OF NETWORK SERVICES | 50% |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$4 / \$20 / \$40 / 33% / N/A \$0 copay – T1 and T2 mail order 30-90 day supply |
| RX MOOP | \$2,000 |
| RX FORMULARY | Fit |
| MARKET SERVICE AREA | All counties within Georgia except Dougherty, Glynn, Gordon and Whitfield |



Georgia 2025 Plan Highlights

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



Georgia 2025 Plan Highlights

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

| | |
|---------------------|---|
| MARKET SERVICE AREA | <p>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</p> |
|---------------------|---|



Georgia 2025 Plan Highlights

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





2025 Proposed Service Area

Market Highlights


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

Service Area

All Counties




Indiana 2025 Plan Highlights

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





Indiana 2025 Plan Highlights

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






Indiana 2025 Plan Highlights


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



Indiana 2025 Plan Highlights


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

Indiana 2025 Plan Highlights

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





Indiana 2025 Plan Highlights

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




Indiana 2025 Plan Highlights

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




Indiana 2025 Plan Highlights

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




Indiana 2025 Plan Highlights

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




Indiana 2025 Plan Highlights

| PLAN |  Anthem Chronic Care (HMO-POS C-SNP) H3447-043 |
|--------------------------|---|
| ESSENTIAL EXTRAS | (Pick 1) Groceries – \$50/month, Utilities – \$150/quarter , Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year |
| DENTAL | \$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$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 |
| OTC | \$105 per quarter |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| PODIATRY | \$0 copay – unlimited visits |
| HEALTHY MEALS | 20 post discharge |




Indiana 2025 Plan Highlights

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




Indiana 2025 Plan Highlights

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




Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

| | |
|--|--|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #00a090; border-radius: 10px; padding: 2px 10px; background-color: #e0f2f1;">New</div> <div style="border: 1px solid #00a090; border-radius: 10px; padding: 2px 10px; background-color: #00a090; color: white;">Full Dual</div> </div> Anthem Full Dual Advantage Aligned NFLOC (HMO D-SNP) H3447-055-000 |
| MEDICAID STATUS | Pathways eligible, Nursing Facility Level of Care (NFLOC): FBDE, QMB+, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Statewide |



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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



Indiana 2025 Plan Highlights

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





2025 Proposed Service Area

Market Highlights



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

Service Area

All Counties




Iowa 2025 Plan Highlights

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





Iowa 2025 Plan Highlights

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




Iowa 2025 Plan Highlights

| | |
|---|--|
| PLAN |   Wellpoint Full Dual Advantage (HMO-POS D-SNP) H0907-001 |
| MEDICAID STATUS | FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | Medicare FFS |
| SKILLED NURSING FACILITY | Medicare FFS |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers |
| RX MOOP | \$2,000 |
| RX FORMULARY | Core |

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



Iowa 2025 Plan Highlights

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



Iowa 2025 Plan Highlights

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

MARKET SERVICE AREA

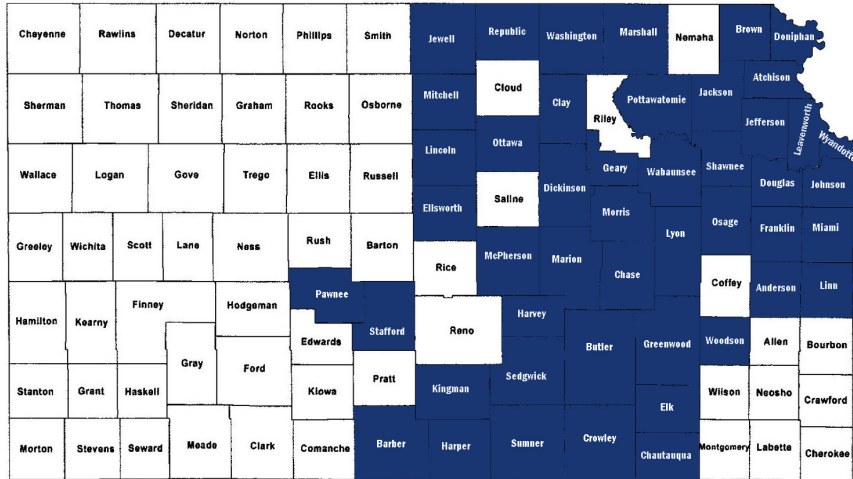
Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd,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



Iowa 2025 Plan Highlights

| PLAN | Partial Dual <b data-bbox="1047 197 1854 234">Wellpoint Dual Advantage (HMO-POS D-SNP) H0907-002 |
|----------------------------|---|
| ESSENTIAL EXTRAS | (Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year |
| DENTAL | \$0 copay – \$2,000 allowance for preventive and comprehensive services per year *includes point-of-service (POS) for dental services |
| VISION | \$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$25 per month – Groceries and OTC |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 24 one-way trips |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 20 post discharge |





 2025 Proposed MA Footprint

Market Highlights

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

Service Area

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



Kansas 2025 Plan Highlights

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



Kansas 2025 Plan Highlights

PLAN

New

Full Dual

★ Healthy Blue Full Dual Advantage (HMO D-SNP)
H6316-005

DENTAL

\$0 copay – Unlimited oral exam(s), cleaning(s), dental X-ray(s), fluoride treatment(s) every year;
\$3,500 comprehensive allowance per [year]

VISION

\$0 copay – 1 routine eye exam per year;
\$400 allowance – eyeglasses or contact lenses per year

HEARING

\$0 copay – 1 hearing exam, fitting & evaluation per year;
\$300 / \$2,500 maximum plan benefit per year

EVERYDAY OPTIONS
ALLOWANCE

\$200 per month – Groceries, OTC, Utilities and Assistive Devices

FITNESS

\$0 copay - SilverSneakers®

TRANSPORTATION

\$0 copay – 48 one-way trips per year to PAL (combined with NH)

PERS

\$0 copay

PODIATRY

\$0 copay – Unlimited visits per year

HEALTHY MEALS

42 post discharge





2025 Proposed Service Area

Market Highlights



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

Service Area

All Counties






Kentucky 2025 Plan Highlights



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



Kentucky 2025 Plan Highlights



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

Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

| PLAN | <div data-bbox="461 197 626 272">New</div> <div data-bbox="647 197 856 265">Full Dual</div> <div data-bbox="991 201 1049 258">★</div> <div data-bbox="1059 205 1849 244">Anthem Full Dual Advantage 2 (HMO D-SNP)</div> <div data-bbox="1347 248 1554 272">H9525-019-000</div> |
|---|--|
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Statewide |



Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

| PLAN |  ★ <b data-bbox="1108 192 1770 235">Anthem Medicare Advantage 4 (PPO) H4036-038-000 |
|---|--|
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 (IN) / 14,000 (IN & OON) |
| PCP | \$0 copay |
| SPECIALIST | \$45 copay |
| INPATIENT HOSPITAL | \$380 copay ([days 1 – 7) |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 (per days 21 – 100) |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$0 / 25% / 40% / 33% / N/A \$0 copay – Part D on all tiers \$0 copay – T1 and T2 mail order 30-90 day supply |
| RX MOOP | \$2,000 |
| RX FORMULARY | Fit |
| MARKET SERVICE AREA | Ballard, Bracken, Breathitt, Butler, Caldwell, Carlisle, Clay, Clinton, Crittenden, Cumberland, Edmondson, Elliott, Fleming, Green, Hickman, Knott, Lee, Leslie, Lewis, Magoffin, Martin, Mc Creary, Menifee, Metcalfe, Morgan, Nicholas, Owsley, Powell, Robertson, Union |



Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

| | |
|---|--|
| PLAN | <div style="background-color: #004a7c; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Full Dual</div> Anthem Full Dual Advantage (HMO D-SNP) H9525-007 |
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers |
| MARKET SERVICE AREA | Statewide |



Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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

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 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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



Kentucky 2025 Plan Highlights

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




Kentucky 2025 Plan Highlights

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





-  2024 Existing MA Footprint
-  2025 Proposed SA Expansion



Market Highlights

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

Service Area


All Parishes: [East Carroll](#)

Louisiana 2024 Plan Highlights

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





Louisiana 2024 Plan Highlights

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



Louisiana 2024 Plan Highlights

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



Louisiana 2024 Plan Highlights

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



Louisiana 2024 Plan Highlights

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



Louisiana 2024 Plan Highlights

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






Market Highlights

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

Service Area


All Counties

Maine 2025 Plan Highlights

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




Maine 2025 Plan Highlights

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




Maine 2025 Plan Highlights

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





Maine 2025 Plan Highlights

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





Maine 2025 Plan Highlights

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





Maine 2025 Plan Highlights

| PLAN |   Anthem MaineHealth Advantage Dual Plus (HMO D-SNP) H9065-001 |
|----------------------------|--|
| 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; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$80 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 40 one-way trips |
| PERS | \$0 copay |
| HEALTHY MEALS | 14 post discharge / 30 chronic condition |





Maine 2024 Plan Highlights

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




Maine 2024 Plan Highlights

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



Maine 2025 Plan Highlights

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

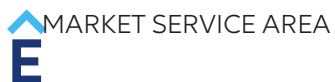
Maine 2025 Plan Highlights

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



Maine 2025 Plan Highlights

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




Maine 2025 Plan Highlights

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



Maine 2025 Plan Highlights

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



Maine 2025 Plan Highlights

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



Maine 2024 Plan Highlights

Anthem | MaineHealth Advantage Access (PPO)

H9219-001

(consolidation of H9219-001 and H9219-002)

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



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

Maine 2024 Plan Highlights

| | |
|---------|---|
| PLAN | Anthem MaineHealth Advantage Access (PPO) H9219-001 (consolidation of H9219-001 and H9219-002) |
| DENTAL | \$1,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$300 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 |
| FITNESS | \$0 copay – SilverSneakers® |





■ 2025 Proposed Service Area

Market Highlights

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

Service Area

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



Missouri 2025 Plan Highlights

| PLAN | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid #00a0e3; border-radius: 10px; padding: 2px 5px; margin-right: 10px;">New</div> <div style="display: flex; align-items: center; margin-right: 10px;"> Anthem Medicare Advantage 2 (HMO-POS) H3447-054-000 </div> </div> |
|---|---|
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$3,200 |
| PCP | \$0 copay |
| SPECIALIST | \$30 copay |
| INPATIENT HOSPITAL | \$295 copay (days 1 – 6) |
| SKILLED NURSING FACILITY | \$214 copay (days 21 – 100) |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$0 / 20% / 40% / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply |
| RX MOOP | \$2,000 |
| RX FORMULARY | Fit |
| MARKET SERVICE AREA | Carter, Chariton, Knox, Lewis, Mississippi, Monroe, Oregon, Ralls, Ripley, Shannon, Shelby, Stoddard |




Missouri 2025 Plan Highlights

| | |
|----------------------------|---|
| PLAN | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid #00a0e3; border-radius: 10px; padding: 2px 5px; margin-right: 10px;">New</div> <div style="display: flex; align-items: center;"> <div> <p>Anthem Medicare Advantage 2 (HMO-POS)</p> <p>H3447-054-000</p> </div> </div> </div> |
| DENTAL | <p style="text-align: center;">\$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay Out of Network: 20%</p> |
| VISION | <p style="text-align: center;">\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year</p> |
| HEARING | <p style="text-align: center;">\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p> |
| EVERYDAY OPTIONS ALLOWANCE | <p style="text-align: center;">\$60 per month - Groceries, OTC, Utilities and Assistive Devices</p> |
| FITNESS | <p style="text-align: center;">\$0 copay – SilverSneakers®</p> |
| TRANSPORTATION | <p style="text-align: center;">\$0 copay – 30 one-way trips per year to PAL (combined with NH)</p> |
| PODIATRY | <p style="text-align: center;">\$0 copay – unlimited visits</p> |
| HEALTHY MEALS | <p style="text-align: center;">20 post discharge</p> |




Missouri 2025 Plan Highlights

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




Missouri 2025 Plan Highlights

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




Missouri 2024 Plan Highlights

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



Missouri 2024 Plan Highlights

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



Missouri 2025 Plan Highlights


| | |
|---|--|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #00a651; border-radius: 10px; padding: 2px 10px; background-color: #e0f2f1;">New</div> <div style="border: 1px solid #00a651; border-radius: 10px; padding: 2px 10px; background-color: #00a651; color: white;">Full Dual</div> <div style="font-size: 2em;">☆</div> <div> Anthem Full Dual Advantage 2 (HMO D-SNP) H3447-053 </div> </div> |
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | Medicare Fee For Service |
| SKILLED NURSING FACILITY | Medicare Fee For Service |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |

MARKET SERVICE AREA

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



Missouri 2025 Plan Highlights

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



Missouri 2025 Plan Highlights

| | |
|---|--|
| PLAN | <div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: #008080; color: white; border-radius: 10px; padding: 5px 10px; margin-right: 10px;">Full Dual</div> <div style="font-size: 2em; margin-right: 10px;">☆</div> <div style="text-align: center;"> Anthem Full Dual Advantage (HMO D-SNP) H3447-018 </div> </div> |
| MEDICAID STATUS | Full Dual, FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | Medicare Fee For Service |
| SKILLED NURSING FACILITY | Medicare Fee For Service |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |

MARKET SERVICE AREA

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



Missouri 2025 Plan Highlights

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




Missouri 2025 Plan Highlights

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



Missouri 2025 Plan Highlights

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



Missouri 2025 Plan Highlights

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



Missouri 2025 Plan Highlights

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





2025 Proposed MA Service Area

Market Highlights



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

Service Area

Clark, Washoe





Nevada 2024 Plan Highlights

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




Nevada 2024 Plan Highlights

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




Nevada 2025 Plan Highlights

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



Nevada 2025 Plan Highlights

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



Nevada 2025 Plan Highlights (Carelon Health Network)

Anthem | Carelon
Chronic Care (HMO-POS C-SNP)
 H4346-006

| | |
|---|--|
| PLAN | |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$1,250 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay (days 1 – 5) |
| SKILLED NURSING FACILITY | \$125 copay (days 1 – 5) |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$0 / 20% / 25% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply |
| RX MOOP | \$2,000 |
| RX FORMULARY | Care |

MARKET SERVICE AREA: Clark



Nevada 2025 Plan Highlights (Carelon Health Network)



Anthem | Carelon
 Chronic Care (HMO-POS C-SNP)
 H4346-006

PLAN

EVERYDAY OPTIONS ALLOWANCE

\$75 per month - Assistive Devices, Groceries, OTC and Utilities

DENTAL

\$2,000 allowance for preventive and comprehensive services per year
 In Network: \$0 copay
 Out of Network: 20%

VISION

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

HEARING

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

FITNESS

\$0 copay - SilverSneakers®

TRANSPORTATION

\$0 copay - 12 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC

PERS

N/A

\$0 copay

PODIATRY

\$0 CCC, \$10 PAL copay; 9 visits per year

\$0 CCC, \$10 PAL copay; 12 visits per year

HEALTHY MEALS

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



Nevada 2025 Plan Highlights (Carelon Health Network)

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



Nevada 2025 Plan Highlights (Carelon Health Network)

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



Nevada 2025 Plan Highlights (Carelon Health Network)

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



Nevada 2025 Plan Highlights (Carelton Health Network)

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



Nevada 2025 Plan Highlights

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



Nevada 2025 Plan Highlights (Carelon Health Network)

PLAN

Anthem | Carelon
Chronic Care (HMO-POS C-SNP)
 H4346-005

EVERYDAY OPTIONS ALLOWANCE

\$75 per month - Groceries, OTC, Utilities and Assistive Devices

DENTAL

\$1,000 allowance for preventive and comprehensive services per year
 In Network: \$0 copay
 Out of Network: 20%

VISION

\$0 copay – 1 routine eye exam per year;
 \$225 allowance – eyeglasses or contact lenses per year

HEARING

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

FITNESS

\$0 copay - SilverSneakers®

TRANSPORTATION

\$0 copay - 12 one-way trips to PAL / \$0 copay - unlimited one-way trips to CCC

PERS

N/A \$0 copay

PODIATRY

\$0 CCC, \$10 PAL copay; 9 visits per year \$0 CCC, \$10 PAL copay; 12 visits per year

HEALTHY MEALS

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



Nevada 2025 Plan Highlights

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



Nevada 2025 Plan Highlights

PLAN

Anthem | Carelon Home Care (HMO I-SNP)
H4346-010

DENTAL

\$0 copay – \$1,750 allowance for preventive and comprehensive services per year

VISION

\$0 copay – 1 routine eye exam per year;
\$300 allowance – eyeglasses or contact lenses per year

HEARING

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

OVER THE COUNTER

\$205 per quarter

FITNESS

\$0 copay - SilverSneakers®

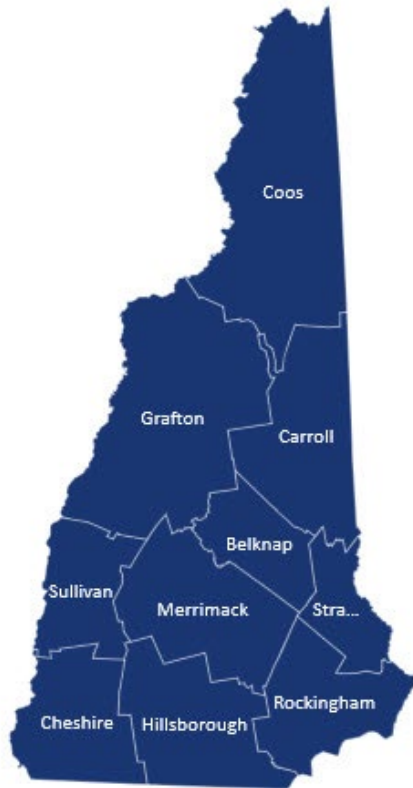
TRANSPORTATION

\$0 copay – 6 one-way trips per year

PODIATRY

\$0 copay – 12 visits per year





■ 2025 Proposed Service Area


Market Highlights

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

Service Area


All Counties - PPO expanding into Coos county

New Hampshire 2025 Plan Highlights

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



New Hampshire 2025 Plan Highlights

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



New Hampshire 2025 Plan Highlights

PLAN


 **Anthem Medicare Advantage 2 (HMO)¹**
H3536-004

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



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

New Hampshire 2025 Plan Highlights

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

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




New Hampshire 2025 Plan Highlights

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





New Hampshire 2025 Plan Highlights

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



New Hampshire 2024 Plan Highlights

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



New Hampshire 2024 Plan Highlights

| PLAN |   Anthem Veteran (PPO) H4036-037 |
|----------------|--|
| DENTAL | \$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year |
| HEARING | 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® |
| OTC | \$45 per quarter |
| TRANSPORTATION | \$0 copay - Unlimited one-way trips |
| ACUPUNCTURE | \$0 copay – 24 visits per year |



New Hampshire 2025 Plan Highlights

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



New Hampshire 2025 Plan Highlights

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



New Hampshire 2025 Plan Highlights

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

MARKET SERVICE AREA

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



New Hampshire 2025 Plan Highlights

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





2025 Proposed Service Area

Market Highlights

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

Service Area

All Counties




New Jersey 2024 Plan Highlights

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



New Jersey 2024 Plan Highlights

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



New Jersey 2024 Plan Highlights

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



New Jersey 2024 Plan Highlights

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



New Jersey 2024 Plan Highlights

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



* Part D excluded drugs may have a copay

New Jersey 2024 Plan Highlights

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





2025 Proposed Service Area

Market Highlights

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


Service Area

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

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




New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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




New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="background-color: #00a68a; color: white; padding: 5px; border-radius: 10px; font-size: 0.8em;">HIDE (B-Dual)</div> <div style="text-align: center;">  <p>Anthem HealthPlus Full Dual Advantage (HMO D-SNP) H8432-042 <small>(Consolidation of H1732-003+H8432-007+H8432-028+H8432-034 = H8432-042)</small></p> </div> </div> |
|----------------------------|--|
| DENTAL | \$0 copay – preventive and comprehensive services per year. No maximum allowance. Exclusions and limitations apply |
| VISION | \$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$160 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 36 one-way trips |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| ACUPUNCTURE | \$0 copay – 24 visits per year |



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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



New York 2025 Plan Highlights

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





2025 Proposed Service Area

Market Highlights


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

Service Area

All Counties




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

| | |
|---|--|
| PLAN | <div style="display: flex; align-items: center;"> <div style="border: 1px solid #0070C0; border-radius: 10px; padding: 5px; margin-right: 10px;">Diabetes, CHF and Cardiovascular disease</div> <div style="display: flex; align-items: center;"> <div> Anthem Chronic Care (HMO-POS C-SNP) H3655-047 </div> </div> </div> |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$3,900 |
| PCP | \$0 copay |
| SPECIALIST | \$0 – \$25 copay |
| INPATIENT HOSPITAL | \$310 copay (days 1 – 7) |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 (per days 21 – 100) |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$0 / 20% / 50% / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply |
| RX MOOP | \$2,000 |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Cuyahoga, Franklin, Hamilton |




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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




Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

| | |
|--------------------------|--|
| PLAN |  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 | \$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| OVER THE COUNTER | \$55 per quarter |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits |
| HEALTHY MEALS | 14 post discharge |

Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

| PLAN | Anthem Extra Help (HMO-POS) H3655-041 | | | | |
|--------------------------|---|-------------|--|--------------------------------|-----------------------|
| | No LIS | 25% Subsidy | 50% Subsidy | 75% Subsidy | 100% Subsidy |
| LIS ELIGIBILITY | No LIS | 25% Subsidy | 50% Subsidy | 75% Subsidy | 100% Subsidy |
| PREMIUM | TBD | \$0 | \$0 | \$0 | \$0 |
| MAX OUT-OF-POCKET | \$7,550 | | | | |
| PCP | \$0 copay | | | | |
| SPECIALIST | \$40 copay | | | | |
| INPATIENT HOSPITAL | \$310 copay (days 1 – 7) | | | | |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 (per days 21 – 100) | | | | |
| EXTRA HELP LEVEL | No Extra Help | | Level 1 | Level 2 | Level 3 |
| RX DEDUCTIBLE | \$590 (T2 – T5) | | \$0 | \$0 | \$0 |
| RX PREFERRED COST SHARE | \$0 / 25% / 25% / 25% / 25% / \$0 | | T1 & T6 @ \$0 \$4.90-\$12.15 | T1 & T6 @ \$0 \$1.60-\$4.80 | \$0 |
| T1/T2/T3/T4/T5/T6 | T1 and T6 @ \$0; T2 – T5 @ 25% - 30-90 day supply | | T1 and T6 @ \$0; T2 – T5 @ 3x copay - 30-90 day supply | | \$0 copay – all tiers |
| RX MOOP | \$2,000 | | | | |
| RX FORMULARY | Core | | | | |
| MARKET SERVICE AREA | Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox , Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot | | | | |



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

| PLAN | Full Dual <b data-bbox="1080 204 1844 239">Anthem Full Dual Advantage (HMO D-SNP) H3655-033 |
|----------------------------|---|
| ESSENTIAL EXTRAS | (Pick 1) Utilities – \$150/quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year |
| DENTAL | \$0 copay – \$4,000 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$175 per month – Groceries and OTC |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 96 trips |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 20 post discharge |



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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



Ohio 2025 Plan Highlights

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





2025 Proposed Service Area

Market Highlights



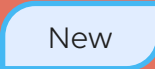

- **NEW Lead \$0 HMO-POS** plans in all counties featuring:
 - Essential Extra options, including Groceries
 - Dental Point-of-Service (POS) option provides OON Dental coverage to improve access to dental providers
 - Increased dental allowance
- **Lead HMO D-SNP** plan with embedded Everyday Options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

Service Area

All Counties





Tennessee 2025 Plan Highlights

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





Tennessee 2025 Plan Highlights

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





Tennessee 2025 Plan Highlights

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



Tennessee 2025 Plan Highlights

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



Tennessee 2025 Plan Highlights



Wellpoint Medicare Advantage (HMO-POS)


H5828-013

(Consolidation of H5828-012-001+H5828-012-002+H5828-012-003)

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




Tennessee 2025 Plan Highlights

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




Tennessee 2025 Plan Highlights



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



Tennessee 2025 Plan Highlights

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

Tennessee 2025 Plan Highlights

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



Tennessee 2025 Plan Highlights

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



Tennessee 2025 Plan Highlights

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

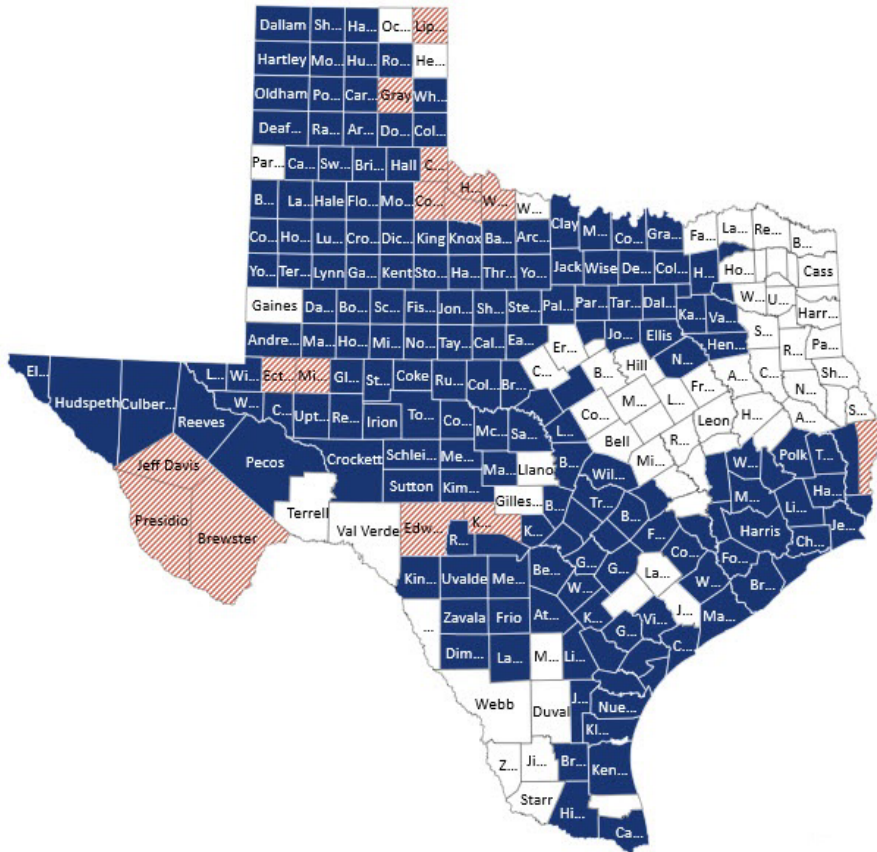


Tennessee 2025 Plan Highlights

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



Market Highlights



2024 Existing MA Footprint
 2025 Proposed SA Expansion

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

Service Area



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



Austin MSA





Texas – 2025 Plan Highlights – Austin MSA

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




Texas – 2025 Plan Highlights – Austin MSA

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



Texas – 2025 Plan Highlights – Austin MSA


Wellpoint Kidney Care (HMO-POS C-SNP)
 H2593-031
THIS PLAN IS SOLD EXCLUSIVELY THROUGH A SPECIFIC WELLPOINT TEAM

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



Texas – 2025 Plan Highlights – Austin MSA



Wellpoint Kidney Care (HMO-POS C-SNP)

H2593-031

THIS PLAN IS SOLD EXCLUSIVELY THROUGH A SPECIFIC WELLPOINT TEAM

PLAN

ESSENTIAL EXTRAS

(Pick 1) Assistive Devices - \$500 per year, Dental, Vision and Hearing - \$500 per year, Transportation - 60 one-way trips per year, Utilities - \$50/month

DENTAL

\$2,000 allowance for preventive and comprehensive services per year
In Network: \$0 copay
Out of Network: 20%

VISION

\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year

HEARING

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

EVERYDAY OPTIONS ALLOWANCE

\$75 per month – Groceries and OTC

FITNESS

\$0 copay - SilverSneakers®

HEALTH & FITNESS TRACKER

\$0 copay - tracking device & engagement membership

TRANSPORTATION

\$0 copay – 26 one-way trips to PAL (combined with NH)

PERS

\$0 copay

PODIATRY

\$0 copay – unlimited visits per year

HEALTHY MEALS

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



Dallas – Fort Worth MSA




Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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




Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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





Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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




Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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



Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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

MARKET SERVICE AREA

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



Texas – 2025 Plan Highlights – Dallas Fort Worth MSA



Wellpoint Kidney Care (HMO-POS C-SNP)
H2593-043

PLAN

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



Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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



Texas – 2025 Plan Highlights – Dallas Fort Worth MSA

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



El Paso MSA



Texas – 2025 Plan Highlights – El Paso MSA

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

MARKET SERVICE AREA

El Paso, Hudspeth



E

Texas – 2025 Plan Highlights – El Paso MSA

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




Texas – 2025 Plan Highlights – El Paso MSA


Wellpoint Kidney Care (HMO-POS C-SNP)
 H2593-031

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



Texas – 2025 Plan Highlights – El Paso MSA

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



Texas – 2025 Plan Highlights – El Paso MSA

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



Texas – 2025 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 - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | | \$0 copay - SilverSneakers® |
| HEALTH & FITNESS TRACKER | | \$0 copay - tracking device & engagement membership |
| TRANSPORTATION | | \$0 copay – 60 one-way trips to PAL (combined with NH) |
| PERS | | \$0 copay |
| PODIATRY | | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | | 28 post discharge / 2 meals per day for 90 days chronic condition |
| ACUPUNCTURE | | \$0 copay – 24 visits per year |



Hidalgo MSA




Texas – 2025 Plan Highlights – Hidalgo MSA

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



Texas – 2025 Plan Highlights – Hidalgo MSA


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



Houston MSA




Texas – 2025 Plan Highlights – Houston MSA

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





Texas – 2025 Plan Highlights – Houston MSA

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




Texas – 2025 Plan Highlights – Houston MSA

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





Texas – 2025 Plan Highlights – Houston MSA

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





Texas – 2025 Plan Highlights – Houston MSA

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





Texas – 2025 Plan Highlights – Houston MSA

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




Texas – 2025 Plan Highlights – Houston MSA

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


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

Texas – 2025 Plan Highlights – Houston MSA

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



Texas – 2025 Plan Highlights – Houston MSA

| PLAN | All Dual <b data-bbox="1090 201 1811 237">Wellpoint Dual Advantage (HMO D-SNP) H8849-011-001 | |
|---|--|--|
| MEDICAID STATUS | Medicare & Medicaid Eligibility / FBDE, QMB+, QMB, SLMB+ | With Medicare & FBDE or <u>Partial</u> Medicaid / SLMB, QI or QDWI |
| PREMIUM | \$0 | \$0 - \$28.40 |
| MAX OUT-OF-POCKET | \$9,350 | |
| PCP | \$0 copay | |
| SPECIALIST | \$0 copay | |
| INPATIENT HOSPITAL | \$0 | \$0 copay – Medicare FFS |
| SKILLED NURSING FACILITY | \$0 | \$0 copay – Medicare FFS |
| RX DEDUCTIBLE | \$0 | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers | |
| RX FORMULARY | Core | |
| MARKET SERVICE AREA | Angelina, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Walker, Waller, Wharton | |



Texas – 2025 Plan Highlights – Houston MSA

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



Jefferson MSA



Texas – 2025 Plan Highlights – Jefferson MSA

| | |
|---|---|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #00a6c0; border-radius: 10px; padding: 2px 10px; font-size: 0.8em;">New</div> <div style="background-color: #00a6c0; color: white; border-radius: 10px; padding: 2px 10px; font-size: 0.8em;">Full Dual</div> <div style="font-size: 2em;">☆</div> <div> Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-044-000 </div> </div> |
| MEDICAID STATUS | Full Dual; FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| MOST SERVICES COVERED BY PART B | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, San Jacinto, Walker, Polk, Tyler |



Texas – 2025 Plan Highlights – Jefferson MSA

| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #00a6c9; border-radius: 10px; padding: 2px 10px; background-color: #e0f2f1;">New</div> <div style="border: 1px solid #00a6c9; border-radius: 10px; padding: 2px 10px; background-color: #00a6c9; color: white;">Full Dual</div> </div> <div style="text-align: center;">  <p>Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-044-000</p> </div> </div> |
|----------------------------|--|
| DENTAL | \$0 copay – \$5,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$600 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$150 per month - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay - SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay - tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 65 one-way trips to PAL (combined with NH) |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 21 post discharge / 2 meals per day for 90 days chronic condition |
| ACUPUNCTURE | \$0 copay – unlimited visits per year |



Lubbock MSA



Texas – 2025 Plan Highlights – Lubbock MSA

| | |
|--|---|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #00a09a; border-radius: 10px; padding: 2px 10px; background-color: #e0f2f1;">New</div> <div style="border: 1px solid #00a09a; border-radius: 10px; padding: 2px 10px; background-color: #00a09a; color: white;">Full Dual</div> <div style="font-size: 2em;">☆</div> <div> Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-047-000 </div> </div> |
| MEDICAID STATUS | Full Dual; FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| MOST SERVICES COVERED BY PART B | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Swisher, Terry, Carson, Deaf Smith, Hutchinson, Potter, Randall |





Texas – 2025 Plan Highlights – Lubbock MSA

| PLAN | <div data-bbox="468 201 631 272">New</div> <div data-bbox="647 201 876 272">Full Dual</div> <div data-bbox="907 201 963 258">☆</div> <div data-bbox="978 201 1921 272">Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-047-000</div> |
|----------------------------|--|
| DENTAL | \$0 copay – \$5,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$575 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$120 per month - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay - SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay - tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 65 one-way trips to PAL (combined with NH) |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 21 post discharge / 2 meals per day for 90 days chronic condition |
| ACUPUNCTURE | \$0 copay – unlimited visits per year |





Texas – 2025 Plan Highlights – Lubbock MSA

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




Texas – 2025 Plan Highlights – Lubbock MSA

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



Texas – 2025 Plan Highlights – Lubbock MSA

| | |
|--|---|
| PLAN |  Wellpoint Kidney Care (HMO-POS C-SNP) H2593-043 |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$2,900 |
| PCP | \$0 copay |
| SPECIALIST | \$0 - \$25 copay |
| INPATIENT HOSPITAL | \$125 copay (days 1 – 5) |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 / \$5 / 20% / 25% / 33% / \$0 \$0 copay – mail order 30-90 day supply all tiers |
| RX MOOP | \$2,000 |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise |



Texas – 2025 Plan Highlights – Lubbock MSA



Wellpoint Kidney Care (HMO-POS C-SNP)
H2593-043

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



Texas – 2025 Plan Highlights – Lubbock MSA

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



Texas – 2025 Plan Highlights – Lubbock MSA



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



Nueces MSA




Texas – 2025 Plan Highlights – Nueces MSA

| | |
|--|---|
| PLAN |   Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-045-000 |
| MEDICAID STATUS | FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| MOST SERVICES COVERED BY PART B | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria |



Texas – 2025 Plan Highlights – Nueces MSA


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



San Antonio MSA




Texas – 2025 Plan Highlights – San Antonio MSA

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



Texas – 2025 Plan Highlights – San Antonio MSA

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



Texas – 2025 Plan Highlights – San Antonio MSA

| | |
|---|---|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #00a09a; border-radius: 10px; padding: 2px 10px; background-color: #e0f2f7;">New</div> <div style="border: 1px solid #00a09a; border-radius: 10px; padding: 2px 10px; background-color: #00a09a; color: white;">Full Dual</div> <div style="font-size: 2em;">☆</div> </div> <div style="text-align: right; margin-top: 5px;"> Wellpoint Full Dual Advantage 2 (HMO D-SNP) H2593-051-000 </div> |
| MEDICAID STATUS | Full Dual; FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| MOST SERVICES COVERED BY PART B | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson |



Texas – 2025 Plan Highlights – San Antonio MSA

| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #00a090; border-radius: 10px; padding: 2px 10px; color: white; font-weight: bold;">New</div> <div style="background-color: #00a090; color: white; padding: 2px 10px; font-weight: bold;">Full Dual</div> <div style="font-size: 2em; color: white;">☆</div> </div> <div style="text-align: right;"> <p style="margin: 0;">Wellpoint Full Dual Advantage 2 (HMO D-SNP)</p> <p style="margin: 0; font-size: 0.8em;">H2593-051-000</p> </div> </div> |
|----------------------------|--|
| DENTAL | \$0 copay – \$4,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$125 per month - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay - SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay - tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 96 one-way trips to PAL (combined with NH) |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 21 post discharge / 2 meals per day for 90 days chronic condition |
| ACUPUNCTURE | \$0 copay – unlimited visits per year |





Texas – 2025 Plan Highlights – San Antonio MSA

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



Texas – 2025 Plan Highlights – San Antonio MSA

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



Texas – 2025 Plan Highlights – San Antonio MSA



Wellpoint Kidney Care (HMO-POS C-SNP)
H2593-031


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

MARKET SERVICE AREA

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



Texas – 2025 Plan Highlights – San Antonio MSA

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



Texas – 2025 Plan Highlights – San Antonio MSA

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



Texas – 2025 Plan Highlights – San Antonio MSA

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



West Texas MSA



Texas – 2025 Plan Highlights – West Texas MSA

| | |
|--|---|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #0070c0; border-radius: 10px; padding: 2px 5px; background-color: #e6f2ff;">New</div> <div style="border: 1px solid #0070c0; border-radius: 10px; padding: 2px 5px; background-color: #00a68a; color: white;">Full Dual</div> <div style="font-size: 2em;">☆</div> <div> Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-046-000 </div> </div> |
| MEDICAID STATUS | Full Dual; FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| MOST SERVICES COVERED BY PART B | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Callahan, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Concho, Cottle, Crane, Crockett, Culberson, Dallam, Dawson, Dickens, Dimmit, Donley, Eastland, Ector, Edwards, Fisher, Foard, Frio, Glasscock, Gray, Hall, Hansford, Hardeman, Hartley, Haskell, Howard, Irion, Jack, Jeff Davis, Jones, Kent, Kerr, Kimble, King, Kinney, Knox, La Salle, Lipscomb, Loving, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Oldham, Palo Pinto, Pecos, Presidio, Reagan, Real, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Taylor, Thockmorton, Tom Green, Upton, Uvalde, Ward, Wheeler, Wilbarger, Winkler, Yoakum, Young, Zavala |



Texas – 2025 Plan Highlights – West Texas MSA

| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #00a651; border-radius: 10px; padding: 2px 10px; color: white; font-weight: bold;">New</div> <div style="background-color: #00a651; color: white; padding: 2px 10px; font-weight: bold;">Full Dual</div> </div> <div style="text-align: center;"> <p style="margin: 0;">Wellpoint Full Dual Advantage Aligned (HMO D-SNP) H2593-046-000</p> </div> </div> |
|----------------------------|--|
| DENTAL | \$0 copay – \$5,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$165 per month - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay - SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay - tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 65 one-way trips to PAL (combined with NH) |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 21 post discharge / 2 meals per day for 90 days chronic condition |
| ACUPUNCTURE | \$0 copay – unlimited visits per year |



Market Highlights

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





2025 Proposed Service Area

Service Area

All Counties: EXCEPT Accomack



Virginia 2025 Plan Highlights

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





Virginia 2025 Plan Highlights

| PLAN | <div data-bbox="512 191 675 258" style="border: 1px solid #00a0e3; border-radius: 10px; padding: 2px 5px; display: inline-block;">New</div> <div data-bbox="996 197 1054 254" style="color: #00a0e3; font-size: 24px; margin-right: 10px;">☆</div> <div data-bbox="1067 204 1829 272"> Anthem Medicare Advantage 3 (HMO-POS) H3447-049 </div> |
|----------------------------|---|
| DENTAL | \$2,500 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$75 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 24 one-way trips per year |

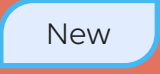


Virginia 2025 Plan Highlights

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





Virginia 2025 Plan Highlights

| PLAN |  ★ <b data-bbox="1065 199 1829 235">Anthem Medicare Advantage 3 (HMO-POS) H3447-050 |
|----------------------------|---|
| DENTAL | \$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$80 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 24 one-way trips per year |

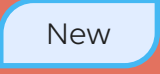


Virginia 2025 Plan Highlights

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

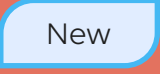



Virginia 2025 Plan Highlights

| PLAN |  ★ <b data-bbox="1067 199 1829 235">Anthem Medicare Advantage 3 (HMO-POS) H3447-051 |
|----------------------------|---|
| DENTAL | \$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$65 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 24 one-way trips per year |

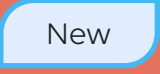


Virginia 2025 Plan Highlights

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




Virginia 2025 Plan Highlights

| PLAN |  ★ <b data-bbox="1065 197 1829 235">Anthem Medicare Advantage 3 (HMO-POS) <small data-bbox="1381 239 1523 264">H3447-052</small> |
|----------------------------|--|
| DENTAL | \$1,750 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$65 per month – Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |
| TRANSPORTATION | \$0 copay – 24 one-way trips per year |



Virginia 2025 Plan Highlights

| | |
|---|---|
| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="background-color: #00c090; color: white; padding: 5px 10px; border-radius: 10px;">Full Dual</div> <div style="text-align: center;">  <p>Anthem Full Dual Advantage (HMO D-SNP) H4694-004-000 (Transition from H3447-045)</p> </div> </div> |
| PREMIUM | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | \$0 copay |
| SKILLED NURSING FACILITY | \$0 copay |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | All Counties EXCEPT: Accomack |




Virginia 2025 Plan Highlights

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




Virginia 2025 Plan Highlights

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




Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights


| PLAN |  Anthem Veteran (PPO) H4909-020 |
|---|--|
| PREMIUM | \$0 |
| PART B REBATE | \$80 |
| MEDICAL DEDUCTIBLE | \$750 (OON only) |
| MAX OUT-OF-POCKET | \$6,800 (IN) / \$10,000 (IN & OON) |
| PCP | \$0 copay |
| SPECIALIST | \$45 copay |
| INPATIENT HOSPITAL | \$290 copay (days 1 – 5) |
| SKILLED NURSING FACILITY | \$0 copay (days 1 – 20) \$214 copay (days 21 – 100) |
| RX DEDUCTIBLE | N/A |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | N/A |

MARKET SERVICE AREA

Albemarle, Amelia, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buena Vista City, Campbell, Caroline, Charles City, Charlotte, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Cumberland, Dickenson, Dinwiddie, Emporia City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, -Henrico, Henry, Highland, Isle of Wight, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Mathews, Middlesex, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Tazewell, Virginia Beach City, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe




Virginia 2025 Plan Highlights

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




Virginia 2025 Plan Highlights

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

 MARKET SERVICE AREA

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

Virginia 2025 Plan Highlights

| PLAN |  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 | \$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services |
| VISION | \$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year |
| OVER THE COUNTER | \$30 per quarter |
| HEARING | \$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| FITNESS | \$0 copay – SilverSneakers® |
| HEALTH & FITNESS TRACKER | \$0 copay – tracking device & engagement membership |



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



MARKET SERVICE AREA

Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



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

Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

| PLAN | <div style="display: flex; align-items: center; justify-content: space-between;"> Full Dual <div style="text-align: right;"> Anthem Full Dual Advantage 2 (HMO D-SNP) H4694-001-000 (Transition from H3447-011-000) </div> </div> | |
|---|--|--|
| PREMIUM | \$0 | |
| MAX OUT-OF-POCKET | \$9,350 | |
| PCP | \$0 copay | |
| SPECIALIST | \$0 copay | |
| INPATIENT HOSPITAL | \$0 copay | |
| SKILLED NURSING FACILITY | \$0 copay | |
| RX DEDUCTIBLE | \$0 | |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers | |
| RX FORMULARY | Core | |
| MARKET SERVICE AREA | All Counties EXCEPT: Accomack | |



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

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



Virginia 2025 Plan Highlights

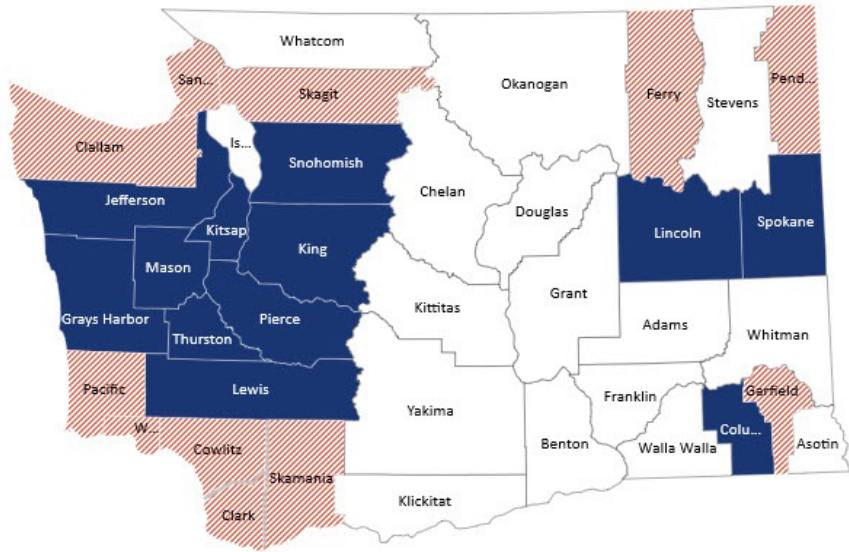
| PLAN | Anthem Grocery (PPO) H4909-026 |
|--|--|
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$750 (OON) |
| MAX OUT-OF-POCKET | \$7,950 (IN) / \$11,300 (IN & OON) |
| PCP | \$0 copay |
| SPECIALIST | \$45 copay |
| INPATIENT HOSPITAL | \$375 copay (days 1 – 5) |
| SKILLED NURSING FACILITY | \$0 copay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



Virginia 2025 Plan Highlights

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





2024 Existing MA Footprint
 2025 Proposed SA Expansion

Market Highlights



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

Service Area

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



Washington 2025 Plan Highlights

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




Washington 2025 Plan Highlights

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




Washington 2025 Plan Highlights

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



Washington 2025 Plan Highlights

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



Washington 2025 Plan Highlights

| PLAN | New | Partial Dual | Wellpoint Dual Advantage (HMO D-SNP) H1894-011 |
|--|---------------------------------|--------------|---|
| MEDICAID STATUS | Partial Dual; SLMB, QDWI, QI | | |
| PREMIUM | \$0 - \$29.20 | | |
| MAX OUT-OF-POCKET | \$9,350 | | |
| PCP | \$0 copay | | |
| SPECIALIST | \$0 copay | | |
| INPATIENT HOSPITAL | \$0 copay – Medicare FFS | | |
| SKILLED NURSING FACILITY | \$0 copay – Medicare FFS | | |
| RX DEDUCTIBLE | \$0 | | |
| RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers | | |
| RX FORMULARY | Core | | |

MARKET SERVICE AREA: Columbia, Clallam, Clark, Cowlitz, Ferry, Garfield, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum



Washington 2025 Plan Highlights

New

Partial Dual

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

PLAN

| | |
|----------------------------|---|
| DENTAL | \$0 copay – \$2,500 allowance for preventive and comprehensive services per year |
| VISION | \$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year |
| HEARING | \$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year |
| EVERYDAY OPTIONS ALLOWANCE | \$50 per month - Groceries, OTC, Utilities and Assistive Devices |
| FITNESS | \$0 copay - SilverSneakers® |
| TRANSPORTATION | \$0 copay – 24 one-way trips per year to PAL (combined with NH) |
| PERS | \$0 copay |
| PODIATRY | \$0 copay – unlimited visits per year |
| HEALTHY MEALS | 14 post discharge / 2 meals per day for 90 days chronic condition |
| ACUPUNCTURE | \$0 copay – unlimited visits per year |
| CHIROPRACTIC | \$0 copay – 24 visits per year |





2025 Proposed Service Area

Market Highlights



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

Service Area

All counties





Wisconsin 2025 Plan Highlights

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




Wisconsin 2025 Plan Highlights

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

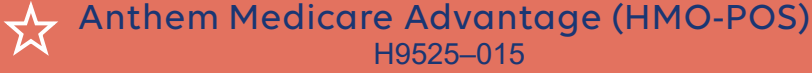


Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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






Wisconsin 2025 Plan Highlights

| | |
|---|---|
| PLAN | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #00a651; border-radius: 10px; padding: 2px 5px; background-color: #e0f2f1;">New</div> <div style="border: 1px solid #00a651; border-radius: 10px; padding: 2px 5px; background-color: #00a651; color: white;">Full Dual</div> <div style="font-size: 2em;">☆</div> <div> Anthem Full Dual Advantage 2 (HMO D-SNP) H9525-018 </div> </div> |
| MEDICAID STATUS | Full Dual; FBDE, QMB+, QMB, SLMB+ |
| PREMIUM | \$0 |
| MEDICAL DEDUCTIBLE | \$0 |
| MAX OUT-OF-POCKET | \$9,350 |
| PCP | \$0 copay |
| SPECIALIST | \$0 copay |
| INPATIENT HOSPITAL | Medicare Fee For Service |
| SKILLED NURSING FACILITY | Medicare Fee For Service |
| RX DEDUCTIBLE | \$0 |
| RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6 | \$0 copay – Part D on all tiers \$0 copay – mail order 30-90 day supply all tiers |
| RX FORMULARY | Core |
| MARKET SERVICE AREA | Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood |





Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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




Wisconsin 2025 Plan Highlights

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




Wisconsin 2025 Plan Highlights

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




Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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



Wisconsin 2025 Plan Highlights

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

