



## 2022 Anthem Preliminary Benefits – Florida

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# Confidentiality Reminder

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

- Discussion today focuses on plans and benefits we've filed with CMS for 2022.
- We have not yet received approval from CMS to proceed.
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# Acronyms and Format Key

Key	
Blue Font	Represents new benefit/plan name on benefit grids
Green Font	Represents improved benefit on benefit grids
New	Represents new plan and/or benefit offering
HMO	Represented on orange grids
SNP	Represented on blue grids
PPO	Represented on grey grids

Acronyms	
LIS	Low Income Subsidy
MCRS	Medicare Community Resource Support
PCP	Primary Care Physician
PERS	Personal Emergency Response System

PLAN	Anthem MediBlue Essential (HMO) H1855-032
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
ESSENTIAL EXTRAS	Covered (Reduced benefits for Assisted Devices, Transportation and Personal Home Helper on Essential Extras for this plan only)
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MICRO	Covered
MCRS	

PLAN	Anthem MediBlue Access (PPO) H1607-014
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$70 per quarter
VISION	\$0 copay – 1 routine eye exam per year

PLAN	Healthy Blue Dual Advantage (HMO D-SNP) H1947-001
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,500 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$300 per quarter
PERS	Covered

# Our commitment to our members & partners



As one of the country's largest and most dynamic health benefits providers, we are designing and delivering solutions that can help you and your members succeed.

## LOWER COSTS

We're doing more to help lower costs for your clients, from partnering with new providers to developing clinical and administrative solutions designed to address key cost drivers.



## HASSLE-FREE

### BROKER EXPERIENCE

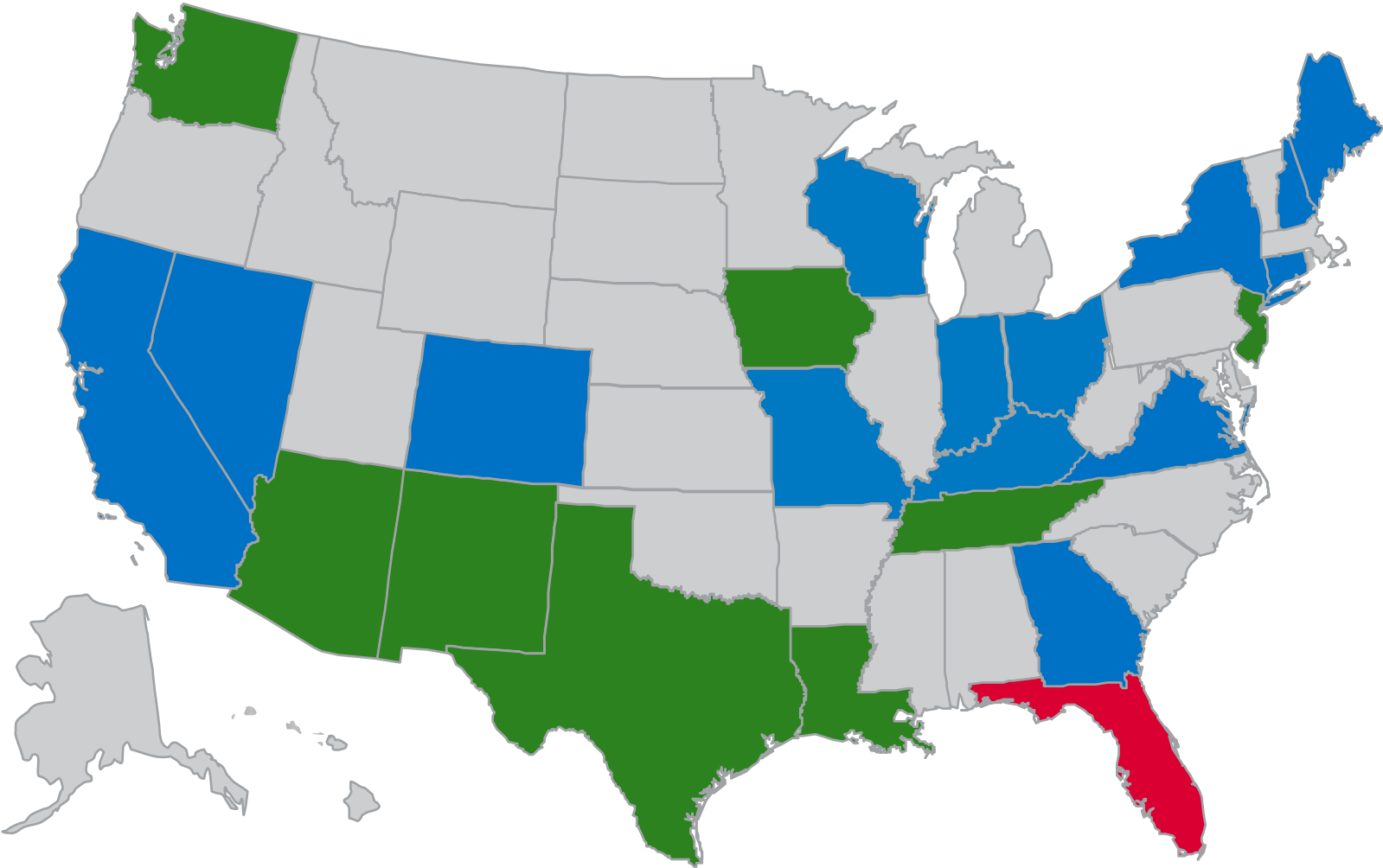
At the center of our commitment to simplifying the health care experience is an unrelenting focus on helping you succeed and meet the needs of your clients within their communities.



# Anthem Medicare Advantage Service Area

## 2022 Individual MA Brand Footprint

- Blue Brands
- Amerigroup
- Simply, Freedom, Optimum and HealthSun





# Anthem Is The Leader In The Market



## Medicare Plans Offered in 23 States and Puerto Rico

- Medicare Advantage plans offered in 23 states and Puerto Rico
- Industry leading D-SNP plan growth (30% CAGR since YE 2016) and #2 in Medicaid plans nationwide
- Medicare Supplement plans offered in 16 states



## Over 2.5M Medicare Members

- Membership growth outpaced the market in our service area
- Medicare membership has doubled in 5 years
- Medicare Advantage Market Share is 10% across Anthem MA service areas (1.6 million members)
- Medicare Supplement Market Share is 15% across Anthem MS service areas (900K members)
- Completed Acquisition of MMM

# 2022 AEP Preliminary Benefit Preview – Florida

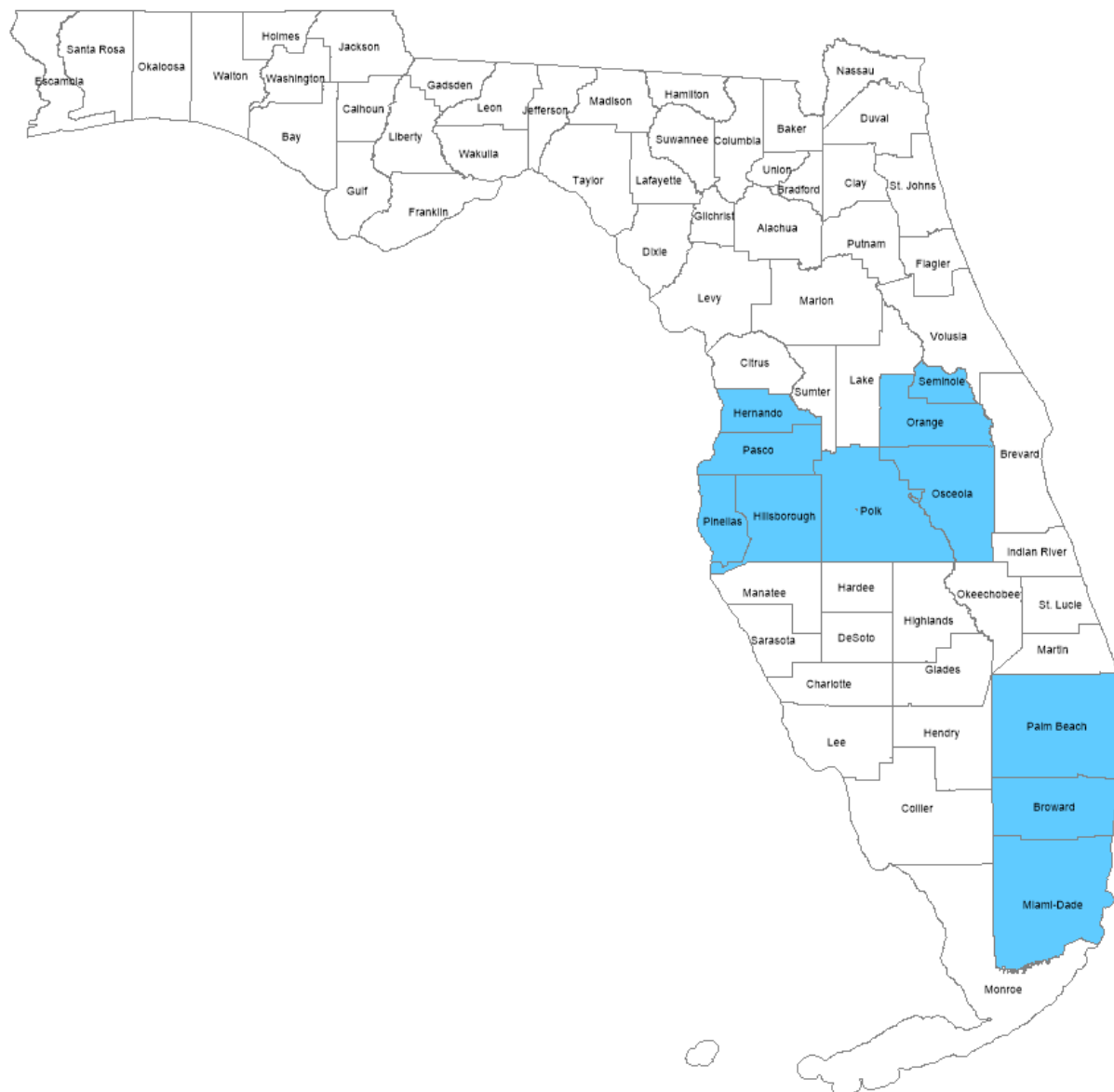




- HealthSun (5 Star), Freedom (4 Star), Optimum (4.5 Star) and Simply HealthCare (4.5 Star) plans available in 25 counties
- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS, chronic needs and dual eligible special needs
- All plans offer generous OTC, Vision, Hearing, and Enhanced Dental
- Introduction of new HMOs with enhanced benefits for vision, dental and hearing
- Introduction of new DSNPs with all Rx at \$0
- All brands maintain strong partnership with key providers

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

# 2022 AEP Preliminary Benefit Preview – Simply



2022 Proposed MA Footprint

2021 Existing MA Footprint

\*Excludes HealthSun, Freedom and Optimum Footprint

# Simply Product Portfolio



**Medicare  
Advantage**  
*(MA/MAPD)*



**Chronic  
Conditions**  
**MAPD**  
*(CSNP)*  
*ESRD*



**Dual Eligible**  
**MAPD**  
*(DSNP)*

# New for 2022!\*



## Cash and Monetary Rebate Program

Card can be used for purchases of health related items and services, groceries, utilities, housing, transportation, cash withdrawals from an ATM, and/or anywhere that accepts the debit card as a form of payment.

**Monthly allowance in the form of a debit card**



## Flex Card – Dental Vision Hearing

Annual allowance to be used to reduce out of pocket costs for Dental/Vision/Hearing services. The debit card is prepaid by the plan and can only be used at certain provider or merchant types. Cosmetic procedures are not covered under this benefit.

**Annual allowance in the form of a debit card**



## In-Home Support

Benefit of Papa Pal companionship is to target social isolation and companionship. Papa Pal can also provide limited assistance with activities of daily living (ADL) and enforce gaps in care such as HRAs, Flu Shots, Medication Adherence, etc.

**Up to 30 hours annually**

*\*Benefit availability varies by plan*



# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-065	Simply Extra (HMO) H5471-103
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$115
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$50 copay (days 1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$0 / \$5 / 33%	\$0 / \$0 / \$47 / \$100 / 33%
MARKET SERVICE AREA	Miami-Dade	Miami-Dade

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-065	Simply Extra (HMO) H5471-103
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	Select Dental Plan	Value Dental Plan – \$1,000 comprehensive maximum
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year \$500 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$85 per month	\$25 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – 12 one-way trips
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

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-069	Simply Complete (HMO D-SNP) H5471-064
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
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$0 / \$10 / 33%	\$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Miami-Dade	Miami-Dade

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-069	Simply Complete (HMO D-SNP) H5471-064
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	Select Dental Plan	Select Dental Plan
FITNESS	SilverSneakers®	SilverSneakers®
CASH AND MONETARY REBATE PROGRAM	N/A	Covered
HEALTHY MEALS	10 post discharge	10 post discharge / 36 chronic condition
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year / \$2,000 maximum plan benefit per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$80 per month	\$100 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits / 1 routine foot care per month	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-077	Simply Extra (HMO) H5471-104
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$100
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)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$25 / \$75 / 33%	\$0 / \$10 / \$47 / \$100 / 33% \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Broward	Broward



# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-077	Simply Extra (HMO) H5471-104
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	N/A
DENTAL	Select Dental Plan	Value Dental Plan – \$1,000 comprehensive maximum
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year \$500 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$50 per month	\$25 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – 12 visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – 12 one-way trips
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

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-080	Simply Complete (HMO D-SNP) H5471-076
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$35 / \$75 / 33%	\$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Broward	Broward

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-080	Simply Complete (HMO D-SNP) H5471-076
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 6 visits
DENTAL	Select Dental Plan	Select Dental Plan
FITNESS	SilverSneakers®	SilverSneakers®
CASH AND MONETARY REBATE PROGRAM	N/A	Covered
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$37 per month	\$100 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits / 1 routine foot care per month	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips
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

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-083	Simply Extra (HMO) H5471-105
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$75
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$40 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 8)	\$225 copay (days 1 - 8)
RX DEDUCTIBLE	\$0	\$100 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$20 / \$75 / 33%	\$0 / \$15 / \$47 / \$100 / 31% \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Palm Beach	Palm Beach

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-083	Simply Extra (HMO) H5471-105
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 24 visits
FLEX CARD	\$500 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	N/A
DENTAL	Select Dental Plan	Value Dental Plan – \$1,000 comprehensive maximum
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$500 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$50 per month	\$20 per month
PODIATRY	\$0 copay – 12 visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – 12 one-way trips
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



# Simply - South Florida 2022 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-084	Simply Level (HMO C-SNP) H5471-085
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$50 copay (days 1 - 8)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$35 / \$75 / 33%
MARKET SERVICE AREA	Palm Beach	Palm Beach

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply Complete (HMO D-SNP) H5471-084	Simply Level (HMO C-SNP) H5471-085
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	N/A	\$500 allowance - dental/vision/hearing (combined)
CHIROPRACTIC	\$0 copay – 6 visits	\$0 copay – 12 visits
DENTAL	Select Dental Plan	Select Dental Plan
FITNESS	SilverSneakers®	SilverSneakers®
CASH & MONETARY REBATE PROGRAM	Covered	N/A
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$100 per month	\$47 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – 12 visits	\$0 copay – unlimited visits / 1 routine foot care per month
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-071	Simply Extra (HMO) H5471-106 <span>New</span>
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$115
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$25 copay
INPATIENT HOSPITAL	\$40 copay (days 1 - 5)	\$200 copay (days 1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$10 / \$55 / 33%	\$5 / \$20 / \$47 / \$100 / 33% \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Polk	Polk

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-071	Simply Extra (HMO) H5471-106
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 6 visits	N/A
DENTAL	Select Dental Plan	Value Dental Plan – \$1,000 comprehensive maximum
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$75 per month	\$30 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – 12 visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – 12 one-way trips
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; \$225 allowance - eyeglasses or contact lenses per year

New

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-070	Simply Complete (HMO D-SNP) H5471-066
PREMIUM	\$0	\$0
PART B REBATE	\$23	N/A
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$0 / \$40 / 33%	\$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Polk	Polk



# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-070	Simply Complete (HMO D-SNP) H5471-066
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 6 visits	\$0 copay – 6 visits
DENTAL	Select Dental Plan	Select Dental Plan
FITNESS	SilverSneakers®	SilverSneakers®
CASH & MONETARY REBATE PROGRAM	N/A	Covered
HEALTHY MEALS	10 post discharge	10 post discharge / 30 chronic condition
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$57 per month	\$90 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits / 1 routine foot care per month	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips
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

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-078	Simply Extra (HMO) H5471-108 <span>New</span>
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$125
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 8)	\$175 copay (days 1 - 6)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$35 / \$75 / 33%	\$0 / \$10 / \$47 / \$100 / 33% \$0 copay 1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas

# Simply - South Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-078	Simply Extra (HMO) H5471-108
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	Select Dental Plan	Value Dental Plan – \$1,000 comprehensive maximum
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$100 per month	\$50 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – 12 visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – 12 one-way trips
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; \$225 allowance - eyeglasses or contact lenses per year

New

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-075	Simply Complete (HMO D-SNP) H5471-082
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 8)	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$30 / \$75 / 33%	\$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-075	Simply Complete (HMO D-SNP) H5471-082
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 6 visits
DENTAL	Select Dental Plan	Select Dental Plan
FITNESS	SilverSneakers®	SilverSneakers®
CASH & MONETARY REBATE PROGRAM	N/A	Covered
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$100 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits / 1 routine foot care per month	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips
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

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-074	Simply Extra (HMO) H5471-107
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$100
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 8)	\$200 copay (days 1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$25 / \$75 / 33%	\$0 / \$10 / \$47 / \$100 / 33% \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole

New

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply More (HMO) H5471-074	Simply Extra (HMO) H5471-107
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	N/A
DENTAL	Select Dental Plan	Value Dental Plan – \$1,000 comprehensive maximum
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge	10 post discharge
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; \$500 maximum plan benefit per year
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$60 per month	\$40 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – 12 visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – 12 one-way trips
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

New



# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-073	Simply Complete (HMO D-SNP) H5471-072
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$0 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 8)	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$25 / \$75 / 33%	\$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole

# Simply - Central Florida 2022 Plan Highlights

PLAN	Simply Level (HMO C-SNP) H5471-073	Simply Complete (HMO D-SNP) H5471-072
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)	N/A
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	Select Dental Plan	Select Dental Plan
FITNESS	SilverSneakers®	SilverSneakers®
CASH & MONETARY REBATE PROGRAM	N/A	Covered
HEALTHY MEALS	10 post discharge	10 post discharge
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$100 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – unlimited one-way trips
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; \$325 allowance - eyeglasses or contact lenses per year

# 2022 Simply Dental Options



## Basic Dental Plan

### \$0 Copay:

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

**Comprehensive Dental Items are not provided as a supplemental benefit**



New

## Value Dental Plan

### \$0 Copay:

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

### Comprehensive Dental Items:

- Up to \$1,000 allowance for covered comprehensive dental services



New

## Select Dental Plan

### \$0 Copay:

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

### Comprehensive Dental Items:

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

Simply Healthcare Plans, Inc. are an HMO with a Medicare contract. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

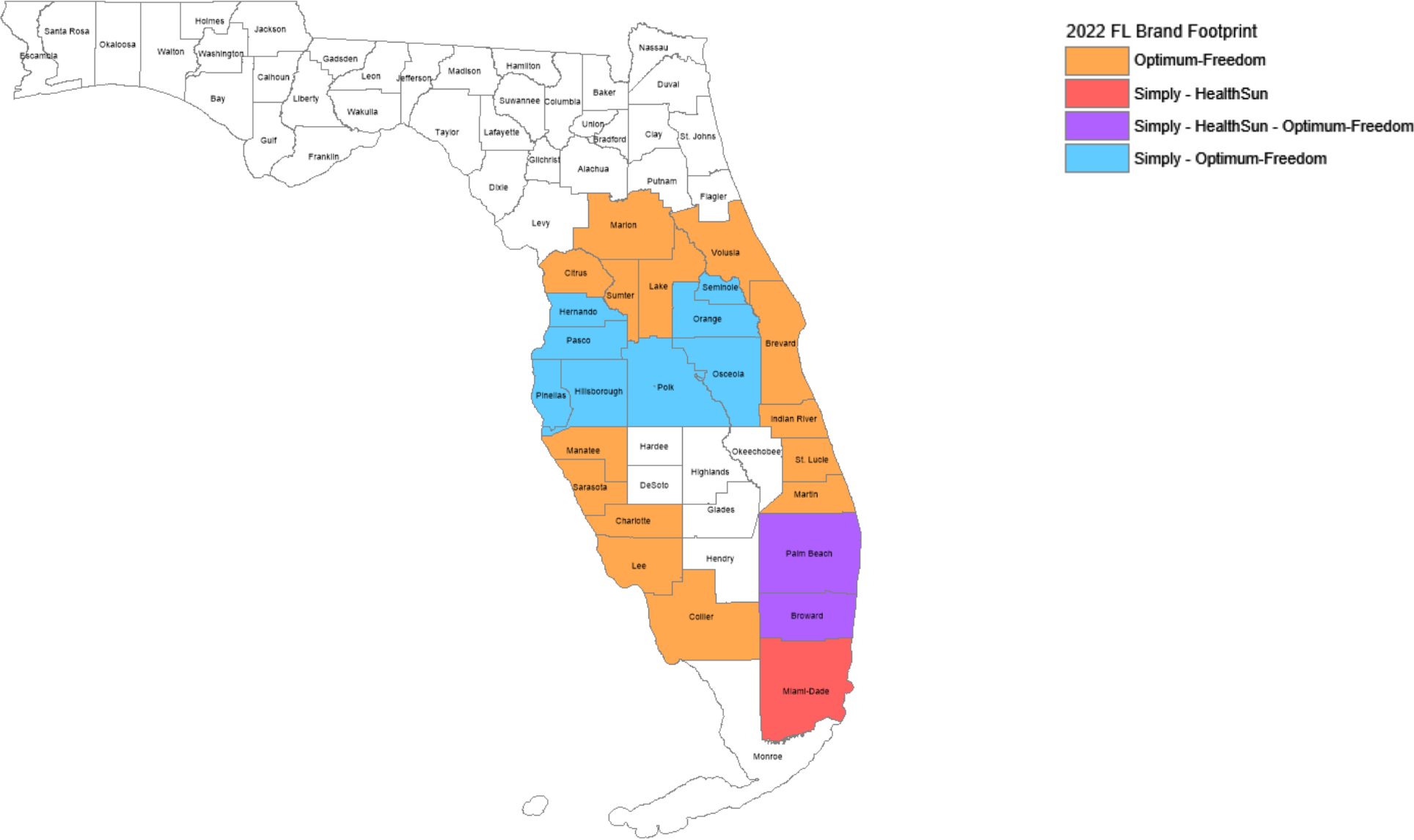
Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Simply Healthcare Plans, Inc.

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# 2022 AEP Preliminary Benefit Preview – Freedom

# Florida All Brands



# Freedom Product Portfolio



**Medicare  
Advantage**  
*(MA/MAPD)*



**Chronic  
Conditions  
MAPD**  
*(CSNP)  
ESRD*



**Dual Eligible  
MAPD**  
*(DSNP)*

# New for 2022!\*



## Cash and Monetary Rebate Program

Card can be used for purchases of health related items and services, groceries, utilities, housing, transportation, cash withdrawals from an ATM, and/or anywhere that accepts the debit card as a form of payment.

**Monthly allowance in the form of a debit card**



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

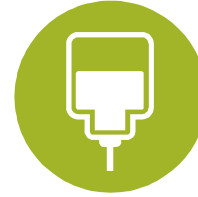
**Monthly allowance**



## In-Home Support

Benefit of Papa Pal is to target social isolation and provide companionship. Papa Pal can also provide limited assistance with activities of daily living (ADL) and enforce gaps in care such as HRAs, Flu Shots, Medication Adherence, etc.

**Up to 30 hours annually**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advanced Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*



# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-092	Freedom Platinum Rewards Plan Rx (HMO) H5427-107 <span>New</span>
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$140
MAX OUT-OF-POCKET	\$2,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$10 copay
INPATIENT HOSPITAL	\$40 copay (days 1 – 5)	\$95 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$55 / 33%	\$0 / \$30 / \$60 / 33%
MARKET SERVICE AREA	Polk	Polk

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-092	Freedom Platinum Rewards Plan Rx (HMO) H5427-107
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Savings Plan (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
PREMIUM	\$0	\$0
PART B REBATE	\$75	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$30 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)	\$225 copay (days 1 – 7)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk <i>Also available in:</i> <i>Lake, Marion, Sumter</i> <i>Orange, Osceola, Seminole, Volusia</i> <i>Brevard, Indian River, Martin, St Lucie</i> <i>Lee, Manatee, Sarasota</i> <i>Palm Beach</i>	Pinellas <i>Also available in:</i> <i>Volusia</i> <i>Brevard</i> <i>Charlotte, Lee</i>

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 1
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – 6 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Medicare Plan Rx (HMO) H5427-060	Freedom Platinum Plan Rx (HMO) H5427-093
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$2,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$10 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)	\$60 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%	\$0 / \$30 / \$70 / 33%
MARKET SERVICE AREA	Hillsborough, Pasco <i>Also available in:</i> <i>Marion</i> <i>Sarasota</i> <i>Palm Beach</i>	Citrus

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Medicare Plan Rx (HMO) H5427-060	Freedom Platinum Plan Rx (HMO) H5427-093
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	30 annual hours
OVER THE COUNTER	\$35 per month	\$60 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – 8 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
PREMIUM	TBD	TBD
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0	\$0
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk <i>Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach</i>	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk <i>Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Charlotte, Collier, Lee, Manatee, Sarasota Broward, Palm Beach</i>

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
GROCERY CARD	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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



# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$130
MAX OUT-OF-POCKET	\$1,700	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$25 copay (days 1 - 5)	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / \$0	\$0 / \$25 / \$70 / 33% / \$10
INSULIN SAVINGS PROGRAM	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota Palm Beach	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota Palm Beach

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$75 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - West Coast (Tampa Bay) 2022 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	\$148.50	\$130
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$30 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 5)	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$60 / 33% / \$10	\$0 / \$20 / \$60 / 33% / N/A
MARKET SERVICE AREA	Citrus, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk <i>Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota Palm Beach</i>

# Freedom - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-099	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$50 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Savings Plan (HMO) H5427-052	Freedom Platinum Plus Plan Rx (HMO) H5427-104	New
PREMIUM	\$0	\$50	
PART B REBATE	\$75	\$0	
MAX OUT-OF-POCKET	\$3,400	\$1,500	
PCP	\$0 copay	\$0 copay	
SPECIALIST	\$40 copay	\$0 copay	
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)	\$0 copay	
RX DEDUCTIBLE	N/A	\$0	
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$20 / \$60 / 33%	
MARKET SERVICE AREA	Lake, Marion, Sumter <i>Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Lee, Manatee, Sarasota Palm Beach</i>	Lake, Marion, Sumter	

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Platinum Plus Plan Rx (HMO) H5427-104
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 3
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	N/A	30 annual hours
OVER THE COUNTER	\$35 per month	\$75 per month
PERS	N/A	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-094	Freedom Platinum Rewards Plan Rx (HMO) H5427-096
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$110
MAX OUT-OF-POCKET	\$2,250	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$40 copay (days 1 – 5)	\$195 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$25 / \$70 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-094	Freedom Platinum Rewards Plan Rx (HMO) H5427-096
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year



# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Medicare Plan Rx (HMO) H5427-060
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)
RX DEDUCTIBLE	\$0
RX COPAY T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Marion <i>Also available in: Hillsborough, Pasco Sarasota Palm Beach</i>

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Medicare Plan Rx (HMO) H5427-060
ACUPUNCTURE	N/A
CHIROPRACTIC	N/A
DENTAL	Option 1
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A
OVER THE COUNTER	\$35 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
PREMIUM	TBD	TBD
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$00 copay
INPATIENT HOSPITAL	\$0	\$0
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Lake, Marion, Sumter</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Lake, Marion, Sumter</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
GROCERY CARD	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$130
MAX OUT-OF-POCKET	\$1,700	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$25 copay (days 1 - 5)	\$175 copay days (1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / \$0	\$0 / \$25 / \$70 / 33% / \$10
INSULIN SAVINGS PROGRAM	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Manatee, Sarasota Palm Beach	Lake, Marion, Sumter Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Orange, Osceola, Seminole, Volusia Manatee, Sarasota Palm Beach

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$75 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$130
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$20 / \$60 / 33%
MARKET SERVICE AREA	<p>Lake, Marion, Sumter</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Manatee, Sarasota</i></p> <p><i>Palm Beach</i></p>

# Freedom - Central (The Villages) 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
CHIROPRACTIC	N/A
DENTAL	Option 2
GROCERY CARD	Covered
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$50 per month
PERS	Covered
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year



# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-089	Freedom Platinum Rewards Plan Rx (HMO) H5427-102
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$120
MAX OUT-OF-POCKET	\$2,500	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$20 copay
INPATIENT HOSPITAL	\$50 copay (days 1 – 7)	\$195 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$70 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Orange, Osceola, Seminole	Orange, Osceola, Seminole, Volusia

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-089	Freedom Platinum Rewards Plan Rx (HMO) H5427-102
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom Savings Plan (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
PREMIUM	\$0	\$0
PART B REBATE	\$75	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$30 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)	\$225 copay (days 1 – 7)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	<p>Orange, Osceola, Seminole, Volusia</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Lee, Manatee, Sarasota</i></p> <p><i>Palm Beach</i></p>	<p>Volusia</p> <p><i>Also available in:</i></p> <p><i>Pinellas</i></p> <p><i>Brevard,</i></p> <p><i>Charlotte, Lee</i></p>

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 1
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – 6 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
PREMIUM	TBD	TBD
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0	\$0
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Orange, Osceola, Seminole, Volusia</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Orange, Osceola, Seminole, Volusia</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
GROCERY CARD	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$130
MAX OUT-OF-POCKET	\$1,700	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$25 copay (days 1 - 5)	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / \$0	\$0 / \$25 / \$70 / 33% / \$10
INSULIN SAVINGS PROGRAM	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Manatee, Sarasota Palm Beach	Orange, Osceola, Seminole, Volusia Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Manatee, Sarasota Palm Beach

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$75 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year



# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
PREMIUM	\$0
PART B REBATE	\$130
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$20 / \$60 / 33%
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Manatee, Sarasota Palm Beach

# Freedom - East (Orlando) 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077
CHIROPRACTIC	N/A
DENTAL	Option 2
GROCERY CARD	Covered
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$50 per month
PERS	Covered
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-088	Freedom Platinum Plus Plan Rx (HMO) H5427-106
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$100
MAX OUT-OF-POCKET	\$2,500	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$25 copay
INPATIENT HOSPITAL	\$85 copay (days 1 – 7)	\$250 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie

New

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-088	Freedom Platinum Plus Plan Rx (HMO) H5427-106
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom Savings Plan (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
PREMIUM	\$0	\$0
PART B REBATE	\$75	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$30 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)	\$225 copay (days 1 - 7)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie <i>Also available in:</i> Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Lee, Manatee, Sarasota Palm Beach	Brevard <i>Also available in:</i> Pinellas Volusia Charlotte, Lee

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 1
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – 6 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
PREMIUM	TBD	TBD
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0	\$0
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Brevard, Indian River, Martin, St Lucie</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Brevard, Indian River, Martin, St Lucie</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
GROCERY CARD	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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



# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-108 <span>New</span>	Freedom VIP Savings (HMO C-SNP) H5427-082
PREMIUM	\$0	\$0
PART B REBATE	\$110	\$85
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$30 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 7)	\$195 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$35 / \$85 / 33% / \$10	\$0 / \$35 / \$85 / 33% / \$10
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie <i>Also available in: Charlotte, Collier, Lee Broward</i>

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom VIP Rewards (HMO C-SNP) H5427-108	Freedom VIP Savings (HMO C-SNP) H5427-082
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$80 / 33%
MARKET SERVICE AREA	Indian River, Martin, St Lucie <i>Also available in: Charlotte, Collier, Lee Broward</i>

# Freedom - Treasure Coast 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
CHIROPRACTIC	N/A
DENTAL	Option 2
GROCERY CARD	N/A
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$50 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-098	Freedom Platinum Rewards Plan Rx (HMO) H5427-105
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$75
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$25 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)	\$195 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Charlotte, Lee	Charlotte, Collier, Lee

New

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-098	Freedom Platinum Rewards Plan Rx (HMO) H5427-105
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-091	Freedom Platinum Rewards Plan Rx (HMO) H5427-103
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$110
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$30 copay
INPATIENT HOSPITAL	\$95 copay (days 1 – 7)	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$70 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Manatee, Sarasota	Manatee, Sarasota

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Platinum Plan Rx (HMO) H5427-091	Freedom Platinum Rewards Plan Rx (HMO) H5427-103
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year



# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Savings Plan (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
PREMIUM	\$0	\$0
PART B REBATE	\$75	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$30 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)	\$225 copay (days 1 - 7)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	<p>Lee, Manatee, Sarasota</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Palm Beach</i></p>	<p>Charlotte, Lee</p> <p><i>Also available in:</i></p> <p><i>Pinellas</i></p> <p><i>Volusia</i></p> <p><i>Brevard</i></p>

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-059
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 1
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – 6 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Medicare Plan Rx (HMO) H5427-060
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$150 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Sarasota Also available in: Hillsborough, Pasco Marion Palm Beach

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Medicare Plan Rx (HMO) H5427-060
ACUPUNCTURE	N/A
CHIROPRACTIC	N/A
DENTAL	Option 1
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A
OVER THE COUNTER	\$35 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
PREMIUM	TBD	TBD
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$00 copay
INPATIENT HOSPITAL	\$0	\$0
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota <i>Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Broward, Palm Beach</i>	Charlotte, Collier, Lee, Manatee, Sarasota <i>Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Brevard, Indian River, Martin, St Lucie Broward, Palm Beach</i>

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
GROCERY CARD	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$130
MAX OUT-OF-POCKET	\$1,700	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$25 copay (days 1 - 5)	\$175 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / \$0	\$0 / \$25 / \$70 / 33% / \$10
INSULIN SAVINGS PROGRAM	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Palm Beach	Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Palm Beach

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$75 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year



# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077	Freedom VIP Savings (HMO C-SNP) H5427-082
PREMIUM	\$0	\$0
PART B REBATE	\$130	\$85
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)	\$195 copay (days 1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / N/A	\$0 / \$35 / \$85 / 33% / \$10
MARKET SERVICE AREA	Manatee, Sarasota Also available in: Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Palm Beach	Charlotte, Collier, Lee Also available in: Brevard, Indian River, Martin, St Lucie Broward

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077	Freedom VIP Savings (HMO C-SNP) H5427-082
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$80 / 33%
MARKET SERVICE AREA	Charlotte, Collier, Lee <i>Also available in: Indian River, Martin, St Lucie Broward</i>

# Freedom - Gulf Coast 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
CHIROPRACTIC	N/A
DENTAL	Option 2
GROCERY CARD	N/A
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$50 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom Savings Plan (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-060
PREMIUM	\$0	\$0
PART B REBATE	\$75	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$35 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)	\$150 copay (days 1 - 7)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	<p>Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Lee, Manatee, Sarasota</i></p>	<p>Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Hillsborough, Pasco</i></p> <p><i>Marion</i></p> <p><i>Sarasota</i></p>

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom Savings (HMO) H5427-052	Freedom Medicare Plan Rx (HMO) H5427-060
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 1
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips	\$0 copay – 6 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
PREMIUM	TBD	TBD
PART B REBATE	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0	\$0
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Broward, Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p>	<p>Broward, Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p>

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	Freedom Medi-Medi Full (HMO D-SNP) H5427-087
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
GROCERY CARD	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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



# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$130
MAX OUT-OF-POCKET	\$1,700	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$5 copay	\$20 copay
INPATIENT HOSPITAL	\$25 copay (days 1 - 5)	\$175 copay days (1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / \$0	\$0 / \$25 / \$70 / 33% / \$10
INSULIN SAVINGS PROGRAM	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	<p>Palm Beach</p> <p>Also available in:</p> <p>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota</p>	<p>Palm Beach</p> <p>Also available in:</p> <p>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota</p>

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom VIP Care (HMO C-SNP) H5427-070	Freedom VIP Savings (HMO C-SNP) H5427-072
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$75 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077	Freedom VIP Savings (HMO C-SNP) H5427-082
PREMIUM	\$0	\$0
PART B REBATE	\$130	\$85
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)	\$195 copay days (1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$60 / 33% / N/A	\$0 / \$35 / \$85 / 33% / \$10
MARKET SERVICE AREA	<p>Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Manatee, Sarasota</i></p>	<p>Broward</p> <p><i>Also available in:</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee</i></p>

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-077	Freedom VIP Savings (HMO C-SNP) H5427-082
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$50 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$80 / 33%
MARKET SERVICE AREA	Broward <i>Also available in: Indian River, Martin, St Lucie Charlotte, Collier, Lee</i>

# Freedom - South Florida 2022 Plan Highlights

PLAN	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
CHIROPRACTIC	N/A
DENTAL	Option 2
GROCERY CARD	N/A
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$50 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Freedom Dental

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

Freedom Health, Inc. is an HMO with a Medicare contract and a contract with the state of Florida Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal.

Freedom Health, Inc. is an HMO D-SNP with a Medicare contract and a contract with the state of Florida Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal.

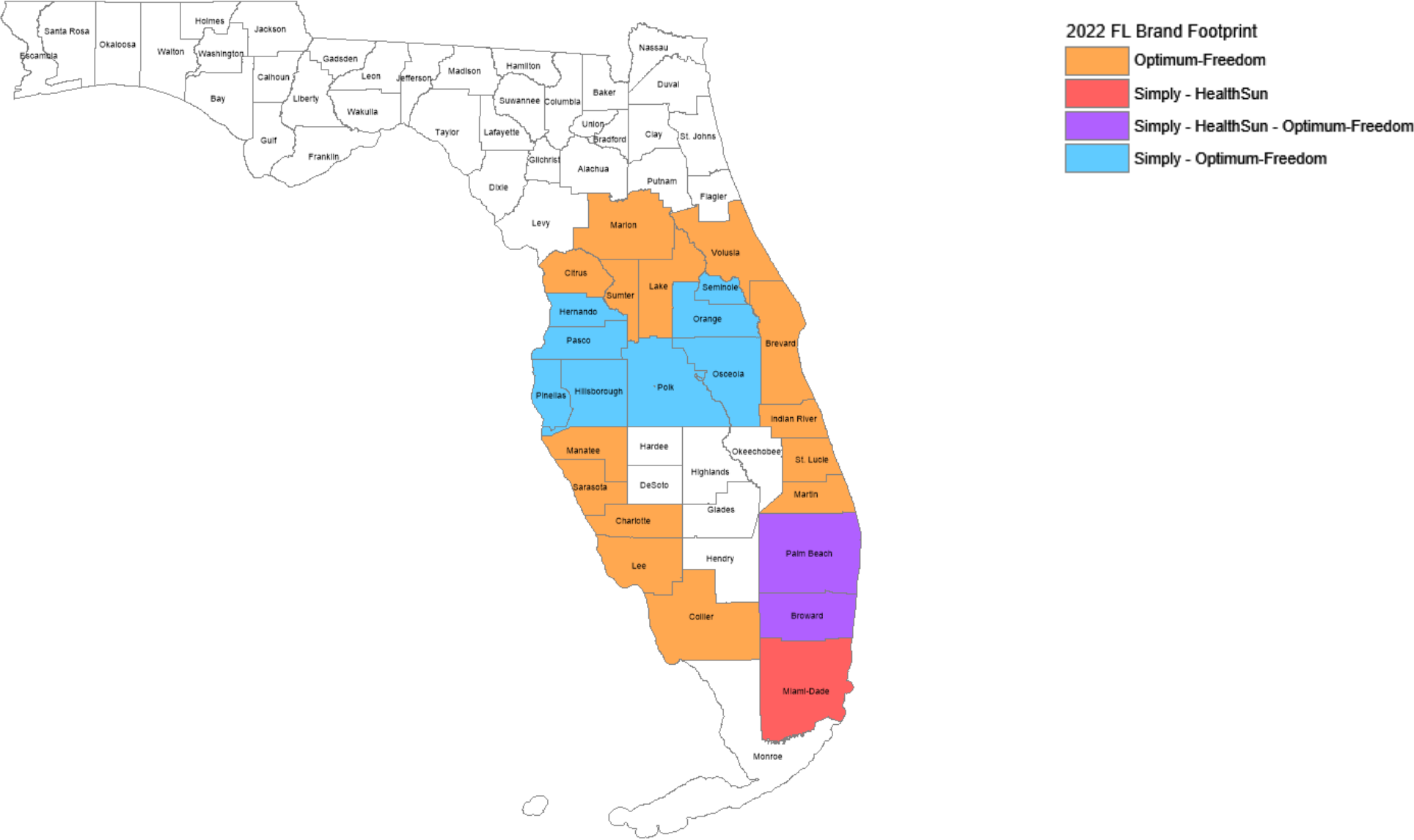
Freedom Health, Inc. is an HMO C-SNP with a Medicare contract and a contract with the state of Florida Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal.

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# 2022 AEP Preliminary Benefit Preview – Optimum

# Florida All Brands



# Optimum Product Portfolio



**Medicare  
Advantage**  
*(MA/MAPD)*



**Chronic  
Conditions  
MAPD**  
*(CSNP)  
ESRD*



**Dual Eligible  
MAPD**  
*(DSNP)*

# New for 2022!\*



## Cash and Monetary Rebate Program

Card can be used for purchases of health related items and services, groceries, utilities, housing, transportation, cash withdrawals from an ATM, and/or anywhere that accepts the debit card as a form of payment.

**Monthly allowance in the form of a debit card**



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## In-Home Support

Benefit of Papa Pal is to target social isolation and provide companionship. Papa Pal can also provide limited assistance with activities of daily living (ADL) and enforce gaps in care such as HRAs, Flu Shots, Medication Adherence, etc.

**Up to 30 hours annually**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advanced Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B REBATE	\$135	\$0
MAX OUT-OF-POCKET	\$1,900	\$1,200
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1 - 5)	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$70 / 33%	\$0 / \$5 / \$50 / 33%
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas <i>Also available in Broward</i>	Hernando, Hillsborough, Pasco, Pinellas <i>Also available in Broward</i>

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 4
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$85 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 20 one-way trips	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$300 per year

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Platinum Plan (HMO) H5594-019	Optimum Gold Plus Plan (HMO) H5594-032
PREMIUM	\$0	\$0
PART B REBATE	\$0	\$140
MAX OUT-OF-POCKET	\$3,400	\$1,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$15 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)	\$75 copay (days 1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%	\$0 / \$20 / \$60 / 33%
MARKET SERVICE AREA	Citrus and Polk <i>Also available in Sarasota</i>	Hernando

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Platinum Plan (HMO) H5594-019	Optimum Gold Plus Plan (HMO) H5594-032
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A	30 annual hours
OVER THE COUNTER	\$30 per month	\$50 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips	\$0 copay – 20 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$150 per year



# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</p> <p><i>Also available in:</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</p> <p><i>Also available in:</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Optimum - West Coast (Tampa Bay) 2022 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	\$148.50	\$148.50
MAX OUT-OF-POCKET	\$1,750	\$2,500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$65 copay (days 1 - 5)	\$65 copay (days 1 - 5)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$55 / 33% / \$10	\$0 / \$15 / \$55 / 33% / N/A
INSULIN SAVINGS PROGRAM	\$0 - \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	N/A
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-028	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-029
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
GROCERY CARD	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$75 per month	\$50 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – 24 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$300 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$300 per year

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-031
PREMIUM	\$0	\$0
PART B REBATE	\$65	\$50
MAX OUT-OF-POCKET	\$5,000	\$5,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10	\$0 / \$30 / \$80 / 33% / N/A
MARKET SERVICE AREA	Citrus, Polk <i>Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia Manatee, Sarasota</i>	Citrus, Polk <i>Also available in: Lake, Marion, Sumter Orange, Osceola, Seminole</i>

# Optimum - West Coast (Tampa Bay) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-031
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$30 per month	\$30 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 4 one-way trips	\$0 copay – 4 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Optimum - Central (The Villages) 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-026
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Lake, Marion, Sumter

# Optimum - Central (The Villages) 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-026
ACUPUNCTURE	N/A
CHIROPRACTIC	N/A
DENTAL	Option 2
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	N/A
OVER THE COUNTER	\$30 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year



# Optimum - Central (The Villages) 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Lake, Marion, Sumter</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Lake, Marion, Sumter</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Optimum - Central (The Villages) 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Optimum - Central (The Villages) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-031
PREMIUM	\$0	\$0
PART B REBATE	\$65	\$50
MAX OUT-OF-POCKET	\$5,000	\$5,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10	\$0 / \$30 / \$80 / 33% /N/A
MARKET SERVICE AREA	Lake, Marion, Sumter <i>Also available in: Citrus, Polk Orange, Osceola, Seminole, Volusia Manatee, Sarasota</i>	Lake, Marion, Sumter <i>Also available in: Citrus, Polk Orange, Osceola, Seminole</i>

# Optimum - Central (The Villages) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-031
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$30 per month	\$30 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 4 one-way trips	\$0 copay – 4 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Optimum - East Florida (Orlando) 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-022
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia

# Optimum - East Florida (Orlando) 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-022
ACUPUNCTURE	N/A
CHIROPRACTIC	N/A
DENTAL	Option 2
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$30 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 6 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year

# Optimum - East Florida (Orlando) 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Orange, Osceola, Seminole, Volusia</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Orange, Osceola, Seminole, Volusia</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Optimum - East Florida (Orlando) 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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



# Optimum - East Florida (Orlando) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-031
PREMIUM	\$0	\$0
PART B REBATE	\$65	\$50
MAX OUT-OF-POCKET	\$5,000	\$5,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10	\$0 / \$30 / \$80 / 33% / N/A
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia <i>Also available in: Citrus, Polk Lake, Marion, Sumter Manatee, Sarasota</i>	Orange, Osceola, Seminole <i>Also available in: Citrus, Polk Lake, Marion, Sumter</i>

# Optimum - East Florida (Orlando) 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-031
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 2
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$30 per month	\$30 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 4 one-way trips	\$0 copay – 4 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Optimum - Treasure Coast 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Brevard, Indian River, Martin, St Lucie</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>	<p>Brevard, Indian River, Martin, St Lucie</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p> <p><i>Broward, Palm Beach</i></p>

# Optimum - Treasure Coast 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Optimum - Treasure Coast 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-034	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-035
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$6,700	\$6,700
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 - 7)	\$225 copay (days 1 - 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie <i>Also available in: Charlotte, Collier, Lee</i>	Indian River, Martin, St Lucie <i>Also available in: Charlotte, Collier, Lee</i>

# Optimum - Treasure Coast 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-034	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-035
CHIROPRACTIC	N/A	N/A
DENTAL	Option 1	Option 1
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$20 per month	\$20 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 4 one-way trips	\$0 copay – 4 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Platinum Plan (HMO) H5594-019
PREMIUM	\$0
PART B REBATE	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Sarasota <i>Also available in Citrus and Polk</i>

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Platinum Plan (HMO) H5594-019
ACUPUNCTURE	N/A
CHIROPRACTIC	N/A
DENTAL	Option 2
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$30 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 8 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year



# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota <i>Also available in:</i> <i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i> <i>Lake, Marion, Sumter</i> <i>Orange, Osceola, Seminole, Volusia</i> <i>Brevard, Indian River, Martin, St Lucie</i> <i>Broward, Palm Beach</i>	Charlotte, Collier, Lee, Manatee, Sarasota <i>Also available in:</i> <i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i> <i>Lake, Marion, Sumter</i> <i>Orange, Osceola, Seminole, Volusia</i> <i>Brevard, Indian River, Martin, St Lucie</i> <i>Broward, Palm Beach</i>

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-034	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-035
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$6,700	\$6,700
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)	\$225 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33%	\$0 / \$35 / \$85 / 33%
MARKET SERVICE AREA	Charlotte, Collier, Lee <i>Also available in: Brevard, Indian River, Martin, St Lucie</i>	Charlotte, Collier, Lee <i>Also available in: Indian River, Martin, St Lucie</i>

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-034	Optimum Diamond Rewards COPD (HMO C-SNP) H5594-035
CHIROPRACTIC	N/A	N/A
DENTAL	Option1	Option1
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$20 per month	\$20 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 4 one-way trips	\$0 copay – 4 one-way trips
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; \$10 copay for eyeglasses or contact lenses \$100 per year

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030
PREMIUM	\$0
PART B REBATE	\$65
MAX OUT-OF-POCKET	\$5,000
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10
MARKET SERVICE AREA	Manatee, Sarasota Also available in: Citrus, Polk Lake, Marion, Sumter Orange, Osceola, Seminole, Volusia

# Optimum - Gulf Coast 2022 Plan Highlights

PLAN	Optimum Diamond Rewards (HMO C-SNP) H5594-030
CHIROPRACTIC	N/A
DENTAL	Option 2
HEALTHY MEALS	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
OVER THE COUNTER	\$30 per month
PERS	N/A
PODIATRY	N/A
TRANSPORTATION	\$0 copay – 4 one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year

# Optimum - South Florida 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B REBATE	\$135	\$0
MAX OUT-OF-POCKET	\$1,900	\$1,200
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1-5)	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$70 / 33%	\$0 / \$5 / \$50 / 33%
MARKET SERVICE AREA	Broward <i>Also available in Hernando, Hillsborough, Pasco, Pinellas</i>	Broward <i>Also available in Hernando, Hillsborough, Pasco, Pinellas</i>

# Optimum - South Florida 2022 Plan Highlights

PLAN	Optimum Gold Rewards Plan (HMO) H5594-001	Optimum Platinum Plan (HMO) H5594-002
ACUPUNCTURE	N/A	N/A
CHIROPRACTIC	N/A	N/A
DENTAL	Option 2	Option 4
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum - \$500 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$50 per month	\$85 per month
PERS	N/A	N/A
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – 20 one-way trips	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$300 per year



# Optimum - South Florida 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	<p>Broward, Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p>	<p>Broward, Palm Beach</p> <p><i>Also available in:</i></p> <p><i>Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk</i></p> <p><i>Lake, Marion, Sumter</i></p> <p><i>Orange, Osceola, Seminole, Volusia</i></p> <p><i>Brevard, Indian River, Martin, St Lucie</i></p> <p><i>Charlotte, Collier, Lee, Manatee, Sarasota</i></p>

# Optimum - South Florida 2022 Plan Highlights

PLAN	Optimum Emerald Partial (HMO D-SNP) H5594-016	Optimum Emerald Full (HMO D-SNP) H5594-017
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
CHIROPRACTIC	N/A	N/A
DENTAL	Option 3	Option 3
CASH AND MONETARY REBATE PROGRAM	Covered	Covered
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum - \$1,000 each ear per year
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$125 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	N/A	N/A
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# Optimum Dental

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

Optimum HealthCare, Inc. is an HMO with a Medicare contract and a contract with the state of Florida Medicaid program. Enrollment in Optimum HealthCare, Inc. depends on contract renewal.

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# 2022 AEP Preliminary Benefit Preview – HealthSun



# HealthSun Product Portfolio



**Medicare  
Advantage**  
*(MA/MAPD)*



**Dual Eligible  
MAPD**  
*(DSNP)*



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## In-Home Support

Benefit of Papa Pal is to target social isolation and provide companionship. Papa Pal can also provide limited assistance with activities of daily living (ADL) and enforce gaps in care such as HRAs, Flu Shots, Medication Adherence, etc.

**Up to 30 hours annually**



## Advanced Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*



# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-001	HealthSun HealthAdvantage Plus (HMO) H5431-017 <span>New</span>
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$131
MAX OUT-OF-POCKET	\$1,500	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$20 / \$35 / 33% / \$0	\$0 / \$0 / \$47 / \$100 / 33% / \$0
MARKET SERVICE AREA	Miami-Dade	Miami-Dade

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-001	HealthSun HealthAdvantage Plus (HMO) H5431-017 <span>New</span>
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	HS 8	HS 7
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge
HEARING	\$0 copay - 1 hearing exam per year / \$0 copay - 1 fitting/evaluation per year / \$1,500 maximum plan benefit per 2 years	
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$75 per month	\$25 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – 4 visits	\$0 copay – 4 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun MediMax (HMO) H5431-006
PREMIUM	TBD
PART B REBATE	N/A
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$430 (T1 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	25% / 25% / 25% / 25% / 25% / \$0
MARKET SERVICE AREA	Miami-Dade, Broward

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun MediMax (HMO) H5431-006
ACUPUNCTURE	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	HS 8
FITNESS	SilverSneakers®
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month
HEARING	\$0 copay - 1 hearing exam; \$0 copay – 1 fitting/evaluation per year; \$1,500 maximum plan benefit per 2 years
IN-HOME SUPPORT SERVICES	30 annual hours
OVER THE COUNTER	\$100 per month
PERS	Covered
PODIATRY	\$0 copay – 4 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-012	HealthSun HealthAdvantage Plus (HMO) H5431-018 <span>New</span>
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$131
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)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$20 / \$35 / 33% / \$0	\$0 / \$0 / \$47 / \$100 / 33% / \$0
MARKET SERVICE AREA	Broward	Broward

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-012	HealthSun HealthAdvantage Plus (HMO) H5431-018 <span>New</span>
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	HS 8	HS 7
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge
HEARING	\$0 copay - 1 hearing exam per year / \$0 copay - 1 fitting/evaluation per year / \$1,500 maximum plan benefit per 2 years	
IN-HOME SUPPORT	30 annual hours	N/A
OVER THE COUNTER	\$80 per month	\$25 per month
PERS	Covered	N/A
PODIATRY	\$0 copay – 4 visits	\$0 copay – 4 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
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

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun MediSun Plus (HMO D-SNP) H5431-015	HealthSun MediSun Extra (HMO D-SNP) H5431-019
PREMIUM	TBD	TBD
PART B REBATE	N/A	N/A
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Miami-Dade, Broward	Miami-Dade, Broward

New

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun MediSun Plus (HMO D-SNP) H5431-015	HealthSun MediSun Extra (HMO D-SNP) H5431-019 <span>New</span>
ADVANCED DIRECTIVES PROGRAM	Covered	Covered
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 12 visits	\$0 copay – 12 visits
DENTAL	HS 8	HS 8
FITNESS	SilverSneakers®	SilverSneakers®
GROCERY CARD	Covered	Covered
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month	42 post discharge / 5 chronic condition meals per month
HEARING	\$0 copay - 1 hearing exam per year / \$0 copay - 1 fitting/evaluation per year / \$1,500 maximum plan benefit per 2 years	
IN-HOME SUPPORT	30 annual hours	30 annual hours
OVER THE COUNTER	\$100 per month	\$125 per month
PERS	Covered	Covered
PODIATRY	\$0 copay – 4 visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – unlimited one-way trips	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	



# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-013
PREMIUM	\$0
PART B REBATE	N/A
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$20 copay (days 1 - 6)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$20 / \$35 / 33% / \$0
MARKET SERVICE AREA	Palm Beach

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun HealthAdvantage Plan (HMO) H5431-013
ACUPUNCTURE	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	HS 8
FITNESS	SilverSneakers®
HEALTHY MEALS	42 post discharge / 20 chronic condition meals per month
HEARING	\$0 copay - 1 hearing exam per year \$0 copay - 1 fitting/evaluation per year \$1,500 maximum plan benefit per 2 years
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$60 per month
PERS	Covered
PODIATRY	\$0 copay – 4 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun MediSun Plus (HMO D-SNP) H5431-016
PREMIUM	TBD
PART B REBATE	N/A
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Palm Beach

# HealthSun - South Florida 2022 Plan Highlights

PLAN	HealthSun MediSun Plus (HMO D-SNP) H5431-016
ADVANCED DIRECTIVES PROGRAM	Covered
ACUPUNCTURE	\$0 copay – 12 visits
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	HS 8
FITNESS	SilverSneakers®
GROCERY CARD	Covered
HEALTHY MEALS	42 post discharge /20 chronic condition meals per month
HEARING	\$0 copay - 1 hearing exam per year; \$0 copay - 1 fitting/evaluation per year; \$1,500 maximum plan benefit per 2 years
IN-HOME SUPPORT	30 annual hours
OVER THE COUNTER	\$125 per month
PERS	Covered
PODIATRY	\$0 copay – 4 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year

# 2022 HealthSun Dental Options

## HealthSun 7



### **\$0 Copay:**

#### **Preventive Dental Services:**

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

#### **Comprehensive Dental Services:**

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

**\$2,000 annual combined maximum benefit**

## HealthSun 8

New



### **\$0 Copay:**

#### **Preventive Dental Services:**

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

#### **Comprehensive Dental Services:**

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

**\$5,000 annual combined maximum benefit**

HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.

HealthSun Health Plans is an HMO D-SNP plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.

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