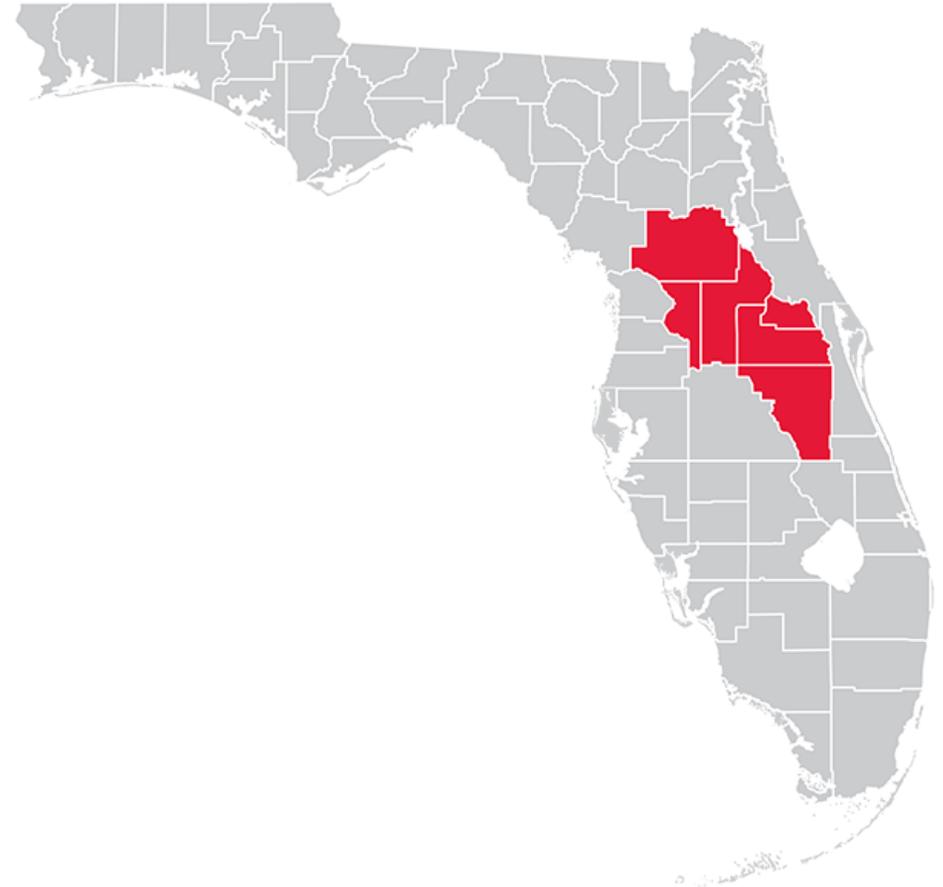


## Market Highlights

- New CareEssentials Card available on H1019-150-000 with a monthly allowance of \$215. The allowance is used for overall wellness for members diagnosed with a chronic condition.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Increased Part B premium giveback on select plans.

## Network Highlights

- For a complete list of in-network providers, visit [www.CarePlusHealthPlans.com](http://www.CarePlusHealthPlans.com).
- Most major hospital facilities within the market are in-network.
- Network physician groups include: Aegis, Centerwell, Dedicated, DNF, IMA, Optumcare, Orlando Fam Med, Orlando Fam Physicians, Physicians Associates, Physician Partners



### Market Service Area

Lake, Marion, Orange, Osceola, Seminole, Sumter

MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me the most benefits and the best value	Gives me the most benefits and the best value
<b>Plan Name</b>	CareOne Plus (HMO-POS)	CareFree Platinum Giveback (HMO)	CareFree Giveback (HMO)
<b>Plan Number</b>	H1019-057-000	H1019-138-000	H1019-149-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$5, CarePlus	\$160, CarePlus	\$110, CarePlus
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$0 copayment	\$20 copayment	\$15 copayment
<b>Referrals Required</b>	Yes	Yes	Yes
<b>Inpatient Hospital</b>	\$60 per day, Days(1-5);	\$225 per day, Days(1-5);	\$150 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$2750 IN	\$3300 IN	\$3850 IN
<b>Rx Deductible</b>	No Deductible	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$0/\$25/35%/33%	\$0/\$0/\$15/25%/33%	\$0/\$0/\$30/\$70/33%
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 26 one-way trip(s) per year, unlimited miles per trip
<b>Market Service Area</b>	Orlando Market-wide	Orlando Market-wide	Orlando Market-wide

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Gives me the most benefits and the best value	Supports my chronic conditions
<b>Plan Name</b>	CareBreeze Platinum (HMO C-SNP)	CareAccess (HMO)	CareComplete Platinum (HMO C-SNP)
<b>Plan Number</b>	H1019-151-001	H1019-144-000	H1019-147-001
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$166, CarePlus	N/A, CarePlus	\$160, CarePlus
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$10 copayment	\$30 copayment	\$10 copayment
<b>Referrals Required</b>	Yes	No	Yes
<b>Inpatient Hospital</b>	\$100 per day, Days(1-7);	\$225 per day, Days(1-7);	\$150 per day, Days(1-7);
<b>Max Out-of-Pocket</b>	\$2400 IN	\$4900 IN	\$2400 IN
<b>Rx Deductible</b>	No Deductible	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/50%/33%/\$0	\$0/\$0/\$30/35%/33%	\$0/\$0/\$30/35%/33%/\$0
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, root canals
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products, Transportation 26 one-way trip(s) per year, unlimited miles per trip
<b>Market Service Area</b>	Orlando Market-wide	Orlando Market-wide	Orlando Market-wide

<b>Top Consumer Priority for their Medicare Plan</b>	<b>Supports my chronic conditions</b>
<b>Plan Name</b>	CareComplete (HMO C-SNP) 
<b>Plan Number</b>	H1019-150-000
<b>Premium</b>	\$0.00
<b>Deductible</b>	N/A
<b>Part B Deductible Info</b>	N/A
<b>Part B Giveback</b>	\$4, CarePlus
<b>PCP</b>	\$0 copayment
<b>Specialist</b>	\$10 copayment
<b>Referrals Required</b>	Yes
<b>Inpatient Hospital</b>	\$50 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$2500 IN
<b>Rx Deductible</b>	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$0/\$40/50%/33%/\$0
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, Transportation 26 one-way trip(s) per year, unlimited miles per trip
<b>Market Service Area</b>	Orlando Market-wide

D-SNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage
<b>Plan Name</b>	CareNeeds Plus (HMO D-SNP)	CareNeeds Platinum (HMO D-SNP)
<b>Plan Number</b>	H1019-073-000	H1019-146-000
<b>Medicaid Levels</b>	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+, CarePlus	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+, CarePlus
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings
<b>CareEssentials Card</b>	\$125 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$225 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.
<b>Vision</b>	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 3 pairs of select eyeglasses at no cost	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 3 pairs of select eyeglasses at no cost

<b>Hearing</b>	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.
<b>Transportation</b>	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, medical transport, rideshare services, taxi, van, wheelchair access vehicle. This benefit offers unlimited miles per trip.	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, medical transport, rideshare services, taxi, van, wheelchair access vehicle. This benefit offers unlimited miles per trip.
<b>Current Service Area</b>	Orlando Market-wide	Orlando Market-wide

# Other Plans

Plan Name	Plan Number	Plan Category
CareSalute (HMO)	H1019-133-000	MA

## Local Support

### Local Support - Florida



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### Local Sales Manager