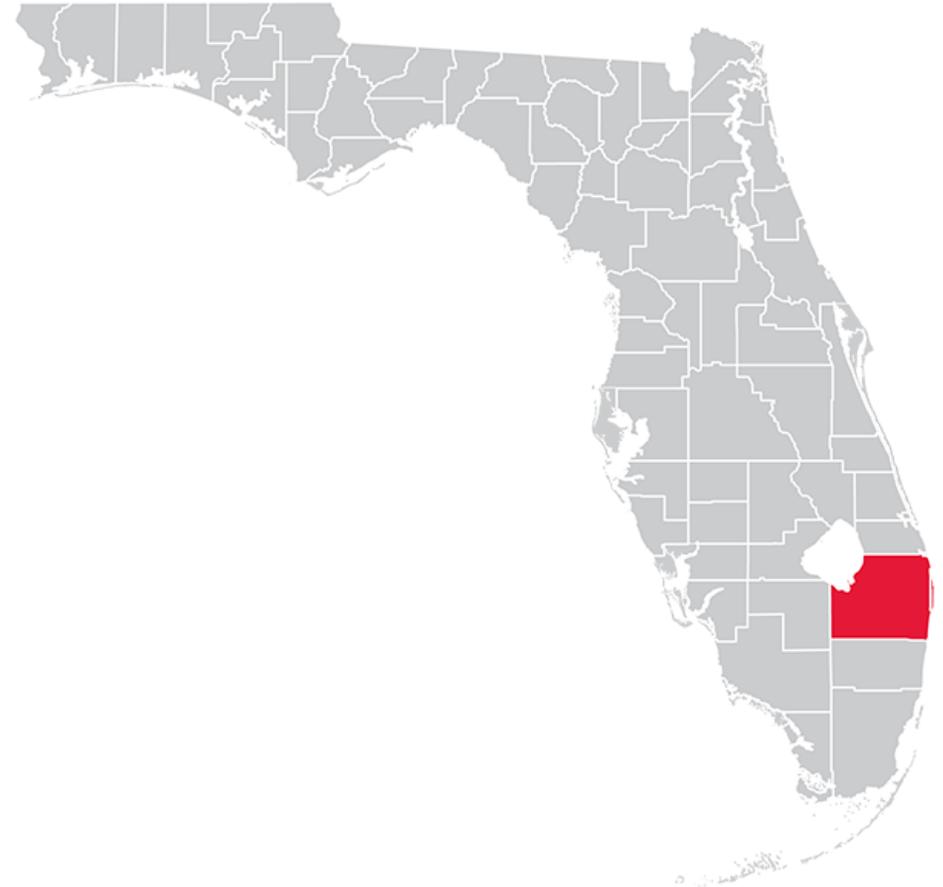


Market Highlights

- New expansion of HMO-POS H1019-135-000 that does not require referrals for specialists.
- H1019-135-000 available with a Part B giveback up to \$145.
- New plan, H1019-148-000, available with low MOOP.
- CareEssentials Card allowance available on Dual Eligible plan H1019-023-000 with a monthly allowance of \$225. The allowance can be used for items such as rent, utilities, groceries and OTC.
- \$0 Copay on all plan approved drugs on all tiers through all stages for DSNP Members.
- Multiple Chronic Special Needs plan available with Part B premium giveback up to \$145.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients

Network Highlights

- All hospital facilities within the market are in-network.
- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com.



Market Service Area

Palm Beach

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	Supports my chronic conditions
Plan Name	CareFree Platinum Giveback (HMO-POS)	CareAccess (HMO)	CareComplete (HMO C-SNP)
Plan Number	H1019-135-000	H1019-148-000	H1019-150-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$145, CarePlus	\$5, CarePlus	\$4, CarePlus
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$25 copayment	\$10 copayment	\$10 copayment
Referrals Required	Yes	No	Yes
Inpatient Hospital	\$225 per day, Days(1-7);	\$50 per day, Days(1-5);	\$50 per day, Days(1-5);
Max Out-of-Pocket	\$3400 IN	\$2250 IN	\$2500 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/\$85/33%	\$0/\$0/\$30/35%/33%	\$0/\$0/\$40/50%/33%/\$0
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing
Key Extra Benefits	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, Transportation 50 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
Market Service Area	Palm Beach Market-wide	Palm Beach Market-wide	Palm Beach Market-wide

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Supports my chronic conditions	Gives me the most benefits and the best value
Plan Name	CareBreeze Platinum (HMO C-SNP)	CareComplete Platinum (HMO C-SNP)	CareOne Plus (HMO-POS)
Plan Number	H1019-124-000	H1019-130-000	H1019-001-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$150, CarePlus	\$150, CarePlus	\$5, CarePlus
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$20 copayment	\$20 copayment	\$0 copayment
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$150 per day, Days(1-6);	\$150 per day, Days(1-6);	\$0 per admission
Max Out-of-Pocket	\$3400 IN	\$3400 IN	\$2000 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$45/50%/33%/\$0	\$0/\$5/\$45/50%/33%/\$0	\$0/\$0/\$0/39%/33%
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$10/Month for select health and wellness products, Transportation 50 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$10/Month for select health and wellness products, Transportation 50 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$175/Quarter for select health and wellness products, Transportation 50 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Palm Beach Market-wide	Palm Beach Market-wide	Palm Beach Market-wide

D-SNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	CareNeeds Platinum (HMO D-SNP)
Plan Number	H1019-023-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+, CarePlus
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, root canals
CareEssentials Card	\$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.
Vision	\$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

Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.
Transportation	\$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.
Current Service Area	Palm Beach Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
CareFree Giveback (HMO)	H1019-065-000	MA-PD
CareSalute (HMO)	H1019-119-000	MA

Local Support

Local Support - Florida



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