

Freedom - Central Florida 2026 Plan Highlights

	 Freedom VIP Care (HMO C-SNP) H5427-070	 Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$185
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$60 / 33% / \$0 \$0 copay – T1 and T5 mail order 30 - 100 day supply	\$0 / \$20 / \$65 / 33% / \$10 \$0 copay – T1 and T5 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2026 Plan Highlights

★ **Freedom VIP Care
(HMO C-SNP)**
H5427-070

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-072

	Option 4	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Central Florida 2026 Plan Highlights



Freedom VIP Savings COPD (HMO C-SNP) H5427-077

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$65 / 33% / N/A \$0 copay - T1 and T5 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2026 Plan Highlights



Freedom VIP Savings COPD (HMO C-SNP) H5427-077

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2026 Plan Highlights



Freedom Máximo (HMO-POS)

H5427-112

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$15 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole



Freedom - Central Florida 2026 Plan Highlights

★ **Freedom Máximo**
(HMO-POS)
 H5427-112

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$50 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-102

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$15 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2026 Plan Highlights

Freedom Platinum Rewards Plan Rx



(HMO)

H5427-102

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$65 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2026 Plan Highlights

Freedom Platinum Plan Rx (HMO)

H5427-089

PREMIUM	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$2,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$25 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2026 Plan Highlights

Freedom Platinum Plan Rx (HMO) H5427-089

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Central Florida 2026 Plan Highlights

Freedom Savings (HMO) H5427-052

PREMIUM	\$0
PART B GIVEBACK	\$75
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia



Freedom - Central Florida 2026 Plan Highlights

Freedom Savings (HMO) H5427-052

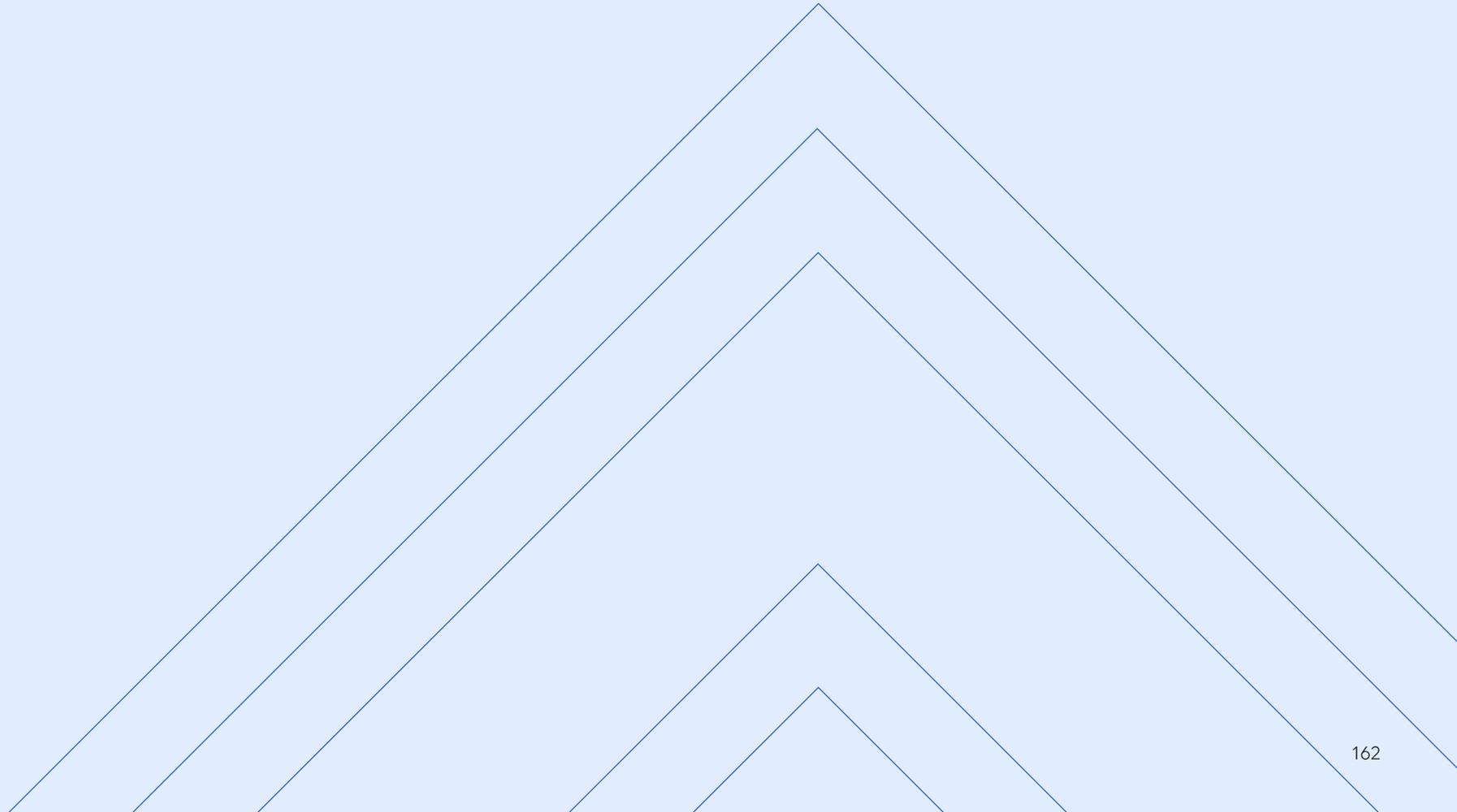
Option 1

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Central



Optimum - Central Florida 2026 Plan Highlights

	★ Optimum Emerald Partial (HMO D-SNP) H5594-016	★ Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T4)	\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole, Volusia

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Optimum - Central Florida 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



Optimum - Central Florida 2026 Plan Highlights

	Optimum Diamond Savings (HMO C-SNP) H5594-030	Optimum Diamond Savings COPD (HMO C-SNP) H5594-031
PREMIUM	\$0	\$0
PART B GIVEBACK	\$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)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$35 / \$85 / 33% / \$10 \$0 copay – T1 mail order 30 - 100 day supply	\$0 / \$35 / \$85 / 33% / N/A \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole, Volusia	Orange, Osceola, Seminole



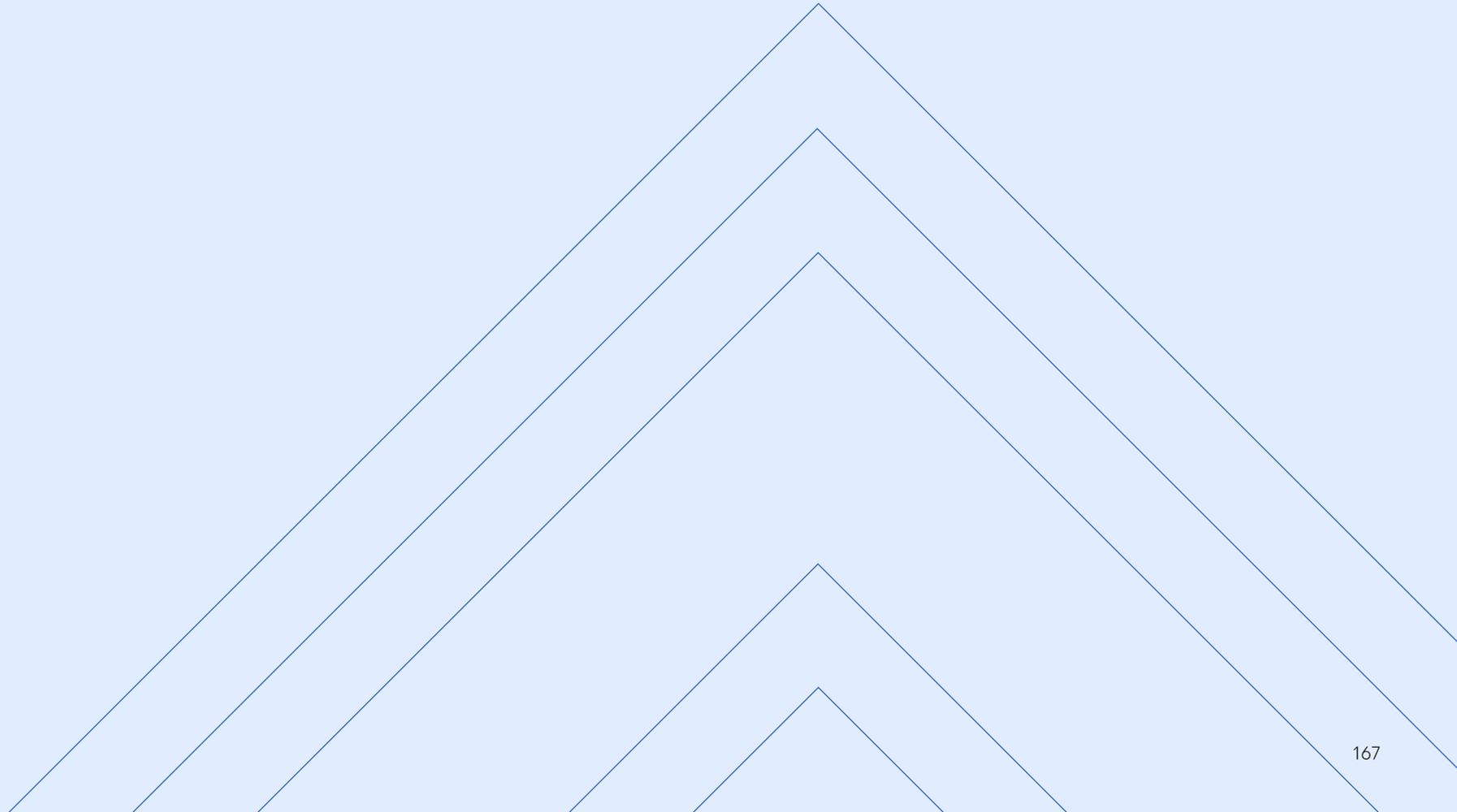
Optimum - Central Florida 2026 Plan Highlights

	Optimum Diamond Savings (HMO C-SNP) H5594-030	Optimum Diamond Savings COPD (HMO C-SNP) H5594-031
	Option 2	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
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
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips per year	\$0 copay – 4 one-way trips per year
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



SIMPLY

Central



Simply - Central Florida 2026 Plan Highlights

	  Simply Integrated (HMO D-SNP) H5471-129	  Simply Integrated Platinum (HMO D-SNP) H5471-136		
MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Orange, Osceola, Seminole, Volusia		Orange, Osceola, Seminole, Volusia

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - Central Florida 2026 Plan Highlights

	<div style="background-color: white; border-radius: 10px; padding: 2px 10px; display: inline-block;">NEW</div> <div style="text-align: center;"> ★ </div> Simply Integrated (HMO D-SNP) H5471-129	<div style="background-color: white; border-radius: 10px; padding: 2px 10px; display: inline-block;">NEW</div> <div style="text-align: center;"> ★ </div> Simply Integrated Platinum (HMO D-SNP) H5471-136
MEDICAID STATUS	Full Dual FBDE, QMB+, SLMB+	Full Dual FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Assistive Devices, Healthy Foods and Utilities	\$200 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$125 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year	\$0 copay – unlimited one-way trips to PAL per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



Simply - Central Florida 2026 Plan Highlights



Simply Level Platinum (HMO C-SNP)

H5471-122

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$200 copay (days 1-5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$20 / \$65 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole



Simply - Central Florida 2026 Plan Highlights



Simply Level Platinum (HMO C-SNP)

H5471-122

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$20 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - Central Florida 2026 Plan Highlights



Simply Extra Platinum (HMO) H5471-120 (Transitioned H5471-107)

PREMIUM	\$0
PART B GIVEBACK	\$170
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole



Simply - Central Florida 2026 Plan Highlights



Simply Extra Platinum (HMO) H5471-120 (Transitioned H5471-107)

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$30 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	N/A
PODIATRY	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge



Simply - Central Florida 2026 Plan Highlights

Simply Complete Platinum (HMO D-SNP) H5471-121

Simply Complete (HMO D-SNP) H5471-072

	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
PREMIUM		\$0 - \$4.80		\$0 - \$4.80
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Orange, Osceola, Seminole, Volusia		Orange, Osceola, Seminole, Volusia

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - Central Florida 2026 Plan Highlights

Simply Complete Platinum (HMO D-SNP) H5471-121

Simply Complete (HMO D-SNP) H5471-072

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$125 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$122 per month		\$80 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge / 36 chronic condition		10 post discharge	



Simply - Central Florida 2026 Plan Highlights

Simply Level (HMO C-SNP) H5471-073

PREMIUM	\$0
PART B GIVEBACK	\$55
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$20 / \$65 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole



Simply - Central Florida 2026 Plan Highlights

Simply Level (HMO C-SNP) H5471-073

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - Central Florida 2026 Plan Highlights

Simply More (HMO) H5471-074

PREMIUM	\$0
PART B GIVEBACK	\$40
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$30 / \$85 / 33% / \$0 \$0 copay - T1 and T6 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Orange, Osceola, Seminole



Simply - Central Florida 2026 Plan Highlights

Simply More (HMO) H5471-074

Value Dental Plan

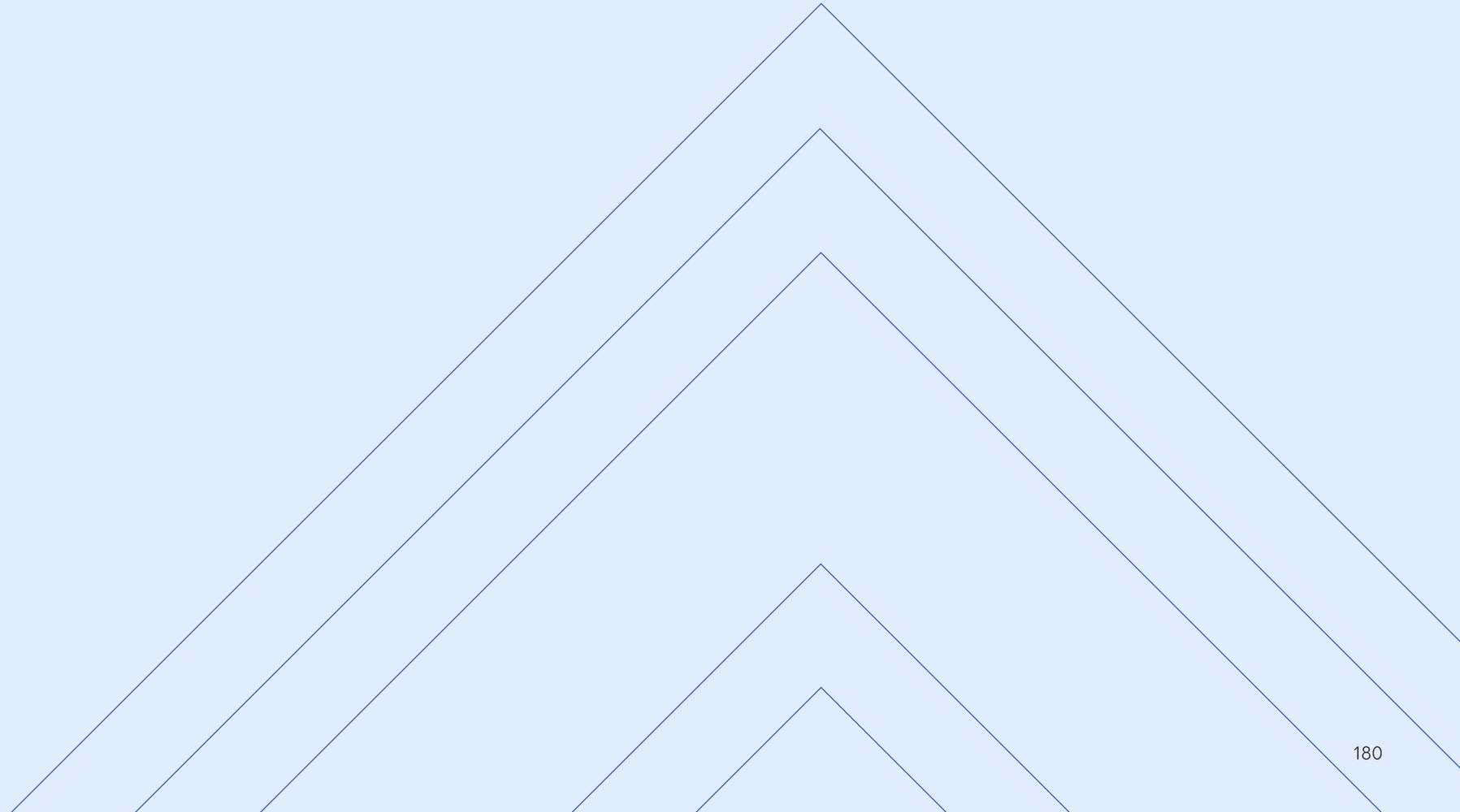
DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Florida East

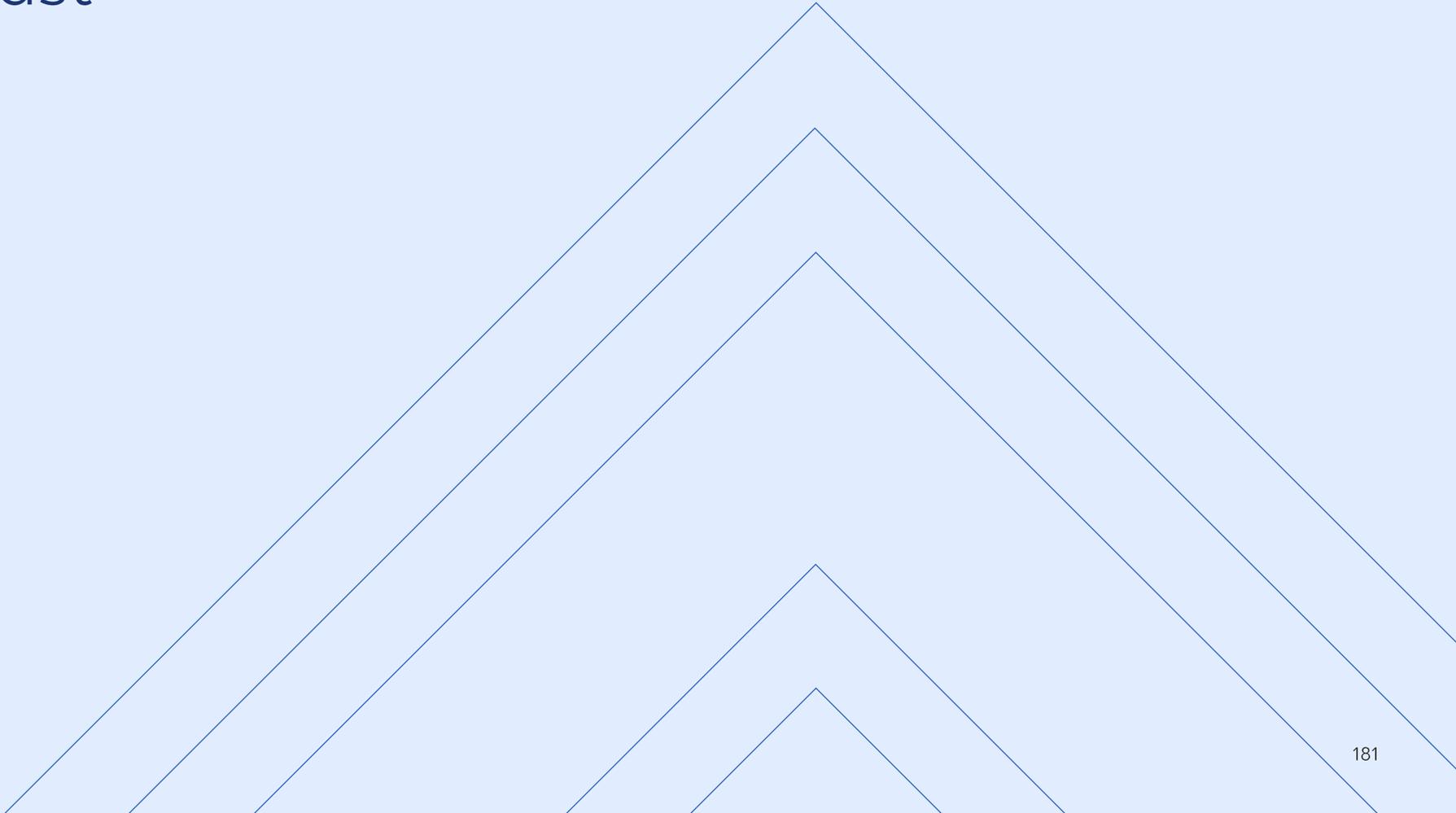
Treasure Coast

Freedom
Optimum
Simply



FREEDOM

Treasure Coast



Freedom - Treasure Coast 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T4)		\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Brevard, Indian River, Martin, St Lucie		Brevard, Indian River, Martin, St Lucie

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Freedom - Treasure Coast 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year		\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge within 7 days		10 post discharge within 7 days	



Freedom - Treasure Coast 2026 Plan Highlights

★ **Freedom VIP Rewards
(HMO C-SNP)**
H5427-108

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-082

PREMIUM	\$0	\$0
PART B GIVEBACK	\$185	\$120
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 7)	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 copay (days 21 - 100)	\$0 copay (days 1 - 20) \$218 copay (days 21 - 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10 \$0 copay - T1 mail order 30 - 100 day supply	\$0 / \$30 / \$80 / 33% / \$10 \$0 copay - T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2026 Plan Highlights

★ **Freedom VIP Rewards
(HMO C-SNP)**
H5427-108

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-082

	Option 2	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	N/A
OVER THE COUNTER	\$60 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Treasure Coast 2026 Plan Highlights



**Freedom VIP Savings COPD
(HMO C-SNP)
H5427-083**

PREMIUM	\$0
PART B GIVEBACK	\$120
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$80 / 33% \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Indian River, Martin, St Lucie



Freedom - Treasure Coast 2026 Plan Highlights



Freedom VIP Savings COPD (HMO C-SNP)

H5427-083

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Treasure Coast 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-106

PREMIUM	\$0
PART B GIVEBACK	\$150
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$80 / 33% \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-106

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Treasure Coast 2026 Plan Highlights

Freedom Platinum Plan Rx (HMO) H5427-088

PREMIUM	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$1,750
PCP	\$0 copay
SPECIALIST	\$15 copay
INPATIENT HOSPITAL	\$85 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% \$0 copay – T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2026 Plan Highlights

Freedom Platinum Plan Rx (HMO)

H5427-088

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$60 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Treasure Coast 2026 Plan Highlights

**Freedom Savings
(HMO)**
H5427-052

PREMIUM	\$0
PART B GIVEBACK	\$75
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie



Freedom - Treasure Coast 2026 Plan Highlights

Freedom Savings

(HMO)

H5427-052

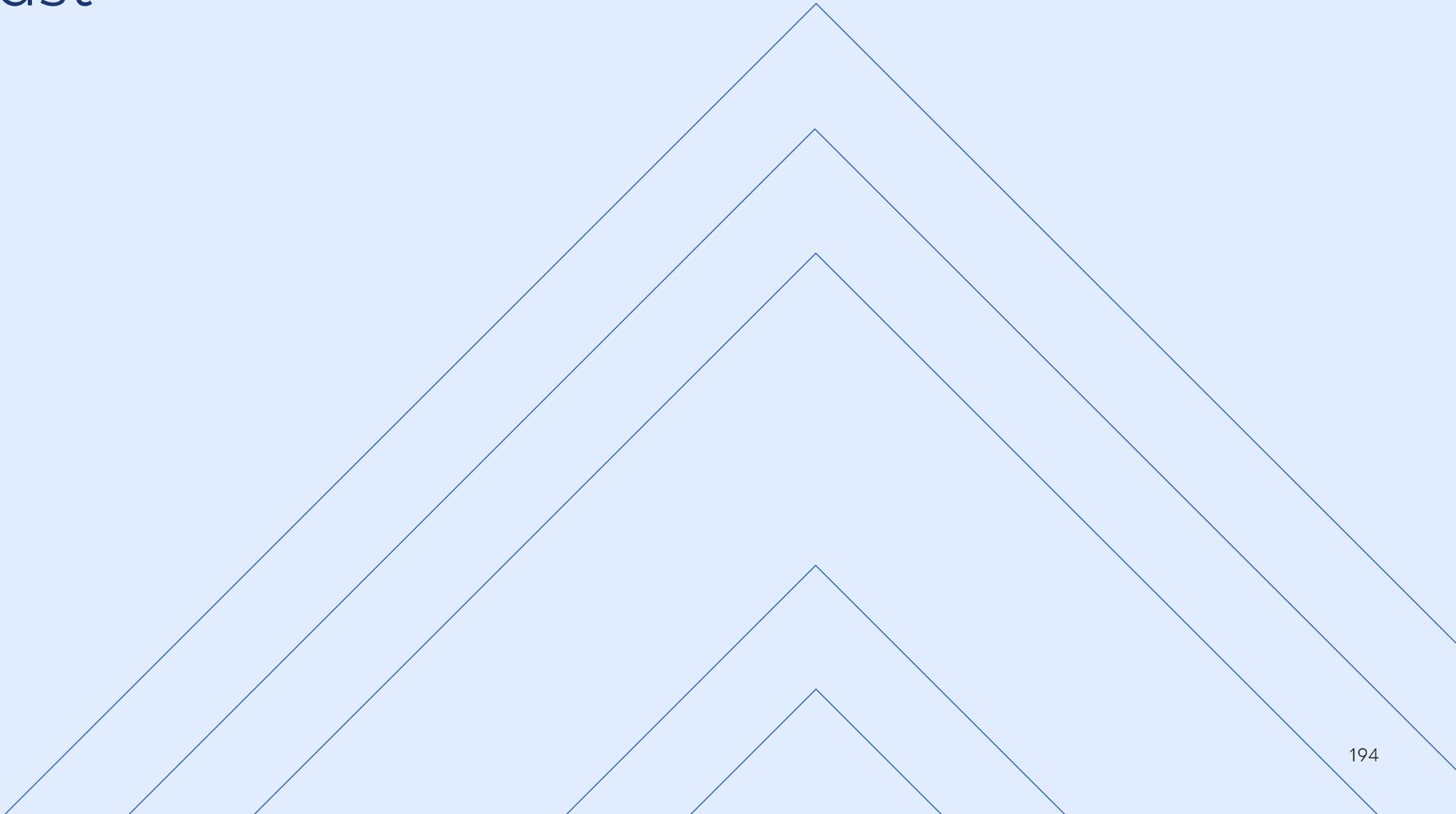
Option 1

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Treasure Coast



Optimum - Treasure Coast 2026 Plan Highlights

	★ Optimum Emerald Partial (HMO D-SNP) H5594-016	★ Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T4)	\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Brevard, Indian River, Martin, St Lucie	Brevard, Indian River, Martin, St Lucie

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Optimum - Treasure Coast 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

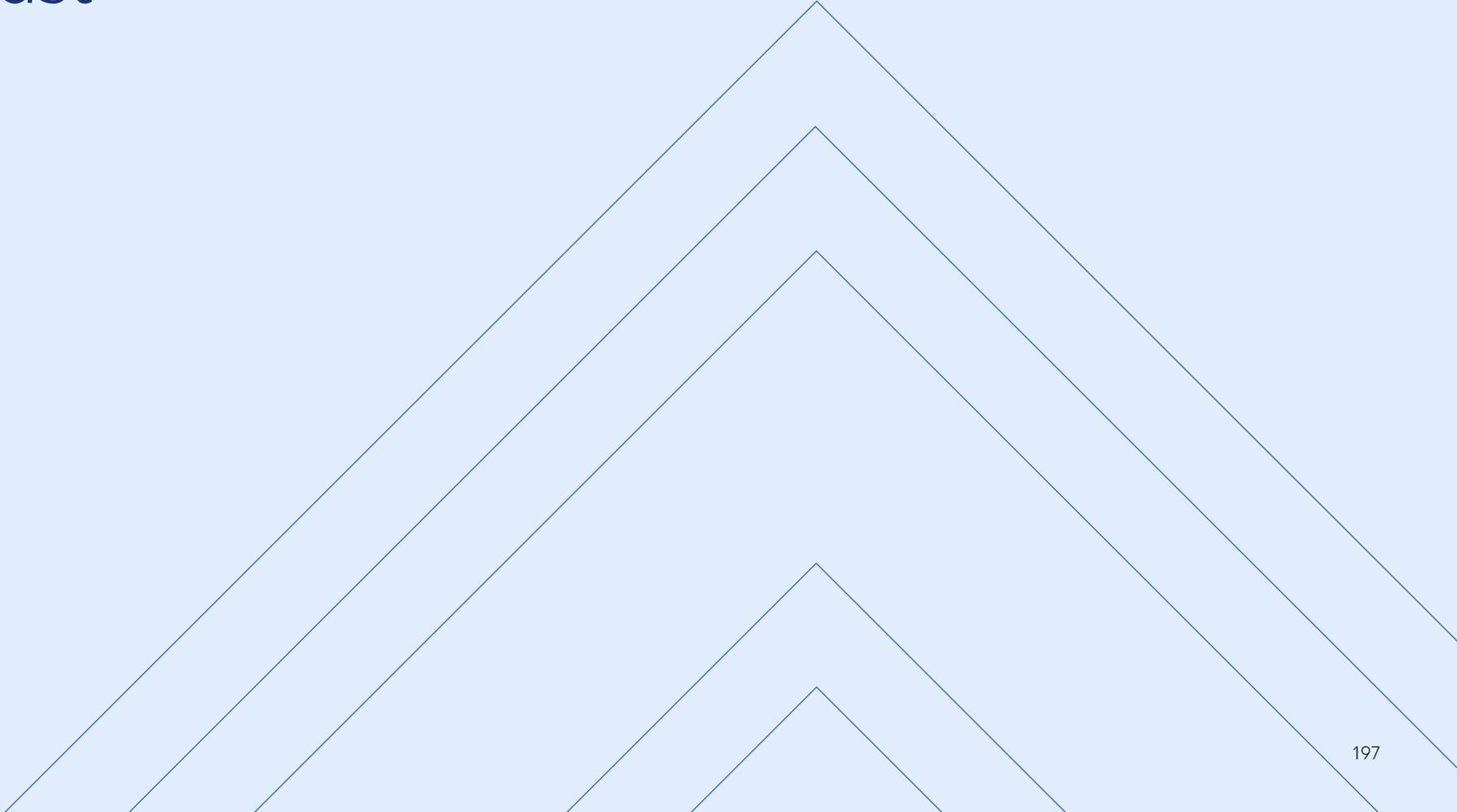
★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



SIMPLY

Treasure Coast



Simply - Treasure Coast 2026 Plan Highlights

	NEW Simply Complete Platinum (HMO D-SNP) H5471-142	NEW Simply Integrated Platinum (HMO D-SNP) H5471-143
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3, T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Highlands, Indian River, Martin, St Lucie	Highlands, Indian River, Martin, St Lucie

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



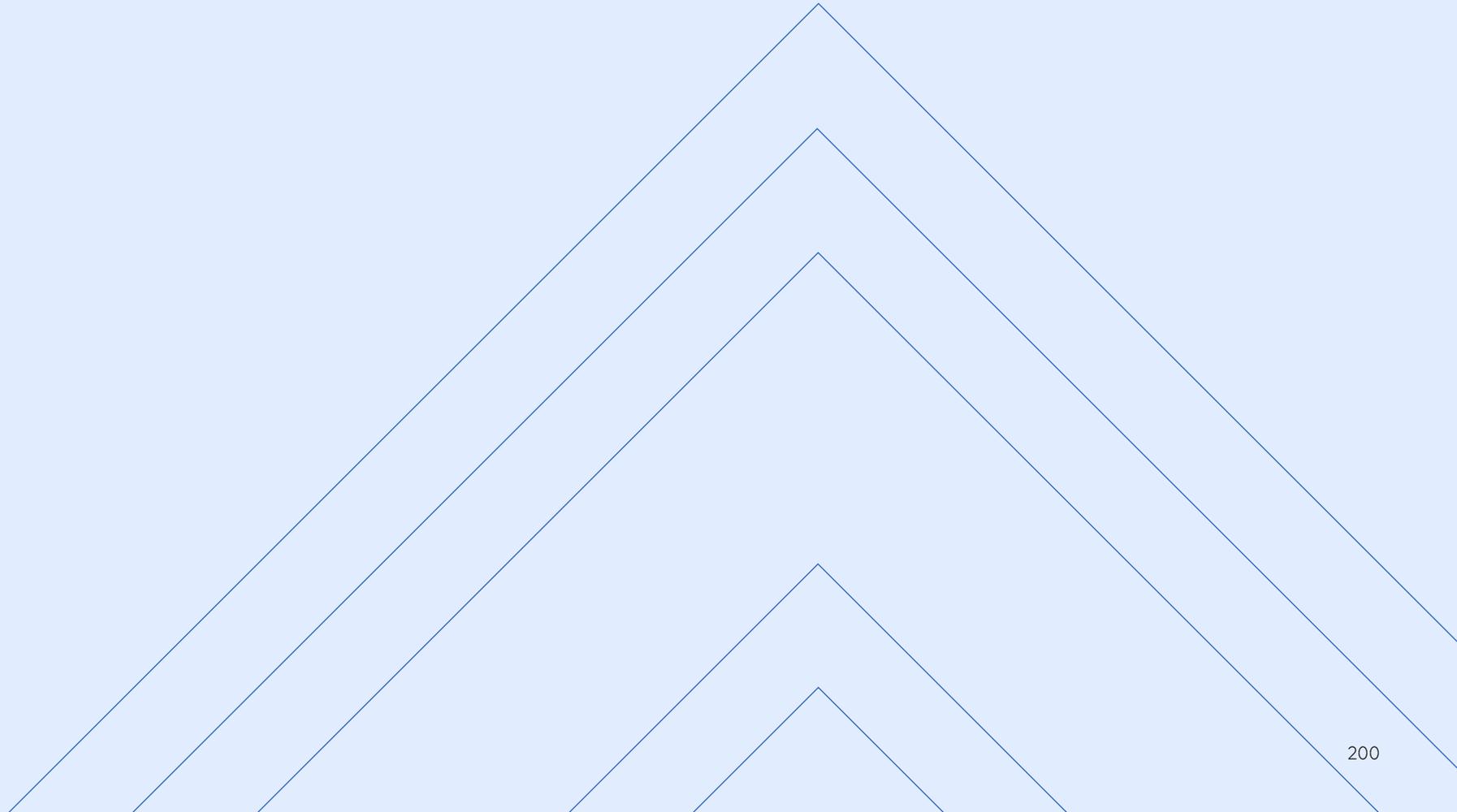
Simply - Treasure Coast 2026 Plan Highlights

	NEW Simply Complete Platinum (HMO D-SNP) H5471-142	NEW Simply Integrated Platinum (HMO D-SNP) H5471-143
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$100 per month Assistive Devices, Healthy Foods and Utilities	\$100 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$129 per month	\$125 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year	\$0 copay – unlimited one-way trips to PAL per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



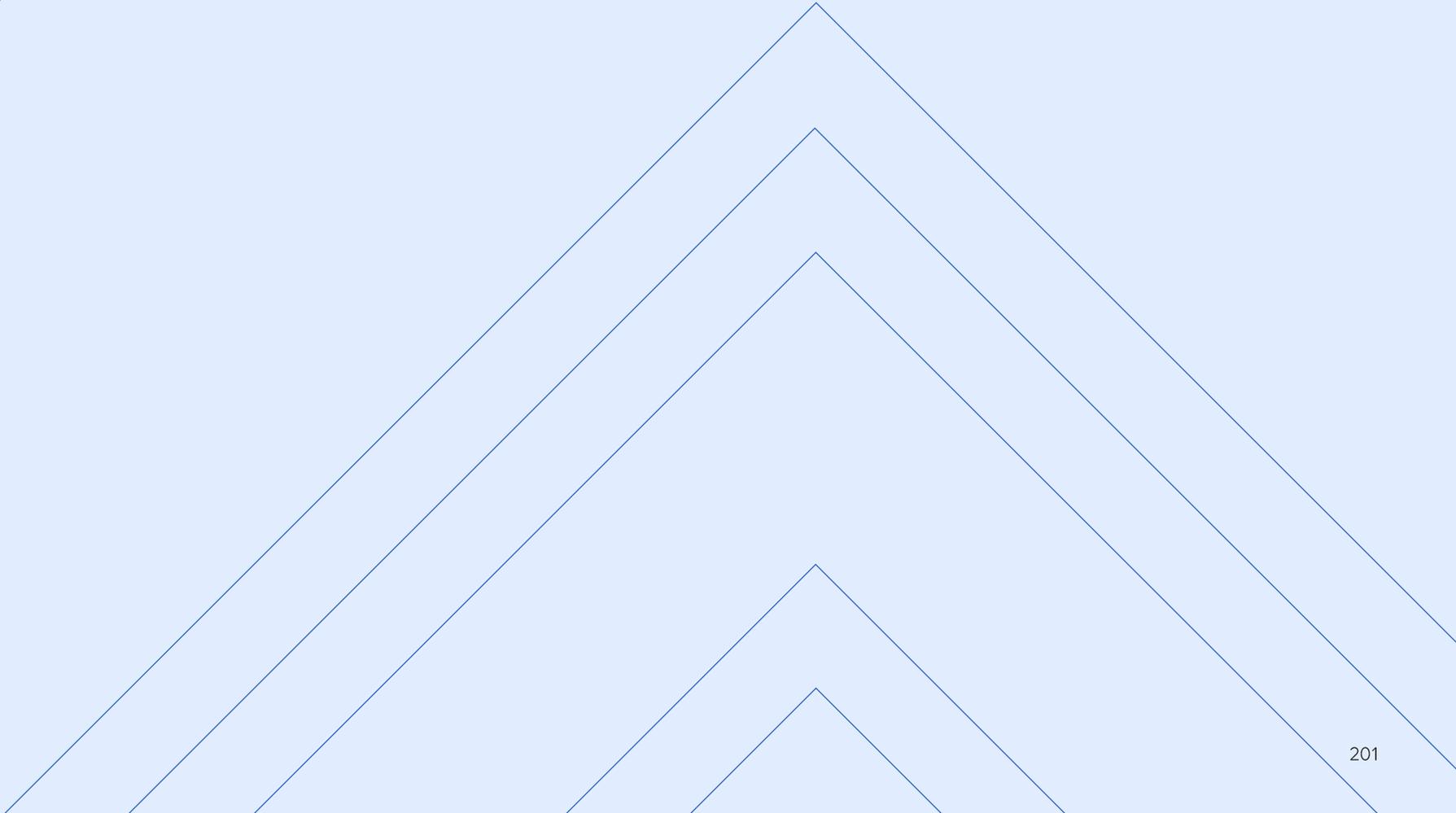
Florida - East

Jacksonville
Simply



SIMPLY

Jacksonville



Simply - Jacksonville 2026 Plan Highlights

	 Simply Complete (HMO D-SNP) H5471-111	 Simply Integrated (HMO D-SNP) H5471-133
MEDICAID STATUS	 Partial Dual QMB, SLMB, QDWI, QI	 NEW Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0 - \$4.80	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Clay, Duval, St Johns	Clay, Duval, St Johns

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - Jacksonville 2026 Plan Highlights

★ **Simply Complete**
(HMO D-SNP)
H5471-111

NEW

★ **Simply Integrated**
(HMO D-SNP)
H5471-133

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Assistive Devices, Healthy Foods and Utilities		\$125 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$100 per month		\$107 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	14 post discharge		14 post discharge	



Simply - Jacksonville 2026 Plan Highlights

	Simply More (HMO) H5471-110	Simply Extra (HMO) H5471-112
PREMIUM	\$0	\$0
PART B GIVEBACK	\$33	\$125
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$35 copay
INPATIENT HOSPITAL	\$125 copay (days 1 - 5)	\$325 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply	\$0 / \$10 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Clay, Duval, St Johns	Clay, Duval, St Johns



Simply - Jacksonville 2026 Plan Highlights

	Simply More (HMO) H5471-110	Simply Extra (HMO) H5471-112
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$35 per month	\$40 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 trips one-way trips to PAL per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



Florida - West

Tampa Bay

- Freedom
- Optimum
- Simply

The Villages

- Freedom
- Optimum
- Simply

Gulf Coast

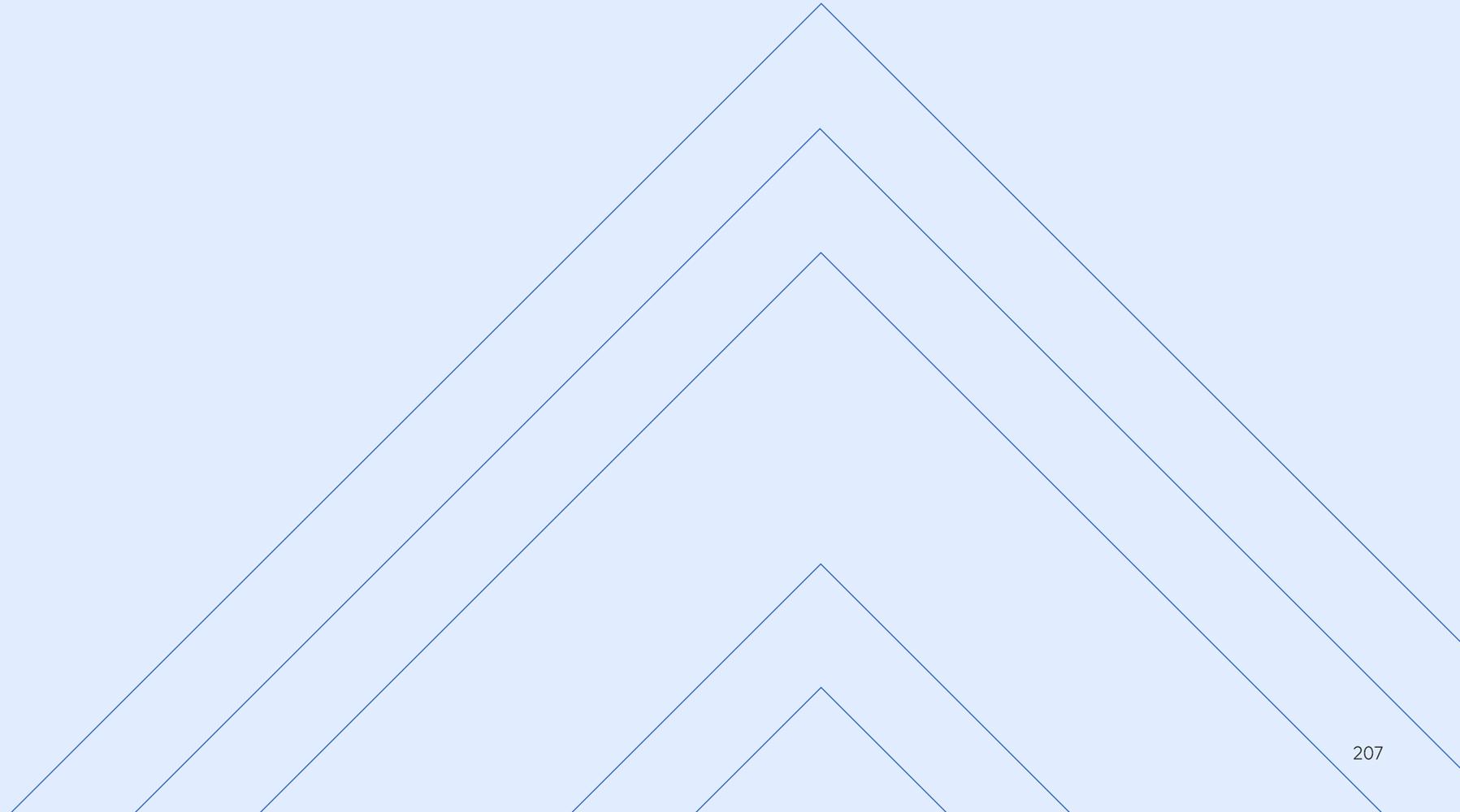
- Freedom
- Optimum
- Simply



Florida - West

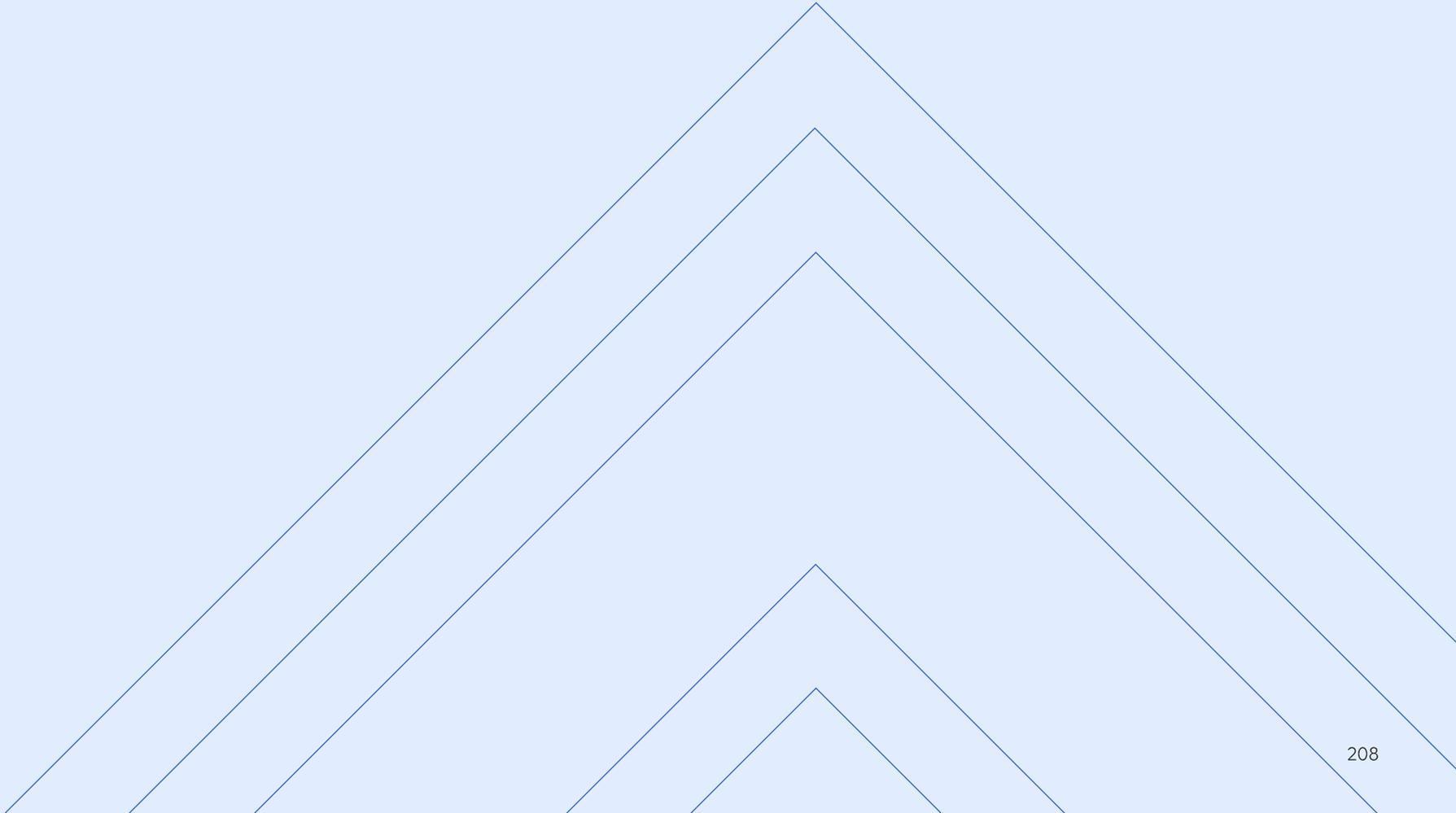
Tampa Bay

Optimum
Freedom
Simply



OPTIMUM

Tampa Bay



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T4)		\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Diamond Rewards
(HMO C-SNP)**
H5594-028

★ **Optimum Diamond Rewards COPD
(HMO C-SNP)**
H5594-029

PREMIUM	\$0	\$0
PART B GIVEBACK	\$185	\$185
MAX OUT-OF-POCKET	\$1,750	\$1,750
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$65 copay (days 1 - 5)	\$65 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$55 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$10 / \$45 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas	Citrus, Hernando, Hillsborough, Pasco, Pinellas



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Diamond Rewards
(HMO C-SNP)**
H5594-028

★ **Optimum Diamond Rewards
(HMO C-SNP)**
H5594-029

	Option 2	Option 4
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 monthly allowance Assistive Devices, Healthy Foods and Utilities	\$70 monthly allowance Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$75 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Diamond**
(HMO C-SNP)
 H5594-036

PREMIUM	\$0
PART B GIVEBACK	\$10
MAX OUT-OF-POCKET	\$1,000
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (days 1 - 90)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$95 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$5/ \$40 / 33% / \$0 \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Diamond**
(HMO C-SNP)
 H5594-036

Option 3

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 monthly allowance Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$75 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Optimum - Tampa Bay 2026 Plan Highlights

	 Optimum Gold Rewards Plan (HMO) H5594-001	 Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B GIVEBACK	\$185	\$0
MAX OUT-OF-POCKET	\$1,900	\$1,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1 - 5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 copay (days 21 - 100)	\$0 copay (days 1 - 20) \$95 copay (days 21 - 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$70 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$5 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas	Hernando, Hillsborough, Pasco, Pinellas



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Gold Rewards Plan**
(HMO)
H5594-001

★ **Optimum Platinum Plan**
(HMO)
H5594-002

	Option 2	Option 4
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$60 per month	\$85 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – unlimited one-way trips per year
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Gold Plus Plan
(HMO)**
H5594-032

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$1,900
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus and Hernando



Optimum - Tampa Bay 2026 Plan Highlights

★ **Optimum Gold Plus Plan
(HMO)**
H5594-032

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$50 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Optimum - Tampa Bay 2026 Plan Highlights

	Optimum Diamond Savings (HMO C-SNP) H5594-030	Optimum Diamond Savings COPD (HMO C-SNP) H5594-031
PREMIUM	\$0	\$0
PART B GIVEBACK	\$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)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$35 / \$85 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$35 / \$85 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus, Polk	Citrus, Polk



Optimum - Tampa Bay 2026 Plan Highlights

Optimum Diamond Savings (HMO C-SNP) H5594-030

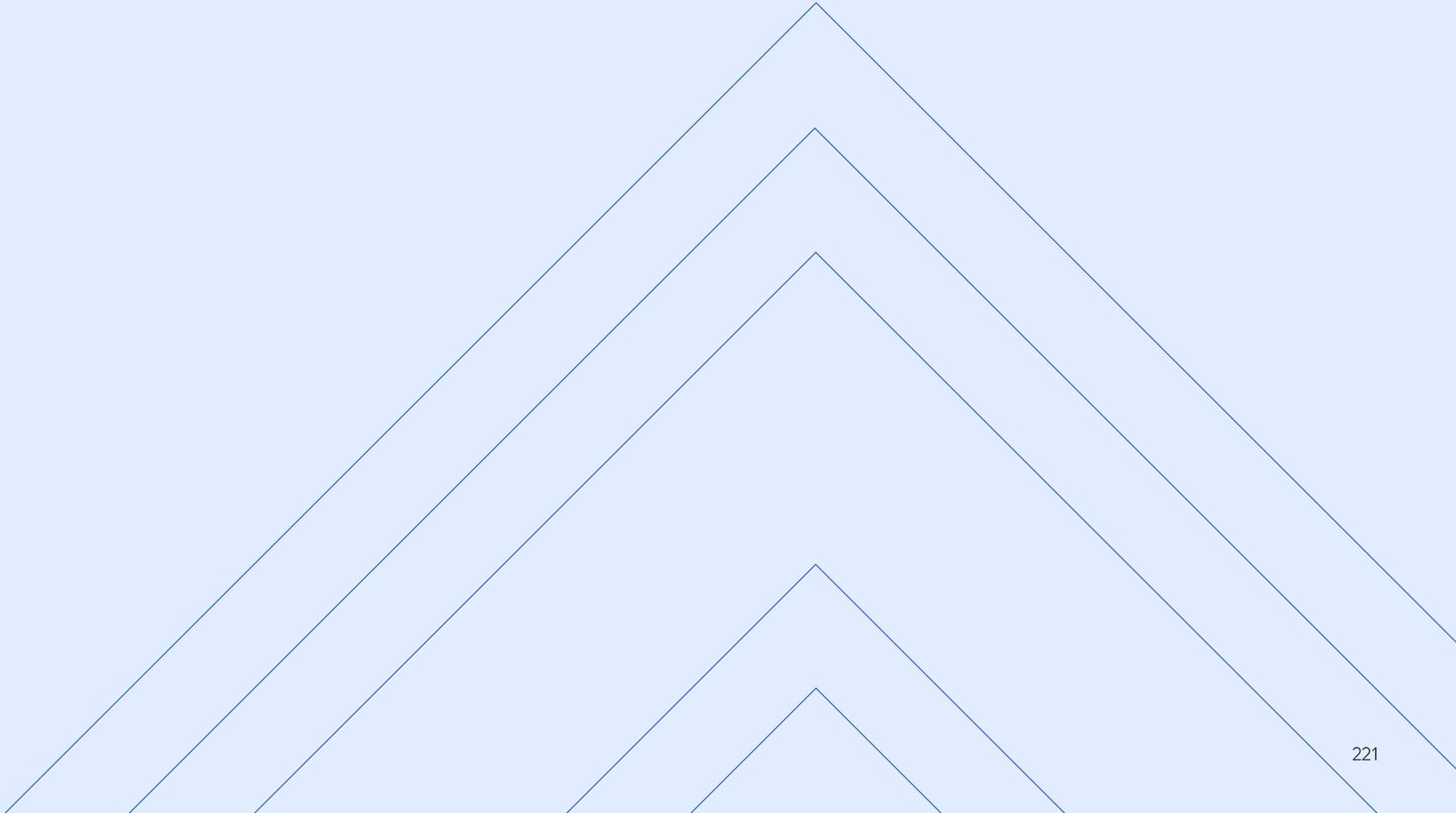
Optimum Diamond Savings COPD (HMO C-SNP) H5594-031

	Option 2	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
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
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips per year	\$0 copay – 4 one-way trips per year
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



FREEDOM

Tampa Bay



Freedom - Tampa Bay 2026 Plan Highlights

	★ Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T4)	\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Freedom - Tampa Bay 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year		\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge within 7 days		10 post discharge within 7 days	



Freedom - Tampa Bay 2026 Plan Highlights

★ **Freedom VIP Rewards
(HMO C-SNP)**
H5427-099

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-077

PREMIUM	\$0	\$0
PART B GIVEBACK	\$185	\$185
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$10 copay
INPATIENT HOSPITAL	\$75 copay (days 1 - 5)	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$65 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$20 / \$65 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk



Freedom - Tampa Bay 2026 Plan Highlights

★ **Freedom VIP Rewards
(HMO C-SNP)**
H5427-099

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-077

	Option 4	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2026 Plan Highlights

	 Freedom VIP Care (HMO C-SNP) H5427-070	 Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$185
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$60 / 33% / \$0 \$0 copay – Part D on T1 and T5 mail order 30 - 90 day supply	\$0 / \$20 / \$65 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk



Freedom - Tampa Bay 2026 Plan Highlights

★ **Freedom VIP Care
(HMO C-SNP)**
H5427-070

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-072

	Option 4	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Tampa Bay 2026 Plan Highlights


Freedom Máximo
(HMO-POS)
 H5427-113

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$1,900
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$95 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hillsborough and Polk



Freedom - Tampa Bay 2026 Plan Highlights


Freedom Máximo
(HMO-POS)
 H5427-113

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$50 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Tampa Bay 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO) H5427-107

(Transitioned H5427-092)

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$95 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$65 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Polk



Freedom - Tampa Bay 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO) H5427-107

(Transitioned H5427-092)

Option 4

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Tampa Bay 2026 Plan Highlights

	Freedom Savings (HMO) H5427-052	Freedom Platinum Plan Rx (HMO) H5427-093
PREMIUM	\$0	\$0
PART B GIVEBACK	\$75	\$0
MAX OUT-OF-POCKET	\$4,200	\$2,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$40 copay	\$10 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)	\$60 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A	\$0
RX COST SHARE T1/T2/T3/T4	N/A	\$0 / \$10 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus



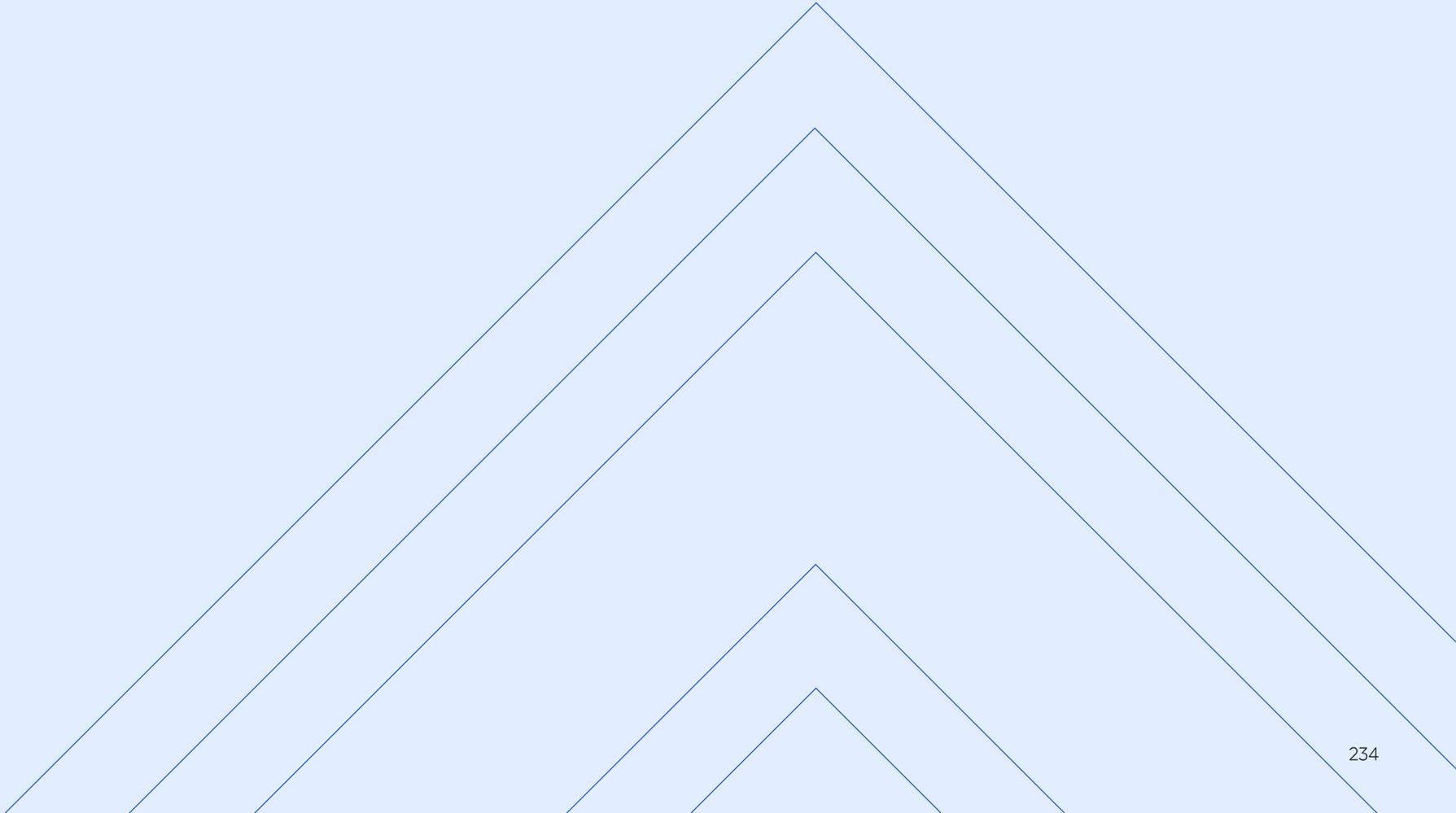
Freedom - Tampa Bay 2026 Plan Highlights

	Freedom Savings (HMO) H5427-052	Freedom Platinum Plan Rx (HMO) H5427-093
	Option 1	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$35 per month	\$110 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



SIMPLY

Tampa Bay



Simply - Tampa Bay 2026 Plan Highlights

★ **Simply Complete Platinum
(HMO D-SNP)**
H5471-118

NEW

★ **Simply Integrated Platinum
(HMO D-SNP)**
H5471-135

	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
MEDICAID STATUS				
PREMIUM		\$0 - \$4.80		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0		\$0 copay – T1 and T6 Members pay LIS copay* on (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk		Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount.
If you do not qualify for Extra Help, you pay the coinsurance.



Simply - Tampa Bay 2026 Plan Highlights

★ **Simply Complete Platinum
(HMO D-SNP)**
H5471-118

NEW

★ **Simply Integrated Platinum
(HMO D-SNP)**
H5471-135

	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
MEDICAID STATUS				
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$122 per month		\$125 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge / 30 chronic condition		10 post discharge / 30 chronic condition	



Simply - Tampa Bay 2026 Plan Highlights

	<div style="background-color: white; border-radius: 10px; padding: 2px 5px; display: inline-block;">NEW</div> <div style="display: flex; align-items: center; gap: 5px;"> ★ <div> Simply Integrated (HMO D-SNP) H5471-131 </div> </div>	<div style="background-color: white; border-radius: 10px; padding: 2px 5px; display: inline-block;">NEW</div> <div style="display: flex; align-items: center; gap: 5px;"> ★ <div> Simply Integrated (HMO D-SNP) H5471-128 </div> </div>		
MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)		\$0 - \$615 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – T1 and T6 Members pay LIS copay* on T2 – T5 T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0		\$0 copay – T1, T2 and T6 Members pay LIS copay* (T3 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Citrus, Hernando, Hillsborough, Pasco, Pinellas		Polk

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - Tampa Bay 2026 Plan Highlights

	NEW ★ Simply Integrated (HMO D-SNP) H5471-131	NEW ★ Simply Integrated (HMO D-SNP) H5471-128
MEDICAID STATUS	Full Dual FBDE, QMB+, SLMB+	Full Dual FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$100 per month Assistive Devices, Healthy Foods and Utilities	\$125 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$55 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year	\$0 copay – unlimited one-way trips to PAL per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge / 30 chronic condition



Simply - Tampa Bay 2026 Plan Highlights



Simply Level Platinum (HMO C-SNP)

H5471-119

PREMIUM	\$0
PART B GIVEBACK	\$164.90
MAX OUT-OF-POCKET	\$2,450
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$100 copay (days 1-5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk



Simply - Tampa Bay 2026 Plan Highlights



Simply Level Platinum (HMO C-SNP)

H5471-119

DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$150 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$50 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$50 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - Tampa Bay 2026 Plan Highlights

★ **Simply Extra Platinum**
(HMO) H5471-117
 (Transitioned H5471-106, 108)

PREMIUM	\$0
PART B GIVEBACK	\$164.90
MAX OUT-OF-POCKET	\$3,200
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$40 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas, Polk



Simply - Tampa Bay 2026 Plan Highlights



Simply Extra Platinum (HMO) H5471-117 (Transitioned H5471-106, 108)

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$100 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$20 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	N/A
PODIATRY	\$0 copay – 3 visits per year
HEALTHY MEALS	10 post discharge



Simply - Tampa Bay 2026 Plan Highlights

	Simply Complete (HMO D-SNP) H5471-066	Simply Complete (HMO D-SNP) H5471-082
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Partial Dual QMB, SLMB, QDWI, QI
PREMIUM	\$0	\$0 - \$4.80
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T3 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1, T2 and T6 Members pay LIS copay* (T3 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* on T2 – T5 T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - Tampa Bay 2026 Plan Highlights

Simply Complete (HMO D-SNP) H5471-066

Simply Complete (HMO D-SNP) H5471-082

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Assistive Devices, Healthy Foods and Utilities		\$100 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$80 per month		\$55 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge / 30 chronic condition		10 post discharge	



Simply - Tampa Bay 2026 Plan Highlights

Simply Level (HMO C-SNP) H5471-070

PREMIUM	\$0
PART B GIVEBACK	\$65
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$40 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$10 / \$55 / 33% / \$0 \$0 copay - T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Polk



Simply - Tampa Bay 2026 Plan Highlights

Simply Level (HMO C-SNP) H5471-070

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$40 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$45 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - Tampa Bay 2026 Plan Highlights

Simply Level (HMO C-SNP) H5471-075

PREMIUM	\$0
PART B GIVEBACK	\$10
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$30 / \$75 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas



Simply - Tampa Bay 2026 Plan Highlights

Simply Level (HMO C-SNP)

H5471-075

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$40 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$30 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - Tampa Bay 2026 Plan Highlights

Simply More (HMO) H5471-071

PREMIUM	\$0
PART B GIVEBACK	\$20
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$40 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$10 / \$55 / 33% / \$0 \$0 copay - T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Polk



Simply - Tampa Bay 2026 Plan Highlights

Simply More (HMO)

H5471-071

Value Dental Plan

DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$45 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - Tampa Bay 2026 Plan Highlights

Simply More (HMO) H5471-078

PREMIUM	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$50 copay (days 1 - 8)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hernando, Hillsborough, Pasco, Pinellas



Simply - Tampa Bay 2026 Plan Highlights

Simply More (HMO) H5471-078

Value Dental Plan

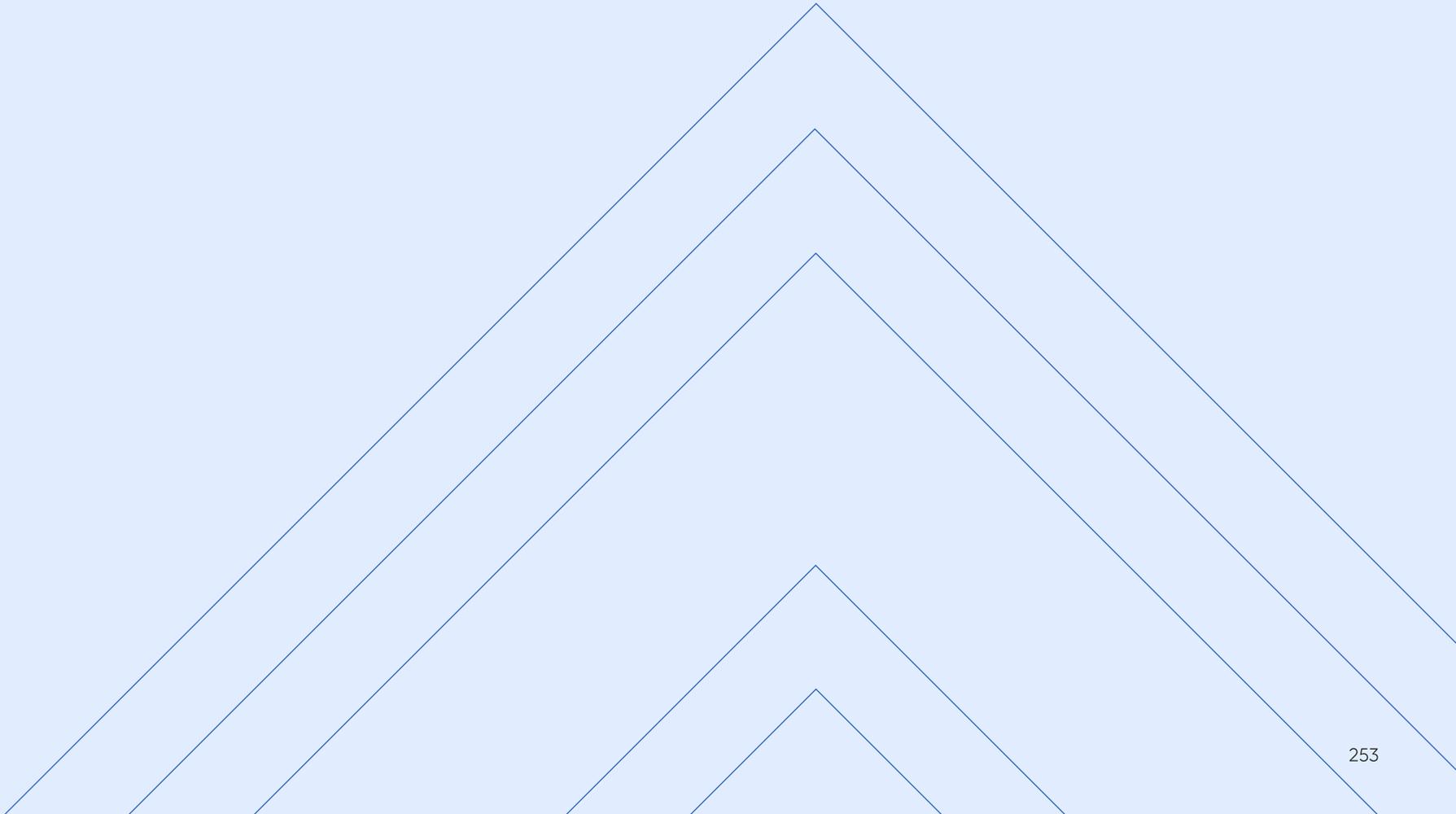
DENTAL	\$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,000 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$30 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



West Florida

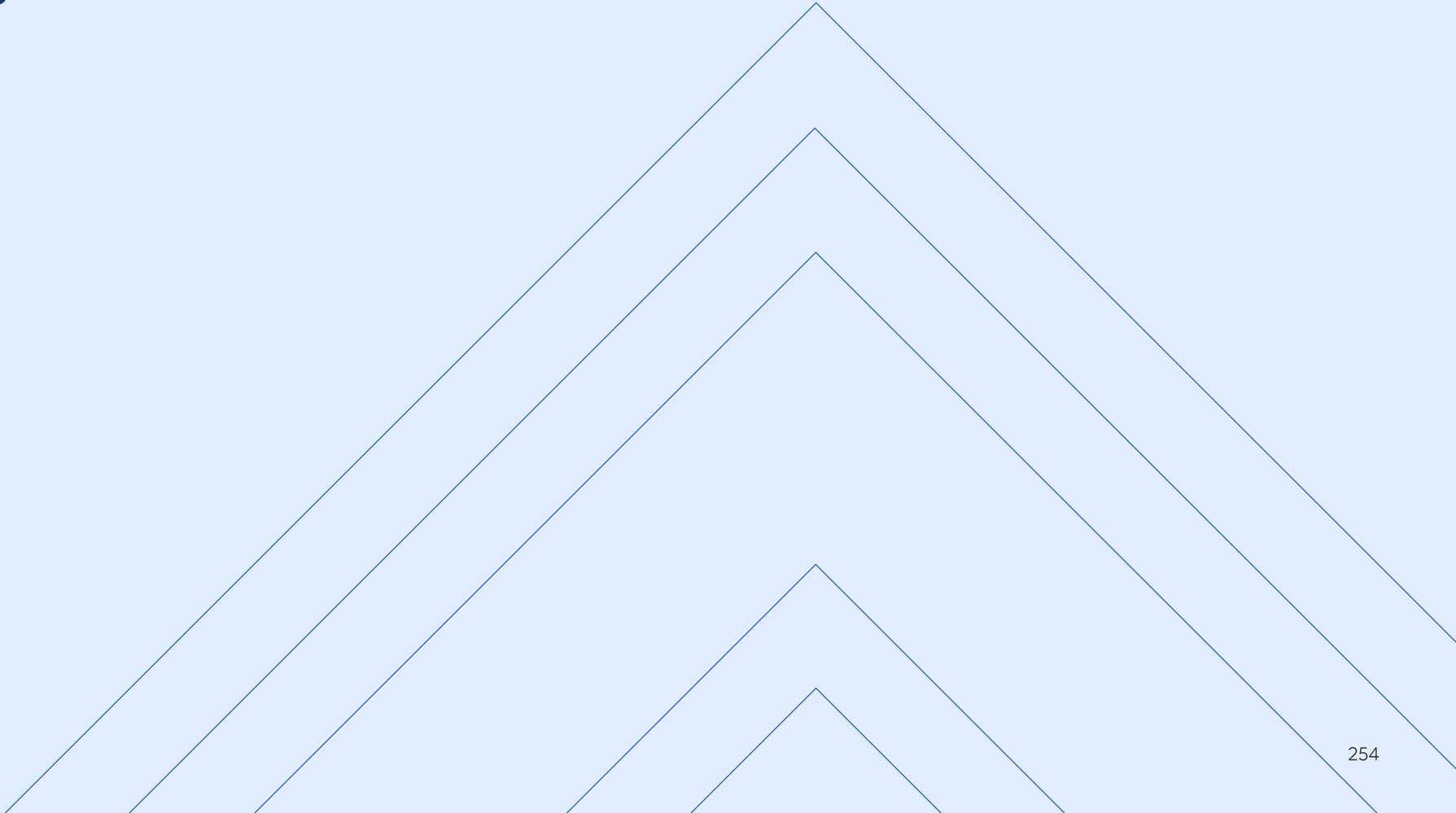
The Villages

Freedom
Optimum
Simply



FREEDOM

The Villages



Freedom - The Villages 2026 Plan Highlights

	★ Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T4)	\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* on T2 – T4 Note: Part D excluded drugs are \$0	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* on T2 – T4 Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Freedom - The Villages 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year		\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge within 7 days		10 post discharge within 7 days	



Freedom - The Villages 2026 Plan Highlights

	 Freedom VIP Care (HMO C-SNP) H5427-070	 Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$185
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$60 / 33% / \$0 \$0 copay – Part D on T1 and T5 mail order 30 - 90 day supply	\$0 / \$20 / \$65 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter



Freedom - The Villages 2026 Plan Highlights

★ **Freedom VIP Care
(HMO C-SNP)**
H5427-070

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-072

	Option 4	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - The Villages 2026 Plan Highlights



Freedom VIP Savings COPD (HMO C-SNP)

H5427-077

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$65 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter



Freedom - The Villages 2026 Plan Highlights

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-077

DENTAL	Option 2 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - The Villages 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx (HMO) H5427-096

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter



Freedom - The Villages 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-096

Option 2

DENTAL

\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays;
\$0 copay for preventive and comprehensive services per year
Refer to plan benefits for specific comprehensive services

VISION

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

HEARING

\$0 copay - 1 hearing exam, fitting & evaluation per year;
\$1,500 hearing aid maximum per year

EVERYDAY OPTIONS ALLOWANCE

N/A

OVER THE COUNTER

\$57 per month

FITNESS

\$0 copay - SilverSneakers®

ACTIVE FITNESS

\$500 per year

TRANSPORTATION

\$0 copay – 20 one-way trips per year

PERS

N/A

PODIATRY

N/A

HEALTHY MEALS

10 post discharge within 7 days



Freedom - The Villages 2026 Plan Highlights

Freedom Platinum Plan Rx (HMO) H5427-094

PREMIUM	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$2,000
PCP	\$0 copay
SPECIALIST	\$5 copay
INPATIENT HOSPITAL	\$40 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$75 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter



Freedom - The Villages 2026 Plan Highlights

Freedom Platinum Plan Rx (HMO) H5427-094

	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$300 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$60 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - The Villages 2026 Plan Highlights

**Freedom Savings
(HMO)
H5427-052**

PREMIUM	\$0
PART B GIVEBACK	\$75
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 10) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4/T5	N/A
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter



Freedom - The Villages 2026 Plan Highlights

Freedom Savings

(HMO)

H5427-052

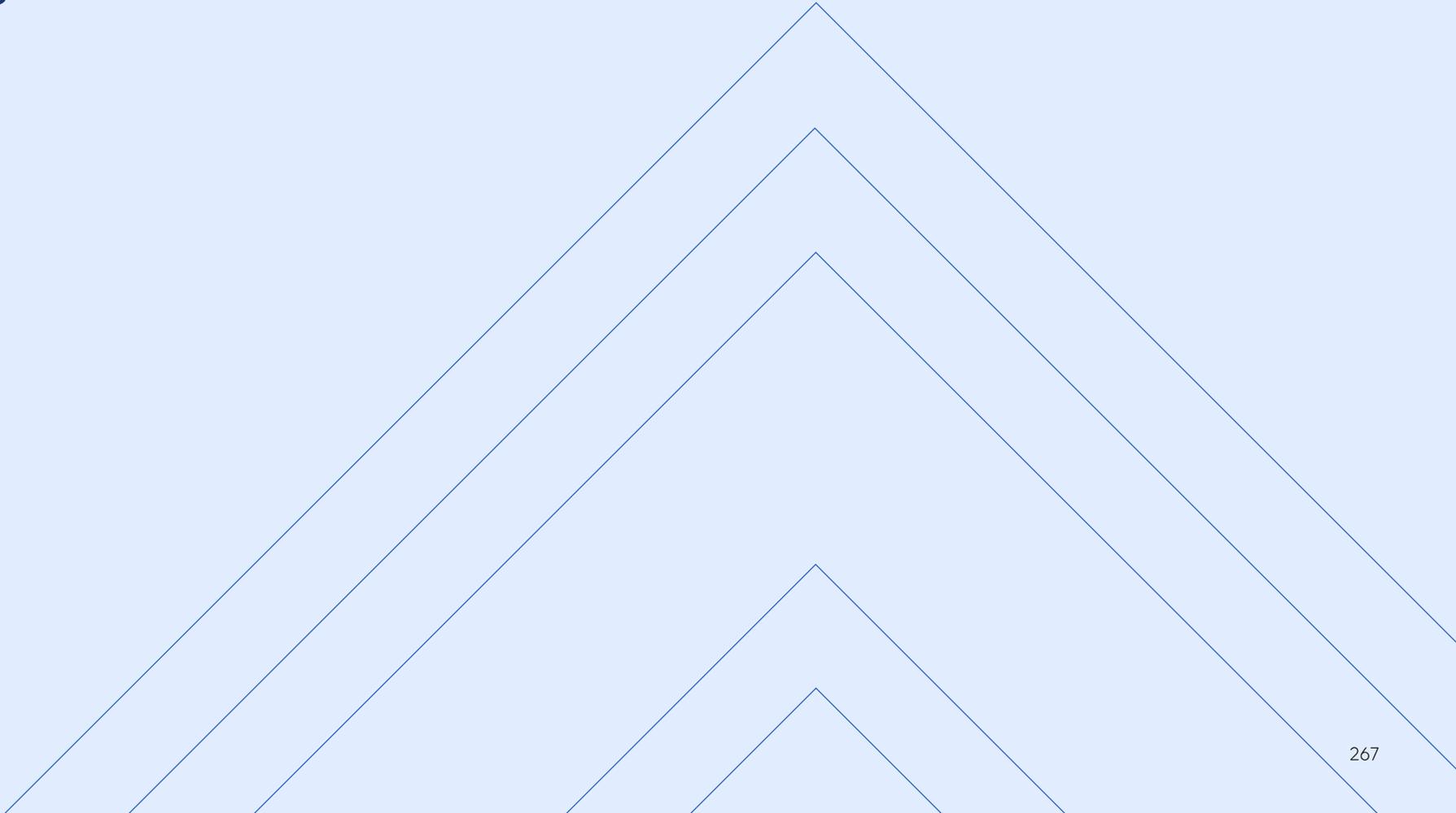
Option 1

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

The Villages



Optimum - The Villages 2026 Plan Highlights

	★ Optimum Emerald Partial (HMO D-SNP) H5594-016	★ Optimum Emerald Full (HMO D-SNP) H5594-017
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T4)	\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* on T2 – T4 Note: Part D excluded drugs are \$0	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* on T2 – T4 Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Optimum - The Villages 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



Optimum - The Villages 2026 Plan Highlights

	Optimum Diamond Savings (HMO C-SNP) H5594-030	Optimum Diamond Savings COPD (HMO C-SNP) H5594-031
PREMIUM	\$0	\$0
PART B GIVEBACK	\$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)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$35 / \$85 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$35 / \$85 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter



Optimum - The Villages 2026 Plan Highlights

Optimum Diamond Savings (HMO C-SNP) H5594-030

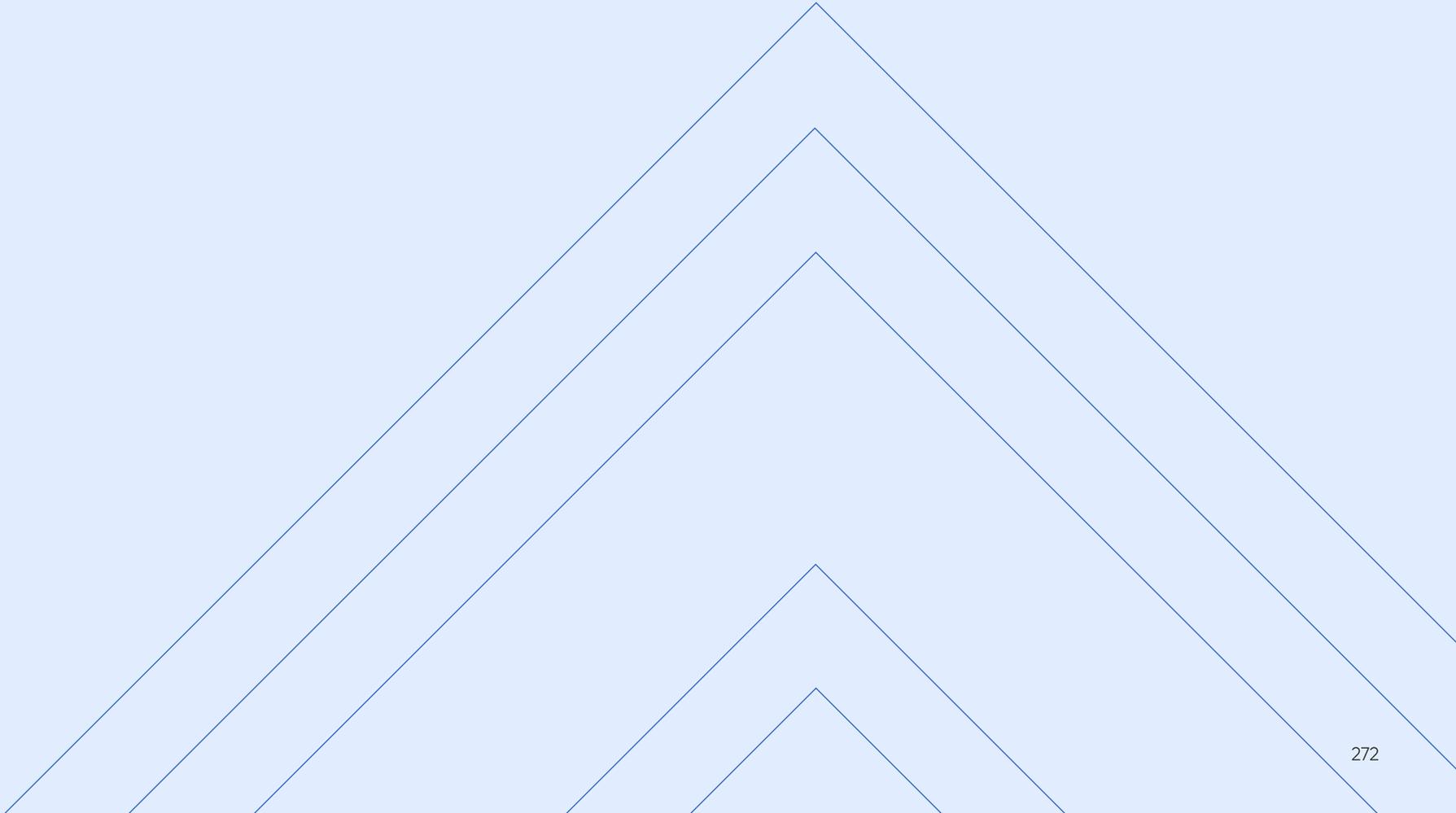
Optimum Diamond Savings COPD (HMO C-SNP) H5594-031

	Option 2	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
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
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$35 per month	\$35 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips per year	\$0 copay – 4 one-way trips per year
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



SIMPLY

The Villages



Simply - The Villages 2026 Plan Highlights

	NEW Simply Complete Platinum (HMO D-SNP) H5471-138	NEW Simply Integrated Platinum (HMO D-SNP) H5471-139
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$490 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Lake, Marion, Sumter	Lake, Marion, Sumter

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



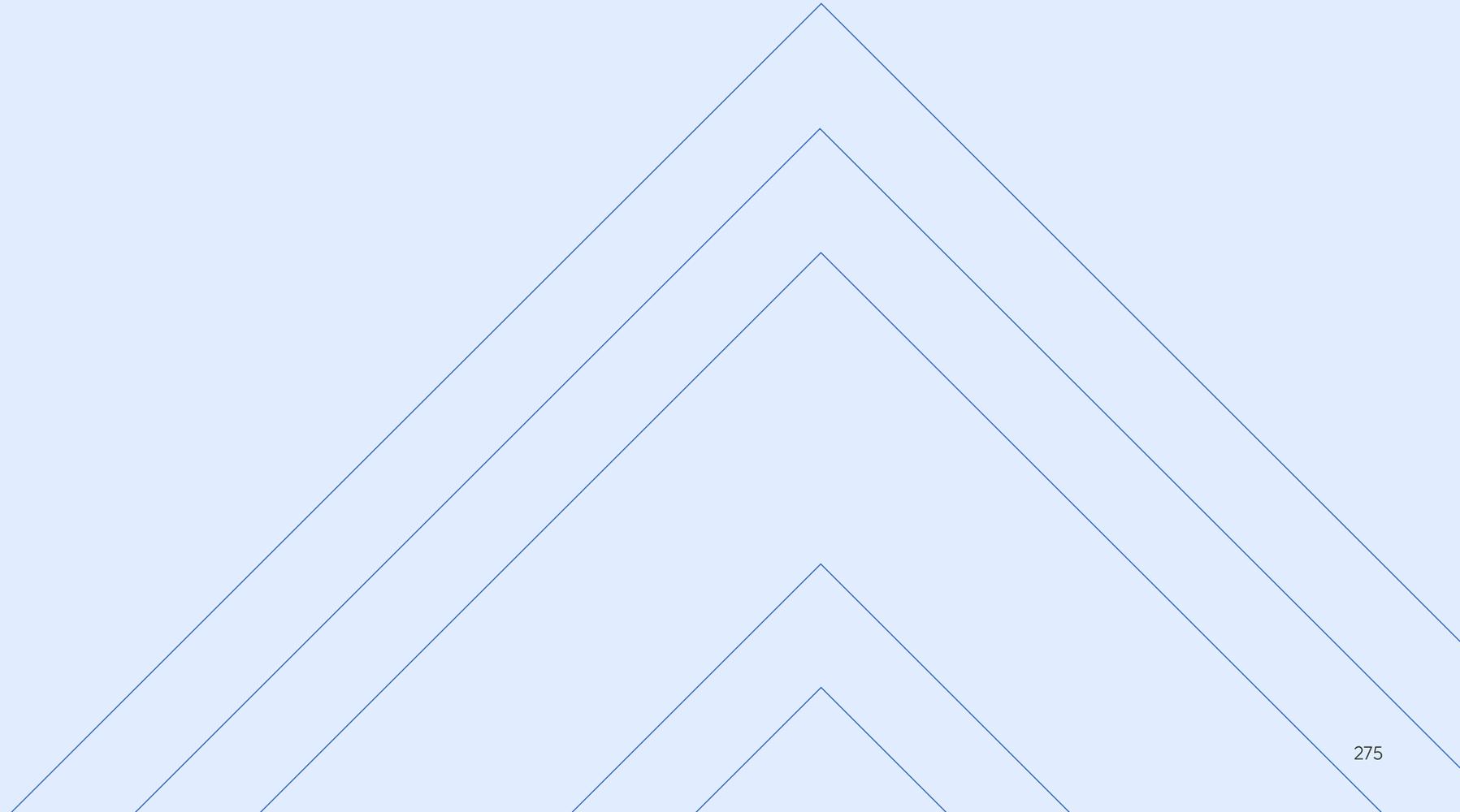
Simply - The Villages 2026 Plan Highlights

	NEW Simply Complete Platinum (HMO D-SNP) H5471-138	NEW Simply Integrated Platinum (HMO D-SNP) H5471-139
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$100 per month Assistive Devices, Healthy Foods and Utilities	\$100 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$125 per month	\$128 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year	\$0 copay – unlimited one-way trips to PAL per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



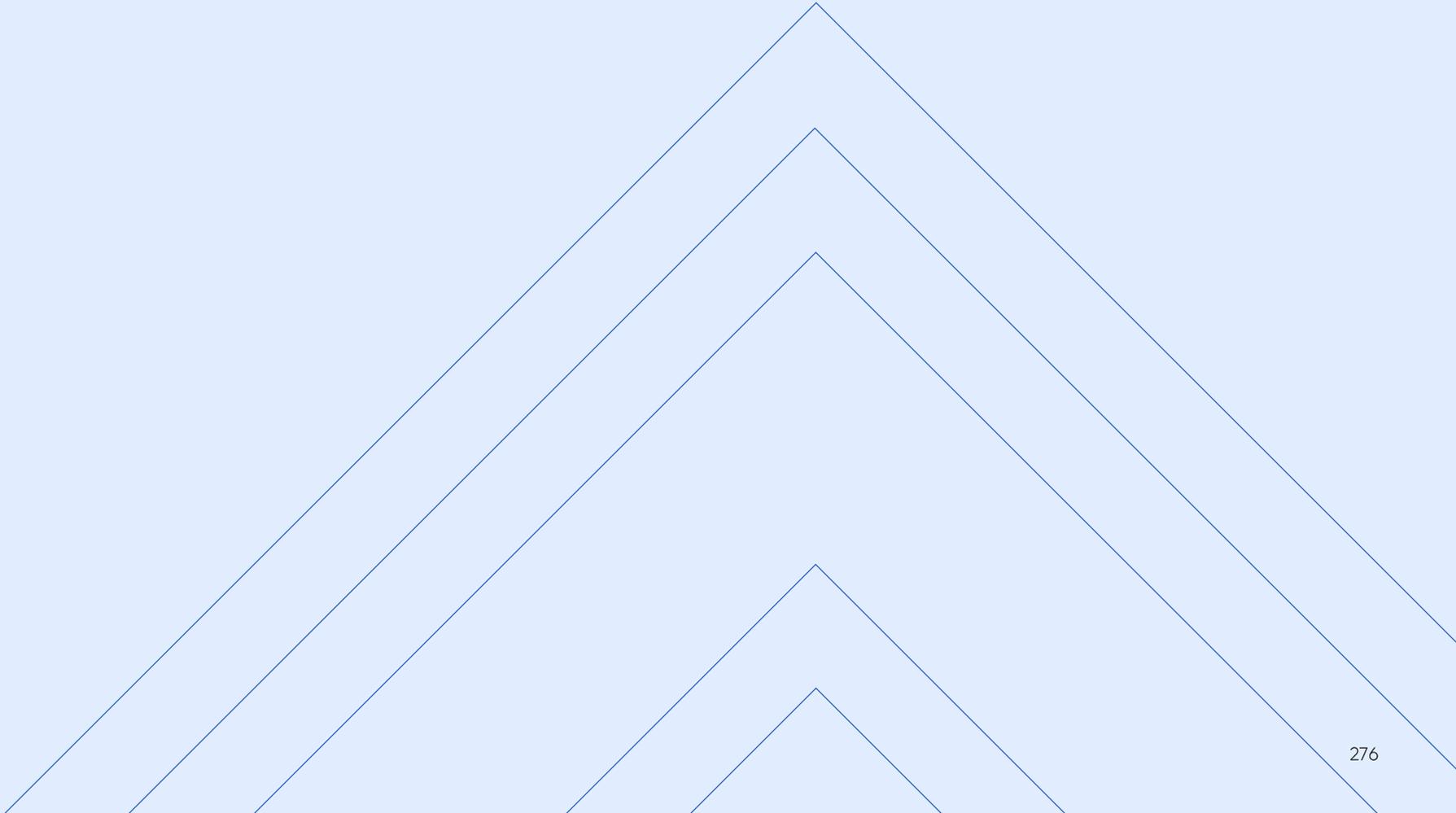
West Florida

Gulf Coast
Freedom
Optimum
Simply



FREEDOM

Gulf Coast



Freedom - Gulf Coast 2026 Plan Highlights

	★ Freedom Medi-Medi Partial (HMO D-SNP) H5427-078	★ Freedom Medi-Medi Full (HMO D-SNP) H5427-087
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T4)	\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0	\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota	Charlotte, Collier, Lee, Manatee, Sarasota

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Freedom - Gulf Coast 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year		\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge within 7 days		10 post discharge within 7 days	



Freedom - Gulf Coast 2026 Plan Highlights

	 Freedom VIP Care (HMO C-SNP) H5427-070	 Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$185
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$60 / 33% / \$0 \$0 copay – Part D on T1 and T5 mail order 30 - 90 day supply	\$0 / \$20 / \$65 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Manatee, Sarasota	Manatee, Sarasota



Freedom - Gulf Coast 2026 Plan Highlights

★ **Freedom VIP Care
(HMO C-SNP)**
H5427-070

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-072

	Option 4	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Gulf Coast 2026 Plan Highlights



Freedom VIP Savings (HMO C-SNP) H5427-082



Freedom VIP Savings COPD (HMO C-SNP) H5427-083

	Freedom VIP Savings (HMO C-SNP) H5427-082	Freedom VIP Savings COPD (HMO C-SNP) H5427-083
PREMIUM	\$0	\$0
PART B GIVEBACK	\$120	\$120
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$30 / \$80 / 33% / NA \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Charlotte, Collier, Lee	Charlotte, Collier, Lee



Freedom - Gulf Coast 2026 Plan Highlights

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-082

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-083

	Option 2	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$55 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - Gulf Coast 2026 Plan Highlights



Freedom VIP Savings COPD (HMO C-SNP)

H5427-077

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$65 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Manatee, Sarasota



Freedom - Gulf Coast 2026 Plan Highlights

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-077

DENTAL	Option 2 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-105

PREMIUM	\$0
PART B GIVEBACK	\$105
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Charlotte, Collier, Lee



Freedom - Gulf Coast 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-105

	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$50 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-103

PREMIUM	\$0
PART B GIVEBACK	\$150
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$35 / \$85 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Manatee, Sarasota



Freedom - Gulf Coast 2026 Plan Highlights



Freedom Platinum Rewards Plan Rx

(HMO)

H5427-103

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$55 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2026 Plan Highlights

Freedom Platinum Plan Rx

(HMO) H5427-091

(Transitioned H5427-098)

PREMIUM	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$2,750
PCP	\$0 copay
SPECIALIST	\$15 copay
INPATIENT HOSPITAL	\$75 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$10 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Charlotte, Collier, Lee, Manatee, Sarasota



Freedom - Gulf Coast 2026 Plan Highlights

Freedom Platinum Plan Rx

(HMO) H5427-091

(Transitioned H5427-098)

Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - Gulf Coast 2026 Plan Highlights

**Freedom Savings
(HMO)**
H5427-052

PREMIUM	\$0
PART B GIVEBACK	\$75
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4/T5	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Lee, Manatee, Sarasota



Freedom - Gulf Coast 2026 Plan Highlights

Freedom Savings (HMO) H5427-052

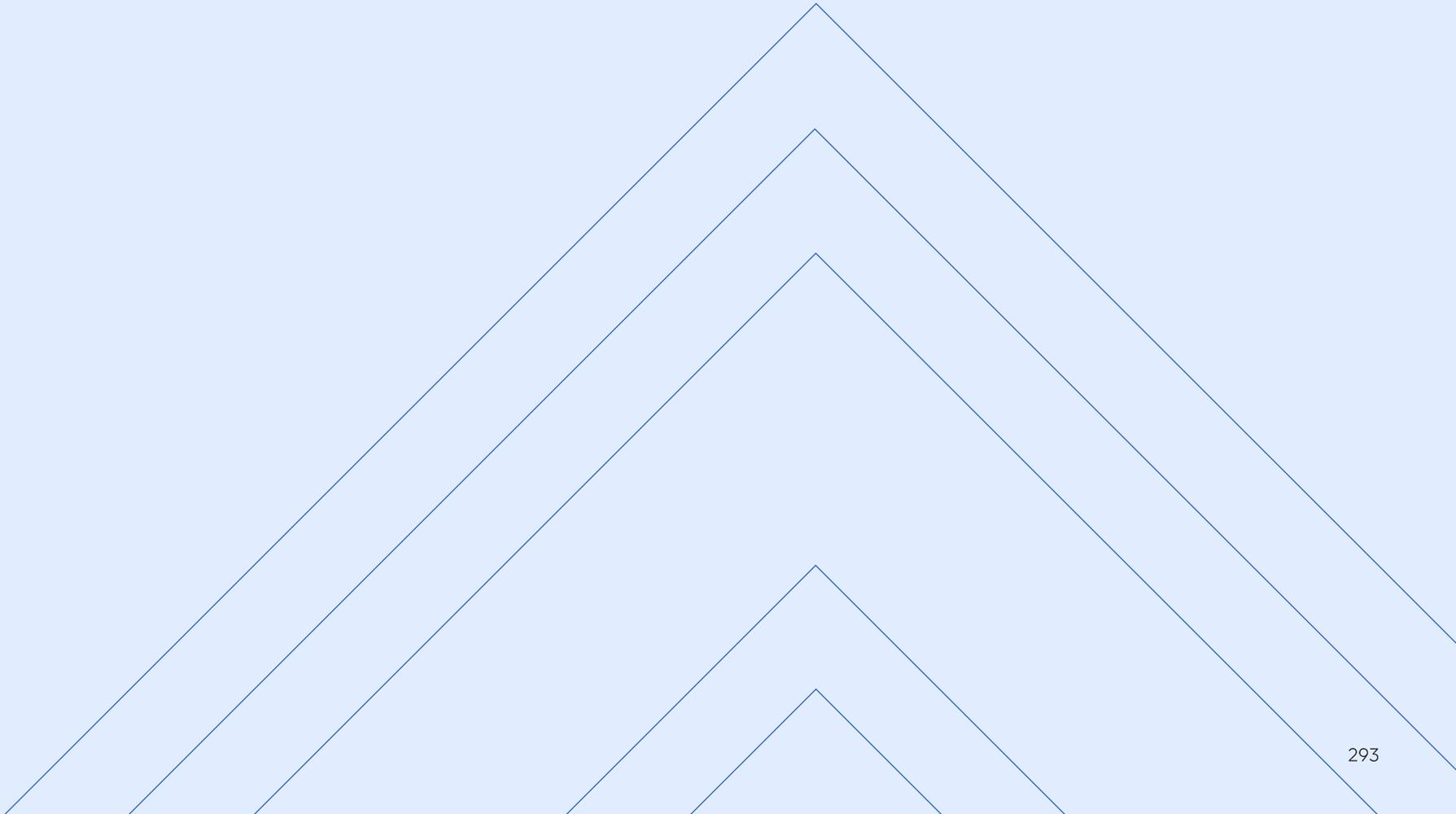
Option 1

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Gulf Coast



Optimum - Gulf Coast 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
MEDICAID STATUS				
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T4)		\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Broward, Palm Beach		Broward, Palm Beach

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Optimum - Gulf Coast 2026 Plan Highlights

★ **Optimum Emerald Partial**
(HMO D-SNP)
H5594-016

★ **Optimum Emerald Full**
(HMO D-SNP)
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips		\$0 copay – unlimited one-way trips	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



Optimum - Gulf Coast 2026 Plan Highlights

Optimum Diamond Savings (HMO C-SNP) H5594-030

PREMIUM	\$0
PART B GIVEBACK	\$65
MAX OUT-OF-POCKET	\$5,000
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$195 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$35 / \$85 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Manatee, Sarasota



Optimum - Gulf Coast 2026 Plan Highlights

Optimum Diamond Savings (HMO C-SNP) H5594-030

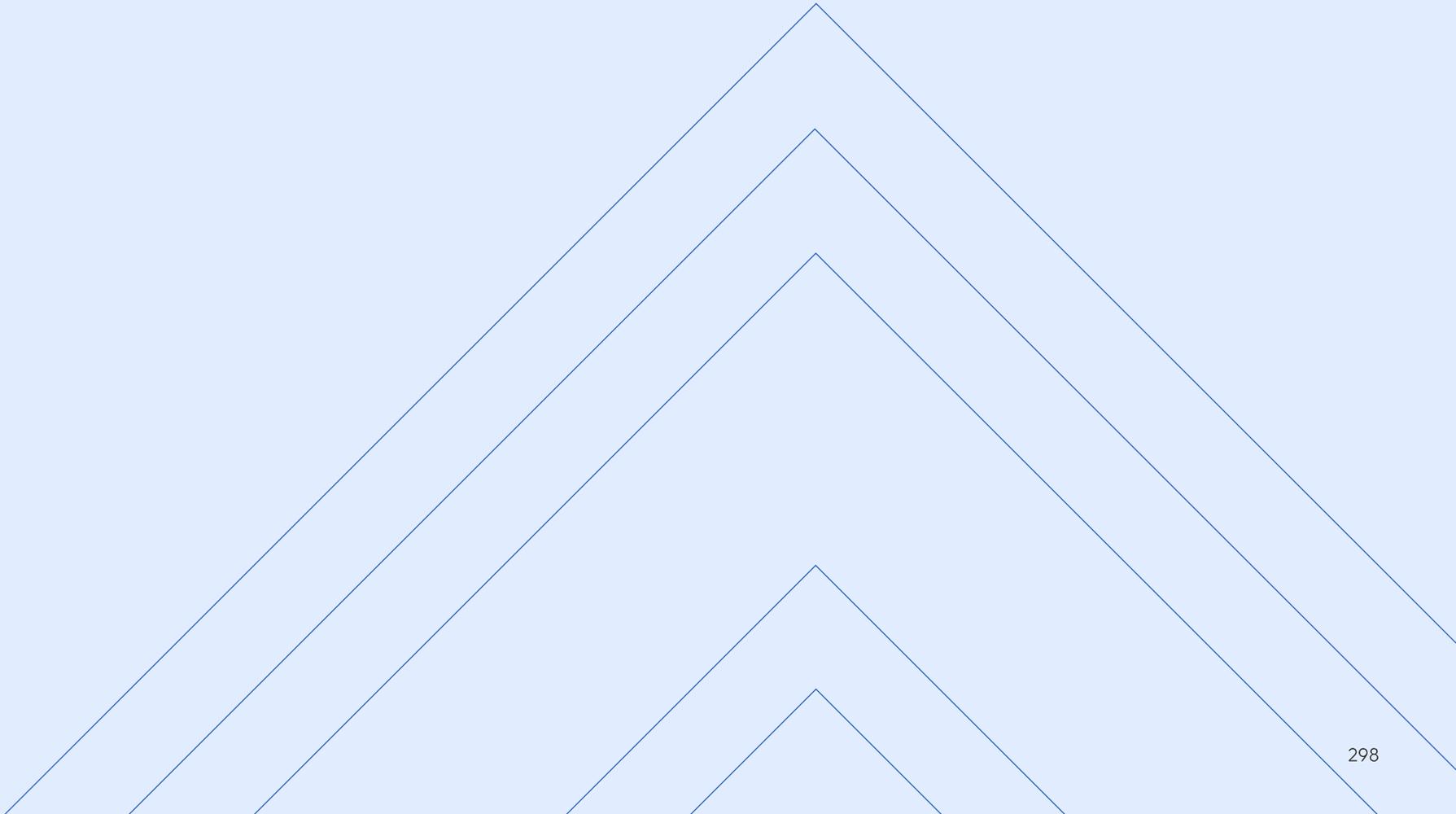
Option 2

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 4 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



SIMPLY

Gulf Coast



Simply – Gulf Coast 2026 Plan Highlights

	NEW Simply Complete Platinum (HMO D-SNP) H5471-140	NEW Simply Integrated Platinum (HMO D-SNP) H5471-141
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Charlotte, Lee, Manatee, Sarasota	Charlotte, Lee, Manatee, Sarasota

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply – Gulf Coast 2026 Plan Highlights

	NEW Simply Complete Platinum (HMO D-SNP) H5471-140	NEW Simply Integrated Platinum (HMO D-SNP) H5471-141
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Full Dual FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$100 per month Assistive Devices, Healthy Foods and Utilities	\$100 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$128 per month	\$128 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year	\$0 copay – unlimited one-way trips to PAL per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



Florida - South

South Florida

HealthSun
Simply
Freedom
Optimum



Florida – South

South Florida

HealthSun

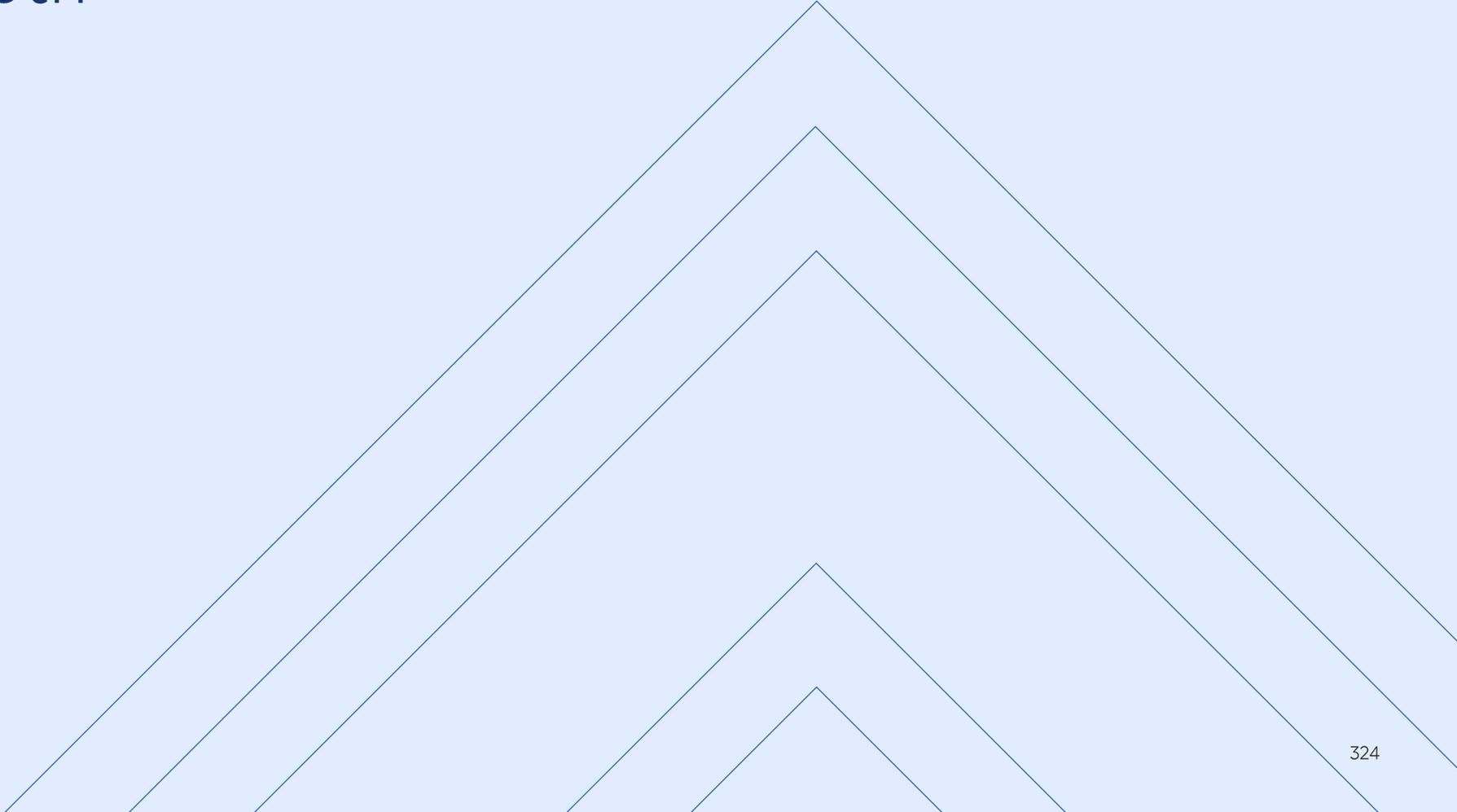
Simply

Freedom

Optimum

SIMPLY

Florida - South



Simply - South Florida 2026 Plan Highlights

★ **Simply Complete Platinum
(HMO D-SNP)**
H5471-115

NEW

★ **Simply Integrated Platinum
(HMO D-SNP)**
H5471-134

	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
MEDICAID STATUS				
PREMIUM		\$0 - \$4.80		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Miami-Dade		Miami-Dade

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - South Florida 2026 Plan Highlights

★ **Simply Complete Platinum
(HMO D-SNP)**
H5471-115

NEW

★ **Simply Integrated Platinum
(HMO D-SNP)**
H5471-134

	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
MEDICAID STATUS				
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$225 per month Assistive Devices, Healthy Foods and Utilities		\$225 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$132 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge / 36 chronic condition		10 post discharge / 36 chronic condition	



Simply - South Florida 2026 Plan Highlights

	NEW ★ Simply Integrated (HMO D-SNP) H5471-127	NEW ★ Simply Integrated Platinum (HMO D-SNP) H5471-137
MEDICAID STATUS	Full Dual FBDE, QMB+, SLMB+	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Miami-Dade	Broward, Palm Beach

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - South Florida 2026 Plan Highlights

	<div style="background-color: white; border-radius: 10px; padding: 2px 10px; display: inline-block;">NEW</div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">★</div> <div style="text-align: center;"> Simply Integrated (HMO D-SNP) H5471-127 </div>	<div style="background-color: white; border-radius: 10px; padding: 2px 10px; display: inline-block;">NEW</div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">★</div> <div style="text-align: center;"> Simply Integrated Platinum (HMO D-SNP) H5471-137 </div>		
MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$150 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$80 per month		\$115 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge / 36 chronic condition		10 post discharge	



Simply - South Florida 2026 Plan Highlights

	NEW ★ Simply Integrated (HMO D-SNP) H5471-130	NEW ★ Simply Integrated (HMO D-SNP) H5471-132
MEDICAID STATUS	Full Dual FBDE, QMB+, SLMB+	Full Dual FBDE, QMB+, SLMB+
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Broward	Palm Beach

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - South Florida 2026 Plan Highlights

NEW



**Simply Integrated
(HMO D-SNP)**
H5471-130

NEW



**Simply Integrated
(HMO D-SNP)**
H5471-132

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Assistive Devices, Healthy Foods and Utilities		\$125 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$55 per month		\$55 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge		10 post discharge	



Simply - South Florida 2026 Plan Highlights

★ **Simply Level Platinum**
(HMO C-SNP) H5471-126
 (Transitioned H5471-085)

★ **Simply Level Platinum**
(HMO C-SNP)
 H5471-116

PREMIUM	\$0	\$0
PART B GIVEBACK	\$164.90	\$175
MAX OUT-OF-POCKET	\$3,450	\$2,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$20 copay	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1-5)	\$50 copay (days 1-5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$60 coFpay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply	\$0 / \$0 / \$30 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Broward, Palm Beach	Miami-Dade



Simply - South Florida 2026 Plan Highlights

★ **Simply Level Platinum**
(HMO C-SNP) H5471-126
 (Transitioned H5471-085)

★ **Simply Level Platinum**
(HMO C-SNP)
 H5471-116

DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$225 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$30 per month Assistive Devices, Healthy Foods and Utilities	\$40 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$50 per month	\$30 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 24 one-way trips per year	\$0 copay – 24 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



Simply - South Florida 2026 Plan Highlights

	 Simply More Platinum (HMO) H5471-114	 Simply Extra Platinum (HMO) H5471-113 (Transitioned H5471-103)
PREMIUM	\$0	\$0
PART B GIVEBACK	\$50	\$164.90
MAX OUT-OF-POCKET	\$3,400	\$2,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$75 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$60 copay (days 1 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$30 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply	\$0 / \$0 / \$10 / \$50 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Miami-Dade	Miami-Dade



Simply - South Florida 2026 Plan Highlights

★ **Simply More Platinum
(HMO)**
H5471-114

★ **Simply Extra Platinum
(HMO)** H5471-113
(Transitioned H5471-103)

DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$200 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$45 per month	\$20 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



Simply - South Florida 2026 Plan Highlights

★ **Simply More Platinum**
(HMO) H5471-124
 (Transitioned H5471-083)

★ **Simply Extra Platinum**
(HMO) H5471-123
 (Transitioned H5471-104, 105)

PREMIUM	\$0	\$0
PART B GIVEBACK	\$30	\$164.90
MAX OUT-OF-POCKET	\$3,850	\$3,200
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$20 copay
INPATIENT HOSPITAL	\$0 copay	\$200 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$20 / \$75 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply	\$0 / \$10 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Broward, Palm Beach	Broward, Palm Beach



Simply - South Florida 2026 Plan Highlights

★ **Simply More Platinum
(HMO) H5471-124**
(Transitioned H5471-083)

★ **Simply Extra Platinum
(HMO) H5471-123**
(Transitioned H5471-104, 105)

DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$45 per month	\$45 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – 12 one-way trips per year
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – 12 visits per year	N/A
HEALTHY MEALS	10 post discharge	10 post discharge



Simply - South Florida 2026 Plan Highlights

★ **Simply More
(HMO)**
H5471-065

PREMIUM	\$0
PART B GIVEBACK	\$35
MAX OUT-OF-POCKET	\$3,850
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$30 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Miami-Dade



Simply - South Florida 2026 Plan Highlights



Value Dental Plan

DENTAL	\$0 copay unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$37 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



Simply - South Florida 2026 Plan Highlights

	Simply Complete Platinum (HMO D-SNP) H5471-125		Simply Complete (HMO D-SNP) H5471-064	
MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
PREMIUM		\$0 - \$4.80		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T5)		\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0		\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Broward, Palm Beach		Miami-Dade

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount.
If you do not qualify for Extra Help, you pay the coinsurance.



Simply - South Florida 2026 Plan Highlights

Simply Complete Platinum (HMO D-SNP) H5471-125

Simply Complete (HMO D-SNP) H5471-064

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$150 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$115 per month		\$80 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge		10 post discharge / 36 chronic condition	



Simply - South Florida 2026 Plan Highlights

	Simply Complete (HMO D-SNP) H5471-084	Simply Complete (HMO D-SNP) H5471-076
MEDICAID STATUS	Partial Dual QMB, SLMB, QDWI, QI	Partial Dual QMB, SLMB, QDWI, QI
PREMIUM	\$0 - \$4.80	\$0 - \$4.80
PART B GIVEBACK	\$0	\$0
MAX OUT-OF-POCKET	\$500	\$500
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 100)	\$0 copay (days 1 – 100)
RX DEDUCTIBLE	\$0 - \$615 (T2 – T5)	\$0 - \$615 (T2 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0	\$0 copay – T1 and T6 Members pay LIS copay* (T2 – T5) T1, T2, T3 and T6 mail order 30 - 90 day supply Note: Part D excluded drugs are \$0
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Palm Beach	Broward

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Simply - South Florida 2026 Plan Highlights

Simply Complete (HMO D-SNP) H5471-084

Simply Complete (HMO D-SNP) H5471-076

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Partial Dual	QMB, SLMB, QDWI, QI
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year		Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,500 allowance for preventive and comprehensive services per year	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	
EVERYDAY OPTIONS ALLOWANCE	\$125 per month Assistive Devices, Healthy Foods and Utilities		\$125 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$50 per month		\$55 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips to PAL per year		\$0 copay – unlimited one-way trips to PAL per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	\$0 copay – 12 visits per year		\$0 copay – 12 visits per year	
HEALTHY MEALS	10 post discharge		10 post discharge	



Simply - South Florida 2026 Plan Highlights

	Simply Level (HMO C-SNP) H5471-069	Simply Level (HMO C-SNP) H5471-080
PREMIUM	\$0	\$0
PART B GIVEBACK	\$42	\$0
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)	\$0 copay (days 1 – 21) \$60 copay (days 21 - 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$25 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply	\$0 / \$0 / \$15 / \$75 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Miami-Dade	Broward



Simply - South Florida 2026 Plan Highlights

	Simply Level (HMO C-SNP) H5471-069	Simply Level (HMO C-SNP) H5471-080
DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$350 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	\$40 per month Assistive Devices, Healthy Foods and Utilities	\$40 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$45 per month	\$35 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	\$0 copay – 12 visits per year	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge	10 post discharge



Simply - South Florida 2026 Plan Highlights

Simply More (HMO) H5471-077

PREMIUM	\$0
PART B GIVEBACK	\$0
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$60 copay (days 21 – 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$47 / \$95 / 33% / \$0 \$0 copay – T1 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Broward



Simply - South Florida 2026 Plan Highlights

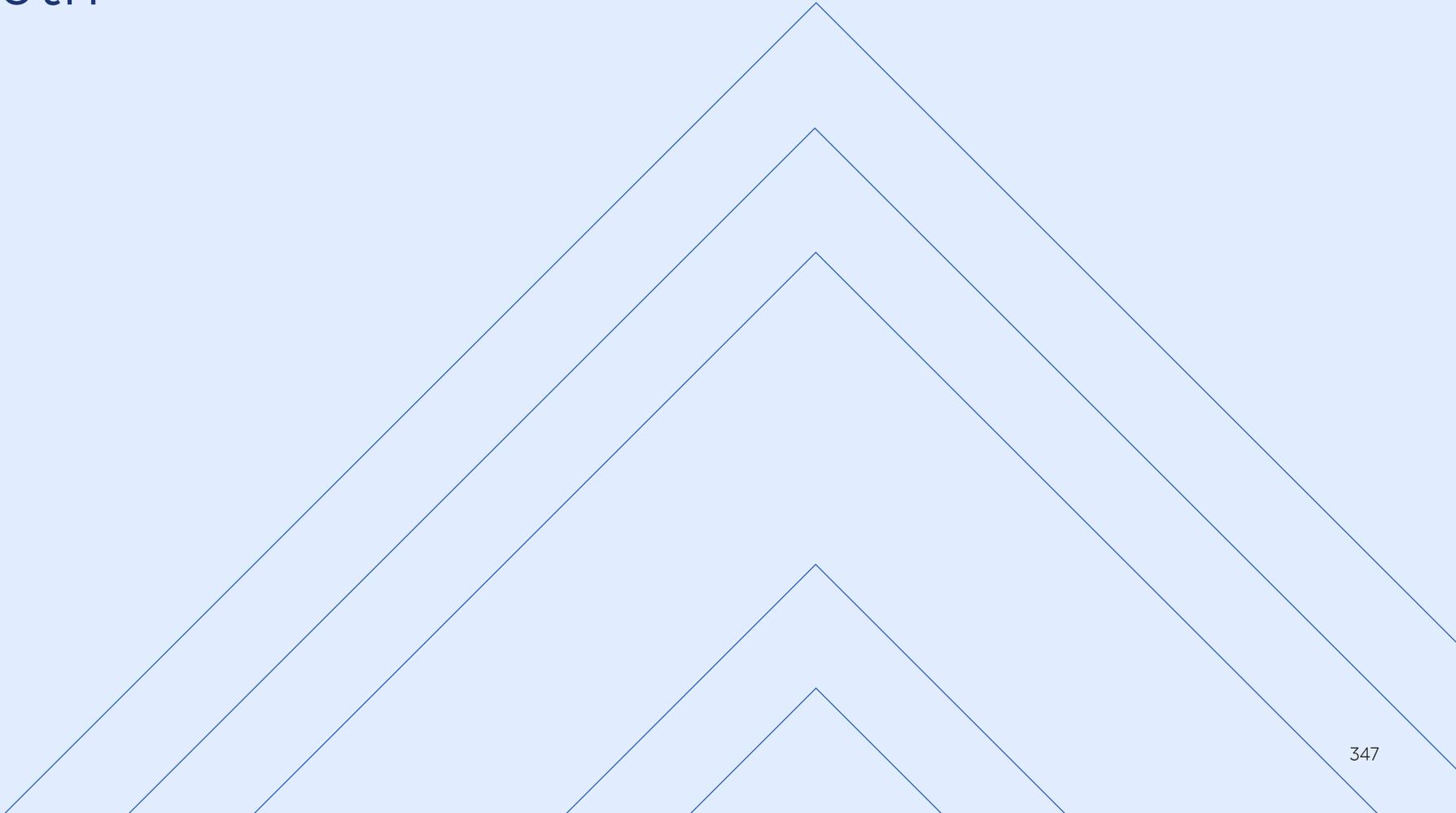
Simply More (HMO) H5471-077

DENTAL	Value Dental Plan \$0 copay – unlimited oral exams, unlimited cleanings, unlimited dental X-rays, unlimited fluoride treatments every year; \$1,200 allowance for preventive and comprehensive services per year
VISION	\$0 copay - 1 routine eye exam per year; \$300 allowance - eyeglasses or contact lenses per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year for hearing aids
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$72 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – 12 visits per year
HEALTHY MEALS	10 post discharge



FREEDOM

Florida – South



Freedom - South Florida 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T4)		\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Broward, Palm Beach		Broward, Palm Beach

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Freedom - South Florida 2026 Plan Highlights

★ **Freedom Medi-Medi Partial
(HMO D-SNP)**
H5427-078

★ **Freedom Medi-Medi Full
(HMO D-SNP)**
H5427-087

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year		\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge within 7 days		10 post discharge within 7 days	



Freedom - South Florida 2026 Plan Highlights

	 Freedom VIP Care (HMO C-SNP) H5427-070	 Freedom VIP Savings (HMO C-SNP) H5427-072
PREMIUM	\$0	\$0
PART B GIVEBACK	\$0	\$185
MAX OUT-OF-POCKET	\$1,000	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$175 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$60 / 33% / \$0 \$0 copay – Part D on T1 and T5 mail order 30 - 90 day supply	\$0 / \$20 / \$65 / 33% / \$10 \$0 copay – Part D on T1 and T5 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Palm Beach	Palm Beach



Freedom - South Florida 2026 Plan Highlights

★ **Freedom VIP Care
(HMO C-SNP)**
H5427-070

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-072

	Option 4	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month	\$80 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - South Florida 2026 Plan Highlights

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-082

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-083

PREMIUM	\$0	\$0
PART B GIVEBACK	\$120	\$120
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$195 copay (days 1 – 5)	\$195 copay (days 1 - 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$30 / \$80 / 33% / \$10 \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$30 / \$80 / 33% / NA \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Charlotte, Collier, Lee	Charlotte, Collier, Lee



Freedom - South Florida 2026 Plan Highlights

★ **Freedom VIP Savings
(HMO C-SNP)**
H5427-082

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-083

	Option 2	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$150 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$55 per month	\$55 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – 20 one-way trips per year
PERS	\$0 copay	\$0 copay
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days



Freedom - South Florida 2026 Plan Highlights

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-077

PREMIUM	\$0
PART B GIVEBACK	\$185
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$10 copay
INPATIENT HOSPITAL	\$175 copay (days 1 - 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 - 20) \$218 (days 21 - 100)
RX DEDUCTIBLE	\$0
RX COST SHARE T1/T2/T3/T4/T5	\$0 / \$20 / \$65 / 33% / N/A \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Palm Beach



Freedom - South Florida 2026 Plan Highlights

★ **Freedom VIP Savings COPD
(HMO C-SNP)**
H5427-077

	Option 2
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	\$70 per month Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER	\$80 per month
FITNESS	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year
PERS	\$0 copay
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



Freedom - South Florida 2026 Plan Highlights

Freedom Savings (HMO) H5427-052

PREMIUM	\$0
PART B GIVEBACK	\$75
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4/T5	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Palm Beach



Freedom - South Florida 2026 Plan Highlights

Freedom Savings (HMO) H5427-052

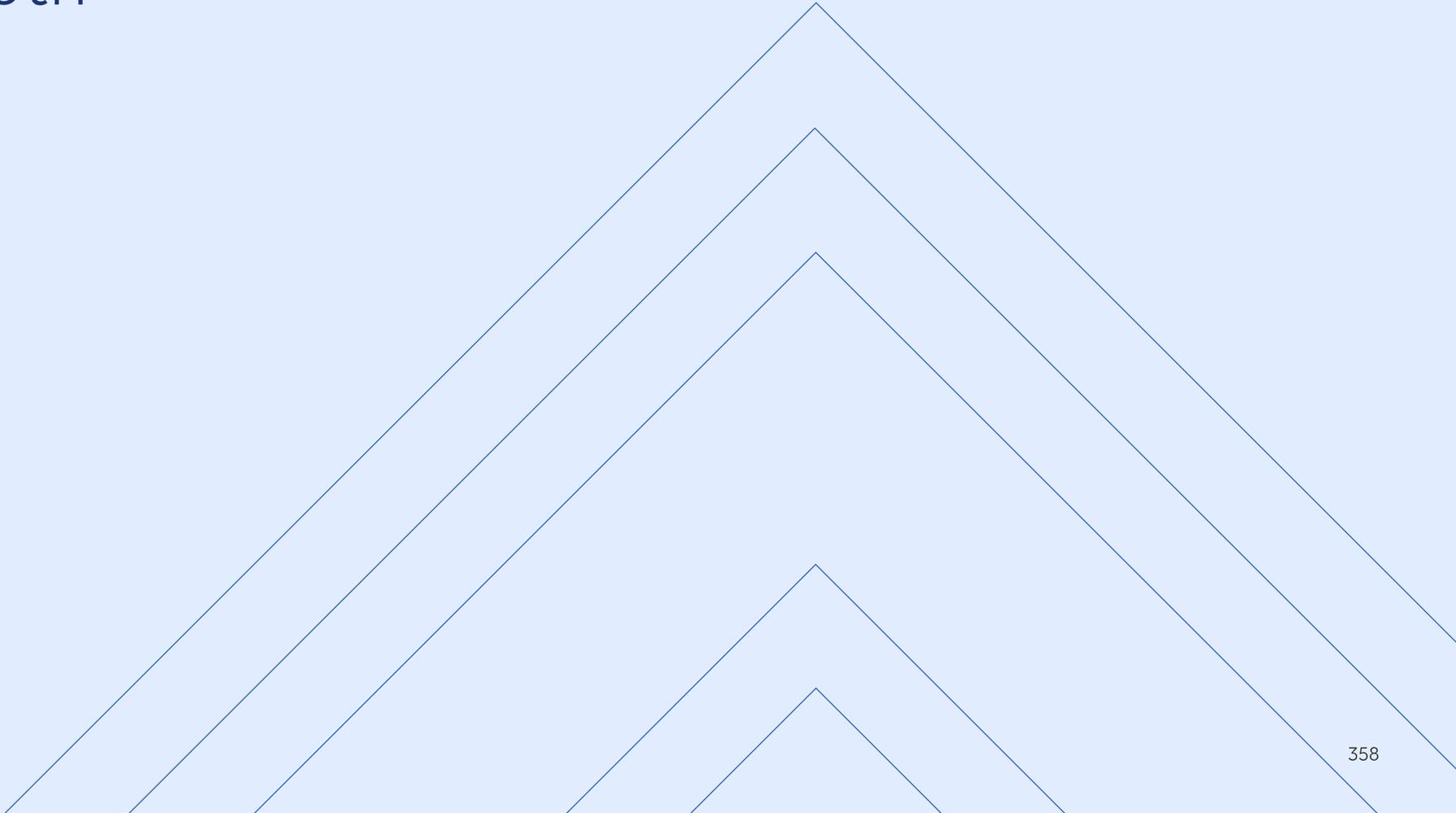
Option 1

DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$10 copay for eyeglasses or contact lenses \$100 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per month
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – 6 one-way trips per year
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	10 post discharge within 7 days



OPTIMUM

Florida - South



Optimum - South Florida 2026 Plan Highlights

★ Optimum Emerald Partial (HMO D-SNP) H5594-016

★ Optimum Emerald Full (HMO D-SNP) H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MAX OUT-OF-POCKET		\$500		\$500
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 100)		\$0 copay (days 1 – 100)
RX DEDUCTIBLE		\$0 - \$615 (T2 – T4)		\$0 - \$615 (T2 – T4)
RX COST SHARE T1/T2/T3/T4/T5		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0		\$0 copay – T1 and T5 mail order 30 - 90 day supply Member pay LIS copay* (T2 – T4) Note: Part D excluded drugs are \$0
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Broward, Palm Beach		Broward, Palm Beach

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Optimum - South Florida 2026 Plan Highlights

★ **Optimum Emerald Partial
(HMO D-SNP)**
H5594-016

★ **Optimum Emerald Full
(HMO D-SNP)**
H5594-017

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI	Full Dual	FBDE, QMB+, SLMB+
DENTAL	Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services		Option 3 \$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	
VISION	\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year		\$0 copay - 1 routine eye exam per year; \$400 allowance - eyeglasses or contact lenses per year	
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year		\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 hearing aid maximum per year	
EVERYDAY OPTIONS ALLOWANCE	\$200 per month Assistive Devices, Healthy Foods and Utilities		\$200 per month Assistive Devices, Healthy Foods and Utilities	
OVER THE COUNTER	\$130 per month		\$130 per month	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – unlimited one-way trips per year		\$0 copay – unlimited one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	10 post discharge in 7 days		10 post discharge in 7 days	



Optimum - South Florida 2026 Plan Highlights

	 Optimum Gold Rewards Plan (HMO) H5594-001	 Optimum Platinum Plan (HMO) H5594-002
PREMIUM	\$0	\$0
PART B GIVEBACK	\$185	\$0
MAX OUT-OF-POCKET	\$1,900	\$1,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$10 copay	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1 - 5)	\$0 copay
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$95 copay (days 21 – 100)
RX DEDUCTIBLE	\$0	\$0
RX COST SHARE T1/T2/T3/T4	\$0 / \$30 / \$70 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply	\$0 / \$5 / \$50 / 33% \$0 copay – Part D on T1 mail order 30 - 100 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Broward	Broward



Optimum - South Florida 2025 Plan Highlights

	 Optimum Gold Rewards Plan (HMO) H5594-001	 Optimum Platinum Plan (HMO) H5594-002
	Option 2	Option 4
DENTAL	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services	\$0 copay – 2 oral exams, 2 problem focused visits, 2 cleanings, 2 fluoride treatments every year and dental X-rays; \$0 copay for preventive and comprehensive services per year Refer to plan benefits for specific comprehensive services
VISION	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year	\$0 copay - 1 routine eye exam per year; \$0 copay for eyeglasses or contact lenses \$400 per year
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 hearing aid maximum per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$60 per month	\$85 per month
FITNESS	\$0 copay - SilverSneakers®	\$0 copay - SilverSneakers®
ACTIVE FITNESS	\$500 per year	\$500 per year
TRANSPORTATION	\$0 copay – 20 one-way trips per year	\$0 copay – unlimited one-way trips per year
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	10 post discharge within 7 days	10 post discharge within 7 days

