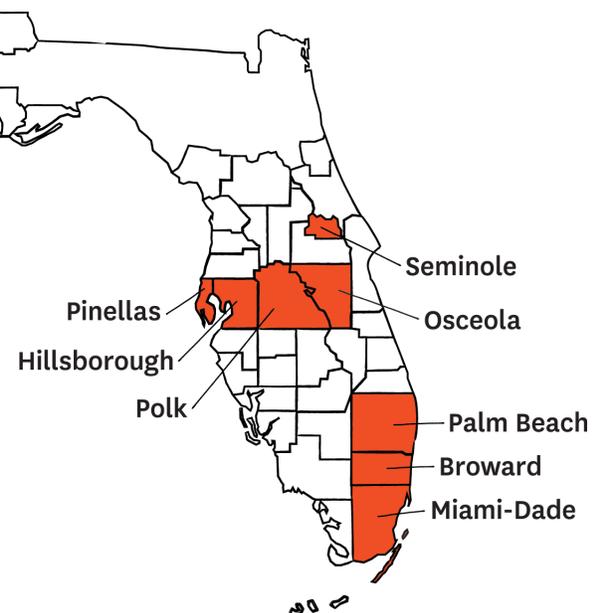


Benefits at a Glance

2019 Plans/ Coverage Area - Florida (8 counties)

- **Miami-Dade**
 - Devoted Health Miami-Dade (HMO) Plan
 - Devoted Health Prime Miami-Dade (HMO) Plan
- **Broward**
 - Devoted Health Broward (HMO) Plan
 - Devoted Health Prime Broward (HMO) Plan
- **Palm Beach**
 - Devoted Health Palm Beach (HMO) Plan
 - Devoted Health Prime Palm Beach (HMO) Plan
- **Hillsborough, Pinellas, Polk**
 - Devoted Health Greater Tampa Bay (HMO) Plan
 - Devoted Health Prime Greater Tampa Bay (HMO) Plan
- **Osceola, Seminole**
 - Devoted Health Central Florida (HMO) Plan
 - Devoted Health Prime Central Florida (HMO) Plan



2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$0
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$0 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$90 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$15 / \$50 copay Stand-alone surgery centers / Outpatient hospitals
Lab Services and X-rays	\$0 to \$15 copay
30-Day Supply Retail Pharmacy	\$0 copay Tiers 1, 2, 3

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2, 3

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$300 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$75 allowance per month
That's \$900 a year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

See your Summary of Benefits or Evidence of Coverage (EOC) for more plan details.

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2019 Benefits at a Glance



Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$30.30 If you receive Extra Help from Medicare, depending on the level of Extra Help you receive, the plan premium may be reduced to \$0.
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$0 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$25 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$0 copay
Lab Services and X-rays	\$0 copay
30-Day Supply Retail Pharmacy	\$0 copay Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$300 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$80 allowance per month
That's \$960 a year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

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2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$0
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$5 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$90 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$50 / \$100 copay Stand-alone surgery centers / Outpatient hospitals
Lab Services and X-rays	\$0 to \$25 copay
30-Day Supply Retail Pharmacy	\$0 copay Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$300 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$75 allowance per month
That's \$900 a year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

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2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$30.30 If you receive Extra Help from Medicare, depending on the level of Extra Help you receive, the plan premium may be reduced to \$0.
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$0 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$25 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$0 copay
Lab Services and X-rays	\$0 copay

**30-Day Supply
Retail Pharmacy**

\$0 copay
Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$300 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$80 allowance per month
That's \$960 per year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

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2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$0
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$15 copay
Inpatient Hospital Stays	\$150 copay a day (Days 1 to 9) \$0 copay a day (Days 10 to 90) For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$90 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$100 / \$150 copay Stand-alone surgery centers / Outpatient hospitals
Lab Services	\$0 to \$25 copay
30-Day Supply Retail Pharmacy	\$0 copay Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$200 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,200 per year (\$600 per ear)

**Over-the-counter Health
and Wellness Products**

\$50 allowance per month
That's \$600 a year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

See your Summary of Benefits or Evidence of Coverage (EOC) for more plan details.

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2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$30.30 If you receive Extra Help from Medicare, depending on the level of Extra Help you receive, the plan premium may be reduced to \$0.
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$0 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$75 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$0 copay
Lab Services and X-rays	\$0 copay
30-Day Supply Retail Pharmacy	\$0 copay Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$200 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,200 per year (\$600 per ear)

**Over-the-counter Health
and Wellness Products**

\$85 allowance per month
That's \$1,020 per year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

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2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$0
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$20 copay
Inpatient Hospital Stays	\$90 copay a day (Days 1 to 7) \$0 copay a day (Days 8 to 90) For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$90 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$50 / \$90 copay Stand-alone surgery centers / Outpatient hospitals
Lab Services and X-rays	\$0 to \$40 copay
30-Day Supply Retail Pharmacy	\$0 copay Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$250 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$50 allowance per month
That's \$600 a year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

See your Summary of Benefits or Evidence of Coverage (EOC) for more plan details.

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2019 Benefits at a Glance



Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium	\$30.30 If you receive Extra Help from Medicare, depending on the level of Extra Help you receive, the plan premium may be reduced to \$0.
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$0 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$90 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$0 copay
Lab Services and X-rays	\$0 copay
30-Day Supply Retail Pharmacy	\$0 copay Tier 1

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$250 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$60 allowance per month
That's \$720 per year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

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2019 Benefits at a Glance

Here's a big picture look at some of this plan's costs and benefits. It doesn't include everything, just some highlights.

Monthly Premium

\$0

Annual Out-of-Pocket Maximum

\$4,800

This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.

Primary Care Provider (PCP)

\$0 copay

Specialist

\$25 copay

Inpatient Hospital Stays

\$140 copay a day (Days 1 to 7)

\$0 copay a day (Days 8 to 90)

For surgery or other medical reasons.

Urgent Care

\$0 copay

Emergency Room Visit

\$90 copay

If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.

Outpatient Surgery

\$50 / \$140 copay

Stand-alone surgery centers / Outpatient hospitals

Lab Services and X-rays

\$0 to \$40 copay

**30-Day Supply
Retail Pharmacy**

\$0 copay
Tiers 1, 2

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$150 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$50 allowance per month
That's \$600 a year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

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Monthly Premium	\$30.30 If you receive Extra Help from Medicare, depending on the level of Extra Help you receive, the plan premium may be reduced to \$0.
Annual Out-of-Pocket Maximum	\$3,400 This is the most you'd have to pay in a year for covered medical services. Once you reach it, your plan pays all of the costs.
Primary Care Provider (PCP)	\$0 copay
Specialist	\$0 copay
Inpatient Hospital Stays	\$0 copay For surgery or other medical reasons.
Urgent Care	\$0 copay
Emergency Room Visit	\$90 copay If you get admitted (checked-in) within 24 hours to the hospital, you won't have to pay this.
Outpatient Surgery	\$0 copay
Lab Services and X-rays	\$0 copay
30-Day Supply Retail Pharmacy	\$0 copay Tier 1

**90-Day Supply
Mail-order Pharmacy**

\$0 copay
Tiers 1, 2

Dental Services

Yes
You're covered for things like check-ups, cleanings, fillings and dentures.

Vision

\$200 a year
For glasses or contact lenses.

Hearing Aids

Up to \$1,500 per year (\$750 per ear)

**Over-the-counter Health
and Wellness Products**

\$85 allowance per month
That's \$1,020 per year!

**Rides to and from
Your Doctor**

Yes

Fitness

Yes

Acupuncture

Yes

See your Summary of Benefits or Evidence of Coverage (EOC) for more plan details.

Devoted Health is an HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal. This information is not a complete description of benefits. Call 1-800-338-6833 (TTY 711) for more information. Representatives are available 8am to 8pm, Monday to Friday (from October 1 to March 31, 8am to 8pm, 7 days a week).