

2024 Health Plan Benefits at a Glance

CareOne Plus (HMO) Jacksonville

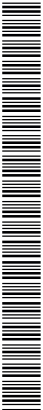
| Plan Costs | With Medicare Only | With Medicare & State Cost-Share Protection |
|--|---|--|
| Monthly plan premium | \$0 | \$0 |
| Annual out-of-pocket maximum | \$4,500 in-network | \$4,500 in-network If you are eligible for Medicare cost-sharing assistance under your state's Medicaid program, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |
| In-Network With Medicare only | | In-Network With Medicare & State Cost-Share Protection |
| Doctor Office Visits | | |
| Primary care provider (PCP) | \$0 copay | \$0 copay |
| Specialist | \$30 copay | \$0 copay |
| Preventive Care | | |
| Including: Medicare covered screenings | Covered at no cost when you see an in-network provider | \$0 copay |
| Telehealth Services (in addition to Original Medicare) | | |
| Primary care provider (PCP) | \$0 copay | \$0 copay |
| Specialist | \$30 copay | \$0 copay |
| Urgent care services | \$30 copay | \$0 copay |
| Substance abuse or behavioral health services | \$0 copay | \$0 copay |
| Inpatient Care | | |
| Preferred cost-sharing inpatient hospital | \$200 copay per day for days 1-7 \$0 copay per day for days 8-90 | \$0 copay |
| Non-preferred cost-sharing inpatient hospital | \$245 copay per day for days 1-7 \$0 copay per day for days 8-90 | \$0 copay |



| Lab Services | | |
|---|--|-----------|
| Lab tests from lab facility | \$0 copay | \$0 copay |
| Lab tests from outpatient hospital facility | \$0 copay | \$0 copay |
| Outpatient Care | | |
| Outpatient surgery at ambulatory surgical center | \$100 copay | \$0 copay |
| Physical therapy at therapy facility | \$30 copay | \$0 copay |
| X-rays at outpatient hospital facility | \$125 copay | \$0 copay |
| Diagnostic testing at outpatient hospital facility | \$200 copay | \$0 copay |
| Mental Health Services | | |
| Inpatient psychiatric hospital Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. | \$200 copay per day for days 1-7 \$0 copay per day for days 8-90 | \$0 copay |
| Specialist's office | \$30 copay | \$0 copay |
| Outpatient hospital | \$100 copay | \$0 copay |
| Partial hospitalization | \$85 copay | \$0 copay |
| Emergency Services | | |
| Urgently needed services at an urgent care center | \$30 copay | \$0 copay |
| Ground ambulance services | \$300 per trip | \$0 copay |
| Emergency room | \$120 copay | \$0 copay |
| Additional Benefits & Programs | | |
| Mandatory supplemental dental benefit DEN117 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. | |
| Mandatory supplemental vision benefit VIS840 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. | |
| Mandatory supplemental hearing benefit HER904 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. | |

**Additional Benefits & Programs
(continued)**

| | |
|---|---|
| Over-the-Counter (OTC) mail order | \$40 monthly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the month. |
| NationsMarket® Fresh, Prepared meal program | Included |
| SilverSneakers® fitness program | Included |



2024 Prescription Drug Benefits at a Glance

CareOne Plus (HMO) Jacksonville

Plan Highlights

| | |
|--------------------------------|---|
| \$0 copays | \$0 copays at select pharmacy locations and tiers. Additional details below. |
| Deductible | \$0 Deductible |
| Insulin costs | You won't pay more than \$35 for a one-month (up to 30-day) supply of each insulin product covered by your plan |
| Additional gap coverage | Additional gap coverage for the following: Tier 1 drugs Tier 2 drugs Insulin |
| Excluded drug coverage | Additional drug coverage for the following: Erectile dysfunction (ED) drugs Prescription Vitamins |
| \$0 vaccines | \$0 copay for adult Part D covered vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) |


Deductible

This plan has a **\$0** deductible.

Initial Coverage

You pay the following until your total yearly drug costs for covered drugs reach **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.

Pharmacy Cost-Sharing

|  Get more value with cost-share options in bold | Retail Cost-Sharing Includes all in-network retail pharmacies | | Standard Mail-Order Cost-Sharing | | Preferred Mail-Order Cost-Sharing CenterWell Pharmacy™ | |
|--|---|---------|---|---------|--|--------------|
| | 30-day | 90-day* | 30-day | 90-day* | 30-day | 90-day* |
| Tier 1: Preferred Generic | \$0 | \$0 | \$10 | \$30 | \$0 | \$0 |
| Tier 2: Generic | \$0 | \$0 | \$20 | \$60 | \$0 | \$0 |
| Tier 3: Preferred Brand | \$45 | \$135 | \$47 | \$141 | \$45 | \$125 |

| Day Supply | 30-day | 90-day* | 30-day | 90-day* | 30-day | 90-day* |
|----------------------------|--------|---------|--------|---------|--------|---------|
| Tier 4: Non-Preferred Drug | \$95 | \$285 | \$100 | \$300 | \$95 | \$275 |
| Tier 5: Specialty Tier | 33% | N/A | 33% | N/A | 33% | N/A |

Other pharmacies are available in our network. To find which pharmacies are available in your network, go to [CarePlusHealthPlans.com/PharmacyFinder](https://www.CarePlusHealthPlans.com/PharmacyFinder).

*Some drugs are limited to a 30-day supply.

Once your total yearly drug costs—what is paid both by you and our plan—reach **\$5,030**, the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

You can get more out of your plan by doing the following:

- **Stay in-network.** You may pay less for your drugs at in-network pharmacies.
- **Consider using your preferred mail order cost-sharing pharmacies.** They typically offer a lower cost-share than standard mail order cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).
- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail order pharmacy.

You won't pay more than **\$35** for a one-month (up to 30-day) supply of each plan-covered insulin product regardless of cost-sharing tier.

"Extra Help"

If you receive "Extra Help" for your drugs you will have a **\$0** deductible.

Prior to reaching your annual **\$8,000** out-of-pocket limit you will pay one of the following depending on your level of "Extra Help:"

- **\$4.50** for generic/preferred multi-source drug or biosimilar; **\$11.20** for any other drug; OR
- **\$1.55** for generic/preferred multi-source drug or biosimilar; **\$4.60** for any other drug; OR
- **\$0** for all drugs

After reaching your annual **\$8,000** out-of-pocket limit, you will pay **\$0** for the remainder of the calendar year, regardless of the level of "Extra Help" you receive. Additional information will be available on your LIS rider.

If you have questions and are a CarePlus member, please contact Member Services at 1-800-794-5907 (TTY: 711), October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m.

If you are not currently a CarePlus member, please contact a licensed CarePlus sales agent at 1-800-794-4105 (TTY: 711), Monday - Sunday 8 a.m. to 8 p.m.

CarePlus is a HMO plan with a Medicare contract. Enrollment in this CarePlus plan depends on contract renewal.



Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth. This service may not be offered by all in-network plan providers. Check directly with your provider about the availability of telehealth services, or you can also visit our website at **CarePlusHealthPlans.com/Doctor** to access our online, searchable directory. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

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Get all your health plan details at
CarePlusHealthPlans.com/Plans



Important!

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711).

Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

