2024 **Health Plan Benefits** at a Glance

CareOne Plus (HMO) Daytona

Plan Costs	With Medicare Only	With Medicare & State Cost-Share Protection
Monthly plan premium	$0	$0
Annual out-of-pocket maximum	$3,000 in-network	$3,000 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.
Doctor Office Visits	**In-Network With Medicare only**	**In-Network With Medicare & State Cost-Share Protection**
Primary care provider (PCP)	$0 copay	$0 copay
Specialist	$10 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	$10 copay	$0 copay
Urgent care services	$10 copay	$0 copay
Substance abuse or behavioral health services	$0 copay	$0 copay
Inpatient Care		
Acute inpatient hospital care	$75 copay per day for days 1-6 $0 copay per day for days 7-90	$0 copay
Lab Services		
Lab tests from lab facility	$0 copay	$0 copay

CarePlus HEALTH PLANS

Lab Services (continued)		
Lab tests from outpatient hospital facility	$0 copay	$0 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center	$40 copay	$0 copay
Physical therapy at therapy facility	$10 copay	$0 copay
X-rays at outpatient hospital facility	$50 copay	$0 copay
Diagnostic testing at outpatient hospital facility	$50 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.	$75 copay per day for days 1-6 $0 copay per day for days 7-90	$0 copay
Specialist's office	$10 copay	$0 copay
Outpatient hospital	$10 copay	$0 copay
Partial hospitalization	$10 copay	$0 copay
Emergency Services		
Urgently needed services at an urgent care center	$10 copay	$0 copay
Ground ambulance services	$200 per trip	$0 copay
Emergency room	$135 copay	$0 copay
Additional Benefits & Programs		
Flex Allowance	**$250** annual allowance on a prepaid card to use for out-of-pocket expenses, including copays related to the current plan year covered dental, vision and hearing services. Any unused amount expires at the end of the plan year. Allowance is available on the CarePlus Spending Account Card.	
Mandatory supplemental dental benefit DEN131	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	
Mandatory supplemental vision benefit VIS843	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	

Additional Benefits & Programs (continued)	
Mandatory supplemental hearing benefit HER845	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Over-the-Counter (OTC) mail order	**$50** 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.
Transportation	**$0** copay for plan approved location up to 50 one-way trip(s) per year. This benefit offers unlimited miles per trip.
NationsMarket® Fresh, Prepared meal program	Included
SilverSneakers® fitness program	Included
Wigs	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.

CarePlus HEALTH PLANS

2024 **Prescription Drug Benefits** at a Glance

CareOne Plus (HMO) Daytona

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™	
Day Supply	**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	$35	$105	$47	$141	$35	**$95**

Day Supply	30-day	90-day*	30-day	90-day*	30-day	90-day*
Tier 4: Non-Preferred Drug	$80	$240	$100	$300	$80	**$230**
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**.

*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.

CarePlus HEALTH PLANS

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.

Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

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.

CarePlus HEALTH PLANS