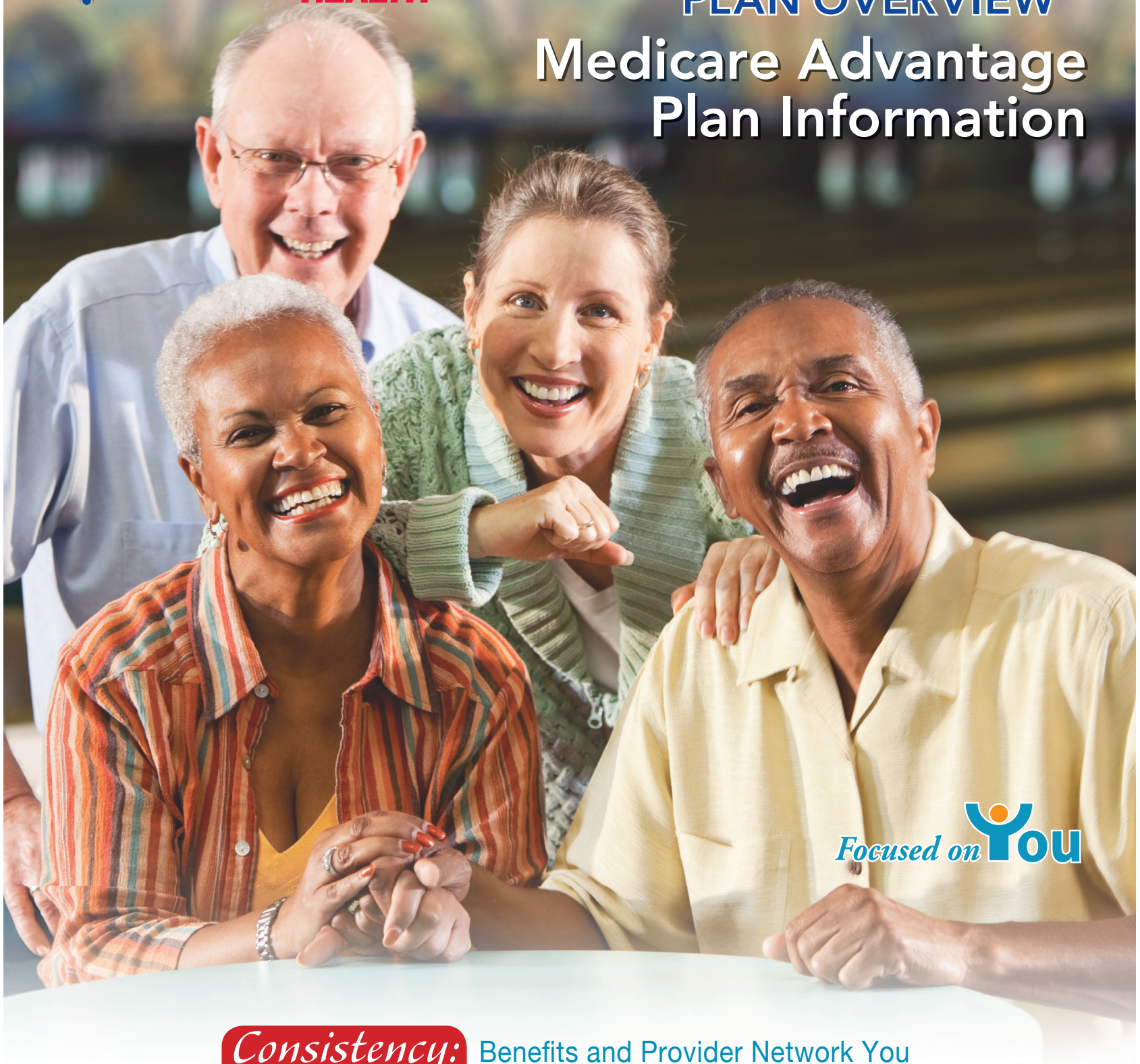




2019

PLAN OVERVIEW

Medicare Advantage Plan Information



Focused on **You**

Consistency:

Benefits and Provider Network You
Can Count on Year to Year!

Value:

Savings You Can Use Everyday!

Table of Contents

| | |
|--|-------|
| Table of Contents..... | 2 |
| Important Disclaimers | 3 |
| Plan Presentation | 4 |
| Medicare Advantage Basics..... | 5 |
| Why Choose Freedom Health? | 6 |
| Visit Our Concierge Offices | 7 |
| More Benefits & More Savings | 8 |
| Preventive Services | 9 |
| Prescription Drugs..... | 10 |
| Formulary Information..... | 11 |
| Your Medical Home | 12 |
| Freedom Health Plans..... | 13 |
| Enrollment..... | 14 |
| What to Expect After You Enroll..... | 15 |
| Your Freedom ID Card..... | 16 |
| Benefit Overview..... | 17 |
| Plan Finder | 18-19 |
| Plan Benefits..... | 20-27 |
| Dual Special Needs Plans (D-SNPs) | 28 |
| Dental, Vision & Hearing..... | 29-34 |
| Maximum Out of Pocket (MOOP)..... | 35 |
| How to Use Your Benefits and Services | 36 |
| Member Portal | 37 |
| Diabetic Supplies | 38 |
| Over-the-Counter Health Related Supplies | 39 |
| OTC Order List..... | 40-41 |
| How to Enroll | 42 |
| Still Have a Question? | 43 |

Important Disclaimers

Freedom Health is an HMO plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in Freedom Health depends on contract renewal.

This information is not a complete description of benefits. Call 1-800-401-2740 (TTY: 711) for more information.

Please refer to your Evidence of Coverage (EOC) to verify benefits.

Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).

ATTENTION: If you speak Spanish (Español), language assistance services, free of charge, are available to you. Call 1-800-401-2740 (TTY: 711).

Freedom Health is accredited by the National Committee for Quality Assurance (NCQA). NCQA's Health Plan Accreditation evaluates how well a health plan manages all parts of its delivery system --physicians, hospitals, other providers and administrative services - in order to continuously improve the quality of care and services provided to its members.

Freedom Health, Inc. has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2020 based on a review of Freedom Health, Inc.'s Model of Care.

For accommodation of persons with special needs at sales meetings call 1-888-796-0946, TTY: 711.

From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST.

Important Dates each year

OCTOBER 1

Benefit information from all plans becomes available.

OCTOBER 15 - DECEMBER 7

You may enroll in a plan, effective the following January 1st of each year. (Annual Enrollment Period)

JANUARY 1 - MARCH 31ST

OEP allows individuals enrolled in an MA plan to make a one-time election to go to another MA plan.

Plan Presentation

Name of Benefit Consultant: _____

Prospective Members: *please write the name of the plan representative with whom you are meeting.*

This Presentation will cover Freedom Health's Medicare Advantage HMO Plans and Medicare Advantage HMO Special Needs Plans. It will highlight the following information:

- ▶ Your Current Medicare Coverage
- ▶ Comparing Medicare Advantage to Original Medicare
- ▶ Freedom's Benefit Plan Options
- ▶ Choosing the Best Plan for You
- ▶ How to Enroll in a Freedom Health Medicare Advantage HMO Plan or HMO-SNP Plan

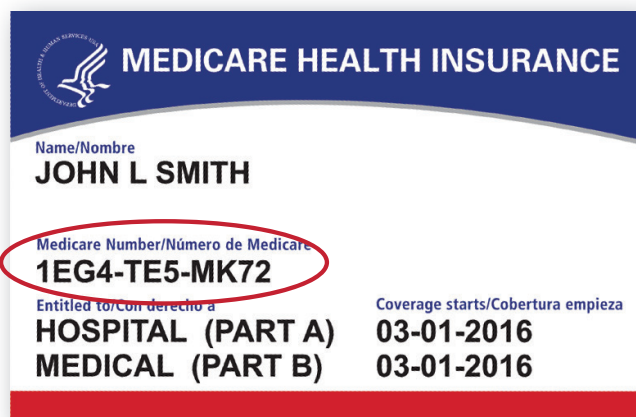


Medicare Advantage Basics

What is Medicare?

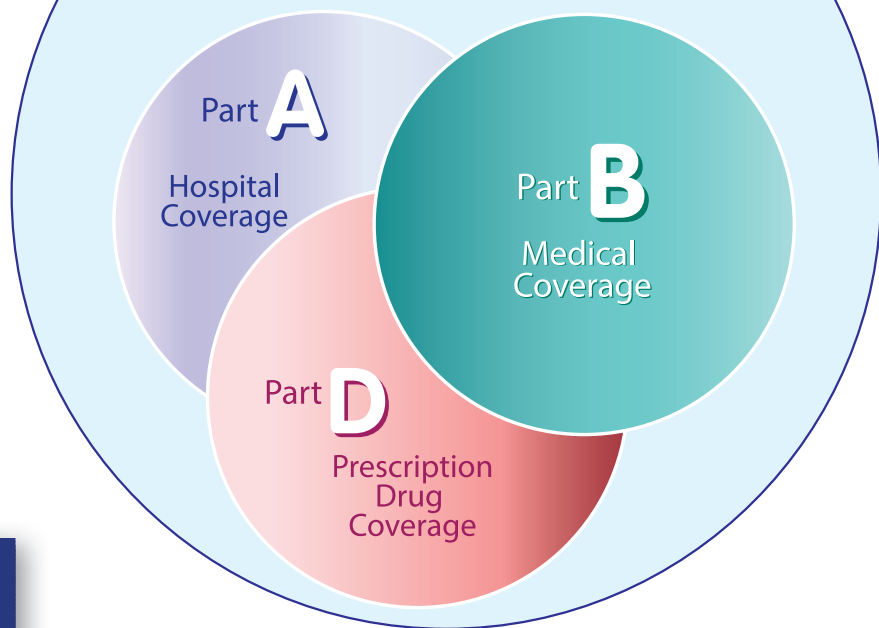
Medicare is federal health insurance for:

- ▶ people 65 and older,
- ▶ younger people with certain disabilities, and
- ▶ people with end-stage renal disease
(with limited exceptions).



Medicare Advantage (Part C)

Combines Parts A, B, and sometimes D



Who is Eligible?

- You must have both Medicare Parts "A" and "B".
- You must be a permanent resident in the service area for at least 6 months where the plan is offered.
- People with End Stage Renal Disease are not eligible for Medicare Advantage (with limited exceptions).



Why Choose Freedom Health?

Freedom Health is...

- 1 Founded by Physicians
- 2 Focused on preventive care
- 3 Headquartered in Tampa, FL
- 4 Accredited by NCQA



Focused on **You**

Visit our Concierge Offices

Healthcare is local – whether it's your doctor, your specialist, or your insurance provider. We're headquartered in Tampa, Florida, with local concierge centers throughout the State.

Our Local Concierge Centers Offer:

- Staff to help expedite general issues (replacement cards, PCP changes, etc.)
- Licensed Benefit Consultants

Visit or Call us at a Location Near You:

Concierge Hours of Operation:
8am - 5pm, Monday - Friday

BREVARD

320 Canaveral Groves Blvd,
Cocoa, FL 32926
Toll-Free **1-855-856-7706**
Local: **321-212-7460**

BROWARD/PALM BEACH

1300 N Federal Highway Suite 103
Boca Raton, FL 33432
Toll Free: **1-844-217-8399**
Local: **561-910-5278**

CHARLOTTE/MANATEE/SARASOTA

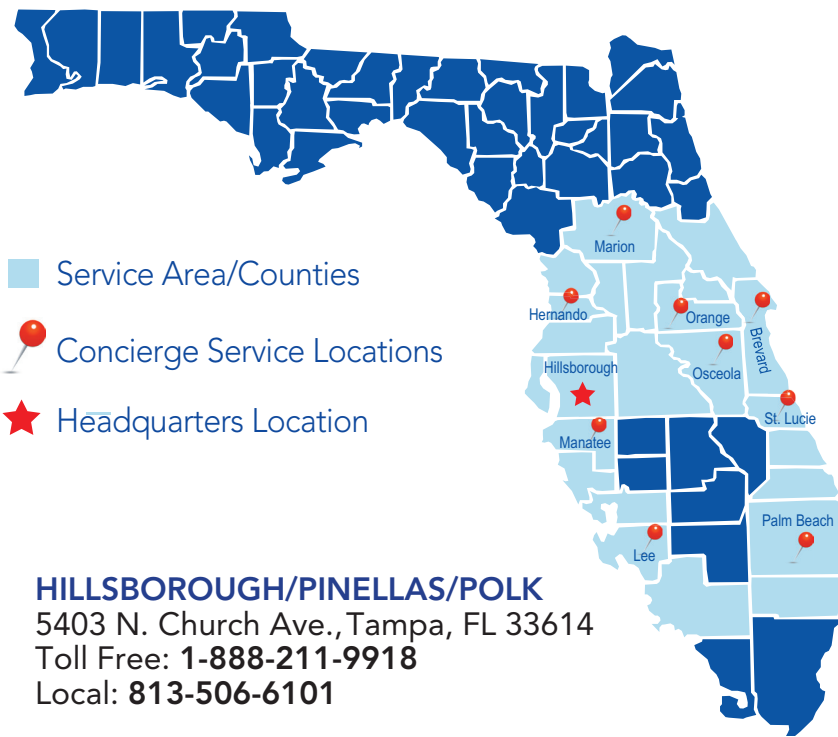
3874 E. SR 64, Bradenton, FL 34208
Toll Free: **1-888-850-5315**
Local: **941-708-0850**

CITRUS/HERNANDO/PASCO

8373 Northcliffe Blvd.
Spring Hill, FL 34606
Toll Free: **1-888-211-9921**
Local: **352-686-0213**

COLLIER/LEE

6831 Palisades Park Ct., Suite 1,
Ft. Myers, FL 33912
Toll Free: **1-888-272-2992**
Local: **239-210-4940**



HILLSBOROUGH/PINELLAS/POLK

5403 N. Church Ave., Tampa, FL 33614
Toll Free: **1-888-211-9918**
Local: **813-506-6101**

INDIAN RIVER/MARTIN/ST. LUCIE

1187 S. US Hwy. 1, Ste E & F,
Vero Beach, FL 32962
Toll Free: **1-888-274-8575**
Local: **772-257-3100**

LAKE/MARION/SUMTER/VOLUSIA

2102 SW 20th Pl., Building 200,
Suite 201, Ocala, FL 34471
Toll Free: **1-888-420-2539**
Local: **352-237-2351**

ORANGE/SEMINOLE

950 S. Winter Park Dr., Suite 340,
Casselberry, FL 32707
Toll Free: **1-888-364-7905**
Local: **407-965-2684**

OSCEOLA

1339 E. Osceola Pkwy,
Kissimmee, FL 34744
Toll Free: **1-888-609-0690**

CONCIERGE OFFICE HOURS OF OPERATION:

8am - 5pm, Monday - Friday

You can also find us online at www.freedomhealth.com

Local Concierge office numbers above may be answered by a licensed agent.

More Benefits + More Savings = Better Value!

Here are some of the best reasons to join!



Receive a monthly over-the-counter allowance from **\$25 to \$50** each month, based on plan selection. That's a savings between **\$300 to \$600** over the course of a year! Easy online ordering or phone your order in! Your order is shipped to you at no cost.



Get a SilverSneakers® Fitness Membership at no cost to you! Search facilities and available amenities by zip code at www.silversneakers.com. You can also order a SilverSneakers® Steps home fitness kit if that is more convenient!



Save with a Part B premium refund on select plans. That's a savings between **\$40 to \$100** each month or between **\$480 to \$1,200** over the course of a year applied back to your social security check!



Valuable Comprehensive Dental, Vision and Hearing benefits.



Receive between **6** and **12** one-way transportation trips on our Freedom Medicare, Platinum or Chronic SNP plans depending on the plan. Our Dual SNP plans offer **24** one-way transportation trips and Unlimited trips for Full Dual Eligible Members.*



Stay healthier with an array of Preventive Services at NO COST to YOU! Receive an Annual Wellness Visit, screenings, vaccines and many other services to keep you on track.



Brand and Generic prescription drug coverage is available on plans that offer part "D" coverage. Gap coverage is available on select plans.



With our home delivery pharmacy, you will receive **3** months supply for **2** months copay on most plans with prescription drug coverage. We offer easy ordering and delivery within **10** days. Not all prescription drugs are available for mail order/home delivery.

\$0 cost to you:

- Annual Wellness Visit
- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement
- Cardiovascular Screening
- Colorectal Cancer Screening
- Diabetes Screening
- Diabetes Self-Management Training
- EKG Screening
- Flu Shots
- Glaucoma Test
- HIV Screening
- Hepatitis B Shot
- Mammograms
- Medical Nutrition Therapy Service
- Pap Smears/Pelvic Exams
- Pneumococcal Shot
- Prostate Cancer Screening
- Smoking Cessation Counseling

Benefit limitations may apply.

See the plan Evidence of Coverage or ask the Plan for complete details of your coverage.

Prescription Drugs

How Much Do You Pay for Prescription Drugs?

Stage 1 Initial Coverage Stage

The plan pays its share of the prescription cost of your drugs and you pay your share of the prescription cost. You stay in this stage until your payments for the year plus the plan's payments total \$3,820.

Stage 2 Coverage Gap Stage/ Donut Hole

You pay 37% of the generic drug cost and the discounted cost for brand drugs until the yearly out-of-pocket drug cost reaches \$5,100, unless you are already getting Medicare Extra Help.⁽¹⁾

Stage 3 Catastrophic Coverage Stage

Once you have paid enough for your drugs to move onto this last payment stage, the plan will pay most of the cost of your drugs for the rest of the year.⁽²⁾

(1) For certain plans, you pay \$0 for drugs in Tier 1 during the Coverage Gap/Donut Hole. Contact the plan for more information.

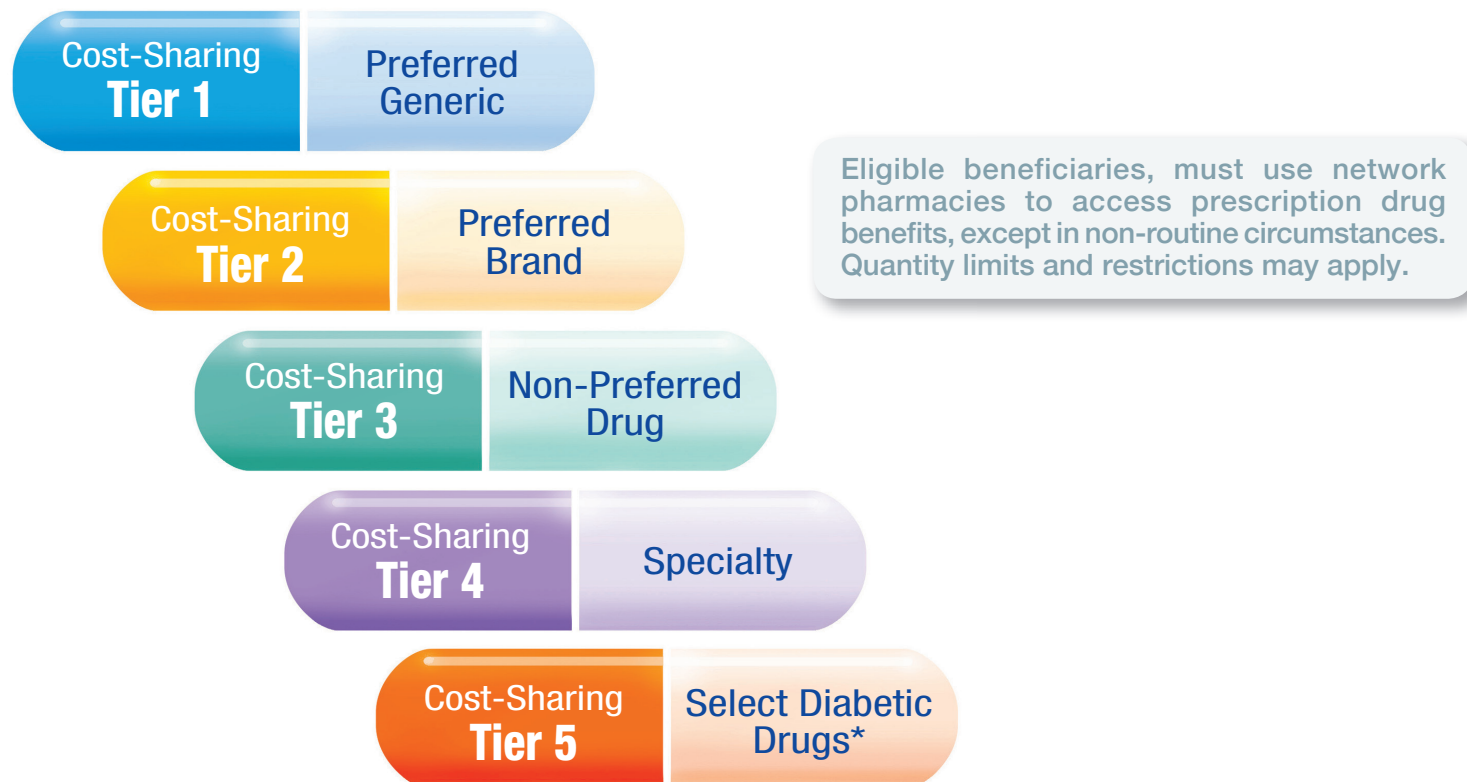
(2) You pay the greater of 5% or \$3.40 for generic or preferred multi-source drugs and the greater of 5% or \$8.50 for all other drugs.

For certain CSNP plans, you pay 0% or \$10.00 for drugs in Tier 1 and Tier 5 during the Coverage Gap/Donut Hole. Contact the plan for more information.

Formulary Information

Initial Coverage Stage Drug Costs

The Plan has up to five (5) cost-sharing tiers. Every drug on the Plan's Drug List is in one of the cost-sharing tiers. To find out which cost-sharing tier your drug is in, look it up in the Plan's Formulary. Then, refer to the benefits section for plan-specific cost-sharing.



How do you find your drugs in the Formulary?

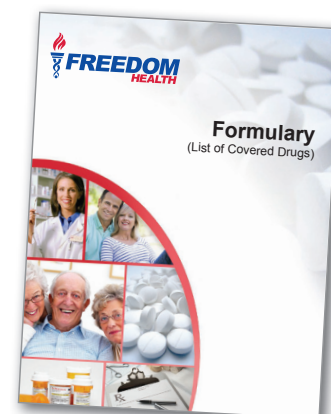
There are two ways to find your drug within the formulary:

1) Alphabetical Listing

The Index of the Formulary provides an alphabetical list of all of the drugs along with the page number where you can find coverage information.

2) Medical Condition

Drugs in the formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents".



In general, Cost-Sharing Tier 1 Drugs are the lowest tier and include only Generic Drugs. Tier 2 Drugs include Preferred Brand Drugs and some Non-Preferred Generic Drugs, Tier 3 Drugs include Non-Preferred Brand Drugs and Non-Preferred Generic Drugs and Tier 4 Drugs include high-cost and unique brand and generic drugs (this is the highest cost drug tier). *Tier 5 Select Diabetic Drugs are available on certain CSNP plans only and include select brand drugs used to treat diabetes.

Your Medical Home

Your network Primary Care Provider (PCP) coordinates all of your care including referrals and authorizations. A network PCP is considered your "Medical Home".



Benefits of a Medical Home

- Acts as your personal physician,
- Focuses on all of your healthcare needs,
- Integrates care across all specialties and healthcare settings,
- Focuses on wellness and prevention,
- Enables higher quality and safety.

You must receive all routine care from plan providers. You must use Freedom Health providers except in emergency or urgent care situations or for out-of-area renal dialysis or other related services. If you obtain routine care from out-of-network providers, neither Medicare nor Freedom Health will be responsible for the cost. Out-of-network/non-contracted providers are under no obligation to treat Freedom Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Freedom Health has a plan for you!

The Freedom Health Medicare Advantage HMO has plans with and without prescription drug coverage that offer many valuable benefits.

Freedom Health also offers two types of Special Needs Plans (SNPs). If you qualify to join a Medicare SNP, you get all of your Medicare hospital and medical health care services through the plan, including Medicare prescription drug coverage:

- **The Full & Partial Dual Eligible Special Needs Plans (HMO-SNP)**, with drug coverage, are plans available to anyone who has both Medical Assistance from the State and Medicare. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive.
- **Chronic Condition Special Needs Plans (HMO-SNP)**, with drug coverage, are plans for those individuals who have been diagnosed with chronic or disabling conditions such as:
 - Diabetes
 - Cardiovascular Disease for:
 - Cardiac Arrhythmias
 - Coronary Artery Disease
 - Peripheral Vascular Disease
 - Chronic Venous Thromboembolic Disorder
 - Chronic Congestive Heart Failure
 - Chronic Lung Disorders:
 - COPD
 - Chronic Bronchitis
 - Asthma
 - Pulmonary Fibrosis
 - Emphysema and Pulmonary Hypertension

After you enroll, the plan will need to obtain verification of the chronic condition from your doctor. A response from your doctor's office is required within 30 days of enrollment. If you lose eligibility or there are changes to your eligibility or qualifying conditions, you will be disenrolled from the special needs plan. However, you will be eligible for a Special Election Period that will enable you to enroll in another plan.



Enrollment

- During the Annual Enrollment Period (AEP) each year, Medicare Advantage eligible individuals may enroll or end their enrollment in a MA plan. The AEP occurs October 15th through December 7th of each year. Most enrollments submitted during the AEP will have an effective date the following January 1st of each year.
- During the Open Enrollment Period (OEP) individuals enrolled in an MA plan are allowed to make a onetime election to go to another MA Plan. OEP occurs January 1st through March 31st.
- HMO eligible beneficiaries may enroll in the plan only during specific times of the year.
- If you have a special enrollment period or initial coverage election period, you may be able to enroll with an earlier effective date.

Please call your Benefit Consultant or our Member Services department for more information or refer to the "Medicare & You" handbook for more information on enrollment periods. You can review this handbook on the web by visiting: www.medicare.gov/publications/

What to Expect After You Enroll

You will receive a Freedom Health welcome packet and other plan materials that include:

- Your Welcome Letter
- Your Freedom Health ID card
- Your Evidence of Coverage
- A Provider Directory
- A Pharmacy Directory*
- Your Formulary or List of Covered Drugs*
- Other member materials

Focused on **You**

*Only for plans with Part D coverage.



(Material covers may vary)

Your Freedom ID Card



FREEDOM
HEALTH

RxBIN#: 610011 RxPCN#: FRH
RxGrp#: MPDH5427 Issuer#: 80840
RxID#: <Insert member ID#>

Identifies your plan benefits for your pharmacist*

<Freedom Plan Name>

Your Freedom identification number

ID: <0000000000>
<FIRST><MI><LAST>

Name of your Freedom Medicare Advantage Plan

Eff. Date: <Insert date>

MedicareRx
Prescription Drug Coverage

PCP: <John Doe, M.D.>

Phone: <555-555-5555>

H5427 – PBP<number>

Your Plan Number

**Only for plans with Part D coverage.*

Up-front payments for the plan benefits you receive

PCP Office Visit: <\$> Urgent Care: <\$>
Specialty Office Visit: <\$> ER: <\$>

Member Services Toll-Free Number

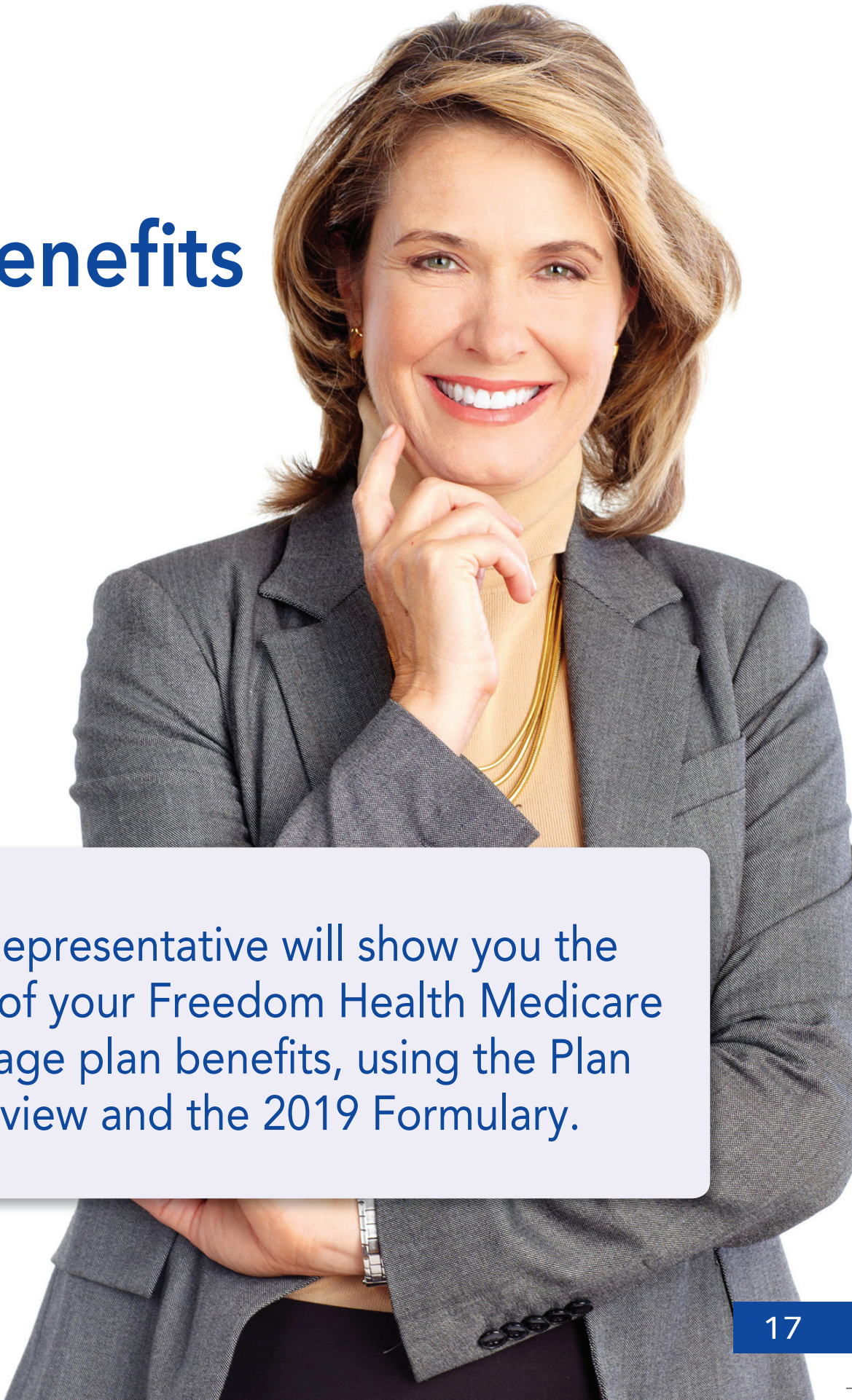
Member Services: 1-800-401-2740
TTY/TDD: 711 www.freedomhealth.com

Information for your doctor, pharmacist* or hospital

Behavioral Health: 1-888-273-3710
Provider Services (UM): 1-888-796-0947
Pharmacy Technical Support: 1-888-706-0421
Part D Prior Authorization: 1-888-407-9977

Submit Claims to:
Freedom Health
Claims Department
P.O. Box 151348
Tampa FL 33684
EDI Payer ID: XXXXX

2019 Benefits



Our Representative will show you the specifics of your Freedom Health Medicare Advantage plan benefits, using the Plan Overview and the 2019 Formulary.

Plan Finder Chart

| Plan Type → | MA | MAPD | | | | | | | | |
|--------------|----------------------|--------------------------|-----|--------------------------|-----|-----|-----|-----|-----|----------------------------------|
| Plan Name → | Freedom Savings Plan | Freedom Medicare Plan Rx | | Freedom Platinum Plan Rx | | | | | | Freedom Platinum Rewards Plan Rx |
| | HMO | HMO | | HMO | | | | | | HMO |
| Plan ID# → | 052 | 059 | 060 | 088 | 089 | 091 | 092 | 093 | 094 | 096 |
| County → | | | | | | | | | | |
| Brevard | ✓ | ✓ | | | | | | | | |
| Broward | | | ✓ | | | | | | | |
| Charlotte | | ✓ | | | | | | | | |
| Citrus | ✓ | ✓ | | | | | | ✓ | | |
| Collier | | | | | | | | | | |
| Hernando | ✓ | | ✓ | | | | | | | |
| Hillsborough | ✓ | | ✓ | | | | | | | |
| Indian River | ✓ | | | ✓ | | | | | | |
| Lake | ✓ | | ✓ | | | | | | ✓ | ✓ |
| Lee | ✓ | ✓ | | | | | | | | |
| Manatee | ✓ | | | | | ✓ | | | | |
| Marion | ✓ | | ✓ | | | | | | ✓ | ✓ |
| Martin | ✓ | ✓ | | | | | | | | |
| Miami-Dade | ✓ | | ✓ | | | | | | | |
| Orange | ✓ | | ✓ | | ✓ | | | | | |
| Osceola | ✓ | | ✓ | | ✓ | | | | | |
| Palm Beach | ✓ | | ✓ | | | | | | | |
| Pasco | ✓ | | ✓ | | | | | | | |
| Pinellas | ✓ | ✓ | | | | | | | | |
| Polk | | | | | | | ✓ | | | |
| Sarasota | ✓ | | ✓ | | | | | | | |
| Seminole | ✓ | | ✓ | | ✓ | | | | | |
| St. Lucie | ✓ | | | ✓ | | | | | | |
| Sumter | ✓ | ✓ | | | | | | | ✓ | ✓ |
| Volusia | ✓ | ✓ | | | | | | | | |

Find a plan in your county

| | CSNP | | | | | DSNP | |
|--------|------------------|---------------------|--------------------------|---------------------|--------------------------|---------------------------|------------------------|
| m x | Freedom VIP Care | Freedom VIP Savings | Freedom VIP Savings COPD | Freedom VIP Savings | Freedom VIP Savings COPD | Freedom Medi-Medi Partial | Freedom Medi-Medi Full |
| | HMO-SNP | HMO-SNP | HMO-SNP | HMO-SNP | HMO-SNP | HMO-SNP | |
| | 070 | 072 | 077 | 082 | 083 | 078 | 087 |
| | | | | ✓ | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | | | | ✓ | ✓ | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| | ✓ | ✓ | ✗ | | | ✓ | ✓ |
| | ✓ | | | ✓ | ✓ | ✓ | ✓ |

Plan Name

| | Freedom Savings Plan (HMO) | Freedom Medicare Plan RX (HMO) | Freedom Medicare Plan RX (HMO) | Freedom Platinum Plan Rx (HMO) | Freedom Platinum Plan Rx (HMO) |
|---|---|---|---|------------------------------------|------------------------------------|
| PBP Number | 052 | 059 | 060 | 088 | 089 |
| Premium | \$0 | \$0 | \$0 | \$0 | \$0 |
| Part B Buydown | \$65.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Max out of Pocket | \$3,400 | \$3,400 | \$3,400 | \$3,400 | \$3,400 |
| INPATIENT CARE | | | | | |
| Inpatient Hospital | \$225 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 | \$150 days 1-7 \$0 days 8-90 | \$85 days 1-7 \$0 days 8-90 | \$75 days 1-7 \$0 days 8-90 |
| Inpatient Mental | \$225 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 | \$150 days 1-7 \$0 days 8-90 | \$85 days 1-7 \$0 days 8-90 | \$75 days 1-7 \$0 days 8-90 |
| Skilled Nursing Facility | \$0 days 1-5 \$20 days 6-20 \$125 days 21-100 | \$0 days 1-5 \$20 days 6-20 \$150 days 21-100 | \$0 days 1-5 \$20 days 6-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 |
| OUTPATIENT CARE | | | | | |
| Primary Care Visit | \$0 | \$0 | \$0 | \$0 | \$0 |
| Specialist Visit | \$40 | \$30 | \$35 | \$25 | \$15 |
| Chiropractor Visit | \$20 | \$20 | \$20 | \$20 | \$15 |
| Podiatry Visit | \$40 | \$30 | \$35 | \$25 | \$15 |
| Outpatient Mental Health | \$40 | \$30 | \$35 | \$25 | \$15 |
| Outpatient Substance Abuse | \$40-\$250 | \$30-\$200 | \$35-\$250 | \$25-\$150 | \$15-\$150 |
| Ambulatory Surgery Center Visit | \$75 | \$75 | \$75 | \$25 | \$25 |
| Outpatient Hospital Visit | \$250 | \$200 | \$250 | \$150 | \$150 |
| Ambulance ground/air | \$150 / 20% air | \$175 / 20% air | \$175 / 20% air | \$175 / 20% air | \$150 / 20% air |
| Emergency Care | \$75 | \$75 | \$75 | \$75 | \$75 |
| Worldwide ER Care | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit |
| Urgently Needed Care | \$10 | \$10 | \$10 | \$10 | \$10 |
| OT, PT & ST | \$40 | \$30 | \$35 | \$25 | \$15 |
| Home Health | \$10 | \$10 | \$20 | \$0 | \$0 |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | | | | |
| Durable Medical Equipment | 20% | 20% | 20% | 20% | 20% |
| Prosthetic Devices | 20% | 20% | 20% | 20% | 20% |
| Diabetes Training, Nutrition Therapy | \$0 | \$0 | \$0 | \$0 | \$0 |
| Diabetes Supplies | 0-20% | 0-20% | 0-20% | 0-20% | 0-20% |
| Laboratory (outpatient) | \$0-\$50 | \$0-\$50 | \$0-\$50 | \$0-\$50 | \$0-\$50 |
| X-rays | \$0-\$250 | \$0-\$200 | \$0-\$250 | \$0-\$150 | \$0-\$150 |
| Diagnostic Procedures/Tests | \$0-\$250 | \$0-\$200 | \$0-\$250 | \$0-\$150 | \$0-\$150 |
| Diagnostic Procedure Sleep Study | 20% | 20% | 20% | 20% | 20% |
| Diagnostic Radiology, MRI, CAT, PET | \$25-\$250 | \$25-\$200 | \$25-\$250 | \$25-\$150 | \$25-\$150 |
| Therapeutic Radiology | 20% | 20% | 20% | 20% | 20% |
| PREVENTIVE SERVICES | | | | | |
| Bone Mass Measurement | \$0 | \$0 | \$0 | \$0 | \$0 |
| Colorectal Screening | \$0 | \$0 | \$0 | \$0 | \$0 |
| Flu, Pneu. & Hep. B Vaccine | \$0 | \$0 | \$0 | \$0 | \$0 |
| Mammograms | \$0 | \$0 | \$0 | \$0 | \$0 |

| | | | | | |
|------------------------------|---|---|---|---|---|
| Pap Smears/ Pelvic Exams | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prostate Cancer Screening | \$0 | \$0 | \$0 | \$0 | \$0 |
| Renal Dialysis | 20% | 20% | 20% | 20% | 20% |
| ESRD Nutrition Therapy | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual Wellness Visit | \$0 | \$0 | \$0 | \$0 | \$0 |
| PART B DRUGS | | | | | |
| Part B Drugs (not Chemo) | 20% | 20% | 20% | 20% | 20% |
| Part B Chemo Drugs | 20% | 20% | 20% | 20% | 20% |
| PART D DRUGS | | | | | |
| Deductible | \$0 | \$0 | \$0 | \$0 | \$0 |
| ICL Limit | \$3,820 | \$3,820 | \$3,820 | \$3,820 | \$3,820 |
| Tier 1 Preferred Generic | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 Preferred Brand | No Rx Coverage | \$35 | \$35 | \$35 | \$30 |
| Tier 3 Non-Preferred Drug | | \$85 | \$85 | \$85 | \$70 |
| Tier 4 Specialty | | 33% | 33% | 33% | 33% |
| Mail Order | | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays |
| GAP Coverage* | | Tier 1 \$0 copay | Tier 1 \$0 copay | Tier 1 \$0 copay | Tier 1 \$0 copay |
| COMPREHENSIVE DENTAL | | | | | |
| Medicare-Covered Dental | \$0 | \$0 | \$0 | \$0 | \$0 |
| Oral Exam | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| Routine Dental Cleaning | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr |
| Fluoride Treatment | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr |
| Dental X-ray | \$0 | \$0 | \$0 | \$0 | \$0 |
| Comprehensive Dental | Yes | Yes | Yes | Yes | Yes |
| HEARING | | | | | |
| Hearing Aids | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit |
| Hearing Aid Fitting/Eval | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| Medicare-Covered Hearing | \$0 | \$0 | \$0 | \$0 | \$0 |
| Routine Hearing Exam | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| VISION | | | | | |
| Glasses/Contacts - Cat Surg | \$0 | \$0 | \$0 | \$0 | \$0 |
| Routine Eye Exam | \$0 | \$0 | \$0 | \$0 | \$0 |
| Glasses | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr |
| Contacts | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr |
| Eyewear Limit | \$100 | \$100 | \$100 | \$125 | \$125 |
| SUPPLEMENTAL BENEFITS | | | | | |
| Fitness Membership | Yes | Yes | Yes | Yes | Yes |
| Transportation | \$0 6 one-way trips | \$0 6 one-way trips | \$0 6 one-way trips | \$0 8 one-way trips | \$0 8 one-way trips |
| Over-the-Counter (OTC) | \$25 | \$35 | \$35 | \$45 | \$50 |
| Supplies | | | | | |
| Nutrition Benefit | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty |
| Nursing Line | Yes | Yes | Yes | Yes | Yes |

*You pay 37% of generic drug cost and discounted cost for brand drug until the yearly out-of-pocket drug cost reaches \$5,100, unless you are already getting Medicare Extra Help. Some plans have \$0 co-pay for Tier 1 during the Coverage Gap/Donut Hole.

Plan Name

| PBP Number | Freedom Platinum Plan RX (HMO) | Freedom Platinum Plan RX (HMO) | Freedom Platinum Plan RX (HMO) | Freedom Platinum Plan RX (HMO) | Freedom Platinum Rewards Plan RX (HMO) |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
| Premium | 091 \$0 | 092 \$0 | 093 \$0 | 094 \$0 | 096 \$0 |
| Part B Buydown | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$65.00 |
| Max out of Pocket | \$3,400 | \$3,400 | \$3,400 | \$3,400 | \$6,700 |
| INPATIENT CARE | | | | | |
| Inpatient Hospital | \$125 days 1-7 \$0 days 8-90 | \$85 days 1-7 \$0 days 8-90 | \$95 days 1-7 \$0 days 8-90 | \$95 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 |
| Inpatient Mental | \$125 days 1-7 \$0 days 8-90 | \$85 days 1-7 \$0 days 8-90 | \$95 days 1-7 \$0 days 8-90 | \$95 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 |
| Skilled Nursing Facility | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 |
| OUTPATIENT CARE | | | | | |
| Primary Care Visit | \$0 | \$0 | \$0 | \$0 | \$0 |
| Specialist Visit | \$35 | \$30 | \$25 | \$20 | \$25 |
| Chiropractor Visit | \$20 | \$20 | \$20 | \$20 | \$20 |
| Podiatry Visit | \$35 | \$30 | \$25 | \$20 | \$25 |
| Outpatient Mental Health | \$35 | \$30 | \$25 | \$20 | \$25 |
| Outpatient Substance Abuse | \$35-\$150 | \$30-\$150 | \$25-\$150 | \$20-\$150 | \$25-\$195 |
| Ambulatory Surgery Center Visit | \$25 | \$25 | \$25 | \$25 | \$100 |
| Outpatient Hospital Visit | \$150 | \$150 | \$150 | \$150 | \$195 |
| Ambulance ground/air | \$150 / 20% air | \$150 / 20% air | \$150 / 20% air | \$150 / 20% air | \$175 / 20% air |
| Emergency Care | \$75 | \$75 | \$75 | \$75 | \$75 |
| Worldwide ER Care | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit |
| Urgently Needed Care | \$10 | \$10 | \$10 | \$10 | \$10 |
| OT, PT & ST | \$35 | \$30 | \$25 | \$20 | \$25 |
| Home Health | \$0 | \$0 | \$0 | \$0 | \$0 |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | | | | |
| Durable Medical Equipment | 20% | 20% | 20% | 20% | 20% |
| Prosthetic Devices | 20% | 20% | 20% | 20% | 20% |
| Diabetes Training, Nutrition Therapy | \$0 | \$0 | \$0 | \$0 | \$0 |
| Diabetes Supplies | 0-20% | 0-20% | 0-20% | 0-20% | 0-20% |
| Laboratory (outpatient) | \$0-\$50 | \$0-\$50 | \$0-\$50 | \$0-\$50 | \$0-\$50 |
| X-rays | \$0-\$150 | \$0-\$150 | \$0-\$150 | \$0-\$150 | \$0-\$195 |
| Diagnostic Procedures/Tests | \$0-\$150 | \$0-\$150 | \$0-\$150 | \$0-\$150 | \$0-\$195 |
| Diagnostic Procedure Sleep Study | 20% | 20% | 20% | 20% | 20% |
| Diagnostic Radiology, MRI, CAT, PET | \$25-\$150 | \$25-\$150 | \$25-\$150 | \$25-\$150 | \$25-\$195 |
| Therapeutic Radiology | 20% | 20% | 20% | 20% | 20% |
| PREVENTIVE SERVICES | | | | | |
| Bone Mass Measurement | \$0 | \$0 | \$0 | \$0 | \$0 |
| Colorectal Screening | \$0 | \$0 | \$0 | \$0 | \$0 |
| Flu, Pneu. & Hep. B Vaccine | \$0 | \$0 | \$0 | \$0 | \$0 |
| Mammograms | \$0 | \$0 | \$0 | \$0 | \$0 |

| | | | | | |
|------------------------------|---|---|---|---|---|
| Pap Smears/ Pelvic Exams | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prostate Cancer Screening | \$0 | \$0 | \$0 | \$0 | \$0 |
| Renal Dialysis | 20% | 20% | 20% | 20% | 20% |
| ESRD Nutrition Therapy | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual Wellness Visit | \$0 | \$0 | \$0 | \$0 | \$0 |
| PART B DRUGS | | | | | |
| Part B Drugs (not Chemo) | 20% | 20% | 20% | 20% | 20% |
| Part B Chemo Drugs | 20% | 20% | 20% | 20% | 20% |
| PART D DRUGS | | | | | |
| Deductible | \$0 | \$0 | \$0 | \$0 | \$0 |
| ICL Limit | \$3,820 | \$3,820 | \$3,820 | \$3,820 | \$3,820 |
| Tier 1 Preferred Generic | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 Preferred Brand | \$30 | \$30 | \$30 | \$30 | \$35 |
| Tier 3 Non-Preferred Drug | \$70 | \$70 | \$70 | \$70 | \$85 |
| Tier 4 Specialty | 33% | 33% | 33% | 33% | 33% |
| Mail Order | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays |
| GAP Coverage* | Tier 1 \$0 | Tier 1 \$0 | Tier 1 \$0 | Tier 1 \$0 | No |
| COMPREHENSIVE DENTAL | | | | | |
| Medicare-Covered Dental | \$0 | \$0 | \$0 | \$0 | \$0 |
| Oral Exam | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| Routine Dental Cleaning | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr |
| Fluoride Treatment | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr |
| Dental X-ray | \$0 | \$0 | \$0 | \$0 | \$0 |
| Comprehensive Dental | Yes | Yes | Yes | Yes | Yes |
| HEARING | | | | | |
| Hearing Aids | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit |
| Hearing Aid Fitting/Eval | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| Medicare-Covered Hearing | \$0 | \$0 | \$0 | \$0 | \$0 |
| Routine Hearing Exam | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| VISION | | | | | |
| Glasses/Contacts - Cat Surg | \$0 | \$0 | \$0 | \$0 | \$0 |
| Routine Eye Exam | \$0 | \$0 | \$0 | \$0 | \$0 |
| Glasses | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr |
| Contacts | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr |
| Eyewear Limit | \$125 | \$125 | \$125 | \$125 | \$125 |
| SUPPLEMENTAL BENEFITS | | | | | |
| Fitness Membership | Yes | Yes | Yes | Yes | Yes |
| Transportation | \$0 8 one-way trips | \$0 8 one-way trips | \$0 8 one-way trips | \$0 8 one-way trips | \$0 12 one-way trips |
| Over-the-Counter (OTC) | \$45 | \$45 | \$45 | \$45 | \$50 |
| Supplies | | | | | |
| Nutrition Benefit | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty |
| Nursing Line | Yes | Yes | Yes | Yes | Yes |

*You pay 37% of generic drug cost and discounted cost for brand drug until the yearly out-of-pocket drug cost reaches \$5,100, unless you are already getting Medicare Extra Help. Some plans have \$0 co-pay for Tier 1 during the Coverage Gap/Donut Hole.

Plan Name

| | Freedom VIP Care (HMO-SNP) | Freedom VIP Savings (HMO-SNP) | Freedom VIP Savings COPD (HMO-SNP) | Freedom VIP Savings (HMO-SNP) | Freedom VIP Savings COPD (HMO-SNP) |
|---|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| PBP Number | 070 | 072 | 077 | 082 | 083 |
| Premium | \$0 | \$0 | \$0 | \$0 | \$0 |
| Part B Buydown | \$0.00 | \$100.00 | \$85.00 | \$40.00 | \$0.00 |
| Max out of Pocket | \$3,400 | \$3,400 | \$3,400 | \$6,700 | \$6,700 |
| INPATIENT CARE | | | | | |
| Inpatient Hospital | \$75 days 1-5 \$0 days 6-90 | \$195 days 1-7 \$0 days 8-90 | \$195 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 |
| Inpatient Mental | \$75 days 1-5 \$0 days 6-90 | \$195 days 1-7 \$0 days 8-90 | \$195 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 | \$225 days 1-7 \$0 days 8-90 |
| Skilled Nursing Facility | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 | \$0 days 1-20 \$150 days 21-100 |
| OUTPATIENT CARE | | | | | |
| Primary Care Visit | \$0 | \$0 | \$0 | \$0 | \$0 |
| Specialist Visit | \$10 | \$30 | \$30 | \$40 | \$40 |
| Chiropractor Visit | \$10 | \$20 | \$20 | \$20 | \$20 |
| Podiatry Visit | \$10 | \$30 | \$30 | \$40 | \$40 |
| Outpatient Mental Health | \$10 | \$30 | \$30 | \$40 | \$40 |
| Outpatient Substance Abuse | \$10-\$150 | \$30-\$250 | \$30-\$200 | \$40-\$250 | \$40-\$250 |
| Ambulatory Surgery Center Visit | \$0 | \$25 | \$25 | \$75 | \$75 |
| Outpatient Hospital Visit | \$150 | \$250 | \$200 | \$250 | \$250 |
| Ambulance ground/air | \$150 / 20% air | \$150 / 20% air | \$150 / 20% air | \$150 / 20% air | \$150 / 20% air |
| Emergency Care | \$75 | \$75 | \$75 | \$75 | \$75 |
| Worldwide ER Care | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit |
| Urgently Needed Care | \$10 | \$10 | \$10 | \$10 | \$10 |
| OT, PT & ST | \$10 | \$30 | \$30 | \$40 | \$40 |
| Home Health | \$0 | \$0 | \$0 | \$0 | \$0 |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | | | | |
| Durable Medical Equipment | 20% | 20% | 0-20% Oxygen \$0 | 20% | 0-20% Oxygen \$0 |
| Prosthetic Devices | 20% | 20% | 20% | 20% | 20% |
| Diabetes Training, Nutrition Therapy | \$0 | \$0 | \$0 | \$0 | \$0 |
| Diabetes Supplies | 0% | 0% | 0-20% | 0% | 0-20% |
| Laboratory (outpatient) | \$0-\$50 | \$0-\$50 | \$0-\$50 | \$0-\$50 | \$0-\$50 |
| X-rays | \$0-\$150 | \$0-\$250 | \$0-\$200 | \$0-\$250 | \$0-\$250 |
| Diagnostic Procedures/Tests | \$0-\$150 | \$0-\$250 | \$0-\$200 | \$0-\$250 | \$0-\$250 |
| Diagnostic Procedure Sleep Study | 20% | 20% | 20% | 20% | 20% |
| Diagnostic Radiology, MRI, CAT, PET | \$25-\$150 | \$25-\$250 | \$25-\$200 | \$25-\$250 | \$25-\$250 |
| Therapeutic Radiology | 20% | 20% | 20% | 20% | 20% |
| PREVENTIVE SERVICES | | | | | |
| Bone Mass Measurement | \$0 | \$0 | \$0 | \$0 | \$0 |
| Colorectal Screening | \$0 | \$0 | \$0 | \$0 | \$0 |
| Flu, Pneu. & Hep. B Vaccine | \$0 | \$0 | \$0 | \$0 | \$0 |
| Mammograms | \$0 | \$0 | \$0 | \$0 | \$0 |

| | | | | | |
|------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Pap Smears/ Pelvic Exams | \$0 | \$0 | \$0 | \$0 | \$0 |
| Prostate Cancer Screening | \$0 | \$0 | \$0 | \$0 | \$0 |
| Renal Dialysis | 20% | 20% | 20% | 20% | 20% |
| ESRD Nutrition Therapy | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual Wellness Visit | \$0 | \$0 | \$0 | \$0 | \$0 |
| PART B DRUGS | | | | | |
| Part B Drugs (not Chemo) | 20% | 20% | 20% | 20% | 20% |
| Part B Chemo Drugs | 20% | 20% | 20% | 20% | 20% |
| PART D DRUGS | | | | | |
| Deductible | \$0 | \$0 | \$0 | \$0 | \$0 |
| ICL Limit | \$3,820 | \$3,820 | \$3,820 | \$3,820 | \$3,820 |
| Tier 1 Preferred Generic | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 Preferred Brand | \$20 | \$30 | \$30 | \$30 | \$30 |
| Tier 3 Non-Preferred Drug | \$60 | \$80 | \$80 | \$80 | \$80 |
| Tier 4 Specialty | 33% | 33% | 33% | 33% | 33% |
| Tier 5 Select Diabetic Drugs | \$0 | \$10 | N/A | \$10 | N/A |
| Mail Order | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays | 3 months for 2 copays |
| GAP Coverage* | Tier 1 at \$0 & Select tier \$10 copay | Tier 1 at \$0 | Tier 1 at \$0 | Tier 1 at \$0 | Tier 1 at \$0 |

| | | | | | |
|-----------------------------|----------|----------|----------|----------|----------|
| COMPREHENSIVE DENTAL | | | | | |
| Medicare-Covered Dental | \$0 | \$0 | \$0 | \$0 | \$0 |
| Oral Exam | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| Routine Dental Cleaning | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr |
| Fluoride Treatment | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr | \$0 2/yr |
| Dental X-ray | \$0 | \$0 | \$0 | \$0 | \$0 |
| Comprehensive Dental | Yes | Yes | Yes | Yes | Yes |

| | | | | | |
|--------------------------|---|---|---|---|---|
| HEARING | | | | | |
| Hearing Aids | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 limit (\$500 per aid) limit |
| Hearing Aid Fitting/Eval | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |
| Medicare-Covered Hearing | \$0 | \$0 | \$0 | \$0 | \$0 |
| Routine Hearing Exam | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr | \$0 1/yr |

| | | | | | |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|
| VISION | | | | | |
| Glasses/Contacts - Cat Surg | \$0 | \$0 | \$0 | \$0 | \$0 |
| Routine Eye Exam | \$0 | \$0 | \$0 | \$0 | \$0 |
| Glasses | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr |
| Contacts | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr | \$10 1/yr |
| Eyewear Limit | \$125 | \$125 | \$125 | \$125 | \$125 |

| | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SUPPLEMENTAL BENEFITS | | | | | |
| Fitness Membership | Yes | Yes | Yes | Yes | Yes |
| Transportation | \$0 12 one-way trips | \$0 12 one-way trips | \$0 12 one-way trips | \$0 8 one-way trips | \$0 8 one-way trips |
| Over-the-Counter (OTC) Supplies | \$50 | \$50 | \$50 | \$50 | \$50 |
| Nutrition Benefit | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty | Yes, After INP acute sty |
| Nursing Line | Yes | Yes | Yes | Yes | Yes |

*You pay 37% of generic drug cost and discounted cost for brand drug until the yearly out-of-pocket drug cost reaches \$5,100, unless you are already getting Medicare Extra Help. Some plans have \$0 and some plans have \$10 co-pay for Tier 1 and Tier 5 during the Coverage Gap/Donut Hole. Cost Sharing varies based on Medicaid status.

Plan Name

| | Freedom Medi-Medi Partial (HMO-SNP) | Freedom Medi-Medi Full (HMO-SNP) |
|---|-------------------------------------|----------------------------------|
| PBP Number | 078 | 087 |
| Premium | \$30.30 | \$30.30 |
| Part B Buydown | \$0.00 | \$0.00 |
| Max out of Pocket | \$3,400 | \$3,400 |
| INPATIENT CARE | | |
| Inpatient Hospital | \$0 | \$0 |
| Inpatient Mental | \$0 | \$0 |
| Skilled Nursing Facility** | \$0 days 1-100 | \$0 |
| OUTPATIENT CARE | | |
| Primary Care Visit | \$0 | \$0 |
| Specialist Visit | \$0 | \$0 |
| Chiropractor Visit | \$0 | \$0 |
| Podiatry Visit | \$0 | \$0 |
| Outpatient Mental Health | \$0 | \$0 |
| Outpatient Substance Abuse | \$0 | \$0 |
| Ambulatory Surgery Center Visit | \$0 | \$0 |
| Outpatient Hospital Visit | \$0 | \$0 |
| Ambulance ground/air** | \$0 | \$0 |
| Emergency Care** | \$0 | \$0 |
| Worldwide ER Care | \$500 copay; \$25,000 limit | \$500 copay; \$25,000 limit |
| Urgently Needed Care | \$0 | \$0 |
| OT, PT & ST | \$0 | \$0 |
| Home Health | \$0 | \$0 |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | |
| Durable Medical Equipment** | \$0 | \$0 |
| Prosthetic Devices** | \$0 | \$0 |
| Diabetes Training, Nutrition Therapy | \$0 | \$0 |
| Diabetes Supplies | 0% | 0% |
| Laboratory (outpatient) | \$0 | \$0 |
| Diagnostic Procedures/Tests | \$0 | \$0 |
| X-rays | \$0 | \$0 |
| Diagnostic Radiology | \$0 | \$0 |
| Therapeutic Radiology** | 0% or 20% | 0% |
| PREVENTIVE SERVICES | | |
| Bone Mass Measurement | \$0 | \$0 |
| Colorectal Screening | \$0 | \$0 |
| Flu, Pneumonia & Hepatitis B Vaccine | \$0 | \$0 |
| Mammograms | \$0 | \$0 |
| Pap Smears/Pelvic Exams | \$0 | \$0 |
| Prostate Cancer Screening | \$0 | \$0 |
| Renal Dialysis** | 0% or 20% | 0% |

| | | | |
|---------------------------------|--|--|----------------|
| ESRD Nutrition Therapy | | \$0 | \$0 |
| Annual Wellness Visit | | \$0 | \$0 |
| PART B DRUGS | | | |
| Part B Drugs (not Chemo)** | | \$0 | \$0 |
| Part B Chemo Drugs** | | \$0 | \$0 |
| PART D DRUGS | | | |
| Deductible | COST SHARING DEFINED BY LIS LEVEL ⁽²⁾ | COST SHARING DEFINED BY LIS LEVEL ⁽²⁾ | |
| ICL Limit | \$3,820 | \$3,820 | |
| Tier 1 Preferred Generic | \$0 ⁽¹⁾ | \$0 ⁽¹⁾ | |
| Tier 2 Preferred Brand | | | |
| Tier 3 Non-Preferred Drug | | | |
| Tier 4 Specialty | | | |
| Mail Order | | | |
| GAP Coverage ⁽³⁾ | | | |
| COMPREHENSIVE DENTAL | | | |
| Medicare-Covered Dental | \$0 | | \$0 |
| Oral Exam | \$0 1/yr | | \$0 1/yr |
| Routine Dental Cleaning | \$0 2/yr | | \$0 2/yr |
| Fluoride Treatment | \$0 2/yr | | \$0 2/yr |
| Dental X-ray | \$0 | | \$0 |
| Comprehensive Dental | Yes | | Yes |
| Dentures | \$0 1 per 5/yr | | \$0 1 per 5/yr |
| HEARING | | | |
| Hearing Aids | \$0 for 2 aid/yr (1 per ear) \$1000 (\$500 per aid) limit | \$0 for 2 aid/yr (1 per ear) \$1000 (\$500 per aid) limit | |
| Hearing Aid Fitting/Eval | \$0 1/yr | | \$0 1/yr |
| Medicare-Covered Hearing | \$0 | | \$0 |
| Routine Hearing Exam | \$0 1/yr | | \$0 1/yr |
| VISION | | | |
| Glasses/Contacts - Cat Surg | \$0 | | \$0 |
| Routine Eye Exam | \$0 | | \$0 |
| Glasses | \$0 1/yr | | \$0 1/yr |
| Contacts | \$0 1/yr | | \$0 1/yr |
| Eyewear Limit | \$200 | | \$200 |
| SUPPLEMENTAL BENEFITS | | | |
| Fitness Membership | Yes | | Yes |
| Transportation | \$0 24 one-way trips | \$0 24 one-way trips | |
| Over-the-Counter (OTC) Supplies | \$50 | | \$50 |
| Nutrition Benefit | Yes, After INP acute sty | Yes, After INP acute sty | |
| Nursing Line | Yes | | Yes |

*You pay 37% of generic drug cost and discounted cost for brand drug until the yearly out-of-pocket drug cost reaches \$5,100 unless you are already getting Medicare Extra Help. **Cost Sharing varies based on Medicaid status. (1) Tier 1 copay is \$0 in the deductible and initial coverage stage. (2) Members with no LIS have a \$415 Deductible and pay \$45 for Tier 2, \$95 for Tier 3, and 25% for Tier 4 drugs in the initial coverage stage.

Dual Special Needs Plans (D-SNP's)

To join D-SNP Plan 78, you must be eligible for certain levels of financial assistance from Florida Medicaid, as one of the following: Specified Low-Income Medicare Beneficiary (SLMB or SLMB Plus), Qualified Individual (QI) or Qualified Disabled and Working Individual (QDWI) or other Full Benefit Dual Eligible (FBDE). You must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area and be eligible for Medicaid. Depending on your level of Medicaid eligibility, benefits differ and you may or may not be subject to cost-sharing requirements. To join D-SNP Plan 87, you must be eligible for certain levels of financial assistance from Florida Medicaid, as a Qualified Medicare Beneficiary (QMB or QMB Plus). Plan Eligibility and benefit coverage is based on Medicaid eligibility. Benefits may vary, based on Plan.

Comprehensive Dental Services

The Plan will cover medically necessary dental services that provide for the study, screening, assessment, diagnosis, prevention, and treatment of diseases, disorders, and conditions of the oral cavity at NO COST to you. Please refer to your Evidence of Coverage (EOC) for additional benefit information.

What is Covered?

The Plan covers, but is not limited to, the following Dental Services:

- Medicare-Covered Dental
- Oral Exams
- Dental Cleanings
- Fluoride Treatments
- Dental X-rays
- Comprehensive Dental
- Extraction or Removal
- Fillings
- Debridement
- Dentures (Partial or Full)

For recipients age 21 and older, the Plan covers emergency dental services to alleviate pain, infection, or both and procedures essential to prepare the mouth for dentures.

Where to Call?

Please call Argus Dental at **1-855-445-9757** or speak to Member Services.

Transportation Services

The D-SNP Plans cover 24 one-way trips of transportation to Plan approved locations. Depending on your Medicaid eligibility level, you may qualify for additional UNLIMITED transportation benefits to Plan approved locations.

Contact Member Services for the number to schedule transportation services.

Comprehensive Dental, Vision and Hearing Benefits



**Comprehensive
Dental**

Vision



Hearing

Using Your Plan: Dental Benefits

We all want a great smile, so all of our plans offer dental benefits. Depending on the plan, these benefits include:

- Routine preventive dental care (member must use network dental provider)
- Oral Exams
- Routine cleaning as determined necessary by treating provider (excludes periodontal scaling, root planing and periodontal maintenance)
- Fluoride Treatment
- Dental x-rays

The list below shows plan-specific coverage. Your Evidence of Coverage also contains a list of covered services and your co-payments.

Dental Benefits

| | Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060 | Freedom VIP Care (HMO SNP): 070 Freedom VIP Savings (HMO SNP): 072, 082 Freedom VIP Savings COPD (HMO SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094 Freedom Platinum Rewards Plan RX (HMO): 096 | Freedom Medi-Medi Partial (HMO SNP): 078 Freedom Medi-Medi Full (HMO SNP): 087 |
|--|---|---|---|
| Covered Services | Co-Pays | Co-Pays | Co-Pays |
| Routine Preventive Dental Care (with network dental provider) | • \$0 co-pay at office/ freestanding facility. | • \$0 co-pay at office/ freestanding facility. | • \$0 co-pay at office/ freestanding facility. |
| Oral Exams | • \$0 co-pay for each oral exam up to 1 visit every year. | • \$0 co-pay for each oral exam up to 1 visit every year. | • \$0 co-pay for each oral exam up to 1 visit every year. |
| Routine Cleaning (As determined necessary by treating provider, excludes periodontal scaling, root planing and periodontal maintenance.) | • \$0 co-pay for each cleaning up to 2 visits every year. | • \$0 co-pay for each cleaning up to 2 visits every year. | • \$0 co-pay for each cleaning up to 2 visits every year. |
| Fluoride Treatment | • \$0 co-pay for each fluoride treatment up to 2 visits every year. | • \$0 co-pay for each fluoride treatment up to 2 visits every year. | • \$0 co-pay for each fluoride treatment up to 2 visits every year. |
| Dental X-rays | • \$0 co-pay for Complete Series including bitewings single film one every 36 months. | • \$0 co-pay for Complete Series including bitewings single film one every 36 months. | • \$0 co-pay for Complete Series including bitewings single film one every 36 months. |

Dental Benefits

| | Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060 | Freedom VIP Care (HMO SNP): 070 Freedom VIP Savings (HMO SNP): 072, 082 Freedom VIP Savings COPD (HMO SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094 Freedom Platinum Rewards Plan RX (HMO): 096 | Freedom Medi-Medi Partial (HMO SNP): 078 Freedom Medi-Medi Full (HMO SNP): 087 |
|------------------------------|--|--|--|
| Covered Services | Co-Pays | Co-Pays | Co-Pays |
| Dental x-rays (Continued) | <ul style="list-style-type: none"> • \$0 co-pay for bitewings 2 film one per year. • \$0 co-pay for bitewings 4 film one per year. • \$0 co-pay for panoramic film one per 36 months. • \$0 co-pay for each Occlusal film up to 2 per year. • \$0 co-pay for Temporomandibular joint film one per year. • \$0 co-pay for each additional x-ray one per year. | <ul style="list-style-type: none"> • \$0 co-pay for bitewings 2 film one per year. • \$0 co-pay for bitewings 4 film one per year. • \$0 co-pay for panoramic film one every 36 months. • \$0 co-pay for each Occlusal film up to 2 per year. • \$0 co-pay for Temporomandibular joint film one per year. • \$0 co-pay for each additional x-ray one per year. | <ul style="list-style-type: none"> • \$0 co-pay for bitewings 2 film one per year. • \$0 co-pay for bitewings 4 film one per year. • \$0 co-pay for panoramic film one per 36 months. • \$0 co-pay for each Occlusal film up to 2 per year. • \$0 co-pay for Temporomandibular joint film one per year. • \$0 co-pay for each additional x-ray one per year. |
| Limited Restorative Services | Not covered | <ul style="list-style-type: none"> • \$0 co-pay for filling up to 1 per year <ul style="list-style-type: none"> - one or two surface resin anterior (incisor or canine) restoration; or - one, two, or three surface resin posterior (pre-molar or molar) restoration | <ul style="list-style-type: none"> • \$0 co-pay for filling up to 2 per year <ul style="list-style-type: none"> - one or two surface resin anterior (incisor or canine) restoration; or - one, two, or three surface resin posterior (pre-molar or molar) restoration |
| Diagnostic Services | Not covered | <ul style="list-style-type: none"> • \$0 co-pay full mouth debridement one every two years. | <ul style="list-style-type: none"> • \$0 co-pay full mouth debridement one every two years. |
| Limited Extractions | <ul style="list-style-type: none"> • \$0 co-pay simple extraction OR surgical removal of erupted tooth; one procedure per year by a general dentist. | <ul style="list-style-type: none"> • \$0 co-pay simple extraction OR surgical removal of erupted tooth; one procedure per year by a general dentist. | <ul style="list-style-type: none"> • \$0 co-pay simple extraction OR surgical removal of erupted tooth; two procedure per year by a general dentist. |
| Limited Prosthodontics | Not covered | Not covered | <ul style="list-style-type: none"> • \$0 co-pay partial or full set of dentures; 1 set every 5 years |

Using Your Plan: Vision Benefits

All of our plans also offer vision benefits. Depending on the plan, these benefits include:

- Benefit services by a network provider.
- One Glaucoma screening per year.
- One Pair of eye glasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. Corrective lenses/frames (and replacements) needed after cataract removal without a lens implant.

The list below shows plan-specific coverage. Your Evidence of Coverage also contains a list of covered services and your co-payments.



Vision Benefits

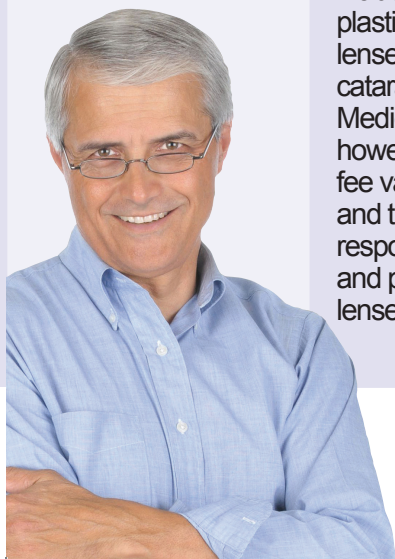
| | Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060 | Freedom VIP Care (HMO SNP): 070 Freedom VIP Savings (HMO SNP):072, 082 Freedom VIP Savings COPD (HMO SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094 Freedom Platinum Rewards Plan RX (HMO): 096 | Freedom Medi-Medi Partial (HMO SNP): 078 Freedom Medi-Medi Full (HMO SNP): 087 |
|------------------|---|---|---|
| Covered Services | Co-Pays | Co-Pays | Co-Pays |
| Eye Exams | <ul style="list-style-type: none"> • \$0 co-pay for each routine eye exam by an in network optometrist, limited to 1 exam per year. • \$0 co-pay for each Medicare covered eye exam (diagnosis and treatment for disease and conditions of the eye by optometrist). | <ul style="list-style-type: none"> • \$0 co-pay for each routine eye exam by an in network optometrist, limited to 1 exam per year. • \$0 co-pay for each Medicare covered eye exam (diagnosis and treatment for disease and conditions of the eye by optometrist). | <ul style="list-style-type: none"> • \$0 co-pay for each routine eye exam by an in network optometrist, limited to 1 exam per year. • \$0 co-pay for each Medicare covered eye exam (diagnosis and treatment for disease and conditions of the eye by optometrist). |

(continued on next page)

(continued from previous page)

Vision Benefits

| | Freedom Savings Plan (HMO): 052 Freedom Medicare Plan Rx (HMO): 059, 060 | Freedom VIP Care (HMO SNP): 070 Freedom VIP Savings (HMO SNP): 072, 082 Freedom VIP Savings COPD (HMO SNP): 077, 083 Freedom Platinum Plan Rx (HMO): 088, 089, 091, 092, 093, 094 Freedom Platinum Rewards Plan RX (HMO): 096 | Freedom Medi-Medi Partial (HMO SNP): 078 Freedom Medi-Medi Full (HMO SNP): 087 |
|---------------------------------|--|--|--|
| Covered Services | Co-Pays | Co-Pays | Co-Pays |
| Eye Wear or Contacts | <ul style="list-style-type: none"> • \$10 co-pay for up to one pair of glasses every year (includes lens and frame) with a benefit limit of \$100 in retail value which includes CR-39 clear plastic lens with single vision, lined bifocal (FT28), or lined trifocal (FT7x28). • \$30 co-pay for CR-39 clear plastic standard progressive lenses in addition to glasses co-pay. • \$30 co-pay for CR-39 plastic photochromatic lenses (like Transitions®). • \$10 co-pay for contacts (in lieu of eyeglasses) with benefit limit of \$100 in retail value. Contact fitting fee not included in routine exam, cost of contact fitting fee varies by provider and is additional charge. | <ul style="list-style-type: none"> • \$10 co-pay for up to one pair of glasses every year (includes lens and frame) with a benefit limit of \$125 in retail value which includes CR-39 clear plastic lens with single vision, lined bifocal (FT28), or lined trifocal (FT7x28). • \$30 co-pay for CR-39 clear plastic standard progressive lenses in addition to glasses co-pay. • \$30 co-pay for CR-39 plastic photochromatic lenses (like Transitions®). • \$10 co-pay for contacts (in lieu of eyeglasses) with benefit limit of \$125 in retail value. Contact fitting fee not included in routine exam, cost of contact fitting fee varies by provider and is additional charge. | <ul style="list-style-type: none"> • \$0 co-pay for up to one pair of glasses every year (includes lens and frame) with a benefit limit of \$200 in retail value which includes CR-39 clear plastic lens with single vision, lined bifocal (FT28), or lined trifocal (FT7x28). • \$30 co-pay for CR-39 clear plastic standard progressive lenses in addition to glasses co-pay. • \$30 co-pay for CR-39 plastic photochromatic lenses (like Transitions®). • \$0 co-pay for contacts (in lieu of eyeglasses) with benefit limit of \$200 in retail value. Contact fitting fee not included in routine exam, cost of contact fitting fee varies by provider and is additional charge. |
| Eye Wear after Cataract Surgery | <ul style="list-style-type: none"> • \$0 co-pay for Medicare-covered eye wear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after each cataract surgery up to Medicare allowable, however contact fitting fee varies by provider and the member is responsible. Progressive and photochromatic lenses not covered. | <ul style="list-style-type: none"> • \$0 co-pay for Medicare-covered eye wear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after each cataract surgery up to Medicare allowable, however contact fitting fee varies by provider and the member is responsible. Progressive and photochromatic lenses not covered. | <ul style="list-style-type: none"> • \$0 co-pay for Medicare covered eye wear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after each cataract surgery up to Medicare allowable, however contact fitting fee varies by provider and the member is responsible. Progressive and photochromatic lenses not covered. |



Using Your Plan: Hearing Benefits

Freedom Health members receive these hearing benefits on most plans:

- One routine hearing exam every year.
- One hearing aid evaluations/hearing aid fitting every year.
- Two hearing aids per year (1 per ear)
- Selection of quality digital products featuring choice of style and technologies.



The list below shows plan-specific coverage. Your Evidence of Coverage also contains a list of covered services and your co-payments.

| Hearing Benefits | |
|-------------------------|---|
| | All Plans |
| Covered Services | Co-Pays |
| Diagnostic Hearing Exam | • \$0 co-pay for each Medicare covered hearing exam. |
| Routine Hearing Exam | • \$0 co-pay for up to 1 routine hearing exam every year. |
| Hearing Aids | • \$0 co-pay for up to 1 evaluation every year. • \$0 co-pay for two hearing aids per year (1 per ear). • \$1,000 limit for routine hearing aids every year (\$500 per hearing aid). The member will be responsible for payment of any amount in excess of \$1,000 for hearing benefit. |

Maximum Out Of Pocket Expenses

The following in network services / benefits count towards your maximum out-of-pocket (MOOP). The MOOP amount for most 2019 Freedom Health Plans is \$3,400.

Inpatient Services

- Inpatient Hospital Care
- Inpatient Mental Health
- Skilled Nursing Facility

Outpatient Services

- Doctor Visits
- Chiropractic Services
- Podiatry Services
- Home Health Services
- Outpatient Mental Health
- Outpatient Substance Abuse
- Outpatient Surgery
- Medically Necessary Ambulance Services
- Emergency Care
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT, & ST)

Outpatient Medical Services & Supplies

- Annual Wellness Visit
- Durable Medical Equipment
- Prosthetic devices
- Diabetes Self Monitoring & Training
- Diabetic Monitoring Supplies
- Nutrition Therapy & Supplies
- Diagnostic Tests
- X-Rays
- Lab Services
- Radiology Services
- Bone Mass Measurement
- Colorectal Screening Exams
- Immunizations (Flu, Hepatitis B, Pneumonia)
- Mammograms
- Pap Smears
- Prostate Cancer Screening Exams
- End Stage Renal Disease Services

How to Use Your Benefits and Services

Freedom Health partners with specific companies to provide chiropractic, comprehensive dental, vision, hearing, fitness, clinical laboratory, over-the-counter (OTC) health related supplies, transportation and podiatry services. While you must stay within our network of providers, these companies were chosen through a comprehensive selection process and we are confident that they will serve your needs. Check your plan to verify coverage for services below.

Service

How to Find It?



Transportation

Contact Member Services for the number to schedule a ride to your doctor with our transportation provider. **72 hours notice required.**



Comprehensive Dental, Vision & Hearing

Freedom partners with Argus for both Dental and Vision services. For Dental, please call **1-855-445-9757**. For Vision, please call Freedom **Member Services** for a provider listing, or review providers at www.argusdentalvision.com. Hearing services are provided by HearUSA. They can be contacted at 1-800-333-3389.



Freedom has partnered with SilverSneakers® to provide our fitness benefit which is available on all of our plans. Please visit their website at www.silversneakers.com or call our **Member Services Department** for the most updated participating network facilities and information on how to utilize the benefit. Please take your Freedom ID to the participating network facility on your first visit.



Lab Services

Freedom Health partners with local labs to provide clinical laboratory services. **Contact Member Services for a location near you.**



Over-the-Counter Health Related Supplies

If your plan includes an Over-the-Counter benefit, you may contact us directly at **1-866-900-2688** or order online through the **Member Portal** at www.freedomhealth.com. A list of available supplies are on pages 40-41, along with ordering information. You will receive supplies in approximately 7-10 business days after you submit your order.



Podiatry

Participating podiatrists are listed in the Provider Directory. Call our **Member Services Department** or talk to your PCP for podiatry questions.



Chiropractic

For Chiropractors, call our **Member Services Department** or talk to your PCP for chiropractic questions.

Member Services - Contact us at **1-800-401-2740**. TTY users: 711.

From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST.
From April 1 to September 30, we are open Monday through Friday, 8 a.m. - 8 p.m. EST.

***YES,
I CAN!***

**DO MORE ONLINE
WITH THE
MEMBER PORTAL!**



Place & track orders for your over-the-counter medication and diabetic supplies



Print and order your ID card, provider directory, formulary and other plan materials



Complete your Health Assessment Form



Find a plan doctor, pharmacy, hospital and covered drug



Update your demographic information



Track your out-of-pocket expenses (MOOP)



View your claims activity and benefit information



Access important plan forms and documents from a central location



Gain access to health & wellness information

LOG ONTO

WWW.FREEDOMHEALTH.COM

AND REGISTER TODAY!

***IT'S EASY &
CONVENIENT***



**FREEDOM
HEALTH**

Diabetic Supplies - It's Easy as 1-2-3

1

Order your diabetic supplies by visiting our Member Portal website: www.freedomhealth.com or by calling us at 1-866-900-2688 • TTY: 711

2

Pay \$0 for diabetic monitors, lancets and test strips through the plan mail order program.⁽¹⁾

Compare to pharmacy retail cost of 20%⁽²⁾

3

Your supplies will be mailed direct at NO COST TO YOU.



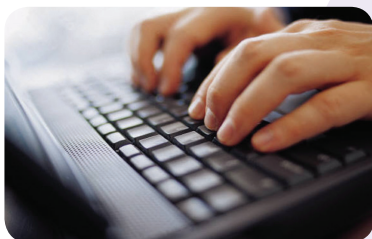
¹Authorization and/or a prescription may be required from a physician.

²Coinsurance amount for retail supplies varies by plan.

Monthly Over-The-Counter Allowance - Benefits you can use everyday!

More Supplies To Choose From!

1



Visit our Member Portal website or call to place your order

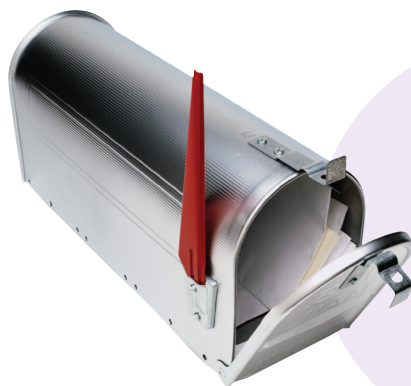
2

We process your order



3

You receive medications by mail



Log on to:
www.freedomhealth.com

or call: 1-866-900-2688 • TTY: 711



Save Time & Money in Over-the-Counter Supplies

| Item | Item Description | Qty. | Price |
|-------------------------------|---|---|-------------|
| (1) Allergies | | | |
| 1A | Generic Comparable of Chlortrimeton | Chlorpheniramine Maleate 4mg | 24 \$4 |
| 1B | Generic Comparable of Benadryl Elixir | Diphenhydramine HCl 12.5mg | 118ml \$3 |
| 1C | Generic Comparable of Benadryl Caps | Diphenhydramine HCl 25mg | 24 \$3 |
| 1D | Generic Comparable of Ocean Saline Nasal Spray | Deep Sea Nasal Saline 0.65% | 44ml \$3 |
| 1E | Nasacort Allergy 24 Hour | Triamcinolone 55mcg | 10.8ml \$15 |
| 1F | Flonase | Fluticasone Propionate (glucocorticoid) 50mcg | 9.9ml \$15 |
| (2) Analgesics | | | |
| 2A | Generic Comparable of Tylenol Ex 500mg | Acetaminophen Tabs 500 mg | 100 \$4 |
| 2B | Generic Comparable of Bayer Aspirin | Aspirin 325mg | 100 \$3 |
| 2C | Generic Comparable of Zostrix | Trixaicin Capsicum 0.025% (Capsaicin) | 60g \$7 |
| 2E | Generic Comparable of Advil | Ibuprofen 200mg FC Tab. | 24 \$3 |
| 2F | Generic Comparable of Ben Gay | Muscle Rub | 35g \$3 |
| 2G | Generic Comparable of Aleve | Naproxen Sodium 220 mg CPL | 50 \$7 |
| 2H | Generic Comparable of Bayer Aspirin Low Dose 81 mg | Aspirin EC (Delayed Release) 81mg | 120 \$4 |
| 2I | Generic Comparable of Tylenol PM | Acetaminophen 500mg/Diphenhydramine HCl 25mg | 50 \$5 |
| 2J | Generic Comparable of Bayer Aspirin Low Dose Chewable | Aspirin 81mg Chewable | 36 \$4 |
| 2K | Generic Comparable of Icy Hot Patch | Cold and Hot Patch | 5 \$8 |
| 2L | Generic Comparable of Excedrin | Headache Formula-Aspirin/Acetaminophen/Caffeine | 100 \$7 |
| 2M | Aspercreme | Aspercreme with 4% Lidocaine Maximum Strength | 76g \$6 |
| (3) Antacids | | | |
| 3A | Generic Comparable of Tums-Ex | Calcium Carbonate 750mg | 96 \$5 |
| 3B | Generic Comparable of Gas-X | Gas Relief Tablets | 100 \$5 |
| 3C | Generic Comparable of Zantac 75 | Ranitidine 75mg | 30 \$9 |
| 3D | Generic Comparable of Alka Seltzer | Antacid & Pain Relief | 12 \$6 |
| (4) Anti-Diarrheals | | | |
| 4A | Generic Comparable of Imodium | Loperamide 2mg | 12 \$4 |
| 4B | Generic Comparable of Pepto Bismol | Pink Bismuth Tablets (chewable) | 30 \$5 |
| (5) Anti-Hemorrhoidals | | | |
| 5A | Generic Comparable of Cortaid | Hydrocortisone Oint, USP 1% | 28g \$6 |
| 5B | Generic Comparable of Preparation H | Prompt Relief Hem Ointment | 57g \$7 |
| 5C | Generic Comparable of Preparation H | Hemorrhoidal Suppositories | 12 \$13 |
| (6) Cough/Cold | | | |
| 6A | Generic Comparable of Robitussin | Sugar-Free Cough Syrup | 118ml \$5 |
| 6B | Generic Comparable of Vicks | Medicated Chest Rub | 100g \$6 |

| Item | Item Description | Qty. | Price |
|---|---|------|-------|
| 6C | Mucinex Dm | | M |
| 6D | Generic Comparable of Afrin Nasal Spray | | N |
| 6H | Generic Comparable of Tylenol Sinus Congestion & Pain | | S |
| 6I | Generic Comparable of Chloraseptic | | S |
| 6K | Halls Sugar-Free Cough Drops | | S |
| 6L | Generic Comparable of Mucus Relief | | E |
| 6M | Generic Comparable of Cepacol | | C |
| (7) Eye | | | |
| 7A | Generic Comparable of Collyrium Eye Wash | | E |
| 7B | Generic Comparable of Visine | | R |
| 7C | Generic Comparable of Visine Tears | | A |
| 7E | Generic Comparable of Zaditor | | E |
| (8) First Aid Creams & Ointments | | | |
| 8A | Generic Comparable of Benadryl Cream | | A |
| 8B | Generic Comparable of Bacitracin | | B |
| 8C | Generic Comparable of Lotrimin | | C |
| 8D | Generic Comparable of Cortisone | | H |
| 8E | Generic Comparable of Zinc Oxide | | Z |
| 8F | Generic Comparable of Neosporin | | T |
| 8G | Generic Comparable of Micatin | | M |
| 8H | Generic Comparable of Debrox | | E |
| (9) First Aid Supplies | | | |
| 9A | Generic Comparable of Ace Bandage 3" | | E |
| 9B | Butterfly Closure | | B |
| 9C | Cotton Balls | | C |
| 9D | Ice Bag | | Ic |
| 9E | Generic Comparable of J&J Gauze | | G |
| 9F | Digital Thermometer | | D |
| 9G | Generic Comparable of Q-Tips | | C |
| (10) Laxatives | | | |
| 10A | Generic Comparable of Colace | | D |
| 10B | Generic Comparable of Fibercon | | F |
| 10C | Generic Comparable of Miralax | | C |
| 10D | Generic Comparable of Fleet Enema | | E |
| (11) Miscellaneous | | | |
| 11A | Digital Blood Pressure Kit* | | A |
| 11B | Blood Pressure Kit* | | M |
| 11C | Generic Comparable of Band Aid | | A |
| 11D | Generic Comparable of Coppertone Sunscreen Lotion | | S |
| 11E | Generic Comparable of Dramamine | | M |

*These items are considered dual purpose items. Prior to ordering these items, the enrollee must have an appropriate conversation with the enrollee's personal provider who verbally recommends the OTC item for a specific diagnosable condition.

DISCLAIMERS:

- OTC items may only be purchased for the enrollee; it is prohibited to purchase supplies for family members, and friends.
- The following supplies are not covered as they are non-eligible supplies: Alternative Medicines (Includes botanicals, herbals, probiotics, homeopathic, and nutraceuticals), baby supplies, contraceptives, convenience & comfort supplies (insoles, gloves, etc.), cosmetics, food products or supplements, replacement & attachments such as contact lens containers or batteries.
- To minimize mailing costs the plan may impose a limited ordering quantity per purchase.
- Items, quantity and size may change depending on availability.
- This benefit is only available if your plan offers the OTC service as a benefit. Orders will be shipped via UPS or USPS. Please allow 7-14 business days to receive your order from the time the order is placed.

- Please consult with your doctor before using any OTC products.
- All OTC supplies are generic comparable of Brand item. Any branded item may be substituted for its Generic Comparable based on availability.
- All items are shipped based on manufacturer availability.
- All items may not be available all the time.
- If Generic Item is not acceptable, plan will not ship Brand Name Item.
- The plan does not allow to rollover any remaining OTC benefits into the next month.
- Items may vary based on the manufacturer and availability (For example, caplets, tablets, capsule or soft gels may be substituted for one another).
- For all people who have diabetes (insulin and non-insulin users) supplies to monitor your blood glucose: Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors are available through the Plan Mail-Order service by calling Member Services. Authorization and/or a prescription may be required from a physician.

Supplies. Choose From the Following List:

| Item Description | Qty. | Price |
|---|-------|-------|
| Mucinex DM 600mg | 20 | \$20 |
| Nasal Spray | 15ml | \$3 |
| Sinus-Acetaminophen /Phenylephrine HCl | 24 | \$5 |
| Sore Throat Spray | 177ml | \$5 |
| Sugar-Free Cough Drops | 25 | \$4 |
| Expectorant-Guaifenesin 400 mg | 30 | \$7 |
| Cepacol | 16 | \$5 |
| (7) Eye Care | | |
| Eye Wash | 118ml | \$4 |
| Redness Reliever Eye Drops | 15ml | \$4 |
| Artificial Tears | 15ml | \$4 |
| Eye-Itch Relief Antihistamine | 5ml | \$15 |
| ns & Ointments & Antiseptics | | |
| Anti-Itch Cream | 28g | \$3 |
| Bacitracin | 14g | \$6 |
| Clotrimazole 1% Cream | 28g | \$7 |
| Hydrocortisone Cream | 28g | \$5 |
| Zinc Oxide Ointment | 28g | \$8 |
| Triple-Antibiotic Ointment | 28g | \$6 |
| Miconazole Nitrate 2% | 28g | \$4 |
| Ear Wax Removal | 15ml | \$4 |
| First Aid Supplies | | |
| Elastic Bandage | 1 | \$4 |
| Butterfly Closures | 10 | \$2 |
| Cotton Balls | 100 | \$4 |
| Ice Bag 9" | 1 | \$9 |
| Gauze Rolls - Assorted sizes | 3 | \$4 |
| Digital Thermometer | 1 | \$5 |
| Cotton Swabs | 300 | \$5 |
| (10) Laxatives | | |
| Docusate Sodium 100mg | 100 | \$5 |
| Fiber-Lax 500mg | 60 | \$9 |
| Clear Lax Powder | 119g | \$11 |
| Enema-Saline Laxative | 133ml | \$3 |
| scellaneous Items | | |
| Automatic Blood Pressure Kit | 1 | \$25 |
| Manual Self Taking Blood Pressure Kit | 1 | \$19 |
| Adhesive Bandage | 50 | \$3 |
| Sunscreen Lotion SPF-30 | 118ml | \$10 |
| Motion Sickness Relief Tablets | 12 | \$4 |

| Item | Item Description | Qty. | Price |
|---|---|--|-----------|
| 11F | Pill Organizer | One Day At a time Medicine Organizer-Weekly | 1 \$7 |
| 11G | DEX4 Glucose Tablets | Glucose Tablets | 50 \$8 |
| 11H | Pill Splitter | Pill Splitter | 1 \$5 |
| 11I | Eye Glass Wipes | Wipes and Lens Cleaner Pack | 1 box \$4 |
| 11J | Estroven | Multi-Symptom Menopause Relief | 30 \$20 |
| (12) Topical Foot & Topical Oral | | | |
| 12A | Callus Remover | Callus Removers | 6 \$4 |
| 12C | Callus Cushion | Callus Cushions | 6 \$3 |
| 12E | Dental Flossers | Dental Flossers | 36 \$3 |
| 12G | Generic Comparable of Polident | Denture Cleanser | 40 \$7 |
| 12H | Toothpaste | Toothpaste | 76g \$4 |
| 12I | Toothbrush | Toothbrush | 1 \$3 |
| 12J | Generic Comparable of Fixodent | Denture Adhesives ADH CRM Fresh | 39g \$5 |
| (13) Vitamins & Minerals* | | | |
| 13A | Fish Oil | Fish Oil - 1200mg | 90 \$9 |
| 13B | ProSight | Supplement for Eyes | 60 \$6 |
| 13C | Allbee With C | B Complex with C | 100 \$8 |
| 13D | Vitamin B | B Complex | 100 \$8 |
| 13E | Vitamin C | Vitamin C 500mg | 100 \$8 |
| 13F | Generic Comparable of Centrum | Multivitamin & Mineral | 60 \$6 |
| 13G | Folic Acid | Folic Acid 800mcg | 100 \$5 |
| 13H | Glucosamine Chondroitin | Glucosamine Chondroitin | 60 \$15 |
| 13J | Vitamin E | Vitamin E 400 IU | 100 \$8 |
| 13K | Vitamin D | Vitamin D 1000 IU | 100 \$5 |
| 13L | Antioxidant Tablets | Antioxidant Tablets | 50 \$7 |
| 13M | Selenium | Selenium 200mcg | 60 \$7 |
| 13N | Timed Release Niacin | Timed Release Niacin 500mg | 60 \$10 |
| 13O | Generic Comparable of Lactaid Tab | Lactase Enzyme Supplement | 50 \$9 |
| 13P | Ferrous Sulfate | Ferrous Sulfate - 325mg | 100 \$3 |
| 13Q | Generic Comparable of Citracal | Calcium Citrate & Vitamin D | 60 \$7 |
| 13R | Generic Comparable of Bayer One A Day Women's | One A Day Women's Multivitamin | 60 \$10 |
| 13S | Generic Comparable of Os-Cal* | Oyster Calcium + Vitamin D | 100 \$4 |
| 13T | CoQ10 | CoQ10 100mg | 30 \$10 |
| 13U | Vitamin B12 | Vitamin B12 1000 mcg | 50 \$8 |
| (14) Smoking Cessation | | | |
| 14B | Generic Comparable of Nicorette 4mg | Stop Smoking Gum-Nicotine Polacrilex Gum 4mg | 40 \$24 |
| (15) Sleep-Aids | | | |
| 15A | Generic Comparable of Simply Sleep | Sleep-tabs 25 mg | 24 \$4 |
| 15B | Melatonin-Sleep Aid | Melatonin Tablet 3mg | 60 \$8 |

Select from the items listed above and log on to:
www.freedomhealth.com or call: 1-866-900-2688, TTY/TDD: 711

Freedom Health is an HMO plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal. Please call our Member Service Department at 1-800-401-2740 for additional information. From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST.

Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).



How to Enroll:



1. Have your Medicare ID or proof of eligibility ready before you begin the application process.
2. You may complete the application on paper or through our website: www.freedomhealth.com. Our authorized Agents/Brokers can help with any of these methods. If you need help, finding an agent, call our toll-free number.
3. Medicare beneficiaries may also enroll in Freedom Health through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.
4. Choose a primary care physician. Use our Provider Directory to find your doctor. Your Freedom Health authorized agent/broker can help, or go to our website at www.freedomhealth.com and from the Quick Links section, choose Provider Search.
5. Look up your prescriptions in our formulary booklet or go to our website and from the Quick Links section, choose the Drug Search.

Record Your Important Information

Benefit Consultant Name: _____

Benefit Consultant Telephone Number: _____

Plan Name: _____

PBP Number: _____

Enrollment Application Number: _____

Effective Date: _____

Network PCP Name,
Number, Address: _____

Over-the-Counter Allowance per month: _____



We're making it easier to find answers.

1. Check the plan's Evidence of Coverage
2. Visit a local Concierge Center
3. Go to www.freedomhealth.com and search our website
4. Call Member Services

Call Toll-Free: 1-800-401-2740 • TTY: 711

From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. - 8 p.m. EST.

Notes:

43



Focused on **You**

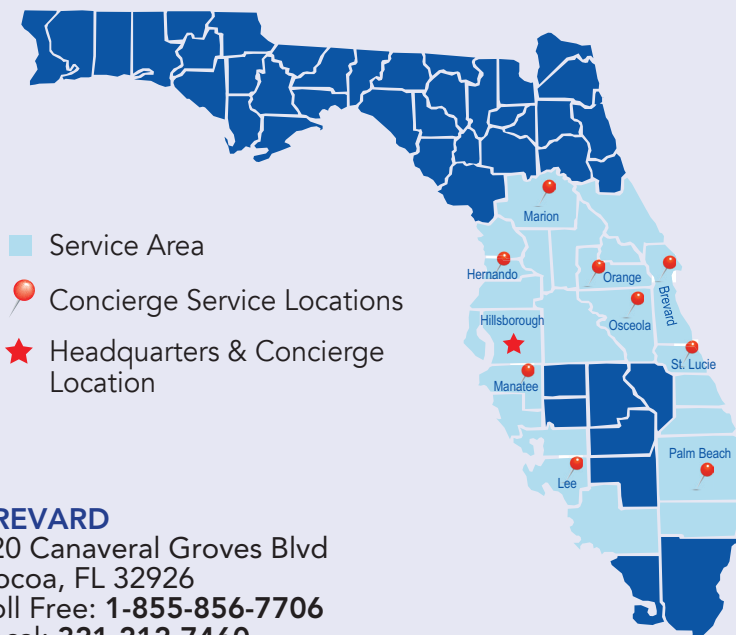
Please call our Member Services
number Toll-Free at:

1-800-401-2740 TTY: 711

*From October 1 to March 31, we are open 7 days
a week from 8 a.m. to 8 p.m. EST.*

*From April 1 to September 30, we are open
Monday through Friday, 8 a.m. - 8 p.m. EST.*

www.freedomhealth.com



BREVARD

320 Canaveral Groves Blvd
Cocoa, FL 32926
Toll Free: **1-855-856-7706**
Local: **321-212-7460**

BROWARD/PALM BEACH

1300 N Federal Highway Suite 103
Boca Raton, FL 33432
Toll Free: **1-844-217-8399**
Local: **561-910-5278**

CHARLOTTE/MANATEE/SARASOTA

3874 E. SR 64, Bradenton, FL 34208
Toll Free: **1-888-850-5315**
Local: **941-708-0850**

CITRUS/HERNANDO/PASCO

8373 Northcliffe Blvd., Spring Hill, FL 34606
Toll Free: **1-888-211-9921**
Local: **352-686-0213**

COLLIER/LEE

6831 Palisades Park Ct., Suite 1,
Ft. Myers, FL 33912
Toll Free: **1-888-272-2992**
Local: **239-210-4940**

HILLSBOROUGH/PINELLAS/POLK

5403 N. Church Ave., Tampa, FL 33614
Toll Free: **1-888-211-9918**
Local: **813-506-6101**

INDIAN RIVER/MARTIN/ST. LUCIE

1187 S. US Hwy. 1, Ste E & F, Vero Beach, FL 32962
Toll Free: **1-888-274-8575**
Local: **772-257-3100**

LAKE/MARION/SUMTER/VOLUSIA

2102 SW 20th Pl., Building 200,
Suite 201, Ocala, FL 34471
Toll Free: **1-888-420-2539**
Local: **352-237-2351**

ORANGE/SEMINOLE

950 S. Winter Park Dr., Suite 340,
Casselberry, FL 32707
Toll Free: **1-888-364-7905**
Local: **407-965-2684**

OSCEOLA

1339 E. Osceola Pkwy, Kissimmee, FL 34744
Toll Free: **1-888-609-0690**

CONCIERGE SERVICE LOCATIONS