

2024 PLANS | FL ORLANDO

Plans at a glance

The right Medicare Advantage plan could help you save thousands. Find and compare our most popular plans in your area.

	HMO PLANS		PPO PLAN
	Devoted CORE Orlando (HMO)	Devoted ESSENTIALS Orlando (HMO)	Devoted CHOICE Orlando (PPO)
	H1290-005-000	H1290-018-000	H9884-003-000
Monthly premium	\$0	\$0	\$0
Money back	Not covered	\$164.90 back in your Social Security check every month	Not covered
Out-of-pocket max	\$2,900	\$4,900	\$4,900
Dental	\$3,000 a year	\$1,000 a year	\$2,000 a year for all covered dental and eyewear
Vision	\$400 a year for eyewear	\$200 a year for eyewear	\$2,000 a year for all covered dental and eyewear
Money for rent, utilities, and food*	\$50 a month	Not covered	Not covered
Over-the-counter	\$145 a quarter	\$65 a quarter	\$110 a quarter
PCP visits	\$0 copay	\$0 copay	\$0 copay
Specialist visits	\$5 copay	\$20 copay	\$30 copay
Referral required?	Yes	Yes	No
Hospital stays	\$25 a day for days 1-5	\$275 a day for days 1-7	\$295 a day for days 1-5
Hearing aids	\$399 copay per ear for advanced hearing aids \$699 copay per ear for premium hearing aids	\$399 copay per ear for advanced hearing aids \$699 copay per ear for premium hearing aids	\$199 copay per ear for advanced hearing aids \$499 copay per ear for premium hearing aids
Prescription drugs 30-day supply retail pharmacy	Tier 1: \$0 copay Tier 2: \$0 copay Tier 3: \$47 copay Tier 4: \$100 copay Tier 5: 33% of drug cost	Tier 1: \$0 copay Tier 2: \$5 copay Tier 3: \$47 copay Tier 4: \$100 copay Tier 5: 30% of drug cost	Tier 1: \$0 copay Tier 2: \$0 copay Tier 3: \$47 copay Tier 4: \$100 copay Tier 5: 30% of drug cost

All amounts listed are for in-network services. See plan documents for details.

Do you have Medicare and Medicaid?

See if you qualify for a **\$0 Medicare Advantage plan** with even more benefits and savings with one of our HMO D-SNP plans.

	HMO D-SNP PLANS	
	Devoted DUAL PLUS Florida (HMO D-SNP)	Devoted DUAL Orlando (HMO D-SNP)
	H1290-052-000	H1290-022-000
Dental	Covered with no dollar limit	\$3,000 a year
Vision	\$500 a year for eyewear	\$500 a year for eyewear
Money for rent, utilities, and food	\$320 a month if you get Extra Help	\$150 a month if you get Extra Help
Over-the-counter	\$100 a quarter	\$100 a quarter
PCP visits	\$0 copay	\$0 copay
Specialist visits	\$0 copay	\$0 copay
Referral required?	Yes	Yes
Hearing aids	\$0 copay per ear for advanced hearing aids \$299 copay per ear for premium hearing aids	\$0 copay per ear for advanced hearing aids \$299 copay per ear for premium hearing aids
Prescription drugs 30-day supply retail pharmacy	If you get Extra Help, you'll have a \$0 copay for all prescriptions	If you get Extra Help, you'll have a \$0 copay for all prescriptions

Call to learn more

866-988-0008

Charles Mai, Devoted Health licensed sales agent



Service area: Orange, Osceola, Seminole

Enrollment may be limited to specific times of the year unless you meet certain criteria, such as qualifying for a Special Election Period.

*On non-D-SNP plans, the Food and Home Card is a special supplemental benefit available only to members with eligible chronic health conditions, like diabetes or high blood pressure.

Benefits and cost sharing may vary by plan. Dental coverage limitations may apply. Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Devoted Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-6833 (TTY 711). Y0142_24L183_M