

#### 2024 PLANS | NC CHARLOTTE

# 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   |   |  |
|--|---|---|--|
|  | Devoted CORE<br>North Carolina (HMO)  | Devoted GIVEBACK<br>North Carolina (HMO)  |  |
|  | H5299-004-000   | H5299-012-000   |  |
| Monthly premium                                  | \$0   | \$0   |  |
| Money back                                       | Not covered   | \$130 back in your Social Security check every month  |  |
| Out-of-pocket max                                | \$3,900   | \$6,700   |  |
| Dental   | \$1,500 a year  | \$500 a year  |  |
| Vision   | \$350 a year for eyewear  | \$200 a year for eyewear  |  |
| Money for rent,<br>utilities, and food*          | \$40 a month  | Not covered   |  |
| Over-the-counter                                 | \$70 a quarter  | Not covered   |  |
| PCP visits                                       | \$0 copay   | \$0 copay   |  |
| Specialist visits                                | \$20 copay  | \$45 copay  |  |
| Referral required?                               | No  | No  |  |
| Hospital stays                                   | \$295 a day for days 1-5  | \$440 a day for days 1-4  |  |
| Hearing aids                                     | \$399 copay per ear for advanced<br>hearing aids<br>\$699 copay per ear for premium<br>hearing aids | \$599 copay per ear for advanced<br>hearing aids<br>\$899 copay per ear for premium<br>hearing aids |  |
| Prescription drugs 30-day supply retail pharmacy | Tier 1: \$0 copay Tier 2: \$5 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: 27% of drug cost |  |

### 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<br>North Carolina (HMO D-SNP)  | Devoted DUAL<br>North Carolina (HMO D-SNP)   |  |
|  | H5299-006-000  | H5299-009-000  |  |
| Dental   | \$7,500 a year   | \$6,000 a year   |  |
| Vision   | \$450 a year for eyewear   | \$400 a year for eyewear   |  |
| Money for rent,<br>utilities, and food           | \$300 a month if you get Extra Help  | \$100 a month if you get Extra Help  |  |
| Over-the-counter                                 | \$50 a quarter   | \$50 a quarter   |  |
| PCP visits                                       | \$0 copay  | \$0 copay  |  |
| Specialist visits                                | \$0 copay  | \$15 copay   |  |
| Referral required?                               | No   | No   |  |
| 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

1-800-385-0916 TTY 711

Or call your licensed sales agent



Service area: Alexander, Anson, Cabarrus, Catawba, Gaston, Mecklenburg, Union

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\_24L167\_M



#### 2024 PLANS | NC WINSTON-SALEM AND GREENSBORO

# Plans at a glance

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|  | HMO PLANS   |   |  |
|--|---|---|--|
|  | Devoted CORE<br>North Carolina (HMO)  | Devoted GIVEBACK<br>North Carolina (HMO)  | Devoted PREMIUM<br>North Carolina (HMO)  |
|  | H5299-001-000   | H5299-002-000   | H5299-003-000  |
| Monthly premium                                  | \$0   | \$0   | \$29.50  |
| Money back                                       | Not covered   | \$140 back in your<br>Social Security check<br>every month  | Not covered  |
| Out-of-pocket max                                | \$3,600   | \$6,700   | \$3,600  |
| Dental   | \$1,500 a year  | \$500 a year  | \$1,750 a year   |
| Vision   | \$350 a year for eyewear  | \$200 a year for eyewear  | \$400 a year for eyewear   |
| Money for rent,<br>utilities, and food*          | \$40 a month  | Not covered   | \$80 a month   |
| Over-the-counter                                 | \$65 a quarter  | Not covered   | \$50 a quarter   |
| PCP visits                                       | \$0 copay   | \$0 copay   | \$0 copay  |
| Specialist visits                                | \$15 copay  | \$40 copay  | \$15 copay   |
| Referral required?                               | No  | No  | No   |
| Hospital stays                                   | \$295 a day for days 1-5  | \$395 a day for days 1-5  | \$295 a day for days 1-5   |
| Hearing aids                                     | \$399 copay per ear for<br>advanced hearing aids<br>\$699 copay per ear for<br>premium hearing aids | \$399 copay per ear for<br>advanced hearing aids<br>\$699 copay per ear for<br>premium hearing aids             | \$199 copay per ear for<br>advanced hearing aids<br>\$499 copay per ear for<br>premium hearing aids                        |
| Prescription drugs 30-day supply retail pharmacy | Tier 1: \$0 copay Tier 2: \$0 copay Tier 3: \$45 copay Tier 4: \$95 copay Tier 5: 33% of drug cost  | Tier 1: \$0 copay<br>Tier 2: \$0 copay<br>Tier 3: \$47 copay<br>Tier 4: \$100 copay<br>Tier 5: 27% of drug cost | Tier 1: \$0 copay<br>Tier 2: \$0 copay<br>Tier 3: 25% of drug cost<br>Tier 4: 25% of drug cost<br>Tier 5: 25% of drug cost |

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|---|--|--|--|
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|   | H5299-006-000  | H5299-009-000  |  |
| Dental  | \$7,500 a year   | \$6,000 a year   |  |
| Vision  | \$450 a year for eyewear   | \$400 a year for eyewear   |  |
| Money for rent,<br>utilities, and food                        | \$300 a month if you get Extra Help                                  | \$100 a month if you get Extra Help                                  |  |
| Over-the-counter  | \$50 a quarter   | \$50 a quarter   |  |
| PCP visits  | \$0 copay  | \$0 copay  |  |
| Specialist visits   | \$0 copay  | \$15 copay   |  |
| Referral required?  | No   | No   |  |
| Hearing aids  | \$0 copay per ear for advanced hearing aids                          | \$0 copay per ear for advanced hearing aids                          |  |
|   | \$299 copay per ear for premium hearing aids                         | \$299 copay per ear for premium hearing aids                         |  |
| <b>Prescription drugs</b><br>30-day supply<br>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

1-800-385-0916 TTY 711

Or call your licensed sales agent



Service area: Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Yadkin

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.

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