Devoted
HEALTH PLANS

2023 | DEVOTED HEALTH PLANS

Summary of Benefits

Devoted DUAL Northwest Florida - 1 (HMO D-SNP) Plan

PBP Number: H1290-042-000

Escambia and Santa Rosa Counties

Devoted DUAL Northwest Florida - 1 (HMO D-SNP)

Summary of Benefits

This Summary of Benefits tells you about our Devoted DUAL Northwest Florida - 1 (HMO D-SNP) plan. It includes information on plan costs and some of the common services we cover. It's valid for the 2023 plan year, which starts on January 1, 2023 and ends December 31, 2023.

Because this document is a summary, it doesn't list all of the coverage details for this plan. If you need to know more, check the plan's **Evidence of Coverage** at www.devoted.com. Or, call us at 1-800-385-0916 (TTY 711) and we can mail you one.

Can I join this plan?

Devoted DUAL Northwest Florida - 1 (HMO D-SNP) is a Dual Eligible Special Needs plan, or HMO D-SNP plan. To join Devoted DUAL Northwest Florida - 1 (HMO D-SNP), you must be entitled to Medicare Part A and enrolled in Medicare Part B. You must also receive assistance from the Florida Medicaid program as either a Qualified Medicare Beneficiary (QMB+), Specified Low-Income Medicare Beneficiary (SLMB+), or Full Benefit Dual Eligible (FBDE). You must also live in our service area, which includes the following counties in Florida: Escambia and Santa Rosa. If you have any questions about your Medicaid eligibility or level of assistance, please contact us or your Florida Medicaid office.

Does this plan cover my prescription drugs?

Find out by searching our online drug list at www.devoted.com/search-drugs. Or, give us a call. We can look up your medications or mail you our list of covered drugs (formulary).

Does this plan cover my doctors and pharmacies?

Find out by searching our online directory at www.devoted.com/search-providers. Or, give us a call. We can look up your doctors and pharmacies or mail you a directory.

What's the difference between copays and coinsurance?

A copay is a flat fee. For example, a $5 copay for a service means you pay $5. Coinsurance is a percentage of the cost. For example, 10% coinsurance means you pay 10% of the cost of the service. If you are eligible for Medicare cost-sharing assistance under Medicaid, you do not pay anything for the services listed in this document, as long as you meet the coverage requirements described in this document.

How can I learn about Original Medicare?

Check the latest *Medicare & You* handbook. If you don't have one, visit www.medicare.gov and enter "Medicare & You handbook" in the search tool. (Include the quotation marks for best results.) Or ask Medicare to send you one by calling 1-800-MEDICARE (1-800-633-4227) any day, any time. TTY users can dial 1-877-486-2048.

How can I get more help?

Call us at 1-800-385-0916 (TTY 711). We're here 8am to 8pm, Monday to Friday (from October 1 to March 31, 8am to 8pm, 7 days a week). You can also visit us online at www.devoted.com.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call us at 1-800-385-0916 (TTY 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.devoted.com or call 1-800-385-0916 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the Devoted Health network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the Devoted Health network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Your costs with this plan (premiums, copayments, coinsurance, and deductibles) will vary based on your level of Medicaid eligibility and the assistance you receive from Medicaid as well as the amount of Extra Help you get from Medicare.
- ☐ Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

The cost-sharing amounts listed in this document reflect what you will pay for services, as long as you remain eligible for Medicare cost-sharing assistance under Medicaid. If your category of Medicaid eligibility changes, your cost share may increase or decrease. Please refer to the Evidence of Coverage for additional benefit details. For a copy of the Evidence of Coverage, please visit www.devoted.com or call 1-800-385-0916 (TTY 711).

Monthly Premium, Deductible, and Limits

Monthly Premium	$0 You do not pay a monthly premium because you are eligible for Medicare cost-sharing assistance under Medicaid. You must continue to pay your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.
Medical Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	$0 If you receive “Extra Help” to pay for your Medicare prescription drug program costs, this plan does not have a Part D deductible. If you do not receive "Extra Help," you will be responsible for a $505 deductible for Part D drugs on Tiers 1-5.
Maximum Out-of-Pocket Responsibility	$3,450 This is the most you will pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B-covered medication for the plan year you receive from in network providers. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (dental, hearing aids) do not apply to this amount.

Covered Medical and Hospital Benefits

Inpatient Hospital Coverage Prior authorization may be required.	$0 copay per stay
Outpatient Hospital Coverage Prior authorization may be required for procedures performed in an Outpatient Hospital or Ambulatory Surgical Center.	**Diagnostic Colonoscopies** $0 copay at any in-network location **Ambulatory Surgical Center (ASC)** $0 copay for surgery at an ASC **Outpatient Hospital** $0 copay for surgery at an outpatient hospital **Observation Stays** $0 copay per stay
Doctor Visits A referral from your PCP may be required to see a specialist.	**Primary Care Provider (PCP)** $0 copay **Specialist** $0 copay

Preventive Care	Our plan covers many preventive services at no cost when you see an in-network provider, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement (bone density) • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy, Cologuard®) • Depression screening • Diabetes screening • Diabetes self-management training • Glaucoma tests • HIV screening • Kidney disease service education • Lung cancer screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Routine physical exam • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines covered under the medical benefit, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines • "Welcome to Medicare" preventive visit (one time) Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$0 copay

Worldwide Emergency and Urgent Care

This plan covers emergency services worldwide. If you have an emergency outside of the U.S. and its territories, you generally have to pay the costs yourself at first. Then, you can submit a claim to us so we can pay you back.

Emergency and Urgent Care
$0 copay

Ground Ambulance
$0 copay
per one-way trip

Air Ambulance
$0 copay
per one-way trip

Urgently Needed Services

Urgently needed services from your PCP
$0 copay

Urgently needed services from an urgent care center or retail walk-in center
$0 copay

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.

Outpatient Care and Services

Diagnostic Services, Labs and Imaging

Prior authorization may be required.

Lab Services
$0 copay

Outpatient X-rays & Ultrasounds
$0 copay

Diagnostic Radiology (such as CT, MRI, etc.)
$0 copay

Diagnostic Tests and Procedures (such as a stress test, etc.)
$0 copay

Radiation Therapy
$0 copay

Hearing Services

Hearing Care	**Routine Hearing Exams** $0 copay — 1 visit per year **Hearing Aid Fitting and Evaluation** $0 copay **Medicare-covered Hearing Care** $0 copay
Hearing Aids You must see a TruHearing® provider to use this benefit. Benefit includes coverage of up to two TruHearing® Advanced or Premium hearing aids, which come in various styles and colors.	$0 copay per aid for Advanced Aids* $299 copay per aid for Premium Aids* Hearing aid purchase includes: • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models • $50 additional cost per aid for optional hearing aid rechargeability *Hearing aid copayments are not subject to the out-of-pocket maximum.

Dental Services

Preventive Dental Services

Devoted Health will cover the costs for preventive and comprehensive dental services covered by the plan.

Certain limitations apply. This is not an exhaustive list of covered dental services. See the plan's Evidence of Coverage (EOC) for more details.

Periodic Oral Exams
$0 copay

Comprehensive Oral Evaluation
$0 copay

Cleanings
$0 copay

X-rays (bitewing, intraoral, and panoramic)
$0 copay

Comprehensive Dental Services

Devoted Health will pay as much as a total of **$5,000 per year** for all covered dental services. This means you will pay any additional costs above this amount.

Additional extractions will be covered even if you exceed your $5,000 limit.

Certain limitations apply. This is not an exhaustive list of covered dental services. See the plan's Evidence of Coverage (EOC) for more details.

Fillings
$0 copay

Root Planing & Scaling
$0 copay

Extractions
$0 copay

Full Mouth Debridement
$0 copay

Dentures
$0 copay

Root Canals
$0 copay

Crowns
$0 copay

Bridges
$0 copay

Vision Services

Routine Vision	**Routine Eye Exam** $0 copay — 1 visit per year **Diabetic Eye Exam** $0 copay — 1 visit per year
Eyewear You must use our designated vendor for this benefit.	Up to $450 each year for eyeglasses or contacts Benefit can be used for frames or lenses (or a combination of the two), contact lenses, eyeglass upgrades, or eyeglass replacements, up to the allowance amount.
Medicare-covered Vision Care	$0 copay

Additional Outpatient Care and Services

Mental Health Services Prior authorization may be required. Mental health services are coordinated by Magellan, our behavioral health provider.	**Inpatient Mental Health Care** $0 copay per stay **Outpatient Mental Health Care (individual and group)** $0 copay
Skilled Nursing Facility (SNF) Prior authorization may be required. No prior hospital stay required.	$0 copay

Physical Therapy	$0 copay

Ambulance Services This plan covers you for emergent ambulance transportation to the nearest emergency room or nearest hospital able to meet your needs.	**Ground Ambulance** $0 copay per one-way trip **Air Ambulance** $0 copay per one-way trip

Transportation	**Trips to healthcare-related locations (such as your PCP or the pharmacy)** $0 copay — unlimited rides There is no mileage limit when you use your transportation benefit to go to locations such as the doctors' office, the pharmacy, and the gym.

Prescription Drug Benefits

Medicare Part B Drugs Prior authorization may be required. Part B drugs are usually not self-administered. These drugs can be given in a doctor's office as part of a medical service. In a hospital outpatient department, coverage generally is limited to drugs that are given by infusion or injection. You only pay the cost-share for the amount of the drug used. This means that if part of the drug is not used, you will not be charged for the unused portion.	**Allergy Serum** $0 copay **Generic Medications Used in a Nebulizer** $0 copay **Chemotherapy Drugs** $0 copay **Other Part B Drugs** $0 copay

Prescription Drugs

Pharmacy (Part D) Deductible
If you receive “Extra Help” to pay for your Medicare prescription drug program costs, you are eligible for reduced cost sharing. This means that you will pay $0 for your Part D deductible.
If you do not receive "Extra Help," you will be responsible for a $505 deductible for Part D drugs on Tiers 1-5.

Initial Coverage Stage
You pay copays or coinsurance until your total yearly drug costs reach $4,660. Total yearly drug costs are the total drug cost paid by both you and Devoted Health.

30-Day Supply Network Retail Pharmacy

Cost sharing may change when you enter a new phase of the Part D benefit.

Tier 1: Preferred Generic
$0 per prescription

Tier 2: Generic
$0 per prescription

Tier 3: Preferred Brand
$0 per prescription

Tier 4: Non-Preferred Drugs
$0 per prescription

Tier 5: Specialty
$0 per prescription

100-Day Supply Network Mail Order

Cost sharing may change when you enter a new phase of the Part D benefit.

Tier 1: Preferred Generic
$0 per prescription

Tier 2: Generic
$0 per prescription

Tier 3: Preferred Brand
$0 per prescription

Tier 4: Non-Preferred Drugs
$0 per prescription

Tier 5: Specialty
Not available through mail

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. While you reside in the long-term care facility, you are able to receive up to a 31-day supply.

Coverage Gap or "Donut Hole"

Most Medicare drug plans have a Coverage Gap or “donut hole.” This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug costs (including what Devoted Health has paid and what you have paid) reaches $4,660. Please note that not everyone will enter the Coverage Gap.

If you receive “Extra Help” to pay your Medicare prescription drug program costs, you are eligible for reduced cost sharing. This means that you will pay $0 for covered Part D Drugs while in the Coverage Gap.

If you do not receive "Extra Help", you will pay 25% of the total cost for drugs until you reach $7,400 total out-of-pocket.

Catastrophic Coverage

Yearly Out-of-pocket Drug Costs	**If you receive “Extra Help” to pay your Medicare prescription drug program costs, you are eligible for reduced cost sharing.** This means that you will pay $0 for all covered Part D Drugs on our formulary (drug list) as well as Part D covered drugs approved through a non-formulary exception. You will still pay $0 for covered Part D drugs after your yearly out-of-pocket drug costs reach $7,400. **If you do not receive "Extra Help," you pay the greater of:** 5% of the cost — or — **Generic Drugs or Drugs that are Treated as Generic** $4.15 **Covered Brand Drugs** $10.35 Devoted Health pays the rest of the cost.

Additional Part D Benefit Information

Insulin Coverage	If you receive Extra Help, your cost for covered insulins will be $0 for a 30-day supply. If you do not receive Extra Help, your cost share for covered insulin will be no more than $35 for a 30-day supply.
Erectile Dysfunction Drugs (ED)	Sildenafil (generic Viagra) and Tadalafil (generic Cialis) are both covered as Tier 2 medications. You are covered up to 6 pills per month for either medication or a combination of both medications, but not to exceed 6 pills per month. There is a maximum of 72 pills per year of either medication or the combination of these medications.
Other Covered Drugs	You are covered for the following additional items as Tier 2 medications (see the Prescription Drug Benefits section above for cost sharing information): • Folic acid 1mg tablets • Vitamin D 50,000 unit capsules • B12 injections
Part D Vaccines	You will pay a $0 copay for all covered Part D vaccines.

Additional Prescription Drug Information	As a member of one of our D-SNP plans you may be covered for some additional drugs/vitamins/supplements and medications that are normally not covered under Medicare Drug Coverage. Medicare beneficiaries who receive assistance from Medicaid or the state-sponsored Qualified Medicare Beneficiary program may pay nothing for Medicare-covered services. You must meet certain income and resource conditions to be eligible. If you reside in a long term care facility, you pay the same as at a standard retail pharmacy. Some covered drugs may be subject to quantity limitations, or require step therapy or prior authorization.

Additional Benefits

Dialysis	$0 copay
Foot Care (Podiatry Services)	**Medicare-covered Foot Care** $0 copay **Routine Foot Care** $0 copay — 12 visits per year Routine foot care includes hygienic care such as nail trimming and callus removal.

Home Health Care Prior authorization may be required. Home Health Care is limited to Medicare-covered services.	$0 copay
Durable Medical Equipment (DME) Prior authorization may be required.	**Basic Medicare-covered DME Products** $0 copay Including, but not limited to: • Oxygen • CPAP machines and supplies • Nebulizer equipment • Non-motorized wheelchair **Advanced Medicare-covered DME Products (listed below)** $0 copay • Medicare-covered ventilator • Bone growth stimulator • Portable oxygen concentrator • Bariatric equipment • Specialty beds • Custom or specialty wheelchairs and scooters • Seat lifts • Specialty brand items • High-frequency chest compression vests • Pain infusion pump • Continuous Glucose Monitor (other than our preferred product - see "Diabetes Monitoring Supplies" section for details including coinsurance) Equipment may only be covered from certain brands and manufacturers. Please contact us for details.

Prosthetic Devices and Medical Supplies

Prior authorization may be required.

Prosthetic Devices and Related Supplies
$0 copay

Medical Supplies
$0 copay

Supplemental Compression Stockings
$0 copay

Supplemental Mastectomy Sleeves
$0 copay

You are covered for up to 2 pairs every 6 months of compression stockings/surgical stockings or mastectomy sleeves.

Diabetes Monitoring Supplies

Prior authorization may be required.

"Fingerstick" Glucose Monitors:
We cover blood glucose monitors and test strips made by LifeScan (OneTouch). Supplies provided by in-network pharmacies and DME suppliers that carry them.

Continuous Glucose Monitor (CGM):
We cover Freestyle Libre continuous glucose monitors (CGM) with a $0 copay at in-network pharmacies. Other CGMs are available but require authorization, and a Durable Medical Equipment (DME) cost share may apply.

Continuous Glucose Monitor (CGM) - Freestyle Libre
$0 copay

Continuous Glucose Monitor (CGM) - Non-Preferred Brands
$0 copay

Diabetic Supplies (such as test strips and lancets)
$0 copay

Diabetic Shoes & Therapeutic Inserts Prior authorization may be required.	$0 copay
Rehabilitation Services	**Cardiac Rehabilitation Services** $0 copay **Pulmonary Rehabilitation Services** $0 copay **Physical Therapy** $0 copay **Occupational Therapy** $0 copay **Speech Therapy** $0 copay
Substance Use Services	**Outpatient Substance Use Services** $0 copay **Opioid Treatment Program Services** $0 copay
Telehealth This benefit may not be offered by all providers. Check directly with your provider about the availability of telehealth services. A referral may be required.	**Virtual PCP Visits** $0 copay **Virtual PT/OT/SP Visits** $0 copay **Virtual Specialist Visits** $0 copay

More Benefits and Perks With Your Plan

Healthy Foods Card	$200 per month If you receive "Extra Help," you qualify for this benefit. For complete details, see your Evidence of Coverage (EOC) booklet. You can use this benefit to purchase healthy foods at participating grocery and other retail stores. You can use this benefit more than once, up to the limit per month, but this amount does not roll over.
Over-the-Counter Items (OTC) You must use our designated vendor for this benefit.	$300 per quarter (every 3 months) You can use this benefit more than once, up to the limit per quarter, but this amount does not roll over. Eligible items are listed in the OTC catalog. Items not listed in the OTC catalog are not covered under the OTC benefit. To purchase eligible OTC items, you can order online, over the phone, or visit participating CVS stores.

Fitness

SilverSneakers: Devoted Health covers the full cost of this benefit. SilverSneakers fitness program offers access to thousands of fitness locations nationwide. SilverSneakers also provides virtual resources through SilverSneakers LIVE™, SilverSneakers On-Demand™ and a mobile app, SilverSneakers GO™. For more information or to get started, go to SilverSneakers.com/StartHere.

Devoted Health Wellness Bucks: Devoted Health will reimburse you up to $150 per year for participation or purchase of one or more of the following:

1. Purchase of an Apple Watch® or other wearable device that tracks number of steps and heart rate.
2. Fitness equipment to be used in the home. Examples include free weights, treadmill or stationary bike, rowing machines, resistance bands, etc.
3. Participation in instructional fitness classes such as Yoga, Pilates, Zumba, Tai Chi, Crossfit, aerobics/group fitness classes, strength training, spin classes, personal training (taught by a certified instructor), or membership fees associated with a qualifying fitness facility.
4. Program fees for weight loss programs such as Jenny Craig, Weight Watchers, or hospital-based weight loss programs.
5. Memory fitness activities and programs that improve your brain's speed and ability, strengthen memory, and enable learning.
6. Mindfulness apps, such as Calm or Headspace, to support your health and well-being.

Acupuncture

Medicare coverage is limited to treatment of chronic lower back pain. Certain restrictions and limitations apply.

Medicare-covered Acupuncture
$0 copay

Meals You must use our designated vendor for this benefit.	**After an Inpatient or Skilled Nursing Facility Stay** $0 copay After an inpatient stay in a hospital or a skilled nursing facility, you can get 2 meals per day for up to 10 days at no extra cost to you. This benefit may be used up to 4 times per calendar year. **New Chronic Condition or Medical Condition requiring a Home Stay** $0 copay If part of your care plan for a chronic condition means changing how you eat, or you are diagnosed with a condition that requires you stay at home, you can have meals delivered to your home to support your condition. You can get 2 meals a day for 14 days. You can use this service once per calendar year, per diagnosis.
Chiropractic Care	**Medicare-covered Chiropractic Services** $0 copay **Routine chiropractic care** Because of your level of Medicaid eligibility, you may be eligible for up to 24 visits with a $0 copay.
Bathroom Safety Equipment	**Standard Raised Toilet Seat:** $0 copay — 1 per year **Standard Tub Seat:** $0 copay — 1 per year

Personal Emergency Response System (PERS) A Personal Emergency Response System (PERS) is a medical alert monitoring system that provides 24/7 access to help at the push of a button. We offer multiple styles, including in-home and multiple mobile-enabled wearable devices. You must use our designated vendor for this benefit.	$0 copay There is no cost to you to access this benefit. This includes: • Cost of the device • Monthly monitoring fees • Fall detection (available on certain styles)
Wigs for Hair Loss Related to Chemotherapy You may use any vendor for this benefit.	Devoted Health will reimburse you up to $500 each plan year for the purchase of wigs for hair loss related to chemotherapy.
Assistive Care Services	$0 copay Depending on your level of Medicaid eligibility, you are covered for Assistive Care Services, as medically necessary.
Mental Health Targeted Case Management	$0 copay Depending on your level of Medicaid eligibility, you are covered for Mental Health Targeted Case Management, as medically necessary.

Devoted Dollars

With our rewards program, you can earn Devoted Health Plans Mastercard® prepaid cards for taking care of yourself.

Earning a reward card is easy! Just get care that qualifies, and we'll automatically send your reward when we get the claim from your provider. No extra paperwork needed.

Health Risk Assessment Form: New members earn a $20 reward for sending in a completed Health Risk Assessment within 90 days of signing up for a Devoted Health D-SNP plan. Renewing members will be eligible for another $20 reward once per year for completing an HRA.

Breast Cancer or Colorectal Cancer Screening: Earn a $10 reward after a breast cancer screening (if you're due for one) OR a colorectal cancer screening (if you're due for one)

Diabetes Screening: Earn a $10 reward after receiving all of the following services (if you have diabetes):

- Get a blood test to check your HbA1c (average blood sugar)
- Get a blood and urine test to check your kidney function
- Get an eye exam for diabetes

Flu Shot: Earn a $10 reward after receiving the flu shot

PCP Visit: Earn a $10 reward after seeing your PCP within 90 days of your plan start date

Use your Devoted Health Plans Prepaid Mastercard at any grocery or gas merchant in the U.S. that accepts Mastercard debit cards. Issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Your use of the prepaid card is governed by the Cardholder Agreement, and some fees may apply. This is not a gift card. Exclusions apply and card is not redeemable for cash. Please note that prepaid cards are subject to expiration, so pay close attention to the expiration date of the card. This card is issued for loyalty, award or promotional purposes. More details can be found at www.devoteddollars.com.

You need a referral to receive covered services from providers. Certain procedures, services, and drugs may need advance approval from Devoted Health. This is called "prior authorization" or

“pre-authorization.” Please contact your PCP or refer to the Evidence of Coverage for services that require a prior authorization from Devoted Health.

Non-Discrimination Notice

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 (including pregnancy, sexual orientation, and gender identity). Devoted Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Devoted Health

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other language

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-338-6833** (TTY 711). This is a free service. Hours are 8am to 8pm 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday from April 1 to September 30.

If you believe that Devoted Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Florida HMO D-SNP plans only:
Devoted Health – Appeals & Grievances
PO Box 21917
Eagan, MN 55121
Fax: 1-833-434-0536

All other plans:
Devoted Health – Appeals & Grievances
PO Box 21327
Eagan, MN 55121
Fax: 1-877-358-0711

You can file a grievance in person, in person or by mail, fax, or email. If you need help filing a grievance, call **1-800-338-6833** (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-338-6833 (TTY 711). This is a free service.

Spanish: Contamos con servicios gratuitos de interpretación para responder las preguntas que tenga sobre su plan de salud o medicamentos. Para acceder a un intérprete, solo llámenos al 1-800-338-6833 (TTY 711). Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

Chinese (Traditional US/Taiwan): 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打 1-800-338-6833 (TTY 711) 聯絡我們。會說中文的人員可以協助您。此為免費服務。

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch viên miễn phí có thể trả lời mọi thắc mắc của quý vị về chương trình y tế hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-800-338-6833 (TTY 711). Một người nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

French Creole (Haitian Creole): Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-800-338-6833 (TTY 711). Yon moun ki pale Kreyòl Ayisyen kapab ede w. Sa se yon sèvis ki gratis.

Korean: 의료 또는 의약품 플랜에 대해서 있을 수 있는 질문에 대답하기 위해서 무료 통역 서비스가 있습니다. 통역 서비스를 이용하기 위해서는 1-800-338-6833(TTY 711)에 전화하십시오. 한국어를 구사하는 사람이 도와드릴 것입니다. 이것은 무료 서비스입니다.

:Arabic
نوفر خدمة مترجم فوري مجانية للإجابة عن أي أسئلة قد تكون لديك بشأن خطة الرعاية الصحية أو خطة الأدوية. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم 1-800-338-6833 (الهاتف النصي 711). يمكن لشخص يتحدث اللغة العربية مساعدتك. هذه خدمة

Tagalog: Mayroon kaming libreng mga serbisyo ng interpreter para sagutin anumang tanong mo tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan kami sa 1-800-338-6833 (TTY 711) Matutulungan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

Polish: Mamy do Państwa dyspozycji bezpłatne wsparcie tłumaczy, którzy odpowiedzą na wszelkie pytania na temat zdrowia lub planu przyjmowania leków. Aby uzyskać pomoc tłumacza, prosimy o kontakt pod numerem 1-800-338-6833 (TTY 711). Osoba znająca język polski pomoże Państwu. Przypominamy, że jest to usługa bezpłatna.

Russian: Мы предоставляем бесплатные услуги устного переводчика, чтобы ответить на любые вопросы, которые могут у вас возникнуть о нашем плане медицинского страхования или покрытия стоимости лекарств. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-338-6833 (TTY 711). Переводчик, владеющий русский языком, сможет вам помочь. Эта услуга предоставляется бесплатно.

French (France/International): Nous offrons des services gratuits d'interprétation pour répondre à toutes vos éventuelles questions concernant notre régime d'assurance santé ou médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-800-338-6833 (TTY 711). Une personne parlant français peut vous aider. Ce service est gratuit.

German: Wir haben einen kostenlosen Dolmetscherservice zur Beantwortung aller Fragen, die Sie möglicherweise zu Ihrem Gesundheits- oder Medikamentenplan haben. Rufen Sie uns einfach unter 1-800-338-6833 (TTY 711) an, um einen Dolmetscher zu bekommen. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist kostenlos.

Gujarati: અમારી સ્વાસ્થ્ય અથવા દવા યોજના અંગે તમને હોઇ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે નિ:શુલ્ક દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, માત્ર અમને 1-800-338-6833 (TTY 711) પર કોલ કરો. કોઇ વ્યક્તિ જે ગુજરાતી બોલે છે તે તમારી મદદ કરી શકે છે. આ એક નિ:શુલ્ક સેવા છે.

Japanese: 当社には、健康または薬計画に関する質問に答えるための無料通訳サービスがあります。通訳を利用するには、1-800-338-6833 (TTY 711)までお電話ください。日本語 を話す人がお手伝いいたします。これは無料サービスです

Italian: Abbiamo servizi di interpretariato gratuiti per rispondere a qualsiasi domanda tu possa avere sul nostro piano sanitario o farmacologico. Per ottenere un interprete, chiamaci al numero 1-800-338-6833 (TTY 711). Qualcuno che parla italiano potrà aiutarti. Questo è un servizio gratuito.

Portuguese (Brazil): Contamos com serviços gratuitos de interpretação para responder a quaisquer perguntas que você possa ter sobre seu plano de saúde ou de medicamentos. Para obter um intérprete, ligue para nós pelo telefone 1-800-338-6833 (TTY 711). Alguém que fala Português poderá lhe ajudar. Este serviço é gratuito.

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। कोई दुभाषिया पाने के लिए, बस 1-800-338-6833 (TTY 711) पर हमें कॉल करें। हिंदी बोलने वाला कोई आपकी मदद कर सकता है। यह मुफ्त सेवा है।

This information is not a complete description of benefits. Call 1-800-385-0916 (TTY 711) for more information. Devoted Health is an HMO and PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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Questions? Call us.

1-800-385-0916

TTY 711

If you're a Devoted Health member, call:

1-800-338-6833

TTY 711

Or text us at 866-85