




## Freedom Medicare Plan

	001	002	003	010
<b>Plan Number</b>	001	002	003	010
<b>Counties</b>	Marion, Lake, Sumter	Dade	Broward	Hillsborough, Pasco, Pinellas, Hernando, Orange
<b>Plan Type</b>	MAPD-HMO	MAPD-HMO	MAPD-HMO	MAPD-HMO
<b>Plan Premium</b>	\$0	\$0	\$0	\$0
<b>Part B Give Back</b>	No	No	No	No
<b>MOOP</b>	\$2,500	\$2,500	\$2,000	\$2,500
<b>Must Use Network?</b>	Y	Y	Y	Y
<b>Referral Required</b>	Y	Y	Y	Y
<b>INPATIENT</b>				
<b>Inpatient Hospital</b>	\$100, days 1-5	\$0	\$0	\$50, days 1-5
<b>Skilled Nursing</b>	\$0, days 1-7 \$50, days 8-20 \$100 days, 21-100	\$0, days 1-100	\$0, days 1-7 \$25, days 8-20 \$0, days 21-100	\$0, days 1-7 \$50, days 8-100
<b>OUTPATIENT</b>				
<b>PCP</b>	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$5	\$0	\$0	\$10
<b>Emergency Care</b>	\$50	\$25	\$25	\$50
<b>Urgently Needed Care</b>	\$20	\$0	\$0	\$15
<b>OTP Services - ASC / Hosp</b>	\$25 / \$100	\$0 / \$50	\$0 / \$50	\$50 / \$75
<b>OTP Rehab - OT / PT / ST</b>	\$20-\$40	\$0-25	\$0-25	\$15-\$30
<b>Durable Medical</b>	20%	\$0	\$0	0-20%
<b>Diagnostic Testing</b>	\$0-150	\$0-50	\$0-\$50	\$0-\$75
<b>Home Health</b>	\$0	\$0	\$0	\$0
<b>OTHER</b>				
<b>Part D - Deductible</b>	No	No	No	No
<b>Part D - Generic - 30D</b>	\$0	\$0	\$0	\$0
<b>Part D - P Brand - 30D</b>	\$15	\$15	\$15	\$15
<b>Part D - NP Brand - 30D</b>	\$30	\$30	\$30	\$30
<b>Part D - Specialty</b>	25%	25%	25%	25%
<b>Part D - Donut Hole?</b>	No	No	No	No
<b>Dental - 1 Oral Exam / Yr</b>	\$0	\$0	\$0	\$0
<b>Dental - 2 Cleaning / Yr</b>	\$0	\$0	\$0	\$0
<b>Hearing - Hearing Aid Coverage / 2 Yrs</b>	up to \$500, every 2 years	up to \$500, every 2 years	up to \$500, every 2 years	up to \$500, every 2 years
<b>Vision - Glass</b>	\$10	\$0	\$0	\$10
<b>Vision - Lenses</b>	\$10	\$0	\$0	\$10
<b>OTC Benefit</b>	\$5 / Month	\$7 / Month	\$7 / Month	\$5 / Month



## Freedom Savings Plan

Plan Number Counties	015 Marion, Lake, Sumter	020 Dade	021 Broward	022 Hillsborough, Pasco, Pinellas, Hernando, Orange
<b>Plan Type</b> <b>Plan Premium</b> <b>Part B Give Back</b>	<b>MAPD-HMO</b> <b>\$0</b> Yes, up to \$93.50	<b>MAPD-HMO</b> <b>\$0</b> Yes, up to \$93.50	<b>MAPD-HMO</b> <b>\$0</b> Yes, up to \$93.50	<b>MAPD-HMO</b> <b>\$0</b> Yes, up to \$93.50
<b>MOOP</b> <b>Must Use Network?</b> <b>Referral Required</b>	<b>\$3,100</b> Y Y	<b>\$3,100</b> Y Y	<b>\$3,100</b> Y Y	<b>\$3,000</b> Y Y
<b>INPATIENT</b>				
<b>Inpatient Hospital</b> <b>Skilled Nursing</b>	<b>\$200, day 1-7</b> <b>\$0, days 1-7</b> <b>\$100, days 8-20</b> <b>\$150 days, 21-100</b>	<b>\$75, day 1-6</b> <b>\$0, days 1-7</b> <b>\$50, days 8-20</b> <b>\$0 days, 21-100</b>	<b>\$125, day 1-5</b> <b>\$0, days 1-7</b> <b>\$50, days 8-20</b> <b>\$0 days, 21-100</b>	<b>\$195, days 1-7</b> <b>\$0, days 1-7</b> <b>\$100, days 8-100</b>
<b>OUTPATIENT</b>				
<b>PCP</b> <b>Specialist</b> <b>Emergency Care</b> <b>Urgently Needed Care</b> <b>OTP Services - ASC / Hosp</b> <b>OTP Rehab - OT / PT / ST</b> <b>Durable Medical</b> <b>Diagnostic Testing</b> <b>Home Health</b>	<b>\$10</b> <b>\$20</b> <b>\$50</b> <b>\$20</b> <b>\$50 / 20%</b> <b>\$25-\$50</b> <b>20%</b> <b>\$0-\$150</b> <b>\$35</b>	<b>\$0</b> <b>\$0</b> <b>\$25</b> <b>\$0</b> <b>\$0 / 20%</b> <b>\$10</b> <b>\$0</b> <b>\$0-\$40</b> <b>\$20</b>	<b>\$0</b> <b>\$10</b> <b>\$50</b> <b>\$10</b> <b>\$0 / 20%</b> <b>\$20</b> <b>\$0</b> <b>\$0-\$50</b> <b>\$15</b>	<b>\$0</b> <b>\$15</b> <b>\$50</b> <b>\$15</b> <b>\$50 / \$75</b> <b>\$20 / \$40</b> <b>0-20%</b> <b>\$0-\$100</b> <b>\$25</b>
<b>OTHER</b>				
<b>Part D - Deductible</b> <b>Part D - Generic - 30D</b> <b>Part D - P Brand - 30D</b> <b>Part D - NP Brand - 30D</b> <b>Part D - Specialty</b> <b>Part D - Donut Hole?</b>	<b>No</b> <b>\$0</b> <b>\$25</b> <b>\$45</b> <b>33%</b> Yes, \$2250	<b>No</b> <b>\$0</b> <b>\$25</b> <b>\$45</b> <b>33%</b> Yes, \$2250	<b>No</b> <b>\$0</b> <b>\$25</b> <b>\$45</b> <b>33%</b> Yes, \$2250	<b>No</b> <b>\$0</b> <b>\$25</b> <b>\$45</b> <b>33%</b> Yes, \$2250
<b>Dental - 1 Oral Exam / Yr</b> <b>Dental - 2 Cleaning / Yr</b>	<b>N/A</b> <b>N/A</b>	<b>N/A</b> <b>N/A</b>	<b>N/A</b> <b>N/A</b>	<b>N/A</b> <b>N/A</b>
<b>Hearing - Hearing Aid Coverage / 2 Yrs</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Vision - Glass</b> <b>Vision - Lenses</b>	<b>\$20</b> <b>\$20</b>	<b>\$0</b> <b>\$0</b>	<b>\$10</b> <b>\$10</b>	<b>\$10</b> <b>\$10</b>
<b>OTC Benefit</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

	Freedom Medi-Medi	HeartCare
<b>Plan Number</b> <b>Counties</b>  <b>Plan Type</b> <b>Plan Premium</b> <b>Part B Give Back</b>  <b>MOOP</b> <b>Must Use Network?</b> <b>Referral Required</b>	<b>049</b> Broward, Dade, Hernando, Hillsborough, Lake, Marion, Orange, Pasco, Pinellas, Sumter  <b>MAPD-HMO</b> <b>\$0</b> <b>No</b>  <b>N/A</b> <b>Y</b> <b>Y</b>	<b>050</b> Hernando, Hillsborough, Lake, Marion, Orange, Pasco, Pinellas, Sumter  <b>MAPD-HMO</b> <b>\$100</b> <b>No</b>  <b>N/A</b> <b>Y</b> <b>N</b>
<b>INPATIENT</b>  <b>Inpatient Hospital</b> <b>Skilled Nursing</b>	<b>\$0, days 1-90</b> <b>\$0, days 1-100</b>	<b>\$0, Unlimited</b> <b>\$0, Unlimited</b>
<b>OUTPATIENT</b>  <b>PCP</b> <b>Specialist</b> <b>Emergency Care</b> <b>Urgently Needed Care</b> <b>OTP Services - ASC / Hosp</b> <b>OTP Rehab - OT / PT / ST</b> <b>Durable Medical</b> <b>Diagnostic Testing</b> <b>Home Health</b>	<b>\$0</b> <b>\$0</b> <b>\$25</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b>	<b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b>
<b>OTHER</b>  <b>Part D - Deductible</b> <b>Part D - Generic - 30D</b> <b>Part D - P Brand - 30D</b> <b>Part D - NP Brand - 30D</b> <b>Part D - Specialty</b> <b>Part D - Donut Hole?</b>  <b>Dental - 1 Oral Exam / Yr</b> <b>Dental - 2 Cleaning / Yr</b>  <b>Hearing - Hearing Aid Coverage / 2 Yrs</b>  <b>Vision - Glass</b> <b>Vision - Lenses</b>  <b>OTC Benefit</b>	<b>Drug Co-pays are Based on Income</b>  <b>No</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>No</b>  <b>\$0</b> <b>\$0</b>  <b>\$500</b>  <b>\$10</b> <b>\$10</b>  <b>N/A</b>	  <b>No</b> <b>\$0</b> <b>\$25</b> <b>\$50</b> <b>N/A</b> <b>No</b>  <b>N/A</b> <b>N/A</b>  <b>N/A</b>  <b>N/A</b> <b>N/A</b>  <b>N/A</b>