

# County-level Benefit Comparison

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Alachua County	HMO	PPO	Hamilton County	HMO	PPO	Okaloosa County	HMO	PPO
Baker County	HMO	PPO	Hardee County	HMO	PPO	Okeechobee County	HMO	PPO
Bay County	HMO	PPO	Hendry County	HMO	PPO	Orange County	HMO	PPO
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## Competitive analysis: Alachua County HMO

	Humana.	Humana.	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-068 (HMO)	Humana Gold Plus H1036-270 (HMO)	AARP Medicare Advantage (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	3001-3500	5001-5500	N/A	2001-2500	2501-3000	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,078	\$3,402	\$3,774	\$3,282	\$3,594	\$3,846
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,000	\$3,200	\$4,900	\$6,700	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$55	\$0	\$40	\$30	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$30	\$30	\$35	\$50	\$25	
Key services	<b>Inpatient hospital</b>	\$100 per day for days 1-4	\$195 per day for days 1-5	\$225 per day for days 1-8	\$275 per day for days 1-5	\$375 per day for days 1-5	\$225 per day for days 1-6
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✗	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Alachua County PPO

					
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,194	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Baker County HMO

	 Ascension	 Ascension	Humana.	Humana.	
Financials & Network	<b>Plan name</b>	Ascension Complete St. Vincent's Reward (HMO)	Ascension Complete St. Vincent's Secure (HMO)	Humana Gold Plus H1036-081D (HMO)	Humana Gold Plus H1036-270 (HMO)
	<b>Network size</b>	501-1000	501-1000	2001-2500	5001-5500
	<b>Estimated cost<sup>1</sup></b>	\$3,618	\$3,690	\$3,270	\$3,402
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$360	\$150	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,400	\$3,200
	<b>Part B rebate</b>	\$50	\$0	\$0	\$55
	<b>PCP</b>	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$45	\$25	\$10	\$30	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-6	\$250 per day for days 1-6	\$125 per day for days 1-5	\$195 per day for days 1-5
	<b>SNF</b>	\$170 per day for days 21-100	\$170 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓

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## Competitive analysis: Baker County PPO

						
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,338	\$4,194	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$90
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$300	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$5,500	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$15	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$395 per day for days 1-4	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Bay County HMO (1/2)

Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Advantage (HMO)	Humana Gold Plus H1036-143 (HMO)	Humana Gold Plus H1036-271 (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	N/A	2501-3000	2501-3000	2501-3000	2001-2500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,510	\$5,406	\$3,618	\$3,654	\$3,366
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$275	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$4,900	\$4,900	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$60	\$0	\$60	\$55
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$5	\$0
<b>Specialist</b>	\$40	\$0	\$0	\$30	\$45	\$35	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$275 per day for days 1-6	\$275 per day for days 1-6	\$250 per day for days 1-7	\$370 per day for days 1-5	\$400 per day for days 1-4
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Bay County HMO (2/2)



Financials & Network	<b>Plan name</b>	WellCare Elite (HMO)
	<b>Network size</b>	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,834
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$3,400
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
Key services	<b>Specialist</b>	\$25
	<b>Inpatient hospital</b>	\$250 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✓
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Bay County PPO

	<i>Florida Blue</i> 	<i>Humana</i>	<i>UnitedHealthcare</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Select (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	13001-14000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$5,484	\$4,194	\$3,954
	<b>Premium</b>	\$145.50	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$305	\$175	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$5,500	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5
<b>Specialist</b>	\$45	\$45	\$40	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$328 per day for days 1-6	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓	✗	✓
	<b>Eyeglass allowance</b>	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Bradford County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2001-2500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,282	\$3,846
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$3,400
	<b>Part B rebate</b>	\$40	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$25
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-5	\$225 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Bradford County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	501-1000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$225	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Brevard County HMO (1/3)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>CarePlus</i>	<i>FREEDOM</i>	<i>FREEDOM</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	FHCP Medicare Premier Plus (HMO)	FHCP Medicare Premier Advantage (HMO)	CareOne (HMO)	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	N/A	3501-4000	3501-4000	N/A	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,930	\$4,014	\$3,378	\$3,522	\$5,826
	<b>Premium</b>	\$0	\$0	\$20	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$4,900	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$20	\$15	\$20	\$30	\$40	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$270 per day for days 1-7	\$205 per day for days 1-5	\$125 per day for days 1-5	\$225 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Brevard County HMO (2/3)

Financials & Network	<b>Plan name</b>	Health First Rewards Plan (HMO)	Health First Value Plan (HMO)	Health First Secure Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)
	<b>Network size</b>	3501-4000	3501-4000	3501-4000	7501-8000	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$4,626	\$4,842	\$6,690	\$2,862	\$3,246	\$3,528
	<b>Premium</b>	\$0	\$33	\$0	\$0	\$0	\$10.50
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$435
	<b>Maximum IN OOP</b>	\$5,500	\$4,950	\$3,000	\$4,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$50	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$32	\$20	\$20	\$0	\$0	
Key services	<b>Inpatient hospital</b>	\$260 per day for days 1-7	\$215 per day for days 1-7	\$200 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay
	<b>SNF</b>	\$150 per day for days 21-100	\$75 per day for days 21-100	\$50 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✗	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Brevard County HMO (3/3)

				
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)	WellCare Dividend (HMO)
	<b>Network size</b>	4501-5000	4501-5000	5001-5500
	<b>Estimated cost<sup>1</sup></b>	\$2,958	\$3,618	\$3,726
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$6,700
	<b>Part B rebate</b>	\$80	\$0	\$25
	<b>PCP</b>	\$0	\$0	\$0
	<b>Specialist</b>	\$40	\$25	\$40
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-6	\$95 per day for days 1-7	\$390 per day for days 1-5
	<b>SNF</b>	\$172 per day for days 21-100	\$150 per day for days 21-100	\$164.50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Brevard County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-062 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	3501-4000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,966	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$150	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$5,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$5	\$5	\$0
<b>Specialist</b>	\$40	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$300 per day for days 1-5	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Broward County HMO (1/5)

Financials & Network	<b>Plan name</b>	Aetna Medicare Summit Select (HMO)	Allwell Medicare (HMO)	AvMed Medicare Choice (HMO)	AvMed Medicare Circle (HMO)	CareFree (HMO)	CareOne (HMO)
	<b>Network size</b>	N/A	501-1000	5001-5500	3001-3500	10001-11000	5501-6000
	<b>Estimated cost<sup>1</sup></b>	\$2,862	\$3,162	\$3,174	\$3,258	\$2,586	\$2,826
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$100	\$0
	<b>Maximum IN OOP</b>	\$2,850	\$6,700	\$3,400	\$6,700	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$75	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$0	\$10	\$10-20	\$10	\$25	\$5	
Key services	<b>Inpatient hospital</b>	\$0	\$90 per day for days 1-7	\$40 per day for days 6-20	\$0	\$150 per day for days 1-7	\$0
	<b>SNF</b>	\$178 per day for days 21-100	\$170 per day for days 21-100	\$135 per day for days 21-100	\$135 per day for days 21-62	\$125 per day for days 21-100	\$60 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Broward County HMO (2/5)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Florida Blue</i>	DevotedHealth	DevotedHealth	DevotedHealth	
Financials & Network	<b>Plan name</b>	BlueMedicare Premier (HMO)	BlueMedicare Saver (HMO)	BlueMedicare Classic (HMO)	Devoted Health Essentials Broward (HMO)	Devoted Health Broward (HMO)	Devoted Health Prime Broward (HMO)
	<b>Network size</b>	10001-11000	10001-11000	N/A	15001-16000	15001-16000	15001-16000
	<b>Estimated cost<sup>1</sup></b>	\$2,622	\$3,366	\$3,462	\$2,670	\$3,114	\$3,432
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$28.50
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$50	\$0	\$0	\$0	\$435
	<b>Maximum IN OOP</b>	\$2,500	\$6,700	\$5,000	\$3,400	\$2,500	\$3,400
	<b>Part B rebate</b>	\$0	\$75	\$0	\$95	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$5	\$45	\$40	\$25	\$5	\$0
Key services	<b>Inpatient hospital</b>	\$0	\$275 per day for days 1-7	\$200 per day for days 1-7	\$200 per day for days 1-5	\$0	\$0
	<b>SNF</b>	\$100 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-44	\$50 per day for days 21-71	\$0
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Broward County HMO (3/5)

							
<b>Financials &amp; Network</b>	<b>Plan name</b>	HealthSun HealthAdvantage Plan (HMO)	HealthSun MediMax (HMO)	Humana Gold Plus H1036-237 (HMO)	Humana Gold Plus H1036-065C (HMO)	MMM EXTRA (HMO)	MMM PLUS (HMO)
	<b>Network size</b>	2001-2500	2001-2500	14001-15000	5501-6000	501-1000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$2,586	\$3,360	\$2,538	\$2,838	\$1,860	\$2,850
	<b>Premium</b>	\$0	\$28.50	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$435	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$2,500	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$75	\$0	\$135.50	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$0	\$0	\$25	\$5	\$30	\$15	
<b>Key services</b>	<b>Inpatient hospital</b>	\$0	\$0	\$200 per day for days 1-5	\$0	\$100 per day for days 1-5	\$25 per day for days 1-5
	<b>SNF</b>	\$55 per day for days 21-100	\$0	\$60 per day for days 21-100	\$0	\$60 per day for days 21-100	\$25 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Broward County HMO (4/5)

	MMM ELITE (HMO)	Optimum Gold Rewards Plan (HMO)	Optimum Platinum Plan (HMO)	Simply Extra (HMO)	Simply More (HMO)	Simply Select (HMO)	
Financials & Network	<b>Plan name</b>	MMM ELITE (HMO)	Optimum Gold Rewards Plan (HMO)	Optimum Platinum Plan (HMO)	Simply Extra (HMO)	Simply More (HMO)	Simply Select (HMO)
	<b>Network size</b>	501-1000	11001-12000	11001-12000	11001-12000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,874	\$1,998	\$2,982	\$2,298	\$2,478	\$3,007
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$24.10
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$435
	<b>Maximum IN OOP</b>	\$3,400	\$2,500	\$1,500	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$110	\$0	\$90	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$10	\$20	\$5	\$25	\$0	\$5
Key services	<b>Inpatient hospital</b>	\$0	\$150 per day for days 1-7	\$0	\$200 per day for days 1-5	\$0	\$0
	<b>SNF</b>	\$100 per day for days 21-100	\$172 per day for days 21-100	\$95 per day for days 21-100	\$60 per day for days 21-100	\$55 per day for days 21-100	\$55 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Broward County HMO (5/5)

Financials & Network	<b>Plan name</b>	SOLIS SPF 007 (HMO)	Preferred Choice Broward (HMO)	Medica HealthCare Plans MedicareMax (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)	WellCare Dividend (HMO)
	<b>Network size</b>	501-1000	3001-3500	3001-3500	2001-2500	2001-2500	1501-2000
	<b>Estimated cost<sup>1</sup></b>	\$3,222	\$3,210	\$3,426	\$2,550	\$3,342	\$3,402
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400	\$2,500	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$0	\$110	\$0	\$40
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$0	\$15	\$15	\$40	\$5	\$40	
Key services	<b>Inpatient hospital</b>	\$0	\$0	\$100 per day for days 6-20	\$200 per day for days 1-6	\$0	\$250 per day for days 1-5
	<b>SNF</b>	\$50 per day for days 21-100	\$150 per day for days 21-43	\$160 per day for days 21-42	\$172 per day for days 21-100	\$100 per day for days 21-100	\$164.50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Broward County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>			<i>Humana</i>	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-068 (PPO)	HumanaChoice H5216-065 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	16001-17000	16001-17000
	<b>Estimated cost<sup>1</sup></b>	\$4,014	\$5,484	\$3,858	\$4,338	\$4,002	\$4,662
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$56
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$305	\$150	\$300	\$150	\$350
	<b>Maximum IN OOP</b>	\$4,500	\$5,900	\$4,900	\$6,700	\$5,500	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$5	\$0	\$15	\$0	\$0
<b>Specialist</b>	\$35-45	\$45	\$35	\$50	\$35	\$40	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$250 per day for days 1-4	\$395 per day for days 1-4	\$275 per day for days 1-5	\$305 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Broward County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,906	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-45	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Calhoun County HMO

					
Financials & Network	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	251-500	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,366	\$3,834
	<b>Premium</b>	\$34	\$96	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$55	\$0
	<b>PCP</b>	\$10	\$10	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$35	\$25	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay: \$100 per day for days 6-10	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✓
	<b>OTC allowance</b>	✗	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Calhoun County PPO

## Humana

Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)
	<b>Network size</b>	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,254
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$225
	<b>Maximum IN OOP</b>	\$6,700
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$50
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	X
	<b>Eyeglass allowance</b>	X
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	X
	<b>Fitness</b>	✓
	<b>Transportation</b>	X
	<b>OTC allowance</b>	X

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Charlotte County HMO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	Clarion	FREEDOM HEALTH	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Aetna Medicare Value (HMO)	Clarion Health (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Medicare Plan Rx (HMO)
	<b>Network size</b>	N/A	N/A	N/A	4501-5000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,714	\$4,554	\$3,858	\$3,342	\$3,522
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$6,700	\$6,700	\$4,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$25	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$45	\$40	\$20	\$30	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$220 per day for days 1-8	\$325 per day for days 1-5	\$240 per day for days 1-8	\$175 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-51	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✗	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Charlotte County HMO (2/2)

	Humana.	Humana.	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-278 (HMO)	Humana Gold Plus H1036-217 (HMO)	AARP Medicare Advantage Plan 2 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2501-3000	2501-3000	N/A	2501-3000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,186	\$3,438	\$3,678	\$2,946	\$3,606
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$50	\$0	\$0	\$75	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$35	\$15	\$20	\$35	\$15
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-7	\$190 per day for days 1-6	\$195 per day for days 1-8	\$200 per day for days 1-5	\$150 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-45	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Charlotte County PPO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	Humana.	Humana.	
Financials & Network	<b>Plan name</b>	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	HumanaChoice Florida H7284-002 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$5,484	\$3,882	\$4,338	\$4,110	\$4,566
	<b>Premium</b>	\$145.50	\$0	\$0	\$0	\$74
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$305	\$150	\$300	\$150	\$0
	<b>Maximum IN OOP</b>	\$5,900	\$4,900	\$6,700	\$4,900	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$15	\$5	\$0
<b>Specialist</b>	\$45	\$35	\$50	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$250 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Charlotte County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$0	\$0
<b>Specialist</b>	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-51	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Citrus County HMO (1/2)

Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)	Humana Gold Plus H1036-266 (HMO)
	<b>Network size</b>	N/A	N/A	11001-12000	11001-12000	11001-12000	251-500
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,474	\$3,246	\$3,522	\$5,826	\$2,358
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$2,900	\$3,400	\$3,400	\$4,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$65	\$100
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$30	\$20	\$30	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$130 per day for days 1-7	\$95 per day for days 1-7	\$225 per day for days 1-7	\$225 per day for days 1-7	\$180 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Citrus County HMO (2/2)

Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-140 (HMO)	Optimum Platinum Plan (HMO)	Elite by Ultimate (HMO)	Premier Plus by Ultimate (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	11001-12000	1001-1500	1001-1500	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$3,294	\$3,462	\$1,698	\$2,610	\$2,370	\$3,174
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$2,800	\$1,500	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$110	\$0	\$131	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$30	\$20	\$0	\$40	\$5	
Key services	<b>Inpatient hospital</b>	\$95 per day for days 1-6	\$195 per day for days 1-7	\$125 per day for days 1-5	\$25 per day for days 1-5	\$200 per day for days 1-5	\$50 per day for days 1-10
	<b>SNF</b>	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$150 per day for days 21-40	\$150 per day for days 21-31	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Citrus County PPO

						
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,338	\$4,110	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$75
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$300	\$150	\$175	\$100	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$4,900	\$4,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$15	\$5	\$5	\$0	\$0
<b>Specialist</b>	\$50	\$40	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$395 per day for days 1-4	\$345 per day for days 1-4	\$270 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Clay County HMO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>					
Financials & Network	<b>Plan name</b>	BlueMedicare Premier (HMO)	BlueMedicare Classic (HMO)	Aetna Medicare Summit Select (HMO)	Ascension Complete St. Vincent's Reward (HMO)	Ascension Complete St. Vincent's Secure (HMO)	CareOne (HMO)
	<b>Network size</b>	10001-11000	N/A	N/A	501-1000	501-1000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$2,946	\$3,462	\$3,450	\$3,618	\$3,690	\$3,390
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$360	\$150	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,000	\$3,400	\$5,000	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$50	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$40	\$20	\$45	\$25	\$25	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-6	\$200 per day for days 1-7	\$200 per day for days 1-5	\$250 per day for days 1-6	\$250 per day for days 1-6	Tier 1: \$150 per day for days 1-7; Tier 2: \$255 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$170 per day for days 21-100	\$170 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✗	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Clay County HMO (2/2)

		Humana.	Humana.
Financials & Network	Plan name	Humana Gold Plus H1036-068 (HMO)	Humana Gold Plus H1036-270 (HMO)
	Network size	3001-3500	5001-5500
	Estimated cost <sup>1</sup>	\$3,078	\$3,402
	Premium	\$0	\$0
	OON deductible	N/A	N/A
	Rx deductible	\$0	\$0
	Maximum IN OOP	\$3,000	\$3,200
	Part B rebate	\$0	\$55
	PCP	\$0	\$0
Specialist	\$10	\$30	
Key services	Inpatient hospital	\$100 per day for days 1-4	\$195 per day for days 1-5
	SNF	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	Vision	✓	✓
	Eyeglass allowance	✗	✗
	Hearing	✓	✓
	Hearing aid allowance	✓	✓
	Fitness	✓	✓
	Transportation	✓	✗
	OTC allowance	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Clay County PPO

Financials & Network	<b>Plan name</b>	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,882	\$4,338	\$4,194	\$3,942	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$90
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$300	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,900	\$6,700	\$5,500	\$5,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$15	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$35	\$50	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$295 per day for days 1-4	\$395 per day for days 1-4	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Collier County HMO

	<i>Florida Blue</i> 	 aetna™	Clarion	Humana.	Humana.	 UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Clarion Health (HMO)	Humana Gold Plus H1036-278 (HMO)	Humana Gold Plus H1036-217 (HMO)	AARP Medicare Advantage Plan 2 (HMO)
	<b>Network size</b>	N/A	N/A	4501-5000	2501-3000	2501-3000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,714	\$3,858	\$3,186	\$3,438	\$3,678
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$6,700	\$4,900	\$5,000	\$3,400	\$3,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$50	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$40	\$35	\$15	\$20	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$220 per day for days 1-8	\$240 per day for days 1-8	\$275 per day for days 1-7	\$190 per day for days 1-6	\$195 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-51	\$160 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-45
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✗	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Collier County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>			<i>Humana</i>	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	HumanaChoice Florida H7284-002 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$4,206	\$5,484	\$3,882	\$4,338	\$4,110	\$4,566
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$74
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$305	\$150	\$300	\$150	\$0
	<b>Maximum IN OOP</b>	\$6,000	\$5,900	\$4,900	\$6,700	\$4,900	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$5	\$0	\$15	\$5	\$0
<b>Specialist</b>	\$45	\$45	\$35	\$50	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$250 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Collier County PPO (2/2)



Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,930
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$150
	<b>Maximum IN OOP</b>	\$4,900
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$10
	<b>Specialist</b>	\$35
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✗
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✗
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Columbia County HMO

	Humana.	Humana.	UnitedHealthcare	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-068 (HMO)	Humana Gold Plus H1036-270 (HMO)	AARP Medicare Advantage (HMO)
	<b>Network size</b>	3001-3500	5001-5500	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,078	\$3,402	\$3,774
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,000	\$3,200	\$4,900
	<b>Part B rebate</b>	\$0	\$55	\$0
	<b>PCP</b>	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$30	\$30	
Key services	<b>Inpatient hospital</b>	\$100 per day for days 1-4	\$195 per day for days 1-5	\$225 per day for days 1-8
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Columbia County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,194	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: DeSoto County HMO

	Clarion			
Financials & Network	<b>Plan name</b>	Clarion Health (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	4501-5000	2501-3000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,858	\$2,946	\$3,606
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$75	\$0
	<b>PCP</b>	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$35	\$15	
Key services	<b>Inpatient hospital</b>	\$240 per day for days 1-8	\$200 per day for days 1-5	\$150 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-51	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✗	✓	✓
	<b>Transportation</b>	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: DeSoto County PPO

						
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	501-1000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,338	\$4,254	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$75
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$300	\$225	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,700	\$5,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$15	\$5	\$10	\$0	\$0
<b>Specialist</b>	\$50	\$50	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$395 per day for days 1-4	\$355 per day for days 1-5	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Dixie County PPO

	Humana	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	501-1000	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$225	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Duval County HMO (1/3)

Financials & Network	<b>Plan name</b>	Aetna Medicare Summit Select (HMO)	Allwell Medicare Premier (HMO)	Ascension Complete St. Vincent's Reward (HMO)	Ascension Complete St. Vincent's Secure (HMO)	CareFree (HMO)	CareOne (HMO)
	<b>Network size</b>	N/A	2501-3000	501-1000	501-1000	2001-2500	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,450	\$2,766	\$3,618	\$3,690	\$2,874	\$3,390
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$360	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$5,000	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$66	\$50	\$0	\$75	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$40	\$45	\$25	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-5	\$250 per day for days 1-7	\$250 per day for days 1-6	\$250 per day for days 1-6	Tier 1: \$350 per day for days 1-5; Tier 2: \$450 per day for days 1-5	Tier 1: \$150 per day for days 1-7; Tier 2: \$255 per day for days 1-7
	<b>SNF</b>	\$178 per day for days 21-100	\$145 per day for days 21-100	\$170 per day for days 21-100	\$170 per day for days 21-100	\$125 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Duval County HMO (2/3)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Humana</i>	<i>Humana</i>	<i>WellCare</i>	<i>WellCare</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Premier (HMO)	BlueMedicare Classic (HMO)	Humana Gold Plus H1036-081D (HMO)	Humana Gold Plus H1036-270 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	10001-11000	N/A	2001-2500	5001-5500	3001-3500	3001-3500
	<b>Estimated cost<sup>1</sup></b>	\$2,946	\$3,462	\$3,270	\$3,402	\$3,054	\$3,630
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,000	\$3,400	\$3,200	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$55	\$80	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$40	\$10	\$30	\$40	\$20	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-6	\$200 per day for days 1-7	\$125 per day for days 1-5	\$195 per day for days 1-5	\$350 per day for days 1-5	\$150 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✗	✗	✓
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Duval County HMO (3/3)

			
	WellCare Dividend (HMO)	WellCare Value (HMO)	
Financials & Network	<b>Plan name</b>	WellCare Dividend (HMO)	WellCare Value (HMO)
	<b>Network size</b>	5001-5500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,726	\$3,858
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,700
	<b>Part B rebate</b>	\$25	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$40	\$35
Key services	<b>Inpatient hospital</b>	\$390 per day for days 1-5	\$225 per day for days 1-9
	<b>SNF</b>	\$164.50 per day for days 21-100	\$164.50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Duval County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-070 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	13001-14000
	<b>Estimated cost<sup>1</sup></b>	\$4,062	\$5,484	\$3,882	\$4,338	\$4,194
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$305	\$150	\$300	\$175
	<b>Maximum IN OOP</b>	\$4,500	\$5,900	\$5,900	\$6,700	\$5,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$5	\$0	\$15	\$5
<b>Specialist</b>	\$35-45	\$45	\$35	\$50	\$45	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$328 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✗
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✗

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Duval County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,942	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$0
	<b>Specialist</b>	\$35	\$40	\$25
Key services	<b>Inpatient hospital</b>	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-57	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Escambia County HMO (1/2)

	Florida Blue	aetna™	Ascension	Ascension	Cigna HealthSpring	Cigna HealthSpring	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Ascension Complete Sacred Heart Reward (HMO)	Ascension Complete Sacred Heart Secure (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Advantage (HMO)
	<b>Network size</b>	N/A	N/A	251-500	251-500	2501-3000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,534	\$3,522	\$3,546	\$3,510	\$5,406
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$390	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$6,700	\$3,400	\$4,900	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$50	\$0	\$0	\$60
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$45	\$25	\$0	\$0	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$250 per day for days 1-5	\$375 per day for days 1-5	\$250 per day for days 1-6	\$275 per day for days 1-6	\$275 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$170 per day for days 21-100	\$170 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Escambia County HMO (2/2)

	Humana.	Humana.	WellCare Health Plans	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-143 (HMO)	Humana Gold Plus H1036-271 (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2501-3000	2001-2500	2001-2500	5001-5500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,618	\$3,654	\$3,366	\$3,726	\$3,834
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$275	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$60	\$55	\$25	\$0
	<b>PCP</b>	\$0	\$5	\$0	\$0	\$0
<b>Specialist</b>	\$30	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-7	\$370 per day for days 1-5	\$400 per day for days 1-4	\$390 per day for days 1-5	\$250 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Escambia County PPO

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	<i>Humana</i>	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	13001-14000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,002	\$5,484	\$4,338	\$4,194	\$3,954
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$305	\$300	\$175	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$5,900	\$6,700	\$5,500	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$5	\$15	\$5	\$5
<b>Specialist</b>	\$45	\$45	\$50	\$45	\$40	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$395 per day for days 1-4	\$328 per day for days 1-6	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✗	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✗	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Flagler County HMO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Health First</i>	<i>Humana.</i>	<i>Humana.</i>	<i>Humana.</i>	
Financials & Network	<b>Plan name</b>	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Rx (HMO)	AdventHealth SunSaver Plan (HMO)	Humana Gold Plus H1036-157 (HMO)	Humana Gold Plus H1036-044 (HMO)	Humana Gold Plus H1036-056 (HMO)
	<b>Network size</b>	3501-4000	3501-4000	3501-4000	1001-1500	1001-1500	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$3,774	\$4,578	\$4,410	\$2,850	\$3,198	\$6,018
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$395	\$295	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,700	\$5,500	\$6,250	\$2,750	\$2,900
	<b>Part B rebate</b>	\$100	\$0	\$0	\$85	\$0	\$0
	<b>PCP</b>	\$20	\$0	\$0	\$5	\$0	\$0
<b>Specialist</b>	\$50	\$40	\$35	\$25	\$15	\$15	
Key services	<b>Inpatient hospital</b>	\$490 per day for days 1-4	\$315 per day for days 1-6	\$200 per day for days 1-8	\$195 per day for days 1-5	\$75 per day for days 1-4	\$100 per day for days 1-7
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100	\$156 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 8-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✗	✓	✓
	<b>OTC allowance</b>	✗	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Flagler County HMO (2/2)

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	3001-3500	3001-3500
	<b>Estimated cost<sup>1</sup></b>	\$3,054	\$3,630
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400
	<b>Part B rebate</b>	\$80	\$0
	<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$40	\$20	
Key services	<b>Inpatient hospital</b>	\$350 per day for days 1-5	\$150 per day for days 1-5
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Flagler County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,194	\$3,942	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$5,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Franklin County HMO



	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
Financials & Network	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	251-500	251-500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,366
	<b>Premium</b>	\$34	\$96	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$55
	<b>PCP</b>	\$10	\$10	\$0
<b>Specialist</b>	\$40	\$25	\$35	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay; \$100 per day for days 6-10	\$400 per day for days 1-4
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓
	<b>OTC allowance</b>	✗	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Gadsden County HMO

	 Capital Health	 Capital Health	 WellCare	 WellCare	 WellCare	
Financials & Network	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	251-500	2001-2500	5001-5500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,366	\$3,726	\$3,834
	<b>Premium</b>	\$34	\$96	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$55	\$25	\$0
	<b>PCP</b>	\$10	\$10	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay; \$100 per day for days 6-10	\$400 per day for days 1-4	\$390 per day for days 1-5	\$250 per day for days 1-6
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✗	✓
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Gilchrist County HMO



Financials & Network	<b>Plan name</b>	AARP Medicare Advantage (HMO)
	<b>Network size</b>	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,774
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$4,900
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
	<b>Specialist</b>	\$30
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✗
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✗
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Gilchrist County PPO

	Humana	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	501-1000	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$225	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Glades County HMO

	Clarion	Humana	
Financials & Network	<b>Plan name</b>	Clarion Health (HMO)	Humana Gold Plus H1036-229 (HMO)
	<b>Network size</b>	4501-5000	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$3,858	\$3,522
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$4,800
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$40	\$20	
Key services	<b>Inpatient hospital</b>	\$240 per day for days 1-8	\$200 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-51	\$60 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✗	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Glades County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-062 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)
	<b>Network size</b>	3501-4000	N/A	251-500
	<b>Estimated cost<sup>1</sup></b>	\$3,966	\$3,930	\$4,110
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$150	\$150
	<b>Maximum IN OOP</b>	\$5,000	\$4,900	\$5,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$10	\$5
<b>Specialist</b>	\$40	\$35	\$35	
Key services	<b>Inpatient hospital</b>	\$300 per day for days 1-5	\$250 per day for days 1-8	\$290 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Gulf County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,366	\$3,834
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400
	<b>Part B rebate</b>	\$55	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$25
Key services	<b>Inpatient hospital</b>	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✓	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hamilton County PPO

	Humana	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	501-1000	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$225	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hardee County HMO

Financials & Network	<b>Plan name</b>	AdventHealth SunSaver Plan (HMO)	Humana Gold Plus H1036-268 (HMO)	Humana Gold Plus H1036-230 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	3501-4000	2001-2500	2001-2500	2501-3000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$4,410	\$2,958	\$3,162	\$2,946	\$3,606
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$4,500	\$2,500	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$60	\$0	\$75	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$30	\$5	\$35	\$15	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-8	\$245 per day for days 1-5	\$95 per day for days 1-6	\$200 per day for days 1-5	\$150 per day for days 1-7
	<b>SNF</b>	\$156 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hardee County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,110	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$0	\$75
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$5,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$10	\$0	\$0
<b>Specialist</b>	\$40	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$345 per day for days 1-4	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Hendry County HMO

## Clarion

Financials & Network	<b>Plan name</b>	Clarion Health (HMO)
	<b>Network size</b>	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$3,858
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$4,900
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
Key services	<b>Specialist</b>	\$40
	<b>Inpatient hospital</b>	\$240 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✗
	<b>Transportation</b>	✗
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hendry County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)
	<b>Network size</b>	501-1000	N/A	251-500
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$3,930	\$4,110
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$225	\$150	\$150
	<b>Maximum IN OOP</b>	\$6,700	\$4,900	\$5,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$10	\$5
<b>Specialist</b>	\$50	\$35	\$35	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$250 per day for days 1-8	\$290 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hernando County HMO (1/4)

	<i>Florida Blue</i>	aetna™					
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Summit Select (HMO)	Freedom Savings Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)
	<b>Network size</b>	N/A	N/A	11001-12000	7501-8000	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$3,558	\$3,402	\$5,826	\$2,862	\$3,246	\$3,526
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$10.30
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$435
	<b>Maximum IN OOP</b>	\$5,000	\$3,200	\$3,400	\$4,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$65	\$50	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$40	\$20	\$0	\$0	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$95 per day for days 1-7	\$225 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Hernando County HMO (2/4)

	Humana.	Humana.	Humana.	OPTIMUM HealthCare, Inc.	OPTIMUM HealthCare, Inc.	OPTIMUM HealthCare, Inc.	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-265 (HMO)	Humana Gold Plus H1036-025 (HMO)	Humana Gold Plus H1036-119 (HMO)	Optimum Gold Plus Plan (HMO)	Optimum Gold Rewards Plan (HMO)	Optimum Platinum Plan (HMO)
	<b>Network size</b>	10001-11000	N/A	10001-11000	11001-12000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,154	\$2,862	\$4,998	\$1,914	\$1,998	\$2,982
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,750	\$1,900	\$3,400	\$2,500	\$2,500	\$1,500
	<b>Part B rebate</b>	\$110	\$0	\$100	\$110	\$110	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$10	\$25	\$20	\$20	\$5	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-8	\$40 per day for days 1-5	\$195 per day for days 1-5	\$150 per day for days 1-7	\$150 per day for days 1-7	\$0
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100	\$95 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hernando County HMO (3/4)

							
	Simply More (HMO)	Simply Select (HMO)	Premier by Ultimate (HMO)	Premier Plus by Ultimate (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	
<b>Financials &amp; Network</b>	<b>Plan name</b>	Simply More (HMO)	Simply Select (HMO)	Premier by Ultimate (HMO)	Premier Plus by Ultimate (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)
	<b>Network size</b>	11001-12000	11001-12000	1001-1500	1001-1500	7501-8000	5501-6000
	<b>Estimated cost<sup>1</sup></b>	\$2,586	\$3,084	\$1,698	\$2,610	\$2,370	\$2,646
	<b>Premium</b>	\$0	\$28.50	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$435	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$2,800	\$1,500	\$3,400	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$110	\$0	\$131	\$80
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$5	\$20	\$0	\$40	\$40	
<b>Key services</b>	<b>Inpatient hospital</b>	\$50 per day for days 1-8	\$25 per day for days 1-8	\$125 per day for days 1-5	\$25 per day for days 1-5	\$200 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$40 per day for days 21-100	\$40 per day for days 21-100	\$150 per day for days 21-40	\$150 per day for days 21-31	\$172 per day for days 21-100	\$164.50 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Hernando County HMO (4/4)



Financials & Network	<b>Plan name</b>	WellCare Elite (HMO)
	<b>Network size</b>	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$3,174
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$3,400
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
	<b>Specialist</b>	\$5
Key services	<b>Inpatient hospital</b>	\$50 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✓
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Hernando County PPO

Financials & Network	<b>Plan name</b>	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,882	\$4,338	\$4,110	\$3,918	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$75
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$300	\$150	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$6,700	\$4,900	\$5,500	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$15	\$5	\$5	\$0	\$0
<b>Specialist</b>	\$35	\$50	\$40	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$270 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-55	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Highlands County HMO

					
Financials & Network	<b>Plan name</b>	Aetna Medicare Select (HMO)	AdventHealth SunSaver Plan (HMO)	Humana Gold Plus H1036-268 (HMO)	Humana Gold Plus H1036-230 (HMO)
	<b>Network size</b>	N/A	3501-4000	2001-2500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$4,410	\$2,958	\$3,162
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,500	\$4,500	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$60	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$35	\$30	\$5	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-7	\$200 per day for days 1-8	\$245 per day for days 1-5	\$95 per day for days 1-6
	<b>SNF</b>	\$178 per day for days 21-100	\$156 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓
	<b>OTC allowance</b>	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Highlands County PPO

Financials & Network	<b>Plan name</b>	BlueMedicare Select (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	251-500
	<b>Estimated cost<sup>1</sup></b>	\$5,484	\$4,338	\$4,110	\$3,930	\$4,110
	<b>Premium</b>	\$145.50	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$305	\$300	\$150	\$150	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$6,700	\$4,900	\$5,900	\$5,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$15	\$5	\$10	\$5
<b>Specialist</b>	\$45	\$50	\$40	\$35	\$35	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$395 per day for days 1-4	\$345 per day for days 1-4	\$250 per day for days 1-8	\$290 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Hillsborough County HMO (1/5)

							
Financials & Network	Plan name	Aetna Medicare Summit Select (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Complete (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	Devoted Health Essentials Greater Tampa Bay (HMO)
	Network size	N/A	2001-2500	2001-2500	10001-11000	10001-11000	15001-16000
	Estimated cost <sup>1</sup>	\$3,402	\$2,466	\$3,450	\$1,998	\$2,922	\$2,238
	Premium	\$0	\$0	\$0	\$0	\$0	\$0
	OOB deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Rx deductible	\$0	\$0	\$0	\$0	\$0	\$0
	Maximum IN OOP	\$3,200	\$5,300	\$3,700	\$2,500	\$1,500	\$3,400
	Part B rebate	\$0	\$100	\$0	\$110	\$0	\$125
	PCP	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$25	\$45	\$35	\$20	\$10	\$20	
Key services	Inpatient hospital	\$95 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$150 per day for days 1-4	\$25 per day for days 1-5	\$150 per day for days 1-5
	SNF	\$178 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$170 per day for days 21-40
Supplemental Benefits	Vision	✓	✓	✓	✓	✓	✓
	Eyeglass allowance	✗	✓	✓	✗	✗	✓
	Hearing	✓	✓	✓	✓	✓	✓
	Hearing aid allowance	✓	✗	✓	✓	✓	✓
	Fitness	✓	✓	✓	✓	✓	✓
	Transportation	✓	✗	✓	✓	✓	✓
	OTC allowance	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hillsborough County HMO (2/5)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Florida Blue</i>	DevotedHealth	DevotedHealth		
Financials & Network	<b>Plan name</b>	BlueMedicare Classic Plus (HMO)	BlueMedicare Saver (HMO)	BlueMedicare Classic (HMO)	Devoted Health Greater Tampa Bay (HMO)	Devoted Health Prime Greater Tampa Bay (HMO)	Freedom Medicare Plan Rx (HMO)
	<b>Network size</b>	10001-11000	10001-11000	N/A	15001-16000	10001-11000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,898	\$3,366	\$3,558	\$3,078	\$3,480	\$3,558
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$28.50	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$50	\$0	\$0	\$435	\$0
	<b>Maximum IN OOP</b>	\$2,500	\$6,700	\$5,000	\$2,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$75	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$45	\$40	\$10	\$0	\$35	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-7	\$275 per day for days 1-7	\$225 per day for days 1-7	\$50 per day for days 1-7	\$0	\$150 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-36	\$0	\$20 per day for days 6-20; \$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Hillsborough County HMO (3/5)

							
Financials & Network	Plan name	Freedom Savings Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)	Humana Gold Plus H1036-265 (HMO)	Humana Gold Plus H1036-025 (HMO)
	Network size	11001-12000	7501-8000	7501-8000	7501-8000	10001-11000	N/A
	Estimated cost <sup>1</sup>	\$5,826	\$2,862	\$3,246	\$3,526	\$2,154	\$2,862
	Premium	\$0	\$0	\$0	\$10.30	\$0	\$0
	OOB deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Rx deductible	\$0	\$0	\$0	\$435	\$0	\$0
	Maximum IN OOP	\$3,400	\$4,900	\$3,400	\$3,400	\$2,750	\$1,900
	Part B rebate	\$65	\$50	\$0	\$0	\$110	\$0
	PCP	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$40	\$20	\$0	\$0	\$25	\$10	
Key services	Inpatient hospital	\$225 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay	\$150 per day for days 1-8	\$40 per day for days 1-5
	SNF	\$20 per day for days 6-20; \$125 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	Vision	✓	✓	✓	✓	✓	✓
	Eyeglass allowance	✗	✓	✓	✓	✗	✗
	Hearing	✓	✓	✓	✓	✓	✓
	Hearing aid allowance	✓	✗	✗	✗	✓	✓
	Fitness	✓	✓	✓	✓	✓	✓
	Transportation	✓	✓	✓	✓	✓	✓
	OTC allowance	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hillsborough County HMO (4/5)

<b>Financials &amp; Network</b>	<b>Plan name</b>	Humana Gold Plus H1036-119 (HMO)	Optimum Gold Rewards Plan (HMO)	Optimum Platinum Plan (HMO)	Simply More (HMO)	Simply Select (HMO)	SOLIS SPF 009 (HMO)
	<b>Network size</b>	10001-11000	11001-12000	11001-12000	11001-12000	11001-12000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,998	\$1,998	\$2,982	\$2,586	\$3,084	\$3,390
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$28.50	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$435	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$2,500	\$1,500	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$100	\$110	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$20	\$5	\$10	\$5	\$5	
<b>Key services</b>	<b>Inpatient hospital</b>	\$195 per day for days 1-5	\$150 per day for days 1-7	\$0	\$50 per day for days 1-8	\$25 per day for days 1-8	\$100 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$172 per day for days 21-100	\$95 per day for days 21-100	\$40 per day for days 21-100	\$40 per day for days 21-100	\$150 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Hillsborough County HMO (5/5)

				
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	7501-8000	5501-6000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$2,370	\$2,646	\$3,174
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$131	\$80	\$0
	<b>PCP</b>	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$5	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-5	\$200 per day for days 1-5	\$50 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Hillsborough County PPO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$5,484	\$3,882	\$4,338	\$4,110	\$3,918
	<b>Premium</b>	\$145.50	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$305	\$150	\$300	\$150	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$5,500	\$6,700	\$4,900	\$5,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$15	\$5	\$5
<b>Specialist</b>	\$45	\$35	\$50	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$270 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-55
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Hillsborough County PPO (2/2)

			
	Plan name	WellCare Premier (PPO)	WellCare Prime (PPO)
Financials & Network	Network size	N/A	N/A
	Estimated cost <sup>1</sup>	\$3,990	\$4,590
	Premium	\$0	\$75
	OON deductible	N/A	N/A
	Rx deductible	\$100	\$0
	Maximum IN OOP	\$3,400	\$2,000
	Part B rebate	\$0	\$0
	PCP	\$0	\$0
	Specialist	\$35	\$20
Key services	Inpatient hospital	\$275 per day for days 1-6	\$125 per day for days 1-10
	SNF	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	Vision	✓	✓
	Eyeglass allowance	✓	✓
	Hearing	✓	✓
	Hearing aid allowance	✓	✓
	Fitness	✓	✓
	Transportation	✗	✗
	OTC allowance	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Holmes County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,366	\$3,834
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400
	<b>Part B rebate</b>	\$55	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$25
Key services	<b>Inpatient hospital</b>	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✓	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Holmes County PPO

	Humana	UnitedHealthcare	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	501-1000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$3,894
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$225	\$150
	<b>Maximum IN OOP</b>	\$6,700	\$4,900
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$5	\$5
<b>Specialist</b>	\$50	\$35	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✗	✓
	<b>Eyeglass allowance</b>	✗	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✗	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Indian River County HMO (1/2)



Financials & Network	<b>Plan name</b>	CareOne (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Savings Plan (HMO)	Health First Rewards Plan (HMO)	Health First Value Plan (HMO)	Health First Secure Plan (HMO)
	<b>Network size</b>	N/A	11001-12000	11001-12000	3501-4000	3501-4000	3501-4000
	<b>Estimated cost<sup>1</sup></b>	\$3,378	\$3,330	\$5,826	\$4,626	\$4,842	\$6,690
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$33	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,000	\$3,400	\$5,500	\$4,950	\$3,000
	<b>Part B rebate</b>	\$0	\$0	\$65	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$25	\$40	\$35	\$32	\$20	
Key services	<b>Inpatient hospital</b>	\$125 per day for days 1-5	\$85 per day for days 1-7	\$225 per day for days 1-7	\$260 per day for days 1-7	\$215 per day for days 1-7	\$200 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$150 per day for days 21-100	\$75 per day for days 21-100	\$50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✗	✗	✗

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Indian River County HMO (2/2)

				
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	4501-5000	1501-2000	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$2,958	\$3,282	\$3,618
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$80	\$50	\$0
	<b>PCP</b>	\$0	\$0	\$0
	<b>Specialist</b>	\$40	\$40	\$25
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-6	\$250 per day for days 1-5	\$95 per day for days 1-7
	<b>SNF</b>	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Indian River County PPO

						
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-062 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	3501-4000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,338	\$3,966	\$3,918	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$90
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$300	\$150	\$150	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$5,000	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$15	\$0	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$40	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$395 per day for days 1-4	\$300 per day for days 1-5	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Jackson County PPO



Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,894
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$150
	<b>Maximum IN OOP</b>	\$4,900
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$35
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✗
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✗
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Jefferson County HMO

						
<b>Financials &amp; Network</b>	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	251-500	2501-3000	501-1000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,594	\$3,666	\$4,074
	<b>Premium</b>	\$34	\$96	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$6,700	\$6,700	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$30	\$30	\$0
	<b>PCP</b>	\$10	\$10	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$50	\$50	\$40	
<b>Key services</b>	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay; \$100 per day for days 6-10	\$375 per day for days 1-5	\$450 per day for days 1-4	\$375 per day for days 1-4
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Jefferson County PPO

## Humana

Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)
	<b>Network size</b>	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,254
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$225
	<b>Maximum IN OOP</b>	\$6,700
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$50
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✘
	<b>Eyeglass allowance</b>	✘
	<b>Hearing</b>	✔
	<b>Hearing aid allowance</b>	✘
	<b>Fitness</b>	✔
	<b>Transportation</b>	✘
	<b>OTC allowance</b>	✘

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Lafayette County PPO

## Humana

Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)
	<b>Network size</b>	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,254
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$225
	<b>Maximum IN OOP</b>	\$6,700
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$50
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	X
	<b>Eyeglass allowance</b>	X
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	X
	<b>Fitness</b>	✓
	<b>Transportation</b>	X
	<b>OTC allowance</b>	X

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Lake County HMO (1/3)

Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	Freedom Platinum Rewards Plan Rx (HMO)	Freedom Platinum Plan Rx (HMO)
	<b>Network size</b>	N/A	N/A	7501-8000	7501-8000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,354	\$2,382	\$3,066	\$2,430	\$3,138
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,400	\$2,750	\$3,400	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$80	\$0	\$80	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$15	\$20	\$10	\$20	\$10	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$95 per day for days 1-7	\$200 per day for days 1-5	\$50 per day for days 1-5	\$195 per day for days 1-7	\$75 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Lake County HMO (2/3)

							
Financials & Network	<b>Plan name</b>	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)	Humana Gold Plus H1036-269 (HMO)
	<b>Network size</b>	11001-12000	11001-12000	7501-8000	1501-2000	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$3,558	\$5,826	\$2,862	\$3,246	\$3,534	\$2,754
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$11	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$435	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$4,900	\$3,400	\$3,400	\$4,500
	<b>Part B rebate</b>	\$0	\$65	\$50	\$0	\$0	\$72
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$40	\$20	\$0	\$0	\$25	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-7	\$225 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay	\$195 per day for days 1-8
	<b>SNF</b>	\$20 per day for days 6-20;\$150 per day for days 21-100	\$20 per day for days 6-20;\$125 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✗	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Lake County HMO (3/3)

							
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-277 (HMO)	Optimum Gold Rewards Plan (HMO)	UnitedHealthcare The Villages Medicare Advantage 1 (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	1501-2000	11001-12000	N/A	4501-5000	1501-2000	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$3,174	\$3,534	\$3,786	\$2,958	\$3,282	\$3,618
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,750	\$3,400	\$3,400	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$80	\$50	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$40	\$40	\$40	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$75 per day for days 1-4	\$195 per day for days 1-7	\$225 per day for days 1-8	\$250 per day for days 1-6	\$250 per day for days 1-5	\$95 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$160 per day for days 21-42	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Lake County PPO (1/2)

Financials & Network	<b>Plan name</b>	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-074 (PPO)	HumanaChoice Florida H7284-001 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	2501-3000	3501-4000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,918	\$4,338	\$4,038	\$4,398	\$3,966
	<b>Premium</b>	\$0	\$0	\$0	\$74	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$300	\$150	\$0	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$6,700	\$5,500	\$2,000	\$5,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$15	\$5	\$0	\$5
<b>Specialist</b>	\$35	\$50	\$40	\$20	\$40	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-5	\$395 per day for days 1-4	\$305 per day for days 1-6	\$125 per day for days 1-10	\$270 per day for days 1-8
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Lake County PPO (2/2)

			
	WellCare Premier (PPO)	WellCare Prime (PPO)	
Financials & Network	<b>Plan name</b>	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$90
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$5	\$0
	<b>Specialist</b>	\$40	\$25
Key services	<b>Inpatient hospital</b>	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Lee County HMO (1/2)

	<i>Florida Blue</i>	aetna™	Clarion	FREEDOM HEALTH	FREEDOM HEALTH	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Clarion Health (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	N/A	N/A	4501-5000	11001-12000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,714	\$3,858	\$3,342	\$3,522	\$5,826
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$6,700	\$4,900	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$40	\$20	\$30	\$40	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$220 per day for days 1-8	\$240 per day for days 1-8	\$175 per day for days 1-7	\$225 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-51	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✗	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Lee County HMO (2/2)

	Humana.	Humana.	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-278 (HMO)	Humana Gold Plus H1036-217 (HMO)	AARP Medicare Advantage Plan 2 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)	WellCare Dividend (HMO)
	<b>Network size</b>	2501-3000	2501-3000	N/A	2501-3000	2501-3000	5001-5500
	<b>Estimated cost<sup>1</sup></b>	\$3,186	\$3,438	\$3,678	\$2,946	\$3,606	\$3,726
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,900	\$3,400	\$3,400	\$6,700
	<b>Part B rebate</b>	\$50	\$0	\$0	\$75	\$0	\$25
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$15	\$20	\$35	\$15	\$40	
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-7	\$190 per day for days 1-6	\$195 per day for days 1-8	\$200 per day for days 1-5	\$150 per day for days 1-7	\$390 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-45	\$172 per day for days 21-100	\$172 per day for days 21-100	\$164.50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Lee County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	HumanaChoice Florida H7284-002 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$4,206	\$5,484	\$3,882	\$4,338	\$4,110	\$4,566
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$74
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$305	\$150	\$300	\$150	\$0
	<b>Maximum IN OOP</b>	\$6,000	\$5,900	\$4,900	\$6,700	\$4,900	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$5	\$0	\$15	\$5	\$0
<b>Specialist</b>	\$45	\$45	\$35	\$50	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$250 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Lee County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$0	\$0
<b>Specialist</b>	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-51	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Leon County HMO

	 Capital Health	 Capital Health	 WellCare	 WellCare	 WellCare	
<b>Financials &amp; Network</b>	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	251-500	2501-3000	501-1000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,594	\$3,666	\$4,074
	<b>Premium</b>	\$34	\$96	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$6,700	\$6,700	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$30	\$30	\$0
	<b>PCP</b>	\$10	\$10	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$50	\$50	\$40	
<b>Key services</b>	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay; \$100 per day for days 6-10	\$375 per day for days 1-5	\$450 per day for days 1-4	\$375 per day for days 1-4
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Leon County PPO

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,894	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$175	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$0
<b>Specialist</b>	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-7	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Levy County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2001-2500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,282	\$3,846
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$3,400
	<b>Part B rebate</b>	\$40	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$25
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-5	\$225 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Levy County PPO

						
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	501-1000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,338	\$4,254	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$300	\$225	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,700	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$15	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$50	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$395 per day for days 1-4	\$355 per day for days 1-5	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Liberty County HMO

	 Capital Health	 Capital Health	 WellCare	 WellCare	
Financials & Network	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	251-500	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,366	\$3,834
	<b>Premium</b>	\$34	\$96	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$55	\$0
	<b>PCP</b>	\$10	\$10	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$35	\$25	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay; \$100 per day for days 6-10	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✓
	<b>OTC allowance</b>	✗	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Liberty County PPO

## Humana

Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)
	<b>Network size</b>	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,254
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$225
	<b>Maximum IN OOP</b>	\$6,700
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$50
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✘
	<b>Eyeglass allowance</b>	✘
	<b>Hearing</b>	✔
	<b>Hearing aid allowance</b>	✘
	<b>Fitness</b>	✔
	<b>Transportation</b>	✘
	<b>OTC allowance</b>	✘

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Madison County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	501-1000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$3,666	\$4,074
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,700
	<b>Part B rebate</b>	\$30	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$50	\$40
Key services	<b>Inpatient hospital</b>	\$450 per day for days 1-4	\$375 per day for days 1-4
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Madison County PPO

## Humana

Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)
	<b>Network size</b>	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,254
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$225
	<b>Maximum IN OOP</b>	\$6,700
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$50
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	X
	<b>Eyeglass allowance</b>	X
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	X
	<b>Fitness</b>	✓
	<b>Transportation</b>	X
	<b>OTC allowance</b>	X

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Manatee County HMO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	FREEDOM HEALTH	FREEDOM HEALTH	Humana.	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Aetna Medicare Value (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Savings Plan (HMO)	Humana Gold Plus H1036-265 (HMO)
	<b>Network size</b>	N/A	N/A	N/A	11001-12000	11001-12000	10001-11000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,618	\$4,554	\$3,390	\$5,826	\$2,310
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$6,700	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$65	\$100
	<b>PCP</b>	\$0	\$0	\$25	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$45	\$35	\$40	\$30	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$200 per day for days 1-7	\$325 per day for days 1-5	\$125 per day for days 1-7	\$225 per day for days 1-7	\$150 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✗	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Manatee County HMO (2/2)

	Humana.	Humana.	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-074 (HMO)	Humana Gold Plus H1036-119 (HMO)	AARP Medicare Advantage Plan 2 (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	501-1000	10001-11000	N/A	2501-3000	1501-2000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,078	\$4,998	\$3,678	\$2,946	\$3,402	\$3,606
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,900	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$100	\$0	\$75	\$40	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$15	\$25	\$20	\$35	\$40	\$15	
Key services	<b>Inpatient hospital</b>	\$75 per day for days 1-5	\$195 per day for days 1-5	\$195 per day for days 1-8	\$200 per day for days 1-5	\$250 per day for days 1-5	\$150 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-45	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Manatee County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,182	\$5,484	\$3,882	\$4,338	\$4,110
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$305	\$150	\$300	\$150
	<b>Maximum IN OOP</b>	\$6,000	\$5,900	\$4,900	\$6,700	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$5	\$0	\$15	\$5
<b>Specialist</b>	\$45	\$45	\$35	\$50	\$40	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Manatee County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$0	\$0
<b>Specialist</b>	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-51	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Marion County HMO (1/3)

<b>Financials &amp; Network</b>	<b>Plan name</b>	BlueMedicare Classic (HMO)	CareFree (HMO)	Freedom Platinum Rewards Plan Rx (HMO)	Humana Gold Plus H1036-269 (HMO)	Ascend Plus by Ultimate (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	N/A	7501-8000	11001-12000	7501-8000	1001-1500	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$2,382	\$2,430	\$2,754	\$2,946	\$2,958
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,400	\$4,500	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$80	\$80	\$72	\$0	\$80
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$40	\$20	\$20	\$25	\$20	\$40
<b>Key services</b>	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$200 per day for days 1-5	\$195 per day for days 1-7	\$195 per day for days 1-8	\$95 per day for days 1-7	\$250 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-44	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✗	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Marion County HMO (2/3)



	CarePlus	FREEDOM	Humana	WellCare	aetna	OPTIMUM
<b>Plan name</b>	CareOne PLUS (HMO)	Freedom Platinum Plan Rx (HMO)	Humana Gold Plus H1036-277 (HMO)	WellCare Dividend (HMO)	Aetna Medicare Summit Select (HMO)	Optimum Gold Rewards Plan (HMO)
<b>Network size</b>	7501-8000	11001-12000	1501-2000	1501-2000	N/A	11001-12000
<b>Estimated cost<sup>1</sup></b>	\$3,066	\$3,138	\$3,174	\$3,282	\$3,450	\$3,534
<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Maximum IN OOP</b>	\$2,750	\$2,500	\$2,750	\$6,700	\$3,400	\$3,400
<b>Part B rebate</b>	\$0	\$0	\$0	\$50	\$0	\$0
<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$10	\$10	\$40	\$20	\$40
<b>Inpatient hospital</b>	\$50 per day for days 1-5	\$75 per day for days 1-7	\$75 per day for days 1-4	\$250 per day for days 1-5	\$200 per day for days 1-5	\$195 per day for days 1-7
<b>SNF</b>	\$160 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100	\$164.50 per day for days 21-100	\$178 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100
<b>Vision</b>	✓	✓	✓	✓	✓	✓
<b>Eyeglass allowance</b>	✗	✗	✗	✓	✗	✗
<b>Hearing</b>	✓	✓	✓	✓	✓	✓
<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
<b>Fitness</b>	✓	✓	✓	✓	✓	✓
<b>Transportation</b>	✓	✓	✓	✗	✗	✓
<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Marion County HMO (3/3)

					
<b>Financials &amp; Network</b>	<b>Plan name</b>	Freedom Medicare Plan Rx (HMO)	WellCare Elite (HMO)	UnitedHealthcare The Villages Medicare Advantage 1 (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	11001-12000	4501-5000	N/A	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,558	\$3,618	\$3,786	\$5,826
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$25	\$40	\$40	
<b>Key services</b>	<b>Inpatient hospital</b>	\$150 per day for days 1-7	\$95 per day for days 1-7	\$225 per day for days 1-8	\$225 per day for days 1-7
	<b>SNF</b>	\$20 per day for days 6-20; \$150 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-42	\$20 per day for days 6-20; \$125 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Marion County PPO (1/2)

	<i>Florida Blue</i>	aetna™	UnitedHealthcare®	<i>Humana</i>	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	AARP Medicare Advantage Choice (PPO)	HumanaChoice Florida H5216-074 (PPO)	WellCare Premier (PPO)
	<b>Network size</b>	N/A	N/A	N/A	2501-3000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$5,484	\$3,918	\$3,966	\$4,038	\$4,206
	<b>Premium</b>	\$145.50	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$305	\$150	\$150	\$150	\$175
	<b>Maximum IN OOP</b>	\$5,900	\$5,900	\$5,900	\$5,500	\$6,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$5	\$5	\$5
	<b>Specialist</b>	\$45	\$35	\$40	\$40	\$40
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$325 per day for days 1-5	\$270 per day for days 1-8	\$305 per day for days 1-6	\$350 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-57	\$160 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Marion County PPO (2/2)

				
<b>Financials &amp; Network</b>	<b>Plan name</b>	Aetna Medicare Premier (PPO)	HumanaChoice Florida H7284-001 (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	3501-4000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,338	\$4,398	\$4,842
	<b>Premium</b>	\$0	\$74	\$90
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$300	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$2,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$15	\$0	\$0
	<b>Specialist</b>	\$50	\$20	\$25
<b>Key services</b>	<b>Inpatient hospital</b>	\$395 per day for days 1-4	\$125 per day for days 1-10	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Martin County HMO (1/2)

<b>Financials &amp; Network</b>	<b>Plan name</b>	BlueMedicare Classic (HMO)	WellCare Dividend (HMO)	WellCare Dividend Prime (HMO)	Freedom Platinum Plan Rx (HMO)	Aetna Medicare Summit Select (HMO)	Freedom Medicare Plan Rx (HMO)
	<b>Network size</b>	N/A	5501-6000	251-500	11001-12000	N/A	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$2,646	\$2,898	\$3,330	\$3,402	\$3,522
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$6,700	\$3,400	\$3,000	\$3,200	\$3,400
	<b>Part B rebate</b>	\$0	\$80	\$90	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$40	\$40	\$40	\$25	\$25	\$30
<b>Key services</b>	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$200 per day for days 1-5	\$275 per day for days 1-6	\$85 per day for days 1-7	\$95 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$178 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Martin County HMO (2/2)

	Humana	WellCare Health Plans	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-229 (HMO)	WellCare Elite (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	1001-1500	251-500	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,522	\$3,594	\$5,826
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$4,800	\$3,000	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0
	<b>Specialist</b>	\$20	\$25	\$40
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-6	\$95 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$60 per day for days 21-100	\$172 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✗
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Martin County PPO

<b>Financials &amp; Network</b>	<b>Plan name</b>	Aetna Medicare Premier Plus (PPO)	AARP Medicare Advantage Choice (PPO)	HumanaChoice Florida H5216-062 (PPO)	WellCare Premier (PPO)	Aetna Medicare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	3501-4000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,858	\$3,918	\$3,966	\$3,990	\$4,338	\$4,590
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$150	\$150	\$100	\$300	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$4,900	\$5,000	\$3,400	\$6,700	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$5	\$0	\$0	\$15	\$0
	<b>Specialist</b>	\$35	\$35	\$40	\$35	\$50	\$20
<b>Key services</b>	<b>Inpatient hospital</b>	\$250 per day for days 1-4	\$270 per day for days 1-8	\$300 per day for days 1-5	\$275 per day for days 1-6	\$395 per day for days 1-4	\$125 per day for days 1-10
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-51	\$160 per day for days 21-100	\$172 per day for days 21-100	\$178 per day for days 21-100	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Miami-Dade County HMO (1/5)

<b>Financials &amp; Network</b>	<b>Plan name</b>	BlueMedicare Premier (HMO)	BlueMedicare Classic (HMO)	BlueMedicare Saver (HMO)	WellCare Dividend (HMO)	Simply Extra (HMO)	MMM EXTRA (HMO)
	<b>Network size</b>	10001-11000	N/A	4001-4500	3001-3500	11001-12000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$2,346	\$2,958	\$3,006	\$1,554	\$1,758	\$1,860
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,000	\$3,900	\$6,700	\$1,000	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$80	\$131	\$100	\$135.50
	<b>PCP</b>	\$0	\$0	\$0-10	\$0	\$0	\$0
	<b>Specialist</b>	\$0	\$20	\$35-45	\$0	\$15	\$30
<b>Key services</b>	<b>Inpatient hospital</b>	\$0	\$150 per day for days 1-6	\$275 per day for days 1-7	\$0	\$50 per day for days 1-5	\$100 per day for days 1-5
	<b>SNF</b>	\$25 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$164.50 per day for days 21-100	\$60 per day for days 21-100	\$60 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✓	✗
	<b>OTC allowance</b>	✓	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Miami-Dade County HMO (2/5)

							
<b>Financials &amp; Network</b>	<b>Plan name</b>	CareFree PLUS (HMO)	Simply More (HMO)	Devoted Health Essentials Miami-Dade (HMO)	Humana Gold Plus H1036-237 (HMO)	HealthSun SunPlus Advantage Plan (HMO)	Leon Medical Centers Health Plans - Leon Cares (HMO)
	<b>Network size</b>	8001-8500	11001-12000	15001-16000	14001-15000	2001-2500	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$1,890	\$2,286	\$2,310	\$2,358	\$2,430	\$2,562
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$90	\$0	\$95	\$75	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$0	\$0	\$10	\$15	\$0	\$0
<b>Key services</b>	<b>Inpatient hospital</b>	\$50 per day for days 1-5	\$0	\$125 per day for days 3-7	\$125 per day for days 3-7	\$0	\$0
	<b>SNF</b>	\$20 per day for days 8-100	\$0	\$60 per day for days 21-75	\$60 per day for days 21-100	\$20 per day for days 21-100	\$0
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✗	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Miami-Dade County HMO (3/5)

<b>Financials &amp; Network</b>	<b>Plan name</b>	Humana Gold Plus H1036-054C (HMO)	CareOne PLUS (HMO)	Aetna Medicare Summit Select (HMO)	MMM ELITE DADE (HMO)	Allwell Medicare (HMO)	Preferred Choice Dade (HMO)
	<b>Network size</b>	8001-8500	8001-8500	N/A	501-1000	1501-2000	3501-4000
	<b>Estimated cost<sup>1</sup></b>	\$2,586	\$2,598	\$2,622	\$2,694	\$2,742	\$2,778
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$1,000	\$1,000	\$3,000	\$3,400	\$3,400	\$2,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Key services</b>	<b>Inpatient hospital</b>	\$0	\$0	\$0	\$0	\$90 per day for days 1-7	\$0
	<b>SNF</b>	\$60 per day for days 21-100	\$20 per day for days 8-100	\$0	\$25 per day for days 21-100	\$170 per day for days 21-100	\$25 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Miami-Dade County HMO (4/5)

	DevotedHealth	MMM PLUS (HMO)	SOLIS SPF 001 (HMO)	AvMed Medicare Circle (HMO)	AvMed Medicare Choice (HMO)	Medica HealthCare Plans MedicareMax (HMO)	
<b>Financials &amp; Network</b>	<b>Plan name</b>	Devoted Health Miami-Dade (HMO)	MMM PLUS (HMO)	SOLIS SPF 001 (HMO)	AvMed Medicare Circle (HMO)	AvMed Medicare Choice (HMO)	Medica HealthCare Plans MedicareMax (HMO)
	<b>Network size</b>	15001-16000	501-1000	1501-2000	3001-3500	5001-5500	3501-4000
	<b>Estimated cost<sup>1</sup></b>	\$2,790	\$2,850	\$2,958	\$2,994	\$3,054	\$3,066
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$1,500	\$3,400	\$3,400	\$6,700	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$0	\$15	\$0	\$0	\$0-25	\$0
<b>Key services</b>	<b>Inpatient hospital</b>	\$0	\$25 per day for days 1-5	\$0	\$0	\$55 per day for days 6-20	\$0
	<b>SNF</b>	\$60 per day for days 21-45	\$25 per day for days 21-100	\$60 per day for days 21-100	\$160 per day for days 21-62	\$160 per day for days 21-100	\$160 per day for days 21-42
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Miami-Dade County HMO (5/5)

						
<b>Financials &amp; Network</b>	<b>Plan name</b>	CareExtra (HMO)	Humana Value Plus H1036-264 (HMO)	HealthSun MediMax (HMO)	Devoted Health Prime Miami-Dade (HMO)	Preferred Complete Care (HMO)
	<b>Network size</b>	8001-8500	8001-8500	2001-2500	15001-16000	3501-4000
	<b>Estimated cost<sup>1</sup></b>	\$3,136	\$3,337	\$3,360	\$3,420	\$3,647
	<b>Premium</b>	\$11.80	\$21.60	\$28.50	\$28.50	\$26.40
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$435	\$435	\$435	\$435	\$435
	<b>Maximum IN OOP</b>	\$1,500	\$3,400	\$3,400	\$3,400	\$2,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$0	\$0	\$0	\$0	\$0
<b>Key services</b>	<b>Inpatient hospital</b>	\$0	\$0	\$0	\$0	\$0
	<b>SNF</b>	\$0	\$0	\$0	\$0	\$25 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Miami-Dade County PPO

	<i>Florida Blue</i>	UnitedHealthcare	<i>Humana</i>	<i>aetna</i> <sup>™</sup>	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	AARP Medicare Advantage Choice (PPO)	HumanaChoice Florida H5216-068 (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice H5216-065 (PPO)
	<b>Network size</b>	N/A	N/A	16001-17000	N/A	16001-17000
	<b>Estimated cost<sup>1</sup></b>	\$4,014	\$3,906	\$4,002	\$4,338	\$4,662
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$56
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$150	\$150	\$300	\$350
	<b>Maximum IN OOP</b>	\$4,500	\$3,400	\$5,500	\$6,700	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$0	\$0	\$15	\$0
	<b>Specialist</b>	\$35-45	\$35	\$35	\$50	\$40
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$250 per day for days 1-8	\$275 per day for days 1-5	\$395 per day for days 1-4	\$305 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-45	\$160 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Nassau County HMO

	Humana.	Humana.	 Ascension	 Ascension	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-081D (HMO)	Humana Gold Plus H1036-270 (HMO)	Ascension Complete St. Vincent's Reward (HMO)	Ascension Complete St. Vincent's Secure (HMO)
	<b>Network size</b>	2001-2500	5001-5500	501-1000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$3,270	\$3,402	\$3,618	\$3,690
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$360	\$150
	<b>Maximum IN OOP</b>	\$3,400	\$3,200	\$5,000	\$3,400
	<b>Part B rebate</b>	\$0	\$55	\$50	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$30	\$45	\$25	
Key services	<b>Inpatient hospital</b>	\$125 per day for days 1-5	\$195 per day for days 1-5	\$250 per day for days 1-6	\$250 per day for days 1-6
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$170 per day for days 21-100	\$170 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✗	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Nassau County PPO

				
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier Plus (PPO)	AARP Medicare Advantage Choice (PPO)	HumanaChoice Florida H5216-070 (PPO)
	<b>Network size</b>	N/A	N/A	13001-14000
	<b>Estimated cost<sup>1</sup></b>	\$3,882	\$3,942	\$4,194
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$175	\$175
	<b>Maximum IN OOP</b>	\$5,900	\$5,900	\$5,500
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$5	\$5
<b>Specialist</b>	\$35	\$35	\$45	
Key services	<b>Inpatient hospital</b>	\$295 per day for days 1-4	\$270 per day for days 1-8	\$328 per day for days 1-6
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-57	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✗
	<b>Eyeglass allowance</b>	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✗

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Okaloosa County HMO

<b>Financials &amp; Network</b>	<b>Plan name</b>	WellCare Dividend Prime (HMO)	Cigna-HealthSpring Preferred (HMO)	Humana Gold Plus H1036-143 (HMO)	Humana Gold Plus H1036-271 (HMO)	WellCare Elite (HMO)	Cigna-HealthSpring Advantage (HMO)
	<b>Network size</b>	2001-2500	2501-3000	2501-3000	2001-2500	4001-4500	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,366	\$3,510	\$3,618	\$3,654	\$3,834	\$5,406
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$275	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$4,900	\$3,400	\$6,700	\$3,400	\$4,900
	<b>Part B rebate</b>	\$55	\$0	\$0	\$60	\$0	\$60
	<b>PCP</b>	\$0	\$0	\$0	\$5	\$0	\$0
	<b>Specialist</b>	\$35	\$0	\$30	\$45	\$25	\$0
<b>Key services</b>	<b>Inpatient hospital</b>	\$400 per day for days 1-4	\$275 per day for days 1-6	\$250 per day for days 1-7	\$370 per day for days 1-5	\$250 per day for days 1-6	\$275 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$172 per day for days 21-100	\$178 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✗	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Okaloosa County PPO

	 UnitedHealthcare	 Humana	
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	HumanaChoice Florida H5216-070 (PPO)
	<b>Network size</b>	N/A	13001-14000
	<b>Estimated cost<sup>1</sup></b>	\$3,954	\$4,194
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$150	\$175
	<b>Maximum IN OOP</b>	\$4,900	\$5,500
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$5	\$5
	<b>Specialist</b>	\$40	\$45
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-7	\$328 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-51	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✗
	<b>Eyeglass allowance</b>	✗	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✗
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✗

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Okeechobee County HMO

## Humana

Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-229 (HMO)
	<b>Network size</b>	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$3,522
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$4,800
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
Key services	<b>Specialist</b>	\$20
	<b>Inpatient hospital</b>	\$200 per day for days 1-6
Supplemental Benefits	<b>SNF</b>	\$60 per day for days 21-100
	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✗
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✗
<b>OTC allowance</b>	✓	

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Okeechobee County PPO

				
<b>Financials &amp; Network</b>	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	HumanaChoice Florida H5216-062 (PPO)	WellCare Premier (PPO)
	<b>Network size</b>	N/A	3501-4000	251-500
	<b>Estimated cost<sup>1</sup></b>	\$3,918	\$3,966	\$4,110
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$150	\$150
	<b>Maximum IN OOP</b>	\$4,900	\$5,000	\$5,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$5
	<b>Specialist</b>	\$35	\$40	\$35
<b>Key services</b>	<b>Inpatient hospital</b>	\$270 per day for days 1-8	\$300 per day for days 1-5	\$290 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-51	\$160 per day for days 21-100	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Orange County HMO (1/4)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>CarePlus</i>	<i>Simply</i>	<i>WellCare</i>	
<b>Financials &amp; Network</b>	<b>Plan name</b>	BlueMedicare Premier (HMO)	BlueMedicare Classic (HMO)	BlueMedicare Saver (HMO)	CareFree (HMO)	Simply More (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	10001-11000	N/A	10001-11000	7501-8000	11001-12000	6001-6500
	<b>Estimated cost<sup>1</sup></b>	\$2,886	\$3,558	\$3,642	\$2,382	\$2,598	\$2,658
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$50	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,000	\$6,700	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$50	\$80	\$0	\$100
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$25	\$35	\$40	\$20	\$15	\$30
<b>Key services</b>	<b>Inpatient hospital</b>	\$125 per day for days 1-7	\$225 per day for days 1-7	\$275 per day for days 1-7	\$200 per day for days 1-5	\$75 per day for days 1-8	\$225 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$40 per day for days 21-100	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Orange County HMO (2/4)

	Humana.	 Cigna HealthSpring.	 CarePlus HEALTH PLANS, INC.	 Simply healthcare	 FREEDOM HEALTH	Humana.	
Financials & Network	Plan name	Humana Gold Plus H1036-269 (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	CareOne PLUS (HMO)	Simply Select (HMO)	Freedom Platinum Plan Rx (HMO)	Humana Gold Plus H1036-146 (HMO)
	Network size	7501-8000	7501-8000	7501-8000	11001-12000	11001-12000	5501-6000
	Estimated cost <sup>1</sup>	\$2,754	\$2,862	\$3,066	\$3,120	\$3,186	\$3,186
	Premium	\$0	\$0	\$0	\$28.50	\$0	\$0
	OON deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Rx deductible	\$0	\$0	\$0	\$435	\$0	\$0
	Maximum IN OOP	\$4,500	\$4,900	\$2,750	\$3,400	\$2,500	\$2,250
	Part B rebate	\$72	\$50	\$0	\$0	\$0	\$0
	PCP	\$0	\$0	\$0	\$0	\$0	\$0
	Specialist	\$25	\$20	\$10	\$10	\$15	\$5
Key services	Inpatient hospital	\$195 per day for days 1-8	\$250 per day for days 1-6	\$50 per day for days 1-5	\$25 per day for days 1-8	\$75 per day for days 1-7	\$95 per day for days 1-6
	SNF	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$40 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	Vision	✓	✓	✓	✓	✓	✓
	Eyeglass allowance	✗	✓	✗	✓	✗	✗
	Hearing	✓	✓	✓	✓	✓	✓
	Hearing aid allowance	✗	✗	✓	✓	✓	✓
	Fitness	✓	✓	✓	✓	✓	✓
	Transportation	✗	✓	✓	✓	✓	✓
	OTC allowance	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Orange County HMO (3/4)



	Aetna Medicare Select (HMO)	Cigna-HealthSpring Preferred (HMO)	SOLIS SPF 005 (HMO)	WellCare Dividend (HMO)	Optimum Gold Rewards Plan (HMO)	WellCare Elite (HMO)	
<b>Financials &amp; Network</b>	<b>Plan name</b>	Aetna Medicare Select (HMO)	Cigna-HealthSpring Preferred (HMO)	SOLIS SPF 005 (HMO)	WellCare Dividend (HMO)	Optimum Gold Rewards Plan (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	N/A	1501-2000	501-1000	1501-2000	11001-12000	6001-6500
	<b>Estimated cost<sup>1</sup></b>	\$3,234	\$3,246	\$3,366	\$3,402	\$3,498	\$3,498
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,100	\$3,400	\$3,400	\$6,700	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$40	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$10	\$0	\$5	\$40	\$35	\$15
<b>Key services</b>	<b>Inpatient hospital</b>	\$75 per day for days 1-7	\$195 per day for days 1-6	\$75 per day for days 1-7	\$250 per day for days 1-5	\$195 per day for days 1-7	\$50 per day for days 1-10
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$164.50 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✓	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Orange County HMO (4/4)

					
Financials & Network	<b>Plan name</b>	Cigna-HealthSpring Primary (HMO)	Freedom Medicare Plan Rx (HMO)	Bright Advantage (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	7501-8000	11001-12000	5001-5500	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,534	\$3,558	\$3,642	\$5,826
	<b>Premium</b>	\$11	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$435	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0	\$0
	<b>Specialist</b>	\$0	\$35	\$25	\$40
Key services	<b>Inpatient hospital</b>	\$500 per stay	\$150 per day for days 1-7	\$250 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$178 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 1-20; \$178 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Orange County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>bright</i> HEALTH	<i>aetna</i>	<i>UnitedHealthcare</i>	<i>WellCare</i> Health Plans	
<b>Financials &amp; Network</b>	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Bright Advantage Flex (PPO)	Aetna Medicare Premier Plus (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)
	<b>Network size</b>	N/A	N/A	5001-5500	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,074	\$5,484	\$3,618	\$3,882	\$3,930	\$3,990
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$305	\$0	\$150	\$150	\$100
	<b>Maximum IN OOP</b>	\$4,500	\$5,900	\$4,750	\$5,900	\$5,900	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$5	\$0	\$0	\$5	\$0
	<b>Specialist</b>	\$35-45	\$45	\$30	\$35	\$35	\$35
<b>Key services</b>	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$295 per day for days 1-5	\$295 per day for days 1-4	\$270 per day for days 1-8	\$275 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✓	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Orange County PPO (2/2)

	Humana.	aetna™	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-072 (PPO)	Aetna Medicare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,110	\$4,338	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$300	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$6,700	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$15	\$0
	<b>Specialist</b>	\$40	\$50	\$20
Key services	<b>Inpatient hospital</b>	\$345 per day for days 1-4	\$395 per day for days 1-4	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Osceola County PPO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	bright™ HEALTH	Humana.	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	Bright Advantage Flex (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	5001-5500	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$5,484	\$3,882	\$4,338	\$3,618	\$4,110	\$3,930
	<b>Premium</b>	\$145.50	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$305	\$150	\$300	\$0	\$150	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$5,900	\$6,700	\$4,750	\$4,900	\$5,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$15	\$0	\$5	\$5
<b>Specialist</b>	\$45	\$35	\$50	\$30	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$295 per day for days 1-5	\$345 per day for days 1-4	\$270 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✓	✗	✗
	<b>OTC allowance</b>	✗	✓	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Osceola County PPO (2/2)

			
	WellCare Premier (PPO)	WellCare Prime (PPO)	
Financials & Network	<b>Plan name</b>	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$75
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$100	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$20
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Palm Beach County HMO (1/5)

							
Financials & Network	<b>Plan name</b>	Aetna Medicare Summit Select (HMO)	Allwell Medicare (HMO)	Bright Advantage Assist (HMO)	CareFree (HMO)	CareOne (HMO)	Devoted Health Essentials Palm Beach (HMO)
	<b>Network size</b>	N/A	N/A	5001-5500	10001-11000	4501-5000	15001-16000
	<b>Estimated cost<sup>1</sup></b>	\$3,294	\$3,606	\$4,116	\$2,586	\$3,078	\$2,706
	<b>Premium</b>	\$0	\$0	\$28.50	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$435	\$100	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,150	\$6,700	\$6,700	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$75	\$0	\$95
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$15	\$40	\$20	\$25	\$15	\$25	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-6	\$290 per day for days 1-7	\$250 per day for days 1-6	\$150 per day for days 1-7	\$50 per day for days 1-6	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$170 per day for days 21-100	\$178 per day for days 21-100	\$125 per day for days 21-100	\$100 per day for days 21-100	\$150 per day for days 21-44
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Palm Beach County HMO (2/5)

	<i>Florida Blue</i>	<i>Florida Blue</i>	DevotedHealth	DevotedHealth	FREEDOM HEALTH	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic Plus (HMO)	BlueMedicare Classic (HMO)	Devoted Health Palm Beach (HMO)	Devoted Health Prime Palm Beach (HMO)	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	10001-11000	N/A	15001-16000	15001-16000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,982	\$3,354	\$3,246	\$3,456	\$3,558	\$5,826
	<b>Premium</b>	\$0	\$0	\$0	\$28.50	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$435	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,000	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$40	\$10	\$0	\$35	\$40	
Key services	<b>Inpatient hospital</b>	\$175 per day for days 1-8	\$225 per day for days 1-8	\$50 per day for days 1-9	\$0	\$150 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$160 per day for days 21-100	\$75 per day for days 21-65	\$0	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Palm Beach County HMO (3/5)

							
Financials & Network	<b>Plan name</b>	HealthSun HealthAdvantage Plan (HMO)	HealthSun MediMax (HMO)	Humana Gold Plus H1036-199 (HMO)	Humana Gold Plus H1036-062C (HMO)	Humana Honor (HMO)	MMM EXTRA (HMO)
	<b>Network size</b>	2001-2500	2001-2500	4501-5000	4501-5000	4501-5000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$2,622	\$3,360	\$3,042	\$3,102	\$4,638	\$1,860
	<b>Premium</b>	\$0	\$28.50	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$435	\$100	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$75	\$0	\$135	\$135.50
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$0	\$0	\$40	\$10	\$40	\$30	
Key services	<b>Inpatient hospital</b>	\$75 per day for days 1-5	\$0	\$225 per day for days 1-8	\$25 per day for days 1-8	\$225 per day for days 1-8	\$100 per day for days 1-5
	<b>SNF</b>	\$55 per day for days 21-100	\$0	\$60 per day for days 21-100	\$60 per day for days 21-100	\$60 per day for days 21-100	\$60 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✗	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Palm Beach County HMO (4/5)

							
	MMM PLUS (HMO)	MMM ELITE (HMO)	Simply More (HMO)	Simply Extra (HMO)	Simply Select (HMO)	SOLIS SPF 008 (HMO)	
<b>Financials &amp; Network</b>	<b>Plan name</b>	MMM PLUS (HMO)	MMM ELITE (HMO)	Simply More (HMO)	Simply Extra (HMO)	Simply Select (HMO)	SOLIS SPF 008 (HMO)
	<b>Network size</b>	501-1000	501-1000	11001-12000	11001-12000	11001-12000	251-500
	<b>Estimated cost<sup>1</sup></b>	\$2,850	\$2,874	\$2,550	\$2,886	\$2,972	\$3,462
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$20.20	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$100	\$435	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$75	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$15	\$10	\$10	\$40	\$5	\$10	
<b>Key services</b>	<b>Inpatient hospital</b>	\$25 per day for days 1-5	\$0	\$50 per day for days 1-8	\$225 per day for days 1-8	\$0	\$50 per day for days 1-10
	<b>SNF</b>	\$25 per day for days 21-100	\$100 per day for days 21-100	\$55 per day for days 21-100	\$60 per day for days 21-100	\$55 per day for days 21-100	\$125 per day for days 21-100
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Palm Beach County HMO (5/5)

					
Financials & Network	<b>Plan name</b>	Preferred Choice Palm Beach (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2501-3000	1501-2000	1501-2000	1501-2000
	<b>Estimated cost<sup>1</sup></b>	\$3,570	\$2,766	\$3,402	\$3,450
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$95	\$40	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$30	\$40	\$10	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-9	\$225 per day for days 1-8	\$250 per day for days 1-5	\$50 per day for days 1-8
	<b>SNF</b>	\$150 per day for days 21-43	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$55 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Palm Beach County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	aetna™	bright™ HEALTH	<i>Humana</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	Bright Advantage Flex (PPO)	HumanaChoice Florida H5216-068 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	5001-5500	16001-17000
	<b>Estimated cost<sup>1</sup></b>	\$4,014	\$5,484	\$3,858	\$4,338	\$3,750	\$4,002
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$305	\$150	\$300	\$0	\$150
	<b>Maximum IN OOP</b>	\$4,500	\$5,900	\$4,900	\$6,700	\$5,700	\$5,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$5	\$0	\$15	\$0	\$0
<b>Specialist</b>	\$35-45	\$45	\$35	\$50	\$35	\$35	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$250 per day for days 1-4	\$395 per day for days 1-4	\$250 per day for days 1-5	\$275 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✓	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Palm Beach County PPO (2/2)

						
Financials & Network	<b>Plan name</b>	HumanaChoice H5216-065 (PPO)	AARP Medicare Advantage Choice (PPO)	UnitedHealthcare Sync (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	16001-17000	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,662	\$3,906	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$56	\$0	\$0	\$0	\$75
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$350	\$150	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$3,400	\$3,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$35	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$305 per day for days 1-7	\$250 per day for days 1-8	\$250 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$150 per day for days 21-100	\$160 per day for days 21-45	\$160 per day for days 21-45	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Pasco County HMO (1/4)

							
Financials & Network	<b>Plan name</b>	Aetna Medicare Summit Select (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Complete (HMO)	Bright Advantage (HMO)	CareFree (HMO)	CareOne PLUS (HMO)
	<b>Network size</b>	N/A	2001-2500	2001-2500	5001-5500	10001-11000	10001-11000
	<b>Estimated cost<sup>1</sup></b>	\$3,402	\$2,466	\$3,450	\$3,642	\$1,998	\$2,922
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,200	\$5,300	\$3,700	\$3,400	\$2,500	\$1,500
	<b>Part B rebate</b>	\$0	\$100	\$0	\$0	\$110	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$45	\$35	\$25	\$20	\$10	
Key services	<b>Inpatient hospital</b>	\$95 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$250 per day for days 1-7	\$150 per day for days 1-4	\$25 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 1-20; \$178 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Pasco County HMO (2/4)

							
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)
	<b>Network size</b>	N/A	11001-12000	11001-12000	7501-8000	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$3,558	\$3,558	\$5,826	\$2,862	\$3,246	\$3,526
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$10.30
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$435
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,400	\$4,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$65	\$50	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$35	\$40	\$20	\$0	\$0	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$150 per day for days 1-7	\$225 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay
	<b>SNF</b>	\$160 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Pasco County HMO (3/4)

	Humana.	Humana.	Humana.	OPTIMUM HealthCare, Inc.	OPTIMUM HealthCare, Inc.	Simply healthcare	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-265 (HMO)	Humana Gold Plus H1036-025 (HMO)	Humana Gold Plus H1036-119 (HMO)	Optimum Gold Rewards Plan (HMO)	Optimum Platinum Plan (HMO)	Simply More (HMO)
	<b>Network size</b>	10001-11000	N/A	10001-11000	11001-12000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,154	\$2,862	\$4,998	\$1,998	\$2,982	\$2,586
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,750	\$1,900	\$3,400	\$2,500	\$1,500	\$3,400
	<b>Part B rebate</b>	\$110	\$0	\$100	\$110	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$10	\$25	\$20	\$5	\$10	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-8	\$40 per day for days 1-5	\$195 per day for days 1-5	\$150 per day for days 1-7	\$0	\$50 per day for days 1-8
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$172 per day for days 21-100	\$95 per day for days 21-100	\$40 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Pasco County HMO (4/4)



	Simply Select (HMO)	Elite by Ultimate (HMO)	Premier Plus by Ultimate (HMO)	WellCare Dividend (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
<b>Plan name</b>	Simply Select (HMO)	Elite by Ultimate (HMO)	Premier Plus by Ultimate (HMO)	WellCare Dividend (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
<b>Network size</b>	11001-12000	1001-1500	1001-1500	2001-2500	7501-8000	7501-8000
<b>Estimated cost<sup>1</sup></b>	\$3,084	\$1,698	\$2,610	\$2,370	\$2,370	\$3,174
<b>Premium</b>	\$28.50	\$0	\$0	\$0	\$0	\$0
<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Rx deductible</b>	\$435	\$0	\$0	\$0	\$0	\$0
<b>Maximum IN OOP</b>	\$3,400	\$2,800	\$1,500	\$6,700	\$3,400	\$3,400
<b>Part B rebate</b>	\$0	\$110	\$0	\$115	\$131	\$0
<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$5	\$20	\$0	\$40	\$40	\$5
<b>Inpatient hospital</b>	\$25 per day for days 1-8	\$125 per day for days 1-5	\$25 per day for days 1-5	\$250 per day for days 1-6	\$200 per day for days 1-5	\$50 per day for days 1-10
<b>SNF</b>	\$40 per day for days 21-100	\$150 per day for days 21-40	\$150 per day for days 21-31	\$164.50 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
<b>Vision</b>	✓	✓	✓	✓	✓	✓
<b>Eyeglass allowance</b>	✓	✓	✓	✓	✓	✓
<b>Hearing</b>	✓	✓	✓	✓	✓	✓
<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
<b>Fitness</b>	✓	✓	✓	✓	✓	✓
<b>Transportation</b>	✓	✓	✓	✗	✓	✓
<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Pasco County PPO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	bright™ HEALTH	<i>Humana.</i>	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	Bright Advantage Flex (PPO)	HumanaChoice Florida H5216-072 (PPO)
	<b>Network size</b>	N/A	N/A	N/A	5001-5500	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,146	\$3,882	\$4,338	\$3,618	\$4,110
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$150	\$300	\$0	\$150
	<b>Maximum IN OOP</b>	\$4,500	\$5,500	\$6,700	\$4,750	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$0	\$15	\$0	\$5
<b>Specialist</b>	\$45	\$35	\$50	\$30	\$40	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$295 per day for days 1-4	\$395 per day for days 1-4	\$295 per day for days 1-5	\$345 per day for days 1-4
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✓	✗
	<b>OTC allowance</b>	✓	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Pasco County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,918	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$0
<b>Specialist</b>	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$270 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-55	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Pinellas County HMO (1/5)

							
Financials & Network	<b>Plan name</b>	Aetna Medicare Summit Select (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Complete (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	Devoted Health Essentials Greater Tampa Bay (HMO)
	<b>Network size</b>	N/A	2001-2500	2001-2500	10001-11000	10001-11000	15001-16000
	<b>Estimated cost<sup>1</sup></b>	\$3,402	\$2,466	\$3,450	\$1,998	\$2,922	\$2,238
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,200	\$5,300	\$3,700	\$2,500	\$1,500	\$3,400
	<b>Part B rebate</b>	\$0	\$100	\$0	\$110	\$0	\$125
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$45	\$35	\$20	\$10	\$20	
Key services	<b>Inpatient hospital</b>	\$95 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$150 per day for days 1-4	\$25 per day for days 1-5	\$150 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$170 per day for days 21-40
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Pinellas County HMO (2/5)

	<i>Florida Blue</i>	<i>Florida Blue</i>	DevotedHealth	DevotedHealth	FREEDOM HEALTH	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	BlueMedicare Premier (HMO)	BlueMedicare Saver (HMO)	Devoted Health Greater Tampa Bay (HMO)	Devoted Health Prime Greater Tampa Bay (HMO)	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)
	<b>Network size</b>	10001-11000	10001-11000	15001-16000	10001-11000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,934	\$3,366	\$3,078	\$3,480	\$3,522	\$5,826
	<b>Premium</b>	\$0	\$0	\$0	\$28.50	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$50	\$0	\$435	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$2,400	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$75	\$0	\$0	\$0	\$65
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$45	\$10	\$0	\$30	\$40	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-8	\$275 per day for days 1-7	\$50 per day for days 1-7	\$0	\$225 per day for days 1-7	\$225 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-36	\$0	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Pinellas County HMO (3/5)

							
Financials & Network	<b>Plan name</b>	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)	Humana Gold Plus H1036-265 (HMO)	Humana Gold Plus H1036-025 (HMO)	Humana Gold Plus H1036-119 (HMO)
	<b>Network size</b>	7501-8000	7501-8000	7501-8000	10001-11000	N/A	10001-11000
	<b>Estimated cost<sup>1</sup></b>	\$2,862	\$3,246	\$3,526	\$2,154	\$2,862	\$4,998
	<b>Premium</b>	\$0	\$0	\$10.30	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$435	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$3,400	\$3,400	\$2,750	\$1,900	\$3,400
	<b>Part B rebate</b>	\$50	\$0	\$0	\$110	\$0	\$100
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$0	\$0	\$25	\$10	\$25	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay	\$150 per day for days 1-8	\$40 per day for days 1-5	\$195 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Pinellas County HMO (4/5)

							
Financials & Network	<b>Plan name</b>	Optimum Gold Rewards Plan (HMO)	Optimum Platinum Plan (HMO)	Simply More (HMO)	Simply Select (HMO)	Acclaim by Ultimate (HMO)	Acclaim Plus by Ultimate (HMO)
	<b>Network size</b>	11001-12000	11001-12000	11001-12000	11001-12000	1001-1500	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$1,998	\$2,982	\$2,586	\$3,084	\$1,698	\$2,610
	<b>Premium</b>	\$0	\$0	\$0	\$28.50	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$435	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,500	\$1,500	\$3,400	\$3,400	\$2,800	\$1,500
	<b>Part B rebate</b>	\$110	\$0	\$0	\$0	\$110	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$20	\$5	\$10	\$5	\$20	\$0	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-7	\$0	\$50 per day for days 1-8	\$25 per day for days 1-8	\$125 per day for days 1-5	\$25 per day for days 1-5
	<b>SNF</b>	\$172 per day for days 21-100	\$95 per day for days 21-100	\$40 per day for days 21-100	\$40 per day for days 21-100	\$150 per day for days 21-40	\$150 per day for days 21-31
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Pinellas County HMO (5/5)

				
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	7501-8000	5501-6000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$2,370	\$2,646	\$3,174
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$131	\$80	\$0
	<b>PCP</b>	\$0	\$0	\$0
	<b>Specialist</b>	\$40	\$40	\$5
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-5	\$200 per day for days 1-5	\$50 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Pinellas County PPO

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,002	\$5,484	\$3,882	\$4,338	\$4,110	\$3,918
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$305	\$150	\$300	\$150	\$150
	<b>Maximum IN OOP</b>	\$4,500	\$5,900	\$5,500	\$6,700	\$4,900	\$5,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$5	\$0	\$15	\$5	\$5
<b>Specialist</b>	\$35-45	\$45	\$35	\$50	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$270 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-55
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Polk County HMO (1/4)

Financials & Network	<b>Plan name</b>	Aetna Medicare Select (HMO)	BayCarePlus Rewards (HMO)	BayCarePlus Complete (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	Devoted Health Essentials Greater Tampa Bay (HMO)
	<b>Network size</b>	N/A	2001-2500	2001-2500	10001-11000	10001-11000	15001-16000
	<b>Estimated cost<sup>1</sup></b>	\$3,162	\$2,466	\$3,450	\$1,758	\$2,838	\$2,238
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,150	\$5,300	\$3,700	\$2,500	\$1,000	\$3,400
	<b>Part B rebate</b>	\$0	\$100	\$0	\$125	\$0	\$125
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$10	\$45	\$35	\$15	\$5	\$20	
Key services	<b>Inpatient hospital</b>	\$85 per day for days 1-5	\$250 per day for days 1-6	\$195 per day for days 1-6	\$100 per day for days 1-5	\$25 per day for days 1-5	\$150 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$170 per day for days 21-40
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: Polk County HMO (2/4)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Florida Blue</i>	DevotedHealth	DevotedHealth		
Financials & Network	<b>Plan name</b>	BlueMedicare Classic Plus (HMO)	BlueMedicare Saver (HMO)	BlueMedicare Classic (HMO)	Devoted Health Greater Tampa Bay (HMO)	Devoted Health Prime Greater Tampa Bay (HMO)	Freedom Platinum Plan Rx (HMO)
	<b>Network size</b>	10001-11000	10001-11000	N/A	15001-16000	10001-11000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$2,898	\$3,366	\$3,558	\$3,078	\$3,480	\$3,270
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$28.50	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$50	\$0	\$0	\$435	\$0
	<b>Maximum IN OOP</b>	\$2,500	\$6,700	\$5,000	\$2,400	\$3,400	\$2,500
	<b>Part B rebate</b>	\$0	\$75	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$45	\$40	\$10	\$0	\$25	
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-7	\$275 per day for days 1-7	\$225 per day for days 1-7	\$50 per day for days 1-7	\$0	\$75 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-36	\$0	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✗	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Polk County HMO (3/4)

							
Financials & Network	<b>Plan name</b>	Freedom Savings Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)	Humana Gold Plus H1036-268 (HMO)	Humana Gold Plus H1036-230 (HMO)
	<b>Network size</b>	11001-12000	7501-8000	1501-2000	7501-8000	2001-2500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$5,826	\$2,862	\$3,246	\$3,534	\$2,958	\$3,162
	<b>Premium</b>	\$0	\$0	\$0	\$11	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$435	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$4,900	\$3,400	\$3,400	\$4,500	\$2,500
	<b>Part B rebate</b>	\$65	\$50	\$0	\$0	\$60	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$20	\$0	\$0	\$30	\$5	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay	\$245 per day for days 1-5	\$95 per day for days 1-6
	<b>SNF</b>	\$20 per day for days 6-20; \$125 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Polk County HMO (4/4)

						
Financials & Network	<b>Plan name</b>	Optimum Platinum Plan (HMO)	Simply More (HMO)	WellCare Dividend (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	11001-12000	11001-12000	2001-2500	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$2,466	\$2,370	\$2,370	\$3,174
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$6,700	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$115	\$131	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$30	\$5	\$40	\$40	\$5	
Key services	<b>Inpatient hospital</b>	\$195 per day for days 1-7	\$40 per day for days 1-5	\$250 per day for days 1-6	\$200 per day for days 1-5	\$50 per day for days 1-10
	<b>SNF</b>	\$20 per day for days 6-20; \$150 per day for days 21-100	\$40 per day for days 21-100	\$164.50 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Polk County PPO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,074	\$3,882	\$4,338	\$4,110	\$3,918
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$150	\$300	\$150	\$150
	<b>Maximum IN OOP</b>	\$4,500	\$5,500	\$6,700	\$4,900	\$5,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$0	\$15	\$5	\$5
<b>Specialist</b>	\$35-45	\$35	\$50	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$270 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-55
Supplemental Benefits	<b>Vision</b>	✓	✓		✓	✓
	<b>Eyeglass allowance</b>	✓	✓		✗	✗
	<b>Hearing</b>	✓	✓		✓	✓
	<b>Hearing aid allowance</b>	✓	✗		✓	✓
	<b>Fitness</b>	✓	✓		✓	✓
	<b>Transportation</b>	✗	✗		✗	✗
	<b>OTC allowance</b>	✓	✗		✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Polk County PPO (2/2)

			
	WellCare Premier (PPO)	WellCare Prime (PPO)	
Financials & Network	<b>Plan name</b>	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$75
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$100	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$20
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Putnam County HMO

		Humana.	Humana.
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-068 (HMO)	Humana Gold Plus H1036-270 (HMO)
	<b>Network size</b>	3001-3500	5001-5500
	<b>Estimated cost<sup>1</sup></b>	\$3,078	\$3,402
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,000	\$3,200
	<b>Part B rebate</b>	\$0	\$55
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$10	\$30
Key services	<b>Inpatient hospital</b>	\$100 per day for days 1-4	\$195 per day for days 1-5
	<b>SNF</b>	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✗	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✓	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Putnam County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,194	\$3,942	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,500	\$5,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Santa Rosa County HMO (1/2)

	<i>Florida Blue</i>	aetna™	Ascension	Ascension	Cigna HealthSpring.	Cigna HealthSpring.	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Ascension Complete Sacred Heart Reward (HMO)	Ascension Complete Sacred Heart Secure (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Advantage (HMO)
	<b>Network size</b>	N/A	N/A	251-500	251-500	2501-3000	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,534	\$3,522	\$3,546	\$3,510	\$5,406
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$390	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$6,700	\$3,400	\$4,900	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$50	\$0	\$0	\$60
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$45	\$25	\$0	\$0	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$250 per day for days 1-5	\$375 per day for days 1-5	\$250 per day for days 1-6	\$275 per day for days 1-6	\$275 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$170 per day for days 21-100	\$170 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Santa Rosa County HMO (2/2)

	Humana.	Humana.			
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-143 (HMO)	Humana Gold Plus H1036-271 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2501-3000	2001-2500	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,618	\$3,654	\$3,366	\$3,834
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$275	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$6,700	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$60	\$55	\$0
	<b>PCP</b>	\$0	\$5	\$0	\$0
<b>Specialist</b>	\$30	\$45	\$35	\$25	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-7	\$370 per day for days 1-5	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Santa Rosa County PPO

	<i>Florida Blue</i>	<i>Florida Blue</i>	aetna™	<i>Humana</i>	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	13001-14000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,002	\$5,484	\$4,338	\$4,194	\$3,954
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$305	\$300	\$175	\$150
	<b>Maximum IN OOP</b>	\$5,900	\$5,900	\$6,700	\$5,500	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$5	\$15	\$5	\$5
<b>Specialist</b>	\$45	\$45	\$50	\$45	\$40	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$395 per day for days 1-4	\$328 per day for days 1-6	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✗	✗
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✗	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sarasota County HMO (1/3)

	<i>Florida Blue</i>	aetna™	aetna™	Clarion	FREEDOM HEALTH	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Select (HMO)	Aetna Medicare Value (HMO)	Clarion Health (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Medicare Plan Rx (HMO)
	<b>Network size</b>	N/A	N/A	N/A	4501-5000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,618	\$4,554	\$3,858	\$3,390	\$3,558
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$6,700	\$4,900	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$25	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$45	\$40	\$35	\$35	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$200 per day for days 1-7	\$325 per day for days 1-5	\$240 per day for days 1-8	\$125 per day for days 1-7	\$150 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-51	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✗	✓	✓
	<b>Transportation</b>	✗	✓	✗	✗	✓	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sarasota County HMO (2/3)

							
Financials & Network	<b>Plan name</b>	Freedom Savings Plan (HMO)	Humana Gold Plus H1036-267 (HMO)	Humana Gold Plus H1036-215 (HMO)	Optimum Platinum Plan (HMO)	AARP Medicare Advantage Plan 2 (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	11001-12000	501-1000	501-1000	11001-12000	N/A	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$5,826	\$2,766	\$3,330	\$3,462	\$3,678	\$2,946
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$2,900	\$3,400	\$3,900	\$3,400
	<b>Part B rebate</b>	\$65	\$80	\$0	\$0	\$0	\$75
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$40	\$20	\$30	\$20	\$35	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$175 per day for days 1-6	\$95 per day for days 1-4	\$195 per day for days 1-7	\$195 per day for days 1-8	\$200 per day for days 1-5
	<b>SNF</b>	\$20 per day for days 6-20; \$125 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$160 per day for days 21-45	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sarasota County HMO (3/3)



Financials & Network	<b>Plan name</b>	WellCare Elite (HMO)
	<b>Network size</b>	2501-3000
	<b>Estimated cost<sup>1</sup></b>	\$3,606
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$3,400
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
Key services	<b>Specialist</b>	\$15
	<b>Inpatient hospital</b>	\$150 per day for days 1-7
Supplemental Benefits	<b>SNF</b>	\$172 per day for days 21-100
	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✓
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sarasota County PPO (1/2)

	<i>Florida Blue</i>	aetna™	aetna™	<i>Humana</i>	UnitedHealthcare®	
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-072 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,182	\$3,882	\$4,338	\$4,110	\$3,930
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$100	\$150	\$300	\$150	\$150
	<b>Maximum IN OOP</b>	\$6,000	\$4,900	\$6,700	\$4,900	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$10	\$0	\$15	\$5	\$10
<b>Specialist</b>	\$45	\$35	\$50	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$295 per day for days 1-4	\$395 per day for days 1-4	\$345 per day for days 1-4	\$250 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sarasota County PPO (2/2)

			
	WellCare Premier (PPO)	WellCare Prime (PPO)	
Financials & Network	<b>Plan name</b>	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$75
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$100	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$20
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Seminole County HMO (1/5)

							
Financials & Network	Plan name	Aetna Medicare Select (HMO)	Bright Advantage (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	Devoted Health Essentials Central Florida (HMO)	Devoted Health Central Florida (HMO)
	Network size	N/A	5001-5500	7501-8000	7501-8000	15001-16000	15001-16000
	Estimated cost <sup>1</sup>	\$3,234	\$3,642	\$2,382	\$3,066	\$2,334	\$3,258
	Premium	\$0	\$0	\$0	\$0	\$0	\$0
	OOB deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Rx deductible	\$0	\$0	\$0	\$0	\$0	\$0
	Maximum IN OOP	\$3,100	\$3,400	\$3,400	\$2,750	\$3,400	\$3,400
	Part B rebate	\$0	\$0	\$80	\$0	\$125	\$0
	PCP	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$10	\$25	\$20	\$10	\$20	\$10	
Key services	Inpatient hospital	\$75 per day for days 1-7	\$250 per day for days 1-7	\$200 per day for days 1-5	\$50 per day for days 1-5	\$225 per day for days 1-7	\$95 per day for days 1-7
	SNF	\$178 per day for days 21-100	\$20 per day for days 1-20; \$178 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100	\$170 per day for days 21-40	\$170 per day for days 21-41
Supplemental Benefits	Vision	✓	✓	✓	✓	✓	✓
	Eyeglass allowance	✗	✗	✗	✗	✓	✓
	Hearing	✓	✓	✓	✓	✓	✓
	Hearing aid allowance	✓	✓	✓	✓	✓	✓
	Fitness	✓	✓	✓	✓	✓	✓
	Transportation	✓	✓	✓	✓	✓	✓
	OTC allowance	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Seminole County HMO (2/5)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>Florida Blue</i>	DevotedHealth	FREEDOM HEALTH	FREEDOM HEALTH	
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	FHCP Medicare Premier Plus (HMO)	FHCP Medicare Premier Advantage (HMO)	Devoted Health Prime Central Florida (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Medicare Plan Rx (HMO)
	<b>Network size</b>	N/A	3501-4000	3501-4000	15001-16000	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,558	\$3,930	\$4,014	\$3,468	\$3,186	\$3,558
	<b>Premium</b>	\$0	\$0	\$20	\$28.50	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$435	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$4,900	\$3,400	\$3,400	\$2,500	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$35	\$20	\$15	\$0	\$15	\$35	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$270 per day for days 1-7	\$205 per day for days 1-5	\$0	\$75 per day for days 1-7	\$150 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$172 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-44	\$150 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Seminole County HMO (3/5)

							
Financials & Network	<b>Plan name</b>	Freedom Savings Plan (HMO)	AdventHealth SunSaver Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)	Humana Gold Plus H1036-269 (HMO)
	<b>Network size</b>	11001-12000	3501-4000	7501-8000	1501-2000	7501-8000	7501-8000
	<b>Estimated cost<sup>1</sup></b>	\$5,826	\$4,410	\$2,862	\$3,246	\$3,534	\$2,754
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$11	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$435	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,500	\$4,900	\$3,400	\$3,400	\$4,500
	<b>Part B rebate</b>	\$65	\$0	\$50	\$0	\$0	\$72
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$35	\$20	\$0	\$0	\$25	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$200 per day for days 1-8	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay	\$195 per day for days 1-8
	<b>SNF</b>	\$20 per day for days 6-20; \$125 per day for days 21-100	\$156 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✗	✗	✗
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Seminole County HMO (4/5)

Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-146 (HMO)	Optimum Gold Rewards Plan (HMO)	Simply More (HMO)	Simply Select (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)
	<b>Network size</b>	5501-6000	11001-12000	11001-12000	11001-12000	6001-6500	1501-2000
	<b>Estimated cost<sup>1</sup></b>	\$3,186	\$3,498	\$2,598	\$3,120	\$2,658	\$3,402
	<b>Premium</b>	\$0	\$0	\$0	\$28.50	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$435	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,250	\$3,400	\$3,400	\$3,400	\$3,400	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$100	\$40
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$5	\$35	\$15	\$10	\$30	\$40	
Key services	<b>Inpatient hospital</b>	\$95 per day for days 1-6	\$195 per day for days 1-7	\$75 per day for days 1-8	\$25 per day for days 1-8	\$225 per day for days 1-7	\$250 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$40 per day for days 21-100	\$40 per day for days 21-100	\$172 per day for days 21-100	\$164.50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Seminole County HMO (5/5)



Financials & Network	<b>Plan name</b>	WellCare Elite (HMO)
	<b>Network size</b>	6001-6500
	<b>Estimated cost<sup>1</sup></b>	\$3,498
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$3,400
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
Key services	<b>Specialist</b>	\$15
	<b>Inpatient hospital</b>	\$50 per day for days 1-10
Supplemental Benefits	<b>SNF</b>	\$172 per day for days 21-100
	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✓
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Seminole County PPO (1/2)

Financials & Network	Plan name	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	Bright Advantage Flex (PPO)	HumanaChoice Florida H5216-072 (PPO)	HumanaChoice Florida H7284-001 (PPO)
	Network size	N/A	N/A	5001-5500	N/A	3501-4000
	Estimated cost <sup>1</sup>	\$3,882	\$4,338	\$3,618	\$4,110	\$4,398
	Premium	\$0	\$0	\$0	\$0	\$74
	OON deductible	N/A	N/A	N/A	N/A	N/A
	Rx deductible	\$150	\$300	\$0	\$150	\$0
	Maximum IN OOP	\$5,900	\$6,700	\$4,750	\$4,900	\$2,000
	Part B rebate	\$0	\$0	\$0	\$0	\$0
	PCP	\$0	\$15	\$0	\$5	\$0
Specialist	\$35	\$50	\$30	\$40	\$20	
Key services	Inpatient hospital	\$295 per day for days 1-4	\$395 per day for days 1-4	\$295 per day for days 1-5	\$345 per day for days 1-4	\$125 per day for days 1-10
	SNF	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100
Supplemental Benefits	Vision	✓	✓	✓	✓	✓
	Eyeglass allowance	✓	✓	✗	✗	✗
	Hearing	✓	✓	✓	✓	✓
	Hearing aid allowance	✓	✗	✓	✓	✓
	Fitness	✓	✓	✓	✓	✓
	Transportation	✗	✗	✓	✗	✗
	OTC allowance	✓	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Seminole County PPO (2/2)

				
Financials & Network	<b>Plan name</b>	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,930	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$0	\$75
	<b>OOB deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$100	\$0
	<b>Maximum IN OOP</b>	\$5,900	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$0	\$0
<b>Specialist</b>	\$35	\$35	\$20	
Key services	<b>Inpatient hospital</b>	\$270 per day for days 1-8	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$160 per day for days 21-57	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: St. Johns County HMO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>		<i>Humana.</i>	<i>Humana.</i>		
Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	FHCP Medicare Flagler Advantage (HMO)	Aetna Medicare Summit Select (HMO)	Humana Gold Plus H1036-068 (HMO)	Humana Gold Plus H1036-270 (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	N/A	3501-4000	N/A	3001-3500	5001-5500	3001-3500
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,774	\$3,450	\$3,078	\$3,402	\$3,054
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,400	\$3,000	\$3,200	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$55	\$80
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$15	\$20	\$10	\$30	\$40	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$205 per day for days 1-5	\$200 per day for days 1-5	\$100 per day for days 1-4	\$195 per day for days 1-5	\$350 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$150 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✓	✗	✓	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



# Competitive analysis: St. Johns County HMO (2/2)



Financials & Network	<b>Plan name</b>	WellCare Elite (HMO)
	<b>Network size</b>	3001-3500
	<b>Estimated cost<sup>1</sup></b>	\$3,630
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$3,400
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
	<b>Specialist</b>	\$20
Key services	<b>Inpatient hospital</b>	\$150 per day for days 1-5
	<b>SNF</b>	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✓
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: St. Johns County PPO

					
Financials & Network	<b>Plan name</b>	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	13001-14000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,882	\$4,338	\$4,194	\$3,942
	<b>Premium</b>	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$150	\$300	\$175	\$175
	<b>Maximum IN OOP</b>	\$5,900	\$6,700	\$5,500	\$5,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$15	\$5	\$5
<b>Specialist</b>	\$35	\$50	\$45	\$35	
Key services	<b>Inpatient hospital</b>	\$295 per day for days 1-4	\$395 per day for days 1-4	\$328 per day for days 1-6	\$270 per day for days 1-8
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57
Supplemental Benefits	<b>Vision</b>	✓	✓	✗	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: St. Lucie County HMO (1/2)

Financials & Network	<b>Plan name</b>	BlueMedicare Classic (HMO)	Aetna Medicare Summit Select (HMO)	Freedom Platinum Plan Rx (HMO)	Freedom Savings Plan (HMO)	Humana Gold Plus H1036-229 (HMO)	WellCare Dividend Prime (HMO)
	<b>Network size</b>	N/A	N/A	11001-12000	11001-12000	1001-1500	251-500
	<b>Estimated cost<sup>1</sup></b>	\$3,462	\$3,450	\$3,330	\$5,826	\$3,522	\$2,898
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$5,000	\$3,400	\$3,000	\$3,400	\$4,800	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$65	\$0	\$90
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$40	\$20	\$25	\$40	\$20	\$40	
Key services	<b>Inpatient hospital</b>	\$200 per day for days 1-7	\$200 per day for days 1-5	\$85 per day for days 1-7	\$225 per day for days 1-7	\$200 per day for days 1-6	\$275 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$60 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✗	✗	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✓	✓	✗	✓
	<b>OTC allowance</b>	✗	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: St. Lucie County HMO (2/2)

			
Financials & Network	<b>Plan name</b>	WellCare Elite (HMO)	WellCare Dividend (HMO)
	<b>Network size</b>	251-500	5001-5500
	<b>Estimated cost<sup>1</sup></b>	\$3,594	\$3,726
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,000	\$6,700
	<b>Part B rebate</b>	\$0	\$25
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$25	\$40
Key services	<b>Inpatient hospital</b>	\$95 per day for days 1-7	\$390 per day for days 1-5
	<b>SNF</b>	\$172 per day for days 21-100	\$164.50 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✓	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: St. Lucie County PPO (1/2)

	<i>Florida Blue</i>	<i>Florida Blue</i>			<i>Humana</i>		
Financials & Network	<b>Plan name</b>	BlueMedicare Value (PPO)	BlueMedicare Select (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-062 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	3501-4000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,014	\$5,484	\$3,858	\$4,338	\$3,966	\$3,918
	<b>Premium</b>	\$0	\$145.50	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$305	\$150	\$300	\$150	\$150
	<b>Maximum IN OOP</b>	\$4,500	\$5,900	\$4,900	\$6,700	\$5,000	\$4,900
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0-10	\$5	\$0	\$15	\$0	\$5
<b>Specialist</b>	\$35-45	\$45	\$35	\$50	\$40	\$35	
Key services	<b>Inpatient hospital</b>	\$325 per day for days 1-6	\$225 per day for days 1-7	\$250 per day for days 1-4	\$395 per day for days 1-4	\$300 per day for days 1-5	\$270 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✓	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: St. Lucie County PPO (2/2)

			
	WellCare Premier (PPO)	WellCare Prime (PPO)	
Financials & Network	<b>Plan name</b>	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,990	\$4,590
	<b>Premium</b>	\$0	\$75
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$100	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$2,000
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$20
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-6	\$125 per day for days 1-10
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sumter County HMO (1/3)

							
Financials & Network	<b>Plan name</b>	Aetna Medicare Select (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	BlueMedicare Classic (HMO)	Freedom Platinum Rewards Plan Rx (HMO)	Freedom Platinum Plan Rx (HMO)
	<b>Network size</b>	N/A	7501-8000	7501-8000	N/A	11001-12000	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,354	\$2,382	\$3,066	\$3,462	\$2,430	\$3,138
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$2,750	\$5,000	\$3,400	\$2,500
	<b>Part B rebate</b>	\$0	\$80	\$0	\$0	\$80	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$15	\$20	\$10	\$40	\$20	\$10	
Key services	<b>Inpatient hospital</b>	\$95 per day for days 1-7	\$200 per day for days 1-5	\$50 per day for days 1-5	\$200 per day for days 1-7	\$195 per day for days 1-7	\$75 per day for days 1-7
	<b>SNF</b>	\$178 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Sumter County HMO (2/3)

							
<b>Financials &amp; Network</b>	<b>Plan name</b>	Freedom Medicare Plan Rx (HMO)	Freedom Savings Plan (HMO)	Humana Gold Plus H1036-269 (HMO)	Humana Gold Plus H1036-277 (HMO)	Optimum Gold Rewards Plan (HMO)	Ascend Plus by Ultimate (HMO)
	<b>Network size</b>	11001-12000	11001-12000	7501-8000	1501-2000	11001-12000	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$3,522	\$5,826	\$2,754	\$3,174	\$3,534	\$2,970
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$4,500	\$2,750	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$65	\$72	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$30	\$40	\$25	\$10	\$40	\$20	
<b>Key services</b>	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$225 per day for days 1-7	\$195 per day for days 1-8	\$75 per day for days 1-4	\$195 per day for days 1-7	\$95 per day for days 1-7
	<b>SNF</b>	\$20 per day for days 6-20; \$150 per day for days 21-100	\$20 per day for days 6-20; \$125 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$150 per day for days 21-44
<b>Supplemental Benefits</b>	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✗	✓	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Sumter County HMO (3/3)

				
Financials & Network	<b>Plan name</b>	UnitedHealthcare The Villages Medicare Advantage 1 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	N/A	4501-5000	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$3,786	\$2,958	\$3,618
	<b>Premium</b>	\$0	\$0	\$0
	<b>OON deductible</b>	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$80	\$0
	<b>PCP</b>	\$0	\$0	\$0
	<b>Specialist</b>	\$40	\$40	\$25
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-8	\$250 per day for days 1-6	\$95 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-42	\$172 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓
	<b>Transportation</b>	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Sumter County PPO (1/2)

Financials & Network	Plan name	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier (PPO)	HumanaChoice Florida H5216-074 (PPO)	HumanaChoice Florida H7284-001 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)
	Network size	N/A	N/A	2501-3000	3501-4000	N/A	N/A
	Estimated cost <sup>1</sup>	\$3,918	\$4,338	\$4,038	\$4,398	\$3,966	\$4,206
	Premium	\$0	\$0	\$0	\$74	\$0	\$0
	OOB deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Rx deductible	\$150	\$300	\$150	\$0	\$150	\$175
	Maximum IN OOP	\$5,900	\$6,700	\$5,500	\$2,000	\$5,900	\$6,000
	Part B rebate	\$0	\$0	\$0	\$0	\$0	\$0
	PCP	\$0	\$15	\$5	\$0	\$5	\$5
Specialist	\$35	\$50	\$40	\$20	\$40	\$40	
Key services	Inpatient hospital	\$325 per day for days 1-5	\$395 per day for days 1-4	\$305 per day for days 1-6	\$125 per day for days 1-10	\$270 per day for days 1-8	\$350 per day for days 1-5
	SNF	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100
Supplemental Benefits	Vision	✓	✓	✓	✓	✓	✓
	Eyeglass allowance	✓	✓	✗	✗	✗	✓
	Hearing	✓	✓	✓	✓	✓	✓
	Hearing aid allowance	✓	✗	✓	✓	✓	✓
	Fitness	✓	✓	✓	✓	✓	✓
	Transportation	✗	✗	✗	✗	✗	✗
	OTC allowance	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Sumter County PPO (2/2)



Financials & Network	<b>Plan name</b>	WellCare Prime (PPO)
	<b>Network size</b>	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,842
	<b>Premium</b>	\$90
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$2,500
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
Key services	<b>Specialist</b>	\$25
	<b>Inpatient hospital</b>	\$200 per day for days 1-5
Supplemental Benefits	<b>SNF</b>	\$178 per day for days 21-100
	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✓
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✗
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Suwannee County HMO



Financials & Network	<b>Plan name</b>	AARP Medicare Advantage (HMO)
	<b>Network size</b>	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,774
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$0
	<b>Maximum IN OOP</b>	\$4,900
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$0
	<b>Specialist</b>	\$30
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✓
	<b>Eyeglass allowance</b>	✗
	<b>Hearing</b>	✓
	<b>Hearing aid allowance</b>	✓
	<b>Fitness</b>	✓
	<b>Transportation</b>	✗
	<b>OTC allowance</b>	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Suwannee County PPO

	Humana	UnitedHealthcare	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	13001-14000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,194	\$3,930
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$175	\$175
	<b>Maximum IN OOP</b>	\$5,500	\$4,900
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$5	\$5
<b>Specialist</b>	\$45	\$35	
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6	\$270 per day for days 1-8
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✗	✓
	<b>Eyeglass allowance</b>	✗	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✗	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Union County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2001-2500	2001-2500
	<b>Estimated cost<sup>1</sup></b>	\$3,282	\$3,846
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$3,400
	<b>Part B rebate</b>	\$40	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$25
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-5	\$225 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Union County PPO

	Humana	UnitedHealthcare	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	501-1000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$3,930	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$225	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$4,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$50	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Volusia County HMO (1/3)

	<i>Florida Blue</i>	<i>Florida Blue</i>	<i>bright</i> HEALTH	<i>CarePlus</i> HEALTH PLANS, INC.	<i>CarePlus</i> HEALTH PLANS, INC.	<i>FREEDOM</i> HEALTH	
Financials & Network	<b>Plan name</b>	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Rx (HMO)	Bright Advantage (HMO)	CareFree (HMO)	CareOne PLUS (HMO)	Freedom Medicare Plan Rx (HMO)
	<b>Network size</b>	3501-4000	3501-4000	5001-5500	1001-1500	1001-1500	11001-12000
	<b>Estimated cost<sup>1</sup></b>	\$3,774	\$4,578	\$3,546	\$2,934	\$3,210	\$3,522
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$395	\$295	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$6,700	\$6,700	\$4,700	\$3,400	\$3,400	\$3,400
	<b>Part B rebate</b>	\$100	\$0	\$0	\$55	\$0	\$0
	<b>PCP</b>	\$20	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$50	\$40	\$25	\$35	\$20	\$30	
Key services	<b>Inpatient hospital</b>	\$490 per day for days 1-4	\$315 per day for days 1-6	\$250 per day for days 1-5	\$200 per day for days 1-4	\$100 per day for days 1-4	\$225 per day for days 1-7
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-100	\$20 per day for days 6-20; \$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✗	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✓	✓
	<b>OTC allowance</b>	✗	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs



## Competitive analysis: Volusia County HMO (2/3)

							
Financials & Network	<b>Plan name</b>	Freedom Savings Plan (HMO)	AdventHealth SunSaver Plan (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Primary (HMO)	Humana Gold Plus H1036-157 (HMO)
	<b>Network size</b>	11001-12000	3501-4000	7501-8000	7501-8000	7501-8000	1001-1500
	<b>Estimated cost<sup>1</sup></b>	\$5,826	\$4,410	\$2,862	\$3,246	\$3,528	\$2,850
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$10.50	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$435	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$5,500	\$4,900	\$3,400	\$3,400	\$6,250
	<b>Part B rebate</b>	\$65	\$0	\$50	\$0	\$0	\$85
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$5
<b>Specialist</b>	\$40	\$35	\$20	\$0	\$0	\$25	
Key services	<b>Inpatient hospital</b>	\$225 per day for days 1-7	\$200 per day for days 1-8	\$250 per day for days 1-6	\$195 per day for days 1-6	\$500 per stay	\$195 per day for days 1-5
	<b>SNF</b>	\$20 per day for days 6-20; \$125 per day for days 21-100	\$156 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$178 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓	✓	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✗	✗	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✓	✓	✓	✗
	<b>OTC allowance</b>	✓	✗	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Volusia County HMO (3/3)

	Humana.	Humana.	OPTIMUM HealthCare, Inc.	WellCare Health Plans	WellCare Health Plans	WellCare Health Plans	
Financials & Network	<b>Plan name</b>	Humana Gold Plus H1036-044 (HMO)	Humana Gold Plus H1036-056 (HMO)	Optimum Gold Rewards Plan (HMO)	WellCare Dividend Prime (HMO)	WellCare Dividend (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	1001-1500	1001-1500	11001-12000	4501-5000	1501-2000	4501-5000
	<b>Estimated cost<sup>1</sup></b>	\$3,198	\$6,018	\$3,498	\$2,958	\$3,282	\$3,618
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$2,750	\$2,900	\$3,400	\$3,400	\$6,700	\$3,400
	<b>Part B rebate</b>	\$0	\$0	\$0	\$80	\$50	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Specialist</b>	\$15	\$15	\$35	\$40	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$75 per day for days 1-4	\$100 per day for days 1-7	\$195 per day for days 1-7	\$250 per day for days 1-6	\$250 per day for days 1-5	\$95 per day for days 1-7
	<b>SNF</b>	\$150 per day for days 21-100	\$20 per day for days 8-100	\$20 per day for days 6-20; \$150 per day for days 21-100	\$172 per day for days 21-100	\$164.50 per day for days 21-100	\$150 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✓	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✓	✓	✓	✗	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Volusia County PPO

						
Financials & Network	<b>Plan name</b>	Bright Advantage Flex (PPO)	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)	WellCare Premier (PPO)	WellCare Prime (PPO)
	<b>Network size</b>	5001-5500	13001-14000	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$3,654	\$4,194	\$3,942	\$4,206	\$4,842
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$90
	<b>OON deductible</b>	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$175	\$175	\$175	\$0
	<b>Maximum IN OOP</b>	\$5,100	\$5,500	\$5,900	\$6,000	\$2,500
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$0
	<b>PCP</b>	\$0	\$5	\$5	\$5	\$0
<b>Specialist</b>	\$30	\$45	\$35	\$40	\$25	
Key services	<b>Inpatient hospital</b>	\$295 per day for days 1-5	\$328 per day for days 1-6	\$270 per day for days 1-8	\$350 per day for days 1-5	\$200 per day for days 1-5
	<b>SNF</b>	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-57	\$172 per day for days 21-100	\$178 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✗	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓
	<b>Transportation</b>	✓	✗	✗	✗	✗
	<b>OTC allowance</b>	✓	✗	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Wakulla County HMO

	 Capital Health	 Capital Health	 WellCare	 WellCare	
Financials & Network	<b>Plan name</b>	Capital Health Plan Advantage Plus (HMO)	Capital Health Plan Preferred Advantage (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	251-500	251-500	501-1000	501-1000
	<b>Estimated cost<sup>1</sup></b>	\$4,482	\$5,022	\$3,666	\$4,074
	<b>Premium</b>	\$34	\$96	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400	\$6,700	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$30	\$0
	<b>PCP</b>	\$10	\$10	\$0	\$0
<b>Specialist</b>	\$40	\$25	\$50	\$40	
Key services	<b>Inpatient hospital</b>	\$250 per day for days 1-5	\$300 per stay; \$100 per day for days 6-10	\$450 per day for days 1-4	\$375 per day for days 1-4
	<b>SNF</b>	\$20 per day for days 1-20; \$100 per day for days 21-100	\$20 per day for days 1-20; \$75 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Wakulla County PPO

## Humana

Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)
	<b>Network size</b>	13001-14000
	<b>Estimated cost<sup>1</sup></b>	\$4,194
	<b>Premium</b>	\$0
	<b>OON deductible</b>	N/A
	<b>Rx deductible</b>	\$175
	<b>Maximum IN OOP</b>	\$5,500
	<b>Part B rebate</b>	\$0
	<b>PCP</b>	\$5
	<b>Specialist</b>	\$45
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6
	<b>SNF</b>	\$160 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✘
	<b>Eyeglass allowance</b>	✘
	<b>Hearing</b>	✔
	<b>Hearing aid allowance</b>	✘
	<b>Fitness</b>	✔
	<b>Transportation</b>	✘
	<b>OTC allowance</b>	✘

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: Walton County HMO

							
Financials & Network	<b>Plan name</b>	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Advantage (HMO)	Humana Gold Plus H1036-143 (HMO)	Humana Gold Plus H1036-271 (HMO)	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2501-3000	2501-3000	2501-3000	2001-2500	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,510	\$5,406	\$3,618	\$3,654	\$3,366	\$3,834
	<b>Premium</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OOB deductible</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0	\$0	\$275	\$0	\$0
	<b>Maximum IN OOP</b>	\$4,900	\$4,900	\$3,400	\$6,700	\$3,400	\$3,400
	<b>Part B rebate</b>	\$0	\$60	\$0	\$60	\$55	\$0
	<b>PCP</b>	\$0	\$0	\$0	\$5	\$0	\$0
<b>Specialist</b>	\$0	\$0	\$30	\$45	\$35	\$25	
Key services	<b>Inpatient hospital</b>	\$275 per day for days 1-6	\$275 per day for days 1-6	\$250 per day for days 1-7	\$370 per day for days 1-5	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$178 per day for days 21-100	\$178 per day for days 21-100	\$160 per day for days 21-100	\$160 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓	✓	✓	✓	✓
	<b>Eyeglass allowance</b>	✓	✓	✗	✗	✓	✓
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✗	✗	✓	✓	✓	✓
	<b>Fitness</b>	✓	✓	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✓	✓
	<b>OTC allowance</b>	✓	✓	✓	✓	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Walton County PPO

	Humana	UnitedHealthcare	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-070 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	13001-14000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,194	\$3,954
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$175	\$150
	<b>Maximum IN OOP</b>	\$5,500	\$4,900
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$5	\$5
<b>Specialist</b>	\$45	\$40	
Key services	<b>Inpatient hospital</b>	\$328 per day for days 1-6	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✗	✓
	<b>Eyeglass allowance</b>	✗	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✗	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Washington County HMO

			
Financials & Network	<b>Plan name</b>	WellCare Dividend Prime (HMO)	WellCare Elite (HMO)
	<b>Network size</b>	2001-2500	4001-4500
	<b>Estimated cost<sup>1</sup></b>	\$3,366	\$3,834
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$0	\$0
	<b>Maximum IN OOP</b>	\$3,400	\$3,400
	<b>Part B rebate</b>	\$55	\$0
	<b>PCP</b>	\$0	\$0
	<b>Specialist</b>	\$35	\$25
Key services	<b>Inpatient hospital</b>	\$400 per day for days 1-4	\$250 per day for days 1-6
	<b>SNF</b>	\$172 per day for days 21-100	\$172 per day for days 21-100
Supplemental Benefits	<b>Vision</b>	✓	✓
	<b>Eyeglass allowance</b>	✓	✓
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✓	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✓	✓
	<b>OTC allowance</b>	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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# Competitive analysis: Washington County PPO

	Humana	UnitedHealthcare	
Financials & Network	<b>Plan name</b>	HumanaChoice Florida H5216-061 (PPO)	AARP Medicare Advantage Choice (PPO)
	<b>Network size</b>	501-1000	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,254	\$3,894
	<b>Premium</b>	\$0	\$0
	<b>OON deductible</b>	N/A	N/A
	<b>Rx deductible</b>	\$225	\$150
	<b>Maximum IN OOP</b>	\$6,700	\$4,900
	<b>Part B rebate</b>	\$0	\$0
	<b>PCP</b>	\$5	\$5
<b>Specialist</b>	\$50	\$35	
Key services	<b>Inpatient hospital</b>	\$355 per day for days 1-5	\$275 per day for days 1-7
	<b>SNF</b>	\$160 per day for days 21-100	\$160 per day for days 21-51
Supplemental Benefits	<b>Vision</b>	✗	✓
	<b>Eyeglass allowance</b>	✗	✗
	<b>Hearing</b>	✓	✓
	<b>Hearing aid allowance</b>	✗	✓
	<b>Fitness</b>	✓	✓
	<b>Transportation</b>	✗	✗
	<b>OTC allowance</b>	✗	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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## Competitive analysis: State-wide R-PPO

	<i>Florida Blue</i>	<i>Humana</i>	<i>Humana</i>	<i>Humana</i>	UnitedHealthcare	UnitedHealthcare	
Financials & Network	<b>Plan name</b>	BlueMedicare Choice (Regional PPO)	HumanaChoice R5826-074 (Regional PPO)	HumanaChoice R5826-005 (Regional PPO)	HumanaChoice R5826-018 (Regional PPO)	AARP Medicare Advantage Choice Essential (Regional PPO)	AARP Medicare Advantage Choice Plan 2 (Regional PPO)
	<b>Network size</b>	N/A	N/A	N/A	N/A	N/A	N/A
	<b>Estimated cost<sup>1</sup></b>	\$4,697	\$4,710	\$5,310	\$6,438	\$6,222	\$4,422
	<b>Premium</b>	\$47.90	\$0	\$101	\$0	\$0	\$0
	<b>OON deductible</b>	\$250	N/A	N/A	N/A	N/A	N/A
	<b>Rx deductible</b>	\$250	\$395	\$100	\$0	\$0	\$395
	<b>Maximum IN OOP</b>	\$6,500	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700
	<b>Part B rebate</b>	\$0	\$0	\$0	\$0	\$50	\$0
	<b>PCP</b>	\$10 per visit	\$25 per visit	\$5 per visit	\$10 per visit	\$10 per visit	\$10 per visit
<b>Specialist</b>	\$45 per visit	\$50 per visit	\$45 per visit	\$45 per visit	\$50 per visit	\$50 per visit	
Key services	<b>Inpatient hospital</b>	\$295 per day for days 1-5	\$625 per day for days	\$250 per day for days 1-7	\$240 per day for days 1-9	\$395 per day for days 1-4	\$395 per day for days 1-4
	<b>SNF</b>	\$160 per day for days 21-100	\$167 per day for days 21-100	\$150 per day for days 21-100	\$150 per day for days 21-100	\$160 per day for days 21-62	\$160 per day for days 21-62
Supplemental Benefits	<b>Vision</b>	✓	✗	✓	✗	✓	✓
	<b>Eyeglass allowance</b>	✗	✗	✗	✗	✗	✗
	<b>Hearing</b>	✓	✓	✓	✓	✓	✓
	<b>Hearing aid allowance</b>	✓	✗	✗	✓	✓	✓
	<b>Fitness</b>	✓	✗	✓	✓	✓	✓
	<b>Transportation</b>	✗	✗	✗	✗	✗	✗
	<b>OTC allowance</b>	✗	✗	✓	✗	✓	✓

<sup>1</sup> Estimate provided by CMS; includes both medical and drug costs

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