**2025 CHOICE Washington (PPO)** H8917-001

# Your guide to care

# How to use your plan's benefits



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# You're in good hands

# With Devoted, great benefits are just the beginning.

As a Devoted member, you have our whole team by your side. We're committed to helping you get the right care and make the most of your plan. Whenever you have a health or wellness need, check here to see if your benefits can help.

## **Still have questions?**

Text or call us anytime. We answer fast and we're happy to help.

# Text us: **866-85**

Call us: **1-800-338-6833** (TTY 711)



# How your plan works

Here's how to get the care you need — and avoid costly surprises.

#### With your PPO plan, you're free to choose any doctor you want.

Your plan has a network of trusted doctors, hospitals, and other providers in your area. But you don't have to limit yourself to this network. Whenever you need medical care, you can see the provider of your choice, as long as that provider accepts Original Medicare and is willing to see Devoted Health members.

For extras like your fitness benefit or hearing aids, you'll still need to use our preferred vendors. This booklet has all the details on where and how to use your extras.

#### You may pay more if you go out-of-network.

If you need care right away, your in-network and out-of-network costs are always the same for:

- Emergency care
- Urgently needed care when outside your plan's service area
- Dialysis when you're outside your plan's service area (out-of-area dialysis)

But for non-emergency care, you could end up paying more if you see an out-of-network provider. Here are a few things to check in advance:

- How much is your cost share? For some services, your copay or coinsurance may be higher if you see an out-of-network provider.
- Does your plan cover the out-of-network doctor's services? We can pay for services only if they're medically necessary and your plan covers them. Call us for more details.
- Will the out-of-network provider bill Devoted Health directly? If yes, great! If not, you may still be able to see them, but you'll need to pay upfront and send us the receipt and there's a risk you'll end up responsible for some extra costs. Visit **devoted.com/ppo** or call us for details.

#### Save money by choosing the right location for care.

You may have a higher copay (meaning you pay more) when you go to a hospital — or a location that's owned by a hospital system — for common services like:

- Labs
- Diagnostic tests and procedures to find the cause of a health problem
- Imaging like an X-ray, ultrasound, MRI, or CT scan
- Outpatient physical therapy (meaning outside of a hospital stay)
- Outpatient surgery (where you go home the same day)

The tricky thing is, it can be hard to tell which locations are owned by a hospital system. A location may have the higher copay even if it doesn't look like it's related to a hospital at all.

So before you get any of these services, call or text us. We can go over your options and look for ways to help keep your costs down.

For more details on your copays and other costs, check your plan's Summary of Benefits. You can find it online at devoted.com/plan-documents.

#### Know your cost shares

A cost share is the amount of money you pay out of your own pocket for care you receive. Your plan may have different types of cost shares:

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- **Copay**: A flat fee that you pay at the time of service. For example, if your plan has a \$25 copay for a specific service, you pay \$25 each time you get that service.
- **Coinsurance**: You pay a percentage of the cost. For example, if your plan has 20% coinsurance for a specific service, you pay 20% of the cost each time you get that service. Your plan pays the other 80%.

#### Need care? We're here to help.

Our Guides do much more than answer questions about benefits, coverage, and costs. They're here to help walk you through the healthcare system and get you the care you deserve. Text 866-85 or call 1-800-338-6833 (TTY 711) to speak with a Guide.

Plus, if you're sick or hurt and need care right away, you have 24/7 access to Care OnDemand<sup>™</sup> at no cost. Call 1-888-802-2738 anytime and a Devoted Medical<sup>™</sup> provider can help you get the right care. (But if it's an emergency, please call 911!)

#### Your Devoted Health plan cards

#### Devoted Health ID card

Use this card for almost all your plan benefits, including:

- Hospital and medical benefits
- Prescription drugs
- Routine eye exam
- Hearing

#### Food & Home Card

If you qualify, you'll get this card that can help pay for:

- Food and over-the-counter (OTC) items at participating stores
- Housing costs like electricity, internet, and rent

Each month, we reload the card with \$92, so **do not throw it away**! Your funds will **not** roll over, so make sure to spend the full amount each month. For details, see page 11.

#### **QUESTIONS?**

Call us at **1-800-338-6833** (TTY 711) or text **866-85**.



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# Your benefits at a glance

Monthly premium	<b>\$0</b> You must continue to pay your Part B premium.		
Annual out-of-pocket maximum	\$6,750 in-network \$10,000 combined in-network and out-of-network This is the most you'll pay in a year for covered medical services. Your out-of-pocket Part D drug costs and extra benefits don't count toward this amount.		
Primary care provider visits	In-network: \$0 copay	Out-of-network: \$10 copay	
Specialist visits	In-network: \$45 copay	Out-of-network: \$55 copay	
Durable medical equipment (DME)	In-network: Basic DME (like walkers): 20% coinsurance Advanced DME (like power wheelchairs): 20% coinsurance	Out-of-network: Basic DME (like walkers): 20% coinsurance Advanced DME (like power wheelchairs): 20% coinsurance	
Hospital stays (acute inpatient care)	In-network: Out-of-network: Days 1 - 5: \$425 copay Days 1 - 5: \$525 co per day per day Day 6+: \$0 copay Day 6+: \$0 copay		
Emergency room visit	\$125 copay If admitted to the hospital within 24 hours, you won't have a copay for emergency care.		
Prescription drugs (Part D)	See page 8		
Dental & eyewear	\$1,000 for dental care and eyewear		
Food & Home Card	\$92 per month for groceries, over-the-counter items, and certain housing costs (if you have a qualifying condition)		

Hearing	aids
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\$399 copay per aid for Advanced Hearing Aids \$699 copay per aid for Premium Hearing Aids

# Prescription drugs

Learn how your drug coverage works and how much you'll pay for prescriptions. Your plan covers a wide range of prescription medications to help you save money. Search our list of covered drugs at **devoted.com/search-drugs**.

The amount you'll pay for prescription drugs depends on the stage of coverage you're in. A few important notes:

- For insulin prescriptions, there's a special cost limit. You'll never pay more than \$35 for a 30-day supply of covered insulin, no matter what coverage stage you're in.
- If you get Extra Help from Medicare, the amounts below don't apply to you. Your drug costs may be lower, or even \$0. Learn your costs with Extra Help at devoted.com/find-plan-documents.

#### Stage 1 — Deductible stage

You have a **\$590** deductible for drugs in Tiers 3 - 5. That means you pay the full cost for those drugs until you've paid \$590 out of your own pocket. Then you go to stage 2. For drugs in Tiers 1 - 2, you pay the costs listed in stage 2.

If you get Extra Help, your deductible is \$0.

#### Stage 2 — Initial coverage stage

You stay in this stage until your total out-of-pocket drug costs for the year reach **\$2,000**.

The amount you pay for medications in this stage depends on the drug's tier. Generally, the higher the tier, the more you'll have to pay out of your own pocket.

If you don't get Extra Help, here's what you'll pay:

	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
30-day supply retail pharmacy	\$0	\$10	25%	25%	25%
100-day supply mail order	\$O	\$25	25%	25%	N/A

#### Stage 3 — Catastrophic stage

You reach this stage when you've paid \$2,000 in out-of-pocket Part D drug costs. In this stage, you'll pay \$0 for nearly all your drugs, no matter what tier they're in. There are just a few exceptions, labeled as "excluded drugs" in your plan's drug list. For those excluded drugs, you'll pay the same amount in this stage that you paid in the initial coverage stage.

#### Save money with mail-order pharmacy

Get a convenient 100-day supply of medication delivered right to your door! Mail-order is available for drugs in all tiers except tier 5 (see your plan's drug list for details). You can even choose automatic refills so you don't need to worry about running out.

Sign up online at **caremark.com**, or call 1-800-338-6833 (TTY 711) to get started!

# Using your Devoted extras

Your plan's extras make it easier to stay healthy from head to toe. Here's how to take advantage of these perks.

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## **Food & Home Card**

Your plan may help pay for everyday expenses like food, utilities, and over-the-counter items.

#### Who can get this benefit

A lot of members! Health conditions that qualify you for this benefit include arthritis, diabetes, depression, high blood pressure, high cholesterol, osteoporosis, and dozens more.

To see if you qualify, text FOODCARD to 866-85, visit **my.devoted.com/food-and-home**, or call us at 1-800-338-6833 (TTY 711). We'll also look at pharmacy claims and medical records to see if you qualify, but that may take a bit longer.

#### How to get started

If you qualify, we'll send you a Food & Home Card loaded with **\$92 per month** to spend on:

- Food and over-the-counter (OTC) items at participating stores
- Certain housing costs like electricity, internet, and rent

Once you get your card in the mail, follow the instructions to activate it online or by phone.

We automatically reload the card on the first of each month, so:

- Spend the full amount each month unused money will **not** roll over to the next month
- Spend your money all at once or use it throughout the month

#### How to buy food or OTC items with your card

- 1. Go to a participating store log in at cvs.com/benefits to search for stores near you
- 2. Choose approved food and OTC items
- 3. Swipe your Food & Home Card and select CREDIT at checkout

You can only use your card at participating stores — **not** at convenience stores, restaurants (including fast food), or gas stations.

For **food**, you can buy any food you choose, but we recommend sticking with healthy foods. Note that certain items aren't included — like alcohol, baby formula, or pet food.

For **OTC items**, you can buy approved items including:

• OTC medicines, vitamins, and supplements

- Everyday items like toothpaste and sunscreen
- First aid supplies like band-aids and knee braces
- Home safety products like nightlights and shower chairs
- Personal care products like incontinence supplies
- And more!

As long as you're buying a type of item that's allowed, you can choose any size or brand that you like. For details, visit devoted.com/food-and-home.

#### How to pay utility bills, rent, or mortgage with your card

Use your 16-digit card number to pay your service provider directly for common bills including:

- Electricity, water, sewer, and trash
- Home heating fuel, like oil or home natural gas
- Internet, satellite, cable, and phone
- Rent or mortgage

There are just a few important notes:

- Your service provider needs to accept Visa card payments **and** have a qualifying Merchant Category Code (MCC) meaning they need to be listed in Visa's system as a utility, rent, or mortgage provider.
- You can only use your benefit to pay bills for yourself, **not** for other people. That means the address on the bill needs to match your address on file with Devoted.
- If there's a processing fee, we'll use part of your monthly benefit amount to pay the fee.
- You can **not** use your benefit on prepaid cell phone service or on gasoline for your car.

If your service provider doesn't accept Visa card payments, you may be able to pay upfront and get paid back. For details, visit devoted.com/food-and-home.

#### Waiting for your Food & Home Card to arrive?

Once your plan has started and we've confirmed that you qualify, you can use your benefit online or through the mobile app! Call us at 1-800-338-6833 (TTY 711) to get started.

LEARN MORE devoted.com/food-and-home

# **Dental & eyewear**

Next time you need dental care or new eyewear (glasses or contacts), remember that your plan gives you money for both.

#### What you get

Your plan gives you **\$1,000** a year toward eyewear and dental care at any provider you choose.

Plus, your plan covers a yearly routine eye exam at no cost, with an in-network or out-ofnetwork provider.

#### How it works

**For dental care and eyewear:** You pay the provider upfront. Then, send us a copy of your receipt and a detailed bill and we'll send you a check for the amount that's covered. There are 2 ways to get paid back:

- Online: Visit my.devoted.com/paymeback or text PAYMEBACK to 866-85 to get started
- **By mail**: Visit **devoted.com/paymeback** to print a paper form, or call us and we'll mail you one

You can spend your allowance on any dental care or eyewear you need, with just a few exceptions:

- You can **not** use your allowance for dental implants, dental prosthetics, orthodontics (like braces or Invisalign<sup>®</sup>), or cosmetic dentistry (like whitening treatments or veneers).
- You can **not** use your allowance at providers outside of the United States.

Here are a few tips to make the most of your plan's dental & eyewear benefit:

- **Tell your provider you're "self-pay."** To avoid any surprises, always ask what the cost will be before you get any care.
- **To avoid delays in getting paid back,** always ask your provider for a detailed bill that lists the specific services you got and the cost of each one. Make sure to send us both your receipt **and** the detailed bill.

**For your routine eye exam:** Use your Devoted Health ID card, **not** your \$1,000 allowance. Note: If you also see an eye doctor for other reasons (like diabetes, glaucoma, or cataracts), it's best to make a separate visit for that. Refraction (testing your vision to find out your glasses or contacts prescription) is only covered as part of a routine eye exam — not a medical eye exam.



## SilverSneakers®

Your free SilverSneakers membership helps you stay active at home and at the gym.

#### What you get

SilverSneakers gives you unlimited access to thousands of gyms and fitness centers across the country. Plus, you can join live virtual classes or watch free online workout and nutrition videos. You don't need a physical card to use SilverSneakers — just an ID number.

#### How it works

First, you'll need your SilverSneakers ID number. Here are 4 ways to find it:

- Log onto your member portal at my.devoted.com/profile and go to the bottom of the page
- Visit www.silversneakers.com and go to "Check My Eligibility" in the menu bar
- Text SNEAKERS to 866-85
- Call us at 1-800-338-6833 (TTY 711)

**Tip**: Already have SilverSneakers from your last health plan? Just keep using that ID. No need to get a new one.

To find and join a local gym:

- 1. Go to www.silversneakers.com and select Fitness Locations in the menu bar
- 2. Search to find a gym in your area
- 3. Give your SilverSneakers ID number to the front desk and tell them you want to join their gym

To take classes online:

- 1. Go to www.silversneakers.com
- 2. Tap "Check My Eligibility" in the menu bar and follow the steps to create an account
- 3. Choose your class and start moving!



## **Wellness Bucks**

Always on a mission to hit 10,000 steps? Love stretching out in a yoga class? That's why you have Wellness Bucks.

#### What you get

You have **\$150 a year** to spend on things that help you go the extra mile for your health, including:

- Fitness trackers, like an Apple Watch®
- Fitness classes, like yoga, Zumba, and Spin (online or in-person)
- Personal fitness equipment, like weights and exercise bands
- Weight management programs, like Weight Watchers (for membership costs but not food, supplements, or injections)
- Educational classes and programs, including nutritional counseling and diabetes workshops
- Memory fitness activities to strengthen your memory
- Mindfulness apps, like Calm or Headspace, to support your health and well-being
- Gym membership at any gym you choose

#### How it works

You pay for the items upfront. Then, send us a copy of your receipt and we'll send you a check for up to \$150. There are 2 ways to get paid back:

- Online: Visit my.devoted.com/paymeback or text PAYMEBACK to 866-85 to get started
- **By mail**: Visit **devoted.com/paymeback** to print a paper form, or call us and we'll mail you one

Note that you can use Wellness Bucks to pay for sales tax on a qualifying item, but you can't use Wellness Bucks for shipping costs or other fees.

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## **Hearing aids**

Need to get your hearing checked? You're covered. And if you need hearing aids, your plan helps you pay for them.

#### What you get

Your yearly routine hearing exam and hearing aid fitting are both free, whether you choose a provider who's in our network or not.

For hearing aids, you'll need to go to a TruHearing provider — you can't go out-ofnetwork. You pay a copay and your plan covers the rest. Your copay will depend on what type of hearing aid you choose:

- \$399 copay per aid for Advanced hearing aids
- \$699 copay per aid for Premium hearing aids

#### How it works

Call us at 1-800-338-6833 (TTY 711) and we'll help you schedule an exam with a TruHearing provider. They'll test your hearing and help you choose a TruHearing hearing aid to fit your needs and lifestyle. They'll also fit the hearing aids and make any adjustments for you.

Remember that you can choose any provider for a hearing exam — but your plan will only pay for hearing aids from TruHearing providers.

**TO FIND AN IN-NETWORK PROVIDER NEAR YOU** Search for "audiology" at **devoted.com/search-providers** 

### Have you started advance care planning?

Advance care planning can provide clarity and peace of mind for you and your loved ones. You'll know that if you're ever in a situation where you can't speak or make decisions for yourself, you've already made clear the medical care and treatments you want.

#### **HOW CAN I GET STARTED?**

- Visit **devoted.com/advance-care-planning** to download forms for your state.
- Call 1-800-338-6833 (TTY 711) or text us at 866-85 and ask us to mail you a set of forms.

#### What if I already have my advance care planning forms?

That's great. You're ahead of the game. Just give your doctor a copy and send a copy to us at:

#### Mail

Devoted Health – Enrollment PO Box 211127 Eagan, MN 55121

#### Fax

1-877-264-3859

# **Non-Discrimination Notice**

Devoted Health complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently on the basis of race, color, national origin, age, disability, or sex (including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes).

#### **Devoted Health**

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

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

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

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator, Emily Reilly, using the contact information below.

Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-800-338-6833** (TTY 711). This is a free service. Hours are 8am to 8pm, 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday from April 1 to September 30.

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

> Emily Reilly, Civil Rights Coordinator Devoted Health % Appeals & Grievances PO Box 21327 Eagan, MN 55121 **Phone**: 1-800-338-6833 (TTY 711) **Fax**: 1-877-358-0711 **Email**: CivilRightsCoordinator@devoted.com

You can file a grievance by mail, fax, phone, or email. If you need help filing a grievance, Emily Reilly, Civils Rights Coordinator for Devoted Health is available to help you using the contact information above.

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

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

Complaint forms are available at **http://www.hhs.** gov/ocr/office/file/index.html. This notice is also available at Devoted Health's website: **https://www.devoted.com/** nondiscrimination-notice/ **English** ATTENTION If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-338-6833 (TTY 711) or speak to your provider.

**Spanish** (Español) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-338-6833 (TTY 711) o hable con su proveedor.

**Chinese** (Traditional US/Taiwan) (中文) 注意:如果您說中文,我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具 與服務,以無障礙形式提供資訊。請致電 1-800-338-6833 (TTY 711)或與您的提供者討論。

**Vietnamese** (Việt): LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-338-6833 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

**French Creole** (Haitian Creole) (Kreyòl Ayisyen) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-338-6833 (TTY:711) oswa pale avèk founisè w la.

Korean (한국어) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-338-6833 (TTY 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

#### Arabic

العربية

ينبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 6833-880-801 (الهاتف النصبي 711) أو تحدث إلى مقدم الخدمة.

**Tagalog** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-338-6833 (TTY 711) o makipag-usap sa iyong provider.

**Polish** (POLSKI) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-338-6833 (TTY 711) lub porozmawiaj ze swoim dostawcą.

**Russian** (РУССКИЙ) ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-338-6833 (ТТҮ 711) или обратитесь к своему поставщику услуг.

**French** (France/International) (Français) ATTENTION : si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-338-6833 (TTY 711) ou parlez à votre fournisseur.

**German** (Deutsch) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-338-6833 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

Gujarati (ગજુ રાતી): ધ્યાન આપો: જો તમે ગજુ રાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સવે ાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑફ્ઝલિરી સહાય અને ઍક્સસેબિલ ફૉર્મેટમાં માહતિી પટ્રી પાડવા માટેની સવે ાઓ પણ વનાિ મલૂ યે ઉપલબ્ધ છે. 1-800-338-6833 (TTY711) પર કૉલ કરો અથવા તમારા પુરદાતા સાથે વાત કરો.

Japanese (日本語) 注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用で きるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-338-6833 (TTY 711)までお電話ください。または、ご利用の事業者にご相談ください。

**Italian** (Italiano) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-338-6833 (tty 711) o parla con il tuo fornitore.

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