



**BROKER**

# **2024 extra benefit selling points and FAQs**

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# General information about extras

Once someone becomes a member of our plan, they will show their Devoted Health member ID for most benefits. There are times they will have additional cards for benefits. The Welcome Kit has more detailed information.

- You can also view this information on our [“All plan documents page”](#) by clicking the plan name and “Getting the most from your plan” document.
- If a member has a question related to their extras, they can call 1-800-DEVOTED or text our Guides at 866-85.

*Note: There are some situations where they will work with the vendor to have their questions answered.*

## Dental benefits

- **What makes our dental benefits special?**
  - First dollar dental coverage with high annual limits
  - Extensive list of dental codes covered under our comprehensive dental plans
  - Dental cards or reimbursement models in markets with narrow dental networks
- All plans cover supplemental dental benefits, which include preventive dental services, basic comprehensive care (i.e. fillings, extractions) and additional comprehensive dental services on most, but not all, plans.
- The member has a per-year dollar allowance on most plans. Once the member hits that dollar limit, they will be responsible for all dental costs.
  - Coverage varies by plan. Important to note that for most (but not all) plans, preventive services do not count toward the yearly dollar allowance.
- We use 3 different methods for delivery depending on the plan:
  - **Vendor leveraged:** We work with specific vendor partners to deliver our dental benefit. The dentists can all be found on our website. For dental questions, call us so we can direct you to the right resource.
    - *Liberty Dental* administers dental coverage for most but not all plans in Florida, Tennessee and Texas.
    - *Delta Dental* administers dental benefits for most but not all plans in Alabama, Arizona, Colorado, Hawaii, Illinois, Ohio, Oregon and Pennsylvania, as well as D-SNP in North Carolina.
    - Dental codes and any cost sharing for covered services on plans with preventive and comprehensive benefits can be found in Chapter 4 of the EOC. We will also have the codes easily available on [www.devoted.com/dental](http://www.devoted.com/dental) (this website is still in the works for 2024 and will be available by 10/1)



- **Dental or dental and eyewear card:** This is a debit card that the member can use for payment of dental services. *North Carolina HMO and South Carolina HMO and PPO plans have pre-loaded cards that can be used toward dental services.*
  - Here are additional resources on how these cards will work:
    - [devoted.com/dental-card](https://devoted.com/dental-card)
    - [devoted.com/dental-eyewear-card](https://devoted.com/dental-eyewear-card)
  - Cards will be received separately from their Welcome Kit in its own card carrier with instructions on how to use the card. If a member participated with a plan that offered the card in 2023 and enrolls in a plan that has the card in 2024, they keep the same card.
  - Cards don't need to be activated.
  - Members need to tell the provider they are "self-pay." Since they can go anywhere, the provider may not be familiar with Devoted Health.
  - Members pay with their card and no claims are filed with Devoted Health by the provider.
  - The member is not restricted to specific plan dental codes, and can use it towards dental as they see fit. However, cosmetic dentistry (like whitening treatments or veneers) will not be covered.
  - Cards will only work at dental providers that are classified under the Merchant Category Codes of 8021, 8071, and 5047. If a dental provider is not classified as a dental provider with MasterCard, the member will need to pay out of pocket and submit for reimbursement.
- **Dental or dental and vision reimbursement:** This is a member reimbursement strategy where the member submits a reimbursement request to us and receives payment for dental services. *Some Arizona plans have a dental reimbursement and some Florida PPO plans have dental and vision reimbursement models.*
  - There is no dental or eyewear network and no member cost share (no copays/coinsurance) until they exhaust their benefit. Members can go anywhere they wish within the U.S. for dental services or eyewear and pay out of pocket. The member then submits receipts to the plan for reimbursement. (There is a network for vision eye exams where they will use their Devoted Health ID card)
  - The member is not restricted to specific plan dental codes, and can use it towards dental as they see fit. However, cosmetic dentistry (like whitening treatments or veneers) will not be covered.





## Dental FAQs

### **Q: Are referrals or prior authorizations required for dental services?**

A: Referrals are not required and only limited dental procedures that are vendor leveraged require prior authorization (a list of these procedures will be available on [devoted.com/dental](https://devoted.com/dental) by 10/1). To ensure no surprises with costs or coverage, we recommend all members get pre-estimates prior to care. This is especially important for members seeing out-of-network dentists.

### **Q: What dental services are covered under preventive plus dental?**

A: Preventive services such as exams and x-rays and a limited set of comprehensive services such as fillings, gum-related cleanings, extractions and oral surgery. On preventive plus dental plans, preventive services DO count towards the annual maximum.

### **Q: Are missing teeth considered non-covered pre-existing conditions? For example, some plans may deny coverage of dentures because a member is already missing teeth.**

A: No, we do not deny coverage for necessary covered services if a member is already missing teeth. Our members are eligible for the benefits offered beginning their effective date with the plan.

### **Q: How do I know which dentists are a part of the Devoted Health network?**

A: Dentists and other providers that contract with Devoted Health can be found at [devoted.com/search-providers](https://devoted.com/search-providers). Also remember, our member service guides are available if there is any confusion around the network at 1-800-338-6833.

### **Q: Why is there a 50% cost share for Out-Of-Network comprehensive dental services (select markets)?**

A: This is how we contracted with our dental vendor. By remaining in the network, we can uphold the level of care we want to offer our members and provide them with first dollar coverage.

### **Q: Can dental services performed in countries outside the United States be submitted for reimbursement as a part of the dental reimbursable allowance benefit?**

A: No, dental services must be accessed within the United States with a licensed dental provider.

### **Q: Why did you remove implants from your plans?**

A: When members utilized the implant benefit, it often used up all the dental dollars and sometimes didn't cover the entire implant, leaving the member with unexpectedly high costs and a poor member experience. We have determined that prioritizing higher annual allowances, first-dollar dental coverage and member experience is of utmost importance when considering a dental plan for our members.



## Food & Home Card

- The Food & Home Card is a card-based allowance for food, utilities, rent or mortgage. Members that had the 2023 Healthy Foods Card will receive a new card for 2024. They will not be able to continue using their 2023 Card. Members do not get a new card each month – **remind them to not throw the card away.**
- 94% of non-SNP members with the benefit qualified in 2023 (and ALL D-SNP and C-SNP members qualify).
- Most members with the benefit qualify within the first 30 days of joining the plan. Most members qualify and we do everything we can to ensure an eligible member qualifies quickly (1x qualification process).
  - Devoted Health will determine a member's eligibility. Eligibility may be confirmed in many ways, like a provider claim or through the Medicare file after application approval. For the full list, visit: [devoted.com/food-and-home](https://devoted.com/food-and-home)
  - Here are the Top 10 most common qualifying conditions:
    - Arthritis
    - Asthma
    - Chronic kidney disease (CKD)
    - Chronic obstructive pulmonary disease (COPD)
    - Depression
    - Diabetes
    - High blood pressure (hypertension)
    - High cholesterol
    - Osteoporosis (weak bones) or family history of osteoporosis
    - Severe obesity ([body mass index](#) of 40 or higher)
- Nearly every market and over half of our plans will have at least 1 plan with a Food & Home Card in 2024, available on MA plans, not just SNPs.
- Vendors either need to participate in the Solutran S3 network or have the ability to use a direct Visa network (with appropriate MCC setup).
  - Members can pay 1 of 4 ways
    - Direct to vendor (if vendor accepts Visa and is set up with eligible MCC)
    - Online bill pay service through Solutran's website
    - In store at WalMart MoneyCenter or Customer Service Desk
    - Call Solutran to coordinate payment (members should work directly with vendor if paying by card)
- We recommend focusing on the food and utilities aspects of the card.



- Food can be purchased at any store in the Solutran network, such as Walmart, Publix and more. **See the list of participating stores.**
- UberEats will also be available January 1.
- National utility carriers usually accept Visa or are in the Solutran network.
- Members are given a specific amount to use monthly. They can use this benefit more than once, up to the limit, but this amount does not roll over from month to month.

### **FAQs for Food & Home Card**

#### **Q: Do I need to be on a D-SNP or have Medicaid to receive these benefits?**

**A:** No, as long as your plan has the benefit included (which many of our non-special needs plans do) and you have a qualifying condition as stated above you can receive this benefit as a part of your plan.

#### **Q: What are the covered services?**

**A:**

- Food (note: alcohol, baby formula, pet food, or household goods like paper towels don't qualify)
- Rent
- Mortgage
- Electric
- Natural gas
- Heating oil
- Sanitation
- Water
- Sewer
- Internet
- Phone services
- Government services (e.g., water bill paid to the city)
- Cable

#### **Q: What are notable limitations?**

**A:**

- Card does not include “pellet/wood” fuel.
- Card does not cover prepaid phones or phone cards.
- Vendors must be in the Solutran S3 network or be signed up with Visa under the appropriate Merchant Category Code.



**Q: What are the participating locations for utilities and rent?**

**A:**

- Anywhere that accepts Visa and has a qualifying merchant category code (MCC).
  - There's no search functionality for this and can only be discovered at Point of Sale.
- Vendors participating in Solutran's S3 network.
  - There will be online search tools available and members can call Solutran. 2024 participating merchants can be found [here](#) ( search by billing address of utility company).

**Q: Can the funds be used toward short-term rentals such as VRBO and AirBnB?**

A: VRBO and AirBnB typical code as travel or lodging (MCC 7011 and 4722) and would not be allowed as a proper MCC.

**Q. What types of food can I buy?**

A. There are no restrictions on what members can buy or a catalog of foods they need to choose from. But we'd recommend they stick with healthy foods, like:

- Fruits and vegetables
- Meat and fish
- Eggs, cheese, milk, and other dairy products
- Whole grains, like whole wheat bread and brown rice
- Nuts, seeds, and spreads
- Olive oil and other plant-based oils
- Supplemental drinks like Boost® and Ensure®

If a member has any questions about what they can buy with their card, check the Healthy Benefits+ mobile app, [Healthy Benefits+ Website](#), or call **1-800-DEVOTED**.

**Q: Can you use the Food & Home Card to order groceries online?**

A: The card can be used through the Healthy Benefits app or online portal to order food from Walmart or Mom's Meals. UberEats will also be in the network January 1.

**Q: How do members on a plan with the benefit qualify for the Food & Home Card?**

**A:**

- Members on SNP plans automatically qualify.





- Non-SNP members qualify through completing an attestation or through a data verification in the background.
  - Attestations can be completed via the portal, paper, or by calling in to the Devoted Member Guides; members should respond to the text message they receive
  - We also run claims, MOR Data and HRA data in the background to qualify as many members as possible.
  - **Attestations are NOT completed at point of sale.**
- If a member qualified in 2023 for a Healthy Food Card and then reenrolls in a plan that offers the Food & Home benefit, they will automatically continue to qualify in 2024.

**Q: What is the timeframe to confirm eligibility for the Food & Home Card?**

A. The member can qualify at any time. Their benefit will not start until they qualify and we will not retroactively reinstate funds for the months they did not qualify. Reminder: non-SNP members of plans with this benefit will need to qualify first before the card will be sent out.

**Q: What happens if a member receives their card at the end of the month? Do they only have a few days to use the benefit?**

A: For a member's first month *only*, the value will roll over automatically

**Q: What is the timeline and fees for payment to Utility and Rental Companies?**

A:

- If paying with Visa, payment is immediate. Check with the merchant to see if there are any card transaction fees.
- If paying through Solutran, the payment can take at least 7 days to be processed. Members should consider this to avoid late payments. There is a \$1.50 processing fee
- If paying through a Walmart Payment Center or Customer Service, members need to check with that payment center for turnaround time and fees.

*\*\*Any transaction fees will be covered by the card. Members should account for this when making payments as it may reduce the amount they have to cover the invoice.*

**Q: Can a member split payments when paying through Solutran if the payment is higher than the amount on the card?**

A:

- Short answer: Not through Solutran. The member is responsible for directly making any payment over and beyond the value of the card.
- Solutran can't currently accept secondary payment, so the member would need to pay the



remaining balance directly to the merchant. Members will need to make arrangements for remaining balance directly with the merchant.

- Paying directly, such as Visa Network, works “like a gift card” and members pay the balance. The merchant might bill separately.

## Hearing aids

We cover 1 routine hearing exam per year, at no charge to the member. All plans also cover 2 hearing aids per year. Cost shares for hearing aids vary by plan. A hearing aid fitting is also covered at no cost to the member.

- Purchase also includes:
  - 1-year follow up visits
  - 60-day trial period
  - 3-year extended warranty
  - 80 batteries per aid for non rechargeable models
  - Additional cost per aid for optional hearing aid rechargeability
- There are lots of different styles and color options including inner ear and outer ear hearing aids.

### FAQs on hearing aids

#### **Q: What is the difference between Advanced and Premium Hearing aids?**

A: Premium aids feature the greatest range of adjustability and allow your provider to precisely adjust for any hearing loss profile.

#### **Q: Do members always need to get their hearing aids through TruHearing?**

A: Yes, even Devoted Health PPO members must get hearing aids directly through TruHearing. If a member decides to go out-of-network routine hearing exam (Audiogram), they can bring their Audiogram results to a TruHearing provider to receive hearing aids.

## Medical alert device

A medical alert device is a medical alert monitoring system that provides 24/7 access to help at the push of a button.

- There is no cost to the member and no referrals or authorizations required to utilize this benefit. The unit and monitoring services are covered by Devoted Health.
- Once an individual is active on the plan (on or after their effective date) they can call Lifestation at 888-601-3888 to get started.



- We cover fall detection at no extra charge<sup>1</sup>.
- We allow them the option to choose the watch (which also has other features), the pendant, jewelry option, or the sidekick.

### FAQs on personal emergency response device

**Q: Are there specific enhancements/functionalities available to individuals who are blind or deaf?**

A: All wearable necklace options can be easily used by those who are deaf and/or blind (with or without fall detection).

- LifeStation has TTY functionality, and can store a member's TTY phone number if they need to return a member's call.
- If LifeStation cannot reach a member over two-way voice, they attempt to reach them at the phone number that the member provides. TTY can be utilized, but the member needs to let LifeStation know if this preference ahead of time. If unsuccessful, LifeStation then dispatches emergency services.

**Q: Which devices have GPS?**

A: The mobile on-the-go pendant and watch have GPS. These devices must be charged by the members.

**Q: Are there ways members allow their loved ones to know their location?**

A: Yes, for GPS enabled devices, there is an Alexa "Find My Loved One" feature.

**Q: If a fall is detected and a member is non-responsive, what is the dispatch/notification process?**

A: Typically, emergency services will be dispatched. However, members/their caretakers can opt to have LifeStation call a loved one first instead, and then dispatch emergency services if needed or if the loved one is not available.

**Q: Can agents start the order process for the PERS during the application process?**

A: No. Members will need to wait until they are effective with the plan in order to enroll in the LifeStation benefit. When a Devoted member would like to sign up for the LifeStation alert system, they may do so by either directly calling into LifeStation or by calling a Devoted Health guide. Our Guide team is well-versed in getting our members set up with a PERS device.

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<sup>1</sup> Availability depends on model selected.



## Over-the-counter allowance<sup>2</sup>

Members get a quarterly allowance to spend on over-the-counter health and wellness products, such as pain relievers, eye drops, and toothpaste.

- Allowances vary by plan. See the Evidence of Coverage for the plan's specific allowance.
- Members do not need to use their benefits all at once. They can use it multiple times throughout the month, but the benefit does not roll over from quarter to quarter.
- 3 different ways that they can use the benefit:
  - Online
  - By phone by calling OTC Health Solutions
  - As of July 1, all standalone CVS and Longs retail pharmacies except those inside of a Target or Schnuck
    - [Here](#) is a list of participating stores
- Members get a catalog in their Welcome Kit. Also easy to also access online under [plan documents](#).
- Some larger in-home items are available, like a BP monitor or digital scale.

## OTC FAQs:

### **Q: Does the OTC quarterly benefit roll over from month-to-month?**

A: No, members must use it within the quarter but they can use it as many times as they would like within that quarter.

### **Q: Does the member need a separate card for OTC?**

A: No, they can use their Devoted Health ID card.

### **Q: Why did you reduce the value of the OTC card on many plans?**

A: We dialed back the OTC amounts on many plans to help us invest in the Food & Home Card. Only 37% of members with OTC utilized 100% of the benefit during Q1 2023, and on giveback plans, we resized or eliminated OTC to boost Part B values.

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<sup>2</sup> Not available on every plan



## Vision benefit

Our members receive a routine eye exam and an allotment towards glasses. There are three different methods for delivery depending on the plan.

- **Vendor leveraged:** We work with specific vendor partners to deliver our vision benefit. The optometrist and ophthalmologist however can be found on our website.
- **Dental and eyewear card:** This is a debit card that the member receives that they can use for payment of dental or vision services.
  - New members to the benefit will receive a card separately from their welcome kit in its own card carrier. It will include instructions on how to use it. Members that had a Eyewear and dental card in 2023 will keep the same card.
  - There will be a member facing document shared later that has more information on how the dental and eyewear card will work. The cards will not need to be activated.
  - The member is not restricted to eyewear and can use it the way that they see fit for prescription glasses and/or contact lenses.
  - Cards will only work at eyewear providers registered with MasterCard under the Merchant Category Codes of 8042, 8043 or 5047. If an Eyewear provider is not registered as an Eyewear provider, members will need to pay out of pocket and submit for reimbursement.
- **Vision allowance plans:** This is a member reimbursement strategy where the member submits reimbursement request to Devoted Health and receives payment from Devoted Health for eyewear.
  - There is no vision network and there is no member cost share (no copays/coinsurance) until they exhaust their benefit. The member will pay out-of-pocket for eyewear and then submit receipts to the plan for reimbursement.
  - The member is not restricted to specific eyewear and can use it towards their eyewear as they see fit.

## FAQs for vision

### **Q: What if a member gets a routine eye exam from an ophthalmologist?**

A: If an ophthalmologist bills for a routine eye exam, Devoted Health will process it as a routine eye exam, rather than charging a specialist copay.

### **Q: Does your vision benefit limit you to one pair of glasses?**

A: We set ourselves apart from other carriers by allowing members to utilize the full dollar amount. Members can purchase as many pairs of glasses (or contacts) as your plan's limit permits.

### **Q: Are advancements for glasses covered like anti-scratch, transition lenses, prescription sunglasses, etc.?**



A: Generally speaking a member can use their eyewear allowance for anything including transition lenses, anti-scratch and more. The allowance benefit is a straightforward credit off the member's allowance towards the provider's retail price of anything they carry including upgrades.

## Devoted Dollars<sup>3</sup>

- The 2024 program is designed to encourage behavior change.
- The program aims to motivate members to complete the activities on the Health Connections Checklist.
- Members must opt into the program by phone or through the member portal (my.devoted.com).
  - Members can access their checklist on the member portal to track which activities have been completed.
  - Once activities are completed, cards will be sent automatically.
- Many of our plans will have a bundled model. Instead of separate \$10 rewards, members can earn \$50 or \$100. Members must complete 4 out of 8 activities by end of year.
- **Activities Include:**
  - Primary Care Provider (PCP) visit
  - In-depth health check-in, like a Devoted to Me visit
  - Flu shot for the 2024 season
  - Colorectal cancer screening
  - Breast cancer screening
  - Bone density screening
  - Routine diabetes exams
- SNP PBP will still have a \$20 HRA incentive.
- Rewards will still be autogenerated based on claims activity once all 4 activities have been completed.
- Find more details at [devoted.com/devoted-dollars](https://devoted.com/devoted-dollars)

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<sup>3</sup> Not available in HI, TN- chattanooga & Tri-cities, Tx-San Antonio (San Antonio SNP PBP will have \$20 HRA incentive)





## Bathroom safety equipment<sup>4</sup>

Safety equipment is covered at no cost<sup>5</sup> when in-network and if having the item will improve a member with a functional impairment's safety.

### Safety equipment includes:

- **Standard Raised Toilet Seat:** 1 per member every year
- **Standard Tub Seat:** 1 per member every year.

### Exclusions and requests:

- This is a separate benefit from OTC. Members do not use their OTC benefit to obtain covered bathroom safety equipment.
- Handrails or grab bars are considered home modifications and are not part of this benefit. Home modifications are not covered benefits.
- Our members can call our Guides to find out who their physician can send an order to for these requests.

## Wellness Bucks

Additional benefits available on all plans for reimbursement of items that help our members stay healthy.

- Amount varies from \$150 to \$300.
- Items include but are not limited to:
  - Fitness classes
  - Gym membership fees
  - Weight-management programs
  - Activity fitness trackers (e.g., Apple Watch)
  - Nutritional counseling and diabetes workshops
  - Personal fitness equipment
  - Memory fitness activities

C-SNP and select Florida D-SNP<sup>6</sup> plans also reimburse cellular enabled or WiFi enabled phone or tablet such as iPad (this will be listed in the summary of benefits).

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<sup>4</sup> Not available on all plans

<sup>5</sup> PPO plans may have cost sharing when obtained out-of-network

<sup>6</sup> Must qualify for the D-SNP plan for a qualifying chronic condition to receive reimbursement for purchase of cell phone and tablet. Full list can be found in the EOC.

Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.



### **Wellness Bucks are easy to use.**

- There are lots of flexible options for how our members use this benefit.
- The reimbursement is easy to use. It comes in the members welcome kit or members can call in to our member guides for information to request online.

## **Non-Emergent Medical Transportation (NEMT)**

### **Q: Why did you remove transportation from the majority of plans?**

A: NEMT is only used by a fraction of our members (including only a fraction of D-SNP beneficiaries) but is consistently one of the highest drivers of complaints. Furthermore, full dual beneficiaries with Medicaid coverage have transportation coverage through their Medicaid plan, which made our benefit redundant. We are investing in other benefits that address social determinants of health where we can deliver a best in class customer experience, such as Food & Home Card.

### **Q: What will you do to support D-SNP members who need transportation?**

A: Full dual beneficiaries with Medicaid coverage have transportation coverage through their Medicaid plan and our Florida D-SNPs still have transportation. Our member service guides and community guides are well-prepared to facilitate the coordination of transportation services offered by state Medicaid programs, ensuring that our members receive uninterrupted access to high-quality care.

### **Q: What markets/plans still have transportation?**

**A:**

- Florida D-SNPs, as required by the State Medicaid agency
- Chicago Core HMO
- All three San Antonio plans

