

2027 Agent Certification Training

1. 2027 Certification

1.1 2027 Agent Certification Training



Notes:

2. Introduction

2.1 Start



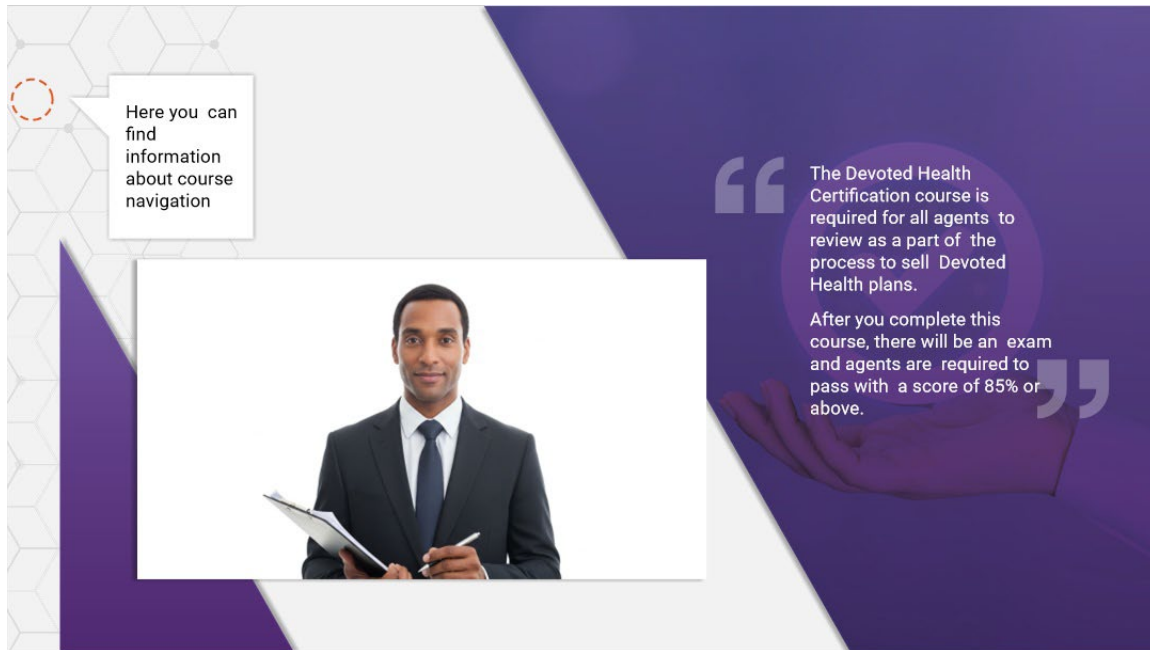
“ The Devoted Health Certification course is required for all agents to review as a part of the process to sell Devoted Health plans.

After you complete this course, there will be an exam and agents are required to pass with a score of 85% or above. ”

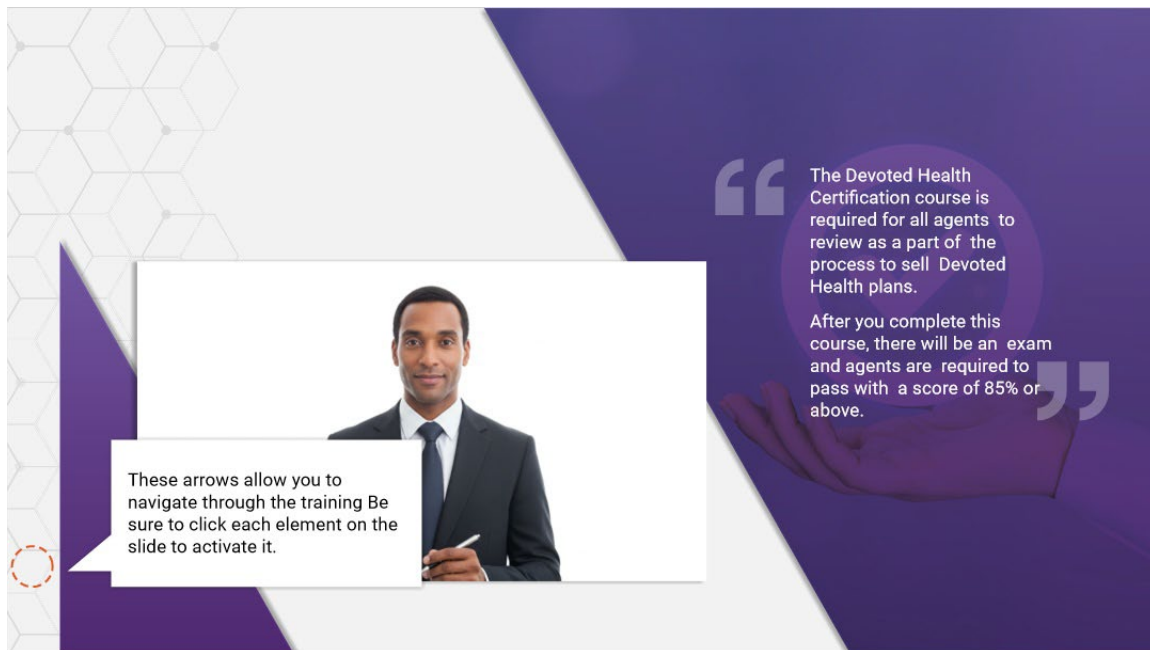
Notes:

The Devoted Health Certification course is required for all agents to review as a part of the process to sell devoted health plans. After you complete this course, there will be an exam. Agents are required to pass with a score of 85 percent or above.

Course navigation (Slide Layer)



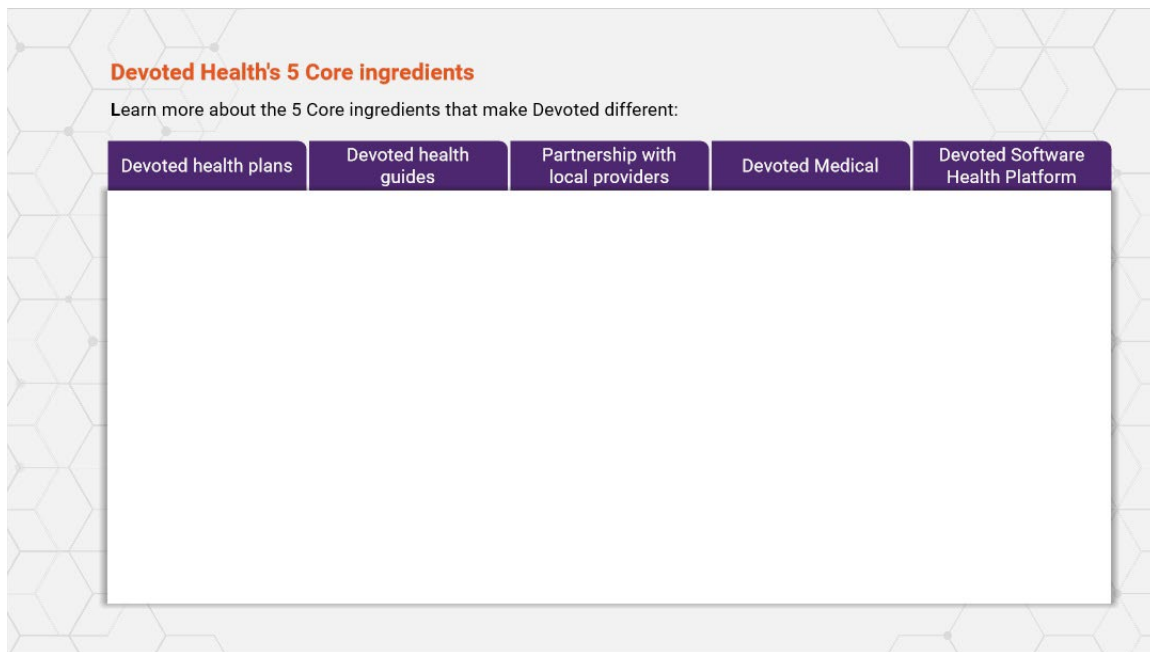
Arrows (Slide Layer)



2.2 Introduction



2.3 Devoted Health's 5 Core ingredients



Notes:

These are Devoted Health's five core ingredients. Click on each tab to learn more.

Devoted health Plans (Slide Layer)

Devoted Health's 5 Core ingredients

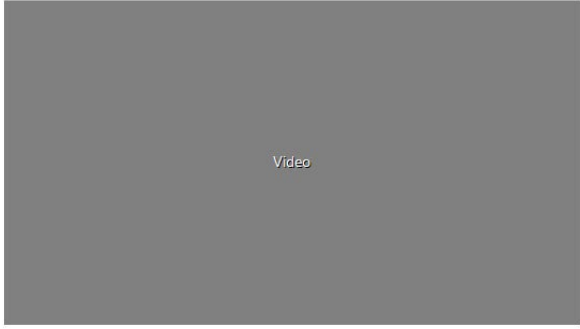
Learn more about the 5 Core ingredients that make Devoted different:

Devote health plans	Devoted health guides	Partnership with local providers	Devoted Medical	Devoted Software Health Platform
Comprehensive Medicare Advantage plans. • We intentionally design our plans with health and wellness benefits members actually use and savings they actually get. • Devoted Health's Unique Product: A groundbreaking, all-in-one healthcare solution for Medicare beneficiaries. Built entirely from scratch to get everyone the right care in the right place at the right time — the best care in the world. Complete and coordinated to bring everything together for our members, and customized for their health and well-being. • Product goal: make living a longer, better life possible for everyone				

Devoted health guides (Slide Layer)

Devoted Health's 5 Core ingredients

Learn more about the 5 Core ingredients that make Devoted different:

Devoted health plans	Devoted health guides	Partnership with local providers	Devoted Medical	Devoted Software Health Platform
Our guides are like a healthcare concierge service, empowered to solve problems and build relationships, one member at a time. All of our customer facing guides are U.S. based.		 Video		

Partnership with local providers (Slide Layer)

Devoted Health's 5 Core ingredients

Learn more about the 5 Core ingredients that make Devoted different:

Devoted health plans	Devoted health guides	Partnership with local providers	Devoted Medical	Devoted Software Health Platform
Reliable access to trusted providers. We partner with local doctors and hospitals in every community we serve for easy access to care- • Executing our work with deep and consistent operational excellence. • Providing health systems and physicians with the data and tech-enabled operational and clinical support that enables them to succeed. • Partnerships built for the long term and characterized by a spirit of deep collaboration and trust.				

Devoted Medical (Slide Layer)

Devoted Health's 5 Core ingredients

Learn more about the 5 Core ingredients that make Devoted different:

Devoted health plans	Devoted health guides	Partnership with local providers	Devoted Medical	Devoted Software Health Platform
Virtual-First Value-Based Care Provider A virtual-first clinical services organization for Devoted Health members that is additive to the care provided by a patient's clinician. Devoted Medical complements – not replaces – the patient's primary care physician. They provide: • Comprehensive assessment visits (D2Me) • Gold Care: multi-disciplinary, virtual and home based complex care for those with the highest needs • Medication therapy and adherence management • Specialty Care for chronic disease management • Episodic & Acute Care for transitions of care & urgent care (Care onDemand) management				

Devoted Software health Platform (Slide Layer)

Devoted Health's 5 Core ingredients

Learn more about the 5 Core ingredients that make Devoted different:

Devoted health plans

Devoted health guides

Partnership with local providers

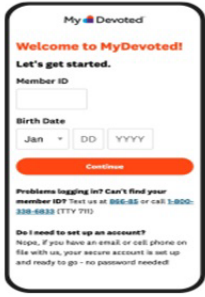
Devoted Medical

Devoted Software Health Platform

Orinoco

Timely care with Devoted software

Orinoco is our AI enabled core infrastructure. Our proprietary technology platform, helps connect the experience across care, service, and operations. This helps serve our members, providers and brokers. Additionally we engage as often as need to fill care gaps, and our system helps us know when that is needed.



2.4 More On Our Guides

More On Our Guides

We would like to share more about our Guides and how they really help in the success of our organization.



Language

MyDevoted Chat

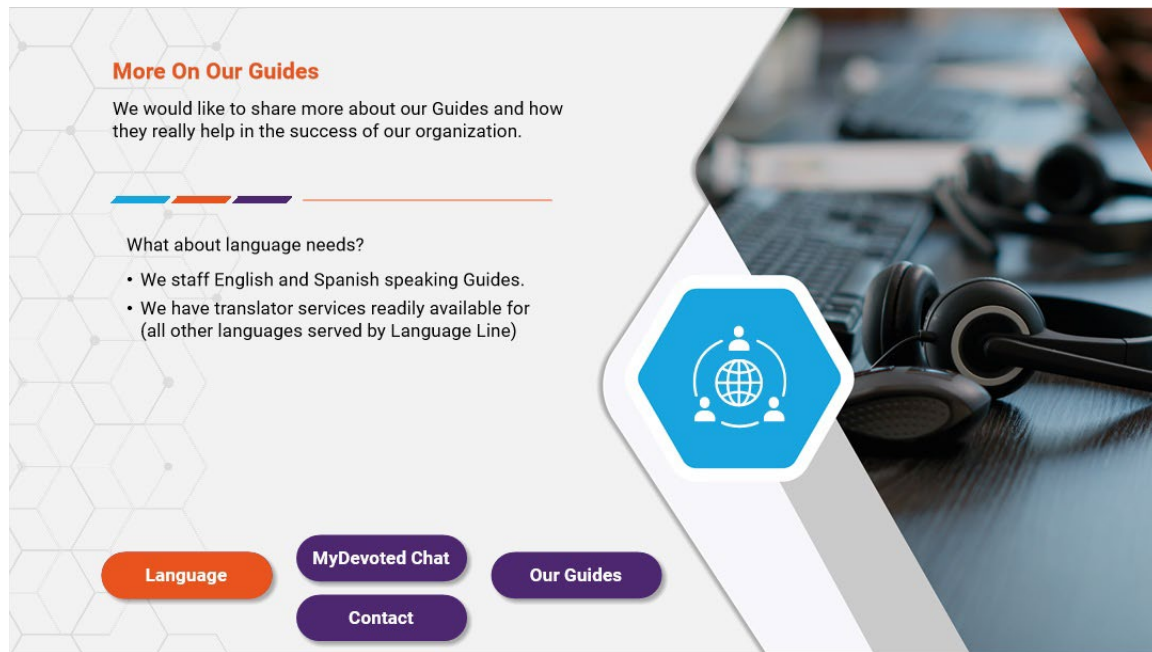
Our Guides

Contact

Notes:

We would like to share more about our guides and how they really help in the success of our organization.

Language (Slide Layer)

The slide features a light gray background with a hexagonal pattern on the left. A blue hexagonal icon with a globe and two people is positioned on the right. A photograph of a desk with a laptop and headphones is in the top right corner. The text is as follows:

More On Our Guides

We would like to share more about our Guides and how they really help in the success of our organization.

What about language needs?

- We staff English and Spanish speaking Guides.
- We have translator services readily available for (all other languages served by Language Line)

Language MyDevoted Chat Our Guides

Contact

MyDevoted Chat (Slide Layer)

The slide features a light gray background with a hexagonal pattern on the left. A blue hexagonal icon with a globe and two people is positioned on the right. A photograph of a desk with a laptop and headphones is in the top right corner. The text is as follows:

More On Our Guides

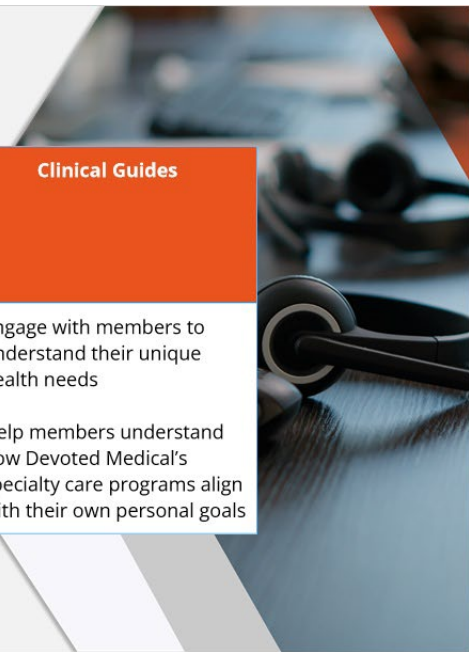
We would like to share more about our Guides and how they really help in the success of our organization.

Our secure chat in MyDevoted (my.devoted.com or the MyDevoted app in Apple App Store / Google Play store) allows us to engage with members digitally in an easy to use, accessible format.

Language MyDevoted Chat Our Guides

Contact

Our Guides (Slide Layer)



More On Our Guides

We would like to share more about our Guides and how they really help in the success of our organization.

Service Guides	Community Guides	Clinical Guides
• Primary member service point of contact • Navigate and coordinate care, solve real-time problems and provide a listening ear	• Screen members for unmet social needs and financial assistance • Run outbound campaigns and programs	• Engage with members to understand their unique health needs • Help members understand how Devoted Medical's specialty care programs align with their own personal goals

[Language](#) [MyDevoted Chat](#) [Our Guides](#) [Contact](#)

Contact (Slide Layer)



More On Our Guides

We would like to share more about our Guides and how they really help in the success of our organization.

Based in the USA, our Devoted Guides are here to walk our members through the healthcare system and get them the care they deserve.

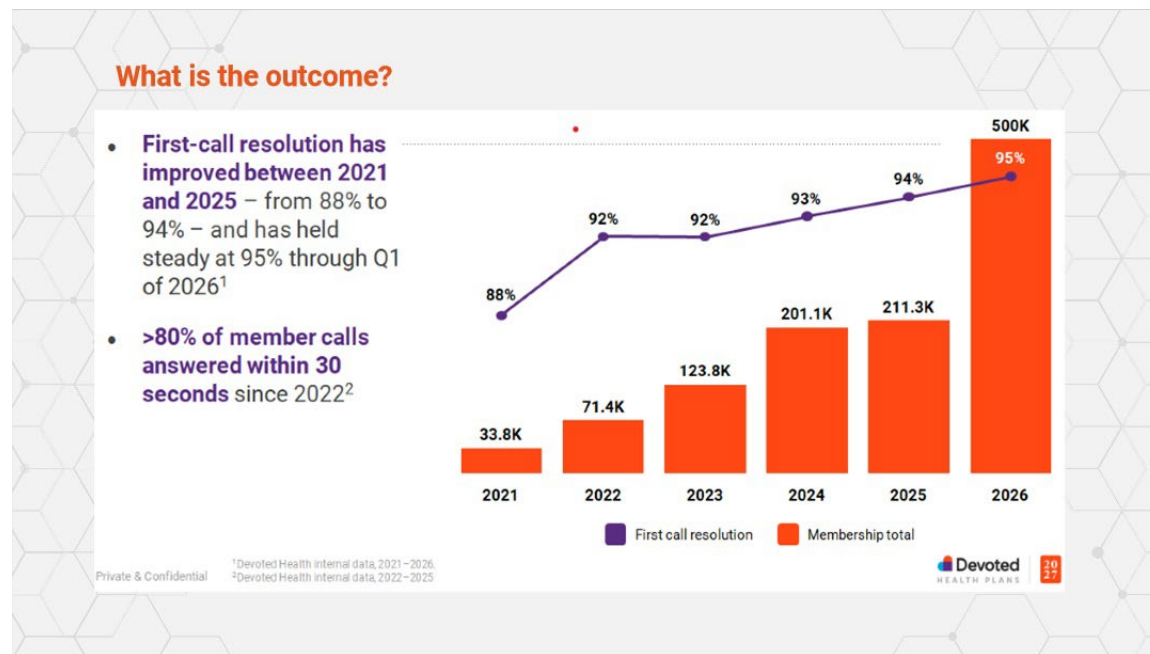
Need a specialist? Not sure what a new health condition means? Confused about their healthcare?

Have them reach out to us. Phone: 1-800-338-6833. TTY 711, Text 866-85 Hours: October to March 8am to 8pm, 7 days a week
April to September 8am to 8pm, Monday to Friday, and 8am to 5pm, Saturday



[Language](#) [MyDevoted Chat](#) [Our Guides](#) [Contact](#)

2.5 What is the outcome?



Notes:

At Devoted, we prioritize direct human interaction. It's crucial to us that when our members call, they speak to a live person, and quickly. It's important that our members can trust us, and the individuals caring for them, and that we actually solve their problems. That is why we track these results and make sure we are doing the best we can to help our members with their health care.

2.6 We have Agent Support Associates too!



We have Agent Support Associates too!

We're fast, responsive and we sweat the details (so you don't have to). Whether you're part of an Agency or on your own, work with us — we want to help your business succeed.

- **Call us at 1-877-764-9446 or Message us via the Agent Portal.**

We can help with:

- Contracting & Certification inquiries
- Access to Devoted Health Agent Portals and navigation support
- Telephonic SOAs
- Enrollment / Pended Applications
- Commissions
- Release & Transfer requests

2.7 2.9 Agent Portal

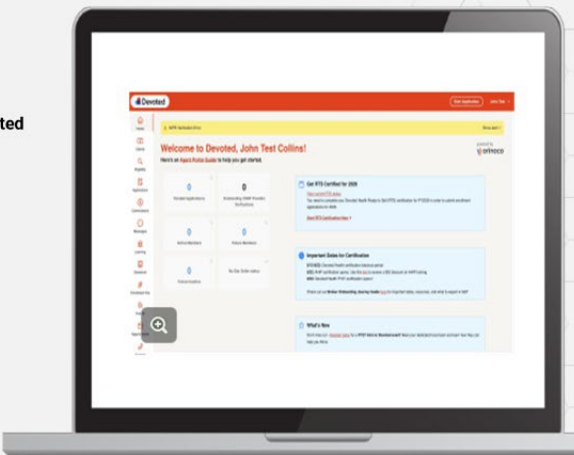
Our Agent Portal: a single place for everything

Agent portal

- Register to sell Devoted Health
- Complete SOAs and enrollment applications
- Check the statuses of all your enrollments plus your current Devoted
- Get updated information on your current Book of Business
- View your commission statements
- Conduct Medicare/Medicaid eligibility check
- Send a message to Devoted's Agent Support team

NEW

- View ID cards and ID card status
- Option to upload/download CSNP attestation/verification forms
- Digital enrollment kits



Notes:

Our agent portal is our proprietary system, built from the ground up, that enables us to be agile and seamlessly integrate your valuable feedback. The portal is your one stop shop to manage certification, enrollments, commissions, agent support tickets, sales events, prospect appointments, eligibility checks, and more.

Here are some things that are new this year. PY25 provider directory so you can check and network providers for new markets. Submitting new provider requests. PY25 Viewing Member ID Cards for Enrolled Members. Multiple SOA options, i. e. telephonic, electronic in person, electronic remote, send SMS to prospect, paper.

2.8 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

What are Devoted's Five Core Ingredients?

☒ Medicare Advantage health plans, Guides, Partnership with local providers, Devoted Medical and Devoted software health platform

☐ Tech platform, 50 states integrated, strong PCP partnerships, 5 stars, Devoted guides

☐ Newer MA plan, tech platform, strong PCP partnerships, Devoted guides, Devoted Medical Group

☐ MA plan, CSNP, strong PCP partnerships, Devoted guides, Devoted Medical Group

Submit

Correct Choice

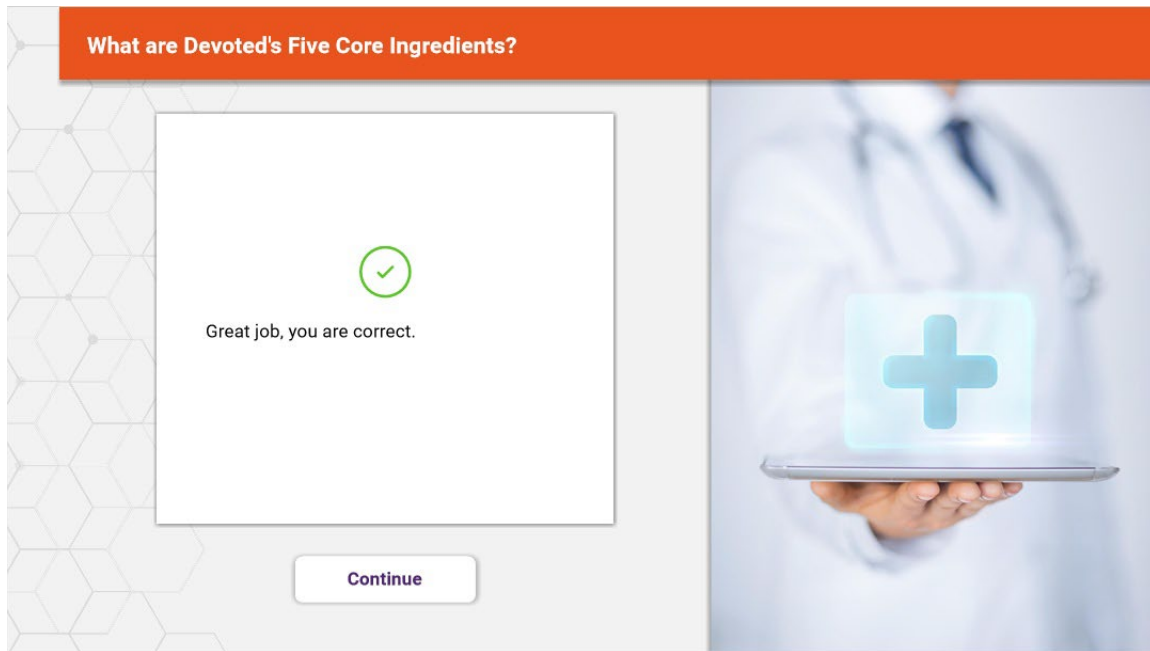
- | | |
|---|---|
| X | Medicare Advantage health plans, Guides, Partnership with local providers, Devoted Medical and Devoted software health platform |
| | Tech platform, 50 states integrated, strong PCP partnerships, 5 stars, Devoted guides |
| | Newer MA plan, tech platform, strong PCP partnerships, Devoted guides, Devoted Medical Group |
| | MA plan, CSNP, strong PCP partnerships, Devoted guides, Devoted Medical Group |

Feedback when incorrect:

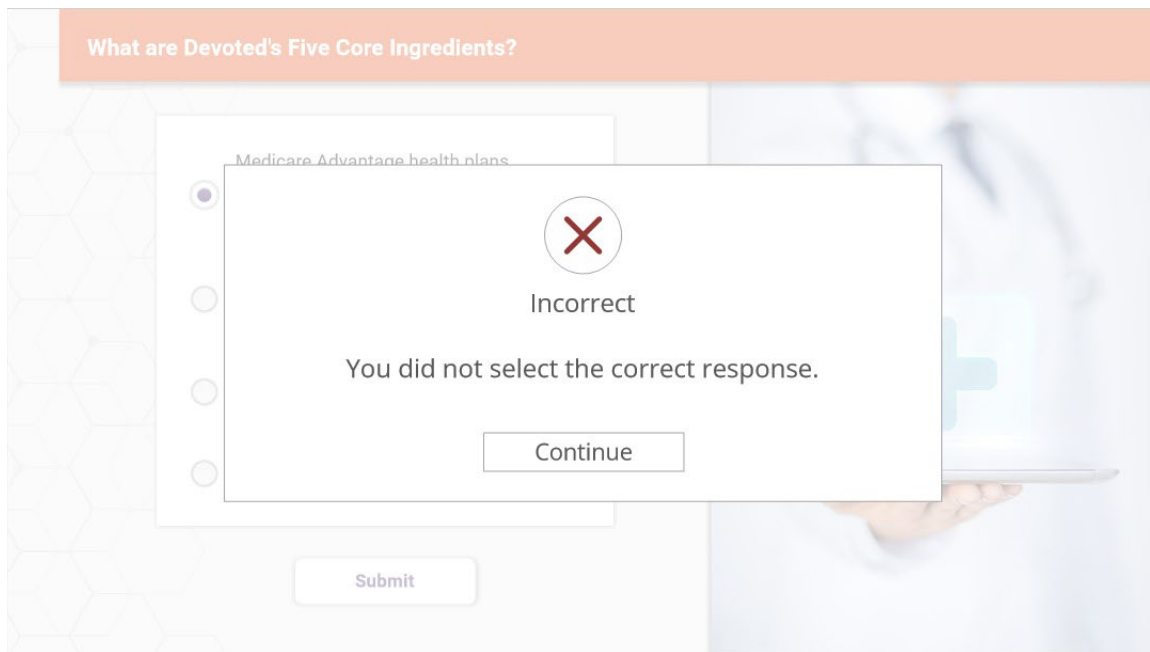
You did not select the correct response.

Notes:

Correct (Slide Layer)



Incorrect (Slide Layer)



Try again (Slide Layer)

What are Devoted's Five Core Ingredients?



Oh snap, sorry that is not correct.

Try again



2.9 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

True or False: We answer our member calls 80% of the time in 30 seconds or less.

☒ True

☐ False

Submit



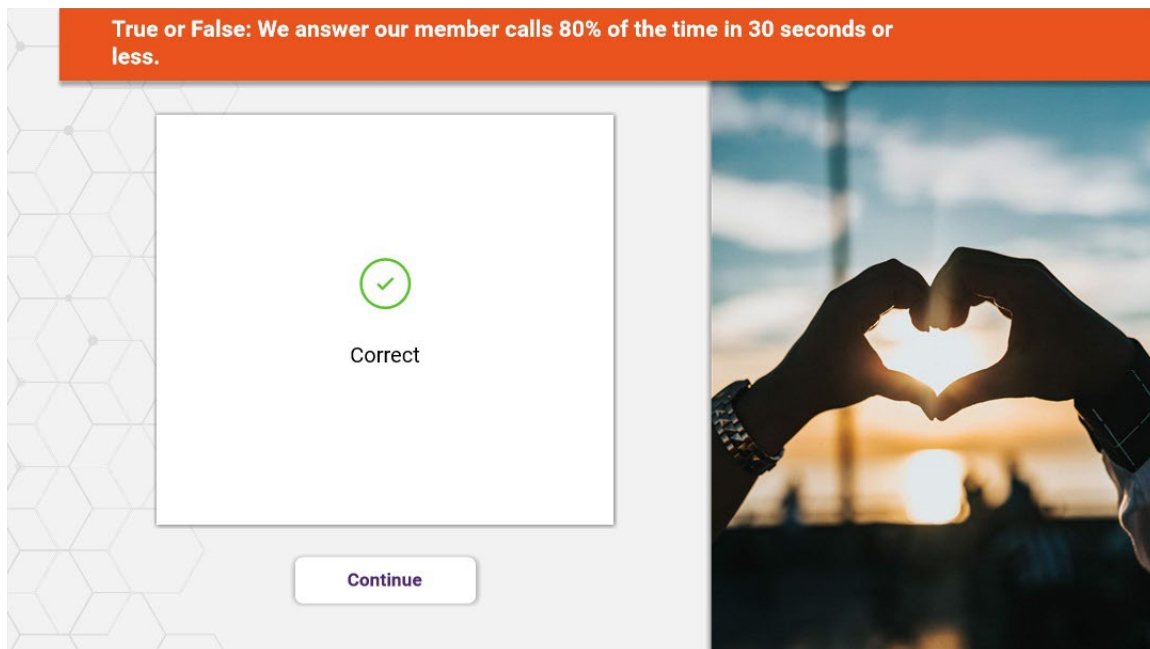
Correct	Choice
X	True
	False

Feedback when incorrect:

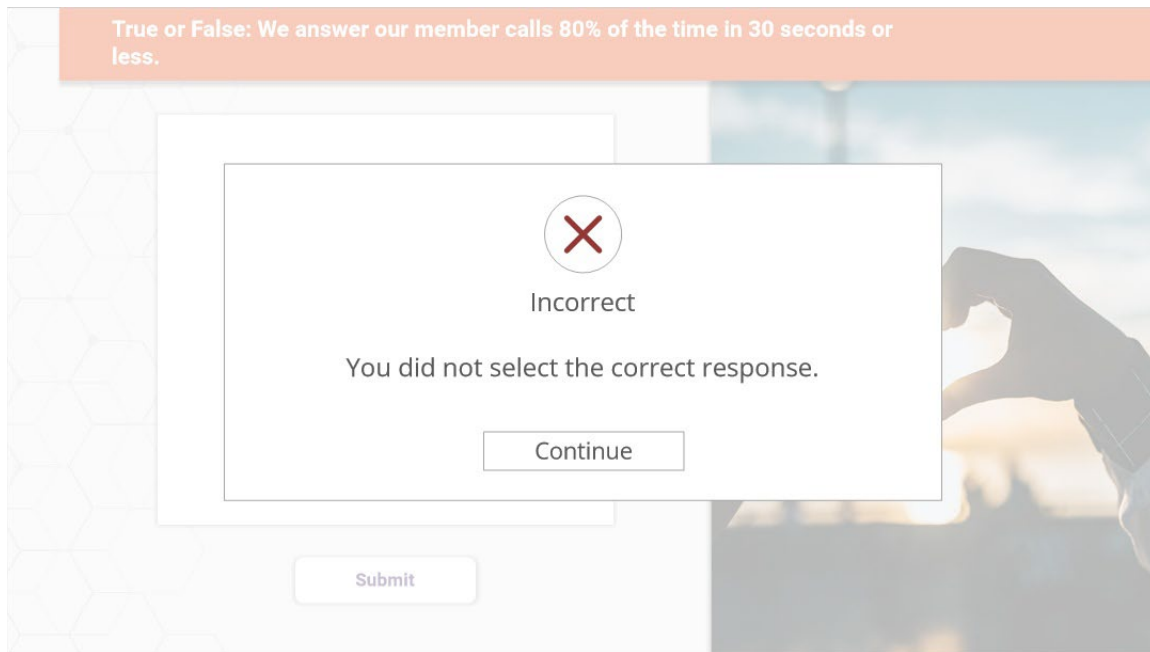
You did not select the correct response.

Notes:

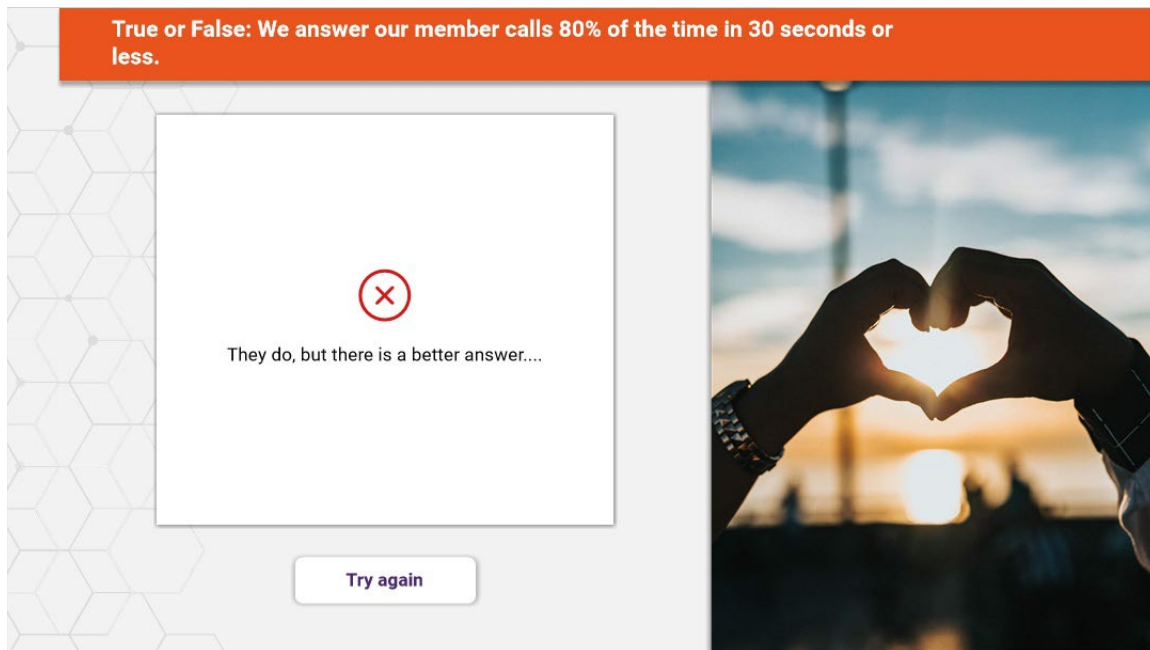
Correct (Slide Layer)



Incorrect (Slide Layer)



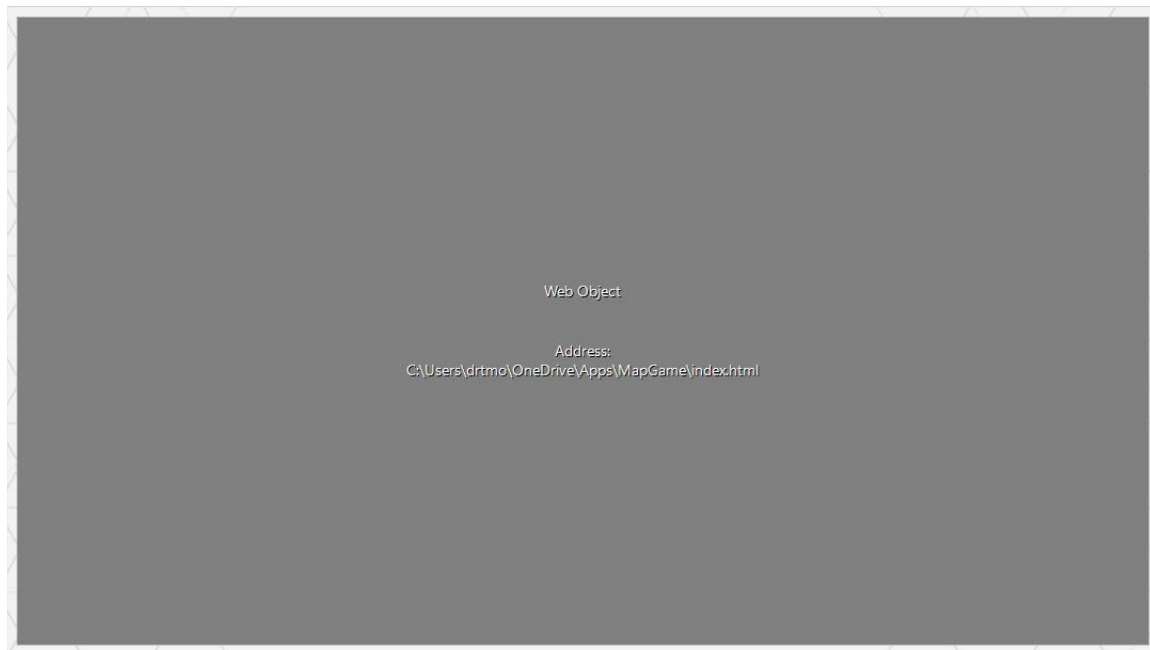
Try Again (Slide Layer)



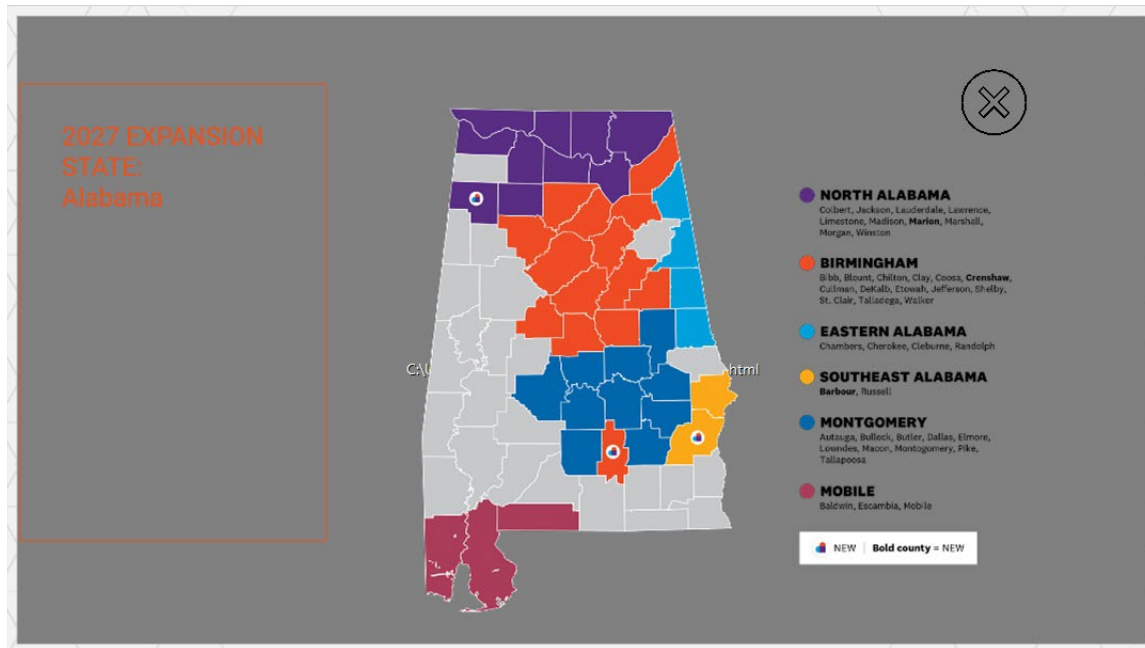
2.10 Introduction



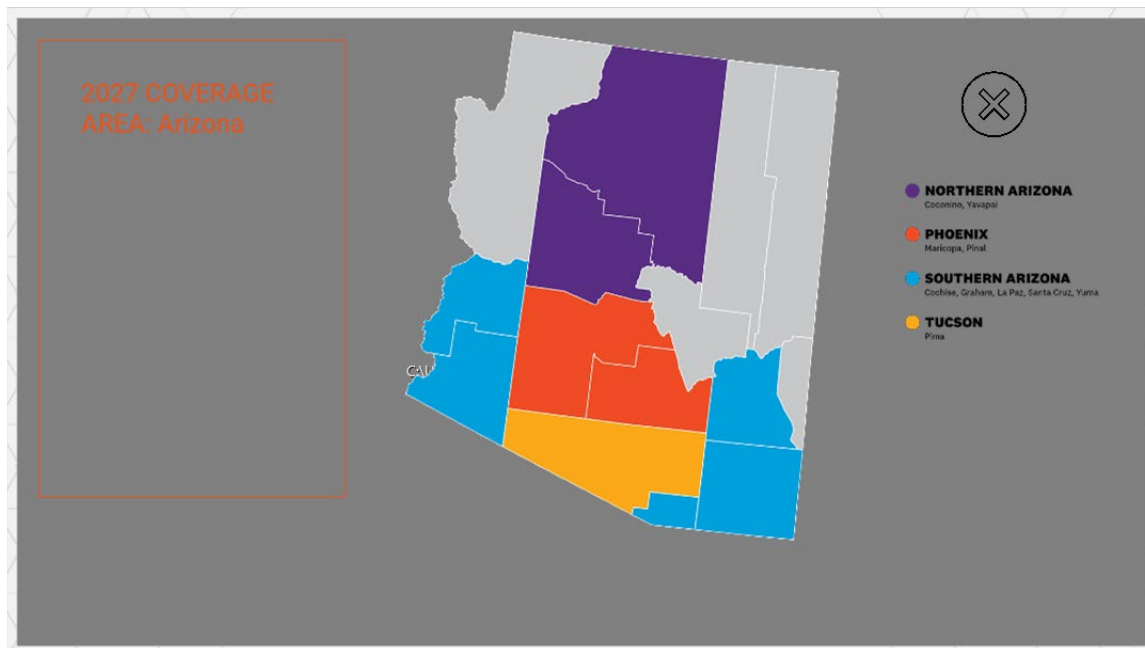
2.11 5 new states for 2027



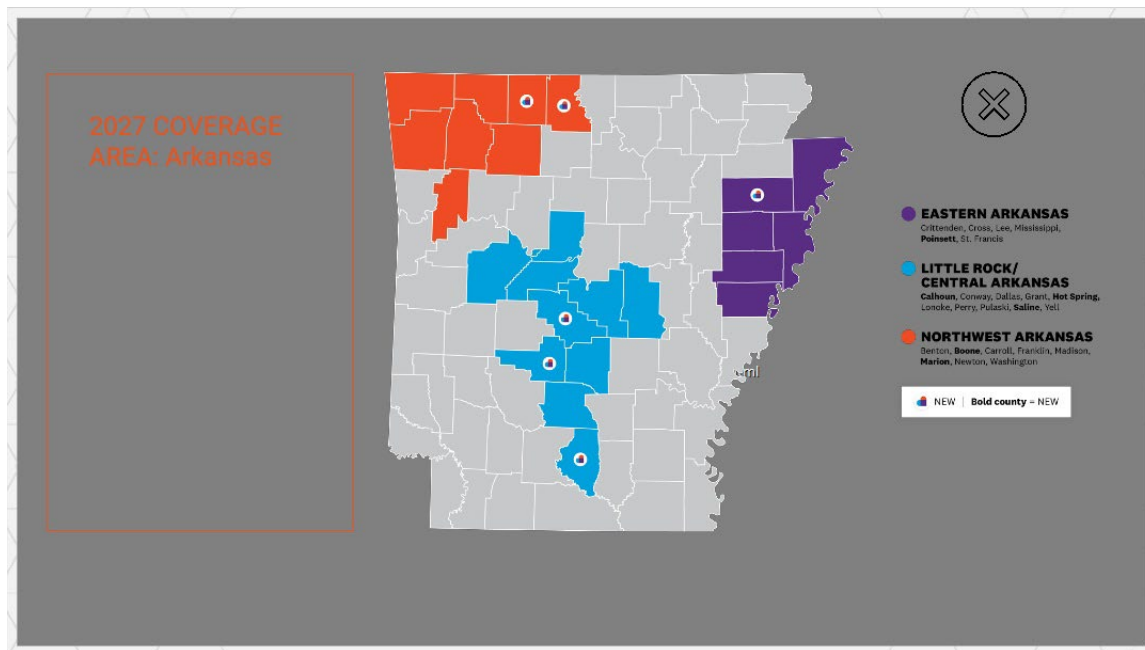
Alabama (Slide Layer)



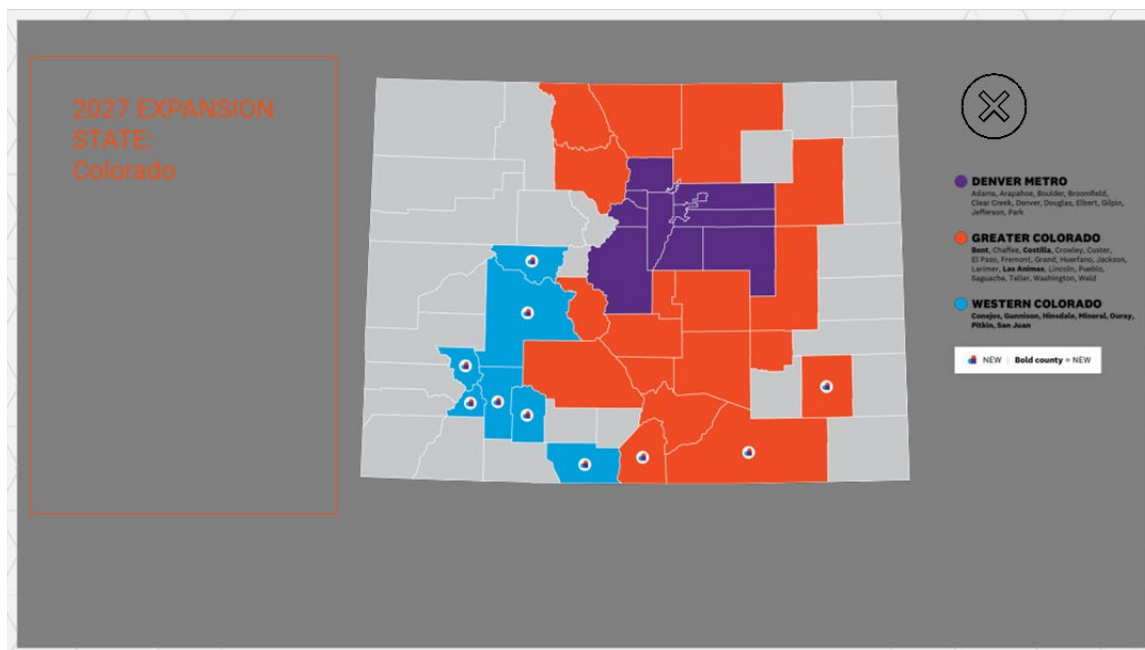
Arizona (Slide Layer)



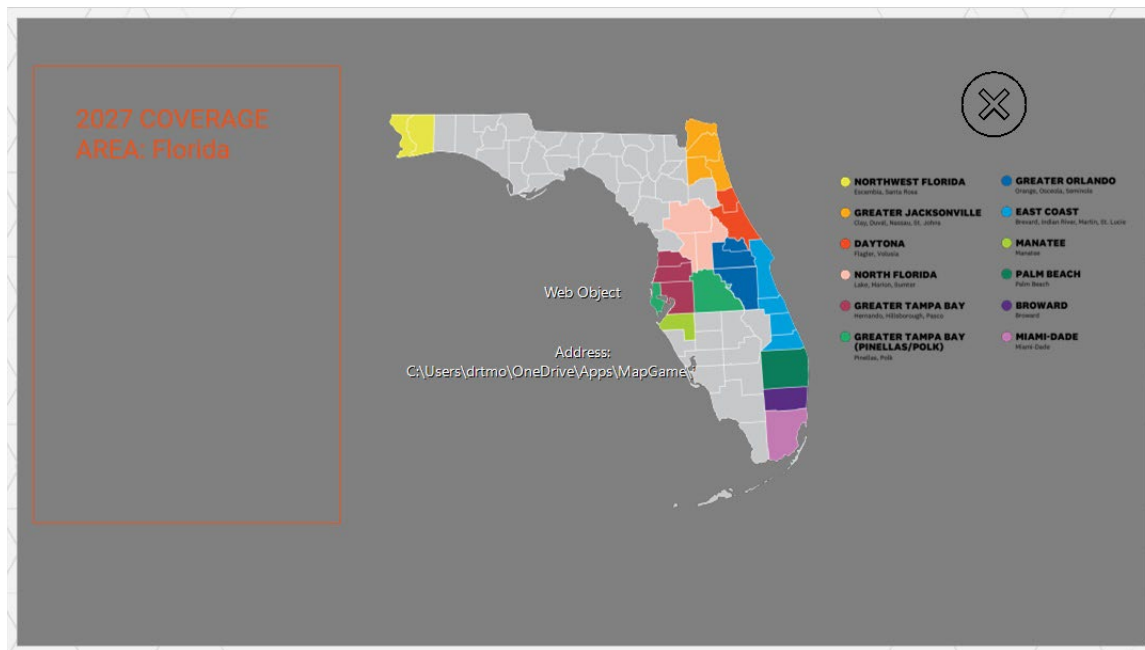
Arkansas (Slide Layer)



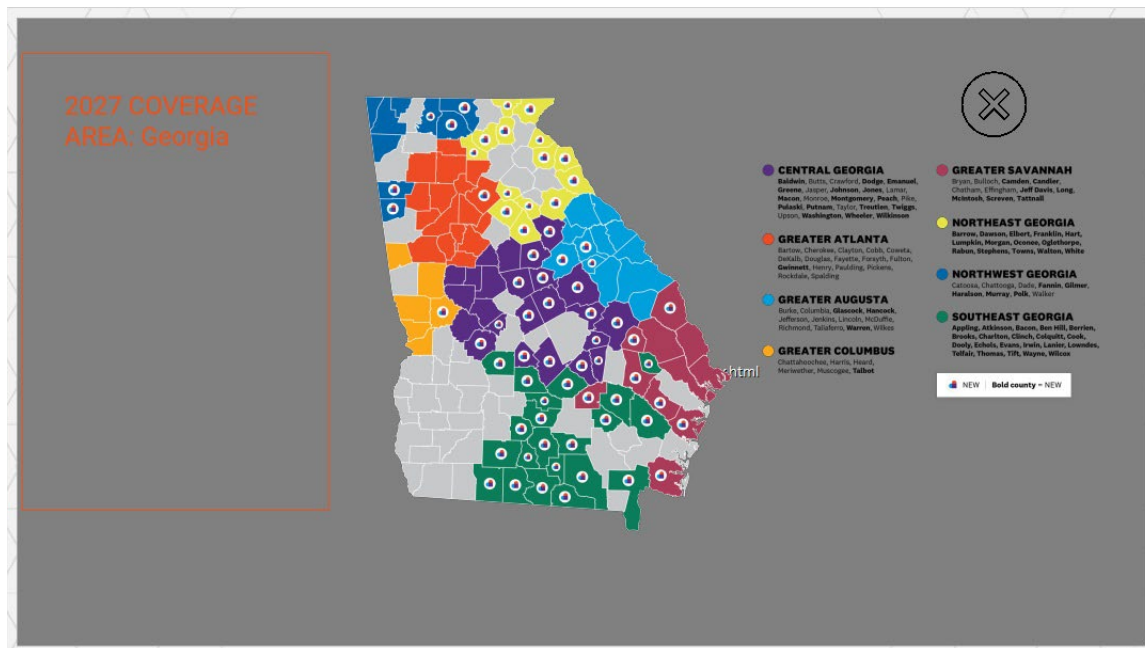
Colorado (Slide Layer)



Florida (Slide Layer)



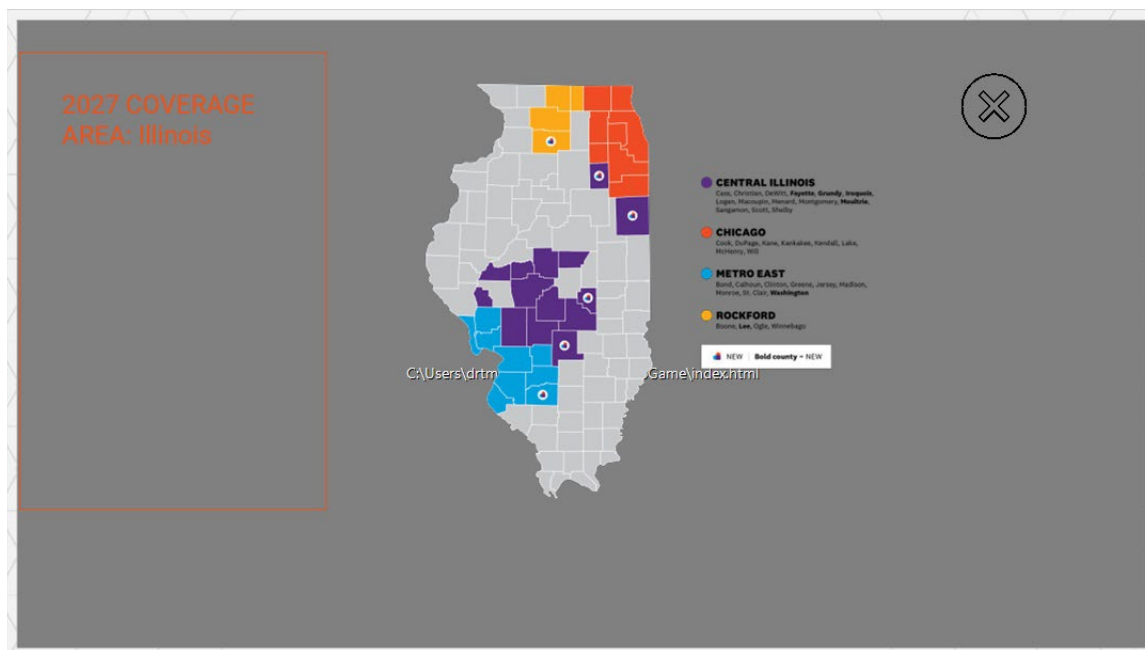
Georgia (Slide Layer)



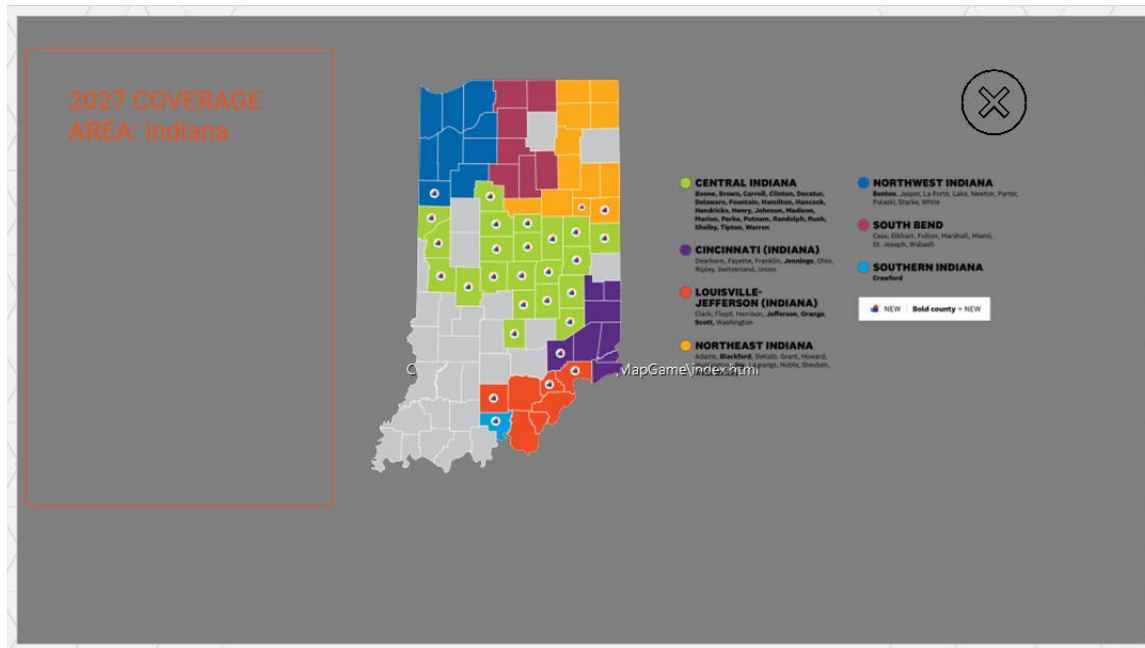
Hawaii (Slide Layer)



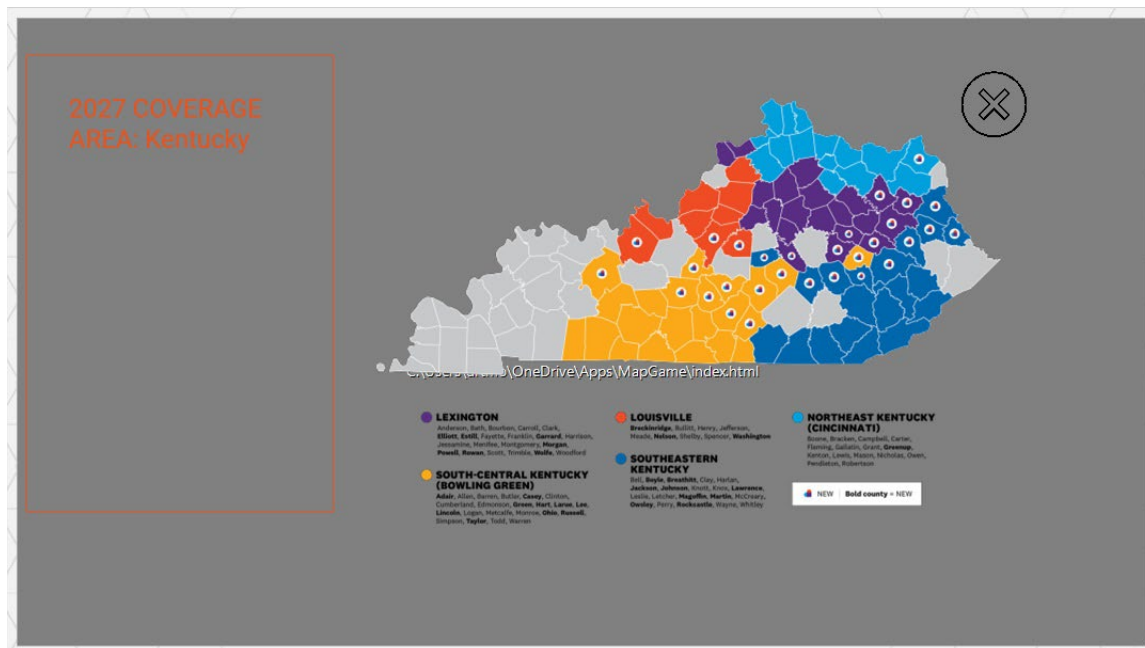
Illinois (Slide Layer)



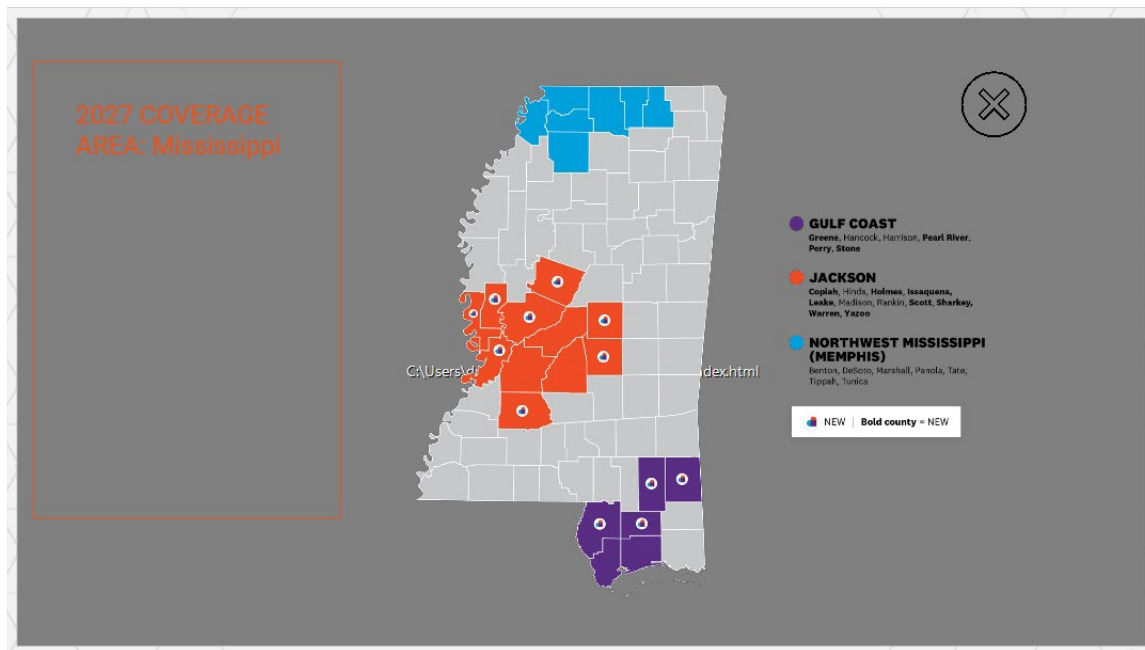
Indiana (Slide Layer)



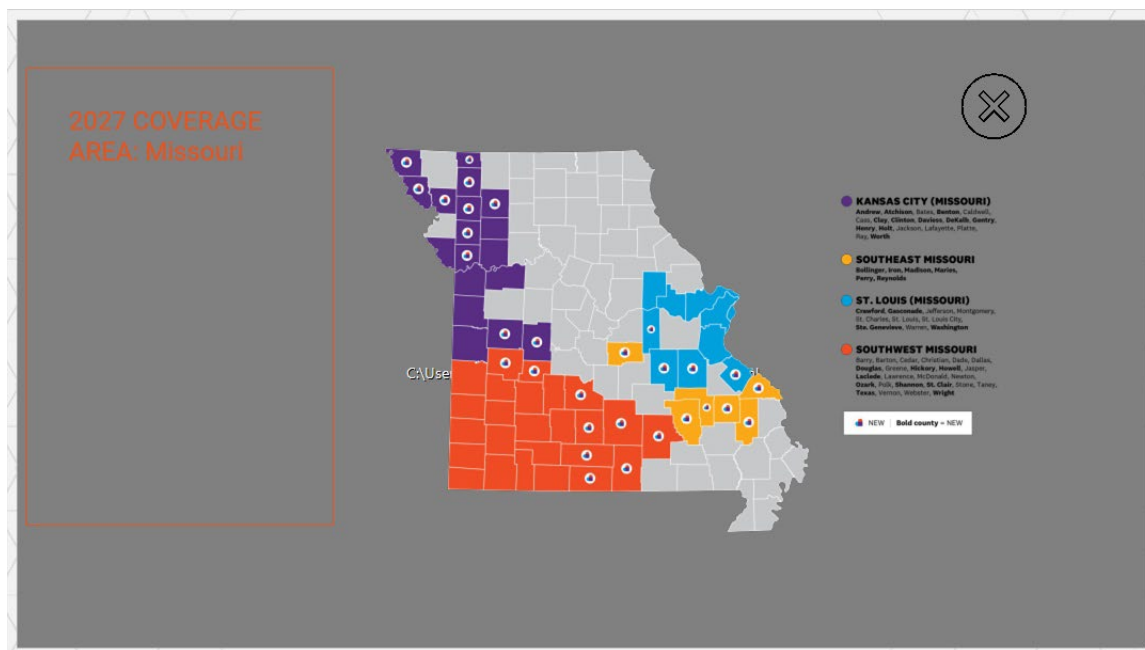
Kentucky (Slide Layer)



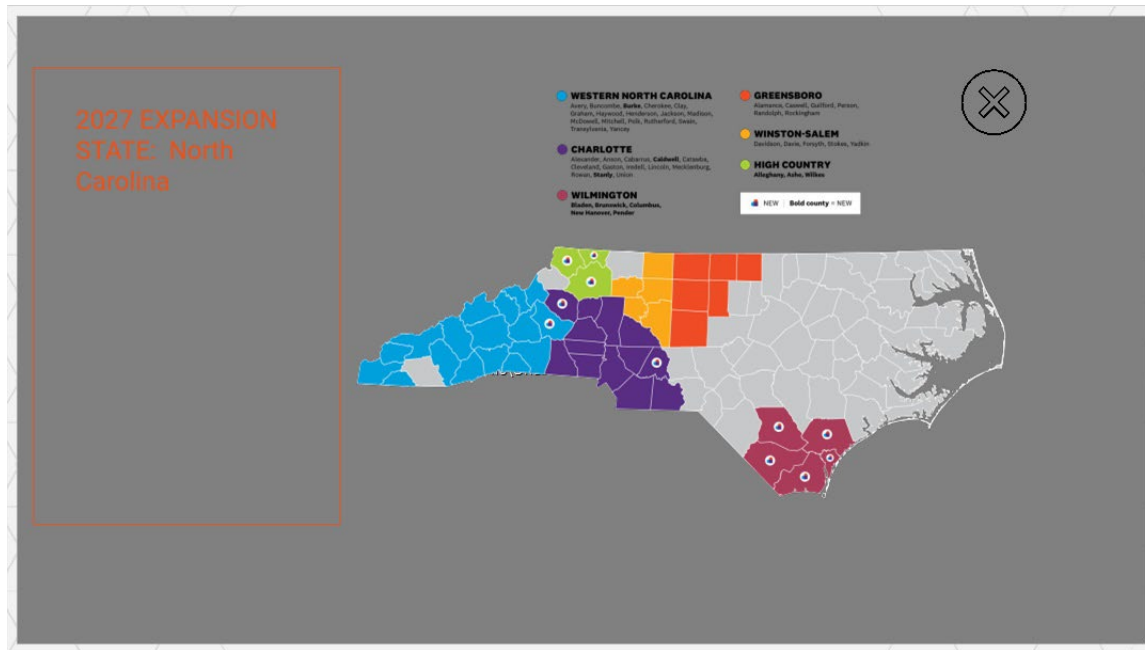
Mississippi (Slide Layer)



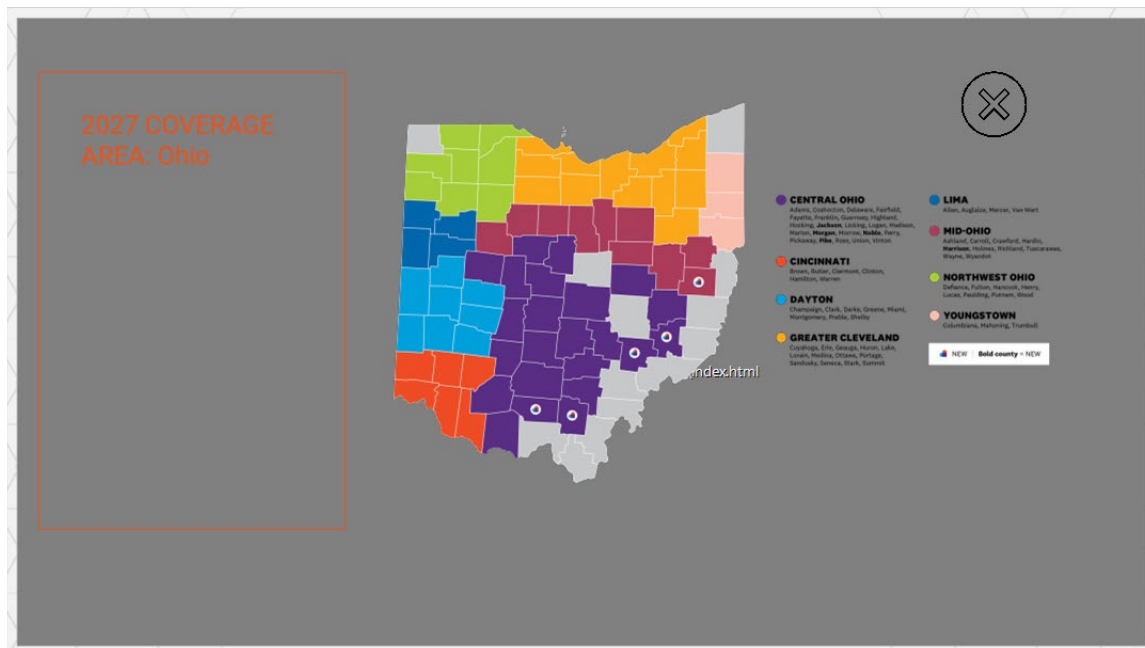
Missouri (Slide Layer)



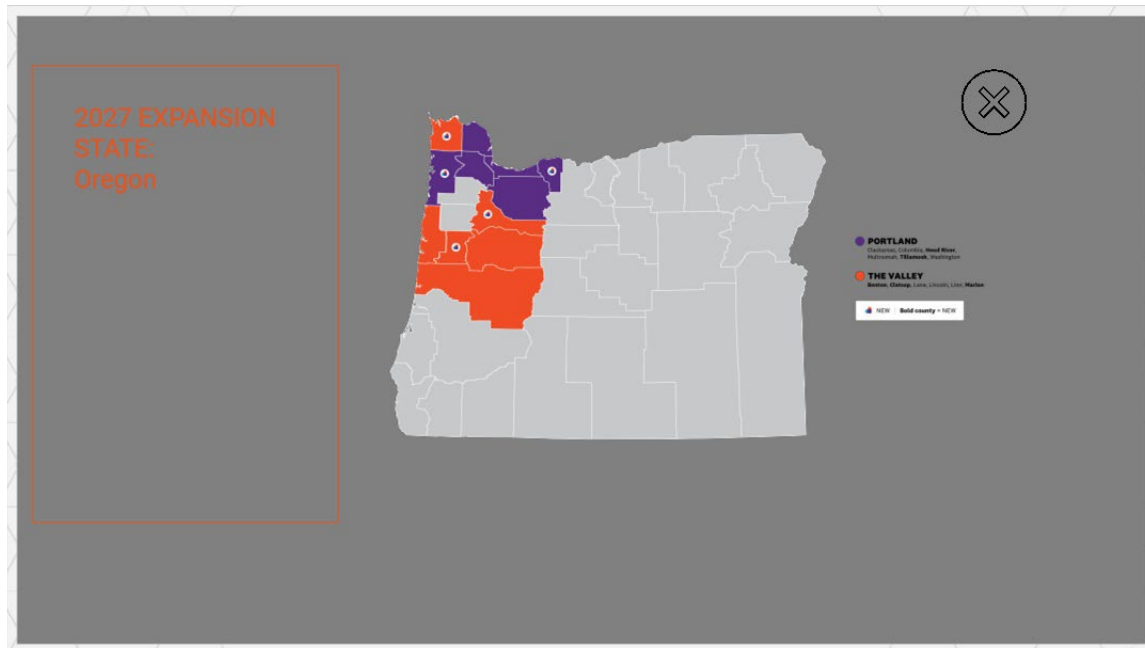
North Carolina (Slide Layer)



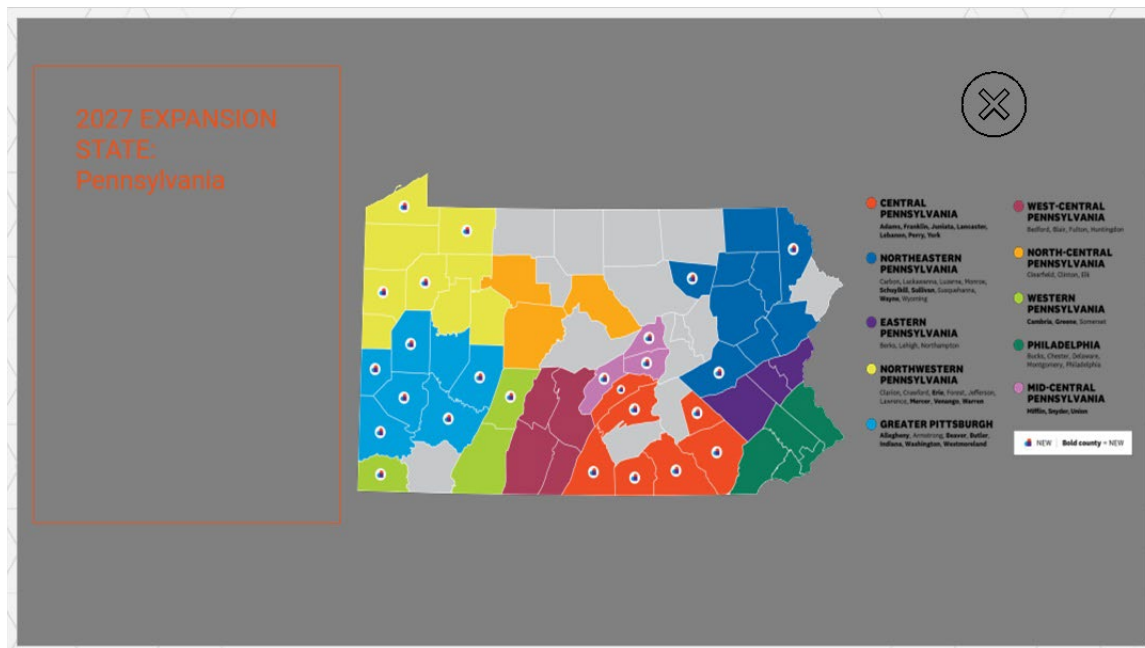
Ohio (Slide Layer)



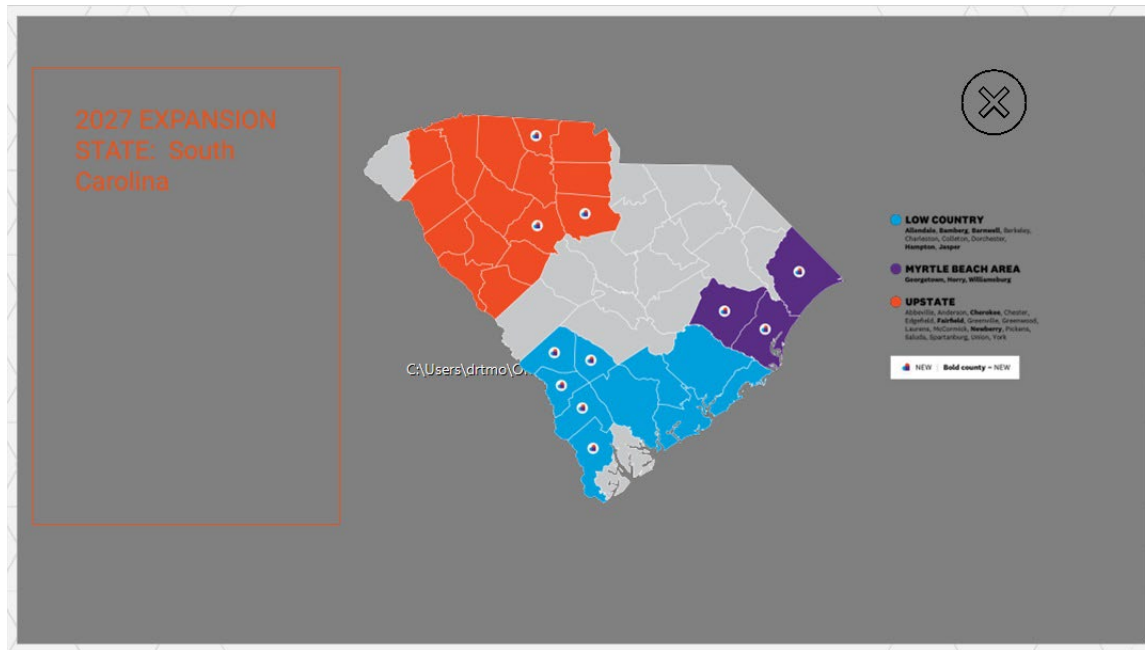
Oregon (Slide Layer)



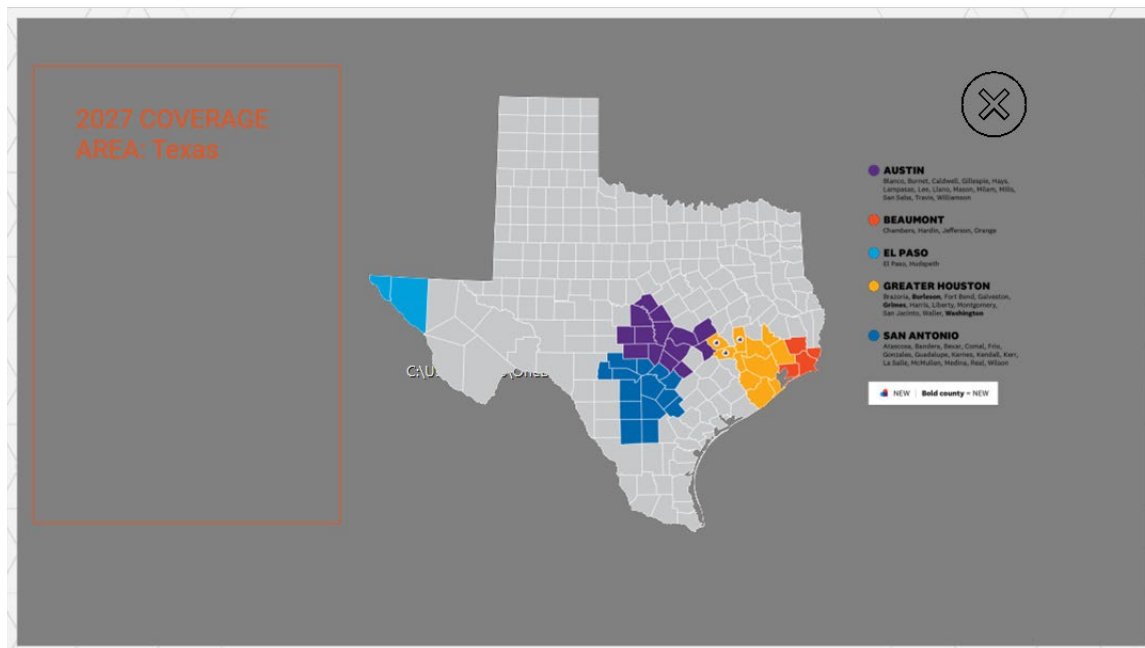
Pennsylvania (Slide Layer)



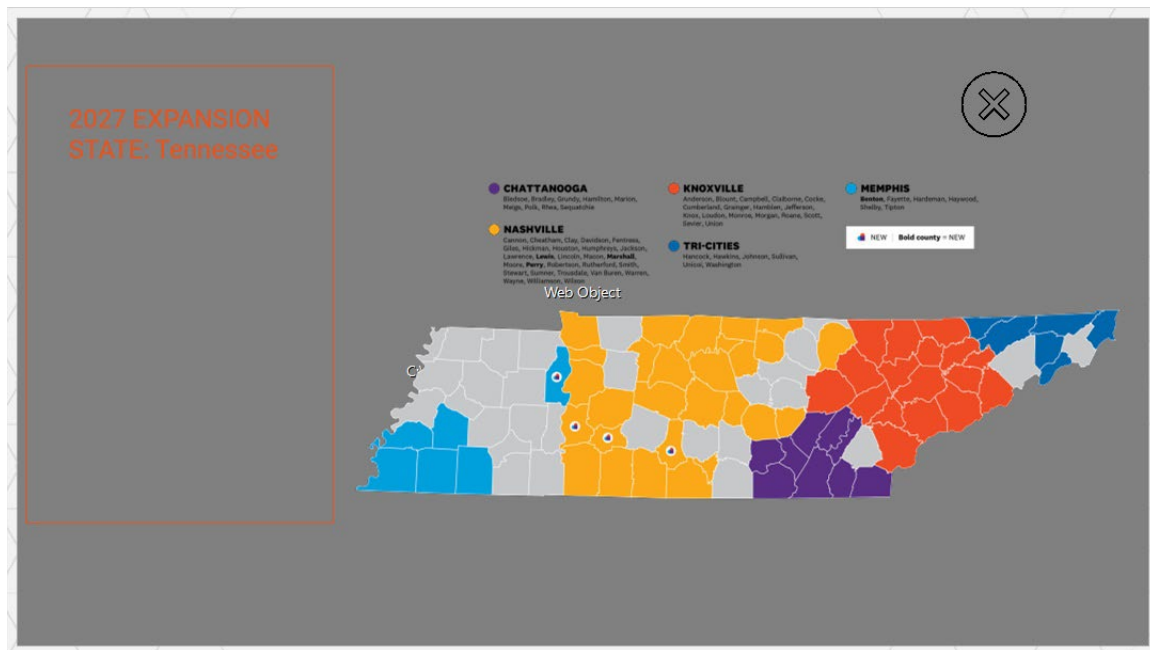
South Carolina (Slide Layer)



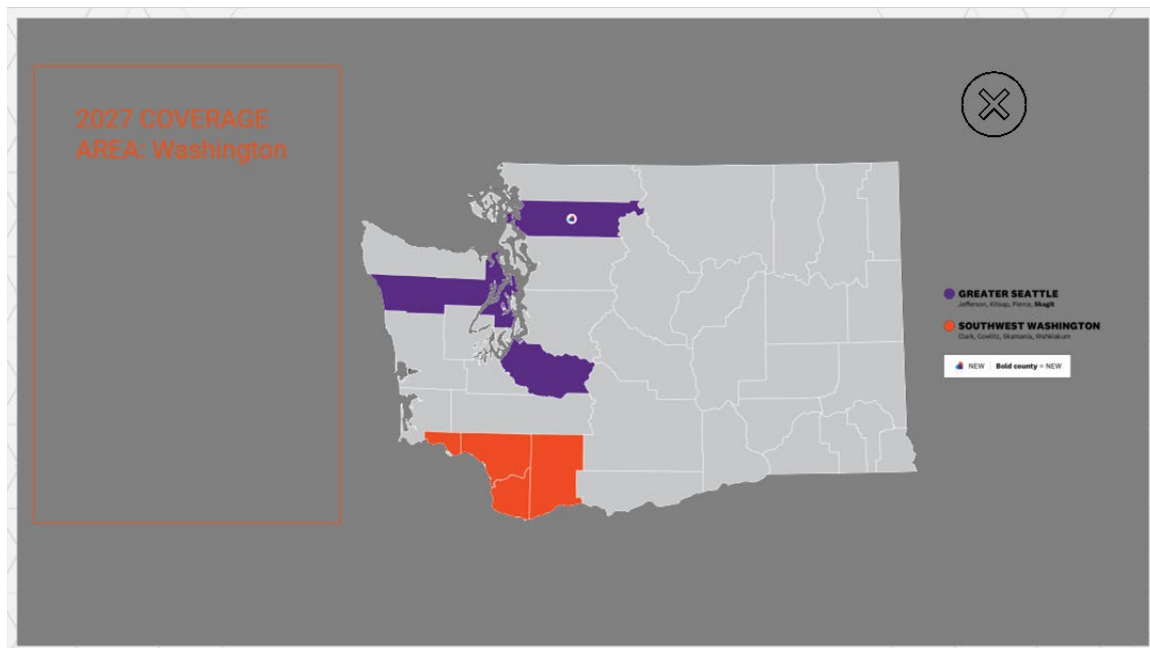
Texas (Slide Layer)



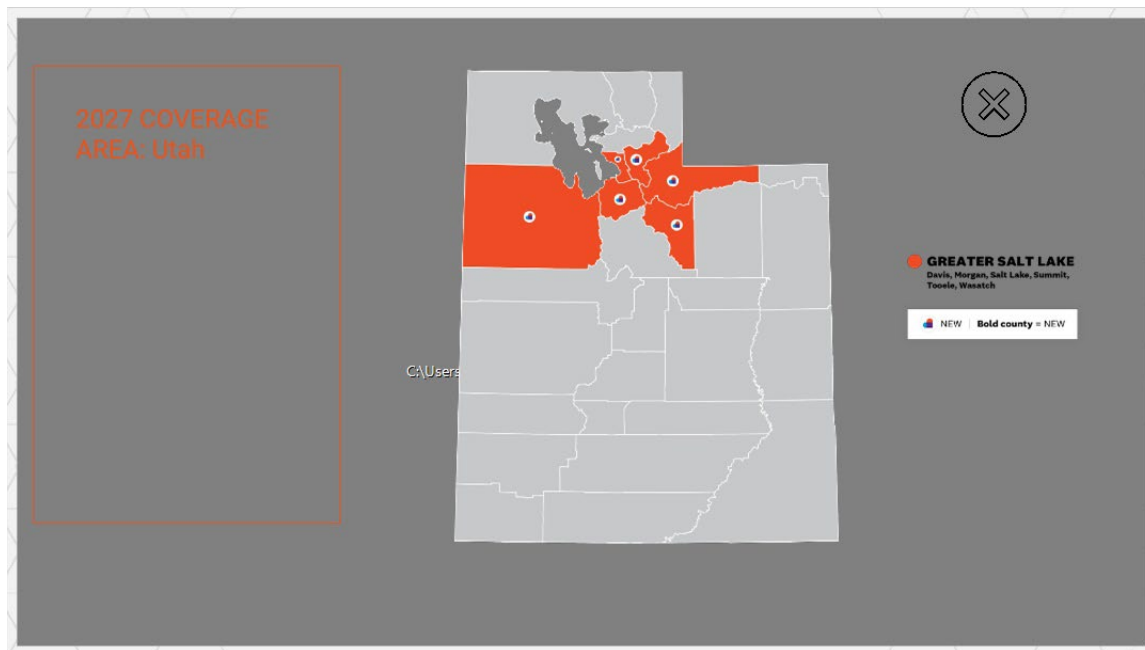
Tennessee (Slide Layer)



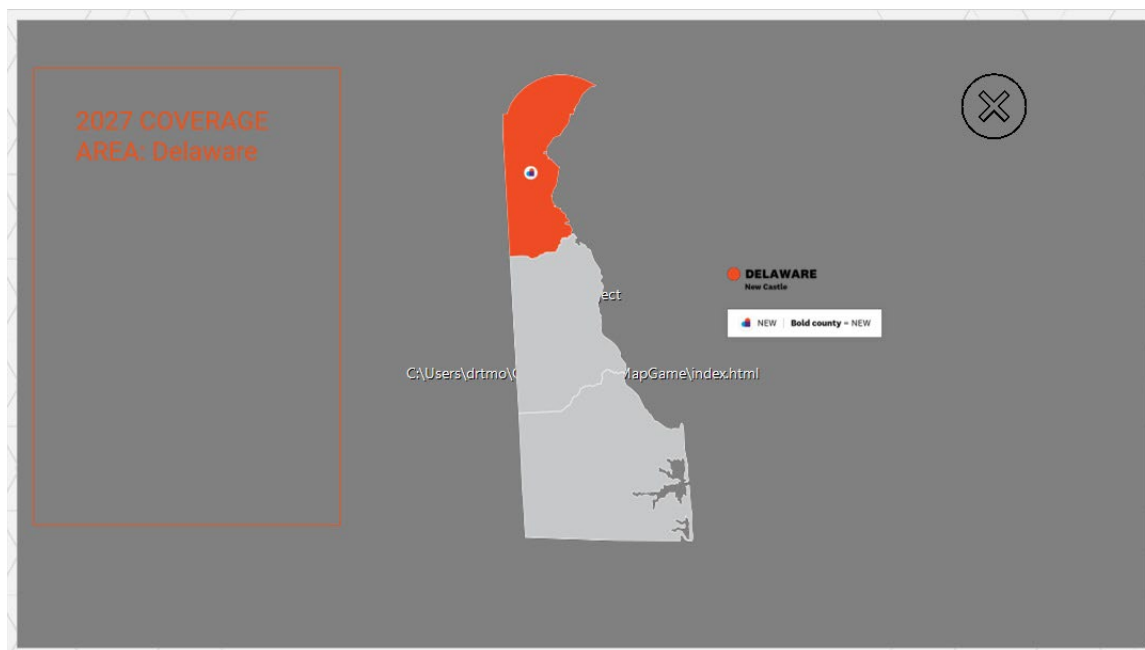
Washington (Slide Layer)



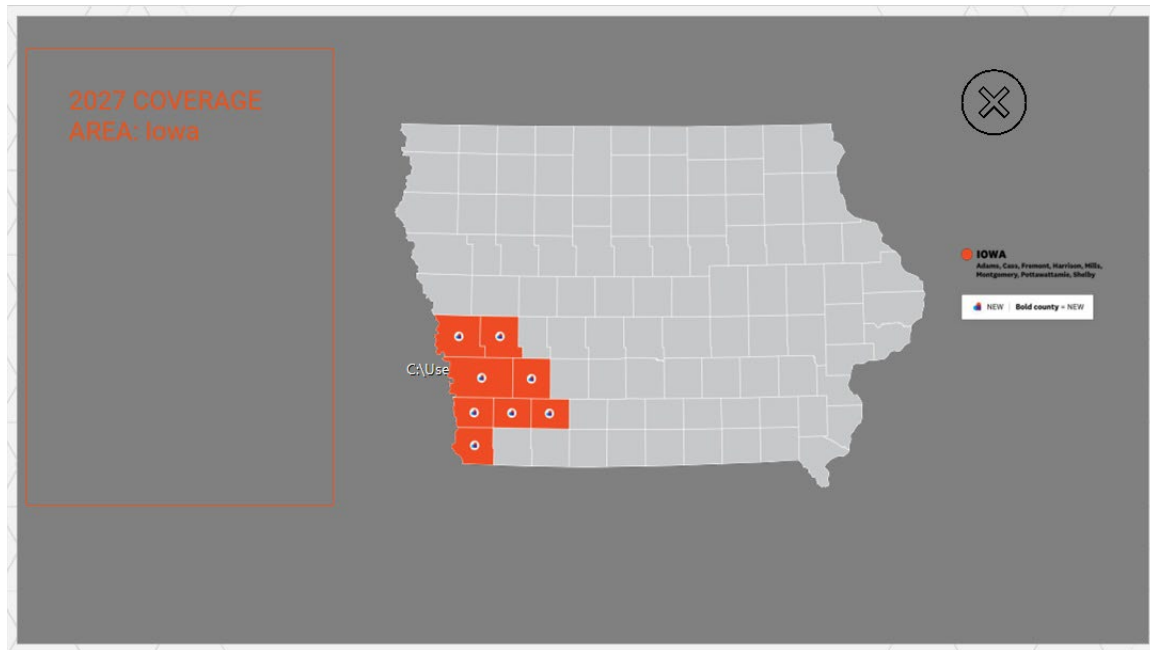
Utah (Slide Layer)



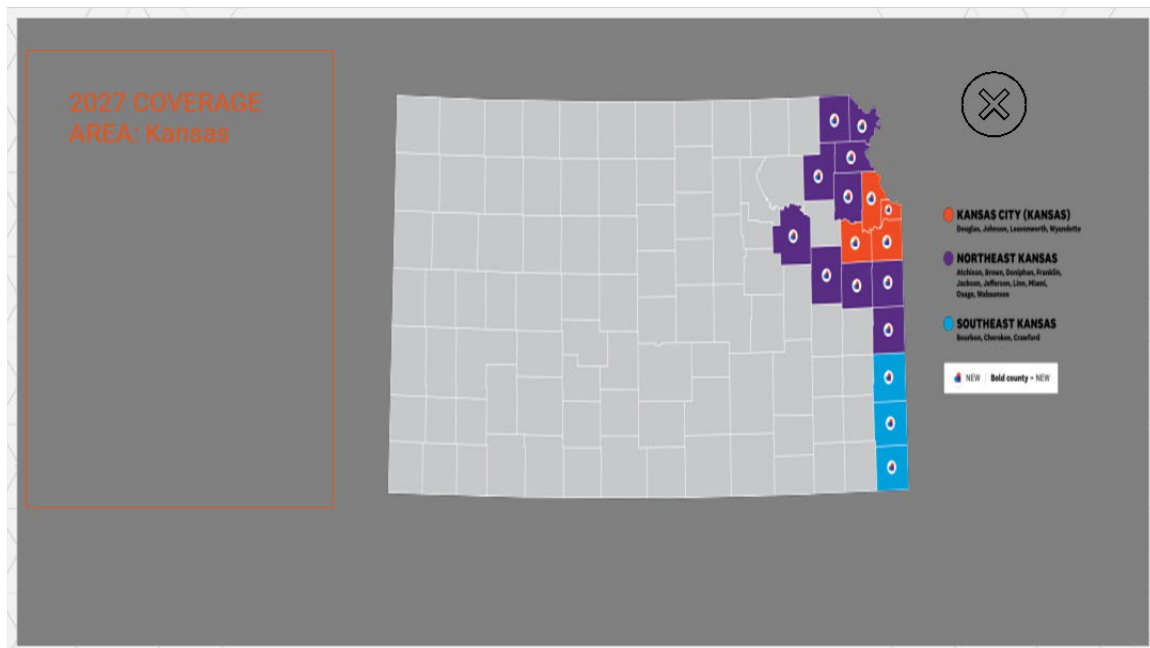
Delaware (Slide Layer)



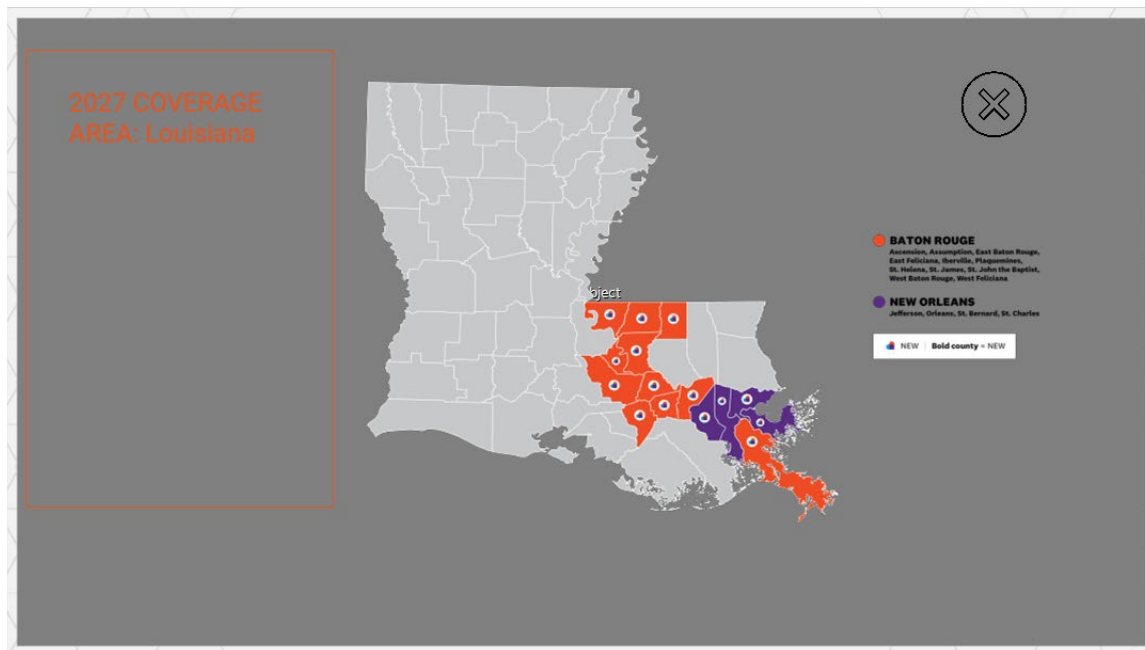
Iowa (Slide Layer)



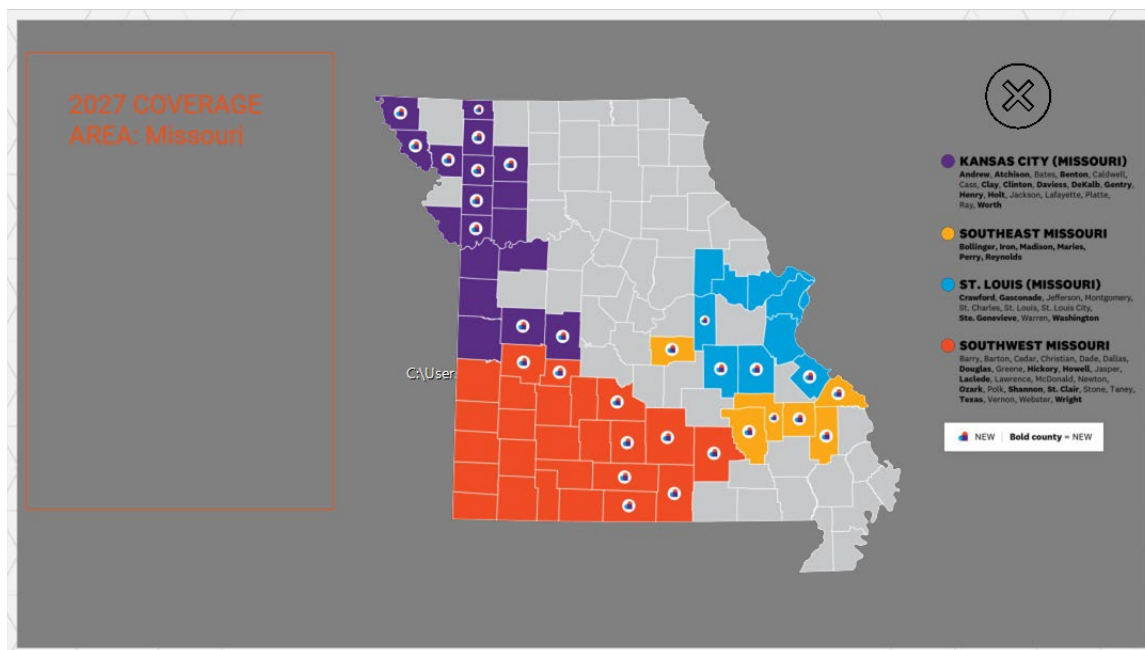
Kansas (Slide Layer)



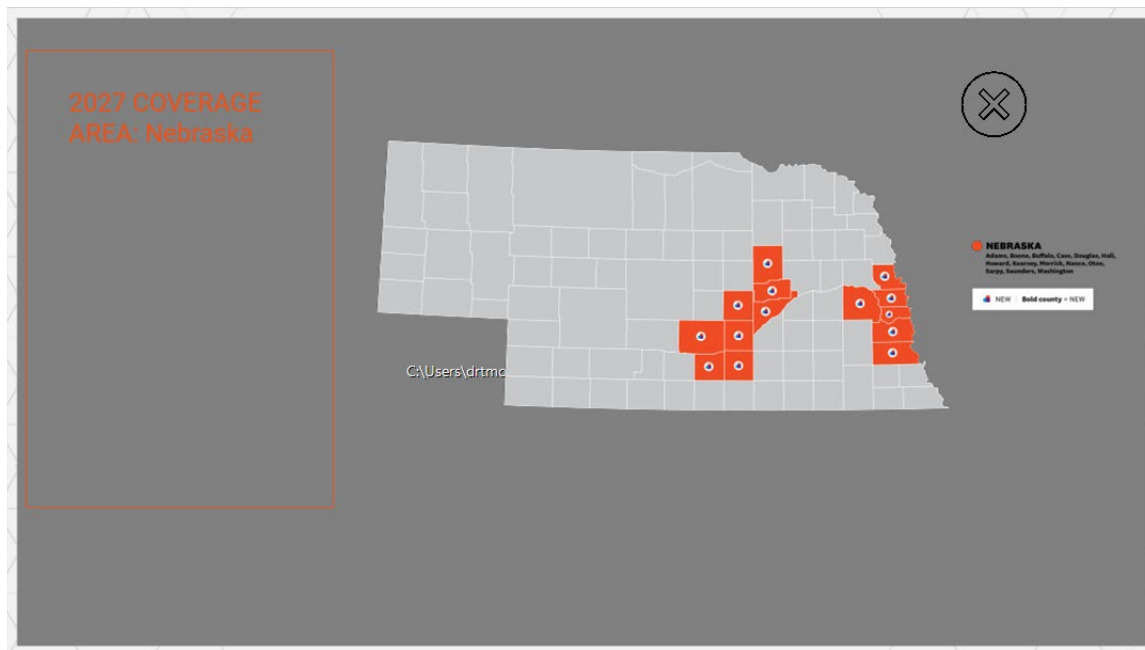
Louisiana (Slide Layer)



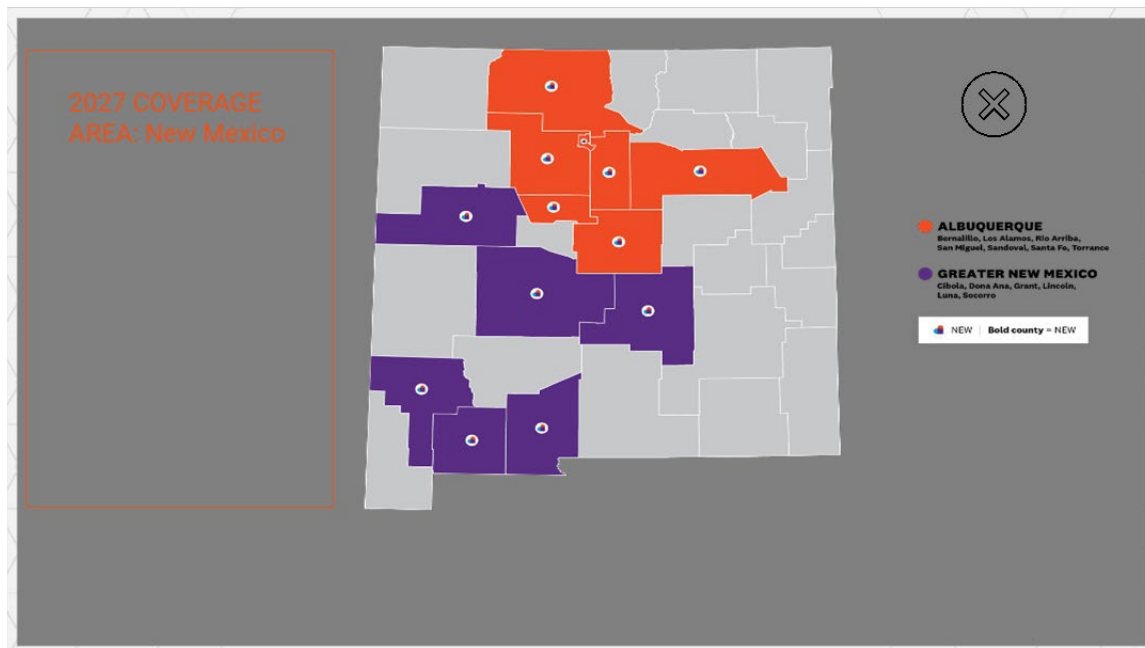
Missouri (Slide Layer)



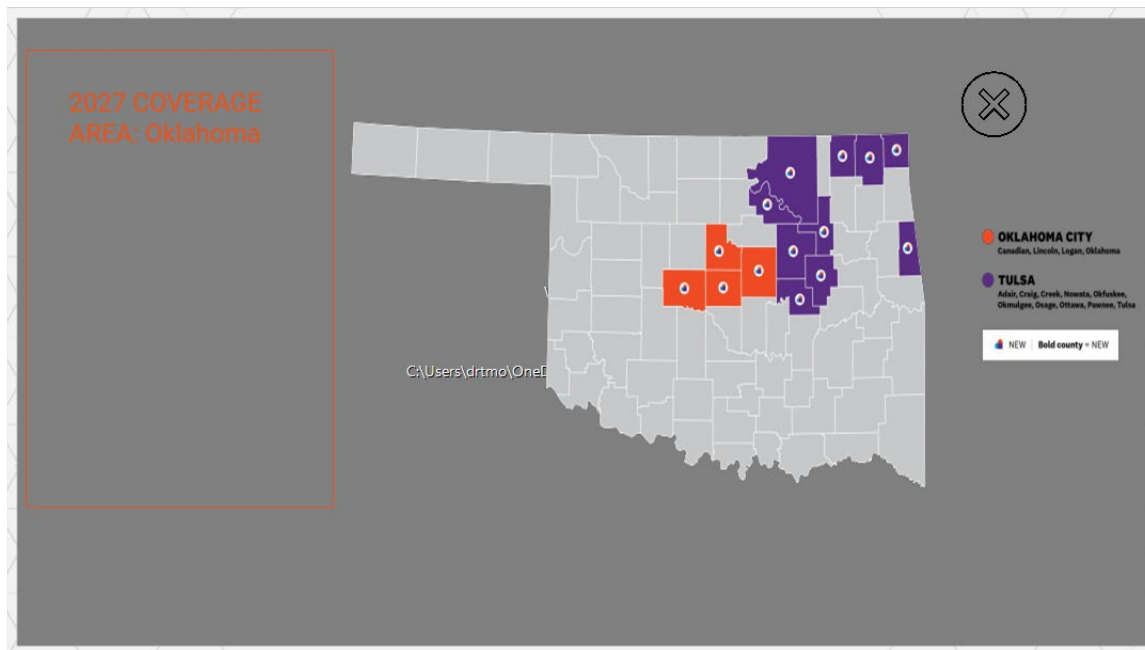
Nebraska (Slide Layer)



New Mexico (Slide Layer)



Oklahoma (Slide Layer)



Virginia (Slide Layer)



2.12 Introduction



2.13 How to build benefits the right way



Notes:

As we discuss benefits, it's crucial to understand how we tailor our plans. We don't simply replicate products from one market to another. Instead, we immerse ourselves in each market, recognizing their unique differences. Through competitive analysis, we identify successful strategies and potential gaps.

We engage with local doctors, prospects, and brokers to grasp what truly matters to consumers.

2.14 Plan Qualifications

Plan Qualifications

Below is a listing of the eligibility requirements that allow an individual to enroll in our plans.

- 01** Must live in the plan's service area
- 02** Must be eligible for Part A and Enrolled in Part B on plan start date
- 03** Must have a qualifying election period
- 04** If the plan is a Special Needs Plan, the individual must also qualify for the special need associated with that plan.

Review our election period guide to learn more about enrollment periods and enrollment effective dates:
[Eligibility and Enrollment Periods](#)

Notes:

Below is a listing of the eligibility requirements that allow an individual to enroll in our plans.

2.15 MAPD and MA only



MAPD and MA only

In this section, we will review our different Medicare Advantage plan offerings across all of our states.

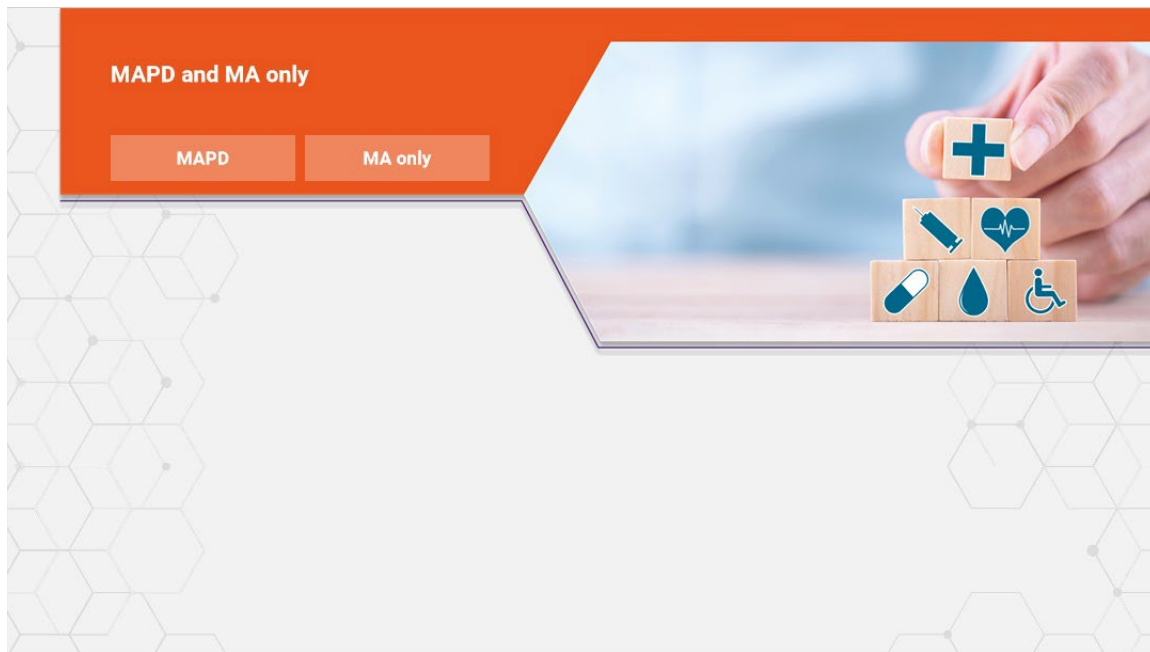
There are some similarities across our plans depending if they are MAPD or MA only.

As a reminder, agents cannot market plan year 2027 benefits prior to October 1, 2026.

Notes:

In this section, we will review our different Medicare Advantage plan offerings across all of our states. There are some similarities across our plans depending if they are MAPD or M8 only. As a reminder, agents cannot market plan year 2026 benefits prior to October 1, 2026.

2.16 MAPD and MA only



Devoted Health Plans (Slide Layer)

The slide content includes the same orange header and navigation buttons as the thumbnail. The main content area is divided into three sections. On the left, a text block defines Devoted Health Plans. On the right, a diagram shows the components of these plans: Original Medicare benefits, built-in Part D prescription drug coverage, and additional unique benefits, all connected by plus signs. The background features the same light gray hexagonal pattern.

MAPD and MA only

MAPD MA only

Devoted Health Plans
Medicare Advantage plans with built-in prescription drug coverage

Devoted Health plans offer Medicare Advantage Plans that incorporate the following elements:

- Original Medicare benefits**
All Medicare Part A and Part B benefits
- Built in Part D Prescription drug coverage built into the health plan**
- Additional benefits**
Unique additional benefits not offered under Original Medicare

MA only (Slide Layer)

MAPD and MA only

MAPDMA only



MA only

In select markets, Devoted Health offers Medicare Advantage plans without prescription drug plans.

Original Medicare benefits

All Medicare Part A and Part B benefits

Additional benefits

Unique additional benefits not offered under Original Medicare

Untitled Layer 3 (Slide Layer)

MAPD and MA only

MAPDMA only



2.17 Plan Options

Plan Options

All plans are not available in every market. To find out which plans are available in your market area, check the summary of benefits or visit devoted.com and [enter your zip code](#) here. New plan offerings for the upcoming year will not appear online until October 1. Prior to that, any plan benefit and availability information will be sent via email from Devoted Health.



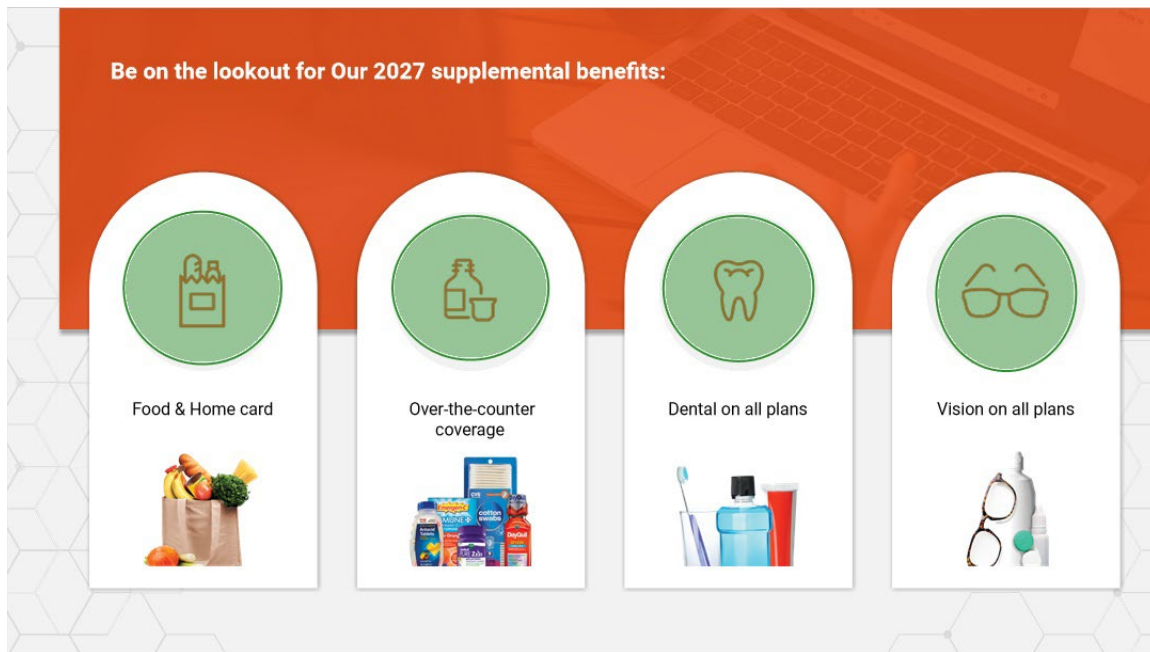
Click (Slide Layer)

Plan Options

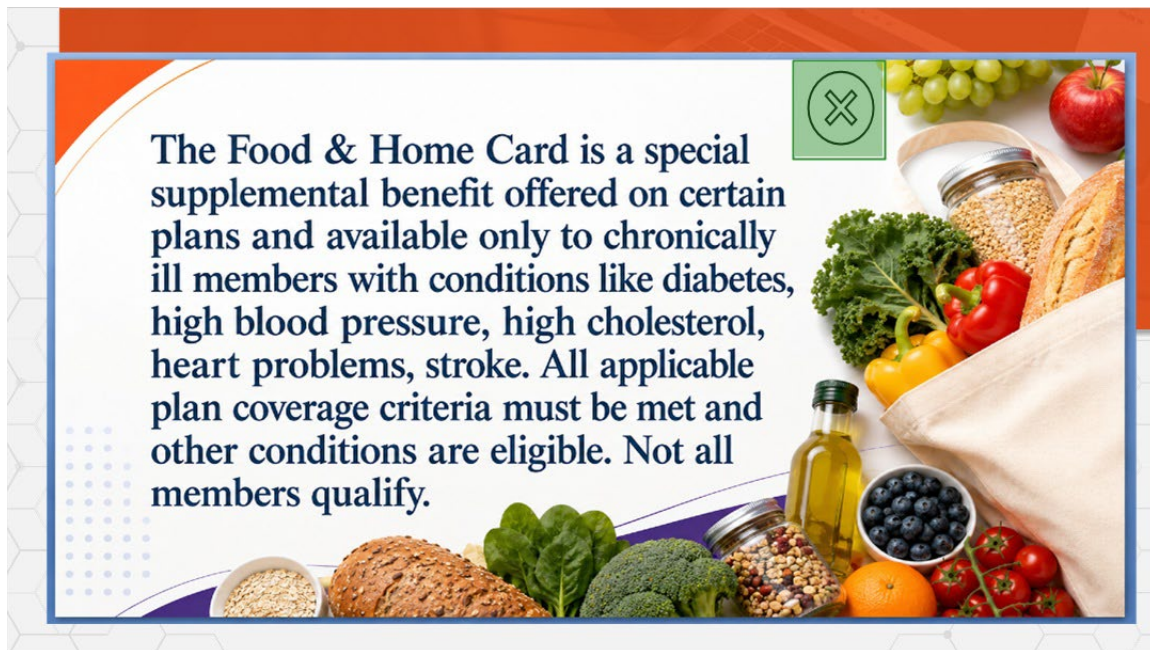
All plans are not available in every market. To find out which plans are available in your market area, check the summary of benefits or visit devoted.com and [enter your zip code](#) here. New plan offerings for the upcoming year will not appear online until October 1. Prior to that, any plan benefit and availability information will be sent via email from Devoted Health.



2.18 Be on the lookout for these benefits:



The food and Home Card (Slide Layer)



Over-the-Counter (Slide Layer)

Over-the-counter (OTC) benefits

How it works

- We partner with CVS Flex Benefits to offer this benefit.
- Members can make purchases using their Devoted member ID card or by providing their member ID, date of birth, and zip code at checkout.
- Eligible items are listed in a catalog that's available both in print and online.
- The OTC benefit is a quarterly allowance. Unused funds do not carry over to the next quarter.

Shopping for OTC items

- **Home delivery:** Members can order by phone or online and get items shipped directly to their home.
- **In-store:** Members can purchase eligible items at any standalone CVS or Longs Drugs location.

Quarterly allowance
to spend at CVS on eligible OTC items, like toothpaste, vitamins, pain relievers, and more!



31 | Private & Confidential

Dental Benefits (Slide Layer)

Dental benefits

	Direct member reimbursement	Network-based
Description	Member sees any dentist , pays out of pocket, and submits for reimbursement. Cost-sharing applies to comprehensive services on most plans. ¹	Member has access to in-network dentists with a set dollar amount of coverage. Cost-sharing applies to comprehensive services on most non-SNPs (and some SNPs). ¹
Network	No network. Members can see any dentist in the U.S.	Devoted Dental (Alabama) or Liberty Dental (all other service areas). PPO members can see out-of-network providers, but dollars will go further in-network.
What counts towards the limit	All services (preventive and comprehensive) count towards the annual dollar limit. ²	

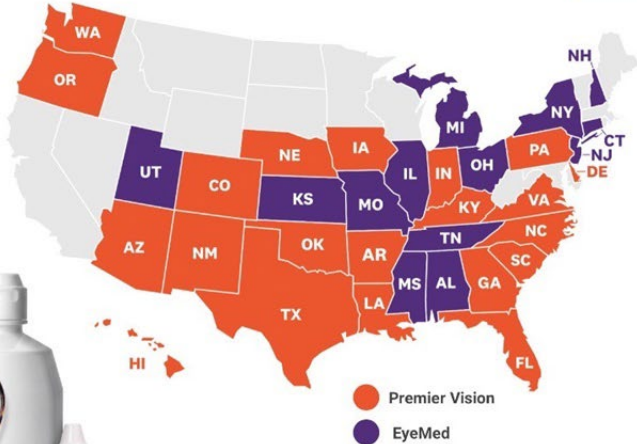


Vision & eyewear benefits (Slide Layer)

Vision & eyewear benefits

Key highlights:

- Annual **eyewear allowance** through a participating vision vendor — **Premier Vision** or **EyeMed**
- Covers **prescription glasses and/or contact lenses**
- Members simply **present their Devoted member ID card** at participating provider locations
- Provides access to **routine eye exams**
- Members can find in-network providers by calling us or visiting our website



Legend: Premier Vision (orange), EyeMed (purple)



2.19 Members' fitness benefits include:



Members' fitness benefits include:

Wellness Bucks

SilverSneakers®

Devoted Health is not affiliated with Apple Inc. Apple Watch® and all other Apple product names are trademarks or registered trademarks of Apple Inc.

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SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

Wellness Bucks (Slide Layer)



Members' fitness benefits include:

- Wellness Bucks
- SilverSneakers®

Members can be reimbursed for:

- Fitness classes, like yoga or Zumba® (online or in person)
- Weight management programs, like WeightWatchers®
- Mindfulness and meditation apps, like Luminosity®, Calm®, and Headspace®
- Home gym equipment, like a walking pad, stationary bike, free weights, yoga mat, and more!

Devoted Health is not affiliated with Apple Inc. Apple Watch® and all other Apple product names are trademarks or registered trademarks of Apple Inc.

The WW Logo, WeightWatchers, Points, and ZeroPoint are trademarks of WW International, Inc. ©2024 WW International, Inc. All rights reserved.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

SilverSneakers (Slide Layer)



Members' fitness benefits include:

- Wellness Bucks
- SilverSneakers®

At \$0 cost to members, they can access:

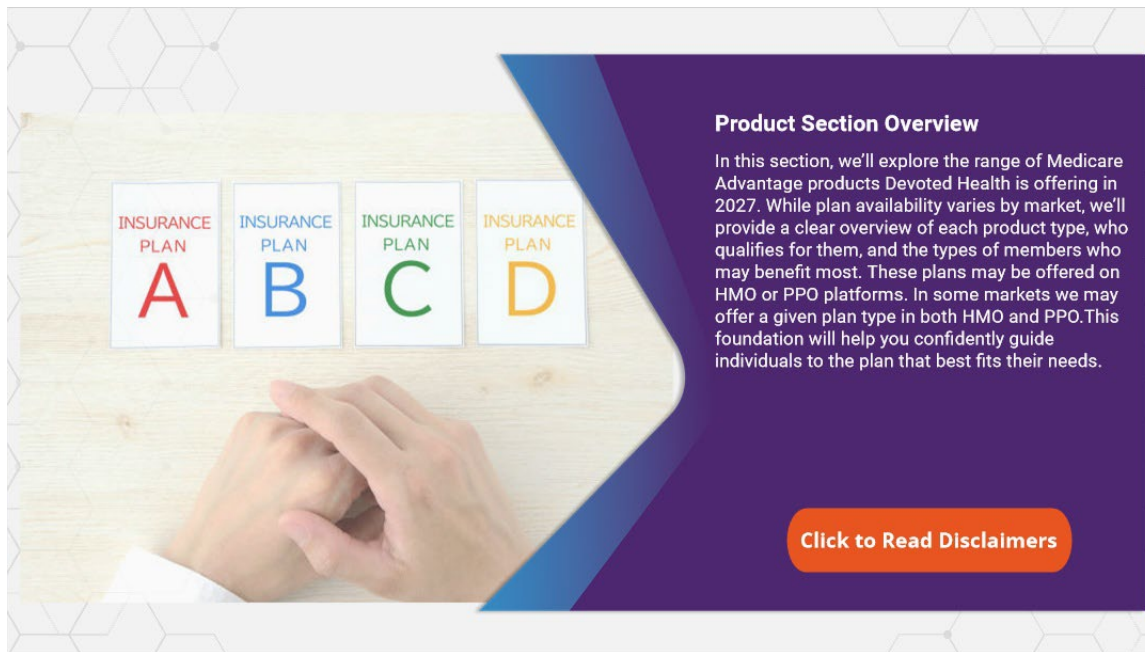
- Local gyms and community centers
- Live online classes and workshops
- On-demand video workouts
- SilverSneakers GO fitness app

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SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

2.20 Product Section

A slide titled "Product Section Overview" with a background image of hands pointing to four cards labeled "INSURANCE PLAN A", "INSURANCE PLAN B", "INSURANCE PLAN C", and "INSURANCE PLAN D". The cards are on a wooden surface. The slide has a purple and blue geometric design on the right side.

Product Section Overview

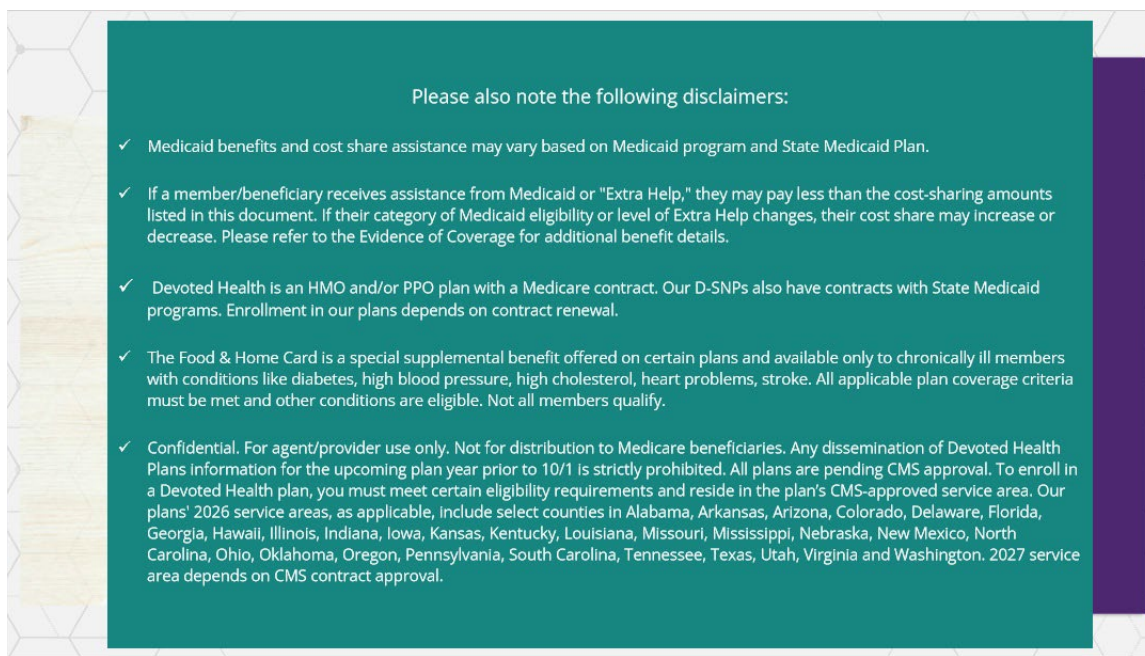
In this section, we'll explore the range of Medicare Advantage products Devoted Health is offering in 2027. While plan availability varies by market, we'll provide a clear overview of each product type, who qualifies for them, and the types of members who may benefit most. These plans may be offered on HMO or PPO platforms. In some markets we may offer a given plan type in both HMO and PPO. This foundation will help you confidently guide individuals to the plan that best fits their needs.

[Click to Read Disclaimers](#)

Notes:

Now that you've had a chance to learn about our different plans, you'll see that we do have multiple plans because we know that not one size fits all. We have plans to fit many different needs so you can fit the needs of the individual you are speaking to.

Disclaimers (Slide Layer)

A slide titled "Please also note the following disclaimers:" with a teal background and a purple vertical bar on the right. It contains five bullet points with checkmarks.

Please also note the following disclaimers:

- ✓ Medicaid benefits and cost share assistance may vary based on Medicaid program and State Medicaid Plan.
- ✓ If a member/beneficiary receives assistance from Medicaid or "Extra Help," they may pay less than the cost-sharing amounts listed in this document. If their category of Medicaid eligibility or level of Extra Help changes, their cost share may increase or decrease. Please refer to the Evidence of Coverage for additional benefit details.
- ✓ 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.
- ✓ The Food & Home Card is a special supplemental benefit offered on certain plans and available only to chronically ill members with conditions like diabetes, high blood pressure, high cholesterol, heart problems, stroke. All applicable plan coverage criteria must be met and other conditions are eligible. Not all members qualify.
- ✓ Confidential. For agent/provider use only. Not for distribution to Medicare beneficiaries. Any dissemination of Devoted Health Plans information for the upcoming plan year prior to 10/1 is strictly prohibited. All plans are pending CMS approval. To enroll in a Devoted Health plan, you must meet certain eligibility requirements and reside in the plan's CMS-approved service area. Our plans' 2026 service areas, as applicable, include select counties in Alabama, Arkansas, Arizona, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Missouri, Mississippi, Nebraska, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia and Washington. 2027 service area depends on CMS contract approval.

2.21 Introduction



Non – Special Needs Plans (SNPs)

Lesson 4 of 13

2.22 \$0 Premium Plan

\$0 Premium Plan

Well-rounded \$0 premium plan with balanced medical and prescription drug costs and supplemental dental and eyewear benefits.



Eligibility

All Medicare eligibles



Who it may be a good fit for

Members seeking predictable costs, \$0 premiums, and a stable mix of medical and extra benefits



2.23 Giveback Plan

Giveback Plan

Saver-focused \$0 premium plan with a Part B premium reduction to help lower monthly costs as well as supplemental dental and eyewear benefits.

Eligibility
All Medicare eligibles

Who it may be a good fit for
Budget-conscious members who value monthly cash savings over richer plan benefits

When giveback plans may not be the right fit

- Dual-eligible individuals (Medicare + Medicaid)
- Beneficiaries enrolled in state/federal premium payment programs

Important items



Important items to know (Slide Layer)

Giveback Plan

Saver-focused \$0 premium plan with a Part B premium reduction to help lower monthly costs as well as supplemental dental and eyewear benefits.

Eligibility
All Medicare eligibles

Who it may be a good fit for
Budget-conscious members who value monthly cash savings over richer plan benefits

When giveback plans may not be the right fit

- Dual-eligible individuals (Medicare + Medicaid)
- Beneficiaries enrolled in state/federal premium payment programs

Important items

Important items to know and communicate about Giveback plans:

- If the beneficiary receives Social Security benefits: The giveback is reflected as a higher monthly Social Security payment.
- If the beneficiary does not receive Social Security: The giveback appears as a reduced Medicare Part B premium bill.
- The reduction may take 1-3 months to be reflected, but the savings are retroactive to the enrollment start date. (Timing is not controlled by the carrier.)
- If a beneficiary receives assistance paying their Part B premium through Medicaid or other state/federal programs (e.g., QI1, SLMB, QMB, or full Medicaid), they will NOT receive the giveback. The plan will not send the money elsewhere or reallocate the benefit - it simply will not be applied.

Here are some additional resources on giveback plans

[Giveback Broker Guide](#) [Giveback Workbook](#)

2.24 Giveback Explainer



2.25 MA-Only Giveback

MA-Only Giveback

\$0 premium plan with NO Part D drug coverage. Includes supplemental dental and eyewear, and a Part B premium reduction to put money back in Social Security check (if applicable)

Eligibility
All Medicare eligibles

Who it may be a good fit for

- People who do not need Part D coverage
- Veterans and others with non-MA drug coverage (e.g., TRICARE)
- Members avoiding Part D due to IRMAA or LEP

Who it may not be a good fit for

- Members who do not pay a Part B premium
- Members who need or want Part D drug coverage

Important items



Important items to know (Slide Layer)

MA-Only Giveback

\$0 premium plan with NO Part D drug coverage. Includes supplemental dental and eyewear, and a Part B premium reduction to put money back in Social Security check (if applicable)

 **Eligibility**
All Medicare eligibles

 **Who it may be a good fit for**

- People who do not need Part D coverage
- Veterans and others with non-MA drug coverage (e.g., TRICARE)
- Members avoiding Part D due to IRMAA or LEP

 **Who it may not be a good fit for**

- Members who do not pay a Part B premium
- Members who need or want Part D drug coverage

[Important items](#)

Important items to know and communicate about Giveback plans:

- If the beneficiary receives Social Security benefits: The giveback is reflected as a higher monthly Social Security payment.
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- The reduction may take 1-3 months to be reflected, but the savings are retroactive to the enrollment start date. (Timing is not controlled by the carrier.)
- **If a beneficiary receives assistance paying their Part B premium through Medicaid or other state/federal programs (e.g., QI1, SLMB, QMB, or full Medicaid), they will NOT receive the giveback. The plan will not send the money elsewhere or reallocate the benefit - it simply will not be applied.**

Here are some additional resources on giveback plans

[Giveback Broker Guide](#) [Giveback Workbook](#)

2.26 Premium plan

Premium Plan

Comprehensive premium plan with reasonable medical and prescription drug costs, supplemental dental and eyewear benefits.

 **Eligibility**
All Medicare eligibles

 **Who it may be a good fit for**

- Members willing to pay a premium for supplemental benefits and for the peace of mind offered by lower out-of-pocket costs

 **Who it may not be a good fit for**

- Price-sensitive members looking for \$0 premium plans



2.27 Introduction



2.28 What types of special needs plans does Devoted offer?

What types of SPECIAL NEEDS PLANS does Devoted offer?

-  **Dual Special Needs Plans (D-SNP plans)** are available for individuals who qualify for both Medicare and Medicaid.
-  **Chronic Special Needs Plans (C-SNP plans)** are available for individuals who have a specific chronic condition, and are tailored for individuals who need specialized care and benefits that focus on managing and treating their chronic health issues.

Notes:

In this section, we will review our different Medicare Advantage plan offerings across all of our states. There are some similarities across our plans depending if they are MAPD or M8 only. As a reminder, agents cannot market plan year 2026 benefits prior to October 1, 2026.

2.29 Medicare/Medicaid (Duals)

Medicare/Medicaid (Duals)

Dual eligible (Medicare/Medicaid) levels are determined by state Medicaid agencies using:

- Income and asset information
- State-specific Medicaid rules

Depending on their level, Medicaid may cover:

- Medicare Part A and/or B premiums
- Medicare service cost sharing
- Additional Medicaid-only services (e.g., behavioral health, personal care, transportation)



Medicaid benefits vary by state. There are 7 dual-eligible levels, grouped into:

- **Full Duals** (receive Medicaid benefits): FBDE, SLMB+, QMB+
- **Partial Duals** (do not receive Medicaid benefits): QMB, SLMB, QI, QDWI



Medicaid eligibility is reviewed annually and can change frequently.



***Note:** Medicaid enrollment is state-specific. If a member moves from one state to another, they will have to reapply for Medicaid in their new state. There is no guarantee that they will qualify for Medicaid in their new state.*

Notes:

Medicare/Medicaid (Duals)

Dual eligible (Medicare/Medicaid) levels are determined by state Medicaid agencies using:
Income and asset information
State-specific Medicaid rules

Depending on their level, Medicaid may cover:
Medicare Part A and/or B premiums
Medicare service cost sharing
Additional Medicaid-only services (e.g., behavioral health, personal care, transportation)

Medicaid benefits vary by state. There are 7 dual-eligible levels, grouped into:
Full Duals (receive Medicaid benefits): FBDE, SLMB+, QMB+
Partial Duals (do not receive Medicaid benefits): QMB, SLMB, QI, QDWI

Medicaid eligibility is reviewed annually and can change frequently.

Note: Medicaid enrollment is state-specific. If a member moves from one state to another, they will have to reapply for Medicaid in their new state. There is no guarantee that they will qualify for Medicaid in their new state.

2.30 SLMB, QI, QDWI

SLMB, QI, QDWI

Must know:

- **These are the most limited levels of Medicaid assistance** - they get some assistance with Medicare premiums, but that's all Medicaid covers.
- **They will always pay the higher amount** when you see "\$0 or \$XX with Medicaid assistance" in plan materials.

Eligibility Level	Program Name	Eligibility	Medicaid covers:			
			Part A Premium (if applicable)	Part B Premium	Cost Share for Medicare Benefits	Medicaid Benefits
SLMB	Specified Low-Income Medicare Beneficiary	Income 100-120% FPL; resource limits apply		✓		
QI	Qualified Individual	Income 120-135% FPL; resource limits apply		✓		
QDWI	Qualified Disabled Working Individual	Income < 200% of FPL; resource limits apply	✓			

Notes:

Must know:

These are the most limited levels of Medicaid assistance - they get some assistance with Medicare premiums, but that's all Medicaid covers.

They will always pay the higher amount when you see "\$0 or \$XX with Medicaid assistance" in plan materials.

2.31 QMB, QMB+

QMB, QMB+

Must know:

- **These are the most protected levels of Medicaid eligibility** - Medicare providers are federally prohibited from billing a QMB member for Medicare services, apart from a nominal Medicaid copay if applicable.
- **They will always pay the lower amount** when you see "\$0 or \$XX with Medicaid assistance" in plan materials. Members may be liable for nominal Medicaid copays (we list these in our D-SNP plan materials if applicable).
- **QMB+ members are Full Dual** - they have access to Medicaid benefits.

Eligibility Level	Program Name	Eligibility	Medicaid covers:			
			Part A Premium (if applicable)	Part B Premium	Cost Share for Medicare Benefits	Medicaid Benefits
QMB+	Qualified Medicare Beneficiary Plus	Income < 100% FPL; resource limits apply + Qualifies for a State Medicaid program that provides full Medicaid benefits	✓	✓	✓	✓
QMB	Qualified Medicare Beneficiary	Income < 100% FPL; resource limits apply	✓	✓	✓	

Notes:

Must know:

These are the most protected levels of Medicaid eligibility - Medicare providers are federally prohibited from billing a QMB member for Medicare services, apart from a nominal Medicaid copay if applicable.

They will always pay the lower amount when you see "\$0 or \$XX with Medicaid assistance" in plan materials. Members may be liable for nominal Medicaid copays (we list these in our D-SNP plan materials if applicable).

QMB+ members are Full Dual - they have access to Medicaid benefits.

2.32 FBDE, SLMB+

FBDE, SLMB+

Must know:

- **FBDE and SLMB+ members are Full Dual** - they have access to Medicaid benefits.
- **Typically Medicaid will cover their cost share for Medicare services, but there are exceptions**
- **They will usually pay the lower amount** when you see "\$0 or \$XX with Medicaid assistance" in plan materials (apart from the exceptions above). Members may be liable for nominal Medicaid copays (we list these in our D-SNP plan materials if applicable).

Eligibility Level	Program Name	Eligibility	Medicaid covers:			
			Part A Premium (if applicable)	Part B Premium	Cost Share for Medicare Benefits	Medicaid Benefits
FBDE	Full Benefit Dual Eligible	Varies by state Medicaid rules	Depends on the state the specific Medicaid program in which the member is enrolled		√** (with exceptions)	√
SLMB+	Specified Low-Income Medicare Beneficiary Plus	Income 100-120% FPL; resource limits apply + Qualifies for a State Medicaid program that provides full Medicaid benefits		√	√** (with exceptions)	√

Notes:

Must know:

These are the most protected levels of Medicaid eligibility - Medicare providers are federally prohibited from billing a QMB member for Medicare services, apart from a nominal Medicaid copay if applicable.

They will always pay the lower amount when you see "\$0 or \$XX with Medicaid assistance" in plan materials. Members may be liable for nominal Medicaid copays (we list these in our D-SNP plan materials if applicable).

QMB+ members are Full Dual - they have access to Medicaid benefits.

2.33 A note on FBDE and SLMB+s

A note on FBDE and SLMB+

Important Notes on FBDE and SLMB+ Cost Share Protections

- **FBDE and SLMB+ members do not have the same federal cost share protections as QMBs.**
- **Out-of-Network (OON) providers** may bill these members for cost share, even if Medicaid would normally cover it.
- **In-Network (INN) providers** must:
 - Accept Devoted's payment as payment in full, or
 - Bill Medicaid for the cost share
 - **They cannot bill the member if Medicaid is liable.**
- **We cannot enforce this billing rule for OON providers.**

Additionally

- **State Medicaid programs vary** in how they cover cost share for FBDE and SLMB+:
 - Some cover all Medicare services
 - Others only cover services **also** covered by Medicaid
- While most Medicare-covered services are also covered by Medicaid, **exceptions do exist.**

Important

You must inform FBDE and SLMB+ beneficiaries about potential OON billing for cost-share and strongly advise them to stay in-network or confirm OON provider acceptance of Medicaid before receiving services

Notes:

Must know:

These are the most protected levels of Medicaid eligibility - Medicare providers are federally prohibited from billing a QMB member for Medicare services, apart from a nominal Medicaid copay if applicable.

They will always pay the lower amount when you see "\$0 or \$XX with Medicaid assistance" in plan materials. Members may be liable for nominal Medicaid copays (we list these in our D-SNP plan materials if applicable).

QMB+ members are Full Dual - they have access to Medicaid benefits.

2.34 A Lifeline for Members with Limited Income

A Lifeline for Members with Limited Income

"Extra Help," also known as Low Income Subsidy (LIS), is a federally run program through SSI that helps members with Medicare pay for Part D prescription drug costs.

It reduces:

- Monthly Part D premiums
- Annual Part D deductibles
- Prescription copays

Waives the late enrollment penalty (LEP) for those who did not enroll in Part D when they first became eligible

Eligibility is based on income and asset limits, with automatic qualification for some (e.g., dual-eligible, SSI recipients).

Note: A member can have LIS and not be on Medicaid and while many Medicaid recipients automatically qualify for LIS, QDWI members are not automatically eligible for LIS. It is important to always verify LIS status.

Notes:

Must know:

These are the most protected levels of Medicaid eligibility - Medicare providers are federally prohibited from billing a QMB member for Medicare services, apart from a nominal Medicaid copay if applicable.

They will always pay the lower amount when you see "\$0 or \$XX with Medicaid assistance" in plan materials. Members may be liable for nominal Medicaid copays (we list these in our D-SNP plan materials if applicable).

QMB+ members are Full Dual - they have access to Medicaid benefits.

2.35 Introduction



2.36 Why complete this model of care training?

Why complete this model of care training?

-  CMS requires all Special Needs Plans or "SNPs" to train employees, providers, and contracted staff annually on their Model of Care.
-  As a Devoted agent, you'll support our SNP members to enroll in plans and complete HRAs, which kick start key aspects of our care coordination model.
-  For all SNPs, CMS must approve a Model of Care that describes care coordination and enhanced processes for the special population served.

A photograph showing a doctor's hands holding a small wooden house. Inside the house, there is a white silhouette of a family (two adults and two children). The doctor is wearing a white coat and a blue stethoscope.

2.37 SNP Enrollment Process

SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

01

02

03

04

05



SNP Enrollment Process 1 (Slide Layer)

SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

During enrollment, the member will attest to having Medicaid and include their Medicaid number. We will then verify their Medicaid level. If there is a discrepancy, both the agent and the member will be informed. In states where we offer D-SNPs, agents can verify Medicaid levels through our Agent Portal or our Agent Support team.

01

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05



SNP Enrollment Process 2 (Slide Layer)

SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

Our DUAL plans are targeted toward non-QMB partial duals (SLMB, QI, QDWI). These beneficiaries do not receive support from Medicaid for Medicare cost shares and are liable for all cost shares filed.

01

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04

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SNP Enrollment Process 3 (Slide Layer)

SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

Our DUAL PLUS and DUAL FULL plans are geared toward QMBs and Full Duals who receive assistance from Medicaid for Medicare cost shares. Individuals who receive Medicaid cost share assistance will typically pay \$0 cost share for Medicare services received in-network (nominal Medicaid co-pays may apply).

01

02

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04

05



SNP Enrollment Process 4 (Slide Layer)

SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

Nuance:

PPO D-SNP members may be held liable for full cost share for OON services, if the OON provider does not accept Medicaid

FBDE members in TX may be liable for full cost share. In some markets, members have to see a provider who accepts Medicaid in order for their cost share to be covered.

01

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SNP Enrollment Process 5 (Slide Layer)

SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

As a reminder the quarterly Dual SEP will be limited for dually eligible individuals and others enrolled in the Part D low-income subsidy program to elect a standalone PDP. The integrated care SEP will allow full dual eligible individuals the option to elect an integrated D-SNP on a monthly basis or in certain D-SNPs to those individuals who are also enrolled in an affiliated Medicaid managed care organization. For Devoted Health this will mean only full dual eligible individuals (Medicaid levels FBDE, SLMB+, or QMB+) will be permitted to use the new monthly SEP to enroll in our FL D-SNP plans, which are highly integrated. All other D-SNP enrollments must occur during another valid election periods.

01

02

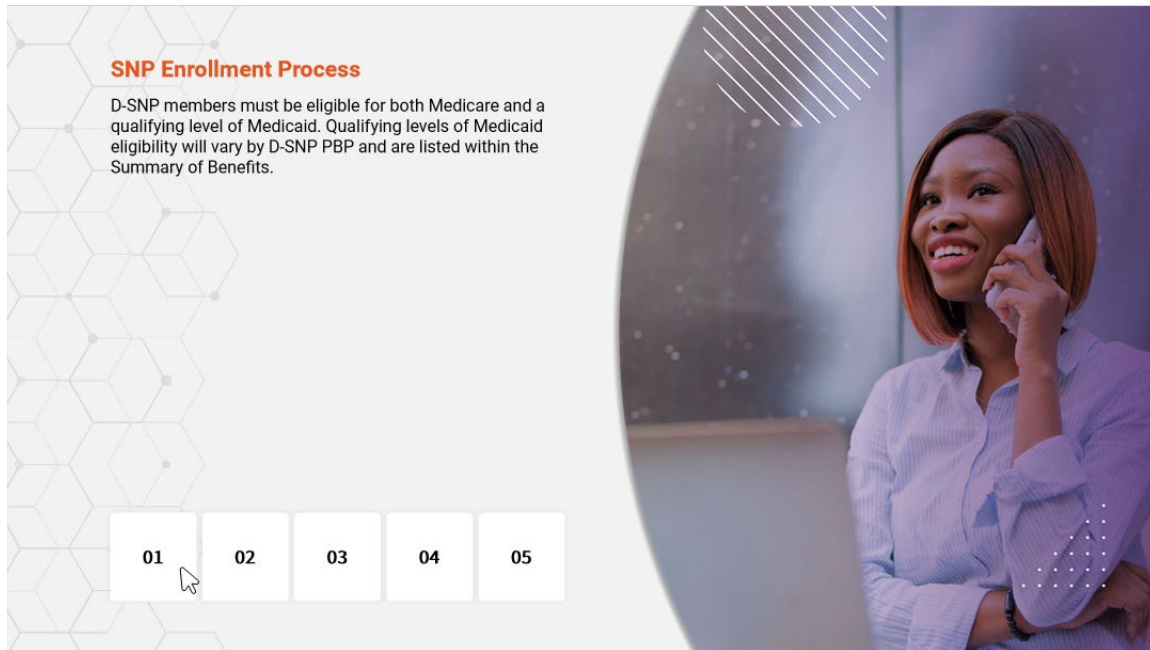
03

04

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Click (Slide Layer)



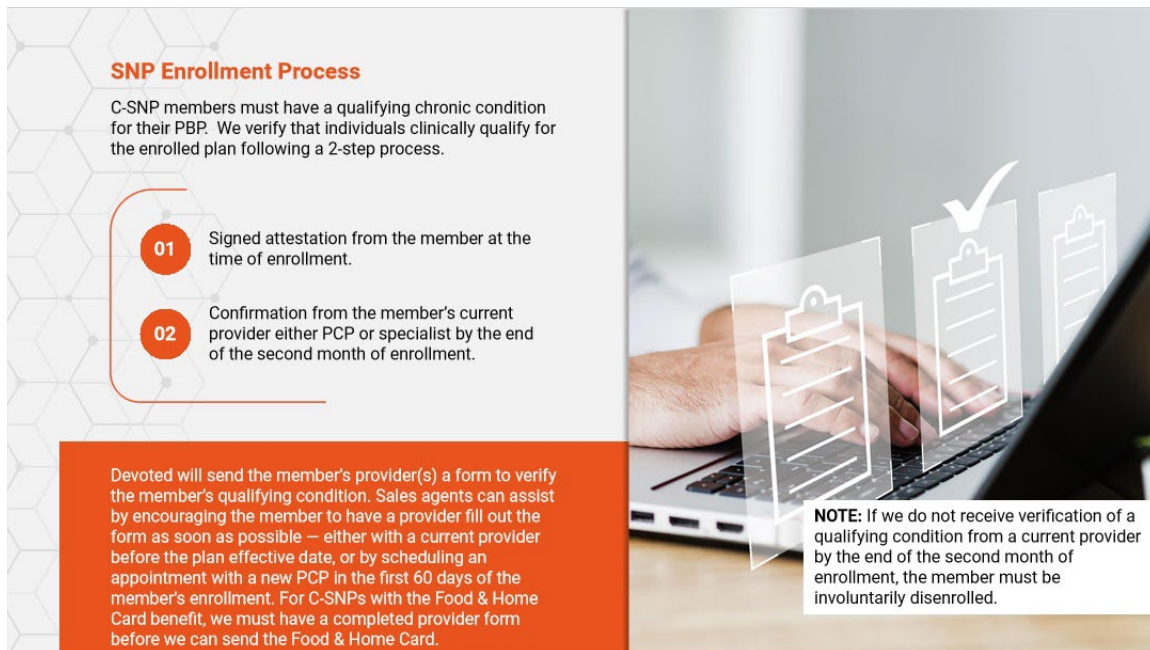
SNP Enrollment Process

D-SNP members must be eligible for both Medicare and a qualifying level of Medicaid. Qualifying levels of Medicaid eligibility will vary by D-SNP PBP and are listed within the Summary of Benefits.

01 02 03 04 05

A woman with short brown hair, wearing a light blue button-down shirt, is smiling and talking on a white mobile phone. She is standing in front of a large window with a view of a city skyline at night. The background is slightly blurred, showing the window and the city lights.

2.38 SNP Enrollment Process



SNP Enrollment Process

C-SNP members must have a qualifying chronic condition for their PBP. We verify that individuals clinically qualify for the enrolled plan following a 2-step process.

- 01 Signed attestation from the member at the time of enrollment.
- 02 Confirmation from the member's current provider either PCP or specialist by the end of the second month of enrollment.

Devoted will send the member's provider(s) a form to verify the member's qualifying condition. Sales agents can assist by encouraging the member to have a provider fill out the form as soon as possible – either with a current provider before the plan effective date, or by scheduling an appointment with a new PCP in the first 60 days of the member's enrollment. For C-SNPs with the Food & Home Card benefit, we must have a completed provider form before we can send the Food & Home Card.

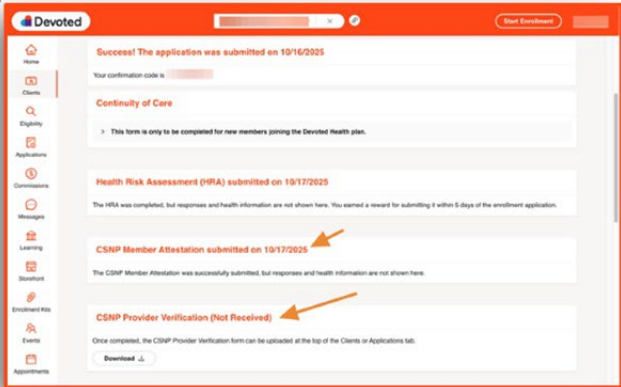
NOTE: If we do not receive verification of a qualifying condition from a current provider by the end of the second month of enrollment, the member must be involuntarily disenrolled.

A person's hands are visible typing on a laptop keyboard. In the background, there are three transparent, overlapping icons of clipboards. The first clipboard has a checkmark, and the second and third have lists of text, suggesting a process or checklist.

2.39 SNP Enrollment Process



- **Member Attestation**
 - If submitted: shows date and status as submitted.
 - If not submitted: option to complete with the member.
- **Provider Verification**
 - If not received: option to download the form.
 - If received: reflects the date and status as submitted.



Private & Confidential

2.40 Our Model of Care

Our Model of Care

Models of Care have 4 main sections as outlined below - take your time to review each one.

SNP Population Description

Care Coordination

Provider Network

Quality and Performance Improvement



SNP Population Description (Slide Layer)

Our Model of Care

Models of Care have 4 main sections as outlined below - take your time to review each one.

SNP Population Description

Care Coordination

Provider Network

Quality and Performance Improvement

The distinctive challenges facing the SNP population:

C-SNP Population: Cardiac

- Compared to other Medicare beneficiaries, those with cardiac conditions among Devoted's C-SNP population are more likely to:
- Be over 65
- Have numerous chronic conditions beyond a qualifying cardiac condition, such as diabetes, chronic kidney disease, and dementia
- Have behavioral health challenges

C-SNP Population: Diabetes

- Compared to other Medicare beneficiaries, those with diabetes among Devoted's C-SNP population are more likely to:
- Have numerous chronic conditions in addition to diabetes, such as chronic kidney disease, heart disease, heart failure, and chronic skin ulcers.
- Have behavioral health challenges.

D-SNP Population

- If you already have dual-eligible patients, you know their challenges well. Compared to other Medicare beneficiaries, they're more likely to:
- Be under 65 (disabled and lower income) or over 85 (older, very low income, often with long-term care needs).
- Have numerous chronic conditions.
- Have behavioral health and substance use challenges.

Social needs also significantly impact the health of many SNP members. Members can call 1-800-DEVOTED to be connected to our Community Guides, who can help members identify and access community resources for housing, food, and transportation.

Care Coordination (Slide Layer)

Our Model of Care

Models of Care have 4 main sections as outlined below - take your time to review each one.

SNP Population Description

Care Coordination

Provider Network

Quality and Performance Improvement

Health Risk Assessment (HRA)

- Our sales team conducts HRAs at the time of enrollment and if not obtained the Devoted team will try and complete within 90 days of enrollment, then annually
- We attempt HRAs in person, over the phone, by mail, or via portal

Care plan

- We use HRA results and other data to identify each member's level of risk and overall needs, and to create individualized care plans
- We share the care plan with the member, their PCP (if applicable), and other members of the care team for feedback and collaboration
- We perform case management for all members at a level that matches their specific needs

Care team

- Includes the member, PCP (if applicable), Devoted Health staff, and other relevant participants who collaborate on the member's care

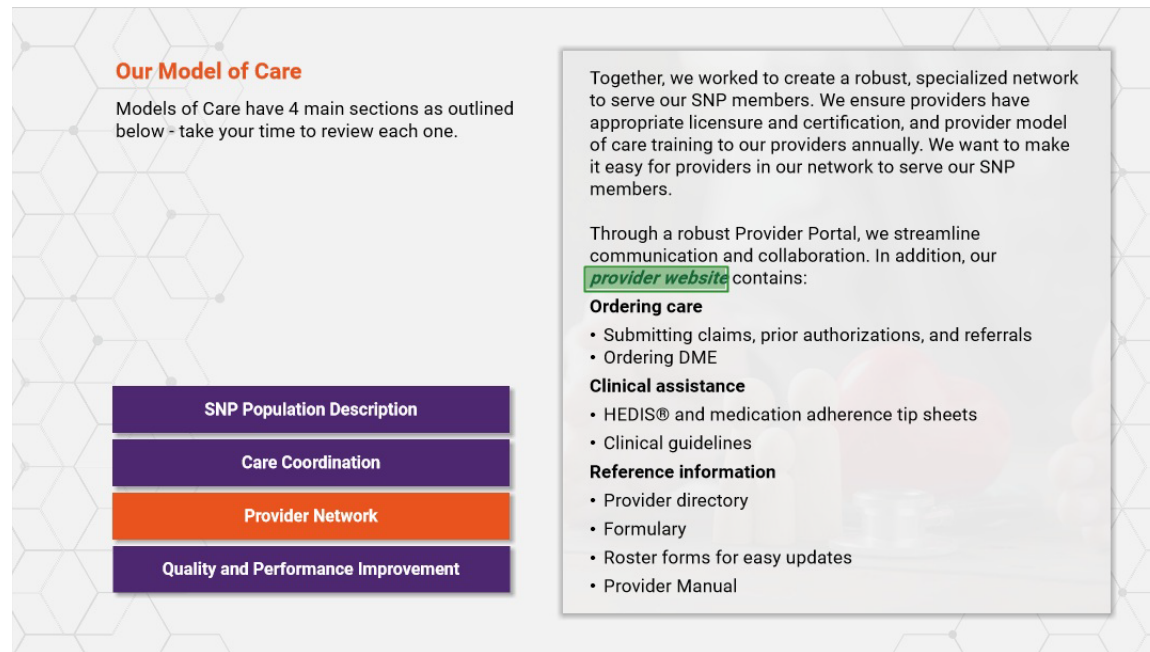
Care Transitions

- We offer support and assistance to members during and after hospitalizations

Face to face encounters

- We offer support to members to schedule an in-person or visual, real-time, interactive telehealth provider visit at least once per year

Provider Network (Slide Layer)



Our Model of Care

Models of Care have 4 main sections as outlined below - take your time to review each one.

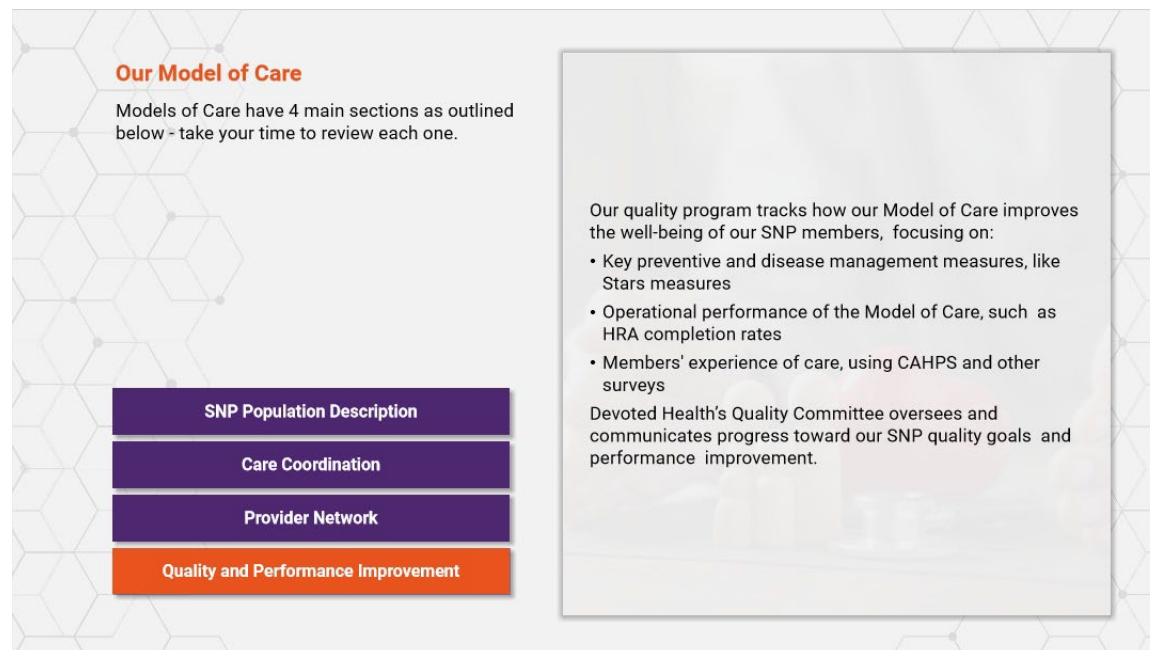
- SNP Population Description
- Care Coordination
- Provider Network**
- Quality and Performance Improvement

Together, we worked to create a robust, specialized network to serve our SNP members. We ensure providers have appropriate licensure and certification, and provider model of care training to our providers annually. We want to make it easy for providers in our network to serve our SNP members.

Through a robust Provider Portal, we streamline communication and collaboration. In addition, our **provider website** contains:

- Ordering care**
 - Submitting claims, prior authorizations, and referrals
 - Ordering DME
- Clinical assistance**
 - HEDIS® and medication adherence tip sheets
 - Clinical guidelines
- Reference information**
 - Provider directory
 - Formulary
 - Roster forms for easy updates
 - Provider Manual

Quality and Performance Improvement (Slide Layer)



Our Model of Care

Models of Care have 4 main sections as outlined below - take your time to review each one.

- SNP Population Description
- Care Coordination
- Provider Network
- Quality and Performance Improvement**

Our quality program tracks how our Model of Care improves the well-being of our SNP members, focusing on:

- Key preventive and disease management measures, like Stars measures
- Operational performance of the Model of Care, such as HRA completion rates
- Members' experience of care, using CAHPS and other surveys

Devoted Health's Quality Committee oversees and communicates progress toward our SNP quality goals and performance improvement.

Click (Slide Layer)

Our Model of Care

Models of Care have 4 main sections as outlined below - take your time to review each one.

SNP Population Description

Care Coordination

Provider Network

Quality and Performance Improvement



2.41 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

Which of the following is a main component of our model of care?

☐ Population description

☐ Care coordination

☐ Provider network

☐ Quality of performance and improvement

☒ All of the above

Submit



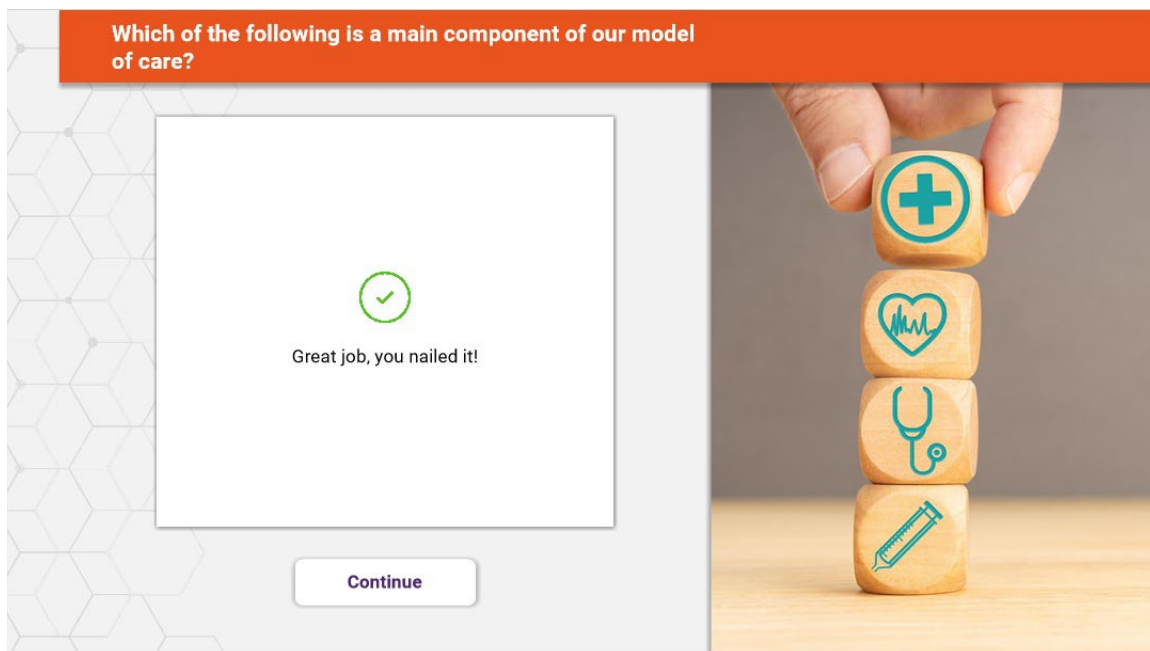
Correct	Choice
	Population description
	Care coordination
	Provider network
	Quality of performance and improvement
X	All of the above

Feedback when incorrect:

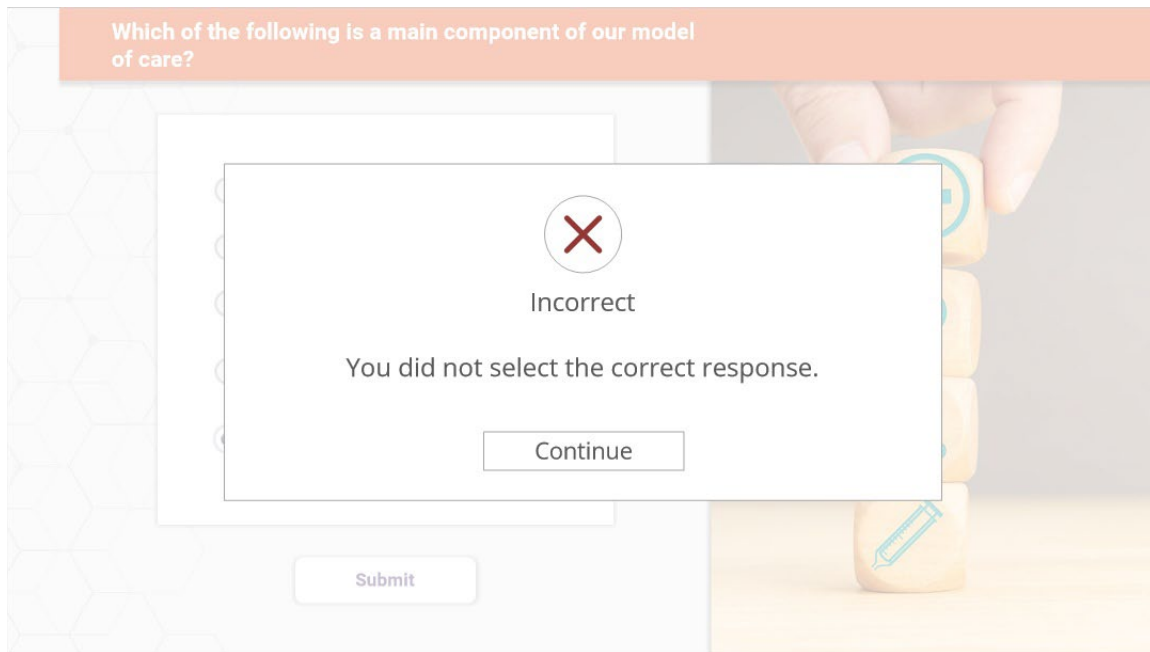
You did not select the correct response.

Notes:

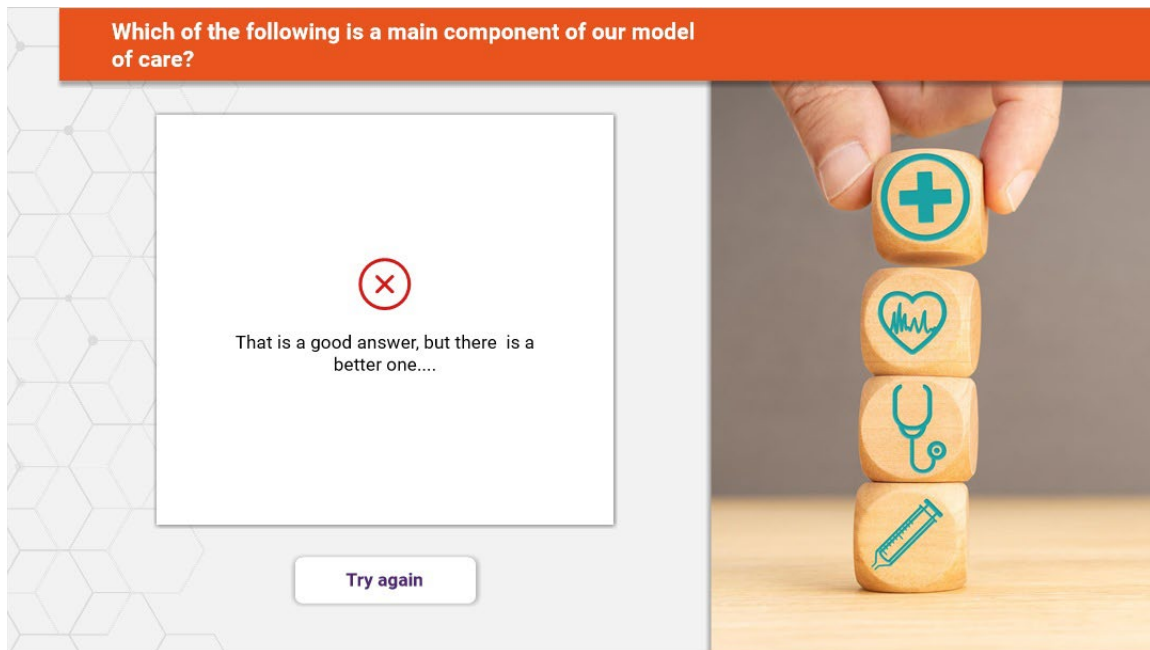
Correct (Slide Layer)



Incorrect (Slide Layer)



Try Again (Slide Layer)



2.42 Introduction



2.43 Required Elements

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05

Element 1 (Slide Layer)

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05



Agents must review how to use the online prescription lookup tool and offer to look up the beneficiary's prescriptions to confirm coverage.

Element 2 (Slide Layer)

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05



Explain limitations associated with obtaining prescriptions including Step Therapy, Quantity Limits, Prior Authorization.

Assessing if they have extra help and how that impacts their cost sharing and Part D premiums matters a ton.

Element 3 (Slide Layer)

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05



Explain the coverage stages

Element 4 (Slide Layer)

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05



Explain the opportunity for individuals to enroll in the medicare prescription payment plan M3P. [Learn More](#)

Element 5 (Slide Layer)

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05



Review a member's pharmacy and make sure they are a part of the plan's network.

Click (Slide Layer)

Required Elements

When reviewing plan options, it's important to talk about prescription drug coverage. You should understand the rules and be able to explain them clearly to potential members.

If a plan includes prescription drug coverage, make sure to spend enough time showing how it works. Click on each section below to see the elements required to be reviewed during sales presentations.

01 02 03 04 05

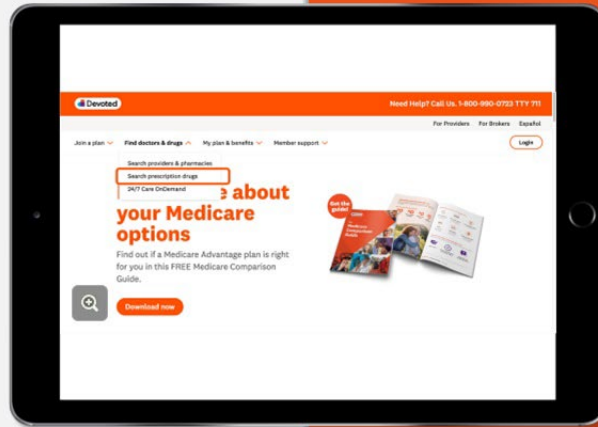
2.44 Prescription Lookup

Prescription Lookup

Looking up prescriptions on the Devoted website is easy and does not require any login. You can either use our Prescription Lookup tool or download the formulary (list of covered drugs).

Go to www.Devoted.com and click on Find Doctors & Drugs then select Search Prescription Drugs. (Show the prospective member how to access this information on our website as well.)

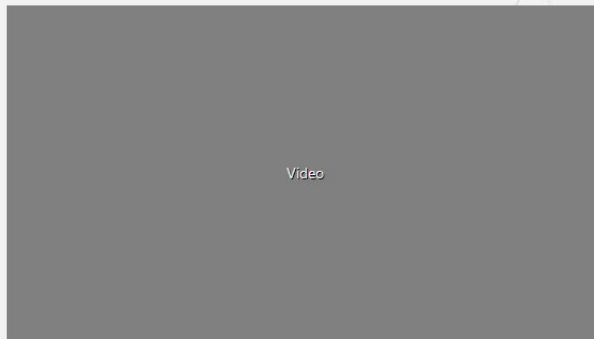
The image to the right shows you how to access:



2.45 Prescription Lookup

Prescription Lookup

Watch this short demonstration video to learn more about how to use the Devoted Health prescription lookup tool on our website. (if you are familiar with how to use this tool you may skip this video or save it for later.)



How to use the Devoted Health prescription lookup tool

Notes:

<https://www.youtube.com/watch?v=x3aXuuiem1g>

2.46 Coverage Stages



Coverage Stages

Our MAPD plans will include the three phases of Medicare prescription coverage.

In 2027, the member will have a maximum out of pocket for the Part D or prescription drug side of the plan of \$2,400 that is separate from their Part C Medicare maximum out of pocket.

Members have filed complaints or grievances related to the misunderstanding of these stages.

It is important in your sales presentation that these stages are not only covered, but understood by the prospective members

Untitled Layer 1 (Slide Layer)



Coverage Stages

Our MAPD plans will include the three phases of Medicare prescription coverage.

In 2027, the member will have a maximum out of pocket for the Part D or prescription drug side of the plan of \$2,400 that is separate from their Part C Medicare maximum out of pocket.

Members have filed complaints or grievances related to the misunderstanding of these stages.

It is important in your sales presentation that these stages are not only covered, but understood by the prospective members

Untitled Layer 2 (Slide Layer)



Coverage Stages

Our MAPD plans will include the three phases of Medicare prescription coverage.

In 2027, the member will have a maximum out of pocket for the Part D or prescription drug side of the plan of \$2,400 that is separate from their Part C Medicare maximum out of pocket.

Members have filed complaints or grievances related to the misunderstanding of these stages.

It is important in your sales presentation that these stages are not only covered, but understood by the prospective members

Untitled Layer 3 (Slide Layer)



Coverage Stages

Our MAPD plans will include the three phases of Medicare prescription coverage.

In 2027, the member will have a maximum out of pocket for the Part D or prescription drug side of the plan of \$2,400 that is separate from their Part C Medicare maximum out of pocket.

Members have filed complaints or grievances related to the misunderstanding of these stages.

It is important in your sales presentation that these stages are not only covered, but understood by the prospective members

Untitled Layer 4 (Slide Layer)



Coverage Stages

Our MAPD plans will include the three phases of Medicare prescription coverage.

In 2027, the member will have a maximum out of pocket for the Part D or prescription drug side of the plan of \$2,400 that is separate from their Part C Medicare maximum out of pocket.

Members have filed complaints or grievances related to the misunderstanding of these stages.

It is important in your sales presentation that these stages are not only covered, but understood by the prospective members

2.47 Coverage Stages

Coverage Stages

The information is readily available in the Summary of Benefits and can be read from there. *Even if the individual has low income subsidy this information is still applicable*



01

02

03

Notes:

The information is readily available in the Summary of Benefits and can be read from there. Even if the individual has low income subsidy, this information is still applicable.

Deductible stage (Slide Layer)

Coverage Stages

The information is readily available in the Summary of Benefits and can be read from there. *Even if the individual has low income subsidy this information is still applicable*

Deductible stage:

Members will pay the full cost of their drugs until they meet their deductible.

NOT applicable to people who have low income subsidy.

01

02

03



Initial Coverage Stage (Slide Layer)

Coverage Stages

The information is readily available in the Summary of Benefits and can be read from there. *Even if the individual has low income subsidy this information is still applicable*

Initial Coverage Stage:

Members will pay their copay or cost share until they reach their Part D maximum out of pocket.

01

02

03



Catastrophic coverage (Slide Layer)

Coverage Stages

The information is readily available in the Summary of Benefits and can be read from there. *Even if the individual has low income subsidy this information is still applicable*

Catastrophic coverage:

Members will pay \$0 for Part D prescription drugs for the remainder of the year. A copay may apply to drugs that are covered under our enhanced drug coverage.

01

02

03



Click (Slide Layer)

Coverage Stages

The information is readily available in the Summary of Benefits and can be read from there. *Even if the individual has low income subsidy this information is still applicable*

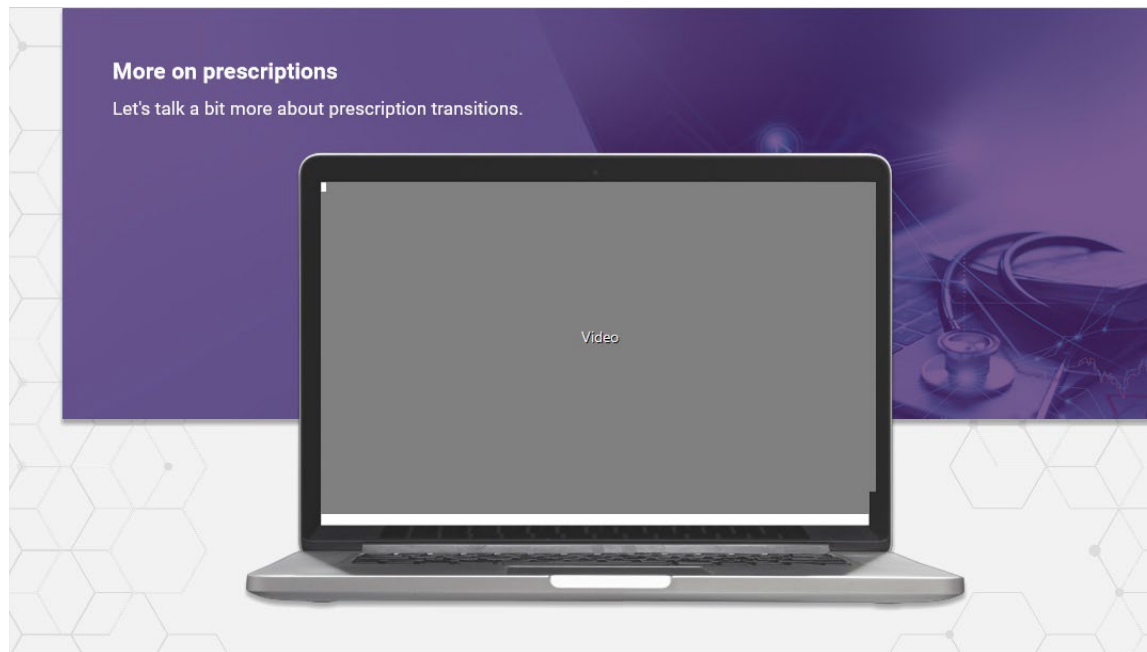
01

02

03



2.48 More on prescriptions



2.49 Low Income Subsidy

Low Income Subsidy (LIS/Extra Help)

If a member has LIS/Extra Help, they may pay less for their prescriptions. We have helpful job aides that describe an individual prescription cost sharing by their LIS level in each level of prescription coverage. Watch this video to learn more about how to use these grids:

[Watch video](#)

-  Choose the area and plan you are planning to review
-  Scroll down to the section on "Drug Costs with Extra Help"
-  Choose the appropriate plan year (Upcoming plan year will be available starting Oct 1st)

Drug Costs with Extra Help

With Extra Help from Medicare, you'll pay less for prescription drug coverage. Extra Help is also known as the low-income subsidy or LIS. And the charts that show your costs with Extra Help are sometimes called LIS Premium Summary Charts.

[View 2026 Drug Costs with Extra Help](#)

Notes:

If a member has LIS or extra help, they may pay less for their prescriptions. We have helpful job aides that describe an individual prescription cost sharing by their LIS level in each level of prescription coverage. Start by clicking here.

2.50 Part B vs Part D drugs

Part B vs Part D drugs

There are certain drugs that might be covered under Part B depending on circumstances, these may include:



01

02

03

Part B vs Part D drugs 1 (Slide Layer)

Part B vs Part D drugs

There are certain drugs that might be covered under Part B depending on circumstances, these may include:

- Oral anticancer chemotherapy drugs
- Oral anti-nausea drugs
- Medication used in a pump, such as insulin used in an insulin pump (part B or D depending on pump coverage)
- Nebulizer Solutions
- Dialysis Medication
- Hepatitis B vaccine
- immune globulin therapy



01

02

03

Part B vs Part D drugs 2 (Slide Layer)

Part B vs Part D drugs

There are certain drugs that might be covered under Part B depending on circumstances, these may include:

Part B Cost Share:

If a medication is covered under Part B, it will be subject to a Part B cost share instead of a tier level copay.

NOTE: LIS does NOT apply to Part B cost shares.

Please check plan specific EOB under Part B Medications for cost share percentage.

01

02

03



Part B vs Part D drugs 3 (Slide Layer)

Part B vs Part D drugs

There are certain drugs that might be covered under Part B depending on circumstances, these may include:

How to know if a drug is potentially covered under Part B:

When using our on-line formulary lookup tool it will notate if a drug may be covered under Part D or Part B - see example.



01

02

03



Click (Slide Layer)

Part B vs Part D drugs

There are certain drugs that might be covered under Part B depending on circumstances, these may include:



01

02

03

2.51 Multiple Response

(Multiple Response, 10 points, unlimited attempts permitted)

What is important to review with a prospect during our sales presentations related to prescriptions? (Select all that apply)

☒

Offer to look up their prescriptions and show them how they can look up their prescriptions to see if they are covered by the plan.

☒

Explain limitations associated with obtaining prescriptions including Prior Authorization, Step Therapy, and Quantity Limits

☒

Review the transition supply process and the process for exceptions

☒

Review the pharmacy network requirement and where individuals can find which pharmacies are in-network.

☒

Review the M3P program

☒

Review the 3 stages of Part D coverage

Submit



Correct Choice	
X	Offer to look up their prescriptions and show them how they can look up their prescriptions to see if they are covered by the plan.
X	Explain limitations associated with obtaining prescriptions including Prior Authorization, Step Therapy, and Quantity Limits
X	Review the transition supply process and the process for exceptions
X	Review the pharmacy network requirement and where individuals can find which pharmacies are in-network.
X	Review the M3P program
X	Review the 3 stages of Part D coverage

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

What is important to review with a prospect during our sales presentations related to prescriptions? (Select all that apply)



That is correct all of these are important to review

Continue



Incorrect (Slide Layer)

What is important to review with a prospect during our sales presentations related to prescriptions? (Select all that apply)

☒ Off
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☒ Re
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☒ Re
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ne

☒ Re

☒ Review the 3 stages of Part D coverage

Incorrect

You did not select the correct response.

Continue

Submit

Try Again (Slide Layer)

What is important to review with a prospect during our sales presentations related to prescriptions? (Select all that apply)

☒ Off
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the

☒ Ex
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☒ Re
pre

☒ Re
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ne

☒ Re

☒ Review the 3 stages of Part D coverage

There are additional elements that are important to review.

Try again

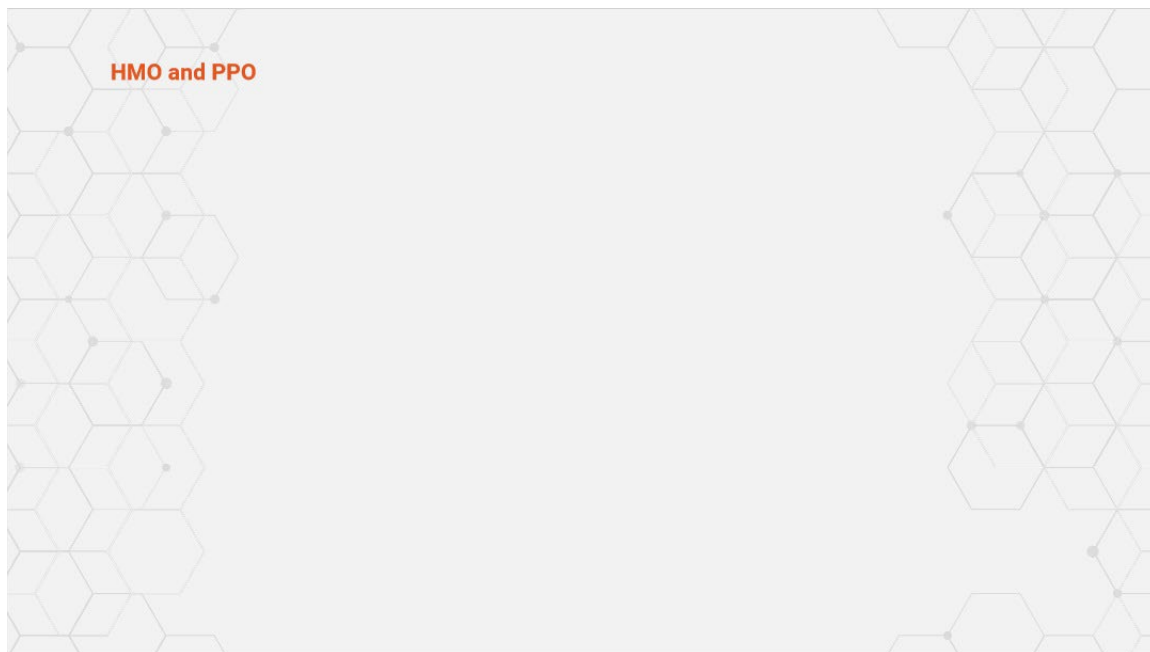
2.52 Introduction



Our Network

Lesson 8 of 13

2.53 HMO and PPO



HMO and PPO

HMO (Slide Layer)

HMO and PPO



HMO

- We have partnered with (and hand-selected) trusted doctors, hospitals, and pharmacies that individuals can use in their area and virtually every covered service or equipment can be obtained via an in-network provider.
- In some cases a Devoted Health Maintenance Organization (HMO) may require a referral from a PCP before approving services to be rendered by a specialists. To see which specialists require a referral click [here](#) and scroll to the referral section of the page.





PPO (Slide Layer)

HMO and PPO



PPO

- We offer preferred provider organizations in most of our markets, here is some more information around how these plans operate
- Network Requirements: Members can see providers who accept Original Medicare and are willing to bill Devoted. Using in-network providers usually results in lower costs.
- Referral and PCP Selection Rules: No referral is needed to see a specialist. Selecting a PCP is optional, and a PCP will not appear on any PPO member ID cards.
- Cost-Sharing Highlights: Members may pay more for out-of-network services. Emergency and urgent care costs are the same in- and out-of-network.
- More on PPO out-of-network benefits: Helping clients really understand how their out-of-network benefits work is essential.
- You must inform them of the following:
 - There is a chance their doctor won't accept their insurance.





2.54 Referral vs Authorization

Referral vs Authorization

Click on the cards below to review the difference between a referral and an authorization

Referral



Authorization



For a list of authorization requirements click here, then choose ["Prior Authorization List"](#).

Click (Slide Layer)

Referral vs Authorization

Click on the cards below to review the difference between a referral and an authorization

Referral



Authorization



For a list of authorization requirements click here, then choose ["Prior Authorization List"](#).

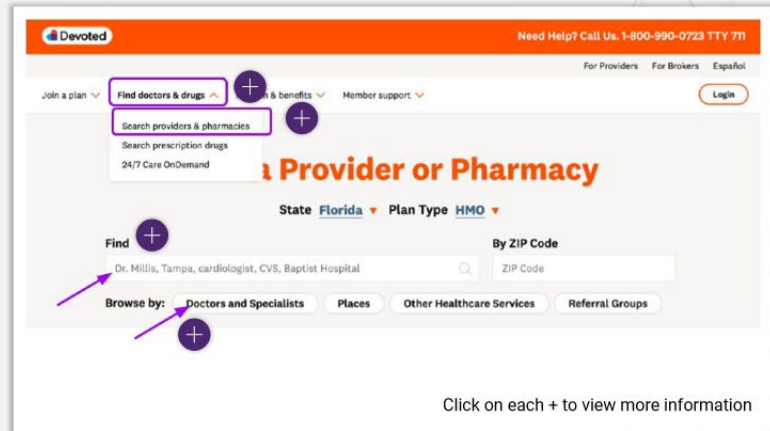
2.55 Provider Lookup

Provider Lookup

Our Provider Lookup tool makes it easy for our agents to look up doctors and facilities, and for our members to access the registry without needing to login to a member portal.

Go to www.Devoted.com and click "Find doctors and Drugs" then click on "Search providers and pharmacies"

This video will demonstrate some of the features and filters that can be used to make your searching experience even more enjoyable! (Please note, the Referral Group option for filtering is only available in certain markets.)



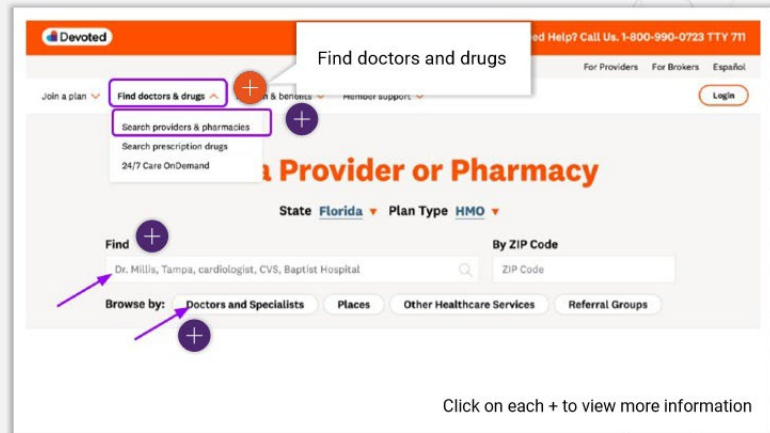
Find doctors & Drugs (Slide Layer)

Provider Lookup

Our Provider Lookup tool makes it easy for our agents to look up doctors and facilities, and for our members to access the registry without needing to login to a member portal.

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This video will demonstrate some of the features and filters that can be used to make your searching experience even more enjoyable! (Please note, the Referral Group option for filtering is only available in certain markets.)



Search Providers (Slide Layer)

Provider Lookup

Our Provider Lookup tool makes it easy for our agents to look up doctors and facilities, and for our members to access the registry without needing to login to a member portal.

Go to www.Devoted.com and click "Find doctors and Drugs" then click on "Search providers and pharmacies". This video will demonstrate some of the features and filters that can be used to make your searching experience even more enjoyable! (Please note, the Referral Group option for filtering is only available in certain markets.)

Find (Slide Layer)

Provider Lookup

Our Provider Lookup tool makes it easy for our agents to look up doctors and facilities, and for our members to access the registry without needing to login to a member portal.

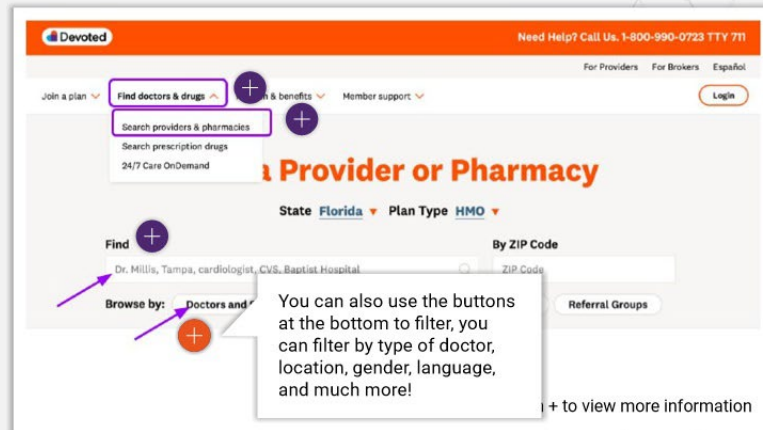
Go to www.Devoted.com and click "Find doctors and Drugs" then click on "Search providers and pharmacies". This video will demonstrate some of the features and filters that can be used to make your searching experience even more enjoyable! (Please note, the Referral Group option for filtering is only available in certain markets.)

Doctors & Specialists (Slide Layer)

Provider Lookup

Our Provider Lookup tool makes it easy for our agents to look up doctors and facilities, and for our members to access the registry without needing to login to a member portal.

Go to www.Devoted.com and click "Find doctors and Drugs" then click on "Search providers and pharmacies". This video will demonstrate some of the features and filters that can be used to make your searching experience even more enjoyable! (Please note, the Referral Group option for filtering is only available in certain markets.)

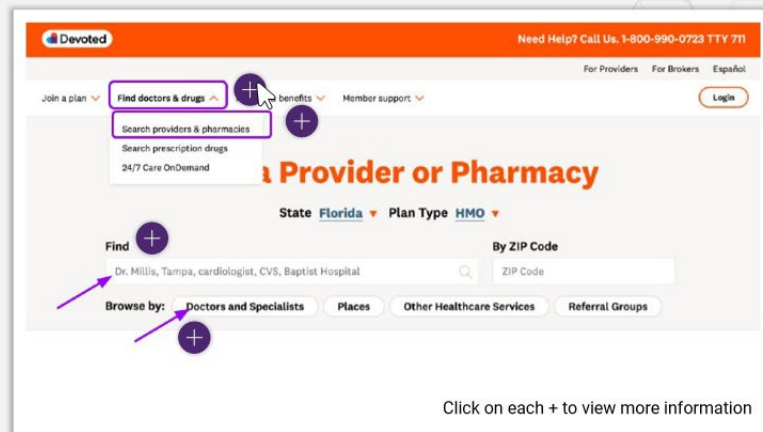


Click (Slide Layer)

Provider Lookup

Our Provider Lookup tool makes it easy for our agents to look up doctors and facilities, and for our members to access the registry without needing to login to a member portal.

Go to www.Devoted.com and click "Find doctors and Drugs" then click on "Search providers and pharmacies". This video will demonstrate some of the features and filters that can be used to make your searching experience even more enjoyable! (Please note, the Referral Group option for filtering is only available in certain markets.)



2.56 Choosing a PCP

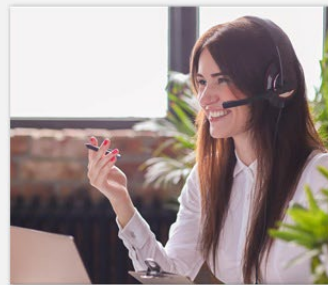
Choosing a PCP

During the enrollment process for a Devoted Health Maintenance Organization (HMO) it is required for the enrollee to select a Primary Care Physician (PCP). All members benefit from having a primary care provider (PCP). A primary care provider offers a central point for managing health problems, preventing illness, and navigating the healthcare system. The PCP builds a relationship with the member over time, understanding their family history and health lifestyle to guide them in making informed decisions.



Some guidelines on PPO PCP selection

More



Changing PCPs

More

Notes:

During the enrollment process for a devoted health maintenance organization, HMO, it is required for the enrollee to select a primary care physician, PCP.

Some Guidelines (Slide Layer)

Choosing a PCP

During the enrollment process for a Devoted Health Maintenance Organization (HMO) it is required for the enrollee to select a Primary Care Physician (PCP). All members benefit from having a primary care provider (PCP). A primary care provider offers a central point for managing health problems, preventing illness, and navigating the healthcare system.



Some Guidelines

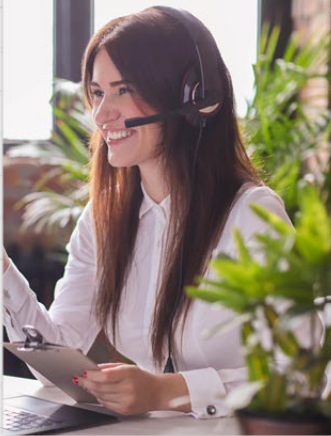
For any of your clients joining our PPO Plans you are no longer required to select an in-network primary care provider. When you complete an electronic application you can choose any of these 4 options for your clients:

- Select an in-network PCP
 - Request that we assign an in-network PCP when your client becomes a member.
 - Opt to select no PCP
 - Provide out-of-network details (We won't assign a PCP)
- [PPO Primary Care Selection Training Video](#)

Changing PCPs (Slide Layer)

Choosing a PCP

During the enrollment process for a Devoted Health Maintenance Organization (HMO) it is required for the enrollee to select a Primary Care Physician (PCP). All members benefit from having a primary care provider (PCP). A primary care provider offers a central point for managing health problems, preventing illness, and navigating the healthcare system.



Changing PCPs

- Members are not locked into the PCP they choose at the time of enrollment.
- Members can contact their Devoted Guide Team at any time and request to change their PCP.
- If the member does not know which in-network PCP to choose, their Devoted Guide Team can help them.
- The date of the PCP change will go into effect on the first of the following month.

Click (Slide Layer)

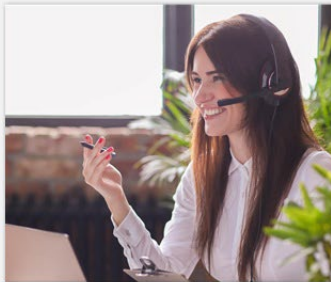
Choosing a PCP

During the enrollment process for a Devoted Health Maintenance Organization (HMO) it is required for the enrollee to select a Primary Care Physician (PCP). All members benefit from having a primary care provider (PCP). A primary care provider offers a central point for managing health problems, preventing illness, and navigating the healthcare system. The PCP builds a relationship with the member over time, understanding their family history and health lifestyle to guide them in making informed decisions.



Some guidelines on PPO PCP selection

More



Changing PCPs

More

2.57 More On Our Guides

Who is the best fit for Devoted Medical Primary Care?

This option is best for members who are **comfortable using virtual care** as their primary PCP relationship. (Click each tab to learn more.)

Technology Access Virtual Care Expectations Prescription Limitations

Learn more here about Devoted Medical PCP
https://assets.devoted.com/brokers/virtual_PCP_FAQ



Notes:

2 (Slide Layer)

Who is the best fit for Devoted Medical Primary Care?

This option is best for members who are **comfortable using virtual care** as their primary PCP relationship. (Click each tab to learn more.)

Members understand that the virtual model may result in their PCP sending them to local, in-person facilities for labs or additional care as Devoted Medical Primary Care does not have a physical office - fully homebound members are often not a good fit for this reason.

Technology Access Virtual Care Expectations Prescription Limitations

Learn more here about Devoted Medical PCP
https://assets.devoted.com/brokers/virtual_PCP_FAQ



3 (Slide Layer)

Who is the best fit for Devoted Medical Primary Care?

This option is best for members who are **comfortable using virtual care** as their primary PCP relationship. (Click each tab to learn more.)

Members understand Devoted Medical Primary Care is limited in their ability to prescribe controlled substances.



Technology Access **Virtual Care Expectations** **Prescription Limitations**



Learn more here about Devoted Medical PCP
https://assets.devoted.com/brokers/virtual_PCP_FAQ

1 - Copy (Slide Layer)

Who is the best fit for Devoted Medical Primary Care?

This option is best for members who are **comfortable using virtual care** as their primary PCP relationship. (Click each tab to learn more.)

Members have access to routine care with a video-enabled device and a cell signal.



Technology Access **Virtual Care Expectations** **Prescription Limitations**



Learn more here about Devoted Medical PCP
https://assets.devoted.com/brokers/virtual_PCP_FAQ

2.58 What is Devoted Medical Primary Care?



What is Devoted Medical Primary Care?

Devoted Medical Primary Care is a virtual primary care option available to members by phone or video. Members don't need to travel or sit in a waiting room to get the care they need.

Each member is cared for by the Devoted Medical team, which:

-  Gets to know their whole health picture, including what matters most to them.
-  Coordinates care by ordering labs, writing prescriptions, and referring to specialists as needed.
-  Acts as the "quarterback" of their care plan to keep everything connected.

See [This flyer](#) for more information.

Notes:

2.59 How can a member choose Devoted Medical Primary Care at the time of application?



How can a member choose Devoted Medical Primary Care at the time of application?

Brokers can either select a specific Devoted Medical provider or free-text "Devoted Medical PCP" on the application.

Here are the available options depending on the platform used:

- [Find the provider in the directory](#)
- [Agent Portal](#)
- [Connecture](#)
- [Sunfire](#)

Notes:

1 (Slide Layer)



How can a member choose Devoted Medical Primary Care at the time of application?

Brokers can either select a specific Devoted Medical provider or free-text "Devoted Medical PCP" on the application.

Here are the available options depending on the platform used:

Find the provider in the directory **Agent Portal** **Connecture** **Sunfire**

Specific Devoted Medical PCPs are listed in the **Devoted Provider Directory** alongside all other network providers. You can find them easily by filtering to "online only."

Brokers can choose Devoted Medical PCP **the same way they would choose any PCP; by using the PCP ID**. They'll be cared for by the Devoted Medical team, so **any Devoted Medical PCP chosen** will get them into the Devoted Medical Primary Care service.

Video will walk you through how to use the directory to find virtual primary care.

Agent Portal (Slide Layer)



How can a member choose Devoted Medical Primary Care at the time of application?

Brokers can either select a specific Devoted Medical provider or free-text "Devoted Medical PCP" on the application.

Here are the available options depending on the platform used:

Find the provider in the directory **Agent Portal** **Connecture** **Sunfire**

Agent Portal:

When completing an application in the Agent Portal, brokers can simply select the "Assign Devoted Medical Primary Care (virtual)" option as the member's PCP using the radio button provided on the form.

* How does the enrollee want to select in-network PCP?

☐ Enrollee will select a PCP now

☒ Assign Devoted Medical Primary Care (virtual)

☐ Have Devoted assign a PCP

Devoted will send contact information for the new PCP after the application is approved.

Connecture (Slide Layer)



How can a member choose Devoted Medical Primary Care at the time of application?

Brokers can either select a specific Devoted Medical provider or free-text "Devoted Medical PCP" on the application.

Here are the available options depending on the platform used:

Find the provider in the directory **Agent Portal** **Connecture** **Sunfire**

Connecture:
When completing an application in Connecture, brokers can simply select the "I am interested in virtual primary care" option as the member's PCP using the radio button provided on the form. Of note, Devoted Medical PCPs may not appear in the built-in provider lookup tool.

Physician Selection (Optional)
Would you like to provide your Primary Care Physician info?
☒ Yes ☐ No
Would you like to provide your PCP's ID?
☐ Yes, and I am interested in virtual primary care
☐ Yes, and I would prefer to provide primary care
☐ No
Save progress Continue

Sunfire (Slide Layer)



How can a member choose Devoted Medical Primary Care at the time of application?

Brokers can either select a specific Devoted Medical provider or free-text "Devoted Medical PCP" on the application.

Here are the available options depending on the platform used:

Find the provider in the directory **Agent Portal** **Connecture** **Sunfire**

● **Sunfire (2 options):**

- Pull from Devoted.com: Find the provider on Devoted.com and enter provider information into SunFire during the enrollment steps.
 - Click on Manual PCP Entry during enrollment and enter the provider's name and PCP ID exactly as listed.
- Free-Text Option:
 - Click on "Manual PCP Entry" then type "Devoted Medical PCP", "DM PCP", or "Devoted Medical" in the PCP field. The PCP ID field does require an entry, for ease of use you may enter "111".

Note: During the shopping experience in Sunfire or Connecture, Devoted Medical PCPs may not appear in the built-in provider lookup tool. Using the Devoted.com directory is recommended.

2.60 Encouraging Preventive Care



Encouraging Preventive Care

We want our members to focus on preventive care, as well. We encourage our members to take their health care into their own hands, and take preventive measures to maintain good health and well-being.

As a part of this focus, we emphasize our members do these healthy behaviors:

- See their PCP, at least once a year but in some cases more often
- Eat healthy, limit processed foods where possible
- Follow their provider's recommended treatment and take medications as prescribed
- Reach out to Devoted if you have any questions about your healthcare journey.

Notes:

We want our members to focus on preventive care as well. We encourage our members to take their health care into their own hands and take preventive measures to maintain good health and well being. As part of this focus, we emphasize PCP and outpatient treatment whenever possible. We want our members to understand the risks associated with ER visits and hospitalizations.

2.61 Introduction



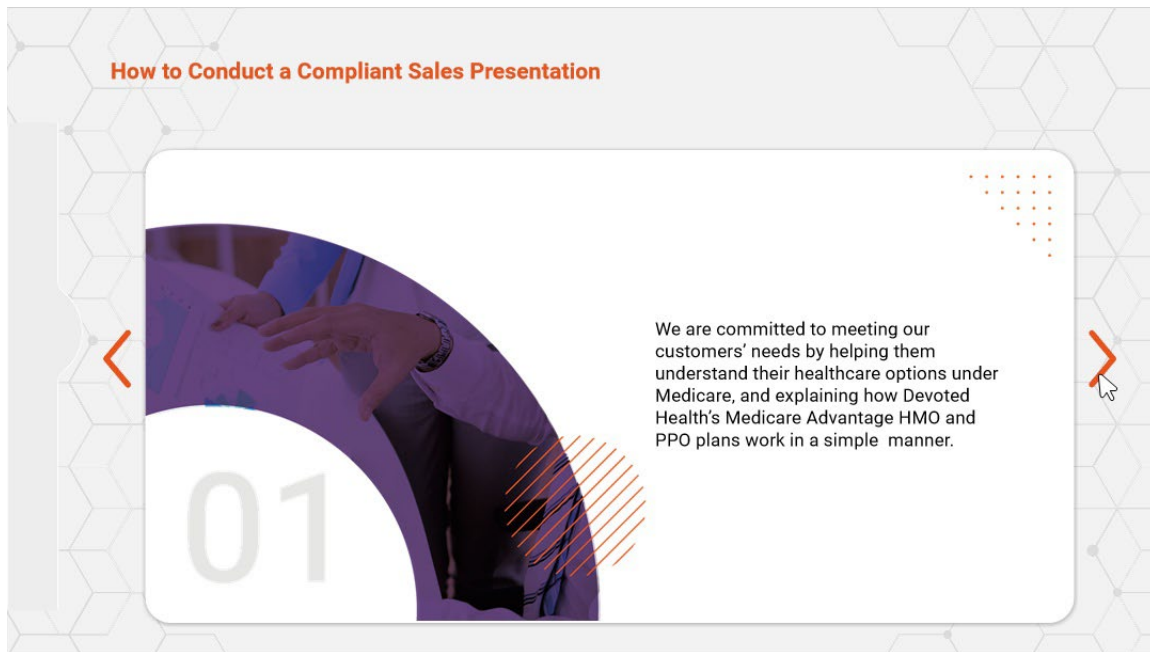
2.62 How to Conduct a Compliant Sales Presentation

How to Conduct a Compliant Sales Presentation

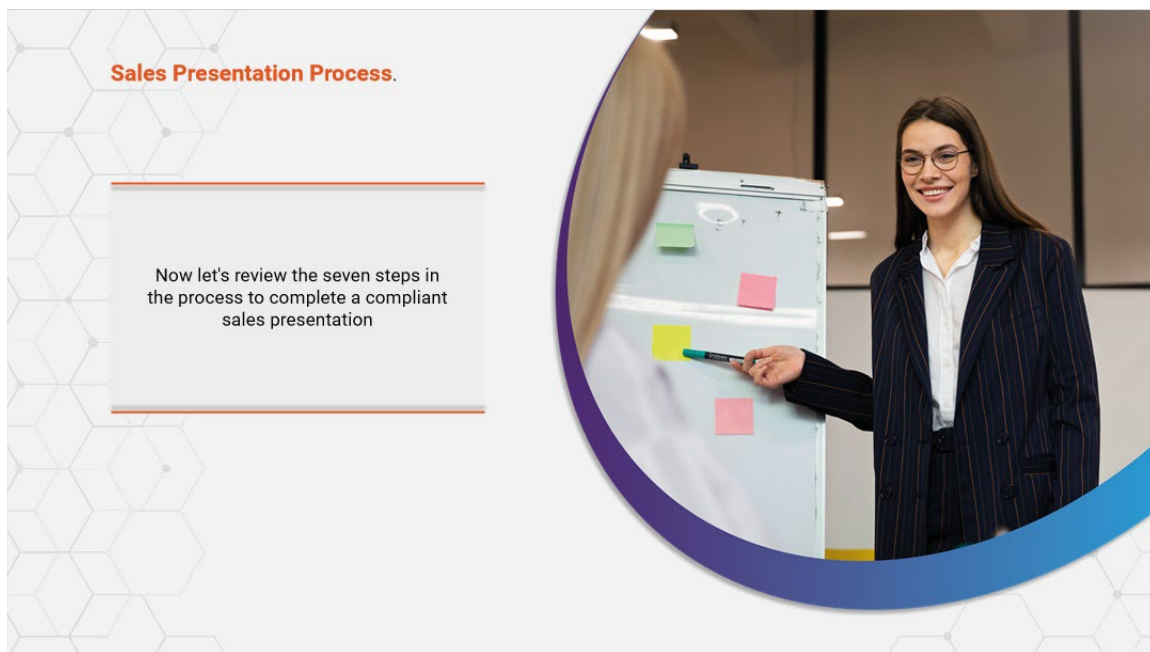
01

We are committed to meeting our customers' needs by helping them understand their healthcare options under Medicare, and explaining how Devoted Health's Medicare Advantage HMO and PPO plans work in a simple manner.

Click (Slide Layer)



2.63 Sales Presentation Process



Notes:

There are seven steps in the process. Review each one carefully. Now let's review the seven steps in the process to complete a sales presentation.

2.64 Step 1 | Scope of Appointment (SOA)

Step 1 | Scope of Appointment (SOA)

The Scope of Appointment (SOA) form is used to document a Medicare Advantage (MA) or prescription drug plan (PDP) appointment with a potential, new, or existing member.

Scope of Appointment Form

Can we tell you about our plans?

What is this form?
As you shop for Medicare, you might want to meet with one of our licensed sales agents to learn about the plans we offer. This form tells the agent which plans you're interested in. And these are the only plans they're allowed to talk to you about.

When you sign the form, you're just agreeing to a meeting. That's all. It doesn't sign you up for a new plan. It doesn't affect the plan you have now. And you're under no obligation to enroll in any plans you hear about during the meeting.

You or your legal representative has to fill the form out before the meeting. A legal representative is someone who you've chosen to make decisions for you, like a family member or someone you trust.

Who do sales agents work for?
They work for private companies—like us at Devoted Health—not the government. And usually, they make money when they sign people up for plans.

Is the information on this form kept private?
Yes, it is.

What kind of plans does Devoted Health have?
We offer Medicare Advantage plans (Medicare Part C), which include all the benefits of Original Medicare Parts A and B. Most of our plans also include prescription drug coverage. We have 3 types of Medicare Advantage plans:

- **HMO:** You have to use doctors and hospitals in our network.
- **PPO:** You can use out-of-network doctors and hospitals (usually at a higher cost).
- **SNP:** These plans are designed for people with special healthcare needs.

Not all types of plans are available in all areas.

Sign here to keep going

By signing this form, I'm agreeing to meet with a sales agent to discuss:
Devoted Health Medicare Advantage Plans

Sign, date, and enter your name below. (If a legal representative is signing for you, they also need to fill in Relationship to Beneficiary to tell us how they know you.)

Signature: (your or your authorized representative's) _____ Date: May 26, 2022

* Click here to sign

Name: _____ Relationship to Beneficiary: _____

Need Help? Call 1-800-385-0916 (TTY 711) Y042_S053_C 9-1

Notes:

This next step is completing a scope of appointment. The scope of appointment is required for appointments with a potential new or existing member. It ensures that only the types of products the beneficiary has requested are discussed and is intended to protect the beneficiary from being solicited for a product they didn't originally express interest in.

We do ask that all scorable appointments be submitted to devoted, and then we will retain the scorable appointment for the 10 year minimum requirement. There are two different ways to complete scorable appointments if you are completing it in person, and then there are multiple options for completing the scorable appointment if you're not in person with a prospect or a member.

Review this slide for more information.

How to complete an SOA (Slide Layer)

Step 1 | Scope of Appointment (SOA)

The Scope of Appointment (SOA) form is used to document a Medicare Advantage (MA) or prescription drug plan (PDP) appointment with a potential, new, or existing member.



How to complete an SOA with Devoted: In-person with the prospect/member

- There are four options to complete a scope of appointment (SOA) with a beneficiaries.
 1. Email/Text using our Devoted Agent Portal electronic remote SOA option
 2. Telephonic SOA
 3. Paper SOA
 4. Electronic in-person SOA through the Agent Portal
- [This document](#) will walk through these options and answer FAQs on scope of appointments
- [This video](#) will walk you through how to complete a scope of appointment



SOA must be secured (Slide Layer)

Step 1 | Scope of Appointment (SOA)

The Scope of Appointment (SOA) form is used to document a Medicare Advantage (MA) or prescription drug plan (PDP) appointment with a potential, new, or existing member.



- An SOA must be secured at least 48 hours prior to the personal marketing appointment or the beginning of the meeting, unless there is a valid exception. The agent or broker and the beneficiary must agree upon the appointment and record the SOA.

Note: Starting for PY2027 enrollments the 48 hour rule will no longer apply, but it will still be required prior to the appointment and benefits being discussed.



The SOA (Slide Layer)

Step 1 | Scope of Appointment (SOA)

The Scope of Appointment (SOA) form is used to document a Medicare Advantage (MA) or prescription drug plan (PDP) appointment with a potential, new, or existing member.

The SOA ensures that only the types of products the beneficiary has requested are discussed. The form is intended to protect the beneficiary from being solicited for a product that they didn't originally express interest in.

- Agents must complete and submit SOAs to Devoted for all individual appointments.
- The Retention Policy is 10 years. (Devoted retains the SOAs submitted for the 10-year minimum requirement).
- Agents are not permitted to discuss/market non-health care related products during the appointment.
- Agents must only discuss products agreed upon by the beneficiary.

Scope of Appointment Form

Can we tell you about our plans?

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Devoted Health Medicare Advantage Plans

Sign, date, and enter your name below. (If a legal representative is signing for you, they also need to fill in Relationship to Beneficiary to tell us how they know you.)

Signature: (yours or your authorized representative's) _____ Date: May 26, 2022

Name: _____ Relationship to Beneficiary: _____

Need Help? Call 1-800-385-0916 (TTY 711) Y0442_S203_C 5-1

Click (Slide Layer)

Step 1 | Scope of Appointment (SOA)

The Scope of Appointment (SOA) form is used to document a Medicare Advantage (MA) or prescription drug plan (PDP) appointment with a potential, new, or existing member.

Scope of Appointment Form

Can we tell you about our plans?

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Not all types of plans are available in all areas.

Sign here to keep going
By signing this form, I'm agreeing to meet with a sales agent to discuss:
Devoted Health Medicare Advantage Plans

Sign, date, and enter your name below. (If a legal representative is signing for you, they also need to fill in Relationship to Beneficiary to tell us how they know you.)

Signature: (yours or your authorized representative's) _____ Date: May 26, 2022

Name: _____ Relationship to Beneficiary: _____

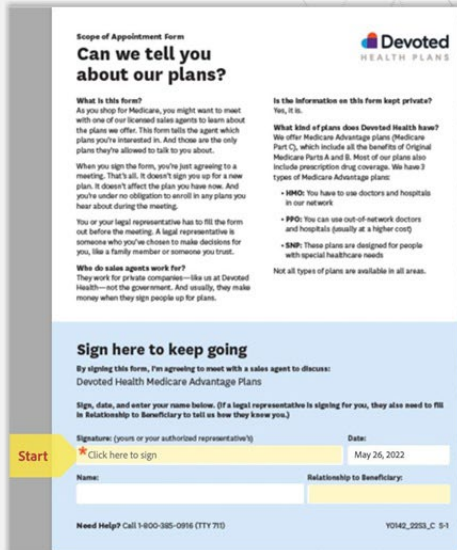
Need Help? Call 1-800-385-0916 (TTY 711) Y0442_S203_C 5-1

Untitled Layer 12 (Slide Layer)

Step 1 | Scope of Appointment (SOA)

The Scope of Appointment (SOA) form is used to document a Medicare Advantage (MA) or prescription drug plan (PDP) appointment with a potential, new, or existing member.





The image shows a 'Scope of Appointment Form' from Devoted Health Plans. The form is titled 'Can we tell you about our plans?' and includes sections for 'What is this form?', 'What kind of plans does Devoted Health have?', 'Who do sales agents work for?', and 'Sign here to keep going'. It also features a 'Start' button and a 'Need Help?' section.

2.65 Step 2 | Introduction

Step 2 | Introduction

When meeting with a Medicare beneficiary, it is important to introduce yourself and the organization you work for to ensure the individual is comfortable in meeting with you.

01

02



The image shows an elderly couple sitting at a table, looking at a document. A person's hand is visible, pointing to the document. The couple appears to be engaged in a conversation about the document.

Notes:

Now we move to the introduction. This includes getting to know the individual and introducing ourselves and making sure that they know they are working with a licensed agent and the organization we work for. Laura will go over what the introduction process includes.

Make sure it is clear that you are a licensed agent and the company you work for

Ensure your introduction does not come off as though you are an employee of Medicare
Provide a business card and it is suggested to have some type of name tag or badge

Licensed agent (Slide Layer)

Step 2 | Introduction

When meeting with a Medicare beneficiary, it is important to introduce yourself and the organization you work for to ensure the individual is comfortable in meeting with you.

- Make sure it is clear that you are a licensed agent and the company you work for
- Ensure your introduction does not come off as though you are an employee of Medicare
- Provide a business card and it is suggested to have some type of name tag or badge

01

02



Warm up (Slide Layer)

Step 2 | Introduction

When meeting with a Medicare beneficiary, it is important to introduce yourself and the organization you work for to ensure the individual is comfortable in meeting with you.

Warm up:

- Start off just getting to know the individual a bit and letting them know you are there to help educate them on their healthcare or benefit options.
- Here are some warm up questions/discussions:
 - How are you doing today?
 - Are you originally from this area?
 - Talk about the weather or pets or pictures

01

02



Click (Slide Layer)

Step 2 | Introduction

When meeting with a Medicare beneficiary, it is important to introduce yourself and the organization you work for to ensure the individual is comfortable in meeting with you.

01

02



Untitled Layer 9 (Slide Layer)

Step 2 | Introduction

When meeting with a Medicare beneficiary, it is important to introduce yourself and the organization you work for to ensure the individual is comfortable in meeting with you.



01

02



2.66 Step 3 NEADS Analysis

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Notes:

Next part of our presentation is where we're going to do a lot of listening. This is where we're going to ask some questions and determine what plan might fit the individual's needs. It's important to ask some questions like what do they currently have for their health plan? Do they have Medicaid and or low income subsidy?

Do they have another Medicare Advantage plan, Medicare Supplement plan? Then what do they like about that plan? Why did they initially choose it? And if they could change something or add something to their health care, what would it be? It's really important that we also make sure to ask if there's anyone that helps them make their health care decisions.

Once we've asked all of our questions, we're going to choose one plan or product to provide in our review. Make sure that it falls into the category of the scope of appointment that was completed. A couple tips when we're asking questions is to make sure that we're not asking any question that can come off as cherry picking, meaning any type of direct medical question.

Also, it's important that we only ask one question at a time. That way it gives the individual time to actually respond.

Now (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

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Now

- What does the prospect currently have for their healthcare coverage? Additionally do they have Medicaid or extra help?
- What are their healthcare needs? Such as durable medical equipment, physical therapy, any other specific healthcare needs?
- What are their preferred physicians, facilities and hospitals?
- What pharmacy do they currently use and what prescriptions do they have?

As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Enjoy (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



Enjoy

- What do they like about that coverage or why did they initially choose it?

As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Adjust (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



Adjust

- Why are they meeting with you, what are they looking to change or add with their healthcare?
- What kind of health plan does the beneficiary wish to enroll in? (Such as low premium and higher copay or higher copays and \$0 premium)
- Does the beneficiary require hearing, dental or vision coverage?

As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Decision maker (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



Decision maker

- Do they have anyone help them make their healthcare decisions?

As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Solution (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



Solution

- Provide the prospect with a solution that meets their needs.

As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Click (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



Solution

- Provide the prospect with a solution that meets their needs.

As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

Untitled Layer 9 (Slide Layer)

Step 3 | NEADS Analysis

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have with Devoted. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to our plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

Note: Although it's nice to know more about an individual and their wants and needs, CMS regulations say the only information you can require an individual to provide is a zip



As a reminder we must follow the non-discrimination policy as it relates to enrollment in an MA plan permitting all eligible individuals to enroll in plans as requested.

2.67 Step 4 | Present the plan

Step 4 | Present the plan

Notes:

This part of your sales meeting is where you're going to present the plan. When you're presenting the plan, there are a couple important pieces to make sure that you cover. First, it's showing the devoted health video, then going into the enrollment kit. It's important when we're reviewing the summary of benefits that we review it in its entirety.

Next, we'll review prescription coverage and in network pharmacies. Then we'll review providers and select a primary care physician. And finally, we'll want to make sure to talk about star ratings. If this is a telesales call center, at this point in the presentation, you'll want to make sure to use the phone recorded scripts as approved by devoted health

Medical Enrollment (Slide Layer)

Step 4 | Present the plan



Now that we have decided which plan we are going to review, we will use the Devoted Health video and enrollment kit to review the plan information.

Make sure you are only using approved Devoted Health sales materials during the presentation and that you are using the most current version.

The following is required to be reviewed in all In-person presentations made with a Devoted Health Prospect:

- Devoted Health's Video
- Review of Summary of Benefits - in its entirety
- Review of Prescription coverage and in-network pharmacy
- Review Providers and select a Primary Care Physician (PCP)
- Star Ratings

Navigation icons: left arrow, right arrow, and a row of seven circles with the first circle filled.

Devoted Health's Video (Slide Layer)

Step 4 | Present the plan



Devoted Health's Video

- Show the Devoted Presentation video. You can find the video in a few locations:
 - Available for download on the Marketing Portal under "Resources"
 - On the Devoted Agent Portal under "Sales tools"
- This video helps the prospect understand a little more about Medicare, their options and Devoted. Even if a prospect already has this knowledge it is important to still show them the video.

Navigation icons: left arrow, right arrow, and a row of seven circles with the second circle filled.

Whats Next (Slide Layer)

Step 4 | Present the plan



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Review of Summary of Benefits (Slide Layer)

Step 4 | Present the plan



Review of Summary of Benefits - in its entirety

- Although Devoted offers multiple plans, it is important that agents decide on one plan to review with the prospect, based on the NEADS analysis. The agent should explain why there are multiple plans available and why a particular plan option is more suited to the prospect's needs. Benefits-at-a-Glance document is not a substitute for the Summary of Benefits
- Make sure to review the pre-enrollment checklist and remember to review all the plan benefits, including but not limited to:
 - All benefit cost sharing (such as deductibles, copays, and coinsurances)
 - Plan premium information (including Part B premium, and comparing their current premium to the new potential plan premium).
 - Cost limitations on dental, vision and hearing
 - Coverage for out of network providers and services (e.g. except in emergency or urgent situations)
 - Review coverage outside the United States
 - Explain that Evidence of Coverage provides all of the costs, benefits, and rules for the plan.

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Review of Prescription coverage and in-network pharmacy (Slide Layer)

Step 4 | Present the plan



Review of Prescription coverage and in-network pharmacy

- When reviewing prescription benefits, you can show the new member how to look them up on their phone or computer. Remember to check to see if their prescriptions are covered and their pharmacy is in network, and let them know if not they will need to choose a new pharmacy or may have to pay the full price of the prescription.



Review Providers and select a Primary Care Physician (Slide Layer)

Step 4 | Present the plan



Review Providers and select a Primary Care Physician (PCP)

You must explain that the plan is an HMO or PPO and what that means. Remember to discuss physicians, and offer to look up specific doctors, facilities and the preferred hospital for the beneficiary to see if they are in network. Show them how they can look up names themselves online.

- i. For the HMO plans be sure to explain that for those physicians, facilities or hospitals that are not in network the beneficiary will need to choose a new one or they will pay out of pocket.
- ii. For the PPO be sure to explain how out of network benefits work and applicable cost share."



Star Ratings (Slide Layer)

Step 4 | Present the plan



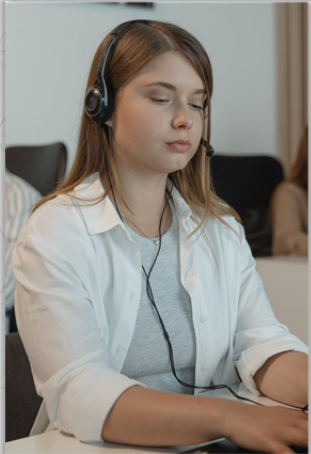
Star Ratings

- If the plan has a star rating, show off the star rating for that plan and explain how the star ratings are determined.

Navigation icons: left arrow, right arrow, and a row of eight circles with the seventh circle filled.

Additional required elements (Slide Layer)

Step 4 | Present the plan



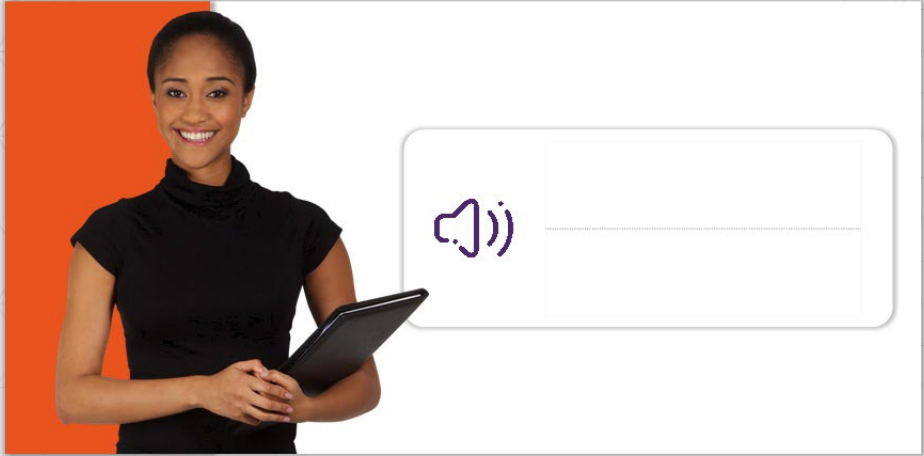
Additional required elements

- Explain that this is not a hearing/dental/vision "rider" but a full plan.
- Explain that plan operates on a calendar year basis, so benefits may change on January 1 of the following year.
- Review how to file a complaint - if someone has a complaint, have them call 1-800-DEVOTED and we will help them with the process.
- Review the right to cancel an enrollment as well as the specific date through which cancellation may occur which is prior to the effective date with Devoted, or during their outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.
- Review these Items only applicable to certain plan types:
 - i. Review need to qualify for chronic/disabling condition requirement for C-SNPs
 - ii. Review the need to have Medicaid to qualify for D-SNP.

Navigation icons: left arrow, right arrow, and a row of eight circles with the seventh circle filled.

Audio (Slide Layer)

Step 4 | Present the plan

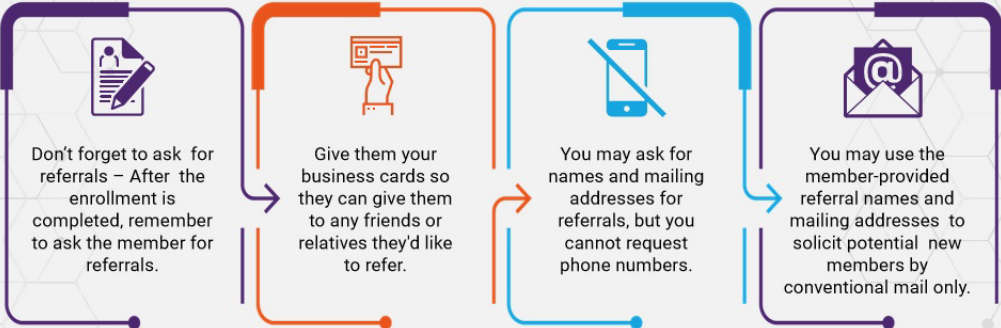


A woman with dark hair, wearing a black turtleneck, is smiling and holding a black tablet. She is standing next to a large white rectangular box. Inside the box, on the left, is a purple speaker icon. To the right of the speaker icon is a large, empty white rectangular area with a thin black border, intended for audio content.

2.68 Step 5 | Finalize the Sale

Step 5 | Finalize the Sale

Once you have answered all of their questions, it is time to close the sale. Refer back to the information you gathered in the beginning, and summarize why this plan will bring them value. Make sure all required disclaimers are read in full and the beneficiary understands and agrees to all elements of the plan.



```
graph LR; A[Icon: Document with pencil] --> B[Icon: Hand holding card]; B --> C[Icon: Smartphone with slash]; C --> D[Icon: Envelope with @];
```

The flowchart consists of four steps connected by arrows. Each step has an icon at the top and a text box below it. The first step has a purple icon of a document with a pencil. The second step has an orange icon of a hand holding a card. The third step has a blue icon of a smartphone with a diagonal slash. The fourth step has a purple icon of an envelope with an @ symbol.

- Don't forget to ask for referrals** – After the enrollment is completed, remember to ask the member for referrals.
- Give them your business cards so they can give them to any friends or relatives they'd like to refer.
- You may ask for names and mailing addresses for referrals, but you cannot request phone numbers.
- You may use the member-provided referral names and mailing addresses to solicit potential new members by conventional mail only.

Notes:

Now it's time to finalize the sale. Once you've answered all their questions, refer back to the information you've gathered in the beginning and summarize why this plan will bring them value. Don't forget to ask for those referrals.

video (Slide Layer)



2.69 Step 6 | Completing the Enrollment

Step 6 | Completing the Enrollment

We offer several ways to complete an enrollment with Devoted:

- Electronic submission** - Devoted has an easy to use online enrollment tool. The member must sign the enrollment electronically, agents will receive access to this platform through an email upon appointment.
 - There are three different options for electronic enrollment. (our on-line training resources have more information on how to use these tools)
 - In-person
 - Remote Signature
 - Telephonic submission
 - We also work with many third party vendors for electronic submissions such as Sunfire, Connecture and others.
- Paper submission** - Paper enrollment applications will be available to print and through pick up from your local agency or local Devoted contact.

When completing the enrollment application you must capture the appropriate beneficiary or authorized representatives signature and consent to all required key elements. Review [this guide](#) for more information on completing an enrollment application.

Individual Enrollment Form

CPA No. 0206-0700 | 04/2019 | 10100000

Devoted HEALTH PLANS

Who can use this form?
People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in this plan's service area.

Important! To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (hospital insurance).
- Medicare Part B (medical insurance).

When do I use this form?
You can join a plan:

- Between October 15 - December 7 each year (for coverage starting January 1).
- Within 3 months of first getting Medicare.
- In certain situations where you're allowed to join or switch plans.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card).
- Your permanent address and phone number.

How do I get help with this form?
Call Devoted Health at 1-800-888-0996 (TTY 719). Or, call Medicare at 1-800-MEDICARE (1-800-633-6277). TTY users can call 1-877-486-5046.

En español: Llame a Devoted Health al 1-800-888-0996 (TTY 719) o a Medicare gratis al 1-800-633-6277 y pida un folio de ayuda en español o un representante estará disponible para ayudarle.

Reminders:

- If you want to join a plan during full open enrollment (October 15 - December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?
Send your completed and signed form to:

Mail
Devoted Health - Enrollment
400 New Street
Bergen, NJ 07003
Fax
1-800-434-0006

Once they process your request to join, they'll contact you.

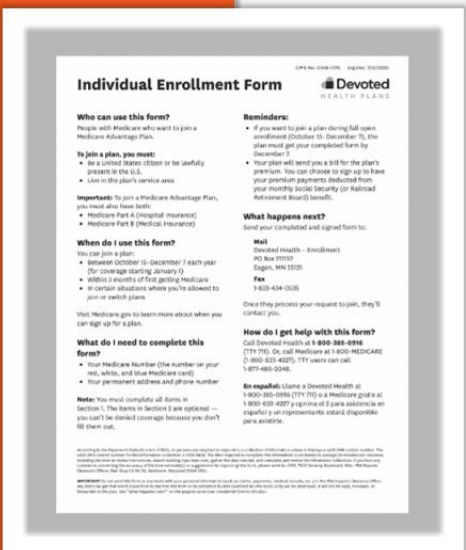
Notes: You must complete all items in Section I. The items in Section II are optional - you can't be denied coverage because you don't fill them out.

Notes:

When you are ready, there are two different ways to complete an enrollment application. You can do so using our electronic submission and our easy to use online enrollment tool. When you're doing electronic submission, you do have two options for completing an application in person or a remote signature option as well.

Our other option is complete a paper submission. You can fax or mail the application. Make sure to do so within 48 hours. The paper application has the fax and or mailing address to send to the correct location. Also, an HRA will be available for broker agents to complete on any Medicare Advantage member through our agent portal upon submission or receipt of the application.

Audio (Slide Layer)



Step 6 | Completing the Enrollment

We offer several ways to complete an enrollment with Devoted:

- Electronic submission** - Devoted has an easy to use online enrollment tool. The member must sign the enrollment electronically, agents will receive access to this platform through an email upon appointment.
 - There are three different options for electronic



be available to print and through pick up from your local agency or local Devoted contact.

When completing the enrollment application you must capture the appropriate beneficiary or authorized representatives signature and consent to all required key elements. Review [this guide](#) for more information on completing an enrollment application.

2.70 Step 6 | Completing the Enrollment

Step 6 | Completing the Enrollment

Health Risk Assessment (HRA)

An HRA will be available for broker agents to complete on any Medicare Advantage members through our agent portal upon submission/receipt of the application.



01

02

Health Risk Assessment (Slide Layer)

This slide layer is titled "01. What is a Health Risk Assessment (HRA)?" and is part of a presentation on "Step 6 | Completing the Enrollment". The background features a hexagonal pattern and a photo of a person's hands holding a document. A purple home icon is visible on the left side of the slide.

Step 6 | Completing the Enrollment

Health R
An HRA
upon su

01. What is a Health Risk Assessment (HRA)?

An HRA is a series of questions that CMS requires all plans to ask SNP members.

- A SNP member's HRA responses inform their Care Plan.
- Members can complete an HRA in-person with their broker or agent (via the Agent Portal or paper forms), via a paper form, the Member Portal, or telephonically.
- SNP members will receive a Reward Card if they complete an HRA within 90 days of enrollment. They'll also be eligible for another reward every plan year when they complete their HRA. We'll mail, text, and call members when it's time to complete their Annual HRA, so encourage them to be on the lookout so they can get another reward card!
- To complete an HRA with a member, simply access the HRA form via the Agent Portal or paper form and ask the member each question. Record their answers to each question, and submit on the Agent Portal or return via fax (for paper forms) when complete! Be sure to include the member's name and date of birth on paper forms to ensure we can identify the correct individual.
- For 2027, we will introduce a Florida D-SNP-only HRA with a few additional Medicaid-required questions. If enrolling a member on a Florida D-SNP, be sure to select the correct form.

HRA so important (Slide Layer)

This slide layer is titled "02. Why is the HRA so important?" and is part of a presentation on "Step 6 | Completing the Enrollment". The background features a hexagonal pattern and a photo of a person's hands holding a document. A purple home icon is visible on the left side of the slide.

Step 6 | Completing the Enrollment

Health R
An HRA
upon su

02. Why is the HRA so important?

Based on the member's HRA responses, Devoted staff may reach out to the member to provide support:

- Accessing housing, food, transportation, or other resources
- Coordinating health care
- Managing a chronic condition

The HRA and ICP are reviewed at least once annually and updated if needed.

Click (Slide Layer)

Step 6 | Completing the Enrollment

Health Risk Assessment (HRA)

An HRA will be available for broker agents to complete on any Medicare Advantage members through our agent portal upon submission/receipt of the application.



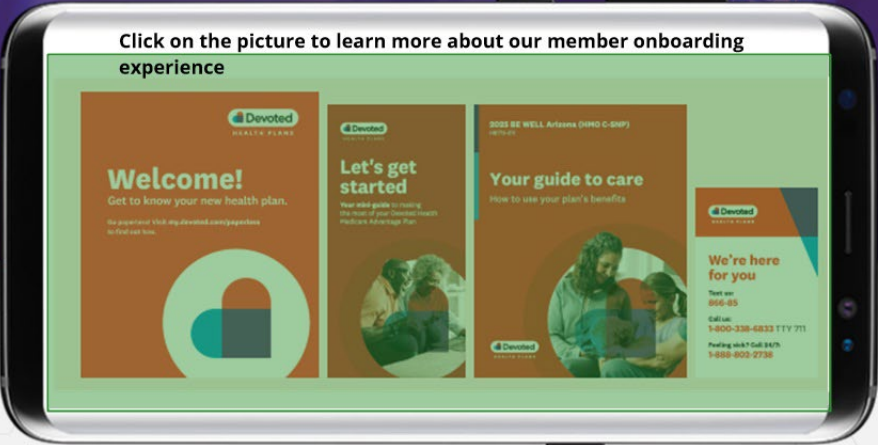
01 02

2.71 Step 7 | Buttoning up the Sale

Step 7 | Buttoning up the Sale

Make sure to leave with the prospect with their Enrollment receipt with their plan information and getting started document. **Click to see enrollment receipt** 

Click on the picture to learn more about our member onboarding experience



Welcome!
Get to know your new health plan.
Go to www.devoted.com/page/transition to find out how.

Let's get started
Your next guide to using the power of your Devoted Health Medicare Advantage Plan.

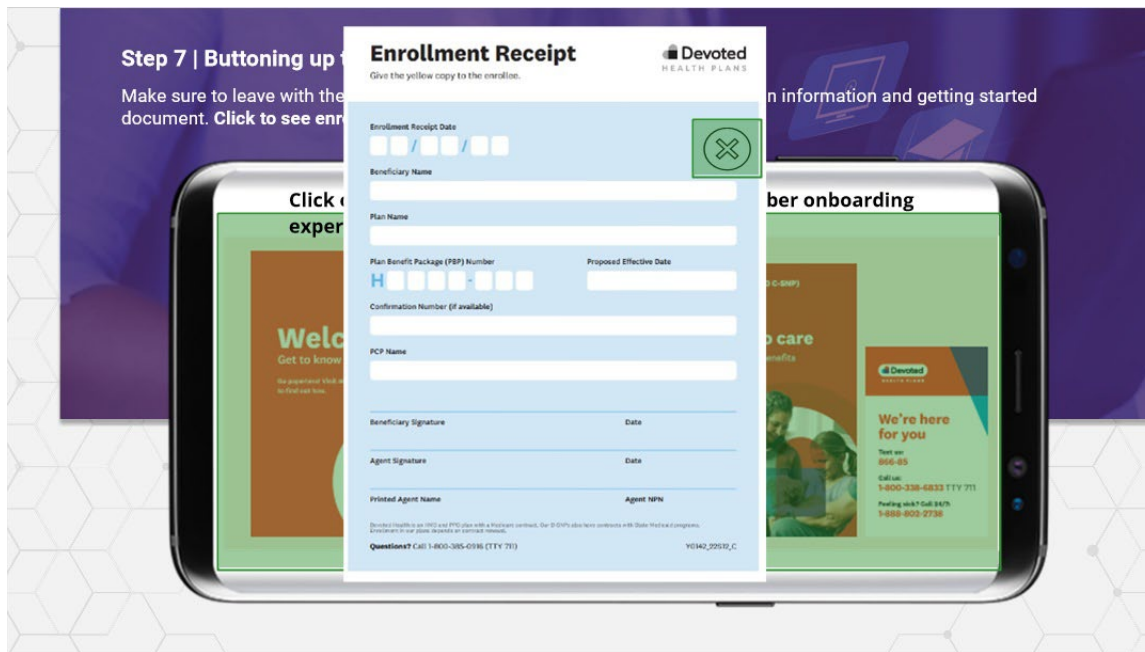
Your guide to care
How to use your plan's benefits.

We're here for you
Text us: 855-65
Call us: 1-800-338-6833 TTY: 711
Pressing sick? Call 24/7: 1-888-805-2738

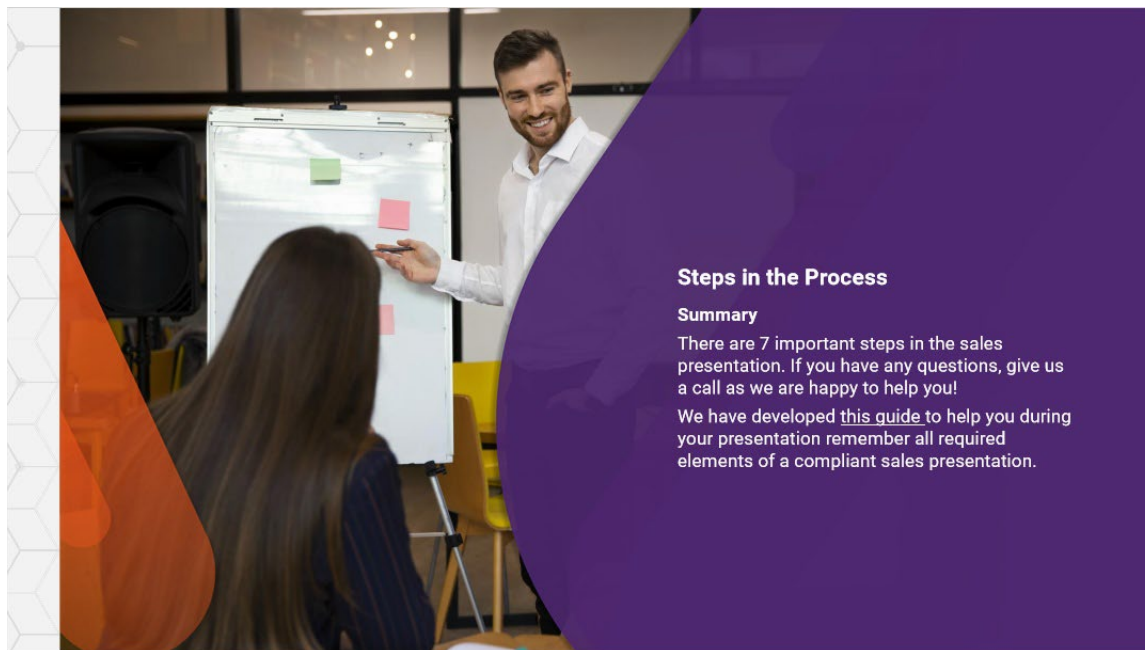
Notes:

Our last step is buttoning up the sale. Thank the individual for the enrollment, complete the enrollment receipt that's in the enrollment kit, and let the individual know what they can expect next, including a welcome text, their welcome kit, a text asking if they have any transition needs, and for our members with transition needs, a welcome call.

Enrollment Receipt (Slide Layer)



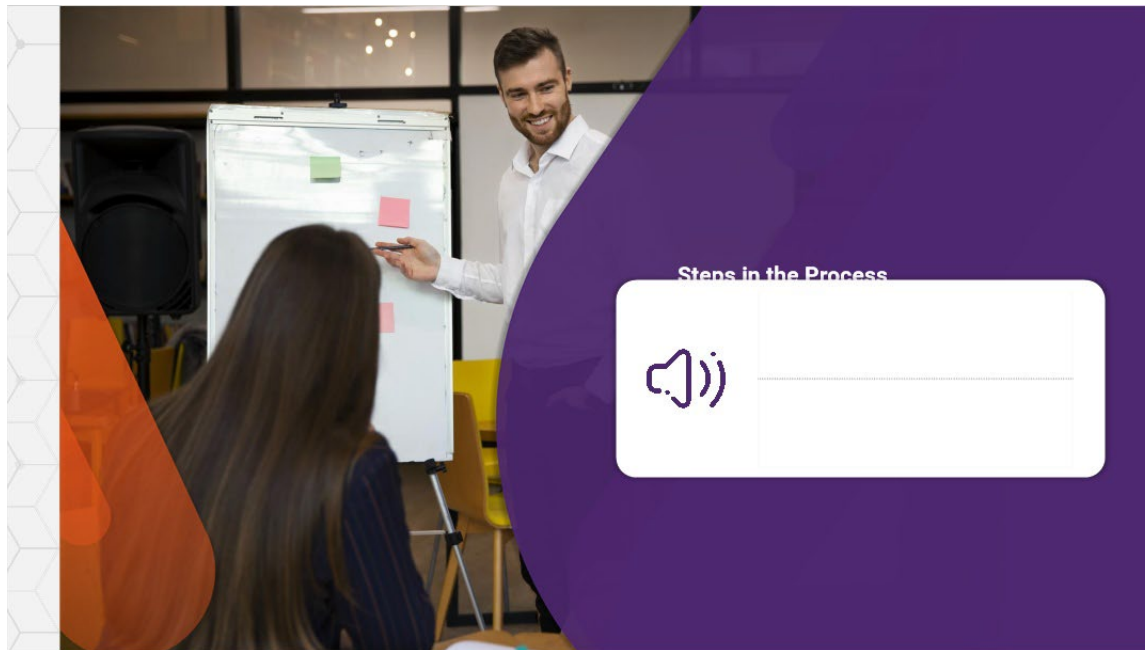
2.72 Steps in the Process



Notes:

There are seven important steps in the sales presentation. If you have any questions, give us a call as we are happy to help you.

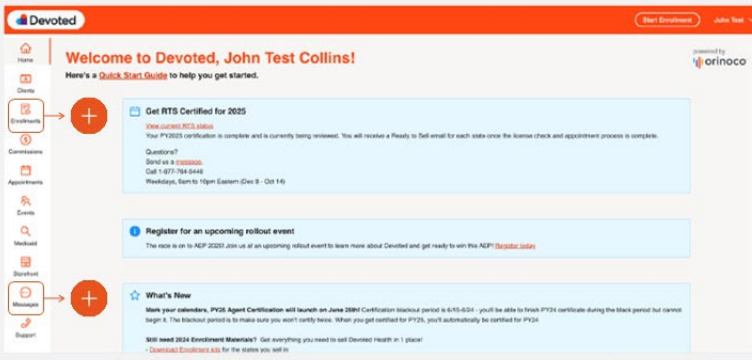
video (Slide Layer)



2.73 What happens if there is an issue with an application?

What happens if there is an issue with an application?

- Agents will receive notification of any pending applications via the agent portal messages.
- An email notification of the message will be sent to the agent's email address on file.
- These are typically timely and it is therefore imperative to review the message as soon as possible to resolve the request for information.



Note: In some cases we will also reach out to the beneficiary for a request for information as well. In these situations you will be notified via the message that the beneficiary has also been contacted.

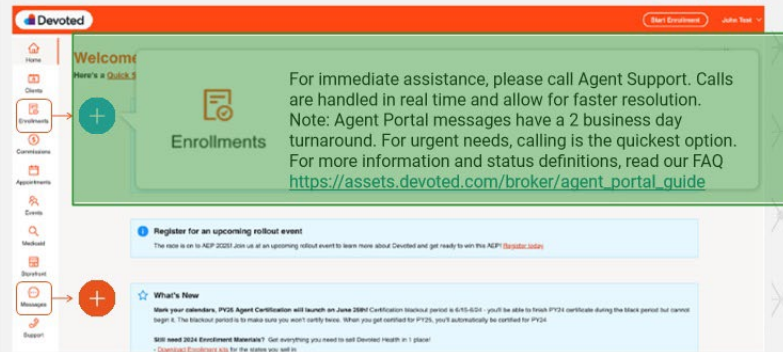
Notes:

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Enrollments (Slide Layer)

What happens if there is an issue with an application?

- Agents will receive notification of any pending applications via the agent portal messages.
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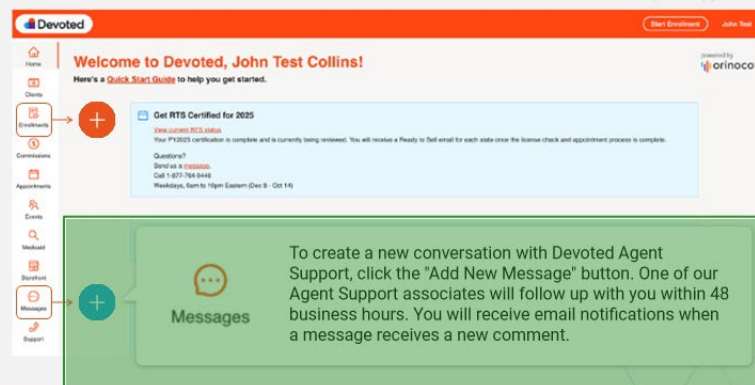


Note: In some cases we will also reach out to the beneficiary for a request for information as well. In these situations you will be notified via the message that the beneficiary has also been contacted.

Messages (Slide Layer)

What happens if there is an issue with an application?

- Agents will receive notification of any pending applications via the agent portal messages.
- An email notification of the message will be sent to the agent's email address on file.
- These are typically timely and it is therefore imperative to review the message as soon as possible to resolve the request for information.

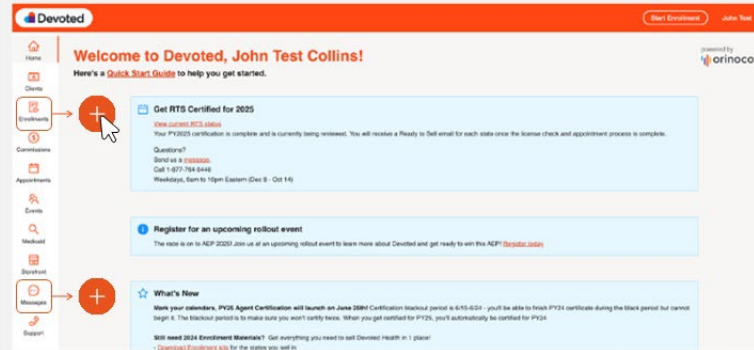


Note: In some cases we will also reach out to the beneficiary for a request for information as well. In these situations you will be notified via the message that the beneficiary has also been contacted.

Click (Slide Layer)

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Note: In some cases we will also reach out to the beneficiary for a request for information as well. In these situations you will be notified via the message that the beneficiary has also been contacted.

2.74 Telephonic/Virtual Enrollments

Telephonic/Virtual Enrollments



All directly contracted Third Party Marketing Organizations (TPMOs, i.e. "Agencies") must submit their policies and procedures for approval during the onboarding process with Devoted Health.



When these agencies indicate that their agents and brokers conduct telephonic/virtual sales & enrollment activities in the field (not in a call center), the agency & agent must agree to, and understand, the CMS' requirements for conducting these activities.

To learn more about these requirements review [this document](#).



video (Slide Layer)

Telephonic/Virtual Enrollments



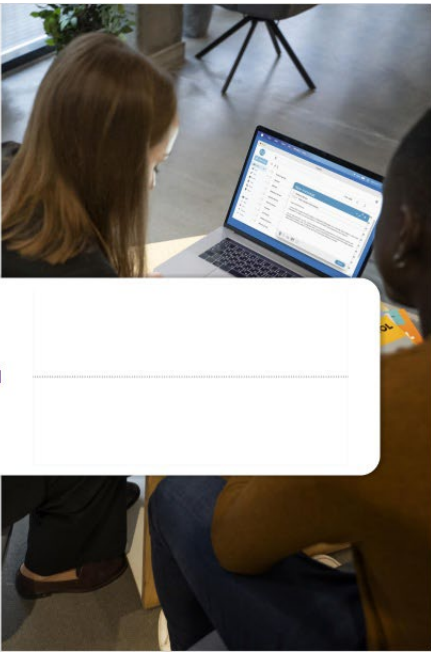
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When these agencies indicate that their agents and broker conduct telephonic/virtual sales & enrollment activities in the field (not in a call center), the agency & agent must agree to, and understand, the CM requirements for conducting these activities.



To learn more about these requirements review [this document](#).



2.75 No need to worry about plan-to-plan changes

No need to worry about plan-to-plan changes

While we design our plans to try to limit the need for our members to switch plans, we know that members' needs change.

We strive to make this process as easy as possible.

Agents do not need to be on the line when prospect calls in. We want you to spend more time writing new business rather than maintaining your existing book.

When a member wants to switch plans, they can call 1-800-DEVOTED. We will switch their plan for them over the phone. The current agent remains Agent of Record (AOR).

It's not necessary for you to rewrite the business yourself.

No new commission is generated. Renewals will continue as long as the agent re-certifies annually.

2.76 Cancellations and Disenrollment

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



Members have the right to cancel an enrollment which is prior to the effective date with Devoted, or during their outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.



Members are able to voluntarily disenroll from Devoted Health during a valid election period, and one of the most effective forms of doing this is by enrolling in another plan to ensure there is no lapse in Part D coverage.



At times members may be involuntarily disenrolled from their health plan; for example if they lose special needs status, a provider does not confirm the individuals special needs status or they move outside the service area. Members will be informed in these scenarios to help them with their transition.

Cancellations and Disenrollment 1 (Slide Layer)

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



Members have the right to cancel an enrollment which is prior to the effective date with Devoted, or during the outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.



We strive to make this process as easy as possible.

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Cancellations and Disenrollment 2 (Slide Layer)

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



Members have the right to cancel an enrollment which is prior to the effective date with Devoted, or during their outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.



Agents do not need to be on the line when prospect calls in. We want you to spend more time writing new business rather than maintaining your existing book.



At times members may be involuntarily disenrolled from their health plan; for example if they lose special needs status, a provider does not confirm the individuals special needs status or they move outside the service area. Members will be informed in these scenarios to help them with their transition.

Cancellations and Disenrollment 3 (Slide Layer)

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



Members have the right to cancel an enrollment which is prior to the effective date with Devoted, or during their outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.



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At times members may be involuntarily disenrolled from their health plan; for example if they lose special needs status, a provider does not confirm the individuals special needs status or they move outside the service area. Members will be informed in these scenarios to help them with their transition.

When a member wants to switch plans, they can call 1-800-DEVOTED. We will switch their plan for them over the phone. The current agent remains Agent of Record (AOR).

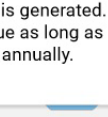
Cancellations and Disenrollment 4 (Slide Layer)

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



No new commission is generated. Renewals will continue as long as the agent re-certifies annually.



Members are able to voluntarily disenroll from Devoted Health during a valid election period, and one of the most effective forms of doing this is by enrolling in another plan to ensure there is no lapse in Part D coverage.



At times members may be involuntarily disenrolled from their health plan; for example if they lose special needs status, a provider does not confirm the individuals special needs status or they move outside the service area. Members will be informed in these scenarios to help them with their transition.

Cancellations and Disenrollment 5 (Slide Layer)

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



Members have the right to cancel an enrollment which is prior to the effective date with Devoted, or during their outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.



Members are able to voluntarily disenroll from Devoted Health during a valid election period, and one of the most effective forms of doing this is by enrolling in another plan to ensure there is no lapse in Part D coverage.



It's not necessary for you to rewrite the business yourself.

At times members may be involuntarily disenrolled from their health plan; for example if they lose special needs status, a provider does not confirm the individuals special needs status or they move outside the service area. Members will be informed in these scenarios to help them with their transition.

Click (Slide Layer)

Cancellations and Disenrollment

Note: In some cases we reach out to members we believe might not understand cost share implications given their specific Medicare <-> Medicaid circumstances.



Members have the right to cancel an enrollment which is prior to the effective date with Devoted, or during their outbound enrollment verification (OEV) window, which is listed on their OEV letter that they receive from Devoted following enrollment or they can call Devoted Health at 1-800-990-0723.



Members are able to voluntarily disenroll from Devoted Health during a valid election period, and one of the most effective forms of doing this is by enrolling in another plan to ensure there is no lapse in Part D coverage.



At times members may be involuntarily disenrolled from their health plan; for example if they lose special needs status, a provider does not confirm the individuals special needs status or they move outside the service area. Members will be informed in these scenarios to help them with their transition.

2.77 Multiple Response

(Multiple Response, 10 points, unlimited attempts permitted)

What are some different ways a broker agent can complete a scope of appointment? (Select all that apply)

☒ Paper

☒ Electronic

☒ E-mail/Text

☒ Phone

Submit



Correct	Choice
X	Paper
X	Electronic
X	E-mail/Text
X	Phone

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

What are some different ways a broker agent can complete a scope of appointment? (Select all that apply)

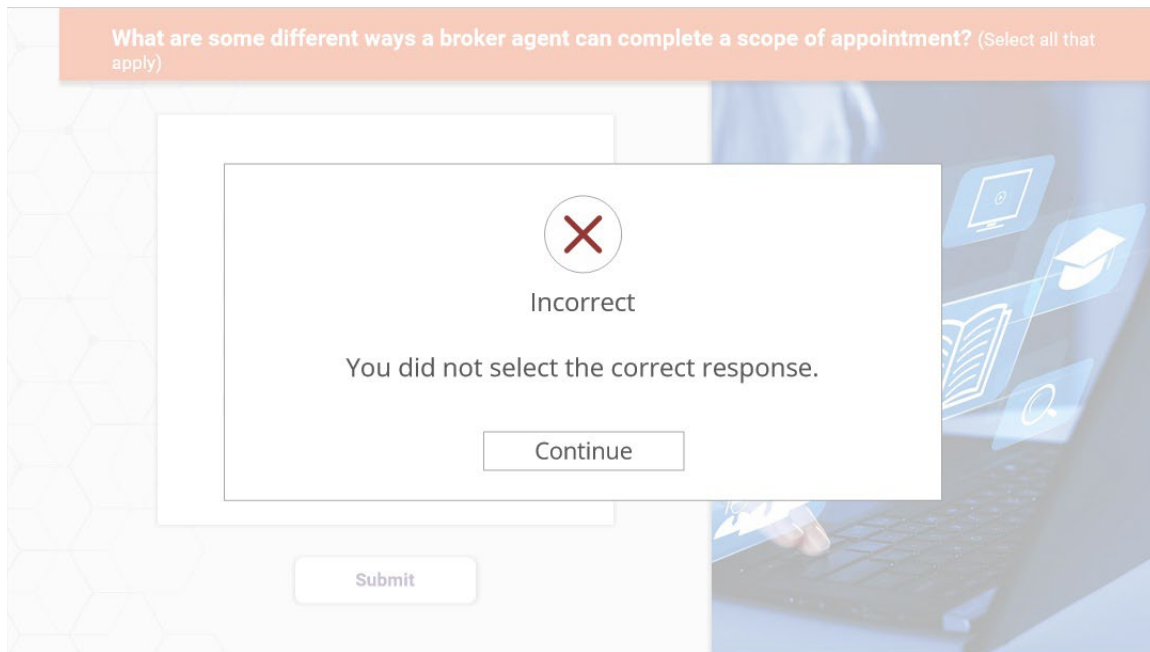


Correct all of these are options

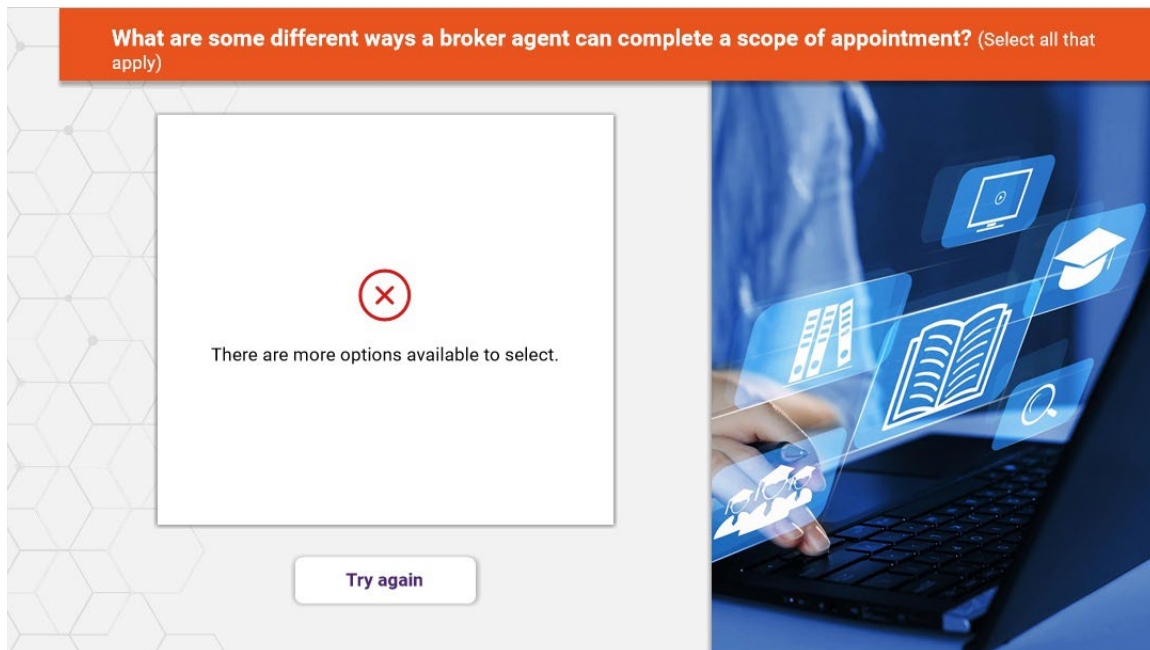
Continue



Incorrect (Slide Layer)



Try Again (Slide Layer)



2.78 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

True or False: Reviewing doctor networks is a required portion of the Devoted enrollment process.

☒ True

☐ False

Submit



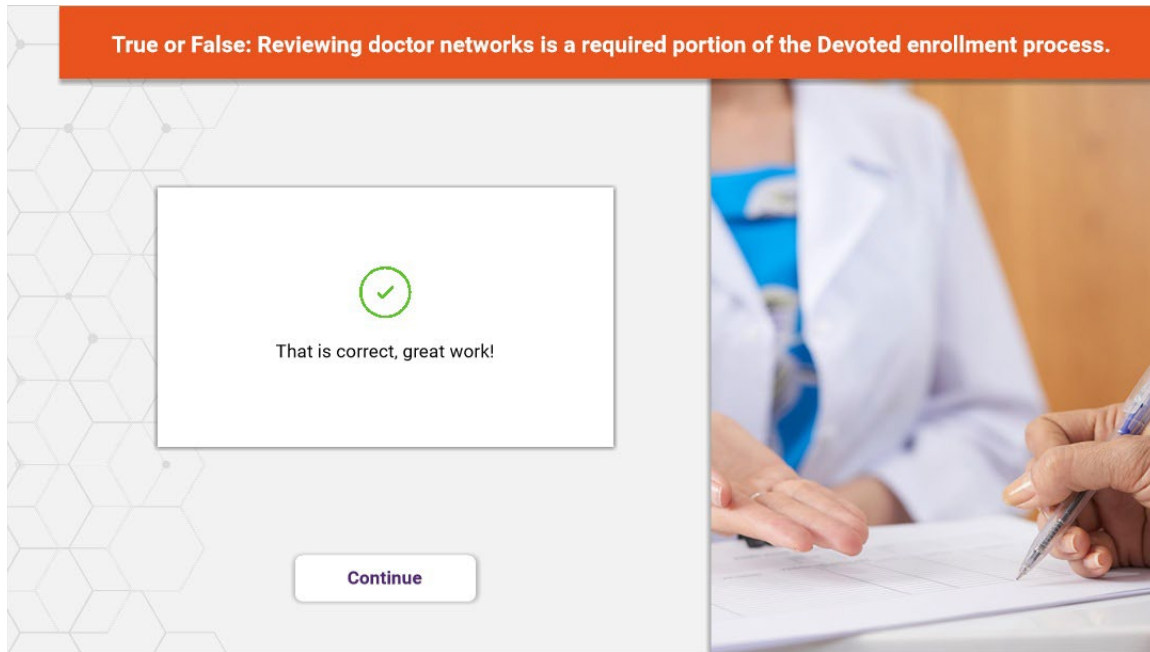
Correct	Choice
X	True
	False

Feedback when incorrect:

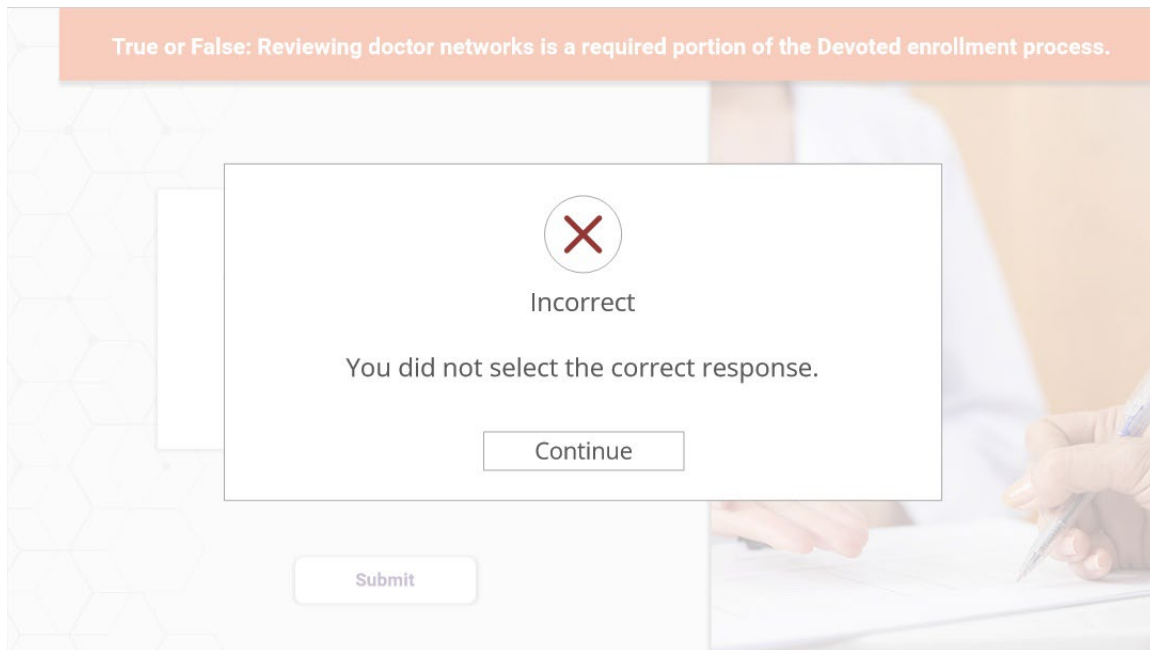
You did not select the correct response.

Notes:

Correct (Slide Layer)



Incorrect (Slide Layer)



Try Again (Slide Layer)

True or False: Reviewing doctor networks is a required portion of the Devoted enrollment process.



Oh snap, sorry that is not correct.

[Try again](#)



2.79 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

True or False: Reading through the benefit highlights is a good alternative to reading through the summary of benefits for the enrollment presentation.

☐ True

☒ False

[Submit](#)



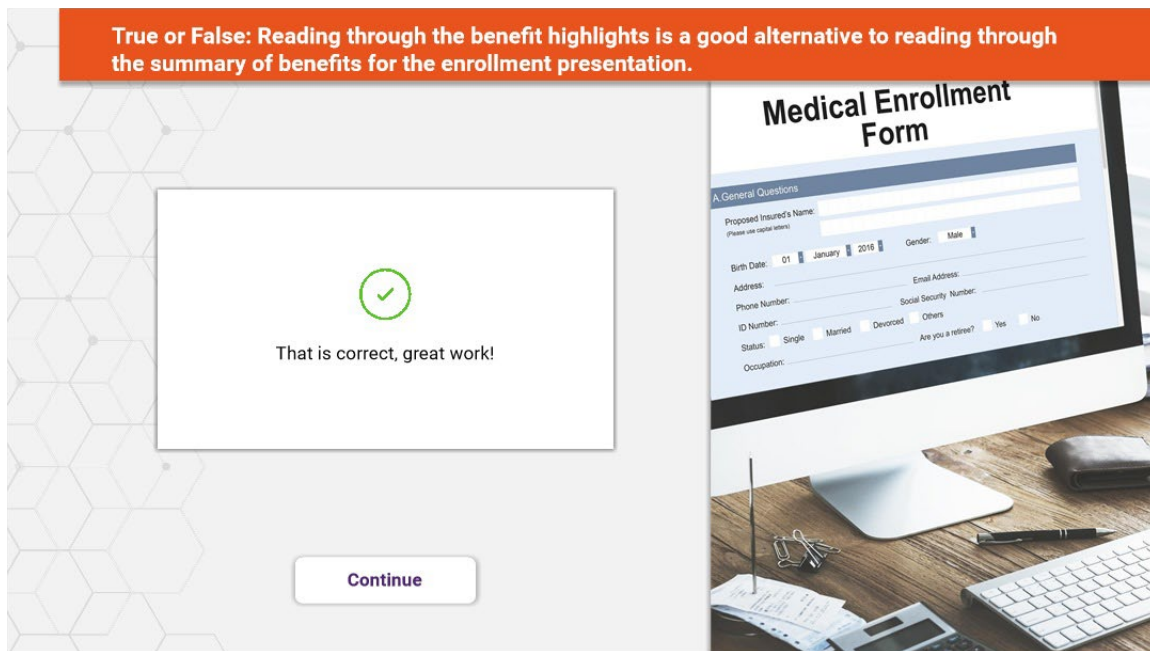
Correct	Choice
	True
X	False

Feedback when incorrect:

You did not select the correct response.

Notes:

Correct (Slide Layer)



Incorrect (Slide Layer)

True or False: Reading through the benefit highlights is a good alternative to reading through the summary of benefits for the enrollment presentation.

Medical Enrollment Form



Incorrect

You did not select the correct response.

Continue

Submit

Try Again (Slide Layer)

True or False: Reading through the benefit highlights is a good alternative to reading through the summary of benefits for the enrollment presentation.



Oh snap, sorry that is not correct.

Try again

Medical Enrollment Form

A. General Questions

Proposed Insured's Name:
(Please use capital letters)

Birth Date: 01 January 2016 Gender: Male

Address: Email Address:

Phone Number: Social Security Number:

ID Number: Status: ☐ Single ☐ Married ☐ Divorced ☐ Others ☐ Are you a retiree? ☐ Yes ☐ No

Occupation:

2.80 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

What can Devoted Members Expect after enrollment?

☐ Devoted welcome kit
☐ ID card in a separate mailer
☐ Welcome text
☐ MyDevoted app
☒ All of the above and more

Submit

My Devoted

Welcome to MyDevoted!

Let's get started.

Member ID

Birth Date

Jan
DD
YYYY

Continue

Problems logging in? Can't find your member ID? Text us at 866-85 or call 1-800-338-6833 (TTY 711)

Do I need to set up an account?

Nope, if you have an email or cell phone on file with us, your secure account is set up and ready to go - no password needed!

Correct	Choice
	Devoted welcome kit
	ID card in a separate mailer
	Welcome text
	MyDevoted app
X	All of the above and more

Feedback when incorrect:

You did not select the correct response.

Notes:

Correct (Slide Layer)

What can Devoted Members Expect after enrollment?



That is correct, great work!

Continue

My Devoted

Welcome to MyDevoted!

Let's get started.

Member ID

Birth Date

Jan DD YYYY

Continue

Problems logging in? Can't find your member ID? Text us at [866-853386833](tel:866-853386833) or call [1-800-338-6833](tel:1-800-338-6833) (TTY 711)

Do I need to set up an account?

Nope, if you have an email or cell phone on file with us, your secure account is set up and ready to go - no password needed!

Incorrect (Slide Layer)

What can Devoted Members Expect after enrollment?



Incorrect

You did not select the correct response.

Continue

Submit

My Devoted

Welcome to MyDevoted!

Let's get started.

Member ID

Birth Date

Jan DD YYYY

Continue

Problems logging in? Can't find your member ID? Text us at [866-853386833](tel:866-853386833) or call [1-800-338-6833](tel:1-800-338-6833) (TTY 711)

Do I need to set up an account?

Nope, if you have an email or cell phone on file with us, your secure account is set up and ready to go - no password needed!

Try Again (Slide Layer)

What can Devoted Members Expect after enrollment?



Oh snap, sorry that is not correct.

Try again

My Devoted

Welcome to MyDevoted!

Let's get started.

Member ID

Birth Date

Jan DD YYYY

Continue

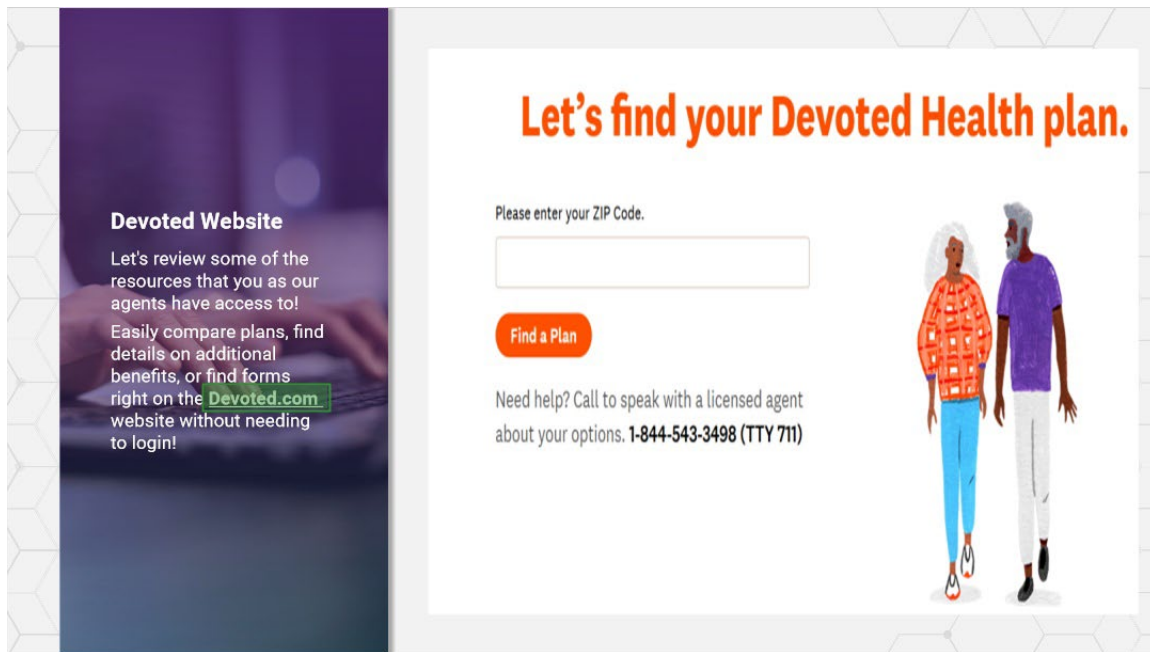
Problems logging in? Can't find your member ID? Text us at [866-853386833](tel:866-853386833) or call [1-800-338-6833](tel:18003386833) (TTY 711)

Do I need to set up an account?
Nope, if you have an email or cell phone on file with us, your secure account is set up and ready to go - no password needed!

2.81 Introduction



2.82 Devoted Website



The screenshot shows a web page for finding a health plan. On the left, a purple sidebar contains the text: **Devoted Website**, "Let's review some of the resources that you as our agents have access to!", "Easily compare plans, find details on additional benefits, or find forms right on the [Devoted.com](#) website without needing to login!". The main content area has the heading "Let's find your Devoted Health plan." in orange. Below it is a form with the label "Please enter your ZIP Code." and a text input field. A red "Find a Plan" button is positioned below the input field. To the right of the button is an illustration of a man and a woman walking. At the bottom of the main area, it says "Need help? Call to speak with a licensed agent about your options. 1-844-543-3498 (TTY 711)".

Devoted Website

Let's review some of the resources that you as our agents have access to!

Easily compare plans, find details on additional benefits, or find forms right on the [Devoted.com](#) website without needing to login!

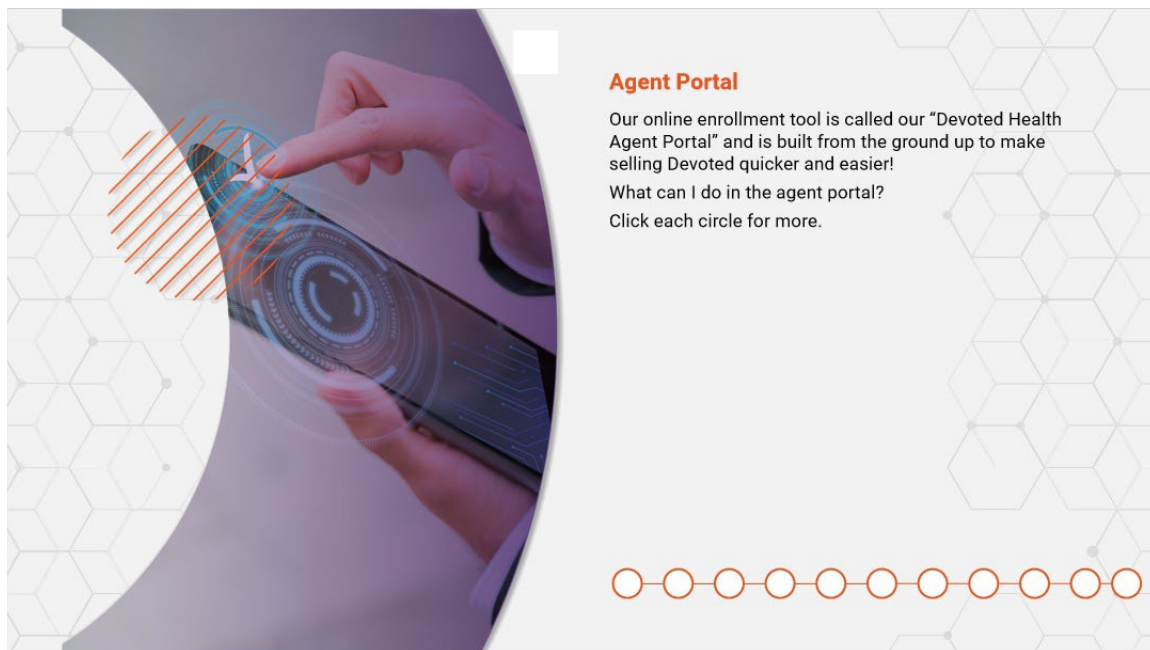
Let's find your Devoted Health plan.

Please enter your ZIP Code.

[Find a Plan](#)

Need help? Call to speak with a licensed agent about your options. 1-844-543-3498 (TTY 711)

2.83 Agent Portal



The screenshot shows a web page for the Agent Portal. On the left, a circular image shows a hand interacting with a futuristic, glowing interface on a device. The main content area has the heading "Agent Portal" in orange. Below it, the text reads: "Our online enrollment tool is called our 'Devoted Health Agent Portal' and is built from the ground up to make selling Devoted quicker and easier!", "What can I do in the agent portal?", and "Click each circle for more." At the bottom of the main area, there is a horizontal row of ten small orange circles, with the first circle being slightly larger and containing a white dot.

Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

1 Enrollment/membership status (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

View your book of business and their enrollment/ membership status

Progress indicator: 11 circles, the first is filled orange.

2 Medicaid and LIS (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

"Check Medicaid and LIS levels"

Progress indicator: 11 circles, the second is filled orange.

3 Complete an enrollment application (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Complete an enrollment application

Progress indicator: 11 circles, with the 3rd circle highlighted in orange.

4 Scope of appointment (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Complete a scope of appointment

Progress indicator: 11 circles, with the 4th circle highlighted in orange.

5 Complete an HRA (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Complete an HRA

A horizontal row of 12 circles, with the 5th circle from the left filled with orange, indicating the current slide.

6 Tools and training (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Access helpful tools and training material

A horizontal row of 12 circles, with the 6th circle from the left filled with orange, indicating the current slide.

7 Request to host (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Request to host an event with Devoted



8 Identify and provide (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Identify and provide status updates on appointments assigned by Devoted



9 Agent Support (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

For support, submit your question to the Agent Support team through Messages.

Progress indicator: 10 circles, with the 9th circle highlighted in orange.

10 Login (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Login just requires the username and password you set up in the beginning of the onboarding process.

Progress indicator: 10 circles, with the 10th circle highlighted in orange.

11 Completing your certification (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

You are in our agent portal right now! When you complete contracting and certification it is all done right in our agent portal.

Progress indicator: 11 circles, the 11th is filled orange.

Click (Slide Layer)



Agent Portal

Our online enrollment tool is called our "Devoted Health Agent Portal" and is built from the ground up to make selling Devoted quicker and easier!

What can I do in the agent portal?

Click each circle for more.

Progress indicator: 11 circles, the 1st is highlighted with a mouse cursor.

2.84 Marketing Storefront



Login (Slide Layer)



Items to order (Slide Layer)



The slide features a dark background on the left with a hand interacting with a keyboard, overlaid with various marketing icons like a play button, target, lightbulb, megaphone, eye, and percentage sign. On the right, the text 'Marketing Storefront' is followed by a description and a list of three items. At the bottom right are two buttons: 'Login' and 'Items to order'.

Marketing Storefront

Your one-stop shop for best-in-class Devoted marketing collateral, branded event and field tools and more.

Here you will find:

1. CMS-approved, customizable assets for agents and agencies (e.g., banners, direct mail, flyers, rack cards, print ads, social posts and non-branded assets)
2. Materials can be electronically downloaded or ordered directly from the site
3. New items added frequently, check back often

Login Items to order

Click (Slide Layer)



This slide is identical to the one above, but with a white mouse cursor icon pointing at the 'Login' button.

Marketing Storefront

Your one-stop shop for best-in-class Devoted marketing collateral, branded event and field tools and more.

Login Items to order

2.85 Marketing Assets

Marketing Assets

You can download for FREE or print top-performing, customizable marketing assets to generate leads and sales: Banners, Direct mail, Flyers, Print ads, Rack cards, Social media posts, and non-branded assets.

DIGITAL MARKETING

Ask about the Food & Home Card benefit

Learn more about how you can get more savings on your groceries. Devoted Health Medicare Advantage plans (HMO C-SNP) offer a lot of savings, comprehensive coverage, and personal care tailored to you.

- Healthy food at a low cost of no more than \$4.00 per week
- Housing expenses for rent, utilities, and more
- Utilities for water, electricity, and more

Want to learn more about Medicare and Medicare plan options?

As a licensed insurance agent, I am here to help you!

Understanding Medicare costs and coverage can be overwhelming. Plans can change every year — and so can your needs. I'm happy to answer any questions and help you choose the right plan for you!

LICENSED MEDICARE INSURANCE AGENT

Call <Agent Name> to set up a free, no-obligation appointment today.

<555-555-5555>

Enrollment may be limited to specific times of the year, unless you qualify for a Special Election Period. (CROSSHEIM)

You could get more savings & benefits with a Devoted C-SNP Plus (HMO C-SNP) plan

Devoted Health Medicare Advantage plans make it easy to manage both your health and your budget. The **DEVOTED C-SNP Plus \$500 in savings & gifts** plan could offer a lot of savings, comprehensive coverage, and personal care tailored to you.

Benefits include:

- \$400 per quarter allowance to spend on out-of-pocket costs such as copayments and deductibles
- \$4,000 per year allowance for out-of-pocket costs, including copayments, deductibles, and more
- \$500 yearly copay for services and copayments
- Allowance for home modifications, equipment, and more
- FREE prescription drugs, medical equipment, and more

Plan, get more savings with:

\$250

monthly food and home allowance for healthy food, housing, & utilities

<Firstname Lastname>

<XXX-XXX-XXXX>

Enrollment may be limited to specific times of the year, unless you qualify for a Special Election Period. (CROSSHEIM)

2.86 Introduction

Events with Devoted

Lesson 11 of 13

2.87 Devoted Events Overview

Devoted Events Overview

When agents participate in a Devoted educational or sales event, they are representing Devoted Health.

01

We expect them to treat prospects and members with the love and respect they deserve!

02

It is imperative that agents follow the CMS event guidelines and Devoted Health policies and procedures.

03

You can visit [this](#) website for the most up to date Medicare Marketing guidelines.



2.88 Registering for an Event

Registering for an Event

All event requests must be submitted to Devoted at least 14 days in advance for formal events (so if the event is 6/15, the request must be submitted by 6/1) and 7 days in advance for informal or educational events. Events can be requested through the Agent portal using the events tab or by working with your local community outreach specialist or broker manager.

01

02

03

Request via email (Slide Layer)

Registering for an Event

All event requests must be submitted to Devoted at least 14 days in advance for formal events (so if the event is 6/15, the request must be submitted by 6/1) and 7 days in advance for informal or educational events. Events can be requested through the Agent portal using the events tab or by working with your local community outreach specialist or broker manager.

01 02 03

We will respond to your request via email within 2-3 business days.
Note: You cannot conduct the event without an approval notice.

The slide features a purple header with a background image of several white envelopes. A white sidebar on the left contains the title 'Registering for an Event' in orange, followed by a paragraph of text and three numbered circles (01, 02, 03). The main content area has a light gray background with a horizontal line and a note about the response time and approval notice.

Ready to Sell (Slide Layer)

Registering for an Event

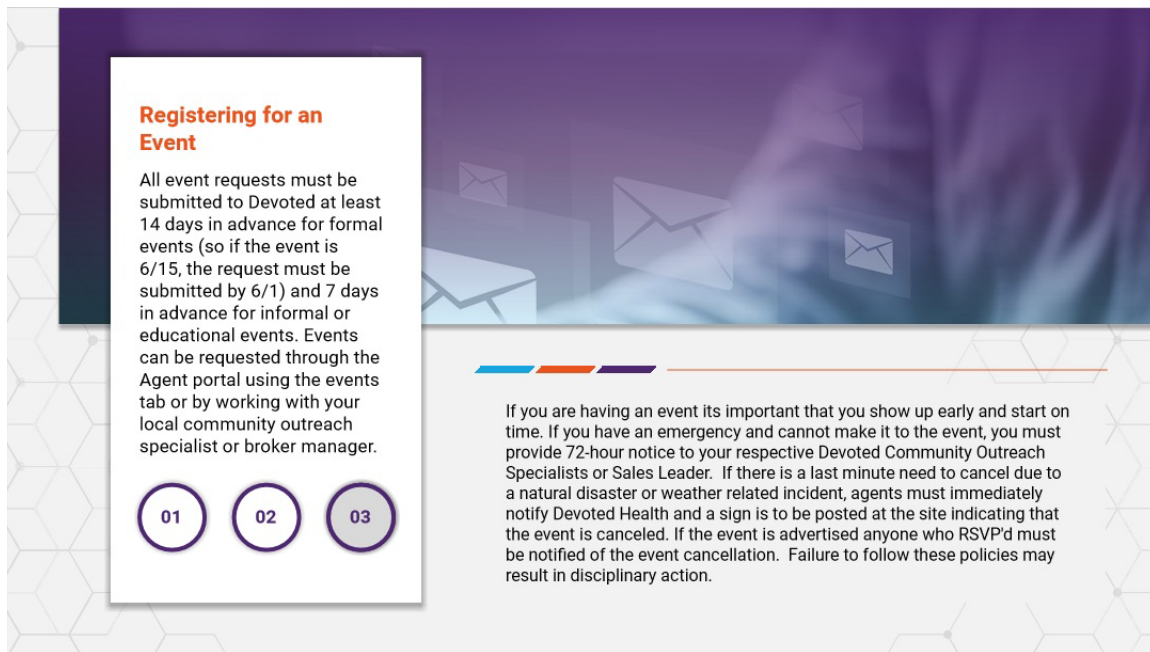
All event requests must be submitted to Devoted at least 14 days in advance for formal events (so if the event is 6/15, the request must be submitted by 6/1) and 7 days in advance for informal or educational events. Events can be requested through the Agent portal using the events tab or by working with your local community outreach specialist or broker manager.

01 02 03

In order to conduct an event for Devoted Health, all agents must hold an active license, be certified, appointed (in applicable states), and receive an "Ready to Sell" email notification.

The slide features a purple header with a background image of several white envelopes. A white sidebar on the left contains the title 'Registering for an Event' in orange, followed by a paragraph of text and three numbered circles (01, 02, 03). The main content area has a light gray background with a horizontal line and a note about the requirements for conducting an event.

72-hour notice (Slide Layer)

A presentation slide with a purple header and a light blue background featuring a hexagonal pattern. The slide is titled "72-hour notice (Slide Layer)". It contains a white box on the left with the heading "Registering for an Event" and a paragraph of text. Below the text are three numbered circles (01, 02, 03). On the right, there is a paragraph of text. The background of the slide features a blurred image of a person's hands holding a tablet, with several envelope icons floating around.

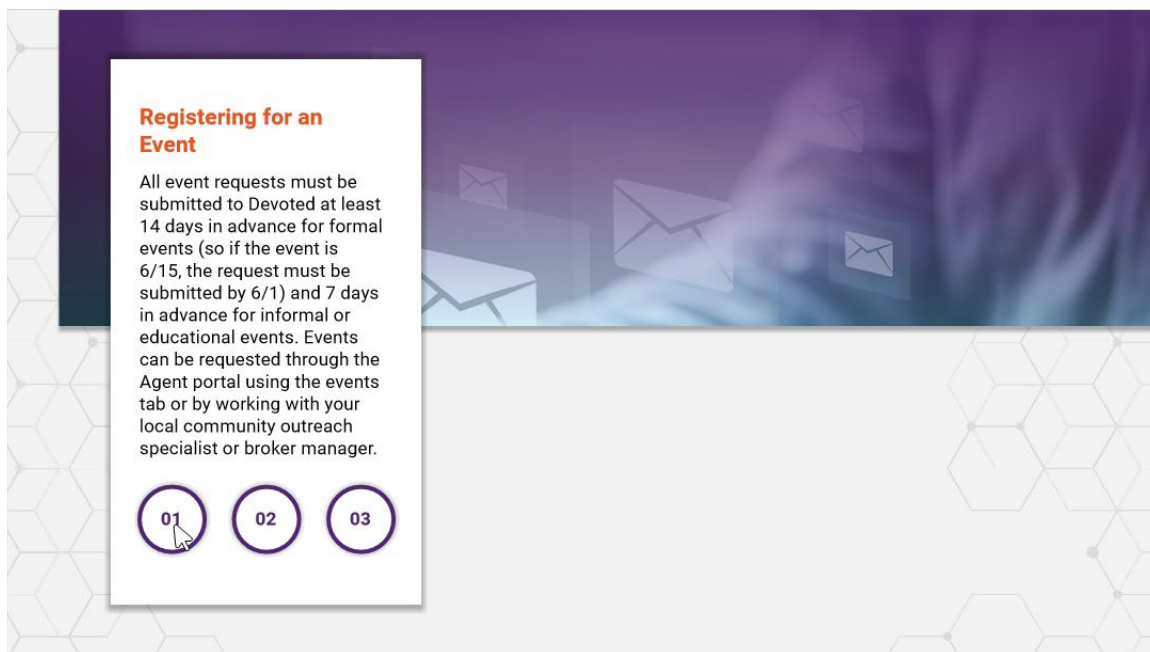
Registering for an Event

All event requests must be submitted to Devoted at least 14 days in advance for formal events (so if the event is 6/15, the request must be submitted by 6/1) and 7 days in advance for informal or educational events. Events can be requested through the Agent portal using the events tab or by working with your local community outreach specialist or broker manager.

01 02 03

If you are having an event its important that you show up early and start on time. If you have an emergency and cannot make it to the event, you must provide 72-hour notice to your respective Devoted Community Outreach Specialists or Sales Leader. If there is a last minute need to cancel due to a natural disaster or weather related incident, agents must immediately notify Devoted Health and a sign is to be posted at the site indicating that the event is canceled. If the event is advertised anyone who RSVP'd must be notified of the event cancellation. Failure to follow these policies may result in disciplinary action.

Click (Slide Layer)

A presentation slide with a purple header and a light blue background featuring a hexagonal pattern. The slide is titled "Click (Slide Layer)". It contains a white box on the left with the heading "Registering for an Event" and a paragraph of text. Below the text are three numbered circles (01, 02, 03). On the right, there is a paragraph of text. The background of the slide features a blurred image of a person's hands holding a tablet, with several envelope icons floating around.

Registering for an Event

All event requests must be submitted to Devoted at least 14 days in advance for formal events (so if the event is 6/15, the request must be submitted by 6/1) and 7 days in advance for informal or educational events. Events can be requested through the Agent portal using the events tab or by working with your local community outreach specialist or broker manager.

01 02 03

2.89 Registering for an Event

Registering for an Event

My Events

Submit New Event Request

	Date	Time	Venue	Type	Event ID	Status
+ May 20th, 2022	10:37am EDT	Pending Review	Sales, Informal, Public	EVNTXH3AK7	In Review	
+ May 18th, 2022	8:18am EDT	Pending Review	Sales, Informal, Public	EVNTXJ6KWA	In Review	

< 1 >

Add/View Events (Slide Layer)

Registering for an Event

My Events

Submit New Event Request

Add/View Events
Under the events tab in the agent portal you will be able to see your events and request a new event.

Type	Event ID	Status
Sales, Informal, Public	EVNTXH3AK7	In Review
Sales, Informal, Public	EVNTXJ6KWA	In Review

< 1 >

Submit a new event (Slide Layer)

The screenshot shows the 'My Events' portal interface. On the left is a sidebar with navigation links: Home, Clients, Commissions, and Events. The main area displays a table of events with columns for Date and Time. A slide layer titled 'Submit a new event' is overlaid on the right, showing a form to 'Add New Event' and a 'Submit New Event Request' button. A text box explains that clicking the '+' button next to the Events link allows users to enter event details and submit them for review.

Registering for an Event

Submit a new event

By clicking on this button in the portal you will be able to enter the details of your event and submit your event for review.

Date	Time
May 20th, 2022	10:37am EDT
May 18th, 2022	8:18am EDT

Event ID: EVNTXH3AK7, EVNTXJ6KWA
Status: In Review

Event Status (Slide Layer)

This screenshot shows the same 'My Events' portal interface. A slide layer titled 'Event Status' is overlaid, explaining that users will receive e-mail notifications as event statuses change and that they can check the status in the portal at any time. The slide also points to the 'In Review' status of the events in the table.

Registering for an Event

Event Status

You will receive e-mail notifications as your events change status, but you can check the status in your portal as well at any time!

Date	Time
May 20th, 2022	10:37am EDT
May 18th, 2022	8:18am EDT

Event ID: EVNTXH3AK7, EVNTXJ6KWA
Status: In Review

Click (Slide Layer)

The screenshot shows a web interface titled "Registering for an Event". Below the header is a "My Events" section. On the left is a sidebar with icons for Home, Clients, Commissions, and Events. The Events icon is highlighted with a red box and a plus sign. The main content area shows a table of events. The first event is highlighted with a red box and a plus sign.

Date	Time	Venue	Type	Event ID	Status
May 20th, 2022	10:37am EDT	Pending Review	Sales, Informal, Public	EVNTXH3AK7	In Review
May 18th, 2022	8:18am EDT	Pending Review	Sales, Informal, Public	EVNTXJ6KWA	In Review

2.90 Preparing for a Sales Event

The screenshot shows a section titled "Preparing for a Sales Event". It includes a list of materials needed prior to the event and a table of suggested items to have for an event.

Preparing for a Sales Event

Have all the materials you need prior to the event:

- All advertisement and promotional material(s) must be approved by Devoted and CMS.
- Pre-approved marketing material(s) can be ordered [here on our marketing storefront](#).

Suggested Items to have for an event	Additional Event Set-up Reminders

Suggested Items to have for an event (Slide Layer)

Preparing for a Sales Event

Have all the materials you need prior to the event:

- All advertisement and promotional material(s) must be approved by Devoted and CMS.
- Pre-approved marketing material(s) can be ordered [here on our marketing storefront](#).

Suggested Items to have for an event

Signage & Displays:

- Devoted pull-up banner or A-frame
- Devoted branded tablecloth or table runner
- Devoted acrylic flyer or rack card holder

Print Materials:

- Devoted business reply cards
- Devoted approved marketing materials (flyers, rack cards, etc.)

Promotional Items:

- Branded Pens
- 1 -2 Branded promotional items

Additional Event Set-up Reminders



Additional Event Set-up Reminders (Slide Layer)

Preparing for a Sales Event

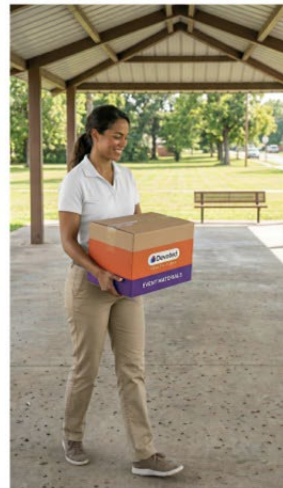
Have all the materials you need prior to the event:

- All advertisement and promotional material(s) must be approved by Devoted and CMS.
- Pre-approved marketing material(s) can be ordered [here on our marketing storefront](#).

Suggested Items to have for an event

- Confirm that the event is easily accessible for all visitors.
- Make sure there are signs directing individuals to the event location. Arrive at least 15 minutes before the event start time to set-up, and stay until the scheduled end time of the event.
- Dress in business casual attire.
- Upon arrival at the event, check in with the contact person and/or staff of the venue and introduce yourself.
- Have your ID at all times.
- Set up your laptop, test projector, and test speakers before the start of the event.
- Make sure to test the Devoted sales presentation video, etc.
- Set up beverages, and snacks, if applicable.

Additional Event Set-up Reminders



Click (Slide Layer)

Preparing for a Sales Event

Have all the materials you need prior to the event:

- All advertisement and promotional material(s) must be approved by Devoted and CMS.
- Pre-approved marketing material(s) can be ordered [here on our marketing storefront](#).

Suggested Items to have for an event

Additional Event Set-up Reminders

2.91 Reminders During the event

Reminders During the event

01

02

03

04

05

Devoted Health Events (Slide Layer)



Reminders During the event

01 02 03 04 05

Devoted Health Events

If the event is a Devoted Health specific event, you may NOT promote any other plans at the event or display any non-Devoted materials in the immediate selling area (i.e. on the same table).

Non Plan Specific Event (Slide Layer)



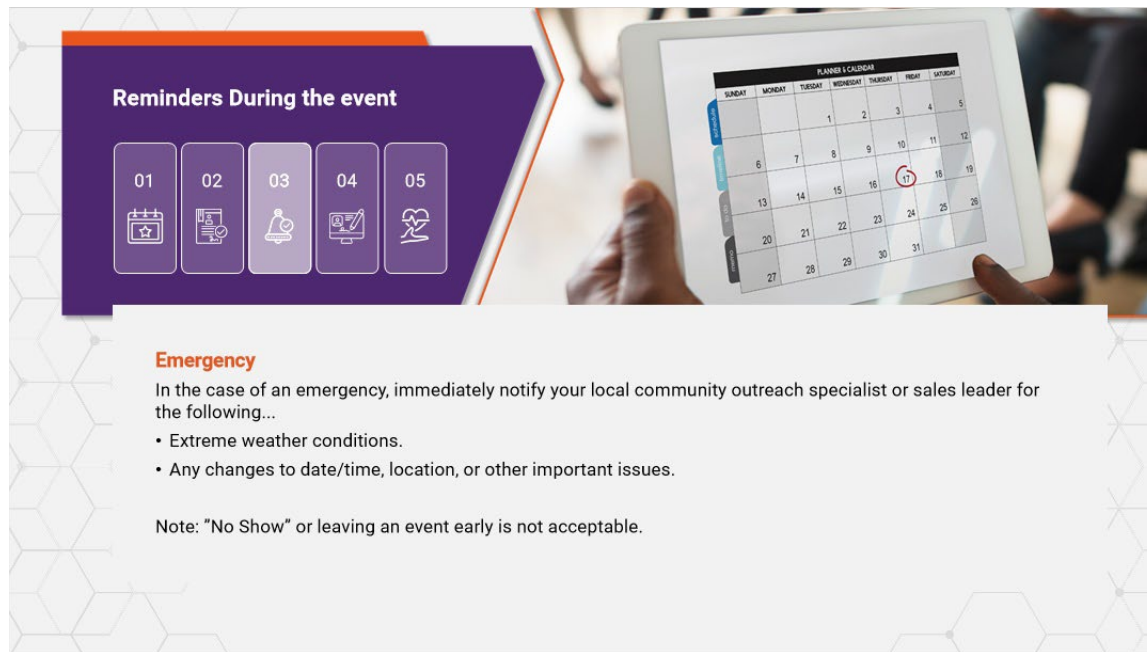
Reminders During the event

01 02 03 04 05

Non Plan Specific Event

If you are participating in your own event and would like to offer Devoted as one of the options during the event, we ask that you register that event. You will then be welcome to market Devoted with other health plans as they permit.

Emergency (Slide Layer)



The slide features a purple header with the title "Reminders During the event" and five numbered icons (01-05) representing different reminder types. To the right, a hand holds a tablet displaying a calendar with the date 17 circled in red. The background is a light gray with a hexagonal pattern.

Reminders During the event

01 02 03 04 05

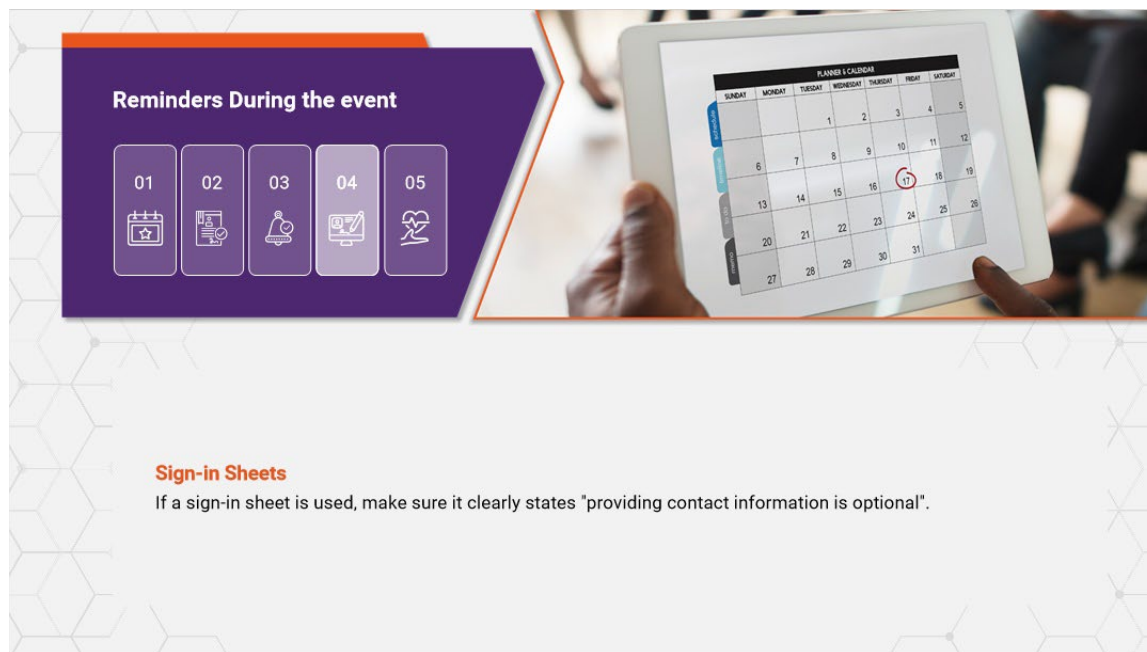
Emergency

In the case of an emergency, immediately notify your local community outreach specialist or sales leader for the following...

- Extreme weather conditions.
- Any changes to date/time, location, or other important issues.

Note: "No Show" or leaving an event early is not acceptable.

Sign-in Sheets (Slide Layer)



The slide features a purple header with the title "Reminders During the event" and five numbered icons (01-05) representing different reminder types. To the right, a hand holds a tablet displaying a calendar with the date 17 circled in red. The background is a light gray with a hexagonal pattern.

Reminders During the event

01 02 03 04 05

Sign-in Sheets

If a sign-in sheet is used, make sure it clearly states "providing contact information is optional".

Marketing in Health Care Settings (Slide Layer)



Reminders During the event

01 02 03 04 05

01: Calendar icon
02: Document icon
03: Bell icon
04: Computer monitor icon
05: Heart icon

PLANNER & CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Marketing in Health Care Settings

As a reminder, sales activities are not permitted in healthcare settings except for in common areas. Sales activities are not permitted in areas where patients get care.

Click (Slide Layer)



Reminders During the event

01 02 03 04 05

01: Calendar icon
02: Document icon
03: Bell icon
04: Computer monitor icon
05: Heart icon

PLANNER & CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2.92 Formal Seminars



Formal Seminars

If you would like to conduct an official sales seminar with Devoted Health, you must become an approved seminar presenter. Contact your local sales leader for additional information.

[Devoted Health contact](#)

Audio (Slide Layer)



Formal Seminars



2.93 Marketing Sales Events Dos and Don'ts

Marketing Sales Events Dos and Don'ts

Marketing/Sales Events are designed to steer (or attempt to steer) enrollees toward a plan. The rules in the table below apply to all marketing/sales events. All marketing events must be promoted in accordance with CMS requirements and Devoted guidance.

Agents May	Agents May Not
------------	----------------

Click on links for more: [Devoted Broker Manual](#) [Devoted Marketing and Communication Guidelines](#)

Agents May (Slide Layer)

Marketing Sales Events Dos and Don'ts

Marketing/Sales Events are designed to steer (or attempt to steer) enrollees toward a plan. The rules in the table below apply to all marketing/sales events. All marketing events must be promoted in accordance with CMS requirements and Devoted guidance.

Agents May	Agents May Not
	• Provide marketing materials, distribute and accept plan applications, collect SOA forms for future personal marketing appointments and conduct marketing presentations. • Use sign-in sheets as long as they are clearly labeled as optional. • Conduct raffles or drawings in which individuals include their contact information, as long as the information is only used for that purpose, and prizes are of nominal value. • Provide light snacks and refreshments for attendees. • Provide Devoted approved nominal gifts to attendees with no obligation to enroll. *Nominal gifts must not exceed \$15 per person.

Click on links for more: [Devoted Broker Manual](#) [Devoted Marketing and Communication Guidelines](#)

Agents May Not (Slide Layer)

Marketing Sales Events Dos and Don'ts

Marketing/Sales Events are designed to steer (or attempt to steer) enrollees toward a plan. The rules in the table below apply to all marketing/sales events. All marketing events must be promoted in accordance with CMS requirements and Devoted guidance.

Agents May	Agents May Not
	• Use any sales scripts/talking points or presentations that are not approved by Devoted and CMS. • Conduct activities, including health screenings, health surveys or other activities that are used for or could be viewed as being used to target a subset of members (that is, "cherry picking"). • Require sign-in sheets or require attendees to provide contact information as a prerequisite for attending an event. • Make unsubstantiated statements • Offer meals • Market non-health related products

Click on links for more: [Devoted Broker Manual](#) [Devoted Marketing and Communication Guidelines](#)

2.94 Educational Event Dos and Don'ts



Educational Event Dos and Don'ts

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare Programs. All Educational Events must be clearly labeled in any advertisement or promotion as educational. The rules in the buttons below apply to all educational events.

Agents May	Agents May Not
------------	----------------

Notes:

Agents May (Slide Layer)



Educational Event Dos and Don'ts

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare Programs. All Educational Events must be clearly labeled in any advertisement or promotion as educational. The rules in the buttons below apply to all educational events.

- Hold educational events to meet with Medicare beneficiaries, either face-to-face or virtually.
- Must advertise the event as educational and be designed to generally inform beneficiaries about Medicare, including Medicare Advantage or other Medicare programs.
- Only distribute communication materials
- Answer beneficiary initiated questions pertaining to MA plans. Set up future personal marketing appointments only if beneficiary initiated.
- Distribute business cards and obtain beneficiary contact information.
- Provide meals as long as the event meets the CMS definition of educational event.

Agents May **Agents May Not**

Agents May Not (Slide Layer)



Educational Event Dos and Don'ts

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare Programs. All Educational Events must be clearly labeled in any advertisement or promotion as educational. The rules in the buttons below apply to all educational events.

- Conduct sales or marketing presentations.
- Distribute/display marketing materials.
- Distribute or accept plan applications.
- Hold a sales event directly following an educational event: not applicable after 10/1
- Distribute scope of appointment forms

Agents May **Agents May Not**

Click (Slide Layer)



Educational Event Dos and Don'ts

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare Programs. All Educational Events must be clearly labeled in any advertisement or promotion as educational. The rules in the buttons below apply to all educational events.

Agents May

Agents May Not

Untitled Layer 9 (Slide Layer)



Educational Event Dos and Don'ts

Educational events are designed to inform beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare Programs. All Educational Events must be clearly labeled in any advertisement or promotion as educational. The rules in the buttons below apply to all educational events.

Agents May

Agents May Not

2.95 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

How many days in advance must agents register informal or educational events with Devoted Health?

☐ 3 days

☒ 7 days

☐ 14 days

☐ 30 days

Submit



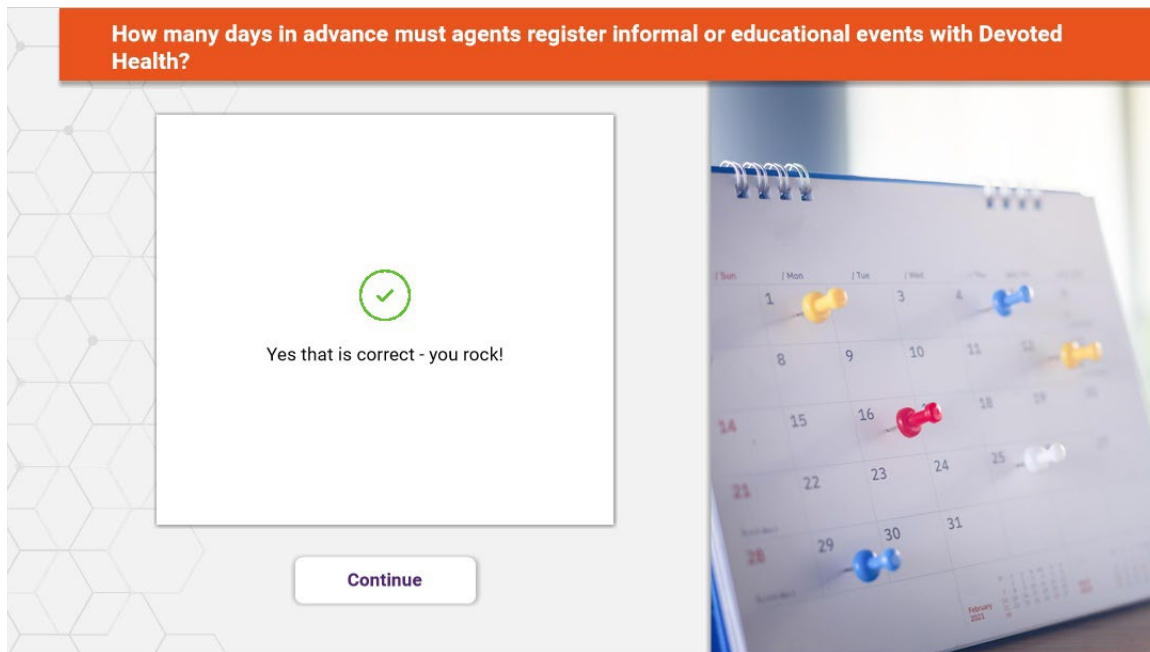
Correct	Choice
	3 days
X	7 days
	14 days
	30 days

Feedback when incorrect:

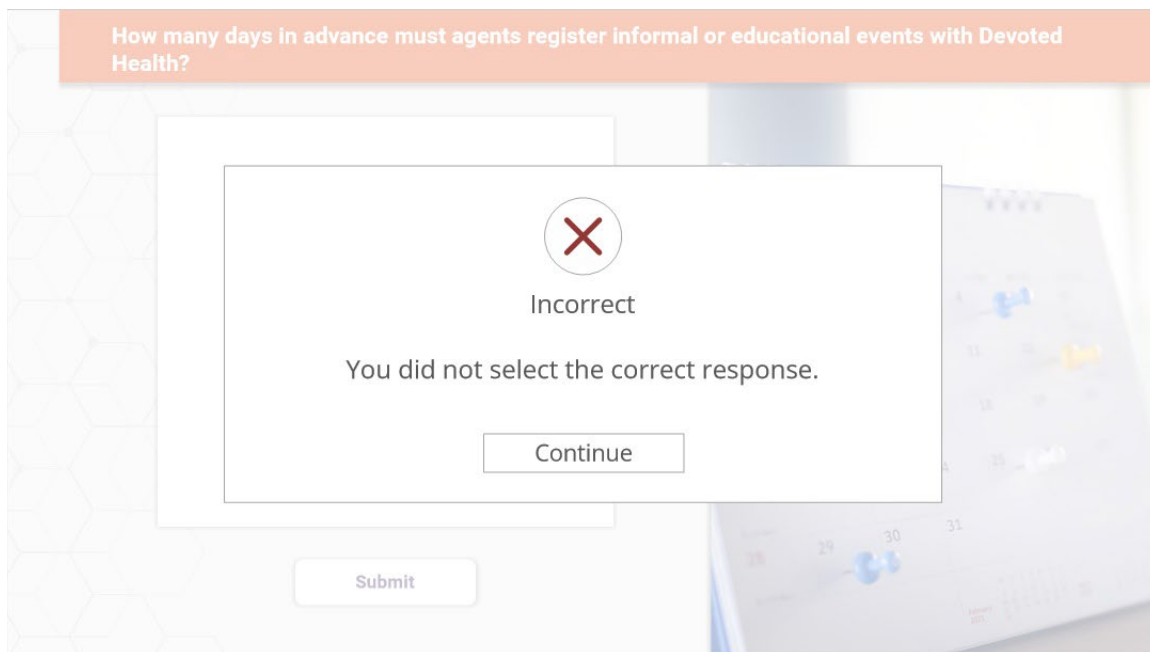
You did not select the correct response.

Notes:

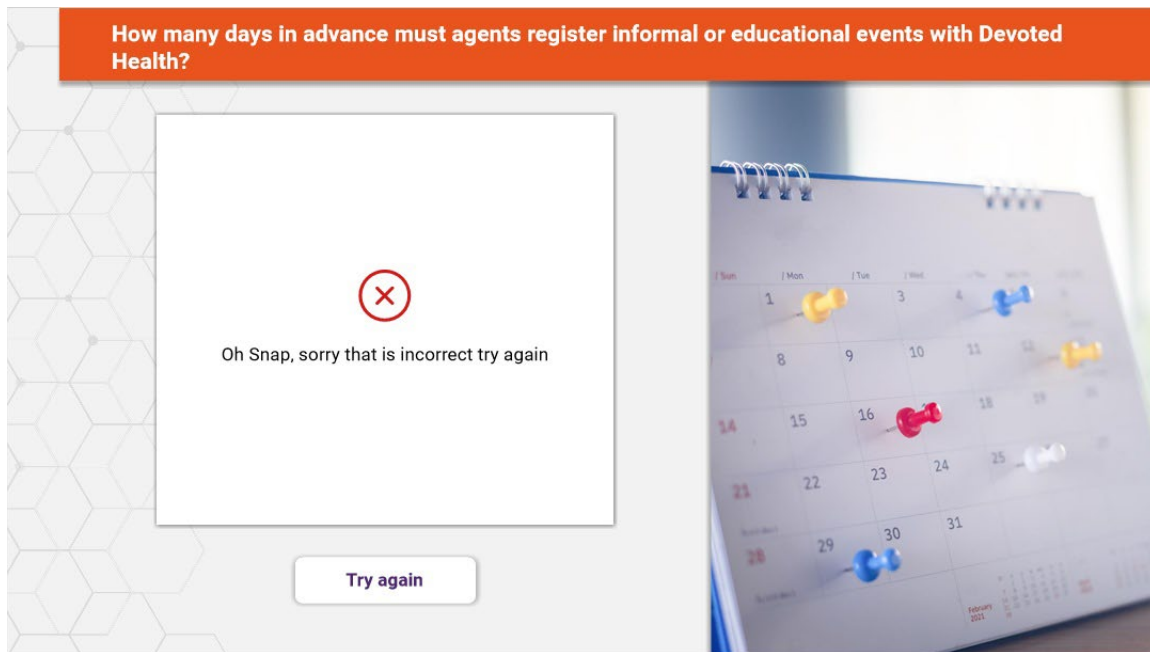
Correct (Slide Layer)



Incorrect (Slide Layer)



Try again (Slide Layer)



2.96 Introduction



2.97 Pre-AEP Enrollment Period Reminders



Pre-AEP Enrollment Period Reminders

Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

Upcoming plan year (Slide Layer)



Pre-AEP Enrollment Period Reminders

Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

Agents are not permitted to market for an upcoming plan year prior to October 1st.

Completing paper applications (Slide Layer)



Pre-AEP Enrollment Period Reminders

Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

Starting October 1st, agents can assist prospects in completing paper applications, but cannot solicit or take possession of applications from 10/1-10/14.

Date and signature (Slide Layer)



Pre-AEP Enrollment Period Reminders

Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

If a paper application is completed with a prospect prior to 10/15, the date and signature must be left blank.

- Agents should remind the prospect to complete the application and mail into Devoted on or after 10/15.
- Alternatively, agents may return to the members home following 10/15 to complete a paper or electronic application.

Prior to 10/15 (Slide Layer)



Pre-AEP Enrollment Period Reminders

Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

Applications received prior to 10/15 for which there is an indication of sales agent/broker involvement in the submission of the request will be investigated for possible agent solicitation. Agent solicited applications will be denied.

Agent Soliciting definition (Slide Layer)



Pre-AEP Enrollment Period Reminders

Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

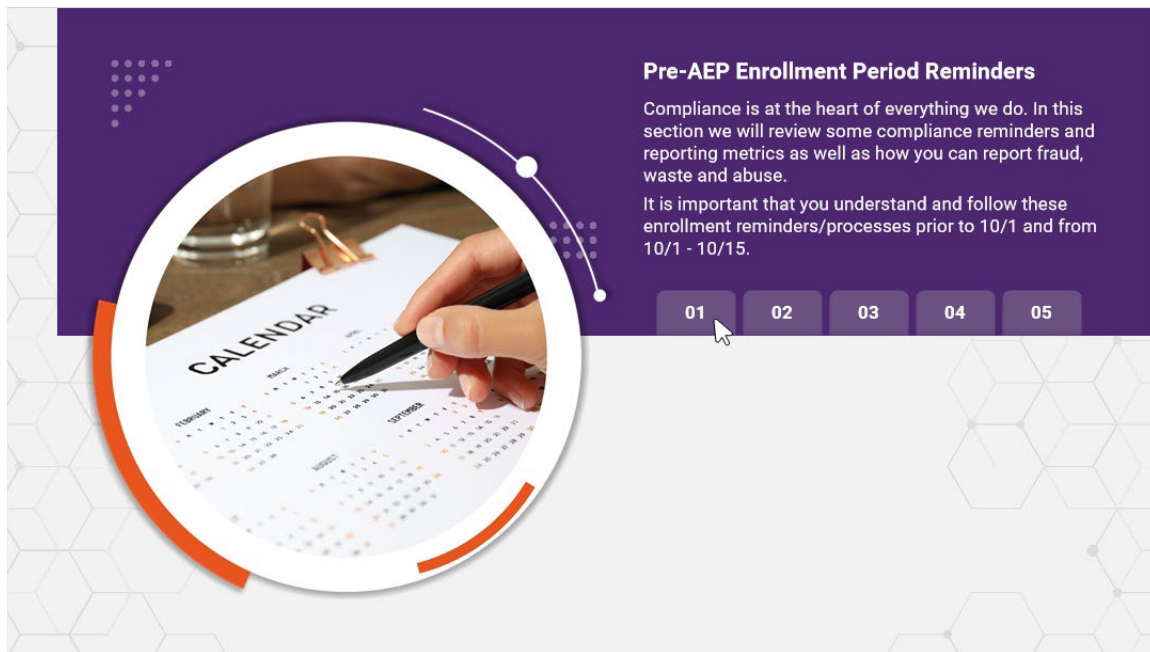
It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

Agents found to have solicited an application prior to 10/15 will be subject to disciplinary action.

- Agent Soliciting definition - accepting, taking possession, or "holding on to" any applications prior to 10/15

Click (Slide Layer)



Pre-AEP Enrollment Period Reminders

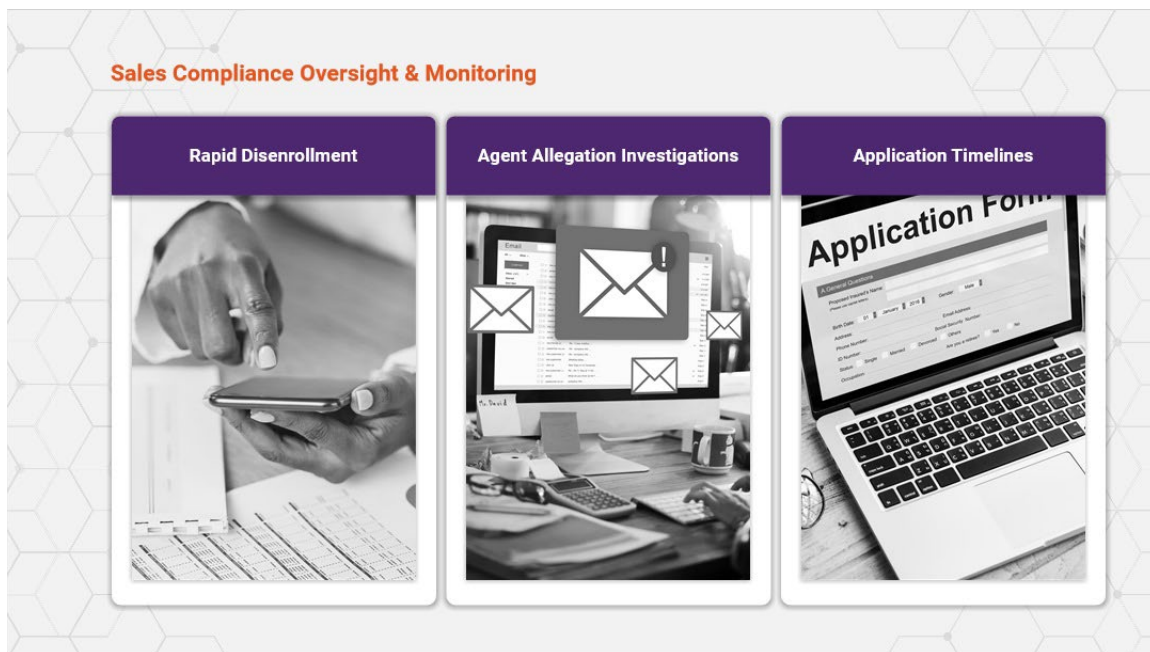
Compliance is at the heart of everything we do. In this section we will review some compliance reminders and reporting metrics as well as how you can report fraud, waste and abuse.

It is important that you understand and follow these enrollment reminders/processes prior to 10/1 and from 10/1 - 10/15.

01 02 03 04 05

The slide features a purple header with a white circular inset on the left showing a hand pointing at a calendar. The main text is white on a purple background. A navigation bar at the bottom contains five buttons labeled 01 through 05, with 01 being the active slide.

2.98 Sales Compliance Oversight & Monitoring



Sales Compliance Oversight & Monitoring

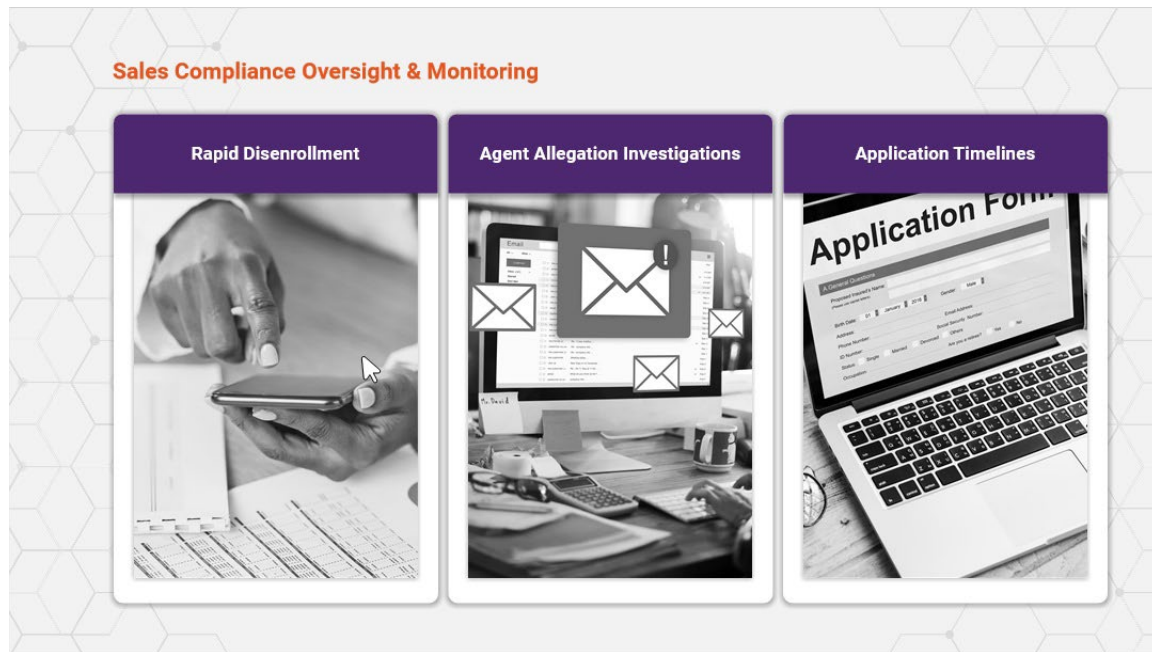
Rapid Disenrollment

Agent Allegation Investigations

Application Timelines

The section is titled "Sales Compliance Oversight & Monitoring" in orange. It contains three purple-bordered cards. The first card, "Rapid Disenrollment", shows a hand holding a smartphone over a document. The second card, "Agent Allegation Investigations", shows a desk with a computer monitor displaying an email icon and a calculator. The third card, "Application Timelines", shows a laptop screen displaying an "Application Form" with various input fields.

Click (Slide Layer)



2.99 Permission to Contact Review

Permission to Contact Review

Agents May:

- ✓ Make unsolicited outreach through conventional mail and other print media (e.g., advertisements, direct mail) or email (provided every email contains an opt-out option).
- ✓ If an agent has a pre-scheduled appointment with a potential enrollee who is a "no-show," they may leave information at that potential enrollee's residence.
- ✓ Call individuals who have given permission for a plan or sales agent to contact them or have initiated contact with the plan.
- ✓ (Examples of permission include: filling out a business reply card, emailing the Plan/Part D sponsor requesting a return call, or asking a customer service representative to have an agent contact them.)
- ✓ Permission applies only to the entity from which the individual requested contact and for the duration and topic of that transaction.
- ✓ Call current enrollees, including those in non-Medicare products, to discuss Medicare products.
- ✓ Call beneficiaries who submit enrollment applications to conduct business related to enrollment.



2.100 Permission to Contact Review



Permission to Contact Review

Agents May NOT:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Door-to-door solicitation (Slide Layer)



Permission to Contact Review

Agents May NOT:

Use door-to-door solicitation, including leaving information of any kind such as a leaflet or flyer at a residence.

Remember, a prospect's completion of a Permission to Contact Form, request for additional information, or submission of a Business Reply Card does not constitute permission to visit their home. Home visits may only occur when the prospect has expressly agreed to an in-home appointment.

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Common areas (Slide Layer)



Permission to Contact Review

Agents May NOT:

Approach enrollees in common areas such as parking lots, hallways, and lobbies.

Progress indicator: 10 circles, with the 2nd circle from the left highlighted in orange.

Send direct messages (Slide Layer)



Permission to Contact Review

Agents May NOT:

Send direct messages from social media platforms.
Use telephone solicitation (that is, cold calling), robocalls, text messages, or voicemail messages.

Progress indicator: 10 circles, with the 3rd circle from the left highlighted in orange.

AEP (Slide Layer)



Permission to Contact Review

Agents May NOT:

Market plans prior to October 1 under the pretense of plan business for AEP.

Progress indicator: 10 circles, with the 4th circle from the left highlighted in orange.

Make unsolicited calls (Slide Layer)



Permission to Contact Review

Agents May NOT:

Make unsolicited calls about other business as a means of generating leads for Medicare plans (e.g., bait-and-switch strategies).

Progress indicator: 10 circles, with the 5th circle from the left highlighted in orange.

Make outbound calls (Slide Layer)



Permission to Contact Review

Agents May NOT:

- Make outbound calls based on referrals (if an individual would like to refer a friend or relative to an agent or Plan/Part D sponsor, the agent or Plan/Part D sponsor may provide contact information such as a business card that the individual can provide to a friend or relative).
- Additionally agents can only provide gifts for referrals of nominal value and the gifts have to be given regardless of the individuals decision to enroll. All other gift guidance must be followed.

Progress indicator: 10 circles, with the 7th circle highlighted in orange.

Make calls to market plans (Slide Layer)



Permission to Contact Review

Agents May NOT:

- Make calls to market plans or products to former enrollees who have disenrolled, or to current enrollees who are in the process of voluntarily disenrolling.

Progress indicator: 10 circles, with the 7th circle highlighted in orange.

Call beneficiaries (Slide Layer)



Permission to Contact Review

Agents May NOT:

Call beneficiaries who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up call (there must be documentation of permission to be contacted).

Progress indicator: 10 circles, with the 9th circle highlighted in orange.

Call prospective enrollees (Slide Layer)



Permission to Contact Review

Agents May NOT:

Call prospective enrollees to confirm receipt of mailed information.

Progress indicator: 10 circles, with the 9th circle highlighted in orange.

Personal beneficiary data (Slide Layer)



Permission to Contact Review

Agents May NOT:

Share personal beneficiary data collected by a TPMO for marketing or enrolling an individual into an MA plan with another TPMO unless express WRITTEN consent has been given by the beneficiary.

A horizontal row of 10 circles, with the 10th circle highlighted in orange and the others in purple.

Click (Slide Layer)

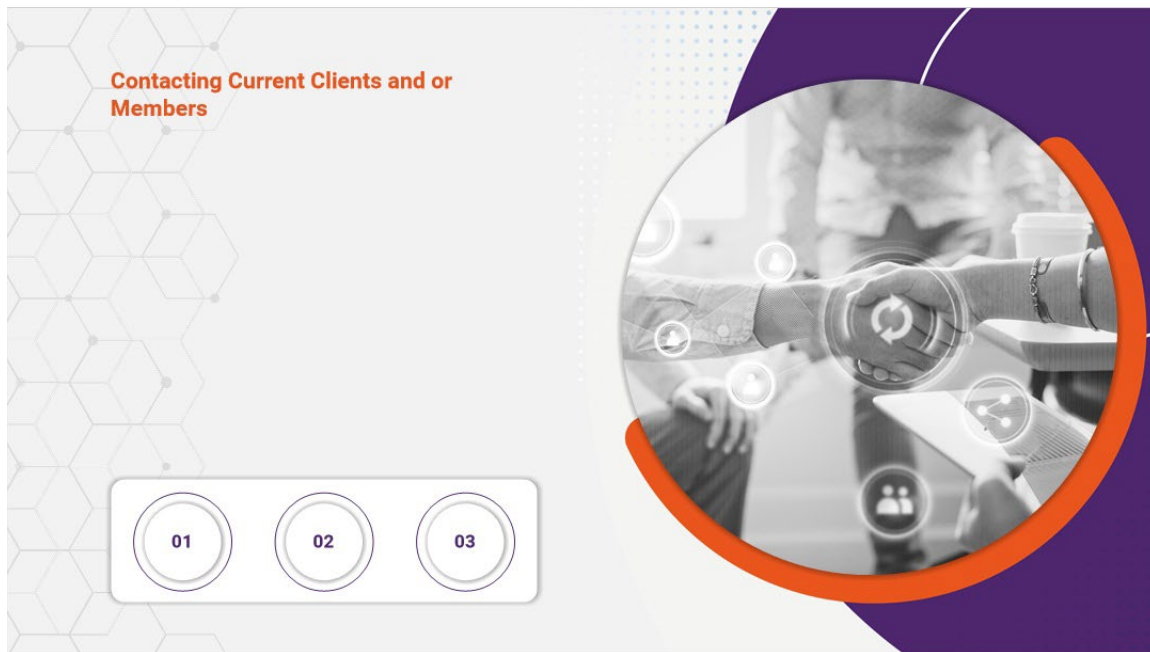


Permission to Contact Review

Agents May NOT:

A horizontal row of 10 circles, with a mouse cursor clicking on the 1st circle.

2.101 Contacting Current Clients and or Members



Contact (Slide Layer)



Agent of Record (Slide Layer)

Contacting Current Clients and or Members

If you are the Agent of Record (AOR), you may contact a Devoted Health Plan member to discuss the plan in which the member is currently enrolled, without obtaining additional PTC.

01

02

03



Protected Health Information (Slide Layer)

Contacting Current Clients and or Members

If you are NOT the AOR, you may only call an existing member if PTC has been delegated by Devoted Health Plan to the agent. Delegation of PTC occurs when Devoted Health Plan provides the member's contact information (i.e. name and phone number) to the agent. You may only use the member's Protected Health Information or Personal Identifying Information (PHI/PII) to the extent necessary to conduct business on behalf of Devoted. Any other use of PHI/PII obtained through delegated PTC is prohibited.

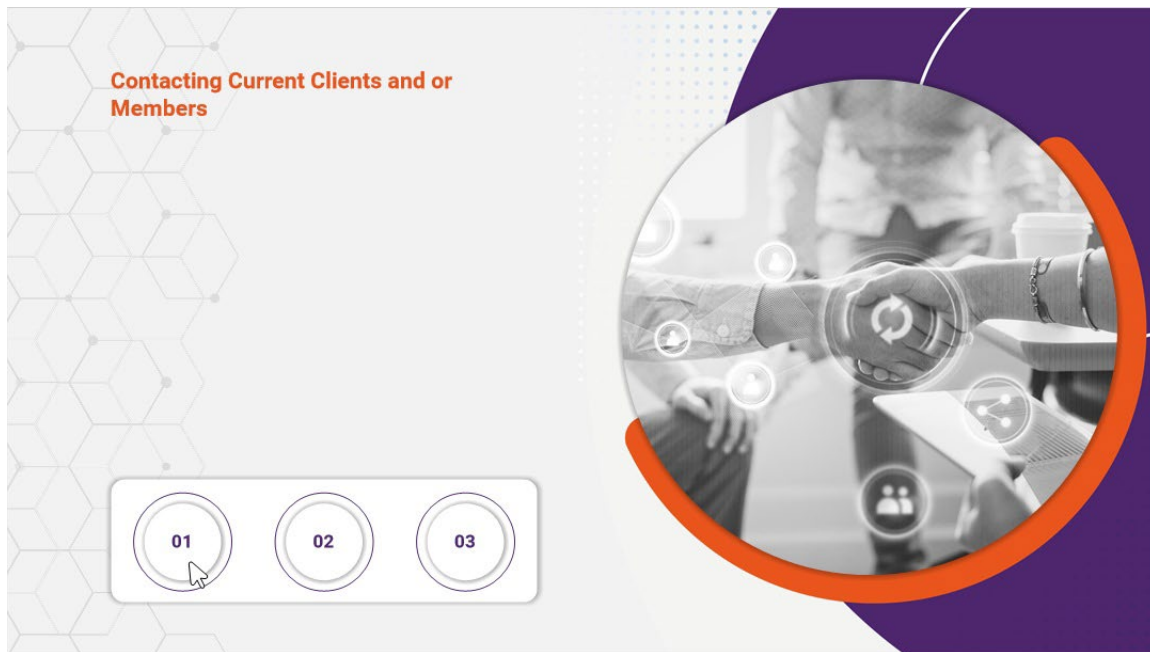
01

02

03



Click (Slide Layer)



2.102 Reporting Fraud, Waste and Abuse



Reporting Fraud, Waste and Abuse (FWA)

How to report a potential violation of this Code, Compliance concern, or potential Fraud Waste and Abuse (FWA)

At Devoted, we want to hear about any potential violations. Every agent has an obligation to report any concerns about a potential breach in the Code of Conduct, Compliance, or potential FWA without fear of retaliation.

We are a company built on openness and trust. There are multiple ways to report a violation:

- Call our hotline. You can remain anonymous - **1 (855) 292-7485**
- Report it to your local sales manager
- Email compliance@devoted.com

2.103 Multiple Response

(Multiple Response, 10 points, unlimited attempts permitted)

How can someone report Fraud, Waste and Abuse? (Select all that apply)

☒

Call our hotline. You can remain anonymous - 1 (855) 292-7485

☐

Keep it to yourself

☒

Report it to your local sales manager

☒

Email compliance@devoted.com

Submit

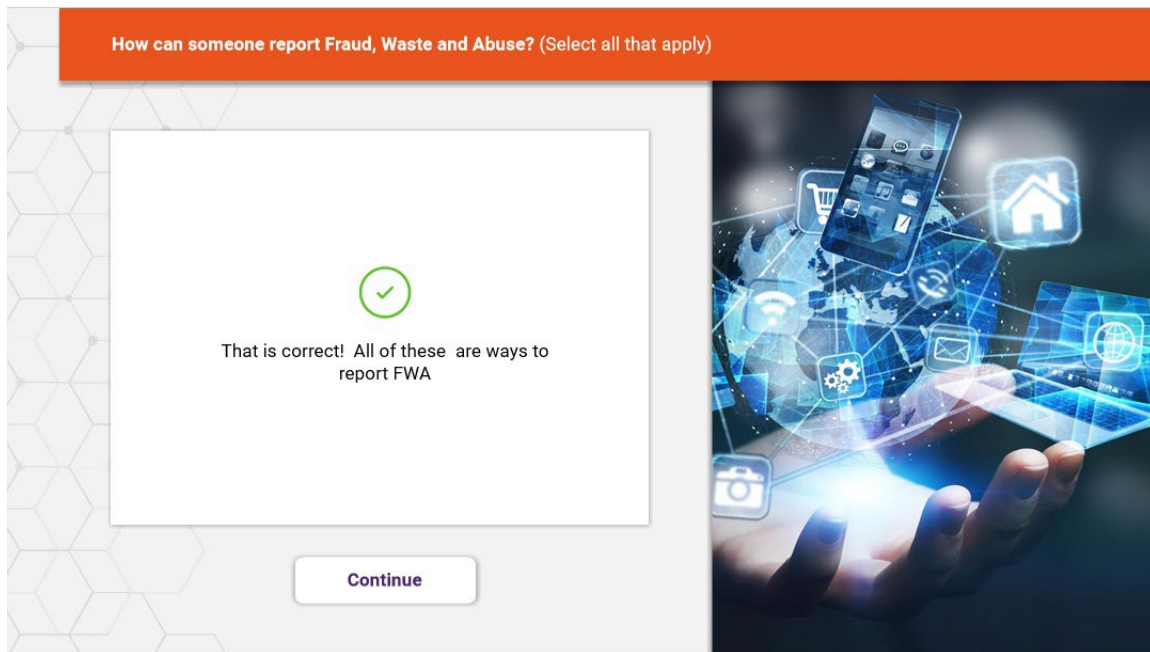


Correct	Choice
X	Call our hotline. You can remain anonymous - 1 (855) 292-7485
	Keep it to yourself
X	Report it to your local sales manager
X	Email compliance@devoted.com

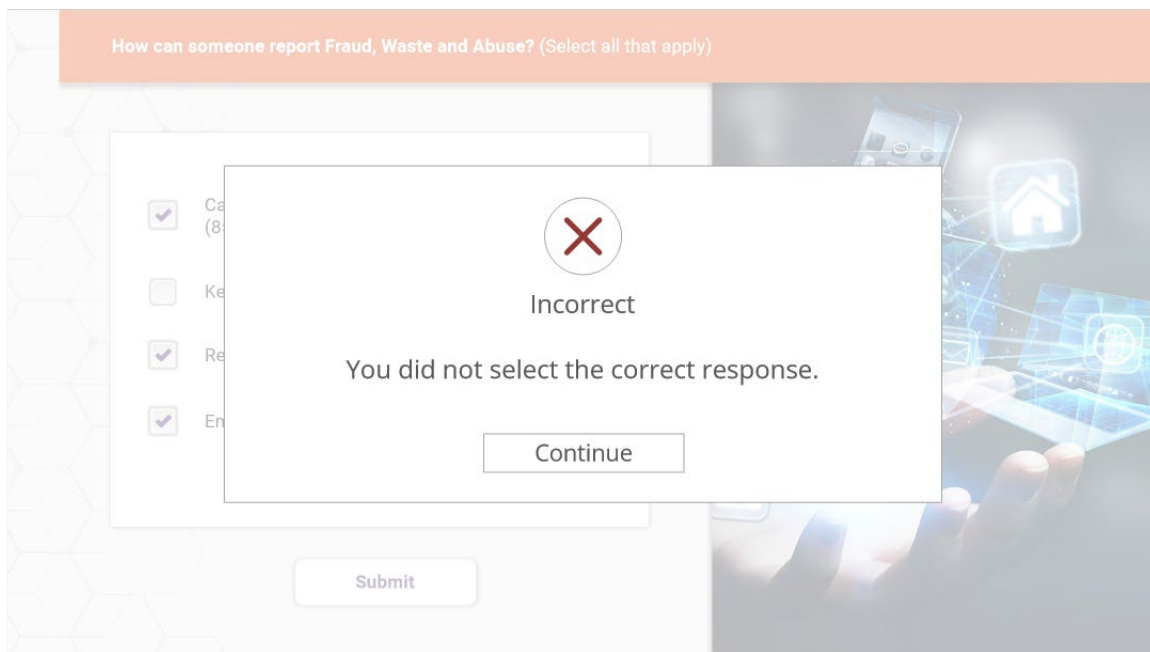
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)



Try Again (Slide Layer)

How can someone report Fraud, Waste and Abuse? (Select all that apply)



Awe shucks - there are more options!

Try again



2.104 Multiple Choice

(Multiple Choice, 10 points, unlimited attempts permitted)

Greater than what percentage of rapid disenrollments will be reviewed by Devoted?

☐ 5 %

☒ 10 %

☐ 14 %

☐ 20 %

Submit



Correct	Choice
	5 %
X	10 %
	14 %
	20 %

Feedback when incorrect:

You did not select the correct response.

Notes:

Correct (Slide Layer)

Greater than what percentage of rapid disenrollments will be reviewed by Devoted?

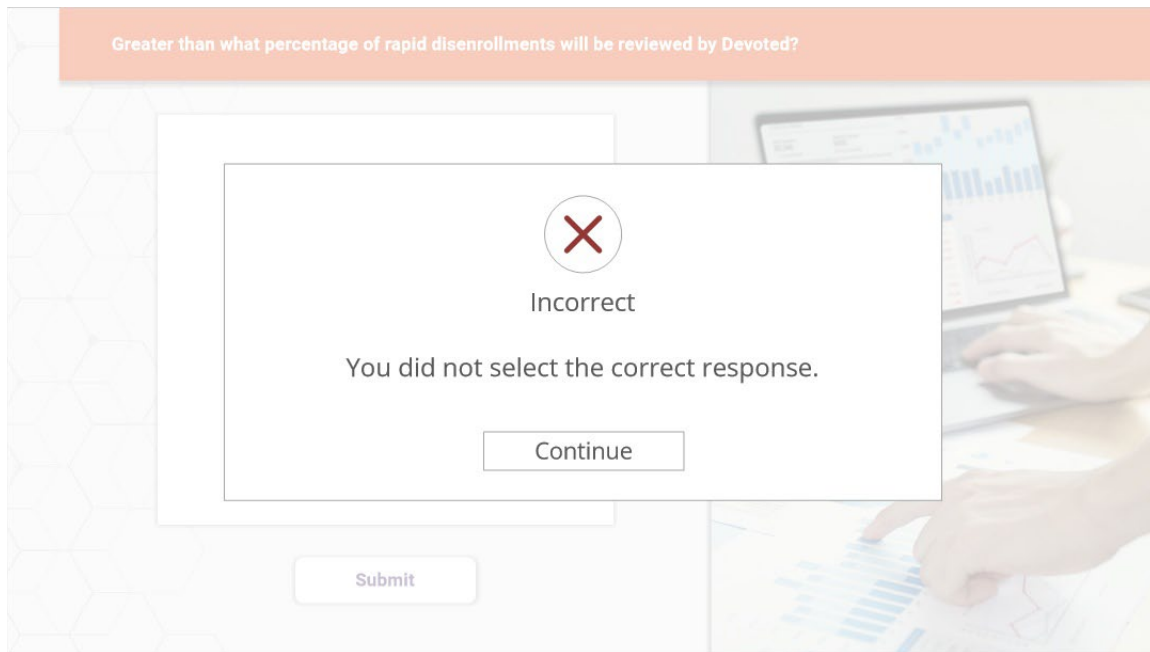


Nice - you got it!

Continue



Incorrect (Slide Layer)



Greater than what percentage of rapid disenrollments will be reviewed by Devoted?



Incorrect

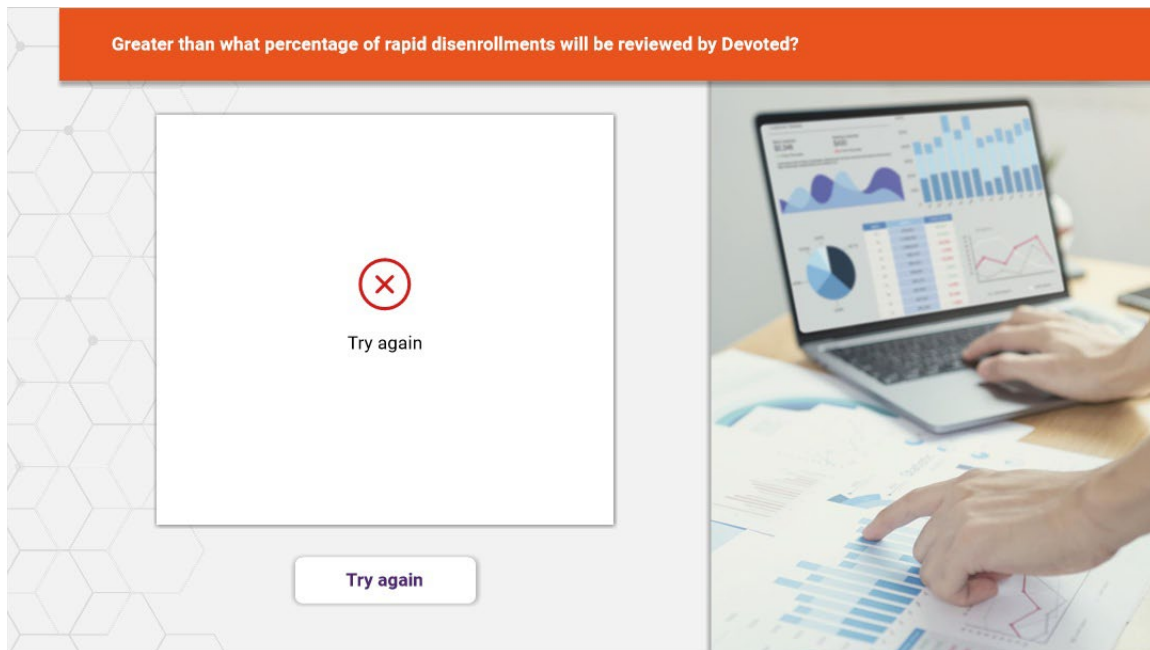
You did not select the correct response.

Continue

Submit

This slide shows an incorrect response. It features a red 'X' icon, the word 'Incorrect', and a message stating 'You did not select the correct response.' A 'Continue' button is visible. The background includes a hexagonal pattern on the left and a blurred image of a person working on a laptop with charts on the right. A 'Submit' button is also present at the bottom left.

Try again (Slide Layer)



Greater than what percentage of rapid disenrollments will be reviewed by Devoted?



Try again

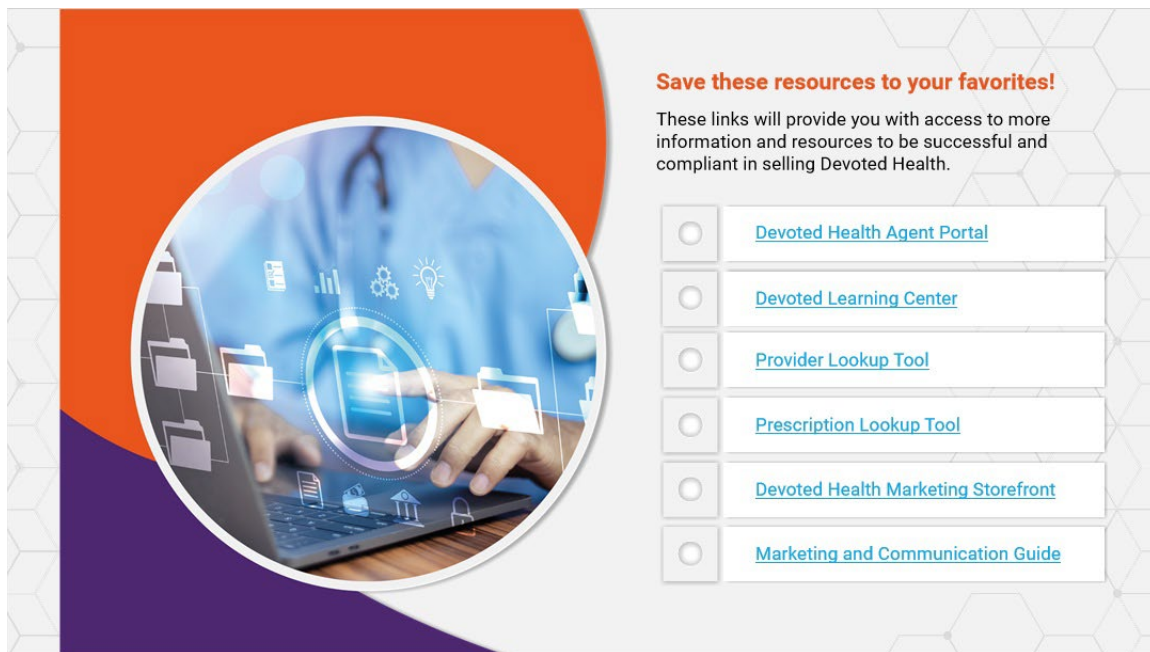
Try again

This slide shows a 'Try again' prompt. It features a red 'X' icon, the text 'Try again', and a 'Try again' button. The background is consistent with the previous slide, showing a hexagonal pattern and a blurred image of a person working on a laptop with charts.

2.105 Introduction



2.106 Resources



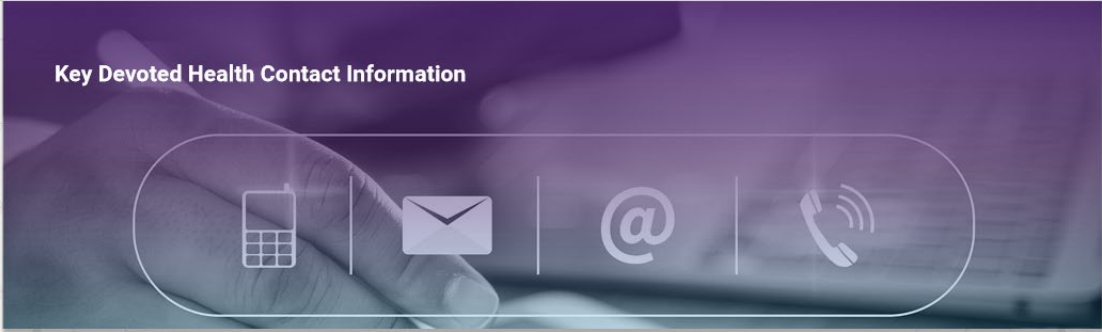
Save these resources to your favorites!

These links will provide you with access to more information and resources to be successful and compliant in selling Devoted Health.

- ☐ [Devoted Health Agent Portal](#)
- ☐ [Devoted Learning Center](#)
- ☐ [Provider Lookup Tool](#)
- ☐ [Prescription Lookup Tool](#)
- ☐ [Devoted Health Marketing Storefront](#)
- ☐ [Marketing and Communication Guide](#)

The slide features a large circular image on the left showing a person's hands typing on a laptop, with various icons (folders, charts, lightbulb) floating around the screen. The background is a mix of orange and purple geometric shapes.

2.107 Resources



Key Devoted Health Contact Information

The graphic features a purple background with a hand holding a smartphone. Overlaid on this is a white rounded rectangle containing four icons: a mobile phone, an envelope, an @ symbol, and a telephone handset.

Devoted Health team	Contact details	How we can help
Agent Support	Send a message via the Agent Portal 1-877-764-9446	Help with Agent questions
Member services (our Member Service Guides)	1-800-338-6833 (TTY 711)	General help for all member questions

2.108 Summary video



Summary

The graphic shows a laptop with a grey screen. The word "Video" is centered on the screen. The background is purple with a stethoscope and a line graph.