Devoted
HEALTH PLANS

DEVOTED HEALTH FIRST LOOK

PLAN YEAR 2026

DEVOTED HEALTH 2026 BROKER ROLLOUT

Experience the Devoted Difference

Confidentiality reminder

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The Devoted Health Mission

To dramatically improve the health and well-being of older Americans by caring for every person **like family**

Devoted Health provides an all-in-one healthcare service for Medicare beneficiaries, **built from 5 core layers**

1 **Devoted Health plans**
Designed to provide quality healthcare with lots of benefits, extras, and savings

2 **Devoted Health Guides**
A U.S.A.-based support team dedicated to helping members get the most from their plans

3 **Partnerships with leading health systems & provider groups**
An ever-growing network of providers helping to ensure that members get quality care

4 **Devoted Medical™ (virtual & in-home care)**
In-house medical clinicians who can provide on-demand care by phone or video 24/7

5 **Devoted software platform: Orinoco™**
Our homegrown end-to-end technology platform that powers our work

Devoted Health and Devoted Medical are under common control or ownership and part of the Devoted Health, Inc. family of companies. Devoted Medical is the medical group practice of Devoted Health. Devoted Health accepts other providers.

2024 Devoted member experience: **the numbers speak for themselves**

We get our members the **help they need**

>80% **of member calls answered in 30 seconds or less[1]**

93% **of member inquiries resolved on the first call[1]**

Our members know they can **trust us**

94% **member trust score[1]**

70% **Net Promotor Score[2]**

We build **real relationships**

54% **of our members have texted with us[1]**

72% **of our members have called us[1]**

[1] Devoted Health internal data, 2024–2025.
[2] Devoted Health overall NPS score is calculated using CMS CAHPS Survey results at the plan contract level, then weighted based on membership distribution as of July 2024; survey conducted March to May 2024.

Since launching in 2019, Devoted Health has grown to serve **215K members across 20 states**

2019

<3K members across 1 state[1]

2025

215K members across 20 states[1]

Our footprint covers 36% of the individual Medicare Advantage population[2]

2026

And as we continue to expand, we're **building for long-term success**

Sustainable strategy

We have a 3-year view on growth to ensure that the right decisions are being made for the long haul

FACT

Devoted has always maintained commissions on all plans despite any industry challenges

Intentional plan design

We keep members at the center of everything, with benefits they'll actually use and savings they'll actually get

FACT

Devoted did not change benefits midyear for plan year 2025

Strong partnership

We're dedicated to building long-term partnerships with our brokers and providers

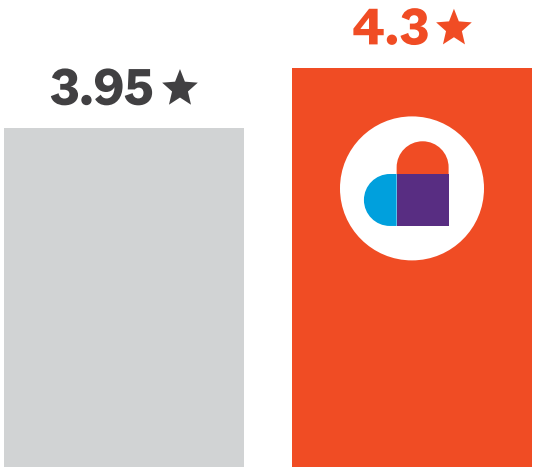
FACT

95% of brokers believe that Devoted listens to their feedback and takes the appropriate action(s) to address their concerns[3]

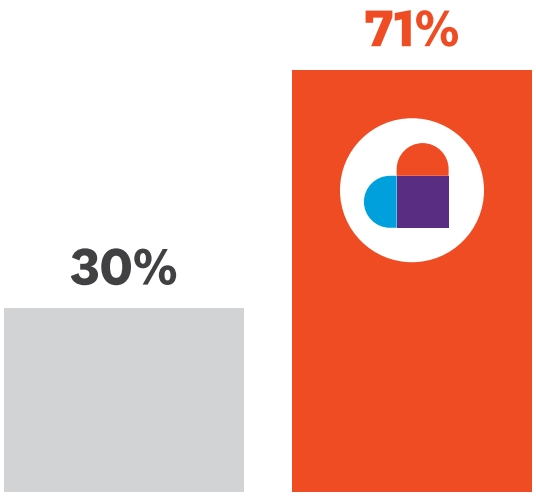
[1]CMS Medicare enrollment data.
[2]CMS Medicare enrollment data, April 2025.
[3]Devoted Health survey, June 2024–March 2025.

Devoted 2025 Star ratings **exceed the national average**

We're dedicated to quality and our members



Devoted Health plans' weighted-average Star rating is 4.3, which is higher than the national average of 3.95[1]



71% of Devoted Health members in Star rating-eligible plans are in plans rated 4.5 Stars, far exceeding the national average of 30%[2]

[1,2]Based on November 2024 CMS membership and 2025 CMS Star ratings data. Every year, Medicare evaluates plans based on a 5-Star rating system.

6 ways Devoted is committed to **maintaining a strong partnership with brokers**

1 Our commission pay schedule

We **pay commissions weekly** and on all plans

2 We keep the original AOR on plan changes

We keep the original agent of record for our brokers on any internal plan changes

3 We're easy to work with

96% of brokers say getting certified with us was a smooth and easy process compared with getting certified with other carriers[1]

4 Broker loyalty program

We **celebrate your wins** through our broker loyalty program: The Star Sellers Program (SSP)

5 We listen to your feedback

Broker input is critical to building our tools and experiences:

- Many of our recent Agent Portal updates and improvements have come **directly from broker feedback**

6 We keep our members' best interests at heart

96% of brokers say that Devoted is keeping our promise to take care of their clients by treating every member like family[2]

379 of our brokers are currently enrolled in a Devoted Health plan[3]

[1]Devoted Health survey, September 2024–March 2025.
[2]Devoted Health survey, June 2024–March 2025.
[3]Devoted Health internal data, April 2025.

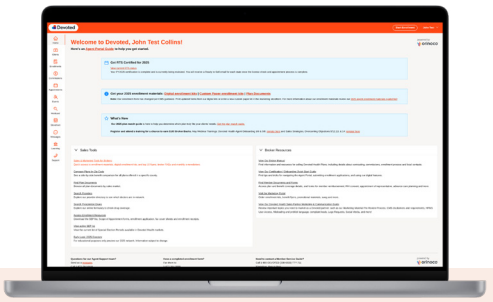
RESOURCES

Brokers have access to a variety of **tools and resources**

Agent Portal

Built with broker feedback in mind, the Agent Portal enables you to:

- Register to sell Devoted Health
- Complete SOAs and enrollment applications
- Check the statuses of all your enrollments plus your current Devoted Book of Business
- View your client list and track member status
- View your commission statements*
- Conduct Medicare/Medicaid eligibility checks
- Message Devoted's Agent Support team



- **Access the Devoted Broker Learning Center**
- **Request replacement member ID cards**
- **Request PCP changes and demographic updates on behalf of members**

NEW

Marketing Storefront

Gear up for success with the Devoted Marketing Storefront

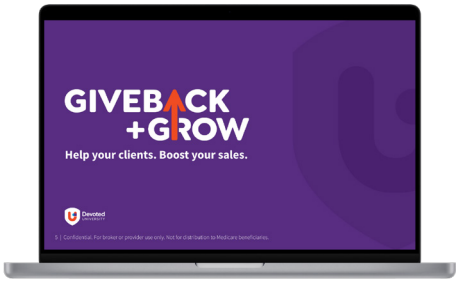
- **Customize marketing tools** and assets to meet your needs and add a personal touch
- **Mail assets directly to prospective clients** from an uploaded mailing list
- **Access enrollment materials**, educational presentations, promo items, and member-retention materials
- **Use Devoted Broker Bucks** to purchase event materials, swag, and more!

Learning Center

Experience ongoing education with our training resources

- **Quick tutorials** on how to use Devoted tools
- **FAQs on our products**, extra benefits, Star ratings, and more
- **1–2 live national training webinars** a month on current topics suggested by our brokers
- **Guides and manuals to help grow your business** with Medicare Advantage and how to answer commonly asked questions
- **Live agency trainings** based on market needs from local leaders
- **The Devoted Dish podcast** covers Medicare Advantage topics tailored for brokers

THE DEVOTED DISH



*Direct payees only.

In 2026, we're expanding to **9 new states**

45.1%

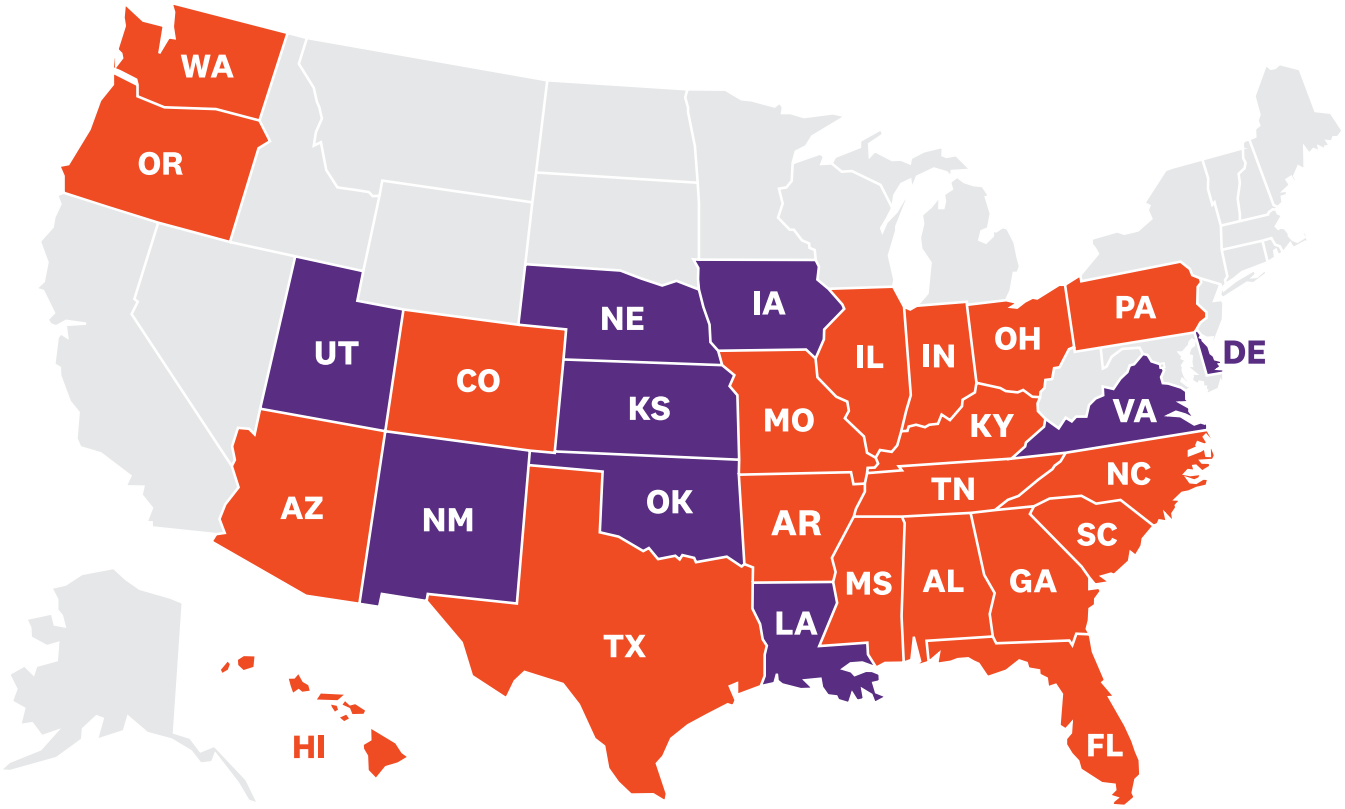
of the individual **Medicare Advantage population** will be covered by Devoted Health's footprint

394

new counties will be covered, including 259 counties across our existing states

Total footprint:

999 counties in 29 states



New 2026 states Existing states

Devoted's 2026 strategy: **strengthening our portfolio**

Expanded plan lineup to meet the needs of *every* member

- More plan options means more ways to meet each member's unique needs
  - $0 premium plans
  - Giveback plans
  - Chronic Condition SNPs (C-SNPs)
  - Dual-Eligible SNPs (D-SNPs)
- Benefit-rich plans designed for a range of Dual and LIS statuses

Key benefits available across *all* markets

- Vision and dental coverage available on all plans
- OTC and Food & Home benefits available on many plans
- World-class member service, no matter the plan

Be on the lookout for **these benefits**

Food & Home card

Separate over-the-counter coverage

Dental on all plans

Vision on all plans

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.

Benefits, premiums, and cost sharing may vary by plan. Dental limitations may apply. Dental coverage may be in the form of a card, allowance, or reimbursement-based benefit.

Back for 2026: **Standalone Vision & Eyewear Benefit**

What's changing:

- We are bringing back a dedicated eyewear & vision benefit that's **separate from dental**
- Change driven by member and broker feedback

What to expect:

- Annual **eyewear allowance** through a **vision vendor**
- Covers **prescription glasses and/or contact lenses**
- Members **present their Devoted member ID card** at participating providers
- Access to **routine eye exams** remains unchanged
- Members can call us or visit our website to find in-network locations

Venders by market:

- **Premier Vision:** AR, AZ, CO, DE, FL, GA, HI, IA, IN, KY, LA, NC, NE, NM, OK, OR, PA, SC, TX, VA, WA
- **Eyemed:** AL, IL, KS, MO, MS, OH, TN, UT

Benefits, premiums, and cost sharing may vary by plan.

Dental Benefit
Access & Coverage

Allowance-Based or Direct Member Reimbursement (DMR) Benefits:

No provider network and possible member cost share[1]

- Members can see a provider anywhere in the U.S.
- Not restricted to a covered dental code set, members can use coverage as they see fit[2]
- On most DMR plans, preventive or comprehensive services will count towards the limit
- Average turnaround time is 5.7 days[3]

Network-Based Benefits:

Access to in-network dentists with a set dollar amount of coverage for preventive and comprehensive services

- PPO members can see providers out-of-network — but their benefit dollars will go further if they stay in-network
- Preventive dental will count towards the annual dollar limit
- Some codes may have Prior Authorization requirements

Card-Based Benefits:

A pre-loaded debit card with no provider network and no member cost shares

- Members can see a provider anywhere in the U.S. that accepts Mastercard
- Members can pay any difference by cash or credit card at point of sale
- Not restricted to a covered dental code set, members can use coverage as they see fit[1]

[1]Members may have cost sharing on select services.

[2]With exception of implants, cosmetic dental services, and maxillofacial prosthetics.

[3]Devoted Health internal data, 2025.

Benefits, premiums, and cost sharing may vary by plan. Dental limitations may apply. Dental coverage may be in the form of a card, allowance, or reimbursement-based benefit.

2026: **OTC Benefits**

Members can receive a **quarterly allowance to use at CVS®** for eligible over-the-counter items like toothpaste, vitamins, pain relievers, and more!

How it works:

- CVS Flex Benefits is our partner in delivering this benefit
- Members can make purchases with their Devoted member ID card or by providing personal identifiers at checkout
- Eligible items are listed in a catalog (available in print and online)
- Plans that offer this benefit provide a quarterly allowance. **Benefit does not roll over from quarter to quarter.**

Shopping for OTC items:

- **Home Delivery:** Members place orders by phone or online and products are delivered to their home
- **In-store:** Members purchase eligible items at any standalone CVS or Longs stores

Benefits, premiums, and cost sharing may vary by plan.

2026: **Food & Home Card**

Members can receive a monthly card-based allowance that covers **healthy foods, rent, mortgage, and utility costs**

Healthy foods:

- Shop for healthy foods at thousands of **participating stores** nationwide like Walmart, Kroger, Publix, Meijer, and more!*

Rent, mortgage, and utilities:

- Members pay merchants directly with the card for housing costs like water, electric, Wi-Fi, mortgage payments, and more!

*Participating stores are subject to change.

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.

Benefits, premiums, and cost sharing may vary by plan.

Members' **fitness benefits**

Wellness Bucks

Members can be reimbursed for:

- Fitness trackers, like an **Apple Watch®** or **Fitbit®**
- 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!

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

What **C-SNPs** are we offering in 2026?

Starting in 2026, all C-SNPs will be **Group 4 C-SNPs**. That means a member must have one of the qualifying conditions to enroll.

Qualifying criteria for combined Diabetes and cardiac C-SNP:

- Diabetes (any type)
- Congestive heart failure
- Cardiac arrhythmia
- Coronary artery disease
- Peripheral vascular disease
- Chronic thromboembolic disorder
- Valvular disease

Verifying C-SNP member **eligibility**

Pre-enrollment:

Member attestation: Member completes the C-SNP attestation form during enrollment to confirm they have a qualifying chronic condition.*

Post-application:

For a member to remain enrolled with Devoted, we must receive one of the following by the end of the second month of enrollment:

- **Provider verification:** A **current** provider of the member must confirm the member has a qualifying condition by countersigning the member's C-SNP attestation form, calling Devoted, or visiting the provider portal.
- **Plan change app:** If the member doesn't obtain a provider verification, we'll need an approved app for a non-C-SNP plan.

If we do not receive verification, we are required to disenroll the member at the end of the second month of enrollment.

*At time of enrollment, brokers must explain that enrollment is conditional upon verification of a qualifying chronic condition and that lack of verification will result in disenrollment.

Verifying C-SNP eligibility: How it works

Member Attestation

Attestation is integrated into the enrollment process/ platforms and available electronically upon application submission, enabling completion at the time of sale.

- Agent Portal (agent.devoted.com)
- Sunfire (new for 2026)
- Connecture (available since 2025)
- Paper enrollment kits (paper form)

What if you are using another system?

Once the application appears in the Agent Portal (1-2 days after submission to Devoted from your portal), you can complete the attestation in the Agent Portal with the member on the phone.

Provider Verification

- Devoted will fax and call provider weekly upon CMS approval of the application until member is verified or involuntarily disenrolled
- Member letter sent end of first month explaining verification need, deadline, and SEP option if ineligible
- SMS reminder sent to member (new for 2026)
- Agent Portal shows verification status
- If eligible, we'll encourage D2Me enrollment based on provider type

While most members can be verified and enrolled without issue, some can't be verified because we're unable to reach them — **that's where we could use your help!** You'll receive an email and a message in the Agent Portal for any members we're having trouble verifying with their provider.

2026: **National Plan Types Overview**

$0 Premium	Well-rounded $0 premium plan with balanced medical and prescription drug costs and supplemental dental and eyewear benefits.
Giveback	Saver-focused $0 premium plan with Part B premium reduction to lower monthly costs — offset by higher medical and prescription drug cost-share amounts and more modest supplemental benefits.
Dual Full	Benefit-rich full dual-only plan loaded with supplemental benefits, including a Food & Home Card (for chronically ill members who meet certain eligibility requirements*), OTC allowance, and comprehensive dental, eyewear, and vision care.
Dual Plus	Benefit-rich QMB or full dual plan loaded with supplemental benefits, including a Food & Home Card (for chronically ill members who meet certain eligibility requirements*), OTC allowance, and comprehensive dental, eyewear, and vision care.
Dual	Balanced D-SNP designed for partial duals, with most plans offering fixed copays and supplemental benefits, including a Food & Home Card (for chronically ill members who meet certain eligibility requirements*), OTC allowance, and comprehensive dental, eyewear, and vision care. Some dual plans also allow full duals to enroll.
C-SNP Plus	Robust C-SNP with primarily coinsurance-based medical benefits; $0 premium for members with Extra Help; and rich supplemental benefits, including a generous Food & Home Card allowance (for members who qualify*), OTC allowance, and comprehensive dental, eyewear, and vision care.
C-SNP Premium	Balanced C-SNP with primarily copay-based medical benefits $0 premium for members with Extra Help; and strong supplemental benefits, including a Food & Home Card (for members who qualify*), OTC allowance, and comprehensive dental, eyewear, and vision care.
C-SNP Zero	Flexible C-SNP with balanced medical and prescription drug costs and supplemental dental and eyewear benefits.
MA-Only Giveback	$0 premium plan with NO Part D drug coverage. Includes supplemental dental and eyewear, and a Part B premium reduction to lower monthly costs.
Premium	Comprehensive premium plan with reasonable medical and prescription drug costs, supplemental dental and eyewear benefits, and a premium that is lower or $0 for members with Extra Help.

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.

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.

2026: **National Special Needs Plans Overview**

	Eligibility criteria	Who might be a good fit
Dual Full	Must have a qualifying full dual-eligible status (QMB+, SLMB+, or FBDE).	All members who qualify. This plan typically has the richest supplemental benefits in the Devoted D-SNP portfolio.
Dual Plus	Must have a qualifying dual-eligible status (QMB only, QMB+, SLMB+, or FBDE).	Members who qualify for this plan and do not qualify for a Dual Full plan (if one is available in their market).
Dual	Must have a qualifying dual-eligible status (usually QI, QDWI, or SLMB). Note: Some dual plans also permit QMB and full duals to enroll.	Members who get Extra Help and are partially dual eligible (QI, QDWI, or SLMB). Note: For members who also qualify for a Dual Full or Dual Plus plan, that other plan is usually the better choice.
C-SNP Plus	Group 4 - diabetes, CHF, cardiovascular disorders.	Qualifying members who also receive Medicaid cost share assistance for Medicare services (QMB only, QMB+, SLMB+, or FBDE Medicaid status). With the richest supplemental benefits in the Devoted C-SNP portfolio, this plan is specifically designed to offer comprehensive coverage to QMB and full dual members seeking additional support managing their chronic conditions.
C-SNP Premium	Group 4 - diabetes, CHF, cardiovascular disorders.	Qualifying members who also get Extra Help and are seeking additional support to manage their chronic conditions. Note: For members who receive Medicaid cost share assistance for Medicare services (QMB only or full dual eligible) and have a C-SNP Plus plan available in their market, C-SNP Plus is usually the better choice.
C-SNP Zero	Group 4 - diabetes, CHF, cardiovascular disorders.	Qualifying members who want a $0 premium plan designed to meet the needs of those with chronic conditions. Note: For members who get Medicaid or Extra Help and have a C-SNP Premium or C-SNP Plus plan available to them, one of those other plans is usually the better choice.

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.