

# Summary of Benefits

CareNeeds PLUS  
(HMO D-SNP)  
H1019-026



# 2022



Call us today at 772.276.6669

## CENTRAL/WEST FLORIDA:

Hillsborough, Lake, Marion,  
Orange, Osceola, Pasco, Pinellas,  
Polk, Seminole, Sumter

**CarePlus**  
HEALTH PLANS

# Snapshot of Benefits



Monthly Plan Premium

**\$0** or up to **\$14.10**



Primary Care Physician and  
Specialist Office Visits

**\$0** copay



OTC Allowance

**\$100** monthly



Routine Vision Coverage



Routine Dental Coverage

**\$0** copay



Routine Hearing Coverage



Inpatient Hospital Care

**\$0** copay

Emergency Care

**\$0** or **\$120** copay

The next pages have more details on these benefits and more from CarePlus!

Patrick McNealy

Licensed CarePlus Sales Agent Name: \_\_\_\_\_

Licensed CarePlus Sales Agent Phone Number: \_\_\_\_\_

772.276.6669

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# Pre-Enrollment Checklist



**Before making an enrollment decision, it is important that you fully understand our benefits and rules.**

If you have any questions, you can call and speak to a Member Services representative at **1-800-794-4105** (TTY: **711**). From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday; 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [CarePlusHealthPlans.com/medicare-plans/2022](https://www.careplushealthplans.com/medicare-plans/2022) or call **1-800-794-4105** (TTY: **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month. Medicare's Extra Help program helps to pay for prescription drug costs. Most people with Medicare and Medicaid automatically qualify for Extra Help from Medicare. As a member of our plan, and depending upon your level of Extra Help with your prescription drug costs, you may not have any premium responsibility.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical and/or financial assistance from a state plan under Medicaid. Only Qualified Medicare Beneficiaries (QMB/QMB+), Specified Low-Income Medicare Beneficiaries (SLMB/SLMB+), Qualifying Individuals (QI), Qualified Disabled and Working Individuals (QDWI), and other Full Benefit Dual Eligibles (FBDE) may enroll in CareNeeds PLUS (HMO D-SNP).

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# 2022 Summary of Benefits



This Summary of Benefits booklet gives you a summary of what **CareNeeds PLUS (HMO D-SNP)** covers and what you pay. It does not list every service covered by this plan or list every limitation or exclusion. **Depending on your level of Medicaid eligibility, you may not have to pay a premium or any of the costs for medical services listed in this brochure, if they are paid for you by Medicaid or another third party.** For a complete list of services we cover, please refer to the plan's Evidence of Coverage (EOC) on our website, [CarePlusHealthPlans.com/medicare-plans/2022](http://CarePlusHealthPlans.com/medicare-plans/2022), or call us and we will send you a copy. An EOC is automatically mailed to you after you enroll in our plan.



## Tips for comparing your Medicare choices

- To compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets, or use the Medicare Plan Finder on **Medicare.gov**.
- To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. You can view it online at **Medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY: **1-877-486-2048**.



## Who can join CareNeeds PLUS (HMO D-SNP)?

To join **CareNeeds PLUS (HMO D-SNP)**, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and be eligible for one of these Medicaid categories: Qualified Medicare Beneficiary (QMB/QMB+), Specified Low-Income Medicare Beneficiary (SLMB/SLMB+), Qualified Individual (QI), Qualified Disabled and Working Individual (QDWI), or Full Benefit Dual Eligible (FBDE).

You must also live in our service area, which includes the following counties in Florida: Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Sumter.

If you have any questions about your Medicaid eligibility or level of assistance, please contact us or your Florida Medicaid office.



## Which doctors, hospitals, and pharmacies can you use?

**CareNeeds PLUS (HMO D-SNP)** has a network of doctors, hospitals, pharmacies, and other providers.

With the exception of urgently needed care and emergency services, you must access all plan-covered items and services through the CarePlus network of providers, including any services we may provide for you on behalf of the Florida Medicaid Program. Members receiving services not covered under our plan, such as waiver services, must access those services through the Florida Medicaid program network of providers. If you use providers that are not in our network, the plan may not pay for these services.

### **Prior authorization or a physician referral may be required for covered in-network medical services.**

You must generally use network pharmacies to fill your prescriptions for Medicare-covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory on our website: [CarePlusHealthPlans.com/directories](http://CarePlusHealthPlans.com/directories), or call us and we will send you a copy.

Medicaid providers who also participate in our provider network are indicated in our Provider Directory.

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## What does this plan cover?

**CareNeeds PLUS (HMO D-SNP)** covers everything that Original Medicare covers - and *more*.

In addition to covering medical services, we cover certain Part D and Part B drugs such as chemotherapy and some drugs administered by your physician. For more information on covered drugs, refer to the Evidence of Coverage (EOC).

You can see our complete Drug Guide (approved list of prescription drugs/formulary) and any restrictions on our website, [CarePlusHealthPlans.com/medicare-plans/2022-prescription-drug-guides](http://CarePlusHealthPlans.com/medicare-plans/2022-prescription-drug-guides), or call us and we will send you a copy.

If you are getting full Medicaid benefits, please know that this plan also covers all the benefits you receive under traditional Florida Medicaid, except for long-term care services and any other waiver services.



## Cost-sharing with this plan

**Your costs with this plan (premiums, copayments, coinsurance, and deductibles) will vary based on your level of Medicaid eligibility, the assistance you receive from Medicaid, and the amount of Extra Help you get from Medicare.**

If Medicaid pays your Medicare Part A and Part B premiums, deductibles and coinsurance, your cost for any medical services covered by our plan will never exceed the amounts you would pay for those same services under the traditional Florida Medicaid plan.

You are responsible for deductibles, copayments, and coinsurance for Medicare Part D prescription drugs based on the level of Extra Help/Low Income Subsidy (LIS) you get from Medicare.

Once you join this plan, be sure to show providers both your Medicaid ID card and your CarePlus membership card so they know you may have additional coverage.



## Need more information or have questions?

Visit us at [CarePlusHealthPlans.com](http://CarePlusHealthPlans.com), or call us at one of the phone numbers listed below.

**If you are a member** of this plan, call Member Services toll-free at:  
**1-800-794-5907 (TTY: 711).**

**If you are not a member** of this plan, call a licensed CarePlus sales agent toll-free at:  
**1-800-794-4105 (TTY: 711).**

October 1 - March 31: 7 days a week; 8 a.m. - 8 p.m.

April 1 - September 30: Monday - Friday; 8 a.m. - 8 p.m.

You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUM OUT-OF-POCKET LIMIT

#### Monthly Plan Premium

- **\$0** or up to **\$14.10**
- Your premium depends on the amount of Extra Help you get from Medicare.
- You must continue to pay your Medicare Part B premium. The Part B premium may be covered through the Florida Medicaid Program.

#### Deductible

- **\$0** - This plan does not have a deductible for medical services.

#### Maximum Out-of-Pocket Limit

- **\$3,400** per year.
- To protect our members, it's required that we set a yearly limit on any out-of-pocket costs paid for plan covered medical services. If this limit is reached, we pay 100% of the costs of your covered services for the rest of the year, excluding any prescription drug costs, health expenses incurred during foreign travel, or supplemental benefit costs.

### COVERED MEDICAL AND HOSPITAL BENEFITS

If you receive financial assistance plus other benefits from Medicaid (QMB+, SLMB+, FBDE), the benefit chart below shows a summary of the benefits you receive and what you pay as a member of CareNeeds PLUS (HMO D-SNP) (left column) compared to what you currently receive and pay with traditional Florida Medicaid (right column). If you are currently enrolled in a Medicaid Managed Care Plan, your benefits may be different from what's listed in the right column. What you pay for covered services and the services covered for you are based on your level of Medicaid eligibility. If your Medicaid assistance is limited to financial assistance with Medicare premiums, deductibles or cost-shares only (QMB, SLMB, QI, QDWI), the information in the right column does not apply to you nor does the information listed under the heading "Medicaid benefits that are provided by the plan" in the left column.

**If you are eligible for cost-share protection through the state Medicaid program (QMB, QMB+, SLMB+, FBDE), Medicaid pays your share of the cost for all plan covered services except prescription drugs. Financial assistance for prescription drugs is provided through Medicare's Extra Help program.**

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Inpatient Hospital Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Our plan covers an <b>unlimited</b> number of days for an inpatient hospital stay.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Limited to 45 days per Florida Medicaid's fiscal year (July 1 - June 30) for adults age 21 and older.</li> </ul>
<b>Outpatient Hospital Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>	<ul style="list-style-type: none"> <li>• For Medicaid-covered services, see "Diagnostic Services", "Mental Health Care", "Outpatient Surgery", "Physical Therapy" and "Additional Rehabilitation Services."</li> </ul>
<b>Doctor Visits</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for primary care physician (PCP) visits.</li> <li>• You must select an in-network physician as your PCP. The PCP that you choose will focus on your needs and coordinate your care with other network providers.</li> <li>• <b>\$0</b> copay for specialist visits.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$2</b> copay for physician, nurse practitioner, registered physical therapist, and physician assistant services, per provider, per day, unless the recipient is exempt.</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### CareNeeds PLUS (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Preventive Care

- **\$0** copay
- Our plan covers many preventive services, including:
  - Abdominal aortic aneurysm screening
  - Alcohol misuse screening and counseling
  - Annual Wellness Visit (AWV)
  - Bone mass measurement
  - Breast cancer screening (mammogram)
  - Cardiovascular disease risk reduction visit
  - Cardiovascular disease screening
  - Cervical and vaginal cancer screenings (pap tests, pelvic exams, HPV tests)
  - Colorectal cancer screening (i.e. colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
  - Depression screening
  - Diabetes screening
  - Diabetes self-management training
  - Glaucoma screening
  - Hepatitis B virus (HBV) screening
  - Hepatitis C virus (HCV) screening
  - HIV screening
  - Lung cancer screening
  - Medical nutrition therapy services
  - Medicare Diabetes Prevention Program (MDPP)
  - Obesity screening and therapy
  - Prostate cancer screening
  - Routine physical exam
  - Screening for sexually transmitted infections (STIs) and counseling
  - Tobacco use cessation counseling
  - Vaccines including Influenza (Flu), Hepatitis B Virus (HBV), Pneumococcal, COVID-19
  - “Welcome to Medicare” preventive visit (one-time)
- Any additional preventive services approved by Medicare during the contract year will be covered.

- Preventive services are not covered under traditional Florida Medicaid.

#### Emergency Care

- Facility:
  - **\$0** copay for QMB, QMB+, SLMB+, and FBDE members
  - **\$120** copay for all other members
- Physician and professional services:
  - **\$0** copay for all members
- Worldwide Emergency - If you receive emergency care (in-area, out-of-area, or after-hours) and pay for covered services, we will reimburse you for our share of the cost up to the Medicare allowable charge.

- **\$0** copay for emergency services in an emergency facility.
- Medicaid recipients using the hospital emergency room for non-emergency services are responsible for a **5%** coinsurance on the first **\$300** of the Medicaid payment. There is **0%** coinsurance on the amount in excess of the first **\$300**.

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## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Emergency Care (continued)</b>	
<ul style="list-style-type: none"> <li>You do not pay the emergency care copay if you're admitted to the same hospital within 24 hours for the same condition.</li> </ul>	
<b>Urgently Needed Services</b>	
<ul style="list-style-type: none"> <li><b>\$0</b> copay</li> <li>Coverage for urgently needed services is the same worldwide. If you receive urgently needed care (in-area, out-of-area, or after-hours) and pay for covered services, we will reimburse you for our share of the cost up to the Medicare allowable charge.</li> </ul>	<ul style="list-style-type: none"> <li>For Medicaid-covered services, see "Emergency Care".</li> </ul>
<b>Diagnostic Services</b>	
<ul style="list-style-type: none"> <li><b>\$0</b> copay for:                             <ul style="list-style-type: none"> <li>Diagnostic procedures and tests</li> <li>Basic radiology (X-ray) services</li> <li>Diagnostic radiology services (includes advanced imaging services such as MRI, MRA and CT Scans)</li> <li>Therapeutic radiology (radiation therapy) services</li> <li>Lab services</li> <li>Diagnostic mammography services</li> <li>Diagnostic colonoscopy services</li> <li>Nuclear medicine services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>\$1</b> copay for independent laboratory services.</li> <li><b>\$1</b> copay for portable X-ray services per day.</li> <li><b>\$3</b> copay for diagnostic and therapeutic procedures received in an outpatient facility.</li> <li>Limited to one service, per provider, per day.</li> <li>Outpatient hospital services are limited to <b>\$1,500</b> per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply.</li> </ul>
<b>Ambulatory Surgery Center</b>	
<ul style="list-style-type: none"> <li><b>\$0</b> copay</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0</b> copay</li> </ul>
<b>Hearing Services</b>	
<ul style="list-style-type: none"> <li><b>\$0</b> copay for a Medicare-covered exam to diagnose and treat hearing and balance issues.</li> <li>Supplemental routine hearing services:                             <ul style="list-style-type: none"> <li><b>\$0</b> copay for routine hearing exam, <b>1</b> per calendar year.</li> <li><b>\$0</b> copay for hearing aid fitting/evaluation, <b>1</b> per calendar year.</li> <li>Our plan covers up to <b>\$1,000</b> per ear, per calendar year for hearing aids.</li> <li><b>1</b>-month battery supply and <b>1</b>-year warranty included.</li> </ul> </li> </ul> <p><b>Medicaid benefits that are provided by the plan:</b></p> <ul style="list-style-type: none"> <li><b>\$0</b> copay for medically necessary hearing aids, 1 per ear every 3 years.</li> <li>Cochlear implant services limited to one in either ear, but not both (covered as prosthetic device).</li> <li>Limited hearing aid repairs and accessories after factory warranty expires.</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0</b> copay</li> <li>Limited to one evaluation for the purpose of determining hearing aid candidacy and one hearing aid per ear, per recipient, every three years from the date of the last evaluation. Fitting included.</li> <li>Diagnostic audiological testing when medically necessary.</li> <li>Cochlear implants are limited to one in either ear, but not both and must be prior authorized.</li> <li>Medicaid does not reimburse for hearing aid repairs until after the manufacturer's warranty has expired.</li> <li>Medicaid does not reimburse for routine maintenance, batteries, cord or wire replacement, or cleaning.</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### CareNeeds PLUS (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Dental Services

- **\$0** copay for limited Medicare-covered dental services. Excludes preventive, restoration, removal and replacement services.
- **\$0** copay for the following supplemental routine dental services:
  - Periodic oral evaluations, up to **2** per calendar year
  - Comprehensive oral evaluation, **1** every **3** calendar years
  - Fluoride treatment, up to **2** per calendar year
  - Prophylaxis cleanings, up to **2** per calendar year
  - Bitewing X-rays, up to **2** sets per calendar year
  - Panoramic X-ray film, **1** per calendar year
  - Amalgam and/or composite fillings, up to **4** per calendar year
  - Periodontal maintenance, up to **4** per calendar year
  - Scaling and root planing (deep cleaning), **1** per quadrant per calendar year
  - Simple or surgical extractions, up to **3** per calendar year
  - Complete or partial dentures (upper and/or lower), **1** set every **5** calendar years
  - Denture reline, **1** per calendar year
  - Crowns, **1** per calendar year
  - Root canal, **1** per calendar year
  - Anesthesia
  - Extractions for dentures
- Unlimited extractions are covered only when receiving dentures, all other extractions are limited.
- Total periodic and comprehensive oral evaluations limited to **2** per calendar year.

#### Medicaid benefits that are provided by the plan:

- **\$0** copay for emergency dental procedures to alleviate pain or infection, including necessary radiographs to make a diagnosis.
- **\$0** copay for medically necessary dentures, complete set of full or removable partial dentures or one upper or one lower denture.
- **\$0** copay for procedures essential to prepare the mouth for dentures.

- **\$0** copay for limited adult dental services including:
  - Comprehensive oral evaluation to determine need for dentures or problem focused services (**1** every **3** years).
  - Limited medically necessary evaluations.
  - Complete set of intraoral X-rays (**1** every **3** years).
  - Panoramic X-ray film (**1** every **3** years).
  - Complete set of full or removable partial dentures or one upper or one lower denture.
  - Procedures essential to prepare the mouth for dentures.
  - Denture reline (**1** per denture per year).
  - Emergency dental services to alleviate pain and/or infection.
  - **\$3** copay for dental services provided in a Federally Qualified Health Clinic.

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### CareNeeds PLUS (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Vision Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered eye exams to diagnose and treat diseases and conditions of the eye.</li> <li>• <b>\$0</b> copay for diabetic eye exam.</li> <li>• <b>\$0</b> copay for <b>1</b> pair of eyeglasses (frames and lenses) or contact lenses after cataract surgery.</li> <li>• Supplemental routine vision services:             <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for routine eye exams with refraction, up to <b>1</b> per calendar year.</li> <li>– Our plan also pays up to <b>\$500</b> per calendar year for contact lenses or eyeglasses (frames and lenses) of your choice; OR, you may choose <b>3</b> free pairs of eyeglasses from a pre-determined selection (may choose prescription sunglasses as <b>1</b> free pair).</li> <li>– Ultraviolet protection, scratch resistant coating, standard no-line bifocals, and transition lenses included on eyeglasses.</li> <li>– No charge for eyeglass fitting.</li> <li>– You are responsible for any eyewear costs above the yearly allowance amount or the costs of any upgrades when a free pair is selected.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$2</b> copay for optometric services in an optometry office/facility, per provider, per day, unless the recipient is exempt.</li> <li>• Only one visit per optometrist or optometrist group, per recipient, per day, except for emergency services.</li> <li>• Does not reimburse for screening of visual acuity or for an evaluation and management visit and a general ophthalmologic visit on the same day for the same recipient.</li> <li>• Contact lenses may be covered when eyeglasses would not benefit visual impairment.</li> <li>• For person 21 years of age or older, eyeglass frames are limited to one frame per recipient, every two years; and, eyeglass lenses are limited to one pair every 365 days, based on medical necessity. A second set of frames may be dispensed during the two year period with prior approval.</li> </ul> |
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#### Mental Health Care

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| <ul style="list-style-type: none"> <li>• <b>Inpatient visit - general hospital:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– Our plan covers up to 90 days per stay in a general hospital.</li> <li>– Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your coverage for a current stay ends and coverage for each future hospital stay ends after 90 days.</li> </ul> </li> <li>• <b>Inpatient visit - psychiatric facility:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</li> </ul> </li> <li>• <b>Outpatient visit</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for outpatient group and individual therapy visits.</li> <li>– <b>\$0</b> copay for partial hospitalization.</li> <li>– Includes outpatient treatment for mental illness and/or substance abuse.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Inpatient visit</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– Limited to 45 days per Florida Medicaid’s fiscal year (July 1 - June 30) for adults age 21 and older.</li> </ul> </li> <li>• <b>Outpatient visit</b> <ul style="list-style-type: none"> <li>– <b>\$2</b> copay per provider, per day (unless the recipient is exempt) for outpatient individual or group therapy visits for the treatment of mental illness or substance abuse.</li> </ul> </li> </ul> |
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## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Skilled Nursing Facility (SNF) Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• No prior hospital stay is required.</li> <li>• A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a hospital or SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>
<b>Physical Therapy</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Various limitations and exclusions apply based on the service received.</li> <li>• Outpatient hospital services are limited to <b>\$1,500</b> per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply.</li> </ul>
<b>Ambulance Services</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for any ambulance service for QMB, QMB+, SLMB+, and FBDE members.</li> <li>• For all other members:               <ul style="list-style-type: none"> <li>– <b>\$100</b> copay per trip for emergency ambulance services by ground transportation.</li> <li>– <b>\$0</b> copay per trip for medically necessary non-emergency ambulance services by ground transportation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicaid-approved emergency ambulance transportation.</li> <li>• <b>\$1</b> copay per one-way trip for scheduled non-emergency ambulance transportation, unless recipient is exempt.</li> <li>• Prior authorization is required for scheduled trips.</li> </ul>
<b>Routine Transportation</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for <b>unlimited</b> one-way trips per calendar year.</li> <li>• Transportation provided by contracted vendor to plan-approved locations.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$1</b> copay per one-way trip to a Florida Medicaid covered service when recipient has no other means of transportation and/or requires assistance due to mental/physical condition.</li> </ul>
<b>Medicare Part B Drugs</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Part B drugs.</li> <li>• <b>\$0</b> copay for chemotherapy drugs.</li> <li>• <b>\$0</b> copay for allergy injections provided in a physician's office.</li> </ul>	<ul style="list-style-type: none"> <li>• For those who qualify, Medicaid provides cost-sharing assistance for Medicare Part B drugs.</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### CareNeeds PLUS (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### PART D PRESCRIPTION DRUG BENEFITS

- This plan uses a formulary. Quantity limitations and other drug restrictions/authorizations may apply.
- The plan groups medications into one of five tiers.
  - Tier 1: Preferred Generic
  - Tier 2: Generic
  - Tier 3: Preferred Brand
  - Tier 4: Non-Preferred Drug
  - Tier 5: Specialty Tier
- CarePlus offers a nationwide network of pharmacies.
- Your cost for prescription drugs depends on the pharmacy where the prescription is filled (retail, mail-order, or long term care facility). Our network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. Your cost may be less at pharmacies with preferred cost-sharing.
- Your cost also depends on where the drug is administered (at home, pharmacy or provider’s office), the supply needed (30 days or a long-term supply), which stage of the Part D benefit you are in, and the level of Extra Help you receive.
- If you get drugs from an out-of-network pharmacy, you may pay more than you pay at an in-network pharmacy. The cost-sharing information provided in this booklet is for in-network pharmacies.
- Total yearly drug costs are the total drug costs paid by both you and the plan.
- For more information on prescription drug benefit cost-sharing and stages, please call us or access our Evidence of Coverage online at [CarePlusHealthPlans.com/medicare-plans/2022](http://CarePlusHealthPlans.com/medicare-plans/2022).
- You can also call us to find out if a particular drug is covered or look for the drug in our Drug Guide (formulary) at: [CarePlusHealthPlans.com/medicare-plans/2022-prescription-drug-guides](http://CarePlusHealthPlans.com/medicare-plans/2022-prescription-drug-guides).
- **With Extra Help from Medicare, you pay whichever is less for your prescription drugs, your cost-share under the plan or the Low Income Subsidy (LIS) cost-share.**

- Traditional Florida Medicaid does not provide copay/coinsurance assistance for Part D prescription drugs. You may have some costs based on the drugs you need and the level of Extra Help you receive from Medicare.

#### Prescription Drug Savings Benefit

- **\$0** copay for all Medicare covered prescription drugs for all formularies, on all tiers. Benefit begins in the Deductible Stage (when applicable) and continues through the Initial Coverage Stage, only. To qualify, members must be eligible for Extra Help.

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### Deductible

- **\$0** is your annual Part D deductible, if you receive Extra Help with your prescription drugs, and your coverage begins in the Initial Coverage stage.
- **\$480** is your annual Part D deductible, if you DO NOT receive Extra Help.
  - You must pay the full cost of your prescription drugs for Tiers 2, 3, 4 and 5 until you meet the deductible amount.
  - The deductible does not apply to Tier 1 drugs. You pay **\$0** for these drugs at a preferred cost-sharing pharmacy and **\$10** for these drugs at a standard cost-sharing pharmacy.
  - Once your deductible is met, you move on to the Initial Coverage stage.

### Initial Coverage

- If you receive Extra Help, you pay **\$0** for all prescription drugs covered by our plan while you are in this stage.
- If you DO NOT receive Extra Help, you pay:

Tier	Supply	Retail: Preferred Cost-Sharing	Retail: Standard Cost-Sharing	Mail-Order: Preferred Cost-Sharing	Mail-Order: Standard Cost-Sharing
<b>Tier 1</b> Preferred Generic	30-day	<b>\$0</b>	<b>\$10</b>	<b>\$0</b>	<b>\$10</b>
	90-day	<b>\$0</b>	<b>\$30</b>	<b>\$0</b>	<b>\$30</b>
<b>Tier 2</b> Generic	30-day	<b>\$4</b>	<b>\$20</b>	<b>\$4</b>	<b>\$20</b>
	90-day	<b>\$12</b>	<b>\$60</b>	<b>\$0</b>	<b>\$60</b>
<b>Tier 3</b> Preferred Brand	30-day	<b>\$47</b>	<b>\$47</b>	<b>\$47</b>	<b>\$47</b>
	90-day	<b>\$141</b>	<b>\$141</b>	<b>\$131</b>	<b>\$141</b>
<b>Tier 4</b> Non- Preferred Drug	30-day	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>
	90-day	<b>\$300</b>	<b>\$300</b>	<b>\$290</b>	<b>\$300</b>
<b>Tier 5</b> Specialty Tier	30-day	<b>25%</b>	<b>25%</b>	<b>25%</b>	<b>25%</b>
	90-day	N/A	N/A	N/A	N/A

- Once your total yearly drug cost reaches **\$4,430**, you move to the Coverage Gap stage.

### Coverage Gap

- Depending on the amount of Extra Help you receive, you pay the following while you are in this stage.
  - For generic drugs (including brand drugs treated as generic), either:
    - \$0** copay; or **\$1.35** copay; or **\$3.95** copay; or **15%** coinsurance
  - For all other drugs, either:
    - \$4** copay; or **\$9.85** copay; or **15%** coinsurance
- If you DO NOT receive Extra Help, you pay no more than **25%** of the plan's cost for your drugs in this stage.

## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<p><b>Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>Once your yearly out-of-pocket drug cost reaches <b>\$7,050</b>, you enter the Catastrophic stage. Your yearly out-of-pocket drug costs is the total of any Part D-covered drug payments made during the calendar year by you, on your behalf, or under another Medicare prescription drug plan before you joined our plan, and determines when you enter the Catastrophic Coverage Stage.</li> <li>If you receive <u>Extra Help</u>, you pay the following for your drugs for the rest of the year: <ul style="list-style-type: none"> <li>– <b>\$0</b> copay; or</li> <li>– <b>\$3.95</b> copay for generic drugs (including brand drugs treated as generic) and <b>\$9.85</b> copay for all other drugs</li> </ul> </li> <li>If you <b>DO NOT</b> receive <u>Extra Help</u>, for the rest of the year, you pay the greater of: <ul style="list-style-type: none"> <li>– <b>5%</b> of the cost; or</li> <li>– <b>\$3.95</b> copay for generic drugs (including brand drugs treated as generic) and <b>\$9.85</b> copay for all other drugs</li> </ul> </li> </ul>	
<p><b>Part D Excluded Prescription Drugs and Vitamins</b></p> <ul style="list-style-type: none"> <li>This plan covers certain erectile dysfunction drugs and certain vitamins often prescribed by physicians. Your cost for these drugs is <b>\$0</b> at a preferred cost-sharing pharmacy and <b>\$10</b> at a standard cost-sharing pharmacy.</li> <li><b>\$0</b> copay for traditional Florida Medicaid-covered drugs if you are QMB+, SLMB+ or FBDE.</li> <li>Refer to this plan’s Evidence of Coverage for specific coverage information including costs.</li> <li>These drugs are covered at in-network retail or mail-order pharmacies and do not apply towards your total annual drug cost.</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0</b> copay for Medicaid-covered prescription drugs not covered by a Medicare prescription drug plan.</li> </ul>
ADDITIONAL COVERED MEDICAL BENEFITS	
Outpatient Surgery	
<ul style="list-style-type: none"> <li><b>\$0</b> copay</li> </ul>	<ul style="list-style-type: none"> <li><b>\$3</b> copay for all outpatient surgical procedures.</li> <li>Some restrictions/limitations apply.</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Additional Rehabilitation Services</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for occupational therapy (daily living activities), speech and language therapy.</li> <li>• <b>\$0</b> copay for cardiac (heart) and pulmonary (lungs) rehabilitation services.                             <ul style="list-style-type: none"> <li>– Cardiac rehab services include a maximum of 2 one-hour sessions per day for a maximum of 36 sessions within 36 weeks.</li> </ul> </li> <li>• <b>\$0</b> copay for Supervised Exercise Therapy (SET) services.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0-\$3</b> copay for cardiac, pulmonary, respiratory, occupational, and speech and language therapy.</li> <li>• Various limitations and exclusions apply based on the service received.</li> <li>• Outpatient hospital services are limited to <b>\$1,500</b> per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply.</li> </ul>
<b>Foot Care (Podiatry Services)</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</li> <li>• <b>\$0</b> copay for supplemental podiatry services:                             <ul style="list-style-type: none"> <li>– Routine foot care.</li> <li>– You may self-refer to a network podiatrist for <b>unlimited</b> routine visits for treatment of flat feet or other structural misalignments of the feet, removal of corns, removal of warts, removal of calluses, and hygienic care.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$2-\$3</b> copay per provider, per day, depending on the place of service.</li> <li>• Limited to 24 visits per calendar year.</li> </ul>
<b>Medical Equipment/Supplies</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Includes durable medical equipment (powered wheelchairs and scooters, insulin pumps, oxygen generators, etc.), prosthetic devices, therapeutic shoes and inserts, and diabetic monitoring supplies.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicaid-approved durable medical equipment and other medical supplies.</li> <li>• Various limitations and exclusions apply.</li> <li>• Prior authorization may be required.</li> </ul>
<b>Telehealth Services (in addition to Original Medicare)</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for primary care physician virtual visit.</li> <li>• <b>\$0</b> copay for specialist virtual visit</li> <li>• <b>\$0</b> copay for behavioral health and substance abuse virtual visit.</li> <li>• <b>\$0</b> copay for urgent care virtual visit.</li> <li>• This service may not be offered by all in-network plan providers. Check directly with your provider about the availability of telehealth services, or you can also visit our website at <a href="http://CarePlusHealthPlans.com/physician-finder">CarePlusHealthPlans.com/physician-finder</a> to access our online, searchable directory.</li> </ul>	<ul style="list-style-type: none"> <li>• Telemedicine provided by certain medical and dental providers. Costs for service is the same as for in-person service.</li> </ul>
<b>CarePlus CareCard</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a flexible spending card pre-loaded with a <b>\$250</b> allowance for the plan year to help you pay for additional dental, hearing and vision services otherwise limited by the plan's supplemental benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover flexible spending cards.</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### CareNeeds PLUS (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Wellness Programs

<ul style="list-style-type: none"> <li>• <b>Deliver Fresh Meals Program:</b> <ul style="list-style-type: none"> <li>– \$0 copay</li> <li>– Once you return home from an overnight stay in the hospital or skilled nursing facility, you're eligible for up to <b>14</b> freshly prepared nutritious meals delivered to your door at no cost to you. Limited to 4 times per year.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover meal programs.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>SilverSneakers® Fitness Program:</b> <ul style="list-style-type: none"> <li>– \$0 copay</li> <li>– The fitness program includes access to thousands of participating locations and signature group exercise classes led by certified instructors. Live workout classes and videos on demand are also available online.</li> <li>– Consult your doctor before beginning any new diet or exercise regimen.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover fitness programs.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Over-the-Counter (OTC) Items:</b> <ul style="list-style-type: none"> <li>– \$100 monthly allowance to use toward the purchase of select OTC items such as pain relievers, cough and cold medicines, allergy medications, and first aid/medical supplies when you use the participating mail-order service.</li> <li>– Please visit our plan website to see our list of covered OTC items.</li> </ul> </li> </ul> <p><b>Medicaid benefits that are provided by the plan:</b></p> <ul style="list-style-type: none"> <li>– No cost for select traditional Florida Medicaid-covered OTC items, when you use the plan's participating mail order service.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for certain OTC items</li> </ul>
<ul style="list-style-type: none"> <li>• <b>CarePlus Rewards:</b> <ul style="list-style-type: none"> <li>– The CarePlus Rewards Program offers members a gift card of their choice from participating retailers for completing preventive screenings and other healthcare activities. Some limitations and exclusions apply.</li> <li>– In accordance with the federal requirements of the Centers for Medicare &amp; Medicaid Services (CMS), no amounts on the gift cards shall be redeemable for cash and no amount may be applied toward the purchase of any prescription drug under your plan. Rewards (gift cards) must be earned and redeemed in the same plan year. Rewards not redeemed by 12/31 will be forfeited.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover rewards programs.</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Wellness Programs (continued)</b>	
<ul style="list-style-type: none"> <li>• <b>Smoking and Tobacco Use Cessation Program:</b> – \$0 copay for up to <b>4</b> additional sessions of smoking and tobacco cessation counseling per year.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not provide smoking and tobacco use cessation programs.</li> </ul>
<b>Acupuncture</b>	
<ul style="list-style-type: none"> <li>• \$0 copay for up to <b>20</b> Medicare-covered acupuncture treatments for chronic low back pain when ordered by a physician.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover acupuncture.</li> </ul>
<b>Chiropractic Care</b>	
<ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</li> <li>• Supplemental routine chiropractic services: – \$0 copay for up to <b>12</b> self-referred, routine visits to a network chiropractor every year.</li> </ul>	<ul style="list-style-type: none"> <li>• \$1 copay for chiropractic services, per provider, per day, unless the recipient is exempt.</li> <li>• Established patients are limited to 24 medically necessary visits during a calendar year or one new patient visit and 23 established patient visits.</li> <li>• Does not reimburse for massage or heat treatments.</li> </ul>
<b>COVID-19 Testing and Treatment</b>	
<ul style="list-style-type: none"> <li>• \$0 copay for testing and treatment services for COVID-19.</li> <li>• Members receive <b>14</b> days of meals (<b>28</b> meals) after a COVID-19 diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay for medically necessary services for testing and treatment of COVID-19.</li> </ul>
<b>Healthy Foods Card</b>	
<ul style="list-style-type: none"> <li>• \$50 monthly allowance to spend at participating retailers toward the purchase of healthy foods.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover healthy food cards.</li> </ul>
<b>Home Health Care</b>	
<ul style="list-style-type: none"> <li>• \$0 copay for limited skilled nursing care and other Medicare-approved services you get in your home for the treatment of an illness or injury.</li> <li>• Number of covered visits is based on medical need as determined by your physician and authorized by the plan.</li> </ul>	<ul style="list-style-type: none"> <li>• \$2 copay for 3 home health visits.</li> <li>• All visits require prior authorization.</li> </ul>
<b>Hospice Care</b>	
<ul style="list-style-type: none"> <li>• \$0 copay for hospice care when you enroll in a Medicare-certified hospice program.</li> <li>• You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay</li> <li>• For adults age 21 and over, Medicaid will not reimburse for other Medicaid services that treat the terminal condition once a recipient elects to receive hospice care.</li> </ul>
<b>Renal Dialysis</b>	
<ul style="list-style-type: none"> <li>• \$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 copay</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

### CareNeeds PLUS (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Wigs (related to chemotherapy treatment)

- **\$0** copay
- With physician authorization, eligible members may be reimbursed for the full purchase price of a wig for medical hair loss related to chemotherapy treatment. Limited to one per calendar year. Must use network providers.

- Traditional Florida Medicaid does not cover wigs related to chemotherapy treatment.

#### Special Supplemental Benefits for the Chronically Ill

- **\$0** copay for CarePlus Flexible Care Assistance.
- Chronically ill members participating in care management who also meet program criteria may receive additional benefits to address specific needs based on the individual's unique situations.
- Benefit limited to up to **\$1,000** per year and must be coordinated and authorized by a care manager.

- Traditional Florida Medicaid does not cover special supplemental benefits for the chronically ill.

### OTHER MEDICAID-COVERED SERVICES

#### Assistive Care Services

- **\$0** copay for Assistive Care Services as provided under traditional Florida Medicaid.

- **\$0** copay
- Care to eligible recipients living in a qualified Assisted Living Facility (ALF) or similar facility, and requiring integrated services on a 24-hour per day basis.
- Services include:
  - Assistance with activities of daily living (eating, bathing, walking, etc.)
  - Assistance with instrumental activities of daily living (shopping, making phone calls, etc.)
  - Assistance with self-administered medications
  - Health support

#### Medical Massage Therapy

- **\$0** copay for Medical Massage Therapy services for AIDS patients as provided under traditional Florida Medicaid.

- **\$0** copay
- Medical massage therapy services for adults diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection.
- Treatment for peripheral neuropathy or severe neuromuscular pain and lymphedema.
- Up to 8, 15-minute sessions per month or as medically necessary.

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## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Mental Health Targeted Case Management Services</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Mental Health Targeted Case Management as provided under traditional Florida Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Limited to adults who are determined by a mental health case manager to have a severe and persistent mental illness and need service coordination among multiple providers.</li> <li>• Assistance for individuals with complex mental health disabilities or emotional disturbances in gaining access to needed life services (financial, health, employment, social) to enhance the recipient's inclusion in the community.</li> </ul>
<b>Nursing Facility Transitional Days</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Nursing Facility Transitional Days as provided under traditional Florida Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• Member pays nothing for nursing facility transitional days for up to 120 days. Available to individuals who meet the following requirements: The member is in need of Long Term Care services, has completed the Pre-Admission Screening and Resident Review (PASRR) requirements, is eligible for Institutional Care Program Medicaid and has not enrolled in the Long Term Care (LTC) program.</li> </ul>
<b>Federally Qualified Health Centers, Rural Health Clinics and Clinic Services</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$3</b> copay per clinic, per day, unless the recipient is exempt.</li> </ul>
<b>Specialized Medical Equipment and Supplies (incontinence supplies)</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for incontinence related supplies as provided under traditional Florida Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Specialized medical equipment and supplies related to incontinence available to adults diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection.</li> <li>• Limited to \$250 allowance per month</li> </ul>

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## CareNeeds PLUS (HMO D-SNP) H1019-026

CareNeeds PLUS (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Inpatient Long-Term Care Services</b>	
<ul style="list-style-type: none"> <li><b>Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older</b> – Not covered under CareNeeds PLUS.</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0 copay</b></li> </ul>
<ul style="list-style-type: none"> <li><b>Intermediate Care Facility Services for Individuals with Intellectual Disabilities</b> – Not covered under CareNeeds PLUS.</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0 copay</b></li> </ul>
<ul style="list-style-type: none"> <li><b>Nursing Facility Services, other than in an Institution for Mental Diseases</b> – Not covered under CareNeeds PLUS.</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0 copay</b></li> </ul>

Our source of information for Medicaid benefits is the Florida Agency for Health Care Administration (Medicaid) website. The Medicaid information included in this booklet is current as of 7/1/2021. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at <http://ahca.myflorida.com> or call Florida Medicaid at 1-888-419-3456 (TTY: 711). You may also contact CarePlus Member Services for assistance.

Dual eligible beneficiaries who meet the financial criteria for full Medicaid coverage may also be eligible to receive waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact Medicaid at the phone number listed above.

CarePlus is an HMO SNP plan with a Medicare contract and a contract with the Florida Medicaid Program. Enrollment in CarePlus depends on contract renewal. CareNeeds PLUS (HMO D-SNP) is sponsored by CarePlus Health Plans, Inc. and the State of Florida Agency for Health Care Administration.

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# IMPORTANT!

## At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. CarePlus complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with:

### CarePlus Health Plans, Inc. Attention: Member Services Department.

11430 NW 20th Street, Suite 300. Miami, FL 33172.

If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

## Auxiliary aids and services, free of charge, are available to you.

### 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you.

### 1-800-794-5907 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**ગુજરાતી (Gujarati):** નીચેનાં નંબર પર કોલ કરવા માટે ઉપરોક્ત સંખ્યા પર કોલ કરો.

**ภาษาไทย (Thai):** โทรติดต่อที่หมายเลขด้านบนนี้เพื่อรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย.

**Diné Bizaad (Navajo):** Wódaahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowól.

**العربية (Arabic):**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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