

Summary of Benefits

CareNeeds Plus (HMO D-SNP)

Central/West Florida
Orlando & Tampa Area

Our service area includes the following county/counties in Florida: Hernando, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Sumter.

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 customer service representative at **1-800-794-4105 (TTY: 711)**.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **CarePlusHealthPlans.com/Plans** 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part A/ Part B premiums may be paid for by the Florida Medicaid.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- 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 assistance from a state plan under Medicaid. This plan may enroll FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+.



Let's talk about CareNeeds Plus (HMO D-SNP)

Find out more about the CareNeeds Plus (HMO D-SNP) plan - including the health and drug services it covers - in this easy-to-use guide.

CareNeeds Plus (HMO D-SNP) is a Coordinated Care plan HMO with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in this CarePlus plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, please refer to the plan's Evidence of Coverage on our website, **CarePlusHealthPlans.com/Plans**.

As a member you must select an in-network doctor in your service area listed in this document to act as your Primary Care Provider (PCP). CareNeeds Plus (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, the plan may not pay for these services.

You have access to Care Managers. Care Managers are nurses or care coordinators who support your health and well-being by providing additional services including acute and chronic-care management, telephonic and in-person health support, assistance in coordinating Medicare and Medicaid benefits, educational resources and workshops, and support for families and caregivers.

To be eligible

To enroll in CareNeeds Plus (HMO D-SNP), a Dual Eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the Florida Medicaid. If you receive both Medicare and Medicaid benefits, this means you are dual eligible.

CareNeeds Plus (HMO D-SNP) may enroll FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+.

Full Benefit Dual Eligible (FBDE): Financial assistance may be available to pay Medicare Part A Premiums, and/or Medicare Part B Premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) and provides full Medicaid benefits for Medicaid services provided by Medicaid providers.

Qualified Disabled and Working Individual (QDWI): Helps pay Part A premiums.

Qualifying Individual (QI): Helps pay Part B premiums.

Qualified Medicare Beneficiary (QMB): Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments).

Qualified Medicare Beneficiary Plus (QMB+): Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) and provides full Medicaid benefits for Medicaid services provided by Medicaid providers.

Specified Low-Income Medicare Beneficiary (SLMB): Helps pay Part B premiums.

Specified Low-Income Medicare Beneficiary Plus (SLMB+): Helps pay Part B premiums and provides full Medicaid benefits for Medicaid services provided by Medicaid providers.

Plan name:

CareNeeds Plus (HMO D-SNP)

More about CareNeeds Plus (HMO D-SNP)

Depending on your level of eligibility for assistance under your state Medicaid program, you may or may not be subject to cost-sharing requirements. The Medicaid Benefit Comparison chart shows specific benefits that Medicaid may cover for some dual eligible members. You will work with your CarePlus care manager to understand and access these benefits. The Covered Medical and Hospital Benefits chart shows the benefits you will receive from CarePlus.

Be sure to show the Florida Medicaid ID card in addition to your CarePlus membership card to make your provider aware that you also have Medicaid coverage.



How to reach us:

If you have questions about your benefits or your level of eligibility for assistance from Medicaid, you should contact CarePlus' Member Services department or the Florida Medicaid for further details.

If you're a member of this plan, call toll-free:
1-800-794-5907 (TTY: 711).

If you're **not** a member of this plan, call toll free:
1-800-794-4105 (TTY: 711).

October 1 - March 31:

Call 7 days a week from 8 a.m. - 8 p.m.

April 1 - September 30:

Call Monday - Friday, 8 a.m. - 8 p.m.

Or visit our website:

CarePlusHealthPlans.com/ContactUs .

Medicaid benefits last validated on 07/01/2023 and are subject to change. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at <https://ahca.myflorida.com/Medicaid/index.shtml> or call the Medicaid Hotline at 1-888-419-3456 (toll free) 1-800-955-8771 (TTY).



A healthy partnership

Get more from your plan — with extra services and resources provided by CarePlus!



Monthly Premium, Deductible and Limits

| | |
|---|---|
| Monthly plan premium | \$0 or up to \$28.20 depending on your level of "Extra Help" You must keep paying your Medicare Part B premium. Your Part A and/or Part B premium may be paid on your behalf by the Florida Medicaid Program. |
| Medical deductible | This plan does not have a deductible. |
| Pharmacy (Part D) deductible | \$0 deductible if you receive "Extra Help". If you do not receive "Extra Help", refer to your Evidence Of Coverage (EOC). |
| Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for covered medical services for the year | \$3,400 in-network If you are eligible for Medicare cost-sharing assistance under the Florida Medicaid you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |



Covered Medical and Hospital Benefits

WHAT YOU PAY ON THIS CAREPLUS PLAN

INPATIENT HOSPITAL CARE

\$0 copay per admit

OUTPATIENT HOSPITAL COVERAGE

Services listed below may also be covered at other places of treatment. Please refer to specific services listed in this document for additional information.

| | |
|--|------------------|
| Advanced imaging services (MRI, MRA, PET and CT scan) | \$0 copay |
| Basic radiological services (X-rays) | \$0 copay |
| Cardiac rehabilitation services | \$0 copay |
| Chemotherapy drugs | \$0 copay |
| Diagnostic colonoscopy | \$0 copay |
| Diagnostic mammography | \$0 copay |
| Diagnostic procedures and tests - other | \$0 copay |
| Lab services | \$0 copay |
| Medicare Part B covered drugs | \$0 copay |
| Mental health services | \$0 copay |
| Nuclear medicine services | \$0 copay |
| Occupational therapy | \$0 copay |

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

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WHAT YOU PAY ON THIS CAREPLUS PLAN

| | |
|--|------------------|
| Opioid treatment program services | \$0 copay |
| Physical therapy | \$0 copay |
| Pulmonary rehabilitation services | \$0 copay |
| Renal dialysis services | \$0 copay |
| Sleep study (facility based) | \$0 copay |
| Speech therapy | \$0 copay |
| Substance abuse services | \$0 copay |
| Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD) | \$0 copay |
| Surgery services | \$0 copay |
| Therapeutic radiology (Radiation therapy) | \$0 copay |
| Wound care | \$0 copay |
| AMBULATORY SURGERY CENTER | |
| Diagnostic colonoscopy | \$0 copay |
| Surgery services | \$0 copay |
| DOCTOR OFFICE VISITS | |
| Primary care provider (PCP) | \$0 copay |
| Specialist | \$0 copay |
| PREVENTIVE CARE | |

Our plan covers many preventive services at no cost when you see an in-network provider including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Annual Wellness Visit (AWV)
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening

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WHAT YOU PAY ON THIS CAREPLUS PLAN

- HIV screening
 - Immunizations
 - Lung Cancer Screening
 - Medical nutrition therapy
 - Medicare Diabetes Prevention Program (MDPP)
 - Obesity screening and therapy
 - Prostate cancer screening exams
 - Routine Physical Exam
 - Sexually transmitted infections (STIs) screening and counseling
 - Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
 - "Welcome to Medicare" preventive visit
- Any additional preventive services approved by Medicare during the contract year will be covered.

EMERGENCY CARE

Emergency room

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.

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

Physician and professional services at emergency room

\$0 copay

URGENTLY NEEDED SERVICES

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.

\$0 copay at an urgent care center

DIAGNOSTIC SERVICES, LABS AND IMAGING

Advanced imaging services (MRI, MRA, PET and CT scan)

- Freestanding radiological facility **\$0** copay
- Primary care physician's office **\$0** copay
- Specialist's office **\$0** copay

Basic radiological services (X-rays)

- Freestanding radiological facility **\$0** copay
- Primary care physician's office **\$0** copay
- Specialist's office **\$0** copay
- Urgent care center **\$0** copay

Diagnostic colonoscopy at an ambulatory surgery center

\$0 copay

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.





Covered Medical and Hospital Benefits (cont.)

H1019026000

WHAT YOU PAY ON THIS CAREPLUS PLAN

Diagnostic mammography

- Freestanding radiological facility **\$0** copay
- Specialist's office **\$0** copay

Diagnostic procedures and tests

- Primary care physician's office **\$0** copay
- Specialist's office **\$0** copay
- Urgent care center Diagnostic tests and procedures **\$0** copay

Lab services

- Freestanding laboratory **\$0** copay
- Primary care physician's office **\$0** copay
- Specialist's office **\$0** copay
- Urgent care center **\$0** copay

Nuclear medicine and services at a freestanding radiological facility **\$0** copay

Sleep study

- Member's home **\$0** copay
- Specialist's office **\$0** copay

Therapeutic radiology (Radiation therapy)

- Freestanding radiological facility **\$0** copay
- Specialist's office **\$0** copay

HEARING SERVICES

Medicare-covered hearing **\$0** copay

Mandatory supplemental hearing benefit

The provider location for routine hearing can be found at **CarePlusHealthPlans.com/Doctor** > Medical > Enter Zip Code > Type Audiologist in box under "Name, specialty, condition*" > Search

HER904

- **\$0** copay for fitting/evaluation, routine hearing exams up to 1 per year.
- **\$750** maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year.
- Note: Includes 1 month battery supply and 1 year warranty.

DENTAL SERVICES

Medicare-covered dental **\$0** copay

Mandatory supplemental dental benefit

All services must be received in-office from a participating, in-network, general dentist or dental specialist (e.g., oral surgeon, endodontist, periodontist, etc.). Limitations and exclusions may

DEN506

- Plan covers up to **\$6,000** allowance every year for non-Medicare covered preventive and comprehensive dental services.

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.



WHAT YOU PAY ON THIS CAREPLUS PLAN

apply. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

The dentist may suggest and help arrange for additional services not listed in this benefit schedule; however, any procedures received that either are not listed in this benefit schedule or exceed the benefit limitations listed in this schedule are not covered. The member is responsible for the costs of these additional services and will be charged the dental provider's usual and customary fees, less any contracted discount. Submitted claims are subject to a review process, which may include a clinical review and dental history to approve coverage.

For more information about your dental benefits, go to **CarePlusHealthPlans.com/Resources** to view the Dental Benefit Schedule for your dental plan. You may also call Member Services at 1-800-794-5907 (TTY: 711). Hours of operation: October 1 – March 31, daily 8 a.m. – 8 p.m. and April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

In-network dental providers have agreed to provide covered services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule.

No out-of-network coverage on this plan.

To find a dentist or check to see if your dentist is in our Florida GoldPlus Dental network, use our Dental Finder tool. Go to **CarePlusHealthPlans.com/Dental-Finder** and enter your Zip code.

- You are responsible for any amount above the dental coverage limit.
- Any amount unused at the end of the year will expire.
- Your benefit can be used for most dental treatments such as:
- Preventive dental services, such as exams, routine cleanings, etc.
- Basic dental services, such as fillings, extractions, etc.
- Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc.
- Note: The allowance cannot be used on cosmetic services and implants.

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.



WHAT YOU PAY ON THIS CAREPLUS PLAN

VISION SERVICES

Eyewear (post cataract surgery) **\$0** copay

Medicare-covered diabetic eye exam **\$0** copay

Medicare-covered vision services **\$0** copay

Mandatory supplemental vision benefit

The provider locator for routine vision can be found at **CarePlusHealthPlans.com/Doctor** > Medical > Enter Zip Code > Type Optometrist in box under "Name, specialty, condition*" > Search.

VIS143

- **\$0** copay for refraction and dilation (if necessary) with routine exam up to 1 per year.
- **\$400** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames plus fitting; or, 3 pairs of select eyeglasses at no cost.
- May choose prescription sunglasses as 1 pair.
- Eyeglasses include ultraviolet protection, scratch resistant coating, standard no-line bifocals, and transition lenses.

MENTAL HEALTH SERVICES

Inpatient

Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital

\$0 copay per admit

Therapy visits

- Partial hospitalization **\$0** copay
- Specialist's office **\$0** copay

SKILLED NURSING FACILITY

Your plan covers up to 100 days in a SNF **\$0** copay per admit

PHYSICAL THERAPY

Comprehensive outpatient rehab facility **\$0** copay

Specialist's office **\$0** copay

AMBULANCE

- **Air** **\$0** or **20%** of the cost
- **Ground** **\$0** or **\$100** copay per trip

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.



WHAT YOU PAY ON THIS CAREPLUS PLAN

TRANSPORTATION

\$0 copay for plan approved location up to unlimited one-way trip(s) per year.
This benefit offers unlimited miles per trip.

The member *must* contact transportation vendor to arrange transportation.

MEDICARE PART B DRUGS

Allergy shots and serum

- Primary care physician's office **\$0** copay
- Specialist's office **\$0** copay

Chemotherapy drugs at a specialist's office **\$0** copay

Other Part B drugs

Some rebatable Part B drugs may be subject to a lower coinsurance.

You pay no more than \$35 for a one-month (up to 30-day) supply for all Part B insulin covered by our plan, and if your plan has a deductible it does not apply to Part B insulin.

- Pharmacy **\$0** copay
- Primary care physician's office **\$0** copay
- Specialist's office **\$0** copay

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

Prescription Drug Benefits

PLAN HIGHLIGHTS

\$0 Rx Copay Benefit

If you receive "Extra Help", you will pay **\$0** for all Medicare Part D covered prescription drugs on your formulary for the entire calendar year.

\$0 vaccines

\$0 copay for adult Part D covered vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)

If you do not receive "Extra Help" refer to Chapter 6 of the Evidence of Coverage for more details on the prescription drug benefit.

To find which pharmacies are available in your network, go to [CarePlusHealthPlans.com/PharmacyFinder](https://www.CarePlusHealthPlans.com/PharmacyFinder).

Some drugs are limited to a 30-day supply

Additional Benefits

WHAT YOU PAY ON THIS CAREPLUS PLAN

Chiropractic services (Medicare-covered)

\$0 copay

Podiatry services (Medicare-covered)

\$0 copay

Acupuncture services (Medicare-covered)

\$0 copay for acupuncture for chronic low back pain visits up to 20 visit(s) per year.

MEDICAL EQUIPMENT/SUPPLIES

Diabetic monitoring supplies

- Diabetic supplier **\$0** copay
- Network retail pharmacy **\$0** copay

Durable medical equipment (DME) and related supplies

\$0 copay

Medical Supplies at medical supplier

\$0 copay

Prosthetic devices and related supplies

\$0 copay

REHABILITATION SERVICES

Cardiac rehabilitation services at a specialist's office

\$0 copay

Occupational therapy

- Comprehensive outpatient rehab facility **\$0** copay
- Specialist's office **\$0** copay

Physical therapy

- Comprehensive outpatient rehab facility **\$0** copay
- Specialist's office **\$0** copay

WHAT YOU PAY ON THIS CAREPLUS PLAN

| | |
|---|------------------|
| Pulmonary rehabilitation services at a specialist's office | \$0 copay |
| Speech therapy | |
| • Comprehensive outpatient rehab facility | \$0 copay |
| • Specialist's office | \$0 copay |
| Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD) at a specialist's office | \$0 copay |
| TELEHEALTH SERVICES (in addition to Original Medicare) | |
| Primary care physician's office | \$0 copay |
| Specialist's office | \$0 copay |
| Substance abuse or behavioral health services | \$0 copay |
| Urgent care services | \$0 copay |


Medicaid Benefit Comparison

The benefits described in the Covered Medical and Hospital Benefits sections above are covered by CareNeeds Plus (HMO D-SNP). Below is a comparison of benefits that some Medicaid eligible individuals could receive directly from the Florida Medicaid. For each benefit listed below, you can see what the Florida Medicaid covers and what our plan covers. All Medicaid benefits are subject to Medicaid eligibility guidelines and requirements and are available only to full dual eligible individuals. If you have questions about your Medicaid eligibility and what benefits you are entitled to, review your member handbook or contact the Florida Medicaid at 1-888-419-3456 (toll free) 1-800-955-8771 (TTY).

| BENEFIT | MEDICAID BENEFIT | OUR PLAN BENEFIT |
|---|-------------------------|-------------------------|
| Inpatient hospital care | Covered | Covered |
| Ambulance | Covered | Covered |
| Ambulatory surgical center | Covered | Covered |
| Dentures | Covered | Covered |
| Diagnostic services, labs, and imaging | Covered | Covered |
| Doctor office visits | Covered | Covered |
| Emergency care | Covered | Covered |
| Eyeglasses | Covered | Covered |
| Hearing aids | Covered | Covered |
| Home and community based waiver service programs | Covered | Not Covered |

| BENEFIT | MEDICAID BENEFIT | OUR PLAN BENEFIT |
|--|-------------------------|--------------------------|
| Inpatient hospital, nursing facility and intermediate care facility services in institutions for mental diseases (MD), age 65 and older | Covered | Covered with limitations |
| Inpatient psychiatric services, under age 21 | Covered | Covered with limitations |
| Intermediate care facilities for individuals with intellectual disabilities (ICFs-IID) | Covered | Not Covered |
| Mental health services | Covered | Covered |
| Nursing facility services, other than in an institution for mental diseases | Covered | Covered with limitations |
| Outpatient hospital coverage | Covered | Covered |
| Physical, occupational, speech therapy | Covered | Covered |
| Medicare Part B drugs | Covered | Covered |
| Preventive care | Covered | Covered |
| Transportation | Covered | Covered |
| Skilled nursing facility | Covered | Covered |
| Urgently needed services | Covered | Covered |



More benefits with **your plan**

Enjoy some of these extra benefits included in your plan.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of coverage and services. Visit [CarePlusHealthPlans.com/Plans](https://www.CarePlusHealthPlans.com/Plans) to view a copy of the EOC or call **1-800-794-4105**.

Flex Allowance

\$250 annual allowance on a prepaid card to use for out-of-pocket expenses, including copays related to the current plan year covered dental, vision and hearing services.

Any unused amount expires at the end of the plan year.

This allowance can be used at **in-network** dental, vision and hearing providers that accept Visa® payments and the provider's main business is dental care, vision services, or hearing services. Limitations and restrictions may apply.

See the **CarePlus Spending Account Card** section for more information. Allowance amount cannot be combined with other benefit allowances which may be on the card.

CareEssentials Allowance

\$150 monthly allowance on a prepaid card to use for essentials you need to support your health.

This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.).

Allowance amount cannot be combined with other allowances which may be on the Card.

Unused amount expires at the end of each month.

See the CarePlus Spending Account Card section for more information.

CarePlus Spending Account Card

The CarePlus Spending Account Card is what you use to spend allowances included in this plan. Please activate your card as soon as you receive it in the mail. Limitations and restrictions may apply.

Chiropractic services

\$0 copay for routine chiropractic visits up to 12 visit(s) per year.

Smoking cessation program

To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost to you. This is in addition to the two counseling attempts provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease.

Routine foot care

\$0 copay for routine podiatry visits up to unlimited visit(s) per year.

NationsMarket® Fresh, Prepared Meal Program

CarePlus' freshly made home delivered meal program for members following an inpatient stay in the hospital or nursing facility.

Rewards and Incentives

Members earn rewards by completing CMS defined preventive screenings and healthcare activities.

Members can choose gift cards to specific retailers for their rewards.

Wigs (related to chemotherapy treatment)

Up to an unlimited maximum benefit per year.

SilverSneakers® fitness program

Basic fitness center membership including in person and digital fitness classes.

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, ethnicity, marital status, religion, or language. 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: Grievances and Appeals Department.
 PO Box 277810, Miramar, FL 33027.
 If you need help filing a grievance, call Member Services at **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or 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.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-794-5907 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-794-5907 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-794-5907 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-794-5907 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-794-5907 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-794-5907 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-794-5907 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-794-5907 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-794-5907 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-794-5907 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على (برقياً: 1-800-794-5907). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-794-5907 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-794-5907 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-794-5907 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-794-5907 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



Find out **more**



You can see our plan's **provider and pharmacy directory** at our website at **CarePlusHealthPlans.com/Directories** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see our plan's **drug guide** at our website at **CarePlusHealthPlans.com/DrugList** or call us at the number listed at the beginning of this booklet and we will send you one.

To find out more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

CarePlus has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2026 based on a review of CarePlus' Model of Care.

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.

If you are cost-share protected by the Florida Medicaid, CareNeeds Plus (HMO D-SNP) providers aren't allowed to collect or bill you for services and items covered under Medicare Part A and Part B, including deductibles, coinsurance, and copayments – even when Medicaid payment is zero or a provider chooses to not submit to Medicaid. If a provider asks you to pay, that's against the law. You may however be responsible for a small Medicaid copayment.

If you are cost-share protected and you are billed or asked to pay the provider for deductibles, coinsurance, or copayments on covered Medicare Part A and Part B services tell your provider you are cost-share protected and can't be charged. If you have already made payment you have the right to a refund. If your provider will not stop billing, you can call us at 1-800-794-5907 or you can call Medicare at 1-800-Medicare (1-800-633-4227), (TTY 1-877-486-2048). CarePlus or Medicare can ask your provider to stop billing you and refund any payment you have made.

Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth. 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 **CarePlusHealthPlans.com/Doctor** to access our online, searchable directory. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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CareNeeds Plus (HMO D-SNP)
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Orlando & Tampa Area



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