CareNeeds PLUS (HMO D-SNP)
H1019-024

2020



# SUMMARY OF BENEFITS

**South Florida:**

**Miami-Dade**

CarePlus HEALTH PLANS

H1019_MKSB0242020_M

# 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; 8:00 a.m. to 8:00 p.m. From April 1 - September 30, we are open Monday - Friday; 8:00 a.m. to 8:00 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 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 **www.careplushealthplans.com/medicare-plans/2020** 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.

## Understanding Important Rules

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.

- ☐ 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. Only Qualified Medicare Beneficiaries (QMB+) receiving full Medicaid benefits and Specified Low-Income Medicare Beneficiaries (SLMB+) receiving full Medicaid benefits and other Full Benefit Dual Eligibles (FBDE) may enroll in CareNeeds PLUS (HMO D-SNP).

# 2020 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. **If you are eligible to join CareNeeds PLUS, you will not have to pay for any of the medical services listed in this brochure. Read on to see if you qualify.**
To see a complete list of services covered by this plan, please refer to the plan's Evidence of Coverage (EOC) on our website, www.careplushealthplans.com/medicare-plans/2020, or call us and we will send you a copy of the EOC. An EOC is automatically mailed to you after you enroll in our plan.

## Tips for comparing your Medicare choices

If you want 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 **www.medicare.gov**.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. You can view it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

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

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

You must access all plan-covered services through the CarePlus network of providers, including any services we 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.**

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

To join **CareNeeds PLUS (HMO D-SNP)**, you must be entitled to Medicare Part A and enrolled in Medicare Part B. You must also participate in Medicaid's Medicare Savings Program and receive Florida Medicaid covered services as either a Qualified Medicare Beneficiary (QMB+) or a Specified Low-Income Medicare Beneficiary (SLMB+), or otherwise qualify as a Full Benefit Dual Eligible (FBDE).

You must also live in our service area, which includes the following county in Florida: Miami-Dade.

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

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: www.careplushealthplans.com/directories.

You can also call us and we will send you a copy of the provider/pharmacy directory.

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

## 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 Part D drugs 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 the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.careplushealthplans.com/medicare-plans/2020-prescription-drug-guides.

You can also call us and we will send you a copy of the formulary.

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 premium and costs for medical services as a member of **CareNeeds PLUS (HMO D-SNP)** is **$0**! That's right! If you are eligible to join this plan, traditional Medicaid pays your Part A and Part B premiums, deductibles and other costs for Original Medicare. When you enroll in this plan, we pay the costs of your covered medical services, as long as you use providers who are part of our network.

Your plan premium and costs for Medicare Part D prescription drugs is based on the level of "Extra Help"/Low Income Subsidy (LIS) you get from Medicare. Details on what you pay for covered drugs is in the "Part D Prescription Drugs" section of this booklet.

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**, or call us at one of the phone numbers listed below.

| **If you are a member** of this plan, reach out to a Member Services representative by calling toll-free **1-800-794-5907** (TTY: **711**). | **If you are not a member** of this plan, reach out to a licensed sales agent by calling toll-free **1-800-794-4105** (TTY: **711**). |
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From October 1 - March 31, we are open 7 days a week; 8:00 a.m. to 8:00 p.m.

From April 1 - September 30, we are open Monday - Friday; 8:00 a.m. to 8:00 p.m.

You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day.

## CareNeeds PLUS (HMO D-SNP) H1019-024

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

**Monthly Plan Premium**

- **$0**
- The plan premium is fully funded by Medicare's "Extra Help" program for anyone who qualifies to join this plan.

**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

The benefit chart below shows a summary of the benefits you will receive as a member of CareNeeds PLUS (HMO D-SNP) (left column) compared to what you may currently receive from 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. For each benefit listed below, you can see what you pay as a member of our plan compared to traditional Florida Medicaid coverage and charges. What you pay for covered services is based on your level of Medicaid eligibility.

| CareNeeds PLUS (HMO D-SNP) | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
|---|---|
| **Inpatient Hospital Care** | |
| • **$0** copay<br>• Our plan covers an **unlimited** number of days for an inpatient hospital stay. | • **$0** copay<br>• Limited to 45 days per Florida Medicaid's fiscal year (July 1 - June 30) for adults age 21 and older. |
| **Outpatient Hospital Care** | |
| • **$0** copay | • For Medicaid-covered services, see "Diagnostic Services", "Mental Health Care", "Outpatient Surgery", "Physical Therapy" and "Rehabilitation Services." |
| **Doctor Visits** | |
| • **$0** copay for primary care physician (PCP) visits.<br>• 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.<br>• **$0** copay for specialist visits. | • **$2** copay for physician, nurse practitioner, registered physical therapist, and physician assistant services, per provider, per day, unless the recipient is exempt. |

| CareNeeds PLUS (HMO D-SNP) H1019-024 | |
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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Preventive Care** | |
| • **$0** copay<br>• Our plan covers many preventive services, including:<br>– Abdominal aortic aneurysm screening<br>– Alcohol misuse screening and counseling<br>– Annual Wellness Visit (AWV)<br>– Bone mass measurement<br>– Breast cancer screening (mammogram)<br>– Cardiovascular disease risk reduction visit<br>– Cardiovascular disease screening<br>– Cervical and vaginal cancer screenings (pap tests, pelvic exams, HPV tests)<br>– Colorectal cancer screening (i.e. colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br>– Depression screening<br>– Diabetes screening<br>– Diabetes self-management training<br>– Glaucoma screening<br>– Hepatitis B virus (HBV) screening<br>– Hepatitis C virus (HCV) screening<br>– HIV screening<br>– Lung cancer screening<br>– Medical nutrition therapy services<br>– Medicare Diabetes Prevention Program (MDPP)<br>– Obesity screening and therapy<br>– Prostate cancer screening<br>– Routine physical exam<br>– Screening for sexually transmitted infections (STIs) and counseling<br>– Tobacco use cessation counseling<br>– Vaccines including Influenza (Flu), Hepatitis B Virus (HBV), Pneumococcal<br>– "Welcome to Medicare" preventive visit (one-time)<br>• Any additional preventive services approved by Medicare during the contract year will be covered. | • Preventive services are not covered under traditional Florida Medicaid. |

| CareNeeds PLUS (HMO D-SNP) H1019-024 | |
|---|---|
| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Emergency Care** | |
| • **$0** copay<br>• Emergency coverage is the same world-wide. 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.<br>• 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**. |
| **Urgently Needed Services** | |
| • **$0** copay<br>• Coverage for urgently needed services is the same world-wide. 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. | • For Medicaid-covered services, see "Emergency Care". |
| **Diagnostic Services** | |
| • **$0** copay for:<br>– Diagnostic procedures and tests<br>– Basic radiology (X-ray) services<br>– Diagnostic radiology services (includes advanced imaging services such as MRI, MRA and CT Scans)<br>– Therapeutic radiology (radiation therapy) services<br>– Lab services<br>– Diagnostic mammography services<br>– Diagnostic colonoscopy services<br>– Nuclear medicine services | • **$1** copay for independent laboratory services.<br>• **$1** copay for portable x-ray services per day.<br>• **$3** copay for diagnostic and therapeutic procedures received in an outpatient facility.<br>• Limited to one service, per provider, per day.<br>• Outpatient hospital services are limited to **$1,500** per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply. |
| **Ambulatory Surgery Center** | |
| • **$0** copay | • **$0** copay |
| **Hearing Services** | |
| • **$0** copay for an exam to diagnose and treat hearing and balance issues.<br>• **$0** copay for routine hearing exam (for up to **1** every year).<br>• **$0** copay for hearing aid fitting/evaluation (for up to **1** every year).<br>• Our plan covers up to **$1,000** per ear, every year for hearing aids.<br>• **1** month battery supply and **1**-year warranty included.<br>Medicaid benefits that are provided by the plan:<br>• **$0** copay for medically necessary hearing aids, 1 per ear every 3 years.<br>• Cochlear implant services limited to one in either ear, but not both (covered as prosthetic device).<br>• Limited hearing aid repairs and accessories after factory warranty expires. | • **$0** copay<br>• 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.<br>• Diagnostic audiological testing when medically necessary.<br>• Cochlear implants are limited to one in either ear, but not both and must be prior authorized.<br>• Medicaid does not reimburse for hearing aid repairs until after the manufacturer's warranty has expired.<br>• Medicaid does not reimburse for routine maintenance, batteries, cord or wire replacement, or cleaning. |

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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Dental Services** | |
| • **$0** copay for limited Medicare-covered dental services. Excludes preventive, restoration, removal and replacement services.<br>• **$0** copay for the following supplemental dental services:<br>– Periodic oral evaluations, up to **2** per calendar year<br>– Comprehensive oral evaluation, up to **1** every **3** calendar years<br>– Prophylaxis cleanings, up to **2** per calendar year<br>– Bitewing X-rays, up to **2** sets per calendar year<br>– Panoramic X-ray film, up to **1** per calendar year<br>– Amalgam and/or composite filling(s), up to **4** per calendar year<br>– Scaling and root planing (deep cleaning), up to **1** per quadrant per calendar year<br>– Simple or surgical extractions, up to **6** per calendar year<br>– Complete or partial dentures (upper and/or lower), up to **1** set every **5** calendar years<br>– Denture reline, up to **1** per calendar year<br>– Crowns, up to **2** per calendar year<br>– Root canal, up to **1** per calendar year<br>– Anesthesia<br>• Total periodic and comprehensive oral evaluations limited to **2** per calendar year.<br>Medicaid benefits that are provided by the plan:<br>• **$0** copay for emergency dental procedures to alleviate pain or infection, including necessary radiographs to make a diagnosis.<br>• **$0** copay for medically necessary dentures, complete set of full or removable partial dentures or one upper or one lower denture.<br>• **$0** copay for procedures essential to prepare the mouth for dentures. | • **$0** copay for limited adult dental services including:<br>– Comprehensive oral evaluation to determine need for dentures or problem focused services (**1** every **3** years).<br>– Limited medically necessary evaluations.<br>– Complete set of intraoral X-rays (**1** every **3** years).<br>– Panoramic X-ray film (**1** every **3** years).<br>– Complete set of full or removable partial dentures or one upper or one lower denture.<br>– Procedures essential to prepare the mouth for dentures.<br>– Denture reline (**1** per denture per year).<br>– Emergency dental services to alleviate pain and/or infection.<br>– **$3** copay for dental services provided in a Federally Qualified Health Clinic. |

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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Vision Services** | |
| • **$0** copay for eye exams to diagnose and treat diseases and conditions of the eye.<br>• **$0** copay for diabetic eye exam.<br>• **$0** copay for **1** pair of eyeglasses (frames and lenses) or contact lenses after cataract surgery.<br>• Supplemental vision services:<br>– **$0** copay for supplemental routine eye exams with refraction, up to **1** per calendar year.<br>– Our plan also pays up to **$400** per calendar year for contact lenses or eyeglasses (frames and lenses) of your choice; OR, you may choose **3** pairs of eyeglasses from a pre-determined selection, at no cost.<br>– Ultraviolet protection and scratch resistant coating included on eyeglasses.<br>– No charge for eyeglass fitting.<br>– You are responsible for any eyewear costs above the yearly allowance amount or the costs of any upgrades when a free pair is selected. | • **$2** copay for optometric services in an optometry office/facility, per provider, per day, unless the recipient is exempt.<br>• Only one visit per optometrist or optometrist group, per recipient, per day, except for emergency services.<br>• 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.<br>• Contact lenses may be covered when eyeglasses would not benefit visual impairment.<br>• 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. |
| **Mental Health Care** | |
| • **Inpatient visit - general hospital:**<br>– **$0** copay<br>– Our plan covers up to 90 days per stay in a general hospital.<br>– 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.<br>• **Inpatient visit - psychiatric facility:**<br>– **$0** copay<br>– Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.<br>• **Outpatient visit:**<br>– **$0** copay for outpatient group and individual therapy visits.<br>– **$0** copay for partial hospitalization.<br>– Includes outpatient treatment for mental illness and/or substance abuse. | • **Inpatient visit**<br>– **$0** copay<br>– Limited to 45 days per Florida Medicaid's fiscal year (July 1 - June 30) for adults age 21 and older.<br>• **Outpatient visit**<br>– **$2** 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. |

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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Skilled Nursing Facility (SNF) Care** | |
| • **$0** copay<br>• No prior hospital stay is required.<br>• 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. | • **$0** copay |
| **Physical Therapy** | |
| • **$0** copay | • **$0** copay<br>• Various limitations and exclusions apply based on the service received.<br>• Outpatient hospital services are limited to **$1,500** per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply. |
| **Ambulance Services** | |
| • **$0** copay | • **$0** copay for Medicaid-approved emergency ambulance transportation.<br>• **$1** copay per one-way trip for scheduled non-emergency ambulance transportation, unless recipient is exempt.<br>• Prior authorization is required for scheduled trips. |
| **Routine Transportation** | |
| • **$0** copay for **unlimited** one-way trips per calendar year.<br>• Transportation provided by contracted vendor to plan-approved locations. | • **$1** 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. |
| **Medicare Part B Drugs** | |
| • **$0** copay for Part B drugs.<br>• **$0** copay for chemotherapy drugs.<br>• **$0** copay for allergy injections provided in a physician's office. | • For those who qualify, Medicaid provides cost-sharing assistance for Medicare Part B drugs. |

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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **PART D PRESCRIPTION DRUG BENEFITS** | |
| • This plan uses a formulary. Quantity limitations and other drug restrictions/authorizations may apply.<br>• The plan groups medications into one of five tiers.<br>– Tier 1: Preferred Generic<br>– Tier 2: Generic<br>– Tier 3: Preferred Brand<br>– Tier 4: Non-Preferred Drug<br>– Tier 5: Specialty Tier<br>• CarePlus offers a nationwide network of pharmacies.<br>• 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.<br>• 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 phase of the Part D benefit you are in, and if you qualify for "Extra Help."<br>• 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.<br>• Total yearly drug costs are the total drug costs paid by both you and the plan.<br>• For more information on prescription drug benefit cost-sharing and phases, please call us or access our Evidence of Coverage online at www.careplushealthplans.com/medicare-plans/2020.<br>• 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: www.careplushealthplans.com/medicare-plan/2020-prescription-drug-guides.<br>• **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. |

| CareNeeds PLUS (HMO D-SNP) H1019-024 | |
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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Deductible**<br>• **$0** annual Part D deductible<br>• Because of the level of "Extra Help" you get for your prescription drug expenses, you do not have to pay an annual deductible. | |
| **Initial Coverage**<br>• You pay the following until your total out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach **$6,350**. The level of "Extra Help" you get, the drug type and on which drug tier it is listed, determines what you pay.<br>– For generic drugs (including brand drugs treated as generic), either:<br>• **$0** copay; or<br>• **$1.30** copay; or<br>• **$3.60** copay<br>– For all other drugs, either:<br>• **$3.90** copay; or<br>• **$8.95** copay<br>• You pay **$0** for all Tier 1 and Tier 2 drugs from any network retail pharmacy or network mail-order pharmacy. | |
| **Catastrophic Coverage**<br>• **$0** copay<br>• After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$6,350**, you pay nothing for covered Part D drugs. | |
| **Excluded Part D Drugs Covered by Our Plan**<br>• This plan covers certain erectile dysfunction drugs.<br>• Your cost for these drugs is the same as your cost for Tier 1 drugs during the Initial Coverage Phase, regardless of the drug phase you are in when your prescription is filled.<br>• **$0** copay for traditional Florida Medicaid-covered drugs.<br>• Refer to this plan's Evidence of Coverage for specific coverage information including costs.<br>• These drugs are covered at an in-network retail or mail-order pharmacy and do not apply towards your total annual drug cost. | • **$0** copay for Medicaid-covered prescription drugs not covered by a Medicare prescription drug plan. |

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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **ADDITIONAL COVERED MEDICAL BENEFITS** | |
| **Outpatient Surgery** | |
| • **$0** copay | • **$3** copay for all outpatient surgical procedures.<br>• Some restrictions/limitations apply. |
| **Other Rehabilitation Services** | |
| • **$0** copay for occupational therapy (daily living activities), speech and language therapy.<br>• **$0** copay for cardiac (heart) and pulmonary (lungs) rehabilitation services.<br>– Cardiac rehab services include a maximum of 2 one-hour sessions per day for a maximum of 36 sessions within 36 weeks.<br>• **$0** copay for Supervised Exercise Therapy (SET) services. | • **$0-$3** copay for cardiac, pulmonary, respiratory, occupational, and speech and language therapy.<br>• Various limitations and exclusions apply based on the service received.<br>• Outpatient hospital services are limited to **$1,500** per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply. |
| **Foot Care *(Podiatry Services)*** | |
| • **$0** copay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.<br>• **$0** copay for routine foot care.<br>• You may self-refer to a network podiatrist for **unlimited** 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. | • **$2-$3** copay per provider, per day, depending on the place of service.<br>• Limited to 24 visits per calendar year. |
| **Medical Equipment/Supplies** | |
| • **$0** copay<br>• Includes durable medical equipment (powered wheelchairs and scooters, insulin pumps, oxygen generators, etc.), prosthetic devices, therapeutic shoes and inserts, and diabetic monitoring supplies. | • **$0** copay for Medicaid-approved durable medical equipment and other medical supplies.<br>• Various limitations and exclusions apply.<br>• Prior authorization may be required. |
| **Telehealth Services** | |
| • **$0** copay for primary care physician virtual visit.<br>• **$0** copay for behavioral health and substance abuse virtual visit.<br>• **$0** copay for urgent care virtual visit.<br>• This benefit 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 www.careplushealthplans.com/physician-finder to access our online, searchable directory. | • Telemedicine provided by certain medical and dental providers. Costs for service are the same as for in-person service. |

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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Wellness Programs** | |
| • **Deliver Fresh Meals Program:**<br>– **$0** copay<br>– Once you are released to go home from an overnight stay in the hospital or skilled nursing facility, you're eligible for up to **10** freshly prepared nutritious meals delivered to your door at no cost to you. Limited to 4 times per year. | • Traditional Florida Medicaid does not cover meal programs. |
| • **SilverSneakers® Fitness Program:**<br>– **$0** copay<br>– The fitness program includes access to 16,000+ participating locations and signature group exercise classes led by certified instructors. At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound. | • Traditional Florida Medicaid does not cover fitness programs. |
| • **Over-the-Counter (OTC) Items:**<br>– You are eligible to receive a **$400** quarterly allowance 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.<br>– Please visit our plan website to see our list of covered OTC items.<br>Medicaid benefits that are provided by the plan:<br>– No cost for select traditional Florida Medicaid-covered OTC items, when you use the plan's participating mail order service. | • **$0** copay for certain OTC items |
| • **CarePlus Rewards:**<br>– CarePlus Rewards offers members a gift card of their choice from participating retailers for completing preventive screenings and certain other healthcare activities. Some limitations and exclusions apply.<br>– In accordance with the federal requirements of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be redeemable for cash or be used to purchase Medicare-covered items or services. All rewards (gift cards) must be earned and redeemed prior to the end of the plan year. Rewards not redeemed by 12/31 will be forfeited. | • Traditional Florida Medicaid does not cover rewards programs. |
| • **Smoking and Tobacco Use Cessation Program:**<br>– **$0** copay for up to **4** additional sessions of smoking and tobacco cessation counseling per year. | • Traditional Florida Medicaid does not provide smoking and tobacco use cessation programs. |

| CareNeeds PLUS (HMO D-SNP) H1019-024 | |
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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Acupuncture** | |
| • **$0** copay for up to **25** visits every year. | • Traditional Florida Medicaid does not cover acupuncture. |
| **Chiropractic Care** | |
| • **$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).<br>• **$0** copay for up to **12** self-referred, routine visits to a network chiropractor every year. | • **$1** copay for chiropractic services, per provider, per day, unless the recipient is exempt.<br>• Established patients are limited to 24 medically necessary visits during a calendar year or one new patient visit and 23 established patient visits.<br>• Does not reimburse for massage or heat treatments. |
| **Enhanced Nutrition Therapy** | |
| • **$0** copay for up to **4** one-hour sessions of medical nutrition counseling per calendar year. Visits provided under Medicare-covered preventive care services for members with End-Stage Renal Disease (ESRD) or Diabetes count toward total plan-covered visits. | • Traditional Florida Medicaid does not cover enhanced nutrition therapy. |
| **Home Health Care** | |
| • **$0** copay for limited skilled nursing care and certain other health services you get in your home for the treatment of an illness or injury.<br>• Number of covered visits is based on medical need as determined by your physician and authorized by the plan. | • **$2** copay for 3 home health visits.<br>• All visits require prior authorization. |
| **Hospice Care** | |
| • **$0** copay for hospice care when you enroll in a Medicare-certified hospice program.<br>• 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. | • **$0** copay<br>• 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. |
| **Personal Home Care** | |
| • **$0** copay for certain in-home support services provided by a qualified aide to assist individuals with disabilities and/or medical conditions in performing activities of daily living such as bathing, toileting, walking, eating, and preparing meals. Visits scheduled for a minimum of 3 hours per day. Benefit limited to a maximum of 42 hours per year. | • Traditional Florida Medicaid does not cover personal care services (respite) unless you qualify for Long-Term Services and Supports (LTSS). |
| **Renal Dialysis** | |
| • **$0** copay | • **$0** copay |

| CareNeeds PLUS (HMO D-SNP) H1019-024 | |
|---|---|
| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Wigs (related to chemotherapy treatment)** | |
| • **$0** copay<br>• 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 provider(s). | • Traditional Florida Medicaid does not cover wigs related to chemotherapy treatment. |
| **OTHER MEDICAID-COVERED SERVICES** | |
| **Assistive Care Services** | |
| • **$0** copay for Assistive Care Services as provided under traditional Florida Medicaid. | • **$0** copay<br>• 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.<br>• Services include:<br>– Assistance with activities of daily living (eating, bathing, walking, etc.)<br>– Assistance with instrumental activities of daily living (shopping, making phone calls, etc.)<br>– Assistance with self-administered medications<br>– Health support |
| **Medical Massage Therapy** | |
| • **$0** copay for Medical Massage Therapy services for AIDS patients as provided under traditional Florida Medicaid. | • **$0** copay<br>• Medical massage therapy services for adults diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection.<br>• Treatment for peripheral neuropathy or severe neuromuscular pain and lymphedema.<br>• Up to 8, 15-minute sessions per month or as medically necessary. |
| **Mental Health Targeted Case Management Services** | |
| • **$0** copay for Mental Health Targeted Case Management as provided under traditional Florida Medicaid. | • **$0** copay<br>• 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.<br>• 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. |

| CareNeeds PLUS (HMO D-SNP) H1019-024 | |
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| **CareNeeds PLUS (HMO D-SNP)** | **Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different) |
| **Nursing Facility Transitional Days** | |
| • **$0** copay for Nursing Facility Transitional Days as provided under traditional Florida Medicaid. | • 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. |
| **Federally Qualified Health Centers, Rural Health Clinics and Clinic Services** | |
| • **$0** copay | • **$3** copay per clinic, per day, unless the recipient is exempt. |
| **Specialized Medical Equipment and Supplies (incontinence supplies)** | |
| • **$0** copay for incontinence related supplies as provided under traditional Florida Medicaid. | • **$0** copay<br>• 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.<br>• Limited to $250 allowance per month |
| **Inpatient Long-Term Care Services** | |
| **Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older** | |
| • Not covered under CareNeeds PLUS. | • **$0** copay |
| **Intermediate Care Facility Services for Individuals with Intellectual Disabilities** | |
| • Not covered under CareNeeds PLUS. | • **$0** copay |
| **Nursing Facility Services, other than in an Institution for Mental Diseases** | |
| • Not covered under CareNeeds PLUS. | • **$0** copay |
| **Home and Community-Based Waiver Services** | |
| 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 1-888-419-3456. | |

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 7/1/2019. 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.

CarePlus is an HMO 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.

# 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 identity, 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 1 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):** નઃશૂલ્ક ભાષા સહાય સેવાઓ પ્રરાપ્ત કરવા માટે ઉપરોક્ત નંબર પર કૉલ કરો.
**ภาษาไทย (Thai):** โทรไปยังหมายเลขที่ระบุข้างต้นเพื่อรับบริการช่วยเหลือด้านภาษาฟรี.
**Diné Bizaad (Navajo):** Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.
**العربية (Arabic):**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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