

CareNeeds (HMO D-SNP)
H1019-077

2020



SUMMARY OF BENEFITS

Orlando Area:
Lake, Marion, Orange,
Osceola, Seminole, Sumter

CarePlus
HEALTH PLANS

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

- ☐ 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.
- ☐ 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), Specified Low-Income Medicare Beneficiaries (SLMB), Qualifying Individuals (QI), and Qualified Disabled and Working Individuals (QDWI) may enroll in CareNeeds (HMO D-SNP).

2020 Summary of Benefits



This Summary of Benefits booklet gives you a summary of what **CareNeeds (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.**

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**.



Who can join CareNeeds (HMO D-SNP)?

To join **CareNeeds (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and receiving certain levels of financial assistance from Florida Medicaid, as either a Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual (QI) or Qualified Disabled and Working Individual (QDWI).

You must also live in our service area, which includes the following counties in Florida: Lake, Marion, Orange, Osceola, 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 (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.

If you use the 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: www.careplushealthplans.com/directories.

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





What does this plan cover?

CareNeeds (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.



Cost-sharing with this plan

Your costs with this plan (premiums, copayments, coinsurance, and deductibles) will vary based on your level of Medicaid eligibility and the assistance you receive from Medicaid as well as 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.

Refer to the “Part D Prescription Drugs” section in this booklet for details on what you pay for covered drugs.



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)**.

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.

MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUM OUT-OF-POCKET LIMIT**Monthly Plan Premium**

- **\$0** or up to **\$15.70**
- Your premium depends on the amount of “Extra Help” you get.
- You must continue to pay your Medicare Part B premium. The Part B premium may be covered through your State 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 cost you pay 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 from CareNeeds (HMO D-SNP). What you pay for covered services may depend on your level of Medicaid eligibility.

If you are eligible for cost-share protection through the state Medicaid program, 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.

Inpatient Hospital Care

- **\$0** copay per admission for QMB members.
- For all other members:
 - **\$10** copay per day for days **1** through **5**
 - **\$0** copay per day for days **6** through **90**
 - **\$0** copay per day for days **91** and beyond
- Our plan covers an **unlimited** number of days for an inpatient hospital stay.
- 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.
- **For duals protected by the state Medicaid program from cost-sharing, Medicaid pays coinsurance, copayments, and deductibles for covered services.**

Outpatient Hospital Care

- **\$0** copay

Doctor Visits

- **\$0** copay for primary care physician (PCP) visits.
 - 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.
- **\$0** copay for specialist visits.

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
 - “Welcome to Medicare” preventive visit (one-time)
- Any additional preventive services approved by Medicare during the contract year will be covered.

Emergency Care

- **\$0** copay for QMB members
- For all other members:
 - **\$120** copay for facility
 - **\$0** copay for physician and professional services
- 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.
- You do not pay the emergency care copay if you're admitted to the same hospital within 24 hours for the same condition.
- **For duals protected by the state Medicaid program from cost-sharing, Medicaid pays coinsurance, copayments, and deductibles for covered services.**

Urgently Needed Services

- **\$0** copay
- 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.

Diagnostic Services

- **\$0** copay for:
 - Diagnostic procedures and tests
 - Basic radiology (X-ray) services
 - Diagnostic radiology services (includes advanced imaging services such as MRI, MRA and CT Scans)
 - Therapeutic radiology (radiation therapy) services
 - Lab services
 - Diagnostic mammography services
 - Diagnostic colonoscopy services
 - Nuclear medicine services

Ambulatory Surgery Center

- **\$0** copay

Hearing Services

- **\$0** copay for an exam to diagnose and treat hearing and balance issues.
- **\$0** copay for routine hearing exam (for up to **1** every year).
- **\$0** copay for hearing aid fitting/evaluation (for up to **1** every year).
- Our plan covers up to **\$1,000** per ear, every year for hearing aids.
- **1** month battery supply and **1** year warranty included.

Dental Services

- **\$0** copay for limited Medicare-covered dental services. Excludes preventive, restoration, removal and replacement services.
- **\$0** copay for the following supplemental dental services:
 - Periodic oral evaluations, up to **2** per calendar year
 - Comprehensive oral evaluation, up to **1** every **3** calendar years
 - Prophylaxis cleanings, up to **2** per calendar year
 - Bitewing X-rays, up to **2** sets per calendar year
 - Panoramic X-ray film, up to **1** per calendar year
 - Amalgam and/or composite filling(s), up to **4** per calendar year
 - Scaling and root planing (deep cleaning), up to **1** per quadrant per calendar year
 - Simple or surgical extractions, up to **6** per calendar year
 - Complete or partial dentures (upper and/or lower), up to **1** set every **5** calendar years
 - Denture reline, up to **1** per calendar year
 - Crowns, up to **2** per calendar year
 - Root canal, up to **1** per calendar year
 - Anesthesia
- Total periodic and comprehensive oral evaluations limited to **2** per calendar year.

Vision Services

- **\$0** copay for eye exams to diagnose and treat diseases and conditions of the eye.
- **\$0** copay for diabetic eye exam.
- **\$0** copay for **1** pair of eyeglasses (frames and lenses) or contact lenses after cataract surgery.
- Supplemental vision services:
 - **\$0** copay for supplemental routine eye exams with refraction, up to **1** per calendar year.
 - 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.
 - Ultraviolet protection and scratch resistant coating included on eyeglasses.
 - No charge for eyeglass fitting.
 - You are responsible for any eyewear costs above the yearly allowance amount or the costs of any upgrades when a free pair is selected.

Mental Health Care

- **Inpatient visit - general hospital:**
 - \$0 copay per admission for QMB members.
 - For all other members:
 - \$10 copay per day for days 1 through 5.
 - \$0 copay per day for days 6 through 90.
 - Our plan covers up to 90 days per stay in a general hospital.
 - 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.
- **Inpatient visit - psychiatric facility:**
 - \$0 copay per admission for QMB members.
 - For all other members:
 - \$10 copay per day for days 1 through 5.
 - \$0 copay per day for days 6 through 90.
 - Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.
- **Outpatient visit:**
 - \$0 copay for outpatient group and individual therapy visits.
 - \$0 copay for partial hospitalization.
 - Includes outpatient treatment for mental illness and/or substance abuse.
- **For duals protected by the state Medicaid program from cost-sharing, Medicaid pays coinsurance, copayments, and deductibles for covered services.**

Skilled Nursing Facility (SNF) Care

- \$0 copay for QMB members.
- For all other members:
 - \$0 copay per day for days 1 through 20.
 - \$155 copay per day for days 21 through 100.
- No prior hospital stay is required.
- Our plan covers up to 100 days in a SNF per benefit period.
- 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.
- **For duals protected by the state Medicaid program from cost-sharing, Medicaid pays coinsurance, copayments, and deductibles for covered services.**

Physical Therapy

- \$0 copay per visit.

Ambulance Services

- \$0 copay for QMB members for any ambulance service.
- For all other members:
 - \$200 copay per trip for emergency ambulance services by ground transportation.
 - \$0 copay per trip for medically necessary non-emergency ambulance services by ground transportation.
 - **For duals protected by the state Medicaid program from cost-sharing, Medicaid pays coinsurance, copayments, and deductibles for covered services.**

Routine Transportation

- **\$0** copay for **unlimited** one-way trips per calendar year.
- Transportation provided by contracted vendor to plan-approved locations.

Medicare Part B Drugs

- **\$0** copay for Part B drugs.
- **\$0** copay for chemotherapy drugs.
- **\$0** copay for allergy injections provided in a physician's office.

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 phase of the Part D benefit you are in, and if you qualify for "Extra Help."
- 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 phases, please call us or access our Evidence of Coverage online at www.careplushealthplans.com/medicare-plans/2020.
- 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.
- **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.**

Deductible

- **\$0** or **\$89** annual Part D deductible depending on your level of assistance. Does not apply to Tier 1 drugs.
- Because you qualify for "Extra Help" with your prescription drug expenses, you will not have to pay an annual deductible, or may pay a reduced amount.
- If you have a deductible, you must pay the full cost of your prescription drugs for Tiers 2, 3, 4 and 5 until you meet the deductible amount.
- **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.**

Initial Coverage

- If you are required to pay an annual deductible, after you pay your annual deductible for Tier 2, Tier 3, Tier 4 and Tier 5 drugs, and depending on your level of “Extra Help”, 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**.
 - For generic drugs (including brand drugs treated as generic), either:
 - **\$0** copay; or
 - **\$3.60** copay; or
 - **15%** coinsurance
 - For all other drugs, either:
 - **\$8.95** copay; or
 - **15%** coinsurance
- You pay **\$0** for all Tier 1 drugs at a preferred cost-sharing retail or preferred cost-sharing mail-order pharmacy.

Catastrophic Coverage

- After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$6,350**, and depending on your level of extra help and the tier where your drug is listed, you pay:
 - **\$0** copay; or
 - **\$3.60** copay for generic drugs (including brand drugs treated as generic); or
 - **\$8.95** copay for all other drugs

Excluded Part D Drugs Covered by Our Plan

- This plan covers certain erectile dysfunction drugs.
- 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.
- Refer to this plan’s Evidence of Coverage for specific coverage information including costs.
- These drugs are covered at an in-network retail or mail-order pharmacy and do not apply towards your total annual drug cost.

ADDITIONAL COVERED MEDICAL BENEFITS**Outpatient Surgery**

- **\$0** copay

Other Rehabilitation Services

- **\$0** copay for occupational therapy (daily living activities), speech and language therapy.
- **\$0** copay for cardiac (heart) and pulmonary (lungs) rehabilitation services.
 - Cardiac rehab services include a maximum of 2 one-hour sessions per day for a maximum of 36 sessions within 36 weeks.
- **\$0** copay for Supervised Exercise Therapy (SET) services.

Foot Care (Podiatry Services)

- **\$0** copay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.
- **\$0** copay for routine foot care.
- 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.

Medical Equipment/Supplies

- **\$0** copay
- Includes durable medical equipment (powered wheelchairs and scooters, insulin pumps, oxygen generators, etc.), prosthetic devices, therapeutic shoes and inserts, and diabetic monitoring supplies.

Telehealth Services

- **\$0** copay for primary care physician virtual visit.
- **\$0** copay for behavioral health and substance abuse virtual visit.
- **\$0** copay for urgent care virtual visit.
- 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.

Wellness Programs

- **Deliver Fresh Meals Program:**
 - **\$0** copay
 - 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.
- **SilverSneakers® Fitness Program:**
 - **\$0** copay
 - 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.
- **Over-the-Counter (OTC) Items:**
 - You are eligible to receive a **\$100** monthly 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.
 - Please visit our plan website to see our list of covered OTC items.
- **CarePlus Rewards:**
 - 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.
 - 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.
- **Smoking and Tobacco Use Cessation Program:**
 - **\$0** copay for up to **4** additional sessions of smoking and tobacco cessation counseling per year.

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).
- **\$0** copay for up to **12** self-referred, routine visits to a network chiropractor every year.

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.

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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.
- Number of covered visits is based on medical need as determined by your physician and authorized by the plan.

Hospice Care

- **\$0** copay for hospice care when you enroll in a Medicare-certified hospice program.
- 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.

Renal Dialysis

- **\$0** copay

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 provider(s).

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): નિઃશુલ્ક ભાષા સહાય સેવાઓ પ્રાપ્ત કરવા માટે ઉપરોક્ત નંબર પર કોલ કરો.

ภาษาไทย (Thai): โทรไปยังหมายเลขที่ระบุข้างต้นเพื่อรับบริการช่วยเหลือด้านภาษาฟรี.

Diné Bizaad (Navajo): Wóda'í bee'esh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowól.

العربية (Arabic):

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



CarePlusHealthPlans.com

Our source for Medicaid information is the Florida Agency for Health Care Administration (Medicaid) website. 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 (HMO D-SNP) is sponsored by CarePlus Health Plans, Inc. and the State of Florida, Agency for Health Care Administration.