

# Summary of Benefits

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## **CareNeeds Platinum (HMO D-SNP)**

This is a Highly Integrated Dual Eligible (HIDE) Special Needs Plan.

South Florida

Broward, Miami-Dade, & Palm Beach Counties

Our service area includes the following county/counties in Florida: Broward, Miami-Dade, Palm Beach.

## 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

- 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 Florida Medicaid.
- Benefits, premiums and/or copays/coinsurance may change on January 1, 2026.
- 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 Platinum (HMO D-SNP)

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

CareNeeds Platinum (HMO D-SNP) is a Coordinated Care plan HMO with a Medicare contract and a contract with 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 within the service area listed in this document to act as your Primary Care Provider (PCP). CareNeeds Platinum (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

If you receive both Medicare and Medicaid benefits, this means you are dual eligible. To enroll in CareNeeds Platinum (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 Florida Medicaid.

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

Full Benefit Dual Eligible (FBDE): May help pay Medicare Part A and/or 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 Platinum (HMO D-SNP)

## More about CareNeeds Platinum (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 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 07/01/2024 and are subject to change. For the most current Florida Medicaid coverage information, please visit Florida Medicaid website at **<https://ahca.myflorida.com>** or call the Medicaid Hotline at 1-888-419-3456 (toll free) 1-800-955-8771 (TTY).



## **A healthy partnership**

Get more from this plan – with extra services and resources provided by CarePlus!



## Monthly Premium, Deductible and Limits

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



## Medical Benefits

### WHAT YOU PAY ON THIS CAREPLUS PLAN

#### INPATIENT HOSPITAL COVERAGE

This plan covers an unlimited number of days for an inpatient stay. **\$0** copay per admit

#### OUTPATIENT HOSPITAL COVERAGE

**Diagnostic colonoscopy** **\$0** copay

**Diagnostic mammography** **\$0** copay

**Surgery services** **\$0** copay

#### AMBULATORY SURGERY CENTER

**Diagnostic colonoscopy** **\$0** copay

**Surgery services** **\$0** copay

#### DOCTOR VISITS

##### Primary care provider (PCP)

- PCP's office **\$0** copay
- Telehealth **\$0** copay

##### Specialist

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

#### PREVENTIVE CARE

This plan covers all Medicare preventive services **\$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 this plan. This is called "preauthorization." To learn more about services that require a referral or preauthorization from the plan, contact your PCP, refer to the Evidence of Coverage (EOC) for this plan, or visit [CarePlusHealthPlans.com/PAL](http://CarePlusHealthPlans.com/PAL).



WHAT YOU PAY ON THIS CAREPLUS PLAN

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**
- **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**

**\$0** or **\$140** copay

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

**Physician and professional services at emergency room**

**\$0** copay

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## WHAT YOU PAY ON THIS CAREPLUS PLAN

### URGENTLY NEEDED SERVICES

- **Telehealth** \$0 copay
- **Urgent care center** \$0 copay

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

### DIAGNOSTIC SERVICES, LABS AND IMAGING

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

- Freestanding radiological facility \$0 copay
- Outpatient hospital \$0 copay
- PCP's office \$0 copay
- Specialist's office \$0 copay

#### Basic radiological services (X-rays)

- Freestanding radiological facility \$0 copay
- Outpatient hospital \$0 copay
- PCP's office \$0 copay
- Specialist's office \$0 copay
- Urgent care center \$0 copay

#### Diagnostic mammography

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

#### Diagnostic procedures and tests

- Outpatient hospital \$0 copay
- PCP's office \$0 copay
- Specialist's office \$0 copay
- Urgent care center \$0 copay

#### Lab services

- Freestanding laboratory \$0 copay
- Outpatient hospital \$0 copay
- PCP's office \$0 copay
- Specialist's office \$0 copay
- Urgent care center \$0 copay

#### Nuclear medicine and services

- Freestanding radiological facility \$0 copay
- Outpatient hospital \$0 copay

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## WHAT YOU PAY ON THIS CAREPLUS PLAN

### Sleep study

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

### Therapeutic radiology (Radiation therapy)

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

## HEARING SERVICES

### Medicare-covered hearing

**\$0** copay

### Mandatory supplemental hearing benefit

To find a routine hearing care provider or to check to see if your provider is in our network, go to **CarePlusHealthPlans.com/Doctor** > Medical > Enter Zip Code > Type Audiologist in box under "Name, specialty, condition\*" > Search

### HER845

- **\$0** copay for fitting/evaluation, routine hearing exams up to 1 per year.
- **\$1,000** maximum benefit coverage amount for each prescription hearing aids (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 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 by this benefit. The member may be responsible for the costs of these additional services and may be charged the dental provider's usual and customary fees, less any contracted

### DEN927

- **\$0** copay for comprehensive oral exam up to 1 every 3 years.
- **\$0** copay for partial or complete dentures up to 1 set(s) every 5 years.
- **\$0** copay for scaling and root planing (deep cleaning) up to 1 per quadrant per year.
- **\$0** copay for bitewing x-rays up to 1 set(s) per year.
- **\$0** copay for denture reline, panoramic film, root canal up to 1 per year.
- **\$0** copay for amalgam and/or composite filling, emergency diagnostic exam, periodic oral exam, prophylaxis (cleaning) up to 2 per year.
- **\$0** copay for simple or surgical extraction up to 3 per year.
- **\$0** copay for periodontal maintenance up to 4 per year.

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## WHAT YOU PAY ON THIS CAREPLUS PLAN

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/Dental** 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 (but any applicable coinsurance payment will still apply).

No out-of-network coverage on this plan.

To find a dentist or check to see if your dentist is in our network, go to

**CarePlusHealthPlans.com/Dental-Finder** > enter ZIP code > Select Search category > Type dentist name or specialty or select "all dental providers".

### 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**

To find a routine vision care provider or to check to see if your provider is in our network, go to

**CarePlusHealthPlans.com/Doctor** > Medical > enter Zip Code > Type Optometrist in box under "Name, specialty, condition\*" > Search.

- **\$0** copay for extractions for dentures, necessary anesthesia with covered service up to unlimited per year.
- Unlimited extractions are covered only for the purpose of member receiving dentures, all other extractions are limited to 3 per year.

#### **VIS141**

- **\$0** copay for refraction and dilation (if necessary) with routine exam up to 1 per year.
- **\$300** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and

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**WHAT YOU PAY ON THIS CAREPLUS PLAN**

frames plus fitting; or 3 pairs of select eyeglasses per year 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**

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

**\$0** copay per admit

**Mental health therapy visits**

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

**Outpatient substance abuse services**

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

**SKILLED NURSING FACILITY**

This plan covers up to 100 days in a SNF

**\$0** copay per admit

**AMBULANCE**

- **Air** **\$0** or **20%** of the cost
- **Ground** **\$0** or **\$200** copay per trip

**TRANSPORTATION**

The member *must* contact transportation vendor to arrange transportation

**\$0** copay for plan approved location up to 50 one-way trip(s) per year.  
This benefit offers unlimited miles per trip.

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## Medical Benefits (cont.)

### WHAT YOU PAY ON THIS CAREPLUS PLAN

#### MEDICARE PART B DRUGS

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

##### Allergy shots and serum

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

##### Chemotherapy drugs

- Outpatient hospital **\$0** copay
- Specialist's office **\$0** copay

##### Other Part B drugs

- Outpatient hospital **\$0** copay
- PCP's office **\$0** copay
- Pharmacy **\$0** copay
- Specialist's office **\$0** copay

##### Part B Insulin

- Outpatient hospital **\$0** copay
- PCP's office **\$0** copay
- Pharmacy **\$0** copay
- Specialist's office **\$0** copay



## Prescription Drug Benefits

### PLAN HIGHLIGHTS

#### **\$0 Rx Copay Benefit**

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

#### **100-day supply**

Up to 100-day supply on eligible drugs

#### **\$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. Costs may differ based on pharmacy location or day supply.

To find which pharmacies are available in our network, go to [CarePlusHealthPlans.com/PharmacyFinder](https://www.CarePlusHealthPlans.com/PharmacyFinder).  
\*Some drugs are limited to a 30-day supply and others may be eligible for up to a 100-day supply.

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 this plan. This is called "preauthorization." To learn more about services that require a referral or preauthorization from the plan, contact your PCP, refer to the Evidence of Coverage (EOC) for this plan, or visit [CarePlusHealthPlans.com/PAL](https://www.CarePlusHealthPlans.com/PAL).



## Additional benefits

H1019023000

### WHAT YOU PAY ON THIS CAREPLUS PLAN

<b>Acupuncture services (Medicare-covered)</b>	<b>\$0</b> copay for acupuncture for chronic low back pain visits up to 20 visit(s) per year.
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<b>Chiropractic services (Medicare-covered)</b>	<b>\$0</b> copay
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<b>Podiatry services (Medicare-covered)</b>	<b>\$0</b> copay
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### MEDICAL EQUIPMENT/SUPPLIES

<b>Continuous glucose monitor (CGM)</b>	
• DME provider	<b>\$0</b> copay
• Pharmacy	<b>\$0</b> copay

<b>Diabetic monitoring supplies</b>	
• Diabetic supplier	<b>\$0</b> copay
• Network retail pharmacy	<b>\$0</b> copay

<b>Durable medical equipment (DME)</b>	<b>\$0</b> copay
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<b>Medical supplies at medical supplier</b>	<b>\$0</b> copay
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<b>Prosthetic devices and related supplies</b>	<b>\$0</b> copay
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### REHABILITATION SERVICES

<b>Cardiac rehabilitation services</b>	
• Outpatient hospital	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay

<b>Occupational therapy</b>	
• Comprehensive outpatient rehab facility	<b>\$0</b> copay
• Outpatient hospital	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay

<b>Physical therapy</b>	
• Comprehensive outpatient rehab facility	<b>\$0</b> copay
• Outpatient hospital	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay

<b>Pulmonary rehabilitation services</b>	
• Outpatient hospital	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay

<b>Speech therapy</b>	
• Comprehensive outpatient rehab facility	<b>\$0</b> copay
• Outpatient hospital	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay



## Additional benefits (cont.)

### WHAT YOU PAY ON THIS CAREPLUS PLAN

#### Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)

- Outpatient hospital
- Specialist's office

**\$0** copay

**\$0** copay



## Medicaid Benefit Comparison

The benefits described in the Covered Medical and Hospital Benefits sections above are covered by CareNeeds Platinum (HMO D-SNP). For each benefit listed below, you can see what Florida Medicaid covers and what this plan covers.

All Medicaid benefits are subject to Florida 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 Florida Medicaid at 1-888-419-3456 (toll free) 1-800-955-8771 (TTY).

BENEFIT	MEDICAID BENEFIT	THIS PLAN BENEFIT
<b>Ambulance</b>	Covered	Covered
<b>Ambulatory surgical center</b>	Covered	Covered
<b>Dentures</b>	Covered	Covered
<b>Diagnostic services, labs, and imaging</b>	Covered	Covered
<b>Doctor visits</b>	Covered	Covered
<b>Emergency care</b>	Covered	Covered
<b>Eyeglasses</b>	Covered	Covered
<b>Hearing aids</b>	Covered	Covered
<b>Home and community based waiver service programs</b>	Covered	Not Covered
<b>Inpatient hospital</b>	Covered	Covered
<b>Inpatient mental health services, nursing facility and intermediate care facility services in institutions for mental diseases (MD), age 65 and older</b>	Covered	Covered with limitations

<b>BENEFIT</b>	<b>MEDICAID BENEFIT</b>	<b>THIS PLAN BENEFIT</b>
<b>Inpatient mental health services, under age 21</b>	Covered	Covered with limitations
<b>Intermediate care facilities for individuals with intellectual disabilities (ICFs-IID)</b>	Covered	Not Covered
<b>Medicare Part B drugs</b>	Covered	Covered
<b>Mental health services</b>	Covered	Covered
<b>Nursing facility services, other than in an institution for mental diseases</b>	Covered	Covered with limitations
<b>Outpatient hospital coverage</b>	Covered	Covered
<b>Physical, occupational, speech therapy</b>	Covered	Covered
<b>Preventive care</b>	Covered	Covered
<b>Skilled nursing facility</b>	Covered	Covered
<b>Transportation</b>	Covered	Covered
<b>Urgently needed services</b>	Covered	Covered



## More benefits with **this plan**

Enjoy some of these extra benefits included in this 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**.

### **CareEssentials Allowance**

**\$225** 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 funds will roll over to the next month and expire at the end of the plan year.

**See the CarePlus Spending Account Card section for more information.**

### **Over-the-Counter (OTC) Allowance**

**\$75** quarterly allowance on a prepaid card to buy approved over-the-counter health and wellness products at participating retail locations.

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

Unused amount rolls over to the next quarter and expires at the end of the plan year.

- Quarterly allowance amounts are available to use at the beginning of January, April, July, and October.
- Limitations and restrictions may apply.

**See the CarePlus Spending Account Card section for more details.**

### **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.

### **Routine Acupuncture**

**\$0** copay for acupuncture visits up to 25 visit(s) per year. Authorization rules may apply.

**Routine 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.

**CarePlus Well Dine™ Meal Program**

**\$0** copayment for CarePlus Well Dine™ meal program.

After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals).

Meals must be requested within 30 days of discharge from your inpatient stay.

Limited to 4 times per year.

**Personal Home Care**

**\$0** copay for a minimum of 3 hours per day, up to a maximum of 42 hours per year for certain in-home support services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) within the home by a qualified aide (assistance with bathing, dressing, toileting, walking, eating, and preparing meals).

**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**

Live a healthier, more active life through fitness and social connection at participating locations and online.



## Notice of Non-Discrimination

CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. CarePlus Health Plans, Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-800-794-5907 (TTY: 711)**. If you believe that CarePlus Health Plans, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with CarePlus Health Plans, Inc.'s Non-Discrimination Coordinator at P.O. Box 277810, Miramar, FL 33027, **1-800-794-5907 (TTY: 711)**, or **Accessibility1@CarePlus-HP.com**. If you need help filing a grievance, CarePlus Health Plans, Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

This notice is available at **CarePlusHealthPlans.com/Multi-Language-Insert**.

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**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 pagsasalang-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。日本語を話す人が支援いたします。これは無料のサービスです。



## Find out **more**



Need help finding a doctor or pharmacy? You can see this 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 this plan's **Drug Guide** at our website at **CarePlusHealthPlans.com/PrescriptionDrugGuides** 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.

CareNeeds Platinum (HMO D-SNP) 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 CareNeeds Platinum (HMO D-SNP) 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 Platinum (HMO D-SNP) is sponsored by CarePlus Health Plans, Inc. and the State of Florida, Agency for Health Care Administration.

If you get Medicare cost-share assistance, CareNeeds Platinum (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 billed or asked to pay an in-network 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 this 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 Platinum (HMO D-SNP)  
H1019023000 ENG  
Broward, Miami-Dade, & Palm Beach  
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