

2026

Annual Notice of Changes



CareSalute (HMO)
H1019-132

Florida
Select Counties in Florida

CarePlus
HEALTH PLANS™



Review your CarePlus plan updates for 2026

Inside, please find your Annual Notice of Changes. This booklet compares your 2025 benefits to your 2026 benefits.

This booklet shows important changes but does not list all benefits. Please know your plan will continue to provide dental, vision and hearing coverage. Your plan also includes a \$0 premium, \$0 primary care physician copay and \$0 preventive services including mammograms, colonoscopies and bone density screenings.

If you'd like to stay with CarePlus, you don't need to do anything. Your membership will automatically renew on January 1, 2026. If you have questions about your plan, please contact us. We are here to help.

Starting October 15, 2025, you can find these 2026 documents online at **CarePlusHealthPlans.com/Plans:**

- **Evidence of Coverage**
Complete details of your CarePlus plan, including benefits and costs
- **Provider Directory**
List of doctors, pharmacies and other providers in your network

If you prefer to have a printed copy of these documents mailed to you, fill out our online request form at: **CarePlusHealthPlans.com/PrintRequest.**

If you have questions, please call our Member Services Department at **800-794-5907**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at **CarePlusHealthPlans.com**.

CarePlus may contact you from time to time to let you know about other CarePlus plans. To opt out of future calls, you may call Member Services at the phone number listed above.

Thank you for being a CarePlus member. We are committed to offering benefits and services that help you save money and be your healthiest.

CareSalute (HMO) offered by CarePlus Health Plans, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of CareSalute (HMO-POS).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in CareSalute (HMO-POS).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **CarePlusHealthPlans.com/Plans** or call Member Services at 800-794-5907 (TTY users call 711) to get a copy by mail. You can also review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 800-794-5907 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., you can call us seven days a week. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at **CarePlusHealthPlans.com**. This call is free.
- This information is available in different formats, including braille, large print, and audio. Please call Member Services at the number listed above if you need plan information in another format.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CareSalute (HMO)

- CareSalute (HMO) is a Medicare Advantage HMO organization with a Medicare contract. Enrollment in this CarePlus plan depends on contract renewal.
- When this material says "we," "us," or "our," it means CarePlus Health Plans, Inc. When it says "plan" or "our plan," it means CareSalute (HMO).
- This plan does not include Medicare Part D Drug coverage and you cannot be enrolled in a separate Medicare Part D Drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.
- On January 1, 2026, CarePlus Health Plans, Inc. will be combining CareSalute (HMO-POS) with one of our plans, CareSalute (HMO). The information in this document tells you about the differences between your current benefits in CareSalute (HMO-POS) H1019143000 and the benefits you will have on January 1, 2026 as a member of CareSalute (HMO) H1019132000.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in CareSalute (HMO).** Starting January 1, 2026, you'll get your medical coverage through CareSalute (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

H1019_ANOC_MA_HMO_143000132000_2026_M

OMB Approval 0938-1051 (Expires: August 31, 2026)

Table of Contents

Summary of Important Costs for 2026	6
SECTION 1 Changes to Benefits & Costs for Next Year	7
Section 1.1 Changes to the Monthly Plan Premium.....	7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 1.3 Changes to the Provider Network.....	7
Section 1.4 Changes to Benefits & Costs for Medical Services.....	8
SECTION 2 How to Change Plans.....	23
Section 2.1 Deadlines for Changing Plans.....	23
Section 2.2 Are there other times of the year to make a change?	23
SECTION 3 Get Help Paying for Prescription Drugs.....	24
SECTION 4 Questions?.....	24
Get Help from CareSalute (HMO)	24
Get Free Counseling about Medicare	25
Get Help from Medicare	25
Exhibit A. State Agency Contact Information	26
Lists the names, addresses, phone numbers, and other contact information for a variety of helpful resources in your state.	

Summary of Important Costs for 2026

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly plan premium (Go to Section 1.1 for details.)	\$0		\$0	
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$4,900	From network and out-of-network providers combined: \$4,900	\$3,900	Not Applicable
Primary care office visits	\$0 copayment per visit	Not Applicable	\$0 copayment per visit	Not Applicable
Specialist office visits	\$40 copayment per visit	\$50 copayment per visit	\$30 copayment per visit	Not Applicable
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$260 copayment per day for days 1 – 10 \$0 copayment per day for days 11 – 90	\$300 copayment per day for days 1 – 10 \$0 copayment per day for days 11 – 90	\$175 copayment per day for days 1 – 7 \$0 copayment per day for days 8 – 90	Not Applicable

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 - Changes to the Monthly Plan Premium

Cost	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$115	\$125

Section 1.2 - Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$4,900	\$4,900 combined in-network and out-of-network	\$3,900 Once you've paid \$3,900 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.	Not Applicable

Section 1.3 - Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [CarePlusHealthPlans.com/Directories](https://www.careplushealthplans.com/directories) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [CarePlusHealthPlans.com/Directories](https://www.careplushealthplans.com/directories).

- Call Member Services at 800-794-5907 (TTY users should call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 800-794-5907 (TTY users should call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 - Changes to Benefits & Costs for Medical Services

Services received at Rural Health Clinics, Federally Qualified Health Clinics, and Critical Access Hospitals may be subject to the Primary Care Physician or Specialist copay or coinsurance, as applicable, for 2026.

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Abdominal aortic aneurysm screening <ul style="list-style-type: none"> – at a specialist's office – at a freestanding radiology facility – at a hospital facility as an outpatient 	\$0 copayment	50% of the total cost	No Change	Not Applicable
Acupuncture for chronic low back pain	\$40 copayment for acupuncture for chronic low back pain visits up to 20 visit(s) per year.	\$40 copayment for acupuncture for chronic low back pain visits up to 20 visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	\$0 copayment for acupuncture for chronic low back pain visits up to 20 visit(s) per year.	Not Applicable
Allergy shots and serum <ul style="list-style-type: none"> • For Medicare-covered allergy shots and serum, you pay: <ul style="list-style-type: none"> – at a specialist's office 	\$0 copayment	\$0 copayment	No Change	Not Applicable
Ambulance services <ul style="list-style-type: none"> • For each Medicare-covered emergency transportation by ground, you pay: 	\$250 copayment per trip	\$250 copayment per trip	No Change	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> For each Medicare-covered emergency transportation by air, you pay: 	20% of the total cost	20% of the total cost	No Change	Not Applicable
<ul style="list-style-type: none"> For each Medicare-covered non-emergency transportation by ground, you pay: 	\$0 copayment per trip	\$0 copayment per trip	No Change	Not Applicable
<ul style="list-style-type: none"> For each Medicare-covered non-emergency transportation by air, you pay: 	20% of the total cost	20% of the total cost	No Change	Not Applicable
Bone mass measurement				
– at a specialist's office	\$0 copayment	50% of the total cost	No Change	Not Applicable
– at a freestanding radiology facility	\$0 copayment	50% of the total cost	No Change	Not Applicable
– at a hospital facility as an outpatient	\$0 copayment	50% of the total cost	No Change	Not Applicable
Breast cancer screening (mammograms)				
– at a specialist's office	\$0 copayment	50% of the total cost	No Change	Not Applicable
– at a freestanding radiology facility	\$0 copayment	50% of the total cost	No Change	Not Applicable
– at a hospital facility as an outpatient	\$0 copayment	50% of the total cost	No Change	Not Applicable
Cardiac rehabilitation services				
– at a specialist's office	\$40 copayment	\$50 copayment	\$30 copayment	Not Applicable
– at a hospital facility as an outpatient	\$40 copayment	\$50 copayment	\$30 copayment	Not Applicable
Cardiovascular disease testing				
– at a specialist's office	\$0 copayment	50% of the total cost	No Change	Not Applicable
– at a freestanding laboratory facility	\$0 copayment	50% of the total cost	No Change	Not Applicable
– at a hospital facility as an outpatient	\$0 copayment	50% of the total cost	No Change	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Cervical and vaginal cancer screening <ul style="list-style-type: none"> – at a specialist's office 	\$0 copayment	50% of the total cost	No Change	Not Applicable
Chiropractic services <ul style="list-style-type: none"> • For each Medicare-covered visit (manual manipulation of the spine to correct subluxation), you pay: <ul style="list-style-type: none"> – at a specialist's office 	\$20 copayment	\$50 copayment	No Change	Not Applicable
Colorectal cancer screening <ul style="list-style-type: none"> – at a specialist's office – at a hospital facility as an outpatient – at an ambulatory surgical center 	\$0 copayment	50% of the total cost	No Change	Not Applicable
Continuous Glucose Monitor <ul style="list-style-type: none"> – at a durable medical equipment provider – at a network retail pharmacy 	\$0 copayment	50% of the total cost	No Change	Not Applicable
Dental services <ul style="list-style-type: none"> • For Medicare-covered dental services at a specialist's office, you pay: • Supplemental dental benefits: 	\$40 copayment DEN927 \$0 copayment for comprehensive oral exam up to 1 every 3 years. \$0 copayment for complete and/or partial dentures up to 1 set(s) every 5 years. \$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant per year.	\$50 copayment Not Covered	\$30 copayment DEN903 \$0 copayment for comprehensive oral exam up to 1 every 3 years. \$0 copayment for complete or partial dentures up to 1 set(s) every 5 years. \$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant per year.	Not Applicable Not Covered

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	<p>\$0 copayment for bitewing x-rays up to 1 set(s) per year.</p> <p>\$0 copayment for denture reline, panoramic film, root canal up to 1 per year.</p> <p>\$0 copayment for amalgam and/or composite filling, emergency diagnostic exam, periodic oral exam, prophylaxis (cleaning) up to 2 per year.</p> <p>\$0 copayment for simple or surgical extraction up to 3 per year.</p> <p>\$0 copayment for periodontal maintenance up to 4 per year.</p> <p>\$0 copayment 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.</p>		<p>\$0 copayment for bitewing x-rays up to 1 set(s) per year.</p> <p>\$0 copayment for denture reline, panoramic film up to 1 per year.</p> <p>\$0 copayment for amalgam and/or composite filling, emergency diagnostic exam, periodic oral exam, prophylaxis (cleaning) up to 2 per year.</p> <p>\$0 copayment for simple or surgical extraction up to 3 per year.</p> <p>\$0 copayment for periodontal maintenance up to 4 per year.</p> <p>\$0 copayment for necessary anesthesia with covered service up to as needed with covered codes per year.</p> <p>\$0 copayment for extractions for dentures 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.</p>	
<p>Diabetes screening</p> <ul style="list-style-type: none"> – at a specialist's office 	\$0 copayment	50% of the total cost	No Change	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> – at a freestanding laboratory facility – at a hospital facility as an outpatient 	<p>\$0 copayment</p> <p>\$0 copayment</p>	<p>50% of the total cost</p> <p>50% of the total cost</p>	<p>No Change</p> <p>No Change</p>	<p>Not Applicable</p> <p>Not Applicable</p>
<p>Diabetes self-management training, diabetic services and supplies</p> <ul style="list-style-type: none"> • For Medicare-covered diabetes self-management training, you pay: <ul style="list-style-type: none"> – at a specialist's office – at a hospital facility as an outpatient • For each Medicare-covered diabetic supply item, you pay: <ul style="list-style-type: none"> – at a diabetic supplier – at an out-of-network pharmacy • For each Medicare-covered diabetic shoes and inserts, you pay: <ul style="list-style-type: none"> – at a durable medical equipment provider – at a prosthetics provider 	<p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>Not Applicable</p> <p>\$10 copayment</p> <p>\$10 copayment</p>	<p>50% of the total cost</p> <p>50% of the total cost</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$10 copayment</p> <p>\$10 copayment</p>	<p>No Change</p> <p>No Change</p> <p>No Change</p> <p>Not Applicable</p> <p>No Change</p> <p>No Change</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>
<p>Durable medical equipment (DME) and related supplies</p> <ul style="list-style-type: none"> • For each high cost Medicare-covered item, you pay: 	<p>20% of the total cost for electric or customized wheelchairs, motorized scooters, bone growth stimulators, voice boxes, insulin pumps, liquid oxygen systems, wearable cardioverter</p>	<p>50% of the total cost for electric or customized wheelchairs, motorized scooters, bone growth stimulators, voice boxes, insulin pumps, liquid oxygen systems, wearable cardioverter</p>	<p>No Change</p>	<p>Not Applicable</p>

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> For all other Medicare-covered items, you pay: 	defibrillators, and high frequency chest wall oscillation devices. \$0 copayment	defibrillators, and high frequency chest wall oscillation devices. 50% of the total cost	20% of the total cost	Not Applicable
EKG screening				
<ul style="list-style-type: none"> at a specialist's office 	\$0 copayment	50% of the total cost	No Change	Not Applicable
<ul style="list-style-type: none"> at a hospital facility as an outpatient 	\$0 copayment	50% of the total cost	No Change	Not Applicable
Emergency care				
<ul style="list-style-type: none"> For each Medicare-covered emergency room visit, you pay: 	\$115 copayment waived if admitted within 24 hours.	\$115 copayment waived if admitted within 24 hours.	\$150 copayment waived if admitted within 24 hours.	Not Applicable
Hearing services				
<ul style="list-style-type: none"> For Medicare-covered hearing services at a specialist's office, you pay: 	\$40 copayment	\$50 copayment	\$30 copayment	Not Applicable
<ul style="list-style-type: none"> Supplemental hearing benefits: 	HER722 \$0 copayment for fitting/evaluation, routine hearing exams up to 1 per year. \$250 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 2 year warranty.	Not Covered	HER904 \$0 copayment for fitting/evaluation, routine hearing exams up to 1 per year. \$750 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.	Not Covered
HIV screening				
<ul style="list-style-type: none"> at a specialist's office 	\$0 copayment	50% of the total cost	No Change	Not Applicable
<ul style="list-style-type: none"> at a freestanding laboratory facility 	\$0 copayment	50% of the total cost	No Change	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
– at a hospital facility as an outpatient	\$0 copayment	50% of the total cost	No Change	Not Applicable
Home health agency care • For Medicare-covered home health visits, you pay:	\$0 copayment	50% of the total cost	No Change	Not Applicable
Immunizations – at all places of treatment	\$0 copayment	\$0 copayment	No Change	Not Applicable
Inpatient hospital care • For a Medicare-covered stay at a hospital, you pay:	\$260 copayment per day for days 1 - 10 \$0 copayment per day for days 11 - 90	\$300 copayment per day for days 1 - 10 \$0 copayment per day for days 11 - 90	\$175 copayment per day for days 1 - 7 \$0 copayment per day for days 8 - 90	Not Applicable
Inpatient mental health care • For a Medicare-covered stay at a hospital, you pay: • For a Medicare-covered stay at an inpatient psychiatric facility, you pay:	\$260 copayment per day for days 1 - 10 \$0 copayment per day for days 11 - 90 \$260 copayment per day for days 1 - 9 \$0 copayment per day for days 10 - 90	\$300 copayment per day for days 1 - 10 \$0 copayment per day for days 11 - 90 \$300 copayment per day for days 1 - 9 \$0 copayment per day for days 10 - 90	\$175 copayment per day for days 1 - 7 \$0 copayment per day for days 8 - 90 \$175 copayment per day for days 1 - 7 \$0 copayment per day for days 8 - 90	Not Applicable Not Applicable
Intensive Outpatient Services – at a hospital facility as an outpatient	\$40 copayment	\$50 copayment	\$35 copayment	Not Covered
Medical nutrition therapy – at a specialist's office – at a hospital facility as an outpatient	\$0 copayment \$0 copayment	50% of the total cost 50% of the total cost	No Change No Change	Not Applicable Not Applicable
Medicare Diabetes Prevention Program (MDPP) – at a MDPP supplier	\$0 copayment	\$0 copayment	No Change	Not Applicable
Medicare Part B prescription drugs				

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> For chemotherapy drugs and administration, you pay: <ul style="list-style-type: none"> at a hospital facility as an outpatient at a specialist's office For Medicare Part B insulin drugs, you pay: <ul style="list-style-type: none"> at a specialist's office at a hospital facility as an outpatient at a network retail pharmacy For other Medicare Part B prescription drugs, you pay: <ul style="list-style-type: none"> at a specialist's office at a hospital facility as an outpatient at a network retail pharmacy 	<ul style="list-style-type: none"> 20% of the total cost 20% of the total cost 20% of the total cost 20% of the total cost \$35 maximum out-of-pocket per month 20% of the total cost \$35 maximum out-of-pocket per month 20% of the total cost \$35 maximum out-of-pocket per month 20% of the total cost 20% of the total cost 20% of the total cost 	<ul style="list-style-type: none"> 20% of the total cost 20% of the total cost 20% of the total cost 20% of the total cost 20% of the total cost 20% of the total cost 20% of the total cost 20% of the total cost 	<ul style="list-style-type: none"> No Change No Change No Change No Change No Change No Change No Change No Change 	<ul style="list-style-type: none"> Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable
Opioid treatment program services <ul style="list-style-type: none"> For each Medicare-covered opioid treatment services visit, you pay: <ul style="list-style-type: none"> at a specialist's office at a hospital facility as an outpatient 	<ul style="list-style-type: none"> \$40 copayment \$40 copayment 	<ul style="list-style-type: none"> \$50 copayment \$50 copayment 	<ul style="list-style-type: none"> \$0 copayment \$0 copayment 	<ul style="list-style-type: none"> Not Applicable Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient diagnostic tests, therapeutic services and supplies				
<ul style="list-style-type: none"> • For diagnostic procedures and tests, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – at a hospital facility as an outpatient \$175 copayment – at an urgent care center \$40 copayment • For advanced imaging services (MRI, MRA, PET, or CT Scan), you pay: <ul style="list-style-type: none"> – at your primary care provider's office \$175 copayment – at a specialist's office \$175 copayment – at a freestanding radiology facility \$175 copayment – at a hospital facility as an outpatient \$260 copayment • For basic radiological services, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – at a hospital facility as an outpatient \$130 copayment – at a freestanding radiology facility \$50 copayment – at an urgent care center \$40 copayment • For diagnostic mammography, you pay: <ul style="list-style-type: none"> – at a specialist's office \$0 copayment – at a freestanding radiology facility \$0 copayment – at a hospital facility as an outpatient \$0 copayment • For radiation therapy, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – at a freestanding radiology facility \$40 copayment 	<ul style="list-style-type: none"> – at a specialist's office \$50 copayment – at a hospital facility as an outpatient \$250 copayment – at an urgent care center \$50 copayment 	<ul style="list-style-type: none"> – at a specialist's office \$30 copayment – at a hospital facility as an outpatient \$150 copayment – at an urgent care center \$25 copayment 	<ul style="list-style-type: none"> – at your primary care provider's office Not Applicable – at a specialist's office Not Applicable – at a freestanding radiology facility Not Applicable – at a hospital facility as an outpatient Not Applicable 	
		Not Applicable	\$150 copayment	Not Applicable
		\$200 copayment	\$150 copayment	Not Applicable
		\$200 copayment	\$150 copayment	Not Applicable
		\$300 copayment	\$200 copayment	Not Applicable
		\$50 copayment	\$30 copayment	Not Applicable
		\$175 copayment	\$100 copayment	Not Applicable
		\$75 copayment	\$0 copayment	Not Applicable
		\$50 copayment	\$25 copayment	Not Applicable
		\$0 copayment	No Change	Not Applicable
		\$0 copayment	No Change	Not Applicable
		\$0 copayment	No Change	Not Applicable
		\$50 copayment	\$30 copayment	Not Applicable
		\$40 copayment	\$0 copayment	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> – at a hospital facility as an outpatient 	20% of the total cost	20% of the total cost	No Change	Not Applicable
<ul style="list-style-type: none"> • For nuclear medicine services, you pay: <ul style="list-style-type: none"> – at a freestanding radiology facility 	\$175 copayment	\$200 copayment	\$150 copayment	Not Applicable
<ul style="list-style-type: none"> – at a hospital facility as an outpatient 	\$260 copayment	\$300 copayment	\$200 copayment	Not Applicable
<ul style="list-style-type: none"> • For sleep study services, you pay: <ul style="list-style-type: none"> – at a member's home – at a specialist's office – at a hospital facility as an outpatient 	\$0 copayment	\$0 copayment	No Change	Not Applicable
<ul style="list-style-type: none"> – at a specialist's office 	\$40 copayment	\$50 copayment	\$30 copayment	Not Applicable
<ul style="list-style-type: none"> – at a hospital facility as an outpatient 	\$175 copayment	\$250 copayment	\$150 copayment	Not Applicable
<ul style="list-style-type: none"> • For wound care, you pay: <ul style="list-style-type: none"> – at a hospital facility as an outpatient 	\$40 copayment	\$50 copayment	\$30 copayment	Not Applicable
<ul style="list-style-type: none"> • For medical supplies, you pay: 	\$0 copayment	\$0 copayment	20% of the total cost	Not Applicable
<ul style="list-style-type: none"> • For diagnostic colonoscopy, you pay: <ul style="list-style-type: none"> – at an ambulatory surgical center – at a hospital facility as an outpatient 	\$0 copayment	\$0 copayment	No Change	Not Applicable
<ul style="list-style-type: none"> – at a hospital facility as an outpatient 	\$0 copayment	\$0 copayment	No Change	Not Applicable
<ul style="list-style-type: none"> • For lab services, you pay: <ul style="list-style-type: none"> – at a specialist's office – at a freestanding laboratory facility – at a hospital facility as an outpatient – at an urgent care center 	\$0 copayment	\$0 copayment	No Change	Not Applicable
<ul style="list-style-type: none"> – at a freestanding laboratory facility 	\$0 copayment	\$0 copayment	No Change	Not Applicable
<ul style="list-style-type: none"> – at a hospital facility as an outpatient 	\$0 copayment	\$0 copayment	No Change	Not Applicable
<ul style="list-style-type: none"> – at an urgent care center 	\$0 copayment	\$0 copayment	No Change	Not Applicable
Outpatient hospital observation <ul style="list-style-type: none"> • For each Medicare-covered observation services visit, you pay: <ul style="list-style-type: none"> – at a hospital facility as an outpatient 	\$0 copayment	\$0 copayment	No Change	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient mental health care <ul style="list-style-type: none"> • For each Medicare-covered individual/group therapy visit, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – for a virtual visit \$40 copayment – at a hospital facility as an outpatient \$40 copayment 				
Outpatient rehabilitation services <ul style="list-style-type: none"> • For Medicare-covered physical therapy, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – at a Comprehensive Outpatient Rehabilitation Facility (CORF) \$40 copayment – at a hospital facility as an outpatient \$40 copayment • For Medicare-covered occupational therapy, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – at a Comprehensive Outpatient Rehabilitation Facility (CORF) \$40 copayment – at a hospital facility as an outpatient \$40 copayment • For Medicare-covered speech/language therapy, you pay: <ul style="list-style-type: none"> – at a specialist's office \$40 copayment – at a Comprehensive Outpatient Rehabilitation Facility (CORF) \$40 copayment – at a hospital facility as an outpatient \$40 copayment 				

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient substance abuse services <ul style="list-style-type: none"> For each Medicare-covered individual/group therapy visit, you pay: <ul style="list-style-type: none"> at a specialist's office for a virtual visit at a hospital facility as an outpatient 	\$40 copayment	\$50 copayment	\$0 copayment	Not Applicable
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers <ul style="list-style-type: none"> For each Medicare-covered surgical services visit, you pay: <ul style="list-style-type: none"> at a specialist's office at an ambulatory surgical facility at a hospital facility as an outpatient 	\$40 copayment \$200 copayment \$260 copayment	\$50 copayment \$250 copayment \$300 copayment	\$30 copayment \$100 copayment \$200 copayment	Not Applicable Not Applicable Not Applicable
Over-the-counter (OTC) mail order	\$15 monthly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the month.	The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.	\$100 monthly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the month.	No Change
Partial Hospitalization <ul style="list-style-type: none"> at a hospital facility as an outpatient 	\$40 copayment	\$50 copayment	\$35 copayment	Not Covered
Podiatry services <ul style="list-style-type: none"> For each Medicare-covered visit (medically necessary foot care), you pay: <ul style="list-style-type: none"> at a specialist's office 	\$40 copayment	\$50 copayment	\$30 copayment	Not Applicable

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> For each routine visit 	\$40 copayment for routine podiatry visits up to unlimited visit(s) per year.	Not Covered	\$30 copayment for routine podiatry visits up to unlimited visit(s) per year.	Not Covered
Prostate cancer screening exams <ul style="list-style-type: none"> at a specialist's office 	\$0 copayment	50% of the total cost	No Change	Not Applicable
Prosthetic devices and related supplies <ul style="list-style-type: none"> at a prosthetics provider 	20% of the total cost	20% of the total cost	\$0 copayment	Not Applicable
Physician/Practitioner services, including doctor's office visits <ul style="list-style-type: none"> For each office visit for Medicare-covered services, you pay: <ul style="list-style-type: none"> at a specialist's office for a specialist's office-virtual visit 	\$40 copayment \$40 copayment	\$50 copayment Not Applicable	\$30 copayment \$30 copayment	Not Applicable Not Applicable
Pulmonary rehabilitation services <ul style="list-style-type: none"> at a specialist's office at a hospital facility as an outpatient 	\$30 copayment \$30 copayment	\$50 copayment \$50 copayment	No Change No Change	Not Applicable Not Applicable
Screening for lung cancer with low dose computed tomography (LDCT) <ul style="list-style-type: none"> at a specialist's office at a freestanding radiology facility at a hospital facility as an outpatient 	\$0 copayment \$0 copayment \$0 copayment	50% of the total cost 50% of the total cost 50% of the total cost	No Change No Change No Change	Not Applicable Not Applicable Not Applicable
Services to treat kidney disease <ul style="list-style-type: none"> For kidney disease education services, you pay: 				

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> – at a specialist's office • For renal dialysis services, you pay: <ul style="list-style-type: none"> – at a dialysis center – at a hospital facility as an outpatient 	<p>\$0 copayment</p> <p>20% of the total cost</p> <p>20% of the total cost</p>	<p>50% of the total cost</p> <p>20% of the total cost</p> <p>20% of the total cost</p>	<p>No Change</p> <p>No Change</p> <p>No Change</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>
<p>Skilled nursing facility (SNF) care</p> <ul style="list-style-type: none"> • For a Medicare-covered stay at a skilled nursing facility, you pay: 	<p>\$0 copayment per day for days 1 - 20</p> <p>\$188 copayment per day for days 21 - 100</p>	<p>\$0 copayment per day for days 1 - 20</p> <p>\$188 copayment per day for days 21 - 100</p>	<p>\$0 copayment per day for days 1 - 20</p> <p>\$160 copayment per day for days 21 - 100</p>	<p>Not Applicable</p>
<p>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</p> <ul style="list-style-type: none"> – at a specialist's office 	<p>\$0 copayment</p>	<p>50% of the total cost</p>	<p>No Change</p>	<p>Not Applicable</p>
<p>Supervised Exercise Therapy (SET)</p> <ul style="list-style-type: none"> – at a specialist's office – at a hospital facility as an outpatient 	<p>\$25 copayment</p> <p>\$25 copayment</p>	<p>\$50 copayment</p> <p>\$50 copayment</p>	<p>\$30 copayment</p> <p>\$30 copayment</p>	<p>Not Applicable</p> <p>Not Applicable</p>
<p>Uniform Flexibility Non-Emergency Medical Transportation</p>	<p>Not Covered</p>	<p>Not Covered</p>	<p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit offers unlimited miles per trip.</p>	<p>The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.</p>
<p>Urgently needed services</p>				

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> For Medicare-covered urgently needed services, you pay: <ul style="list-style-type: none"> at a specialist's office at an urgent care center for an urgent care-virtual visit 	<p>\$40 copayment</p> <p>\$40 copayment</p> <p>\$40 copayment</p>	<p>\$50 copayment</p> <p>\$40 copayment</p> <p>Not Applicable</p>	<p>\$30 copayment</p> <p>\$25 copayment</p> <p>\$25 copayment</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>
<p>Vision care</p> <ul style="list-style-type: none"> For Medicare-covered vision services at a specialist's office, you pay: For glaucoma screening, you pay: <ul style="list-style-type: none"> at a specialist's office For diabetic eye exam at all places of treatment, you pay: For eyewear (post cataract surgery) at all places of treatment, you pay: Routine vision services: 	<p>\$40 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>\$0 copayment</p> <p>VIS840 \$0 copayment for refraction and dilation (if necessary) with routine exam up to 1 per year. \$200 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames plus fitting; or 2 pairs of select eyeglasses per year at no cost. May choose prescription sunglasses as 1 pair. Eyeglasses include ultraviolet</p>	<p>\$50 copayment</p> <p>50% of the total cost</p> <p>50% of the total cost</p> <p>\$0 copayment</p> <p>Not Covered</p>	<p>\$30 copayment</p> <p>No Change</p> <p>No Change</p> <p>No Change</p> <p>VIS141 \$0 copayment 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 frames plus fitting; or 3 pairs of select eyeglasses per year at no cost. May choose prescription sunglasses as 1 pair. Eyeglasses include ultraviolet</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Covered</p>

Cost	2025 (this year)		2026 (next year)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	protection and scratch-resistant coating.		protection, scratch-resistant coating, standard no-line bifocals, and transition lenses.	
Worldwide coverage <ul style="list-style-type: none"> For each urgent care center visit, you pay: 	Not Applicable	\$40 copayment	\$25 copayment	\$25 copayment

SECTION 2 How to Change Plans

To stay in CareSalute (HMO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our CareSalute (HMO).

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareSalute (HMO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You will automatically be disenrolled from CareSalute (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 800-794-5907 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 - Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 - March 31, 2026.

Section 2.2 - Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75 % or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving help, call the ADAP program (the name and phone numbers for this organization are listed in "Exhibit A" in the back of this document). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from CareSalute (HMO-POS)

Call Member Services at 800-794-5907. (TTY users call 711.)

We're available for phone calls from 8 a.m. to 8 p.m. You can call us seven days a week. Please note that our automated phone system may answer your call during weekends and holidays. For 24-hour service, you can visit us at [CarePlusHealthPlans.com](https://www.careplushealthplans.com). Calls to these numbers are free.

Read your 2026 Evidence of Coverage

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for CareSalute (HMO). The *Evidence of Coverage* is the legal, detailed description of

our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [CarePlusHealthPlans.com/Plans](https://www.CarePlusHealthPlans.com/Plans) or call Member Services 800-794-5907 (TTY users call 711) to ask us to mail you a copy.

Visit [CarePlusHealthPlans.com/Plans](https://www.CarePlusHealthPlans.com/Plans).

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call your state SHIP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Contact information for your state SHIP is listed in “Exhibit A” in the back of this document.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or 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.

Exhibit A - State Agency Contact Information**Exhibit A- State Agency Contact Information**

This section provides the contact information for the state agencies referenced in this Annual Notice of Changes. If you have trouble locating the information you seek, please contact Member Services at the phone number on the back cover of this booklet.

FLORIDA	
SHIP Name and Contact Information	Serving Health Insurance Needs of Elders (SHINE) Department of Elder Affairs 4040 Esplanade Way, Suite 270 Tallahassee, FL 32399-7000 800-963-5337 (toll free) 800-955-8770 (TTY) 850-414-2150 (fax) 800-963-5337 http://www.floridaSHINE.org
Quality Improvement Organization	Acentra Health 5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609 888-317-0751 711 (TTY) 844-878-7921 (Fax) www.acentraqio.com
State Medicaid Office	Florida Medicaid 2727 Mahan Drive Tallahassee, FL 32308-5407 888-419-3456 (toll free) 850-412-4000 (local) 850-922-2993 (fax) 800-955-8771 (TTY) https://ahca.myflorida.com
AIDS Drug Assistance Program	Florida AIDS Drug Assistance Program (ADAP) HIV/AIDS Section 4052 Bald Cypress Way Tallahassee, FL 32399 850-245-4422 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1-800-2437-101 (1-800-AIDS-101) (Creole) 888-503-7118 (TTY) http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html

Insurance ACE

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://huma.na/insuranceace>.

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic, and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.

- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Additional restriction on use and disclosure for specific types of information:

- Some federal and state laws may restrict the use and disclosure of certain sensitive health information such as: Substance Use Disorder; Biometric Information; Child or Adult Abuse or Neglect, including Sexual Assault; Communicable Diseases; Genetic Information; HIV/AIDS; Mental Health; Reproductive Health; and Sexually Transmitted Diseases.
- Reproductive Health Information: We will not use or disclose information to conduct an investigation into identifying (or the attempt to impose liability against) any person for the act of seeking, obtaining, providing, or facilitating lawful reproductive health care. In response to a government agency's (or other person's) request for information that might be related to reproductive health care, the person making the request must provide a signed attestation that the purpose of the request does not violate the prohibition on disclosing reproductive health care information.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict

procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner.

- Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment - You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation.
- If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*
- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice any time.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated you may file a complaint with us by calling us at 866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also e-mail your complaint to OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 866-861-2762
- Accessing our website at CarePlusHealthPlans.com/Privacy and going to the Privacy Practices link
- Send completed request form to:

Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

* This right applies only to our Massachusetts residents in accordance with state regulations.

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 **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. Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **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)**.



Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-794-5907 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-794-5907 (الهاتف النصي: 711)**.

Հայերեն Armenian: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **1-800-794-5907 (TTY: 711)**:

বাংলা Bengali: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **1-800-794-5907 (TTY: 711)** নম্বরে।

简体中文 Simplified Chinese: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-794-5907 (听障专线: 711)**。

繁體中文 Traditional Chinese: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-794-5907 (聽障專線: 711)**。

Kreyòl Ayisyen Haitian Creole: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **1-800-794-5907 (TTY: 711)**.

Hrvatski Croatian: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-794-5907 (TTY: 711)**.

فارسی Farsi: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-794-5907 (TTY: 711)** تماس بگیرید.

Français French : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-794-5907 (TTY: 711)**.

Deutsch German: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-794-5907 (TTY: 711)**.

Ελληνικά Greek: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-794-5907 (TTY: 711)**.

ગુજરાતી Gujarati: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-794-5907 (TTY: 711)** પર કોલ કરો.

עברית Hebrew: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-794-5907 (TTY: 711)**.

Hmoob Hmong: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-794-5907 (TTY: 711)**.

Italiano Italian: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-794-5907 (TTY: 711)**.

This notice is available at [CarePlusHealthPlans.com/MLI](https://www.CarePlusHealthPlans.com/MLI).

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CarePlus Health Plans, Inc.
P.O. Box 14168
Lexington, KY 40512-4168



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Important information about changes to your Medicare Advantage plan



Look inside

Here's a summary of what's different
about your **CarePlus plan**
that takes effect on January 1, 2026.

Questions?

Call Member Services at
800-794-5907 (TTY: 711).

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