

SUMMARY OF BENEFITS



FLORIDA
COMPLETE CARE
Care you need.
Compassion you deserve.

Medicare Advantage and Part D

Plan Year: January 1 – December 31, 2023

Florida Counties:

Alachua, Brevard, Broward, Duval, Hillsborough, Lee, Miami-Dade, Palm Beach, Pasco, Pinellas, Polk, Orange, Osceola, Volusia

Florida Complete Care (HMO I- SNP)

Florida Complete Care – In The Community (HMO I- SNP)

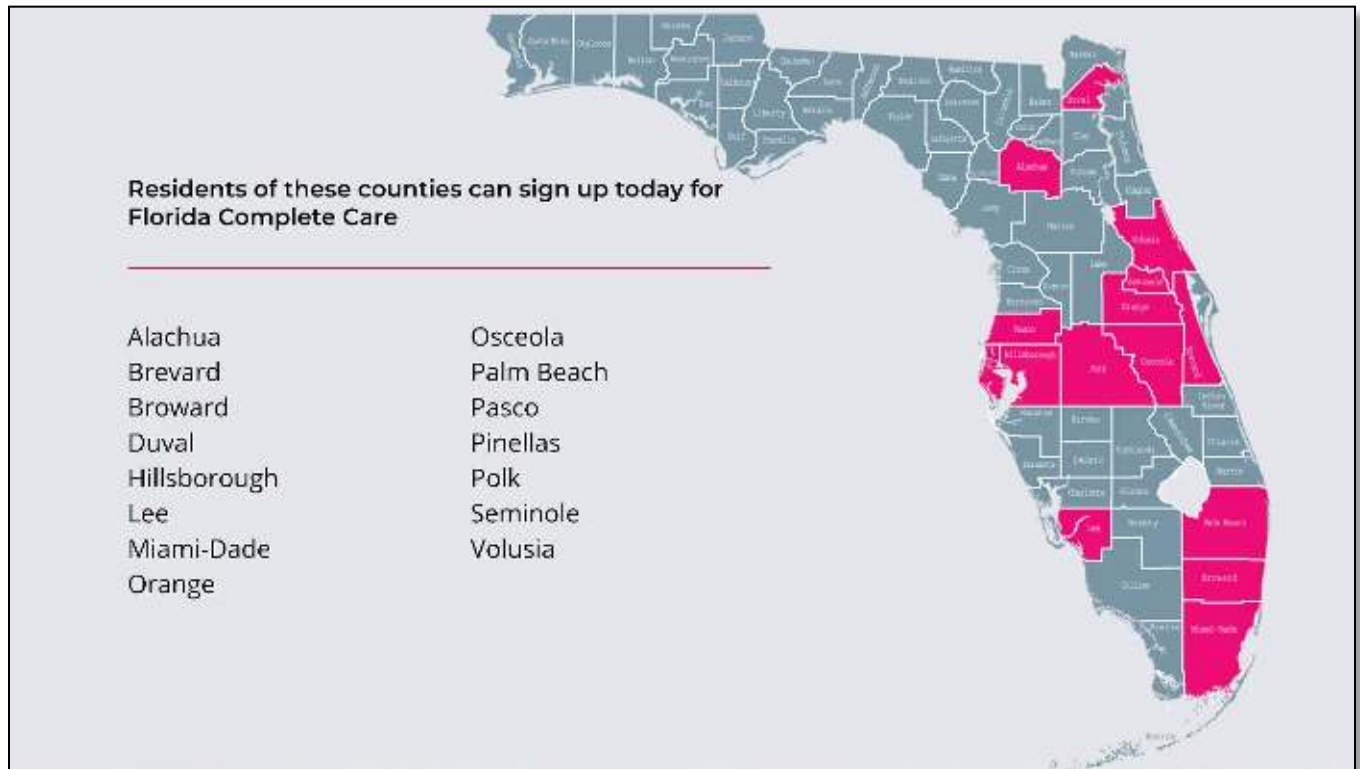


THANK YOU FOR YOUR INTEREST IN OUR MEDICARE ADVANTAGE PLANS

Florida Complete Care (HMO I- SNP) and Florida Complete Care – In The Community (HMO I- SNP) are special types of MAPD plans for people who live in a nursing home, an assisted living facility or live at home and have complex health issues that can require more coordinated and comprehensive care. These plans are called Institutional Special Needs Plans (I-SNP) and offer extra benefits and services depending on your situation.

Florida Complete Care (HMO I- SNP) and Florida Complete Care – In The Community (HMO I- SNP)

Our **service area** includes these Florida Counties:



Florida Complete Care (HMO I- SNP) and Florida Complete Care – In The Community (HMO I- SNP) are Medicare Advantage and prescription drug plans. Our plans include hospital, medical and prescription drug benefits in one plan. To join our plans, you must:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B,
- Live in our service area, and
- Reside or plan to reside in one of our network nursing homes or live in the community but require the same level of care as those who live in a nursing home.

With these plans, you must use doctors and facilities in our plan. If you use a doctor or facility not in our plan, we may not cover the service. The cost sharing outlined in this document is specific to in-network/contracted providers, except for Emergency Care. Out-of-network/non-contracted providers are under no obligation to treat Florida Complete Care members, except in emergency situations. Please call Member Services or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The benefit information provided in this document is a summary of what we cover and what you pay. If you are enrolled in Florida’s Medicaid Managed Care Long-term Care Program you will not have to pay the cost-sharing amounts listed in this document. This information is not a complete description of benefits. Call Member Services for more information. The Evidence of Coverage contains a complete description of benefits and can be accessed on our website here: www.FC2healthplan.com.

Benefits marked with an asterisk “*” require prior authorization before you can access them.

Some benefits follow Medicare’s deductible or coinsurance policies and contain the *note* “*Medicare benefit periods apply.*” A benefit period begins with a hospitalization and ends when you have not received hospital or skilled care for 60 days. If you go to the hospital after a benefit period has ended, a new benefit period begins. You must pay the deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Have Questions?



- Call Member Services toll-free at **1-833-FC2-PLAN (1-833-322-7526)**/ TTY **711**, and follow the instructions to be connected to a representative. We are open from **8 a.m. to 8 p.m., seven days a week** (except Thanksgiving and Christmas) from October 1st through March 31st, and Monday to Friday (except holidays) from April 1st through September 30th.
- You can learn more about us on our website: www.FC2healthplan.com

Florida Complete Care is an HMO-I-SNP with a Medicare contract. Enrollment in Florida Complete Care (HMO-ISNP) plans depends on CMS contract renewal.



SUMMARY OF BENEFITS

	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE- IN THE COMMUNITY (HMO I-SNP)
How much is my premium ?	<p>\$35.90 per month</p> <ul style="list-style-type: none"> ➤ <i>You must continue to pay your Medicare Part B premium.</i> ➤ <i>If you get "Extra Help" from Medicare, your monthly plan premium will be lower or you may pay nothing.</i> 	✓	✓
How much is my deductible ?	<p>This plan does not have a deductible for medical care.</p> <p>\$505.00 deductible per year for Part D prescription drugs.</p>	✓	✓
<p>Is there a limit on how much I will pay for my covered medical services?</p> <p>(Please note this does not include Part D prescription drugs)</p>	<p>\$3,400.00 per year from doctors and facilities in our plan.</p> <ul style="list-style-type: none"> ➤ <i>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</i> ➤ <i>Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.</i> ➤ <i>Please note that you still need to pay your monthly Part D prescription drug premium.</i> 	✓	✓

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	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO I-SNP)
Inpatient Hospital*	Facilities in our plan: For each Medicare covered hospital stay per benefit period: <ul style="list-style-type: none"> • \$1,600 deductible • Days 1–60: \$0 copay • Days 61–90: \$400 copay per day • Days 91 and beyond: \$800 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. ➤ <i>Medicare benefit periods apply</i>	✓	✓
Outpatient Hospital*	Doctors and facilities in our plan: 20% Coinsurance	✓	✓
Ambulatory Surgical Center*	Doctors and facilities in our plan: 20% Coinsurance	✓	✓
Doctor Visits: Primary Care	Doctors and facilities in our plan: \$0.00 Copayment	✓	✓
Specialists*	20% Coinsurance	✓	✓
Preventive Care	\$0.00 copay per year from doctors and facilities in our plan.	✓	✓

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	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE- IN THE COMMUNITY (HMO I-SNP)
	<p>Our plan covers many preventative services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual “Wellness” visit • Alcohol misuse screening and counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (behavioral therapy) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening (Colonoscopy, Fecal occult blood 1 test, Flexible sigmoidoscopy) • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services, and supplies • HIV screening • Immunizations (Pneumonia, Flu, Hepatitis, COVID-19) • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Prostate cancer screenings (PSA) • Screening and counseling to reduce 		

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	alcohol misuse <ul style="list-style-type: none"> • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections • Smoking and tobacco use cessation counseling (Counseling for people with no sign of tobacco-related disease) • Vision Care • “Welcome to Medicare” preventive visit (one-time) 		
Emergency Care	20% Coinsurance (up to \$120 per visit) <ul style="list-style-type: none"> ➤ <i>You will not pay this amount if you are admitted to the hospital within 3 days for the same condition.</i> 	✓	✓
Urgently Needed Services	20% Coinsurance (up to \$65 per visit) <ul style="list-style-type: none"> ➤ <i>You will not pay this amount if you are admitted to the hospital within 3 days for the same condition.</i> 	✓	✓
Diagnostic Services/ Labs/ Imaging*	20% Coinsurance for the services below: <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans) • Diagnostic tests and procedures • Lab services • Outpatient x-rays • Therapeutic radiology services (such as radiation treatment for cancer) 	✓	✓

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	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE- IN THE COMMUNITY (HMO I-SNP)
Hearing Services	Doctors and facilities in our plan: 20% Coinsurance <ul style="list-style-type: none"> Exam to diagnose and treat hearing and balance issues. 	✓	✓
Dental Services*	Additional Dental Benefit: \$3,500.00 per year from doctors and facilities in our plan for Preventative and Comprehensive Dental benefits. <u>Preventive dental services:</u> <ul style="list-style-type: none"> Oral exam every 6 months Prophylaxis service every 6 months (cleaning) Dental X-Rays once a year <u>Comprehensive dental services:</u> <ul style="list-style-type: none"> Diagnostic Services Restorative Services Endodontics Periodontics Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	✓	✓

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Vision Services	<p>Doctors and facilities in our plan: 20% Coinsurance</p> <ul style="list-style-type: none"> Exam to diagnose and treat disease and conditions of the eye (including yearly glaucoma screening) 	✓	✓
Mental Health Services*	<p><u>Inpatient mental health services:</u></p> <p>For each psychiatric hospital stay per benefit period:</p> <ul style="list-style-type: none"> \$1,600 deductible Days 1–60: \$0 copay Days 61–90: \$400 copay per day Days 91 and beyond: \$800 copay per each “lifetime reserve day” after day 90 (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs. <p>20% of the Medicare-approved amount for mental health services you get for doctors and other providers while you’re a hospital inpatient.</p> <p>➤ <i>Medicare benefit periods apply.</i></p> <p><u>Outpatient mental health services:</u></p> <p>20% coinsurance for outpatient services:</p> <ul style="list-style-type: none"> Outpatient group therapy Outpatient individual therapy 	✓	✓

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Skilled Nursing Facility (SNF)*	For each stay per benefit period: <ul style="list-style-type: none"> • Days 1-20: \$0 copay • Days 21-100: \$0 copay • Days 101 and beyond: \$0 copay ➤ <i>Authorization not required for Florida Complete Care (HMO I-SNP)</i>	✓	✓
Physical Therapy*	20% coinsurance	✓	✓
Ambulance*	20% Coinsurance for Air and Non-Emergent Ground Ambulance	✓	✓
Transportation	Not Covered	✓	✓
Medicare Part B Drugs*	20% Coinsurance	✓	✓
Podiatry Services (Foot Care)*	20% Coinsurance for podiatry services like foot exams or treatment if you have diabetes-related nerve damage or need medically necessary treatment for foot injuries or diseases, like hammer toe, bunion deformities, and heel spurs. \$0 Copayment for supplemental routine foot care services Six (6) visits per year to a network specialist. Covered supplemental services include: <ul style="list-style-type: none"> • Paring or cutting of benign hyperkeratotic lesions (e.g., corn, wart, callus) • Trimming or debridement of nails 	✓	✓

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Medical Equipment/Supplies*	<p>20% Coinsurance for:</p> <ul style="list-style-type: none"> Durable Medical equipment (wheelchairs, oxygen, etc.) Diabetes Supplies and Services Prosthetic Devices 	✓	✓
ADDITIONAL BENEFITS	<p>Additional benefits are extra benefits our plans provide that Medicare does not typically cover.</p> <p>Benefits listed with “SSBCI” are special supplemental benefits that apply to the following conditions: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke.</p> <p>Contact Member Services for more information.</p>		
Over-the-Counter Items	<p>\$0.00 copay for nonprescription, over-the-counter drugs and health-related items, up to \$325.00 every quarter.</p> <ul style="list-style-type: none"> Unused OTC amounts do not roll over from quarter to quarter. <p>To order covered items you may visit any CVS location, place orders online or call 1-888-628-2770.</p>	✓	

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Over-the-Counter Items	<p>\$0.00 copay for nonprescription, over-the-counter drugs and health-related items, up to \$275.00 every quarter.</p> <ul style="list-style-type: none"> Unused OTC amounts do not roll over from quarter to quarter. <p>To order covered items you may visit any CVS location, place orders online or call 1-888-628-2770.</p>		✓
Emergency Preparedness Meals*	<p>\$0.00 copay for Meals offered for a medical condition that requires the enrollee to remain at home for a period of time. Includes a 5-day pack of shelf-stable meals available up to two times per year (2 meals per day, total of 20 meals per year).</p>	✓	✓
Post- Discharge Meals*	<p>\$0.00 copay for frozen meals offered for up to 14 days following discharge from a SNF or hospital setting (2 meals per day, total of 28 meals per year).</p>		✓
Medically Tailored Meals- SSBCI*	<p>\$0.00 copay for Benefit includes frozen meals tailored specifically to the member's dietary needs or restrictions for up to 30 days (3 meals per day, total of 90 meals per year).</p>		✓
Fresh Produce Box- SSBCI*	<p>\$0.00 copay for qualifying members are eligible for a fresh produce box delivered once per month for three months following the completion of the 30 days of frozen meals.</p>		✓
Legal Aid- SSBCI*	<p>\$0.00 copay for assistance with legal services to obtain a power of attorney for healthcare decisions. Covers legal fees up to \$250.00 once per lifetime.</p>	✓	✓
The benefits (Tailored Meals, Produce and Legal Aid) mentioned above are apart of special supplemental program for the chronically ill. Not all members qualify.			
PART D PRESCRIPTION DRUG BENEFITS			

SUMMARY OF BENEFITS			
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How much is my Part D deductible?	<p>\$505.00 deductible per year for Part D prescription drugs.</p> <p>➤ <i>Note: During the deductible stage, you pay full cost of drugs until you have reached the yearly deductible.</i></p>	✓	✓

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Initial Coverage Stage	<p>After you pay your yearly deductible, you pay 25 % coinsurance until your total yearly drug cost reaches \$4,660.00.</p> <p>Total yearly drug costs are the total drug costs paid by both you and your Part D plan.</p> <p>25% Coinsurance applies to cost sharing for standard retail, mail-order, long-term care, and out-of-network. The same coinsurance applies to a one month and three-month supply.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> ➤ <i>You may get your drugs at network retail pharmacies or through mail order.</i> ➤ <i>If you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program, the amount you pay may be different in this Stage.</i> ➤ <i>Coverage is limited to certain situations for out-of-network cost sharing; see Chapter 5 in the Evidence of Coverage.</i> ➤ <i>Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.</i> 	✓	✓

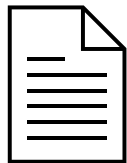
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Coverage Gap Stage	<p>Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.</p> <p>You stay in the Initial Coverage Stage until the total amount for the prescriptions drugs you have filled and refilled reaches the \$4,660.00 limit for the Initial Coverage Stage.</p> <p>During this stage, you pay 25% of the negotiated price for brand drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.</p>	✓	✓
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$7,400.00, you pay the greater of a \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs, or 5% coinsurance.</p>	✓	✓



How can I learn more about Medicare?

Medicare & You – a helpful tool



We strongly recommend you obtain a copy of the official U.S. government's Medicare & You handbook to get the answers to all of your questions about Medicare. If you do not have a copy, you can view it online at www.medicare.gov or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-FC2-PLAN (1-833-322-7526)/(TTY: 1-877-486-2048).

Notice of Nondiscrimination

Florida Complete Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Complete Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Complete Care:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that Florida Complete Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, 1-833-FC2-PLAN (1-833-322-7526), TTY users should call 711. You can file a grievance in person or by mail or fax. If you need help filing a grievance, Member Services is available to help you.

Multi-Language Insert

Multi-language Interpreter Services

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 1-833-322-7526. Someone who speaks English/Language 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 1-833-322-7526. 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 1-833-322-7526。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 1-833-322-7526。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 tagasalang-wika, tawagan lamang kami sa 1-833-322-7526. 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 1-833-322-7526. 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 1-833-322-7526 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 1-833-322-7526. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-322-7526 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 1-833-322-7526. 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 بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 1-833-322-7526 عليك سوى الاتصال بنا على

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 1-833-322-7526 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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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 1-833-322-7526. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-833-322-7526. 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 1-833-322-7526. 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 1-833-322-7526. 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、1-833-322-7526 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。