

2024 Summary of Benefits



**Florida Complete Care: Fully Integrated Special Needs Plan (HMO D-SNP)
H9986, Plan 003
January 1, 2024 - December 31, 2024**

Florida Complete Care (HMO D-SNP) is a Fully Integrated Medicare Advantage HMO plan with a Medicare contract and a Florida Medicaid contract. **Florida Community Care (FCC)** is a Medicaid Health Plan owned and operated by the same organization as Florida Complete Care. Together, Florida Complete Care (HMO D-SNP) and FCC will arrange for all the Medicare and Medicaid services you need, including long-term care services. Enrollment in the Plan depends on the contract renewal of both Florida Complete Care and FCC.

To join Florida Complete Care, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and enrolled in FCC Medicaid Plan. Our service area includes the following counties in Florida: Alachua, Brevard, Broward, Duval, Escambia, Hillsborough, Indian River, Lee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Lucie, and Volusia.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services. 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 you, except in emergency situations.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.” Benefits that contain an asterisk “*” mean that some services under that benefit require prior authorization.

For more information, please call 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, or visit us at www.FC2healthplan.com

Florida Complete Care (HMO D-SNP): Medicare and Medicaid Covered Benefits	
Service/Benefit	Florida Complete Care Member Cost
Monthly Plan Premium (includes both medical and drugs)	You pay \$0. This plan does not have a Medicare premium.
Deductible	You pay \$0. This plan does not have a deductible for services.
Maximum Out-of-Pocket Responsibility	You pay \$0. You have no out of pocket responsibility.
Inpatient Hospital*	You pay \$0.
Outpatient Hospital*	You pay \$0.
Ambulatory Surgical Center (ASC)*	You pay \$0.
Doctor Visits (Primary and Specialists*)	You pay \$0.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay \$0. To get a complete list of preventive services we cover, please request the “Evidence of Coverage.”
Emergency Care	You pay \$0.
Urgently Needed Services	You pay \$0.

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Florida Complete Care (HMO -D-SNP): Medicare and Medicaid Covered Benefits

Service/Benefit	Florida Complete Care Member Cost
Diagnostic Services/Labs/Imaging*	You pay \$0. Includes: <ul style="list-style-type: none"> ○ Diagnostic tests and procedures ○ Lab services ○ MRI, CAT Scan ○ X-Rays
Hearing Services	You pay \$0.
Dental Services*	You pay \$0. \$3,500.00 per year from doctors and facilities in our plan for Preventative and Comprehensive Dental benefits. Preventive dental services: <ul style="list-style-type: none"> ● Oral exam every 6 months ● Prophylaxis service every 6 months (cleaning) ● Dental X-Rays once a year Comprehensive dental services: <ul style="list-style-type: none"> ● Diagnostic Services ● Restorative Services ● Endodontics ● Periodontics ● Extractions Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services.
Vision Services	You pay \$0.
Mental Health Services (Inpatient and Outpatient Services)*	You pay \$0.
Skilled Nursing Facility*	You pay \$0.
Emergency Transportation (Ambulance)	You pay \$0.

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Florida Complete Care (HMO D-SNP): Medicare and Medicaid Covered Benefits	
Service/Benefit	Florida Complete Care Member Cost
Non- Emergency Transportation	You pay \$0. Benefit covered by Florida Community Care Medicaid Plan
Medicare Part B Drugs	You pay \$0.
Part D Prescription Drugs	You pay \$0 for Medicare Part D covered prescription drugs on your formulary, for all tiers, and through all stages.
Podiatry Services (Foot Care) *	<p>You pay \$0.</p> <p>Supplemental Benefit Includes: Routine foot care services for up to 6 visits per year to a network specialist</p> <p>Paring or cutting of benign hyperkeratotic lesions (e.g., corn, wart, callus)</p> <p>Trimming or debridement of nails</p>
Medical Equipment/Supplies*	<p>You pay \$0.</p> <ul style="list-style-type: none"> • Durable Medical equipment (wheelchairs, oxygen, etc.) • Diabetes Supplies and Services <p>Prosthetic Devices</p>
Chiropractic Services*	You pay \$0
Dialysis*	You pay \$0
Home Health Services*	You pay \$0
Occupational Therapy*	You pay \$0
Physical Therapy*	You pay \$0
Respiratory Therapy*	You pay \$0
Speech-Language Pathology*	You pay \$0

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Florida Complete Care (HMO D-SNP): Supplemental Benefits

Service/Benefit	Florida Complete Care Member Cost
Flex Card Benefit Over The Counter (OTC) Supplies	You pay \$0. Includes nonprescription, over-the-counter drugs and health-related items, up to \$275.00 per quarter. <ul style="list-style-type: none"> Unused OTC amounts do not roll over from quarter to quarter. This benefit is provided through a debit card. To order covered items you may visit any CVS location, place orders online or call 1-855-788-3466.
Emergency Preparedness Meals*	You pay \$0. Includes Meals offered for a medical condition that requires you 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).
Post-Discharge Meals*	You pay \$0. Includes 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).
Special Supplemental Benefit for the Chronically Ill (SSBCI)	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. Not all members qualify. Contact Member Services for more information.
Flex Card Benefit Healthy Food Assistance (SSBCI)*	You pay \$0. Includes \$180.00 per quarter to spend on healthy foods groceries at selected locations. <ul style="list-style-type: none"> Unused Healthy Food benefit amounts do not roll over from quarter to quarter. This benefit is provided through a debit card. For participating stores and locations, you can visit mybenefitscenter.com or call 1-855-788-3466.
Medically Tailored Meals- SSBCI*	You pay \$0. Includes frozen meals tailored specifically to your dietary needs or restrictions for up to 30 days (3 meals per day, total of 90 meals per year).
Fresh Produce Box- SSBCI*	You pay \$0. Includes a fresh produce box delivered once per month for three months for members that completed 30 days of frozen meals benefit.
Legal Aid- SSBCI*	You pay \$0. Includes assistance with legal services to obtain power of attorney for healthcare decisions. Covers legal fees up to \$250.00 once per lifetime.

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Florida Community Care: Medicaid Covered Long-Term Care Benefits

Service/Benefit	Florida Community Care Member Cost
Adult Companion Care*	You pay \$0. This service help you fix meals, do laundry and light housekeeping.
Adult Day Health Care*	You pay \$0. Supervision, social programs, and activities provided at an adult day care center during the day.
Assisted Living*	You pay \$0. These are services that are usually provided in an assisted living facility. Services can include housekeeping, help with bathing, dressing, and eating, medication assistance, and social programs.
Attendant Nursing Care*	You pay \$0. Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness, or injury.
Behavioral Management	You pay \$0. Services for mental health or substance abuse needs.
Caregiver Training	You pay \$0. Training and counseling for the people who help take care of you.
Care Coordination/Case Management	You pay \$0. Services that help you get the services and support you need to live safely and independently. This includes having a case manager and making a plan of care that lists all the services you need and receive.
Home Accessibility/ Adaptation Services*	You pay \$0. This service makes changes to your home to help you live and move in your home safely and more easily. It can include changes like installing grab bars in your bathroom or a special toilet seat. It does not include major changes like new carpeting, roof repairs, plumbing systems, etc.
Home Delivered Meals*	You pay \$0. This service delivers healthy meals to your home.
Homemaker Services*	You pay \$0. This service helps you with general household activities, like meal preparing and home chores.
Hospice*	You pay \$0. Medical care, treatment, and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers.
Intermittent and Skilled Nursing*	You pay \$0. Extra nursing help if you do not need nursing supervision all the time or need it at a regular time.
Medication Administration	You pay \$0. A review of all the prescription and over-the-counter medications you are taking.
Medication Management	You pay \$0. A review of all the prescription and over-the-counter medications you are taking.
Nutritional Assessment/Risk Reduction Services	You pay \$0. Education and support for you and your family or caregiver about your diet and the foods you need to eat to stay healthy.
Nursing Facility Services*	You pay \$0. Nursing facility services include medical supervision, 24-hour nursing care, help with day- to-day activities, physical therapy, occupational therapy, and speech- language pathology.
Personal Care	You pay \$0. These are in-home services to help you with: <ul style="list-style-type: none"> • Bathing • Dressing • Eating • Personal Hygiene

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Florida Community Care: Medicaid Covered Long-Term Care Benefits

Service/Benefit	Florida Community Care Member Cost
Personal Emergency Response Systems (PERS)*	You pay \$0. An electronic device that you can wear or keep near you that lets you call for emergency help anytime.
Respite Care*	You pay \$0. This service lets your caregivers take a short break. You can use this service in your home, an Assisted Living Facility or a Nursing Facility.
Structured Family Caregiving*	You pay \$0. Services provided in your home to help you live at home instead of in a nursing facility.
Transportation*	You pay \$0. Transportation to and from all of your LTC program services. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles.

Florida Community Care: Medicaid Expanded Benefits

Service/Benefit	Florida Community Care Member Cost:
Acupuncture*	You pay \$0. Acupuncture is a form of alternative medicine in which thin needles are used
Biometric Equipment*	You pay \$0. Includes blood pressure monitor and weight scale
Cell phone services*	You pay \$0. Includes one cell phone; 350 minutes; and unlimited text messages.
Chiropractic Services*	You pay \$0. Includes diagnosis and manipulative treatment of the joints, especially the spine.
Doula Services*	You pay \$0. Includes birth coach who helps women during pregnancy.
Durable Medical Equipment/Supplies*	You pay \$0. Includes one box fan.
Flu/Pandemic Prevention Kit	You pay \$0. Includes one flu kit: <ul style="list-style-type: none"> • 3 ply face masks - 10 piece • Oral Digital Thermometer • Hand Sanitizer
Hearing Services	You pay \$0. Includes services to help with hearing loss
Home Delivered Meals – Disaster Preparedness/ Relief*	You pay \$0. Includes one shelf-stable meal package (10 meals) per disaster.
Housing Assistance*	You pay \$0. Includes housing help for when moving from a nursing home to an assisted living facility.
Legal Guardianship*	You pay \$0. This benefit is for members who are in a SN or PDN setting, and a parent is obtaining guardianship to protect individuals who are unable to care for their own well-being.
Meals-Non-Emergency Transportation Day-Trips*	You pay \$0. Includes allowance to cover the cost of food for a long distance trip.
Medication Assisted Treatment Services*	You pay \$0. Includes services to help people who are struggling with drug addiction.
Occupational Therapy*	You pay \$0. Includes services to help with pain, gain or bring back physical functioning and movement.

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Florida Community Care: Medicaid Expanded Benefits

Service/Benefit	Florida Community Care Member Cost:
Over the counter (OTC)	You pay \$0. Includes over the counter products including: <ul style="list-style-type: none"> • Cough and cold allergy medicines • Vitamins • Medicines for the eyes • Pain medicine • Products for the stomach and bowel • First aid care • Hygiene products • Mosquito spray • Mouth and teeth cleansing products • Skin care
Pet Therapy*	You pay \$0. Includes activity therapy with a pet as needed in the enrollee's plan of care.
Physical Therapy*	You pay \$0. Includes services to help with pain, gain or bring back physical functioning and movement.
Prenatal/Perinatal Visits - Expanded	You pay \$0. Includes prenatal and after birth care including breast pumps visits to see doctor during pregnancy and after.
Primary Care Services	You pay \$0. Includes well or sick visits to see your PCP.
Respiratory Therapy*	You pay \$0. Includes services to treat problems with the lungs.
Speech Therapy*	You pay \$0. Includes services to help with the voice and to talk and swallow
Substance Abuse Treatment or Detoxification Services (Outpatient)*	You pay \$0. Includes substance abuse treatment or detoxication services provided in an outpatient setting (not staying overnight)
Transportation Services to Non-Medical Appointments/Activities*	You pay \$0. Includes transportation for non-medical trips, such as shopping or social events
Vaccine- Influenza	You pay \$0. Includes the Flu Vaccine.
Vaccine- Shingles	You pay \$0. Includes Shingles Vaccine.
Vaccine- Pneumonia	You pay \$0. Includes Pneumonia Vaccine.
Vaccine-TDaP	You pay \$0. Includes the Tetanus, Diphtheria, Pertussis Vaccine.
Vision Services- Expanded	You pay \$0. Includes eye care services that include eye exams.
Waived Co-Payments	You pay \$0. Members will not need to pay any co-payment charges.
ALF Move in Basket	You pay \$0. Members can select up to \$50 worth of items.
Assisted Living Facility/Adult Family Care Home – Bed Hold Days	You pay \$0. Bed will be held while away sick at a hospital or rehab place.
Caregiver Transportation	You pay \$0. Includes four (4) one way trips (for caregivers) monthly to visit a member who is residing at an ALF.
Individual Therapy Sessions for Caregivers*	You pay \$0. Includes therapy for caregivers as needed in the enrollee's plan of care.
Healthy Living Benefit	You pay \$0. Includes Healthy lifestyle aids to help members stay independent at home
Transition Assistance– Nursing Facility to Community Setting*	You pay \$0. Includes paying for certain expenses if an enrollee moves from a nursing home to the community.



For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or audio.

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)

Florida Complete Care 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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-322-7526. 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 대해 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

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بمساعتك. هذه خدمة . سيقوم شخص ما يتحدث العربية 1-833-322-7526 مترجم فوري، ليس عليك سوى الاتصال بنا على 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 1-833-322-7526 पर फोन करें। कोई व्यक्ति जो हिन्दी 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 1-833-322-7526. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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。

