



# SUMMARY OF BENEFITS



Florida  
complete care



# Florida complete care

## **Medicare Advantage and Part D**

**Plan Year:** January 1 – December 31, 2025

### **Florida Counties:**

*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*

### **Florida Complete Care (HMO I- SNP)**

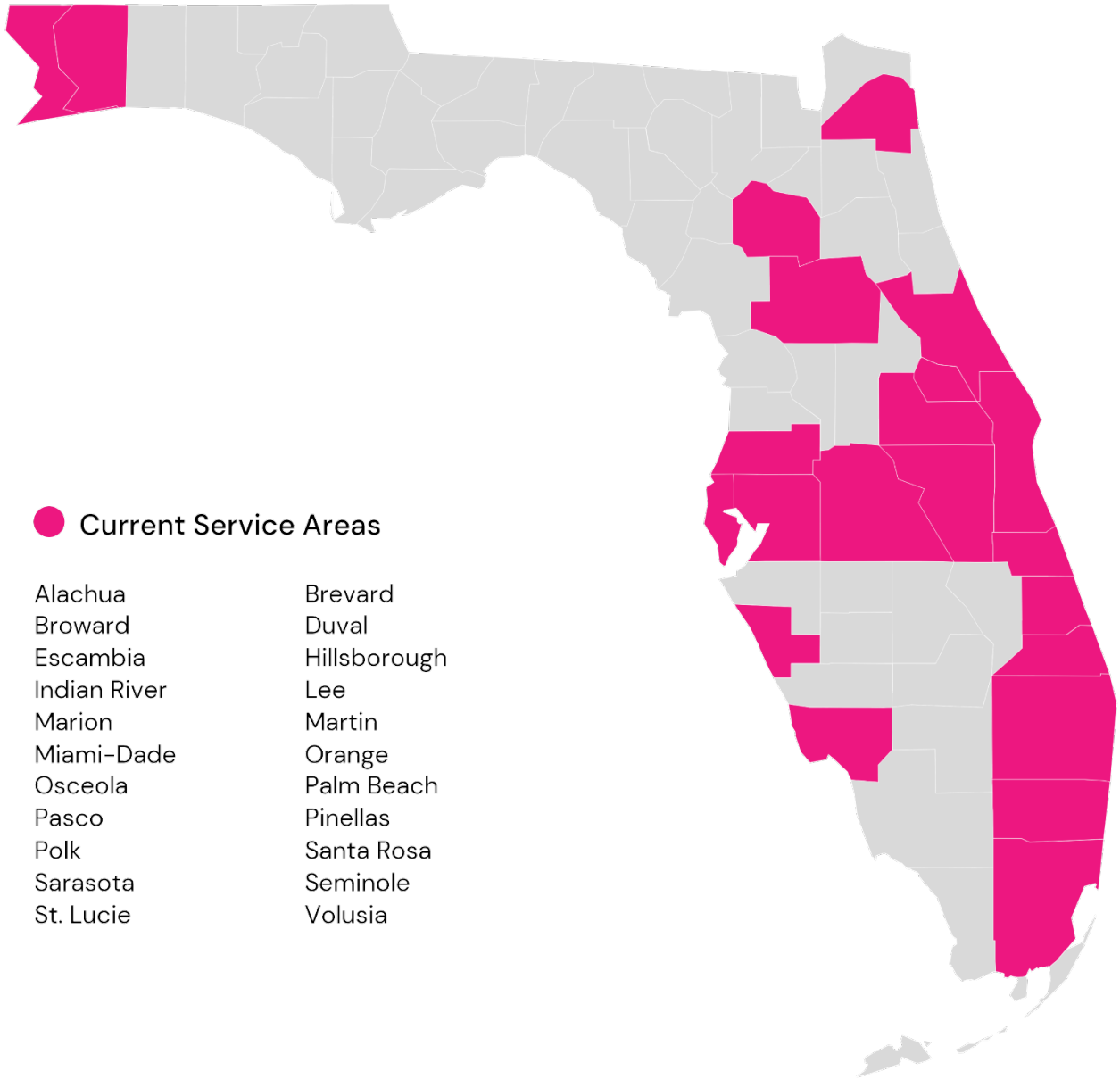
### **Florida Complete Care – In The Community (HMO-POS I- SNP)**

## **Thank you for your interest in our Medicare Advantage Plans**

Florida Complete Care (HMO I- SNP) is a special type 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.

In 2025, Florida Complete Care- In The Community (HMO-POS I-SNP) will be an HMO Point of Service (POS) I-SNP plan which will allow you the freedom to get care from Specialists **In or Out** of the Florida Complete Care network for covered medical services throughout the state of Florida.

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



● Current Service Areas

- |              |              |
|--------------|--------------|
| 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    | Volusia      |

Florida Complete Care (HMO I- SNP) and Florida Complete Care – In The Community (HMO-POS 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 Florida Complete Care (HMO I- SNP), 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 (HMO I- SNP) members, except in emergency situations.

Florida Complete Care-In the Community (HMO-POS I-SNP) Point of Service plan allows you to choose from in network (doctors that participate in our plan) or out of network doctors (doctors that do not participate in our plan). The cost sharing for services provided by doctors that do not participate in our plan is included with this document.

The benefit information covered in this document is a side-by-side summary of what we cover and what you pay for each plan. This information is not a complete description of benefits. Please Call Member Services or see your Evidence of Coverage for a complete description of benefits including cost sharing which can be accessed on our website here: [FC2healthplan.com](https://www.fc2healthplan.com).

Benefits marked with an asterisk (\*) require prior authorization before you can access them. Prior authorization means that you must get approval from Florida Complete Care before you can get a specific service or drug or see an out of network provider. Florida Complete Care may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.

Benefits marked with a double asterisk (\*\*) are a part of special supplemental program for the chronically ill. Not all members qualify. Benefits listed with "SSBCI" are special supplemental benefits that apply to the following conditions: Cancer; Cardiovascular

disorders; Chronic heart failure; Dementia; Diabetes; Chronic lung disorders; Chronic and disabling mental health conditions. There are other eligible conditions, not listed. Coverage for items or services depends on your chronic illness and the plan's coverage criteria.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments. Extra Help is also called the "Low-Income Subsidy," or "LIS."

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 1<sup>st</sup> through March 31<sup>st</sup>, and Monday to Friday (except holidays) from April 1<sup>st</sup> through September 30<sup>th</sup>.
- You can learn more about us on our website: [FC2healthplan.com](https://www.fc2healthplan.com)

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

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
How much is my <b>premium</b> ?	<p><b>\$20.30</b> per month</p> <ul style="list-style-type: none"> <li>You must continue to pay your Medicare Part B premium.</li> <li>If you get "Extra Help" from Medicare, your monthly plan premium will be lower, or you may pay nothing.</li> </ul>	✓	✓
Part B Premium Reduction Amount:	<p>\$0.20 per month</p> <ul style="list-style-type: none"> <li>You receive a credit to your Part B Premium.</li> </ul>	✓	
How much is my <b>deductible</b> ?	<p>This plan does not have a deductible for medical care.</p> <p><b>\$590.00</b> deductible per year for Part D Prescription drugs except for covered insulin products and most adult Part D vaccines.</p>	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
<p><b>Is there a limit on how much I will pay for my covered medical services?</b></p> <p>(Please note this does not include Part D prescription drugs)</p>	<p><b>\$3,400.00</b> per year from doctors and facilities in our plan.</p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Services you get from doctors or facilities in our plan (or out of network for POS) 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></li> <li>• <i>Please note that you still need to pay your monthly Part D prescription drug premium.</i></li> </ul>	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE- IN THE COMMUNITY (HMO-POS I-SNP)
<b>Inpatient Hospital*</b>	<p>Facilities in our plan:</p> <p>For each Medicare covered hospital stay per benefit period:</p> <ul style="list-style-type: none"> <li>• <b>\$1,632 deductible</b></li> <li>• <b>Days 1–60: (of each benefit period) \$0 copay after you meet your Part A deductible</b></li> <li>• <b>Days 61–90: (of each benefit period) \$408 copay per day</b></li> <li>• <b>Days 91 and beyond: (of each benefit period) \$816 copay per each “lifetime reserve day” after day (up to 60 days over your lifetime).</b></li> <li>• <b>After you use all your lifetime reserve days you pay all costs.</b></li> </ul> <p>These are 2024 cost-sharing amounts and may change for 2025. Florida Complete Care (HMO I-SNP) and Florida Complete Care- In The Community (HMO-POS I-SNP) will provide updated rates as soon as they are released.</p> <p>➤ <i>Medicare benefit periods apply</i></p>	✓	✓
<b>Outpatient Hospital*</b>	<b>You pay 20% Coinsurance</b>	✓	✓



**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
<b>Ambulatory Surgical Center*</b>	<b>You pay 20% Coinsurance</b>	✓	✓
<b>Doctor Visits: Primary Care</b>	<b>You pay \$0.00 Copayment</b>	✓	✓
<b>Specialists</b>	<i>Doctors in-network and out-of-network: You Pay 20% Coinsurance</i>	✓	✓
<b>Preventive Care</b>	<p><b>You pay \$0.00 Copayment</b></p> <p><b>Our plan covers many preventative services, including:</b></p> <ul style="list-style-type: none"> <li>● Abdominal aortic aneurysm screening</li> <li>● Alcohol misuse screening and counseling</li> <li>● Blood-based biomarker test</li> <li>● Bone mass measurement</li> <li>● Cardiovascular disease screenings</li> <li>● Cardiovascular disease (behavioral therapy)</li> <li>● Cervical and vaginal cancer screening</li> <li>● Colorectal cancer screening (multi-targeted stool DNA test, barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies)</li> </ul>	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
	<ul style="list-style-type: none"> <li>• Counseling to prevent tobacco use &amp; tobacco-caused disease</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training</li> <li>• Glaucoma tests</li> <li>• Hepatitis B shots</li> <li>• Hepatitis B Virus (HBV) infection screenings</li> <li>• Hepatitis C screening tests</li> <li>• HIV screenings</li> <li>• Lung cancer screenings</li> <li>• Mammograms (screening)</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Obesity behavioral therapy</li> <li>• One-time “Welcome to Medicare” preventive visit</li> <li>• Prostate cancer screenings</li> <li>• Sexually transmitted infections screenings &amp; counseling</li> </ul>		

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
	<ul style="list-style-type: none"> <li>● Shots:                             <ul style="list-style-type: none"> <li>○ COVID-19 vaccines</li> <li>○ Flu Shots</li> <li>○ Hepatitis B shots</li> <li>○ Pneumococcal shots</li> </ul> </li> <li>● Yearly “Wellness” visit</li> </ul>		
<b>Emergency Care</b>	<p><b>You pay 20% Coinsurance (up to \$120 per visit)</b></p> <ul style="list-style-type: none"> <li>● <i>You will not pay this amount if you are admitted to the hospital within 3 days for the same condition.</i></li> </ul>	✓	✓
<b>Urgently Needed Services</b>	<p><b>You pay 20% Coinsurance (up to \$65 per visit)</b></p> <ul style="list-style-type: none"> <li>● <i>You will not pay this amount if you are admitted to the hospital within 3 days for the same condition.</i></li> </ul>	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
<b>Diagnostic Services/ Labs/ Imaging*</b>	<p><b>You pay 20% Coinsurance for the services below:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans)</li> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Outpatient x-rays</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul>	✓	✓
<b>Hearing Services</b>	<p><b>You pay 20 % coinsurance</b> for all Medicare covered services</p>	✓	✓

<p><b>Dental Services*</b></p>	<p>You pay \$0 for Medicare covered services.</p> <p>Your Plan covers up to \$3,650.00 allowance every year (\$912.50 per quarter) for non-Medicare covered preventive and comprehensive dental services including:</p> <p><b><u>Preventive dental services:</u></b></p> <ul style="list-style-type: none"> <li>• Oral exam every 6 months</li> <li>• Prophylaxis service every 6 months (cleaning)</li> <li>• Dental X-Rays once a year</li> </ul> <p><b><u>Comprehensive dental services:</u></b></p> <ul style="list-style-type: none"> <li>• Diagnostic Services</li> <li>• Restorative Services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Implant Services</li> </ul> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p><b>Unused amounts do NOT rollover quarter to quarter</b></p> <p><b>You are responsible for any amount above the dental coverage limit</b></p>	<p>✓</p>	
--------------------------------	--	----------	--

<b>Dental Services*</b>	<p>You pay \$0 for Medicare covered services.</p> <p>Your Plan covers up to \$3,450.00 allowance every year (\$862.50 per quarter) for non-Medicare covered preventive and comprehensive dental services including:</p> <p><b><u>Preventive dental services:</u></b></p> <ul style="list-style-type: none"> <li>• Oral exam every 6 months</li> <li>• Prophylaxis service every 6 months (cleaning)</li> <li>• Dental X-Rays once a year</li> </ul> <p><b><u>Comprehensive dental services:</u></b></p> <ul style="list-style-type: none"> <li>• Diagnostic Services</li> <li>• Restorative Services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Implant Services</li> </ul> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</p> <p><b>Unused amounts do NOT rollover quarter to quarter</b></p> <p><b>You are responsible for any amount above the dental coverage limit</b></p>		✓
<b>Vision Services</b>	<p>You pay 20 % for all Medicare covered services for doctors and facilities in our plan</p>	✓	✓

<b>Mental Health Services*</b>	<p><b><u>Inpatient mental health services:</u></b></p> <p>For each psychiatric hospital stay per benefit period:</p> <ul style="list-style-type: none"> <li>● <b>\$1,632 deductible</b></li> <li>● <b>Days 1–60: (of each benefit period) \$0 copay after you meet your Part A deductible</b></li> <li>● <b>Days 61–90: (of each benefit period) \$408 copay per day</b></li> <li>● <b>Days 91 and beyond: (of each benefit period) \$816 copay per each “lifetime reserve day” after day (up to 60 days over your lifetime).</b></li> <li>● <b>After you use all your lifetime reserve days you pay all costs.</b></li> </ul> <p>These are 2024 cost-sharing amounts and may change for 2025. Florida Complete Care will provide updated rates as soon as they are released.</p> <p><b>20% of the Medicare-approved amount</b> for mental health services you get for doctors and other providers while you’re a hospital inpatient.</p> <ul style="list-style-type: none"> <li>● <i>Medicare benefit periods apply.</i></li> </ul> <p><b><u>Outpatient mental health services:</u></b></p> <p><b>20% coinsurance for outpatient services:</b></p> <ul style="list-style-type: none"> <li>● Outpatient group therapy</li> <li>● Outpatient individual therapy</li> </ul>	✓	✓
<b>PART D PRESCRIPTION DRUG</b>	<b>\$590.00</b> deductible per year for Part D prescription drugs.	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
<p>How much is my <b>Part D deductible?</b></p>	<p><i>Note: During the deductible stage, you pay full cost of drugs until you have reached the yearly deductible.</i></p> <p>The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>		



<p><b>Initial Coverage Stage</b></p>	<p>Your cost for a one-month supply at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1:</b></p> <p>You pay 25% of the total cost.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> <p>Total yearly drug costs are the total drug costs paid by both you and your Part D plan.</p> <p><b>25% Coinsurance</b> 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>Notes:</p> <ul style="list-style-type: none"> <li>• <i>You may get your drugs at network retail pharmacies or through mail order.</i></li> <li>• <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></li> <li>• <i>Coverage is limited to certain situations for out-of-network cost sharing; see Chapter 5 in the Evidence of Coverage.</i></li> </ul> <p><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></p>	<p>✓</p>	<p>✓</p>
--------------------------------------	---	----------	----------

## Florida Complete Care: Medicare Covered Benefits and Additional

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO-POS I-SNP)
<b>Catastrophic Coverage Stage</b>	After your yearly out-of-pocket drug costs reach \$2,000.00, Beginning in 2025, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.	✓	✓
<b>Skilled Nursing Facility (SNF)*</b>	<p>For each stay per benefit period</p> <ul style="list-style-type: none"> <li>• <b>Days 1-20</b> \$0 copay (Note: If you are in a Medicare Advantage Plan, you may be charged co-payments during the first 20 days. (Check with the plan for more information)</li> <li>• <b>Days 21-100</b> \$204 each day</li> <li>• <b>Days 101 and beyond</b> –All costs</li> </ul> <p>Part A limits coverage to 100 days in each benefit period</p> <ul style="list-style-type: none"> <li>• <i>Authorization not required for Florida Complete Care (HMO I-SNP)</i></li> </ul> <p>These are 2024 cost-sharing amounts and may change for 2025. Florida Complete Care will provide updated rates as soon as they are released.</p>	✓	✓
<b>Physical Therapy*</b>	You pay 20 % for all Medicare covered services	✓	✓
<b>Ambulance*</b>	<b>You pay 20% Coinsurance for Air and Non-Emergent Ground Ambulance</b>	✓	✓
<b>Transportation</b>	<b>Not Covered</b>	✓	✓
<b>Medicare Part B Drugs*</b>	You pay 0-20% Coinsurance	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO–POS I-SNP)
<p><b>Podiatry Services (Foot Care) *</b></p>	<p><b>You pay 20% Coinsurance</b> 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.</p> <p><b>You pay \$0</b> for supplemental routine foot care services</p> <p>Six (6) visits per year to a network specialist.</p> <p>Covered supplemental services include:</p> <ul style="list-style-type: none"> <li>Paring or cutting of benign hyperkeratotic lesions (e.g., corn, wart, callus)</li> <li>Trimming or debridement of nails</li> </ul>	<p>✓</p>	

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO-POS I-SNP)
<b>Podiatry Services (Foot Care)</b>	<p><b>You pay 20% Coinsurance</b> 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.</p> <p><b>You Pay \$0</b> for supplemental routine foot care services</p> <p>Six (6) visits per year to an in-network or out-of-network specialist.</p> <p>Covered supplemental services include:</p> <ul style="list-style-type: none"> <li>• Paring or cutting of benign hyperkeratotic lesions (e.g., corn, wart, callus)</li> <li>• Trimming or debridement of nails</li> </ul>		✓
<b>Medical Equipment/Supplies*</b>	<p><b>You pay 20% Coinsurance for:</b></p> <ul style="list-style-type: none"> <li>• Durable Medical equipment (wheelchairs, oxygen, etc.)</li> <li>• Diabetes Supplies and Services</li> <li>• Prosthetic Devices</li> </ul>	✓	✓

**Florida Complete Care: Medicare Covered Benefits and Additional**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO-POS I-SNP)
<b>Chiropractic Services*</b>	<p><b>You pay 20% Coinsurance</b></p> <p>To help correct a subluxation (when one or more of the bones of the spine move out of position) using manipulation of the spine.</p>	✓	✓
<b>Dialysis*</b>	<p><b>You pay 20% Coinsurance</b></p> <p>Covered three times a week if you have End-Stage Renal Disease (ESRD). This includes dialysis medications, laboratory tests, home dialysis training, and related equipment and supplies.</p>	✓	✓
<b>Home Health*</b>	<p><b>You pay 20% Coinsurance</b></p> <p>Covered when you are confined to the home; under a plan of treatment established and periodically reviewed by a physician; and in need of intermittent skill nursing care or therapy.</p>	✓	✓
<b>Occupational Therapy*</b>	<p><b>You pay 20% Coinsurance</b></p>	✓	✓
<b>Respiratory Therapy*</b>	<p><b>You pay 20% Coinsurance</b></p>	✓	✓
<b>Speech–Language Pathology*</b>	<p><b>You pay 20% Coinsurance</b></p>	✓	✓

**Florida Complete Care: Supplemental Benefits**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE- IN THE COMMUNITY (HMO-POS I-SNP)
<b>Over-the-Counter Supplies</b>	<p>\$0.00 copay for nonprescription, over-the-counter drugs and health-related items, up to <b>\$350.00</b> every quarter.</p> <ul style="list-style-type: none"> <li>• Unused OTC amounts do not roll over from quarter to quarter.</li> </ul> <p>To order covered items you may visit any CVS location, place orders online or call 1-888-628-2770.</p>	✓	
<b>Over-the-Counter Supplies Flex Card Benefit</b>	<p>\$0.00 copay for nonprescription, over-the-counter drugs and health-related items, up to \$40 per month.</p> <p>This benefit is provided through a debit card, which allots <b>\$40.00</b> for OTC spend per month.</p> <ul style="list-style-type: none"> <li>• Unused OTC amounts do not roll over from month to month. This benefit is provided through a debit card.</li> </ul> <p>To order covered items you may visit any CVS location, place orders online or call 1-855-788-3466.</p>		✓

**Florida Complete Care: Supplemental Benefits**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO-POS I-SNP)
<b>Emergency Preparedness Meals*</b>	<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> <ul style="list-style-type: none"> <li>• <i>Authorization required for Florida Complete Care (HMO I-SNP)</i></li> </ul>	✓	✓
<b>Post- Discharge Meals</b>	<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>		✓
<b>Medically Tailored Meals* SSBCI**</b>	<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>		✓
<b>Fresh Produce Box* SSBCI**</b>	<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>		✓

**Florida Complete Care: Supplemental Benefits**

Service/Benefit	This column shows what you will pay.	FLORIDA COMPLETE CARE (HMO I-SNP)	FLORIDA COMPLETE CARE– IN THE COMMUNITY (HMO-POS I-SNP)
<b>Flex Card Benefit</b> Healthy Food Assistance SSBCI**	Benefit includes <b>\$70.00</b> per month towards the purchase of healthy groceries at participating stores near you. Unused Healthy Food amounts do not roll over from month to month.  <b>This benefit is provided through a debit card.</b>  Contact 1-855-788-3466 for more information.		✓
<b>Advanced Care At Home (Specialty House Calls) *</b> SSBCI**	This benefit covers medical care in the member’s home that is not otherwise covered by Medicare to provide an alternative to receiving or continuing to receive needed acute care in a hospital for certain conditions. Prior authorization requirements may apply.		✓
<b>Legal Aid- SSBCI**</b>	\$0.00 copay for assistance with legal services to obtain a power of attorney for healthcare decisions. Covers legal fees up to <b>\$250.00 once per lifetime.</b>	✓	✓



## 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 [medicare.gov](https://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).

## 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; TTY: 711. 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; TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-322-7526; TTY: 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-322-7526; TTY: 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa 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; TTY: 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-322-7526; TTY: 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-322-7526; TTY: 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-322-7526; TTY: 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form CMS-10802  
(Expires 12/31/25)

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-322-7526; TTY: 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-322-7526; TTY: 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-322-7526، TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-322-7526; TTY: 711 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; TTY: 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-322-7526; TTY:

711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-322-7526; TTY: 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-322-7526; TTY: 711. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-322-7526; TTY: 711 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。

## Notice of Non-Discrimination

**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 (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). **Florida Complete Care** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### Florida Complete Care:

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 and services, or language assistance services, contact **Jennifer Fagundo**.

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:

### **Jennifer Fagundo, Senior Director of Medicare Operations**

4601 SW 77<sup>th</sup> Avenue

Miami, FL 33166

(888) 262-1292, 711 (TTY)

1-800-887-2838 fax

[JFagundo@ilshealth.com](mailto:JFagundo@ilshealth.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Jennifer Fagundo, Senior Director of Medicare Operations** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# Florida complete care