



2025 Summary of Benefits

Florida Complete Care-Duals VIP
(HMO-POS D-SNP)
H9986, Plans 004-1, 004-2, and 004-3

January 1, 2025 - December 31, 2025



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Florida Complete Care-Duals VIP (HMO-POS D-SNP)
Highly Integrated Special Needs Plan



Introduction

In 2025, Florida Complete Care (FC2) will be an HMO Point of Service Special Needs Plan. **FC2 allows you the freedom to get care from specialists without a referral, whether they are in or out of the Florida Complete Care network, for covered medical services throughout the state of Florida – at no additional cost to you!**

Florida Complete Care–Duals VIP (HMO–POS D–SNP) is a Highly Integrated Medicare Advantage HMO plan with a Medicare contract and a Florida Medicaid contract. Enrollment in the Plan depends on the contract renewal.

To join Florida Complete Care, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area and also receive assistance from the Florida Medicaid. If you receive Medicare and Medicaid benefits, you are a dual eligible. You may enroll in Florida Complete Care if you have Medicaid assistance as a Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary Plus (QMB+) Specified Low–Income Beneficiary Plus (SLMB+).

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.

The benefit information provided does not list every service we cover or every limitation or exclusion. To get a complete list of covered services, please request the “Evidence of Coverage.”

Benefits marked with an asterisk (*) indicate that some services under that benefit require prior authorization. Benefits marked with a double asterisk (**) are part of a special supplemental program for the chronically ill, and 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, and 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.

For more information, please 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 [FC2healthplan.com](https://www.fc2healthplan.com)

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Featured Benefits & Services

You pay \$0.

Medicare Covered Benefits



Open Network

Freedom of choice in the Point-of-service (POS) plan. **Choose specialist providers in and out of network**



No Referrals

Referrals are **not** required for specialist visits, and **transportation** to see your doctor is **unlimited**

View **Page 6** for additional information.

You pay \$0.

Supplemental Benefits



Flex Card**

\$255-\$320/month for healthy foods and over-the-counter products



Hearing, Vision, and Dental

\$5,500-\$6,060/year for hearing, vision, and dental services



Advance Care at Home**

Covers medical service in the **comfort of your home**

View **Pages 10-16** for additional information.

You pay \$0.

Additional Benefits



Arthritis Program

Arthritis treatment **at your home** with safe and effective natural injections



Comprehensive Care Management

Integrating both medical and social services



Medical Oversight

To help you **age in place**

View **Page 17** for additional information.

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Service Area

Segments by Location

Segment 1

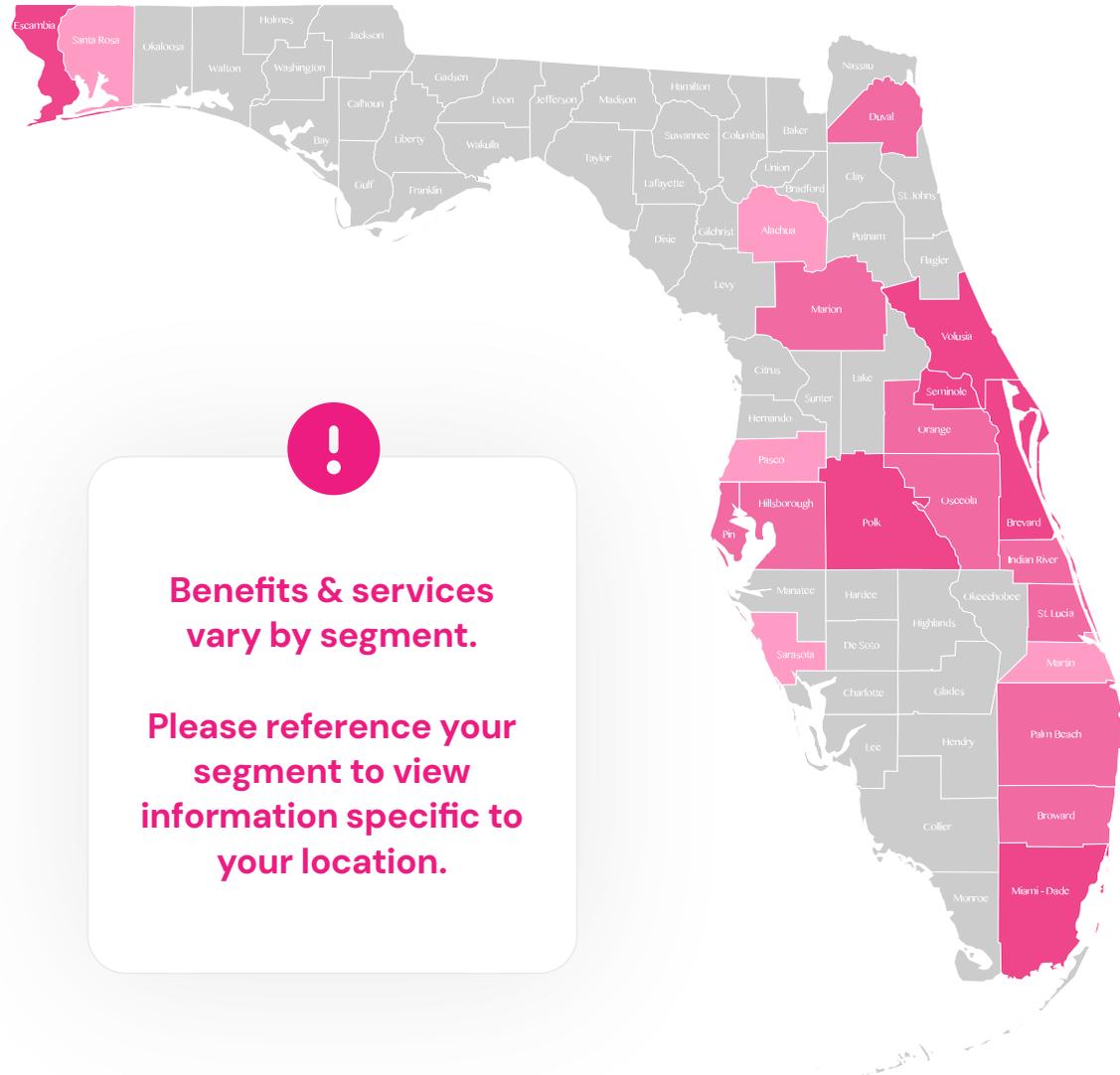
Brevard, Miami-Dade, Polk, Seminole, Volusia, and Escambia

Segment 2

Broward, Duval, Hillsborough, Orange, Osceola, Palm Beach, Pinellas, Marion, Indian River, and St. Lucie

Segment 3

Alachua, Lee, Pasco, Santa Rosa, Martin, and Sarasota



Benefits & services vary by segment.

Please reference your segment to view information specific to your location.

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Costs & Benefits at a Glance

Open Network

Choose specialist providers in and out of network through Point-of-Service (POS) Plan.

No Referrals

Referrals are not required for specialist visits, and transportation to see your doctor is unlimited.

Covered Medical and Hospital Benefits

Inpatient Hospital*	You pay \$0.	Preventative Care	You pay \$0.
Outpatient Hospital*	You pay \$0.	Emergency Care	You pay \$0.
Ambulatory Surgical Center (ASC) Services*	You pay \$0.	Urgently Needed Services	You pay \$0.
Doctors Visits (Primary Care Providers & Specialists)	You pay \$0.	Diagnostic Services*‡	You pay \$0.

‡Includes: Diagnostic tests & procedures, lab services, MRI, CAT Scan, and X-Rays

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Medicare Covered Benefits

Overview

Medicare Covered Benefits

Monthly Plan Premium

You pay \$0. This plan does not have a Medicare premium.

Deductible

This plan **does not** have a deductible for services.

Maximum Out-of-Pocket

You have **no out-of-pocket** responsibility.

Medicare Covered Benefits

Inpatient Hospital*

You pay \$0.

Emergency Care

You pay \$0.

Outpatient Hospital*

You pay \$0.

Urgently Needed Services

You pay \$0.

Ambulatory Surgical Center (ASC) Services*

You pay \$0.

Diagnostics/Labs/Imaging* †

You pay \$0.

**Doctors Visits
(Primary Care Providers & Specialists)**

You pay \$0.

Hearing Services (See page 12)

You pay \$0.

Preventative Care

(e.g., flu vaccine, diabetic screenings). For a complete list of preventative services, request the 'Evidence of Coverage.'

You pay \$0.

†Includes: Diagnostic tests & procedures, lab services, MRI, CAT Scan, and X-Rays

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Medicare Covered Benefits

Medicare Covered Benefits

Dental Services* (See page 15)

You pay \$0.

Podiatry Services*
(Foot Care)

You pay \$0.

Vision Services (See page 11)

You pay \$0.

Medical Equipment/Supplies*

You pay \$0.

Skilled Nursing Facility*

You pay \$0.

Dialysis*

You pay \$0.

Physical Therapy*

You pay \$0.

Home Health Services*

You pay \$0.

Emergency Transportation
(Ambulance)

You pay \$0.

Occupational Therapy*

You pay \$0.

Chiropractic Services*

You pay \$0.

Speech-Language Pathology*

You pay \$0.

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Part D Prescription Drug Benefits

This plan uses a list of covered drugs, called “Formulary”. Check our website to find out if your drugs are covered and know of any restrictions such as quantity limitations, prior authorization or step therapy.

Deductible

\$590

Except for covered insulin products and most adult Part D vaccines.

If you qualify for “Extra Help”, your deductible is **\$0**.

Initial Coverage

\$2,000.

During this period, you pay the copayment or coinsurance listed below until your total yearly drug costs for covered drugs reach \$2,000. Total yearly drug costs are the total drug cost paid by both you and the plan.

Catastrophic Coverage

\$0

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

Additional Part D Benefit Information

Insulin Coverage: covered insulin products by our plan for retail pharmacy: You pay \$0 – \$35 for a one-month (up to 30-day) supply of each insulin product covered by our plan, regardless of the cost-sharing tier. Refer to the Formulary to find all Part D insulins covered by our plan.

Excluded Drug Coverage: drugs to treat anorexia, weight loss, or weight gain; fertility drugs; cosmetic or hair growth drugs, erectile dysfunction drugs. (other drugs may be excluded from Part D coverage)

Part D Vaccines: our plan covers most adult Part D vaccines at no cost to you. Refer to the Formulary or contact Member Services for coverage and cost-sharing details about specific vaccines.

Medicare Prescription Payment Plan: the Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-844-969-5366 or visit Medicare.gov.

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Supplemental Benefits

Offered by **Florida Complete Care**

Supplemental Benefits

Service / Benefit	Explanation of Benefits		
	Segment 1	Segment 2	Segment 3
Flex Card Benefit - Over the Counter	\$110/month for over-the-counter drugs. See Page 14 for more information.	\$85/month for over-the-counter drugs. See Page 14 for more information.	\$85/month for over-the-counter drugs. See Page 14 for more information.
Flex Card Benefit - Healthy Food Assistance**	\$210/month for healthy food. See Page 14 for more information.	\$185/month for healthy food. See Page 14 for more information.	\$170/month for healthy food. See page 14 for more information.
Dental Services	\$1,165/quarter for preventative and comprehensive services.	\$1,095/quarter for preventative and comprehensive services.	\$1,025/quarter for preventative and comprehensive services.
Vision Services	\$400/year for routine eye exam, contact lenses, eyeglasses (lenses and frames).	\$400/year for routine eye exam, contact lenses, eyeglasses (lenses and frames).	\$400/year for routine eye exam, contact lenses, eyeglasses (lenses and frames).

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Supplemental Benefits

Service / Benefit	Explanation of Benefits
Hearing Services	\$1,000 per year for: Routine hearing exams, fitting/evaluation for hearing, prescription hearing aids (all types).
Specialty House Calls**	This benefit covers medical care in the member's home that is not otherwise covered by Medicare to provide with an alternative to receiving or continuing to receive needed acute care in a hospital for certain conditions. Prior authorization requirements may apply. See Page 16 for more information.
Post-Discharge Meals**	Immediately following surgery, inpatient hospitalization, or for members determined to be frail, the following meal benefits are provided: 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). Prior authorization requirements may apply.
Emergency Preparedness Meals**	Includes meals offered for a medical condition that require 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). Prior authorization requirements may apply.
Medically Tailored Meals**	Include 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). Prior authorization requirements may apply.
Fresh Produce Box**	Includes a fresh produce box delivered once per month for three months for members that completed 30 days of frozen meals benefit. Prior authorization requirements may apply.

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Supplemental Benefits

Service / Benefit	Explanation of Benefits
Legal Aid**	Includes assistance with legal services to obtain Power of Attorney for healthcare decisions. Covers legal fees up to \$250.00 once per lifetime.
Unlimited Routine Transportation	This benefit covers unlimited routine, non-emergency round trips to plan approved health related locations such as provider office, medical facilities, hearing and vision appointments. Mileage limitations per 1 way trip apply.
Podiatry Services (Foot Care)	Includes: Routine foot care services for up to 6 visits per year to a network specialist. Paring or cutting of benign hyperkeratotic lesions (e.g., corn, wart, callus) Trimming or debridement of nails.

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Supplemental Benefits

Flex Card Explained

Service / Benefit	Explanation of Benefits		
<p>Flex Card</p>	<p>One card, two types of wallets: 1) Over-the-Counter Drugs and 2) Healthy Groceries</p>		
	<p>Segment 1</p> <p>\$320/month on one card, divided between over-the-counter drugs and healthy food.</p> <p>Up to \$110/month for over-the-counter drugs and \$210/month for healthy food.</p>	<p>Segment 2</p> <p>\$270/month on one card, divided between over-the-counter drugs and healthy food.</p> <p>Up to \$85/month for over-the-counter drugs and \$185/month for healthy food.</p>	<p>Segment 3</p> <p>\$255/month on one card, divided between over-the-counter drugs and healthy food.</p> <p>Up to \$85/month for over-the-counter drugs and \$170/month for healthy food.</p>

Benefit does not roll over from month to month.

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Supplemental Benefits

Dental Services Explained

Service / Benefit	Explanation of Benefits		
<p>Dental Services</p>	<p>Segment 1</p> <p>\$1,165/quarter for preventative and comprehensive services, including:</p> <ul style="list-style-type: none"> • Dental Implants • Oral Exams • Dental X-Rays • Other Diagnostic Dental Services • Prophylaxis (cleaning) • Other Preventative Dental Services • Restorative Services • Endodontics • Periodontic, removable MACillofacial Prosthetics Implant Services • Prosthodontics, fixed Oral and Maxillofacial Surgery • Adjunctive General Services 	<p>Segment 2</p> <p>\$1,095/quarter for preventative and comprehensive services, including:</p> <ul style="list-style-type: none"> • Dental Implants • Oral Exams • Dental X-Rays • Other Diagnostic Dental Services • Prophylaxis (cleaning) • Other Preventative Dental Services • Restorative Services • Endodontics • Periodontic Prosthodontics, removable MACillofacial Prosthetics Implant Services • Prosthodontics, fixed Oral and Maxillofacial Surgery • Adjunctive General Services 	<p>Segment 3</p> <p>\$1,025/quarter for preventative and comprehensive services, including:</p> <ul style="list-style-type: none"> • Dental Implants • Dental X-Rays • Other Diagnostic Dental Services • Prophylaxis (cleaning) • Other Preventative Dental Services • Restorative Services • Endodontics • Periodontic Prosthodontics, removable MACillofacial Prosthetics Implant Services • Prosthodontics, fixed Oral and Maxillofacial Surgery • Adjunctive General Services

Benefit rollover from quarter to quarter

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Supplemental Benefits

Specialty House Calls Explained

Service / Benefit

Explanation of Benefits

FC2 Specialty House Calls**

Home Medical Care not covered by Medicare (acute medical care at home) – **Florida Complete Care Specialty House Calls benefit covers medical care in the member’s home that is not otherwise covered by Medicare when found medically appropriate by a physician** based on the member’s health status, to provide with an alternative to receiving or continuing to receive acute care a member needs in a hospital.

A member may be referred to one of Florida Complete Care’s contracted in-home specialty care hospitalist providers to receive the following non-Medicare covered hospital services at home. Hospital services in the home allows for certain health care services to be provided outside of a traditional hospital setting and within the member’s home. Care begins after a contracted provider has evaluated and determined the member to be eligible, and the contracted provider refers the member. The Florida Complete Care contracted provider will consider the member’s eligibility criteria including medical conditions, and geographic location. No emergency room or inpatient visit is required to begin treatment. The member will receive treatment and monitoring at home from a team of providers for up to 30 day episode of care, **Prior authorization requirements apply.**

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Additional Benefits

Additional Benefits

The following services are not part of your primary benefits, but you are able to receive these through Florida Complete care.

Arthritis Program



Arthritis Treatment at Home

Arthritis evaluation and non-surgical treatment offered in the **comfort of your own home**. Get safe and effective natural injections to relieve pain in your shoulders, knees, and lower back.

Comprehensive Care Management



One-on-one Care Manager

Our dedicated team coordinates your care, integrating both long-term care and clinical care. A single care manager serves as your liaison among you, your plan, and service providers, ensuring seamless communications and support. Our comprehensive and personalized approach is designed to meet your unique needs effectively and efficiently.

Medical Oversight



Personalized Care

Our medical oversight team helps you with specialized risk assessments, medication review, and other care insights to help you age in place.

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Medicaid Covered Benefits

Explanation of Benefits

Medicaid Covered Benefits

The benefits described in this section are covered by Florida Complete Care–Duals–VIP (HMO–POS D–SNP).

Supplemental benefits depend on the segment you are enrolled in.

The following pages contain a **comparison of benefits that some Medicaid eligible individuals could receive directly from the Florida Medicaid**. For each benefit listed below, you can see what the Florida Medicaid covers and what our plan covers.

All Medicaid benefits are subject to Medicaid eligibility guidelines and requirements and are available only to full dual eligible individuals. If you have questions about your Medicaid eligibility and what benefits you are entitled to, review your member handbook or **contact the Florida Medicaid at 1-888-419-3456 (toll free) 1-800-955-8771 (TTY)**.

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
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.

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
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 nursing home to an assisted living facility.

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
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* You pay \$0.	Includes allowance to cover the cost of food for a long distance day-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.
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

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
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.

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
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 detoxification 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.

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
Vaccine-Shingles You pay \$0.	Includes Shingles Vaccine.
Vaccine-Pneumonia You pay \$0.	Includes Pneumonia Vaccine.
Vaccine-TDaP You pay \$0.	Includes the Tetanus Diptheria, 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.

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
<p>Assisted Living Facility (ALF) Move in Basket You pay \$0.</p>	<p>Members can select up to \$50 worth of items when members moves into a Assisted Living Facility (ALF).</p>
<p>Assisted Living Facility/Adult Family Cafe Home - Bed Hold Days You pay \$0.</p>	<p>Bed will be held while away sick at a hospital or rehab palce.</p>
<p>Caregiver Transportation You pay \$0.</p>	<p>Includes four (4) one way trips (for caregivers) monthly to visit a member who is residing at an ALF.</p>
<p>Individual Therapy Sessions for Caregivers* You pay \$0.</p>	<p>Includes therapy for caregivers as needed in the enrollee’s plan of care.</p>

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Medicaid Covered Benefits

Service / Benefit	Explanation of Benefits
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.

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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.

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

Form Approved OMB# 0938-1421

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Multi-Language Insert

Multi-Language Interpreter Services

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。

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

Form Approved OMB# 0938-1421

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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 77th Avenue
Miami, FL 33166
(888) 262-1292, 711 (TTY)
1-800-887-2838 fax
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>.

2025 Summary of Benefits

Florida Complete Care-Duals VIP (HMO-POS D-SNP)
Highly Integrated Special Needs Plan



