Changes to the
Florida Complete Care-In the Community (HMO-POS I-SNP)
2026
Evidence of Coverage

11/17/2025

Dear Member,

This is important information on changes in your Florida Complete Care-In the Community (HMO-POS I-SNP) coverage.

We previously sent you written notice advising where the health plan had posted the 2026 Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan. This notice is to let you know there were errors in your EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at fc2healthplan.com.

Changes to your EOC.

Where you can find the error in your 2026 EOC	Original Information	Corrected Information	What does this mean for you?
On page 55, Section Medical Benefits Chart Cardiac rehabilitation services	Prior authorization and Referral required for Intensive Cardiac rehabilitation service.	Prior authorization and Referral required.	Original information indicated that prior authorization and referral required specifically apply to Intensive services. Prior authorization requirements apply to all services. You must obtain prior authorization and a referral to receive cardiac rehabilitation services.
On page 57, Section Medical Benefits Chart Colorectal cancer screening	Prior authorization required.	No authorization required.	You do not need to obtain prior authorization before receiving Colorectal cancer screening.
On page 58, Section Medical Benefits Chart Dental Services	Prior authorization required.	No authorization required.	You do not need to obtain prior authorization before receiving Dental Services.
On pages 58-59, Section Medical Benefits Chart Supplemental Dental Benefit	Prior authorization required.	Reposition authorization requirements to the right column near Supplemental dental.	Language was repositioned to its correct location.
On pages 60-61, Section Medical Benefits Chart	No authorization required.	Prior authorization may be required.	You do not need to obtain prior authorization before receiving Diabetes

Diabetes self-management training, diabetic services, and supplies			self-management training, but some of the other services listed require authorization. Language was modified to include accurate explanation of authorization requirements.
On pages 67-68, Section Medical Benefits Chart Inpatient hospital care	Blank	Prior authorization required.	Authorization requirements were omitted. You must obtain prior authorization before receiving Inpatient hospital care.
On page 71, Section Medical Benefits Chart Meal Benefit Health Related Meals Benefit	Immediately following surgery or inpatient hospitalization. For a medical condition or potential 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 **(3 meals per day, total of 90 meals per year)**.	Immediately following surgery or inpatient hospitalization. For a medical condition or potential 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).**	The 5-day pack includes 2/day, 20 per yr. Language was modified to include accurate explanation of benefit.
On page 72, Section Medical Benefits Chart Medicare Part B drugs	Prior authorization required.	Add: No authorization required for insulin.	You must obtain prior authorization before receiving Medicare Part B drugs and having them administered.

			Prior authorization is not required for insulin.
On page 76-77, Section Medical Benefits Chart Outpatient rehabilitation services	Prior authorization is required for some services. Contact plan for more information.	Prior authorization required.	You must obtain prior authorization before receiving Outpatient rehabilitation services.
On page 78, Section Medical Benefits Chart Partial hospitalization services and Intensive outpatient services	Prior authorization required.	Place the requirement beside the corresponding benefit. Partial hospitalization requires authorization. Intensive outpatient does not require authorization.	You must obtain prior authorization before receiving partial hospitalization services. You do not need to obtain prior authorization before receiving intensive outpatient services.
On page 86, Section Medical Benefits Chart Special Supplemental Benefits for the Chronically Ill Medically Tailored Meals (SSBCI)	Prior authorization required.	Reposition the current Prior authorization requirement beside Medically Tailored Meals.	Language was repositioned to its correct location.
On page 86, Section Medical Benefits Chart Special Supplemental Benefits for the Chronically Ill Healthy Food Assistance (SSBCI)	Prior authorization required.	No authorization required.	Reformatting SSBCI Benefit section to clarify authorization requirements for each item. You do not need to obtain prior authorization before receiving Healthy

			Food Assistance (SSBCI)
On page 86, Section Medical Benefits Chart Special Supplemental Benefits for the Chronically Ill Fresh Produce Box (SSBCI)	Blank	Prior authorization required.	Authorization requirements were omitted. You must obtain prior authorization before receiving
On page 87, Section Medical Benefits Chart Special Supplemental Benefits for the Chronically Ill Legal Aid	Blank	Prior authorization required.	You must obtain prior authorization before receiving Legal Aid services.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at **at 1-833-FC2-PLAN (TTY users should call 711).** Hours are from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30**.**

Florida Complete Care- In the Community is an HMO POS I-SNP with a Medicare contract. Enrollment in Florida Complete Care depends on contract renewal.

This information and auxiliary aids are available for free in other languages and formats. Please contact our Member Services number at (1-833-322-7526) (TTY: 711), Monday – Friday, 8 a.m. to 8 p.m.

Spanish

Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Miembros al (1-833-322-7526) (TTY: 711) de lunes a Viernes, de 8 a.m. a 8 p.m.

Haitian Creole

Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Manm nou an nan (1-833-322-7526) (TTY: 711), lendi rive vandredi, 8 a.m. a 8 p.m.

Written or Oral Translation Services

English: ATTENTION: If you do not speak English, written translation or oral interpretation services, free of charge, are available to you. Call 1-833-322-7526 (TTY: 711).

Español (Spanish): ATENCIÓN: Si no habla inglés, tiene a su disposición servicios de traducción escrita o interpretación oral, gratuitos. Llame al 1-833-322-7526 (TTY: 711).

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si ou pa pale Anglè, gen sèvis entèpretasyon alekri oswa aloral ki disponib gratis pou ou. Rele (1-833-322-7526 (TTY: 711).

Tiếng Việt (Vietnamese): LƯU Ý: Nếu bạn không nói tiếng Anh, chúng tôi sẽ cung cấp miễn phí cho bạn dịch vụ dịch thuật bằng văn bản hoặc phiên dịch lời nói. Gọi (1-833-322-7526) (TTY: 711).

Português (Portuguese): ATENÇÃO: Se você não fala inglês, há serviços gratuitos de tradução escrita ou interpretação oral à sua disposição. Ligue para (1-833-322-7526) (TTY: 711).

中文 (Chinese)：**注意**：**如果您不会**讲英文，我们为您提供免费的笔译或口译服务

。请致电 (1-833-322-7526) (TTY: 711)。

Zhōngwén (Chinese): Zhùyì: Rúguǒ nín bùhùi jiǎng yīngwén, wǒmen wèi nín tígōng miǎnfèi de bǐyì huò kǒuyì fúwù. Qǐng zhìdiàn (1-833-322-7526) (TTY: 711).

Français (French): ATTENTION : Si vous ne parlez pas l'anglais, des services gratuits de traduction écrite ou d'interprétation orale sont à votre disposition. Appelez le (1-833-322-7526) (ATS : 711).

Tagalog (Tagalog): Tawag-pansin: Kung hindi ka nagsasalita ng Ingles, available sa iyo ang nakasulat na pagsasalin o oral interpretation services nang walang bayad. Tawagan ang (1-833-322-7526) (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы не говорите по-английски, то вам доступны бесплатные услуги письменного и устного перевода. Звоните 1- 833-322-7526 (TTY: 711)

العربية) Arabic (: تنبيه: إذا كنت لا تتحدث الإنجليزية، فستتوفر لك خدمات الترجمة التحريرية أو الشفهية مجانًا.

1-833-322-7526 (TTY: 711) اتصل هاتفيًا بالرقم

Italiano (Italian): ATTENZIONE: Se non parla inglese,
sono disponibili servizi gratuiti di traduzione scritta o interpretariato orale. Chiamare 1-833-FC2-PLAN (1-833-322-7526 (TTY: 711)

Deutsch (German): ACHTUNG! Wenn Sie die englische Sprache nicht beherrschen, stehen Ihnen schriftliche Übersetzungen oder mündliche Dolmetscherdienste kostenlos zur Verfügung.

한국어(Korean): 주의: 영어를 구사하지 못하시면 서면 번역이나 구두 통역 서비스를 무료로 이용하실 수 있습니다. 1-833-322-7526 (TTY: 711)번으로 연락해 주십시오.

Polski (Polish): UWAGA: Jeżeli nie mówisz po angielsku, możesz skorzystać z bezpłatnych pisemnych i ustnych usług tłumaczeniowych. Zadzwoń 1-833-322-7526 (TTY: 711).

ગુજરાતી (Gujarati): ધ્યાન: જો તમે અંગ્રેજી ન બોલતા હો, તો લેખિત અનુવાદ અથવા મૌખિક અર્થઘટન સેવાઓ, વિના મૂલ્યે, તમને ઉપલબ્ધ છે. 1-833-322-7526ને કૉલ કરો (TTY: 711).

Rufen Sie 1-833-FC2-PLAN (1-833-322-7526) (TTY: 711) an.

ภาษาไทย (Thai): โปรดทราบ: หากท่านพูดภาษาอังกฤษไม่ได้ ท่านสามารถใช้บริการแปลเอกสารหรือล่ามแปลภาษาฟรีได้ที่ โทร 1-833-322-7526 (TTY:711)

If you are unable to read this in a smaller font, this information is available to you in other formats or by oral interpretation, free of charge. Call 1-833-FC2-PLAN (1-833-322-7526) (TTY: 711).