Changes to the
Florida Complete Care-Duals VIP (HMO-POS D-SNP)
2026
Evidence of Coverage

11/17/2025

Dear Member,

This is important information on changes in your Florida Complete Care-Duals VIP (HMO-POS D-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 50, Chapter 4 Medical Benefits Chart (what is covered), Cardiac rehabilitation services, your Evidence of Coverage lists the benefit as:	You pay $0 for each Medicare covered cardiac rehabilitation service *Prior authorization required.*	You pay $0 for each Medicare covered cardiac rehabilitation service *Prior authorization and referral required*.	You must obtain prior authorization and a referral to receive cardiac rehabilitation services.
On page 51, Chapter 4 Medical Benefits Chart (what is covered), Chiropractic services, your Evidence of Coverage lists the benefit as:	You pay $0 for each Medicare covered chiropractic visit. *Prior authorization may be required.*	You pay $0 for each Medicare covered chiropractic visit. *Prior authorization required.*	You must obtain prior authorization to receive chiropractic services.
On page 66, Medical Benefits Chart (what is covered), Medicare Part B Drugs your Evidence of Coverage lists the benefits as:	You pay $0 for Medicare Part B drugs and administration provided at any location. Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D initial coverage limit or out-of-pocket limits. Note: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan,	You pay $0 for Medicare Part B drugs and administration provided at any location. *Prior authorization required.* Some drugs are covered by Medicare Part B and some are covered by Medicare Part D. Part B drugs do not count toward your Part D initial coverage limit or out-of-pocket limits. Note: You won't pay more than $35 for a	You must obtain prior authorization before receiving Medicare Part B drugs and having them administered at any location. Prior authorization is not required for insulin.

	even if you haven't paid your deductible	one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible *No authorization required for insulin.*	
On pages 68-69, Medical Benefits Chart (what is covered), Opioid treatment services your Evidence of Coverage lists the benefits as:	You pay $0 for Medicare covered opioid treatment. *Prior authorization may be required.*	You pay $0 for Medicare covered opioid treatment. Prior authorization required.	You must obtain prior authorization before receiving Opioid treatment services
On page 73, Medical Benefits Chart (what is covered), Partial hospitalization services and intensive outpatient services your Evidence of Coverage lists the benefits as:	You pay $0 for each partial hospitalization visit. Prior authorization required.	You pay $0 for each visit. *Partial hospitalization requires authorization.* *Intensive outpatient does not require authorization.*	You will pay $0 for partial hospitalization and intensive outpatient services. You must obtain prior authorization before receiving partial hospitalization services. You do not need to obtain prior authorization before receiving intensive outpatient services.
On pages 82-83, Medical Benefits Chart (what is covered) Special Supplemental Benefits for the Chronically Ill, Legal Aid your Evidence of Coverage lists the benefits as:	You pay $0 for these benefits. No authorization required.	You pay $0 for these benefits. Prior authorization required.	You must obtain prior authorization before receiving Legal Aid services.
On page 84, Medical Benefits Chart (what is covered)	You pay $0.	You pay $0.	You do not need to obtain prior authorization before

Transportation Benefit, your Evidence of Coverage lists the benefits as:	Prior authorization required.	No authorization required.	receiving routine, non-emergency round trips to plan approved health related locations such as provider office, medical facilities, hearing and vision appointments.

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 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-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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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 y los apoyos auxiliares están disponibles sin costo 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 ak èd oksilyè 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, auxiliary aids 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, auxiliares o interpretación oral, sin cargo. Call 1-833-322-7526 (TTY: 711).

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si ou pa pale anglè, tradiksyon alekri, sevis ed oksilye oswa sevis entepretasyon oral, gratis, ki disponib pou ou. Rele 1-833-322-7526 (TTY: 711).

Tiếng Việt (Vietnamese): LƯU Ý: Nếu không nói tiếng Anh, quý vị có thể được cung cấp miễn phí các dịch vụ biên dịch, thông dịch hoặc các phương tiện hỗ trợ. Vui lòng gọi số 1-833-322-7526 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se você não fala inglês, estão disponíveis para você, gratuitamente, serviços de tradução escrita, recursos auxiliares ou interpretação oral. Ligue para 1-833-322-7526 (TTY: 711).

中文 (Chinese Simplified)：请注意：如果您不说英语，我们可免费为您提供书面翻译、辅助设备或口译服务。请拨打 1-833-322-7526（TTY：711）。

漢語 (Chinese Traditional): 请注意：如果您不说英语，我们可免费为您提供书面翻译、辅助设备或口译服务。请拨打 1-833-322-7526（TTY：711）。

Français (French): ATTENTION : Si vous ne parlez pas anglais, des services de traduction écrite, des aides auxiliaires, ou des services d'interprétation orale, sont disponibles gratuitement. Appelez le 1-833-322-7526 (TTY : 711).

Tagalog (Tagalog): ATENSYON: Kung hindi ka nagsasalita ng Ingles, mayroong libreng nakasulat na salin, mga pantulong na kagamitan, o serbisyong pasalitang interpretasyon na available para sa iyo. Tumawag sa 1-833-322-7526 (TTY: 711).

Русский (Russian): ВНИМАНИЕ! Если вы не говорите на английском языке, то вам доступны бесплатные услуги письменного и устного перевода, а также дополнительная помощь. Звоните 1-833-322-7526 (TTY: 711).

العربية (Arabic): ملاحظة: إذا كنت لا تتحدث الإنجليزية، تتوفر لك خدمات الترجمة الكتابية أو الوسائل المساعدة الإضافية أو خدمات الترجمة الشفوية مجانًا. اتصل بالرقم 1-833-322-75261 (هاتف نصي:711)

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

Deutsch (German): ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen schriftliche Übersetzungen, Hilfsmittel oder mündliche Dolmetscherdienste kostenlos zur Verfügung. Rufen Sie 1-833-FC2-PLAN (1-833-322-7526) (TTY: 711) an.

한국어 (Korean): 주의: 영어 사용자가 아닌 경우 서면 번역, 보조 지원, 구두 통역 서비스를 무료로 받으실 수 있습니다. 1-833-322-7526 (TTY: 711)번으로 전화해 주십시오.

Polski (Polish): WAŻNE: Osoby nieposługujące się językiem angielskim mogą skorzystać z bezpłatnego tłumaczenia pisemnego, pomocy dodatkowych lub tłumaczenia ustnego. Zadzwoń pod numer 1-833-322-7526 (TTY: 711).

ગુજરાતી (Gujarati): ધ્યાન: જો તમને અંગ્રેજી આવડતું નથી, તો લેખિત અનુવાદ, સહાયક સહાય અથવા મૌખિક અર્થઘટન સેવાઓ, મફતમાં ઉપલબ્ધ છે. 1-833-322-7526 (TTY: 711) પર કૉલ કરો.

ภาษาไทย (Thai): ข้อควรใส่ใจ: หากคุณไม่ได้พูดภาษาอังกฤษ คุณสามารถใช้บริการแปลเอกสาร เครื่องมือช่วยเหลือ หรือล่ามแปลภาษาได้โดยไม่เสียค่าใช้จ่าย 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).

Notice of Nondiscrimination

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

Florida Complete Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Member Services.

If you believe that Florida Complete Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, 833-FC2- PLAN (833-322-7526) or 711 for TTY.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services 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, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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