Florida complete care

2026 Summary of Benefits

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

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Thank you for your interest in our Medicare Advantage Plans

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

Florida Complete Care- In The Community (HMO-POS I-SNP) is an HMO Point of Service (POS) I-SNP plan which allows you 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 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.

Introduction

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. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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.

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. Eligibility criteria and limitations apply. Benefits listed with "SSBCI" are special supplemental benefits that apply to the following conditions: Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes;

Introduction

Mental health conditions to be eligible. There are other eligible conditions, not listed. Even if you have one of the benefits listed, you may not receive this benefit. Coverage depends on whether you meet the definition of a chronically ill enrollee 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 1st through March 31st, and Monday to Friday (except holidays) from April 1st through September 30th.

You can learn more about us on our website: **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 (HMO I-SNP)

Featured Benefits & Services

You pay $0.	You pay $0.	You pay $0.
Medicare Covered Benefits	**Supplemental Benefits**	**Additional Services**
No Referrals Referrals are **not** required for specialist visits	**OTC** **$305/qtr.** (does not rollover qtr. to qtr.) **Dental** **$912.50/qtr.** (Unused benefits roll over each quarter)	**Comprehensive Care Management** **Integrating** both medical and social services

Florida Complete Care (HMO-POS I- SNP)

Featured Benefits & Services

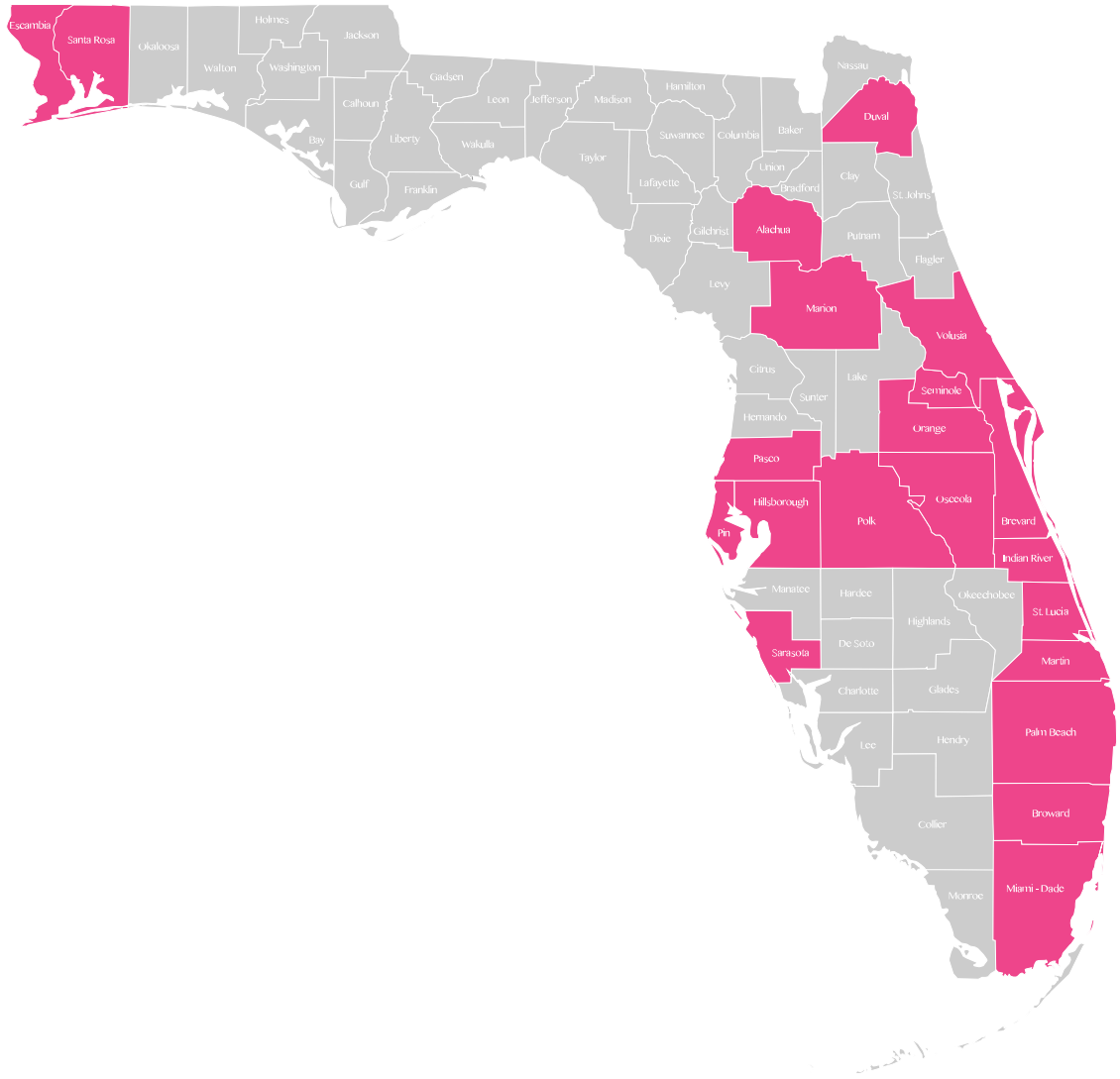
Medicare Covered Benefits	Supplemental Benefits	Additional Services
You pay $0.	You pay $0.	You pay $0.
Open Network Freedom of choice to choose specialist in and out of the FC2 network	**OTC-Flex card** **$40/month** (does not rollover month to month)	**Comprehensive Care Management** **Integrating** both medical and social services
No Referrals Referrals are **not** required for specialist visits	**Healthy Food (SSBCI)-Flex card** **$60/month** (does not rollover month to month)	
	Dental **$862.50/qtr.** (Unused benefits roll over each quarter)	
	House calls **20% Coinsurance**	

Service Area

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



Medicare Covered Benefits

Overview

Medicare Covered Benefit

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
How much is my premium?	**$4.80** per month • You must continue to pay your Medicare Part B premium. • If you get "Extra Help" from Medicare, your monthly plan premium will be lower, or you may pay nothing.	✓	✓
How much is my deductible?	This plan does not have a deductible for medical care. **$615.00** deductible per year for Part D Prescription drugs except for covered insulin products and most adult Part D vaccines.	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Is there a limit on how much I will pay for my covered medical services? (Please note this does not include Part D prescription drugs)	**$3,400.00** per year from doctors and facilities in our plan. • Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. • 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. • Please note that you still need to pay your monthly Part D prescription drug premium.	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Inpatient Hospital*	Facilities in our plan: For each Medicare covered hospital stay per benefit period: • **$1,632 deductible** • **Days 1–60: (of each benefit period) $0 copay after you meet your Part A deductible** • **Days 61–90: (of each benefit period) $408 copay per day** • **Days 91 and beyond: (of each benefit period) $816 copay per** each "lifetime reserve day" after day (up to 60 days over your lifetime). • **After you use all your lifetime reserve days you pay all costs.** These are 2025 cost-sharing amounts and may change for 2026. 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. *Medicare benefit periods apply*	✓	✓
Outpatient Hospital*	**You pay 20% Coinsurance**	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Ambulatory Surgical Center*	**You pay 20% Coinsurance**	✓	✓
Doctor Visits: Primary Care	**You pay $0.00 Copayment**	✓	✓
Specialists	**Doctors in-network and out-of-network: You Pay 20% Coinsurance**	✓	✓
Preventive Care	**You pay $0.00 Copayment** **Our plan covers many preventative services, including:** • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Blood-based biomarker test • Bone mass measurement • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical and vaginal cancer screening • Colorectal cancer screening (multi-targeted stool DNA test, barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies)	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Preventive Care	• Counseling to prevent tobacco use & tobacco-caused disease • Depression screening • Diabetes screenings • Diabetes self-management training • Glaucoma tests • Hepatitis B shots • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time “Welcome to Medicare” preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Preventive Care	• **Shots** – COVID-19 vaccines – Flu Shots – Hepatitis B shots – Pneumococcal shots • **Yearly "Wellness" visit**	✓	✓
Emergency Care	**You pay 20% Coinsurance (up to $120 per visit)** • You will not pay this amount if you are admitted to the hospital within 3 days for the same condition.	✓	✓
Urgently Needed Services	**You pay 20% Coinsurance (up to $65 per visit)** • You will not pay this amount if you are admitted to the hospital within 3 days for the same condition.	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Diagnostic Services/ Labs/ Imaging*	**You pay 20% Coinsurance for the services below:** • Diagnostic radiology services (such as MRIs, CT scans) • Diagnostic tests and procedures • Lab services • Outpatient x-rays • Therapeutic radiology services (such as radiation treatment for cancer)	✓	✓
Hearing Services	**You pay 20 % coinsurance for all Medicare covered services**	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Dental Services*	**You pay $0 for Medicare covered services.** **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:** **Preventive dental services:** • Oral exam every 6 months • Prophylaxis service every 6 months (cleaning) • Dental X-Rays once a year **Comprehensive dental services:** • Diagnostic Services • Restorative Services • Endodontics • Periodontics • Extractions • Implant Services Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services **Unused amounts rollover quarter to quarter** **You are responsible for any amount above the dental coverage limit**	✓	

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Dental Services*	**You pay $0 for Medicare covered services.** **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:** **Preventive dental services:** • Oral exam every 6 months • Prophylaxis service every 6 months (cleaning) • Dental X-Rays once a year **Comprehensive dental services:** • Diagnostic Services • Restorative Services • Endodontics • Periodontics • Extractions • Implant Services Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services **Unused amounts rollover quarter to quarter** **You are responsible for any amount above the dental coverage limit**		✓
Vision Services	You pay 20% for all Medicare covered services for doctors and facilities in our plan	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
Mental Health Services*	**Inpatient mental health services:** For each psychiatric hospital stay per benefit period: • **$1,632 deductible** • **Days 1–60: (of each benefit period) $0 copay after you meet your Part A deductible** • **Days 61–90: (of each benefit period) $408 copay per day** • **Days 91 and beyond: (of each benefit period) $816 copay per** each "lifetime reserve day" after day (up to 60 days over your lifetime). • **After you use all your lifetime reserve days you pay all costs.** These are 2025 cost-sharing amounts and may change for 2026. Florida Complete Care will provide updated rates as soon as they are released. **20% of the Medicare-approved amount** for mental health services you get for doctors and other providers while you're a hospital inpatient. • Medicare benefit periods apply **Outpatient mental health services:** 20% coinsurance for outpatient services: • Outpatient group therapy • Outpatient individual therapy	✓	✓
Part D Prescrip-tion	**$615.00** deductible per year for Part D prescription drugs.	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 - In The Community (HMO-POS I-SNP)
How much is my Part D deductible?	*Note: During the deductible stage, you pay full cost of drugs until you have reached the yearly deductible.* The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.		
Initial Coverage Stage	Your cost for a one-month supply at a network pharmacy with standard cost sharing: Tier 1: You pay 25% of the total cost. Once you have paid $2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Total yearly drug costs are the total drug costs paid by both you and your Part D plan. **25% Coinsurance** 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. Notes: • You may get your drugs at network retail pharmacies or through mail order. • 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. • Coverage is limited to certain situations for out-of-network cost sharing; see Chapter 5 in the Evidence of Coverage. ***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.*	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 – In The Community (HMO-POS I-SNP)
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach $2,100.00, Beginning in 2026, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.	✓	✓
Skilled Nursing Facility (SNF)*	For each stay per benefit period • **Days 1-20** $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) • **Days 21-100** $204 each day • **Days 101** and beyond -All costs Part A limits coverage to 100 days in each benefit period • *Authorization not required for Florida Complete Care (HMO I- SNP)*	✓	✓
Physical Therapy*	You pay 20 % for all Medicare covered services	✓	✓
Ambulance*	You pay 20% Coinsurance for Air and Non-Emergent Ground Ambulance	✓	✓
Medicare Part B Drugs*	You pay 0-20% Coinsurance	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 – In The Community (HMO-POS I-SNP)
Podiatry Services (Foot Care) * PA only required for standard Medicare benefit.	**You pay 20% Coinsurance** 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. **You Pay $0** for supplemental routine foot care services Covered supplemental services include: • Routine foot care visits up to 6 visits per year • Paring or cutting of benign hyperkeratotic lesions (e.g., corn, wart, callus) • Trimming or debridement of nails	✓	✓
Medical Equipment/ Supplies*	**You pay 20% Coinsurance for:** • Durable Medical equipment (wheelchairs, oxygen, etc.) • Diabetes Supplies and Services • Prosthetic Devices	✓	✓
Chiropractic Services*	**You pay 20% Coinsurance** To help correct a subluxation (when one or more of the bones of the spine move out of position) using manipulation of the spine.	✓	✓

Medicare Covered Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 – In The Community (HMO-POS I-SNP)
Dialysis*	**You pay 20% Coinsurance** 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.	✓	✓
Home Health*	**You pay $0 for Home Health Services** 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.	✓	✓
Occupational Therapy*	**You pay 20% Coinsurance**	✓	✓
Respiratory Therapy*	**You pay 20% Coinsurance**	✓	✓
Speech-Language Pathology*	**You pay 20% Coinsurance**	✓	✓

Supplemental Benefits

Overview

Supplemental Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 – In The Community (HMO-POS I-SNP)
Over-the-Counter Supplies	**$0.00 copay for nonprescription, over- the-counter drugs and health-related items, up to $305.00 every quarter.** • Unused OTC amounts do not roll over from quarter to quarter. To order covered items you may visit any CVS location, place orders online or call 1-888-628- 2770.	✓	
Over-the-Counter Supplies Flex Card Benefit	$0.00 copay for nonprescription, over- the-counter drugs and health-related items, up to $40 per month. This benefit is provided through a debit card, which allots **$40.00** for OTC spend per month. • Unused OTC amounts do not roll over from month to month. 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*	$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). • *Authorization required for Florida Complete Care (HMO I-SNP)*	✓	✓

Supplemental Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 – In The Community (HMO-POS I-SNP)
Post-Discharge Meals	$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).		✓
Medically Tailored Meals* SSBCI**	$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).		✓
Fresh Produce Box* SSBCI**	$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.		✓

Supplemental Benefits

Service / Benefit	This Column shows what you will pay	FC2 (HMO I-SNP)	FC2 – In The Community (HMO-POS I-SNP)
Flex Card Benefit Healthy Food and Produce Assistance SSBCI**	Benefit includes **$60.00** per month towards the purchase of food and produce at participating stores near you. **Unused Healthy Food and Produce amounts do not roll over from month to month.** **This benefit is provided through a debit card.** Contact 1-855-788-3466 for more information.		✓
Advanced Care At Home (Specialty House Calls) * 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.		✓
Legal Aid- SSBCI**	$0.00 copay for assistance with legal services to obtain a power of attorney for healthcare decisions. Covers legal fees up to $250.00 once per lifetime.	✓	✓

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** 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.

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).

Chinese Simplified: 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 Traditional: 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。

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.

Florida complete care

2026 Summary of Benefits

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

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