Florida complete care | Florida community care



2027 Summary of Benefits

Florida Complete Care-Duals VIP (HMO-POS D-SNP)

Highly Integrated Special Needs Plan

H9986_2027SB004_M CMS Accepted 10/11/2026



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About Florida Complete Care (FC2) VIP Plan

Florida Complete Care-Duals VIP Plan (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 contract renewal.

Can I Join?

To join **Florida Complete Care (FC2) VIP Plan**, you must:

- Have Medicare Part A
- Be enrolled in Medicare Part B
- Live within our service area
- Receive Florida Medicaid assistance as one of the following:
  - Full Benefit Dual Eligible (FBDE)
  - Qualified Medicare Beneficiary Plus (QMB+)
  - Specified Low-Income Medicare Beneficiary Plus (SLMB+)

Does This Plan Cover My Doctors?

FC2 offers an Open Network POS model, allowing members to access Specialists in and out of network for covered medical services. No referrals are required.

Does This Plan Cover My Prescription Drugs?

Most covered Part D prescriptions are available at $0 cost for eligible members. Check the formulary for coverage details.

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.

How can I get more help?

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 from October 1st through March 31st** (except Thanksgiving and Christmas), and **Monday to Friday from April 1st through September 30th** (except holidays), or visit us at **FC2healthplan.com**.

Service Area

Segments by Location

Segment 1

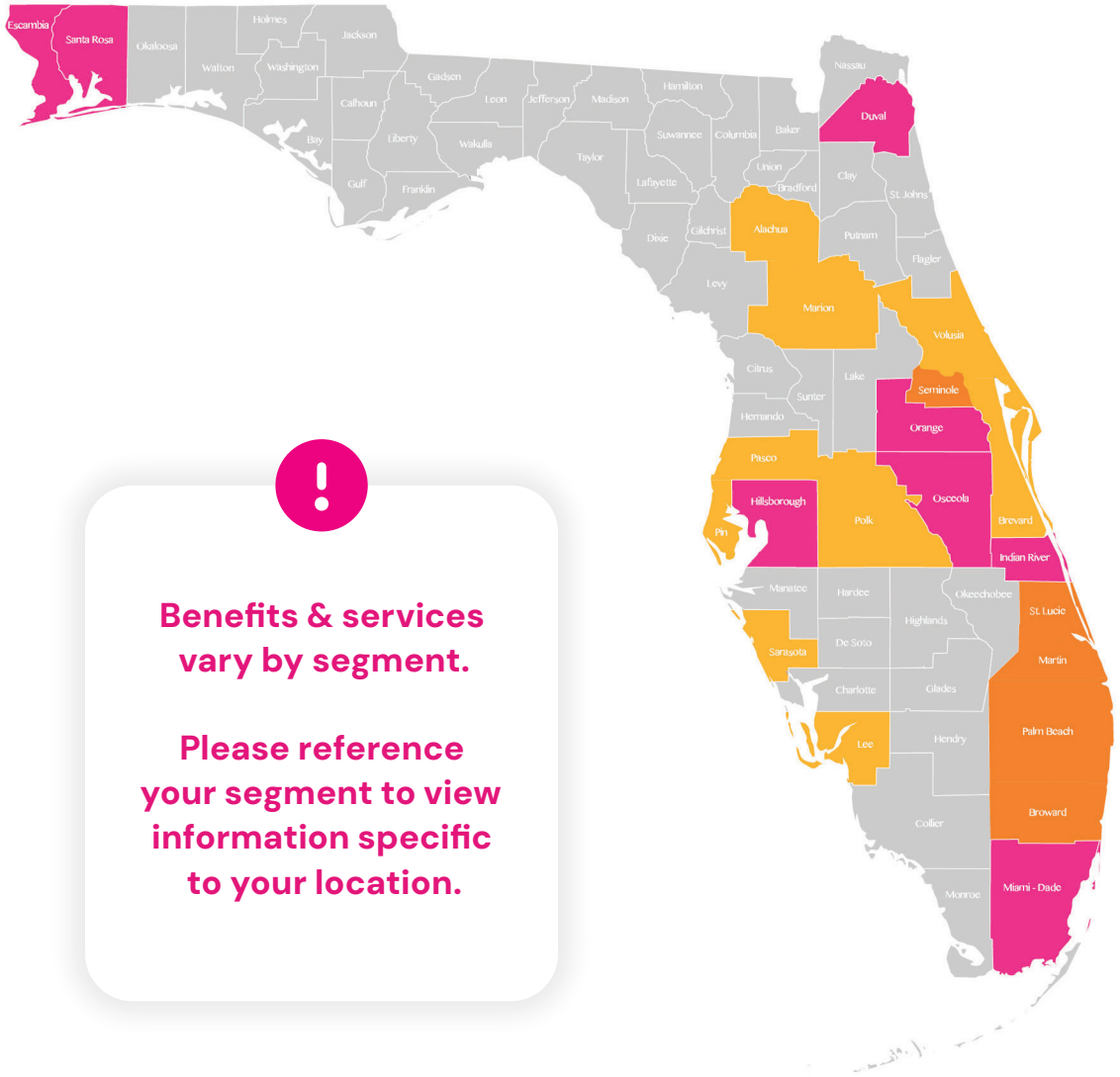
Duval, Escambia, Hillsborough, Indian River, Miami Dade, Orange, Osceola, Santa Rosa

Segment 2

Broward, Martin, Palm Beach, Seminole, St. Lucie

Segment 3

Alachua, Brevard, Lee, Marion, Pasco, Pinellas, Polk, Sarasota, Volusia



Benefits & services vary by segment.

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

FC2 VIP Plan Advantage

The FC2 VIP Plan is more than an extra set of benefits. We offer Everyday Support and Clinical Benefits together as one model of care built around a single goal: **helping members with advanced care needs stay independent in their home for as long as possible.**



Your Dedicated Care Manager

Your personal guide to care and benefits.

As an FC2 VIP Plan member, you'll have a dedicated Care Manager who helps coordinate your care, connect you with services, navigate your benefits, and access support programs designed to keep you healthy and independent.

Everyday Support

Benefits that help reduce out-of-pocket expenses and support your everyday needs.

Up to $10,512 a Year in Extra Benefits for Eligible Segment 1 Members

Dental	Vision	Hearing	FC2 Essentials Card
Up to $4,660	$400	$1,000	Up to $4,452**

Dental, Hearing & Vision

Comprehensive coverage to help you maintain your health, independence, and quality of life.

FC2 Essentials Card

Up to $4,452** annually to spend on eligible food and produce, utilities, over-the-counter products, and more.

FC2 Care Rewards

Earn rewards for completing eligible health and wellness activities through this incentive program. See page 18 for more information.

Unlimited Transportation

Getting to your healthcare appointments should never be a barrier to your well-being. Enjoy unlimited rides to approved healthcare visits, including doctor appointments, medical facilities, hearing care, and vision care, so you can focus on your health with confidence and convenience.

Clinical Benefits

Benefits that put your health first.

24/7 Nurse Practitioner Support Hotline

Reach a nurse practitioner any hour of the day for health guidance, symptom questions, and help deciding what level of care you need. Your Care Manager is notified after your call and helps coordinate any follow-up.

Specialist Access Without Barriers

Access specialists quickly and conveniently with no referral required. See providers in or out of network, giving you greater access to the care and expertise you need.

Personal Emergency Response System (PERS)

Feel safe, secure, and connected with round-the-clock emergency monitoring. With help available at the push of a button, you can maintain your independence with confidence.

Why It Works

- Everyday Support helps make daily living more affordable.
- Clinical Benefits keeps your care coordinated, close to home, and easy to reach.

Together, guided by your dedicated Care Manager, these benefits work as one plan designed to help you stay healthy, supported, and independent at home.

Medicare-Covered Benefits



Monthly Premium, Deductible, & Limits

Monthly Premium	**$0 copay**	Pharmacy (Part D) Deductible	**$0 copay**
Medical Deductible	**This plan does not have a deductible plan.**	Maximum Out-of-Pocket Responsibility	**You have no out-of-pocket responsibility.**

Covered Medical & Hospital Benefits

	What You Pay on This FC2 Plan
Inpatient Hospital Coverage*	**$0 copay** per stay
Outpatient Hospital Coverage*	Diagnostic Colonoscopies: **$0 copay** Outpatient Surgery and Procedures: • Outpatient Hospital: **$0 copay** • Observation Stays: **$0 copay** per stay
Ambulatory Surgical Center (ASC)*	**$0 copay**
Doctors Visits	Primary Care Visits: **$0 copay** Specialist Visits: **$0 copay** *You do not need a referral to see a specialist.*
Preventive Care Our plan covers many preventive services at no cost, including annual visits, screenings and vaccines. For complete details, see your Evidence of Coverage (EOC) booklet.	**$0 copay**
Emergency Care	**$0 copay** per stay
Urgently Needed Care	Urgent Care Center or Retail Walk-in Center: **$0 copay**

*Prior authorization may be required.

FC2 VIP PLAN
ADVANTAGE

Access to Specialists Without Barriers

Need specialized care?

See specialists in or out of network without a referral from your primary care provider.

Outpatient Care & Services

	What You Pay on This FC2 Plan
Diagnostic, Labs & Imaging Services*	
Lab Services	**$0 copay**
Outpatient X-rays & Ultrasounds	**$0 copay**
Diagnostic Radiology (such as MRI, CT & PET Scans)	**$0 copay**
Diagnostic Tests and Procedures (such as a stress test, etc.)	**$0 copay**
Radiation Therapy	**$0 copay**

*Prior authorization may be required.

Hearing Services

$1,000 per year for routine hearing exams, fitting/evaluation for hearing, prescription hearing aids (all types). For complete details, see your Evidence of Coverage (EOC) booklet.

Dental Services

$0 copay

Benefits are added quarterly, and any unused balance rolls over to the next quarter.

Benefits may vary depending on where you live. See page 5 for service area segment information.

Prior authorization may be required. For complete details, see your Evidence of Coverage (EOC) booklet.

FC2 VIP PLAN
ADVANTAGE

Up to $4,660 Annually including Dental Implants

Your dental benefit covers preventive, restorative, and comprehensive dental services, **including dental implants.**

Benefit amount varies by segment.

Dental Services

Segment 1
$4660/annually

Covered Services:

- **Dental Implants**
- Oral Exams
- Dental X-Rays
- Other Diagnostic Dental Services
- Prophylaxis (cleaning)
- Other Preventative Dental Services
- Restorative Services
- Endodontics
- Periodontic, removable Maxillofacial Prosthetics Implant Services
- Prosthodontics, fixed Oral and Maxillofacial Surgery
- Adjunctive General Services

Segment 2
$4,380/annually

Covered Services:

- **Dental Implants**
- Oral Exams
- Dental X-Rays
- Other Diagnostic Dental Services
- Prophylaxis (cleaning)
- Other Preventative Dental Services
- Restorative Services
- Endodontics
- Periodontic Prosthodontics, removable Maxillofacial Prosthetics Implant Services
- Prosthodontics, fixed Oral and Maxillofacial Surgery
- Adjunctive General Services

Segment 3
$4,100/annually

Covered Services:

- **Dental Implants**
- Dental X-Rays
- Other Diagnostic Dental Services
- Prophylaxis (cleaning)
- Other Preventative Dental Services
- Restorative Services
- Endodontics
- Periodontic Prosthodontics, removable Maxillofacial Prosthetics Implant Services
- Prosthodontics, fixed Oral and Maxillofacial Surgery
- Adjunctive General Services

Vision Services

$400 per year for routine eye exam, contact lenses, eyeglasses (lenses and frames). For complete details, see your Evidence of Coverage (EOC) booklet.

Mental & Behavioral Health Services*

Inpatient Mental Health Care	**$0 copay**
Outpatient Mental Health Services (individual and group)	**$0 copay**
Outpatient Psychiatric Services (individual and group)	**$0 copay**

*Prior authorization may be required.

Prescription Drug Benefits

Pharmacy (Part D) Deductible

$0

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

If you qualify for "Extra Help,"your deductible is $0.

Initial Coverage

$2,400.00

During this period, you pay the copayment or coinsurance listed below until your total yearly drug costs for covered drugs reach $2,400. Total yearly drug costs are the total drug cost paid by both you and the plan.

Catastrophic Coverage

After your total out-of-pocket costs reach $2,400 you pay $0 for plan-covered Part D drugs.

If you reside at an in-network long-term care facility, you pay the same as you would at an in-network retail pharmacy. Under certain situations you may be able to get drugs from an out-of-network pharmacy but may pay more than you would pay at an in-network pharmacy.

Prescription Drug Benefits

Copayment during the Initial Coverage Stage:

- **Tier 1 Preferred Generic:** $0
- **Tier 2 Generics:** $0
- **Tier 3 Preferred Brands:** $0
- **Tier 4 Non-Preferred Drugs:** $0
- **Tier 5 Specialty:** $0

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.

If you receive Extra Help, you do not have a deductible.

Additional Outpatient Care & Services

Skilled Nursing Facility (SNF)*
No prior hospital stay required.

What You Pay on This FC2 Plan

$0 copay per stay

Physical Therapy & Other Rehabilitation Services*

Physical Therapy	**$0 copay**
Occupational Therapy	**$0 copay**
Speech Therapy	**$0 copay**

Emergency Transportation
(Ambulance Services)

What You Pay on This FC2 Plan

Ground Ambulance:
$0 copay per one-way trip

Air Ambulance:
$0 copay per one-way trip

Chiropractic Services*
Chiropractic care to support your health and mobility — **$0 copay**

Medical Equipment & Supplies (DME)*
Coverage for eligible medical equipment and supplies. — **$0 copay**

Dialysis* — **$0 copay**

Home Health Services*
Skilled care and support delivered in your home. — **$0 copay**

*Prior authorization may be required.

Supplemental Benefits & Perks

Routine Podiatry Care

Keep your feet healthy and comfortable with up to six routine foot care visits each year. Regular podiatry care can help support mobility, prevent complications, and keep you moving with confidence. For complete details please see our Evidence of Coverage (EOC) booklet.

Unlimited Transportation

Get rides to approved healthcare appointments, including doctor visits, medical facilities, hearing appointments, and vision appointments. For complete details, see your Evidence of Coverage (EOC) booklet.



FC2 Essentials Card **One Card. Multiple Everyday Use.**

Up to $4,452 a Year in Extra Benefits for Eligible Segment 1 Members

Get help paying for everyday essentials with your prepaid FC2 Essentials Card.

- Over-the-Counter (OTC) Products
- Healthy Food and Produce
- Utilities Assistance

One easy-to-use card designed to help you stay healthy and make everyday expenses more manageable.

Monthly Benefit	Segment 1	Segment 2	Segment 3
OTC Products	$100/month	$75/month	$75/month
Healthy Food and Produce**	$210/month	$185/month	$170/month
Utilities Assistance**	$61/month	$56/month	$51/month

Benefits marked with a double asterisk (**) are part of a 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, Mental health conditions to be eligible. There are other eligible conditions not listed. Even if you have one of the conditions 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.

Supplemental Benefits & Perks

Meals

Additional meal support may include **emergency preparedness meals, post-discharge meals, and medically tailored meals**, benefits for eligible members. This is supplemental benefit offered and available only to members with chronic conditions. All applicable plan coverage criteria must be met. Not all members qualify. **For complete details, see your Evidence of Coverage (EOC) booklet.**

24/7 Nurse Practitioner Support Hotline

Reach a nurse practitioner any hour of the day for health guidance, symptom questions, and help deciding what level of care you need. Your Care Manager is notified after your call and helps coordinate any follow-up.

Personal Emergency Response System (PERS)

Feel safe, secure, and connected with round-the-clock emergency monitoring. With help available at the push of a button, you can maintain your independence with confidence.

FC2 Specialist At-Home***

Eligible members may receive specialist care in the comfort of their own home. Specialist visits can take place at your private home or assisted living community, making it easier to access the care you need.

Specialist Access Without Barriers

Access specialists quickly and conveniently with no referral required. See providers in or out of network, giving you greater access to the care and expertise you need.

FC2 Care Rewards

Take healthy steps. Earn rewards!

Earn gift card rewards by completing eligible health and wellness activities through this incentive program. Rewards with no cash value, cannot be converted to cash, and must be earned and redeemed within the contract year.

Participation is voluntary. Contact Member Services for details.

***Available to eligible members who qualify for the Medicare Advantage Uniformity Flexibility benefit and have been determined by the plan to be chronically ill and homebound. Services are provided by in-network specialty providers. Prior authorization may be required. For more information, please see your Evidence of Coverage (EOC) booklet.

Summary of Medicaid-Covered Benefits

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

The following pages contain a comparison of benefits that some Medicaid eligible individuals could receive directly from Florida Medicaid. All Medicaid benefits are subject to Medicaid eligibility guidelines and requirements and are available only to fully dual eligible individuals. Your Medicaid benefits and cost-share amounts may vary based on the level of your Medicaid coverage; benefit limitations, referrals, and prior authorizations may apply.

Have questions?

For more information about Medicaid eligibility and Medicaid benefits, call Florida Medicaid Agency at 1-888-419-3456 (toll free) 1-800-955-8771 (TTY).

- Ambulance
- Ambulatory surgical center
- Dentures
- Diagnostic services, labs, and imaging
- Doctor visits
- Emergency care
- Eyeglasses
- Hearing aids
- Home and community-based waiver service programs
- Inpatient hospital
- Inpatient mental health services, nursing facility and intermediate care facility services in institutions for mental diseases (MD), age 65 and older
- Inpatient mental health services, under age 21
- Intermediate care facilities for individuals with intellectual disabilities (ICFs-IID)
- Medicare Part B drugs
- Mental health services
- Nursing facility services, other than in an institution for mental diseases
- Outpatient hospital
- Physical, occupational, speech therapy
- Preventive care
- Skilled nursing facility
- Transportation
- Urgently needed services



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.

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 the **Non-Discrimination Grievance Coordinator**. 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:

Non-Discrimination Grievance Coordinator

P.O. Box 668800
Miami, FL 33166
Phone: 1-833-322-7526 | TTY 711
Fax: 1-800-887-2838
grievance@fc2healthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the **Non-Discrimination Grievance Coordinator** 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.


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

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