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

Annual Notice of Change for 2027

You're enrolled as a member of Florida Complete Care- In The Community (HMO-POS I-SNP)

This material describes changes to our plan's costs and benefits next year.

- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.]

- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at FC2healthplan.com or call Member Services at 1-833-FC2-PLAN (1-833-322-7526 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from Oct. 1 – March 31 and 8 a.m. to 8 p.m. Monday-Friday (except federal holidays) from April 1 – Sept. 30 to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-833-FC2-PLAN (1-833-322-7526). (TTY users call *711*) for more information. Hours are 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from Oct. 1 – March 31 and 8 a.m. to 8 p.m. Monday-Friday (except federal holidays) from April 1 - Sept. 30. This call is free.
- This information is available in different formats, including braille, large print, and audio. Please call Member Services at the number listed above if you need plan information in another format.

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

- Florida Complete Care is an HMO-POS I-SNP with a Medicare contract. Enrollment in Florida Complete Care depends on contract renewal.
- When this material says "we," "us," or "our," it means Florida Complete Care. When it says "plan" or "our plan," it means Florida Complete Care- In The Community.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in** Florida Complete Care- In The Community**.** Starting January 1, 2027, you'll get your medical

and drug coverage through Florida Complete Care- In The Community. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	$4.80 per month	**$0 per month**
Deductible	$283.00 Except for insulin furnished through an item of durable medical equipment	**$283.00** **Except for insulin furnished through an item of durable medical equipment** ***These are 2026 cost-sharing amounts and may change for 2027. Florida Complete Care (HOM-ISNP) and Florida Complete Care-In the Community (HMO-POS I-SNP) will provide updated rates as soon as they are released.***
Maximum out-of-pocket amount This is the most you'll pay out of pocket for Part A and Part B services.. (Go to Section 1 for details.)	$3,400.00	**There is no change for the upcoming benefit year.**

	2026 (this year)	2027 (next year)
Primary care office visits	$0.00 per visit	**There is no change for the upcoming benefit year.**
Specialist office visits	20% per visit	**There is no change for the upcoming benefit year.**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	• $1, 736 deductible • Days 1–60: $0 copay • Days 61–90: $434 copay per day Days 91 and beyond: $868 copay per each "lifetime reserve day" after day 90 for each benefit period • (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.	• **$1, 736 deductible** • **Days 1–60: $0 copay** • **Days 61–90: $434 copay per day** **Days 91 and beyond: $868 copay per each "lifetime reserve day" after day 90 for each benefit period** • **(up to 60 days over your lifetime).** **Beyond lifetime reserve days: all costs.** **These are 2026 cost-sharing amounts and can change for 2027. Florida Complete Care will provide updated rates as soon as they're released.**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $615.00 except for covered insulin products and most adult Part D vaccines. Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% You pay no more than $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing your covered Part D drugs.	**Part D drug coverage deductible** **$260.00 except for covered insulin products and most adult Part D vaccines** **Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: $0** **Drug Tier 2: $0** **Drug Tier 3: 25%** **You pay no more than $35 per month for the supply of each covered insulin product on this tier.** **Drug Tier 4: 25%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 25%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing your covered Part D drugs.** **If you get "Extra Help" paying for your drugs,**

	2026 (this year)	2027 (next year)
		you may be eligible for reduced deductible and cost-sharing. Please refer to your "Low Income Subsidy (LIS) Rider."

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$4.80 per month	**$0 per month**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$3,400.00	**There is no change for the upcoming benefit year.** **Once you've paid $3,400.00 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* FC2healthplan.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at FC2healthplan.com.
- Call Member Services at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network of pharmacies

has changed for next year. Review the 2027 *Pharmacy Directory* FC2healthplan.com *to* see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at FC2healthplan.com
- Call Member Services at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Routine Vision Care	**Routine Vision Care** is not covered.	**$0 co-pay for comprehensive eye exams up to $400 in annual coverage.**
Routine Hearing Care	**Routine Hearing care** is not covered.	**$0 co-pay for comprehensive hearing exams up to $1,000 in annual coverage.**

	2026 (this year)	2027 (next year)
Additional Inpatient Hospital Days (Supplemental Benefit)	**Additional Inpatient Hospital Days** are not covered.	**$0 copayment** **The plan provides coverage for up to (2) additional acute inpatient hospital days per benefit period. These are supplemental plan covered days that are in addition to Medicare covered inpatient hospital days and are not part of Medicare's standard inpatient benefit or lifetime reserve days.**
Transportation Benefit	**Routine transportation** is not covered.	**You pay $0 for unlimited routine, non-emergency round trips to plan approved health related locations such as provider offices, medical facilities, hearing and vision appointments. Mileage limitation per trip applies if a trip is requested to a place of service exceeding 100 miles from your home and or residence.**

	2026 (this year)	2027 (next year)
Medically Tailored Meals - Benefit includes frozen meals tailored specifically to the member's dietary needs or restrictions.	Previously covered as SSBCI.	**No change in the post discharge meals. Other meals SSBCI criteria no longer apply.**
Special Supplemental Benefits for the Chronically Ill SSBCI are part of special supplemental benefits for the chronically ill that apply to members with Chronic Conditions such as Cancer, Chronic heart failure, Dementia, Diabetes, Mental health conditions to be eligible. There are other eligible conditions not listed. See your Evidence of Coverage for a complete listing.	**Legal Aid** provides assistance with legal services to obtain a Power of Attorney for health care decisions. Covers legal fees up to **$250 per lifetime**. **Fresh Produce Box (SSBCI)** Benefit includes for qualified members a fresh produce box delivered once per month for three months.	**Legal Aid is <u>not</u> covered.** **Fresh Produce Box (SSBCI) is <u>not</u> covered.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

You can get the *complete* Drug List by calling Member Services at 1-833-FC2-PLAN (1-833-322-7526). (TTY users call 711) for more information.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different

cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services 1-833-FC2-PLAN (1-833-322-7526). (TTY users call 711) for more information.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at *1-833-FC2-PLAN (1-833-322-7526) (TTY users call 711)* or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by October 1, 2026

call Member Services at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,400.00

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$615	**$260** **If you get "Extra Help" paying for your drugs, you may be eligible for reduced deductible and cost-sharing. Please refer to your "Low Income Subsidy (LIS) Rider."**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost	**Copay/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: Preferred Generics $0 copay** **Drug Tier 2: Generics $0 copay**

	2026 (this year)	2027 (next year)
		Drug Tier 3: Preferred Brands 25% coinsurance **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: Non-Preferred Drugs 25% coinsurance** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: Specialty 25% coinsurance** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **If you get "Extra Help" paying for your drugs, you may be eligible for reduced deductible and cost-sharing. Please refer to your "Low Income Subsidy (LIS) Rider."**

SECTION 2 Administrative Changes

The following administrative changes will take effect on January 1, 2027, and may affect how you receive pharmacy-related services and support. This administrative change does not affect your enrollment in the plan. Additional details are provided below.

	2026 (this year)	2027 (next year)
Pharmacy Benefit Administration	Our prescription drug benefit is administered by **CVS Caremark**.	**Beginning January 1, 2027, our prescription drug benefit will be administered by Judi Rx.** **No change to your plan: Your enrollment in the health plan and your overall coverage remain the same.** **We will mail you an updated member ID card before the January 1 effective date. This card will contain your new pharmacy service and contact information.** **Look out for your new card in the mail, replace your old card with the new one on January 1, and show it to your pharmacist on your first visit in 2027.**
Advance Care at Home	Your benefit is called **Advance Care at Home**	**Beginning January 1, 2027 the name of this benefit will change to FC2 Specialist at-Home Program. There are no changes to the services covered under this benefit as a result of this name change.**

SECTION 3 How to Change Plans

To stay in Florida Complete Care- In The Community, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Florida Complete Care- In The Community.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Florida Complete Care- In The Community. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled Florida Complete Care- In The Community.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call *711*) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section *1*).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800- 352-2437 (1-800-FLA-AIDS) English / 1-800-545-7432 (1-800-545-SIDA) Español / TTY: 1-888-503- 7118 or on the web at http://www.floridahealth.gov/diseases-and-conditions/aids/adap/.. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage)

can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at *1-833-FC2-PLAN (1-833-322-7526)* (TTY users call *711*) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Florida Complete Care- In The Community

- **Call Member Services at 1-833-FC2-PLAN (1-833-322-7526). (TTY users call *711*.)**

  We're available for phone calls 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from Oct. 1 – March 31 and 8 a.m. to 8 p.m. Monday-Friday (except federal holidays) from April 1 - Sept. 30. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Florida Complete Care In The Community. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at FC2healthplan.com or call Member Services at 1-833-FC2-PLAN (1-833-322-7526*)* (TTY users call *711*) to ask us to mail you a copy.

- **Visit FC2healthplan.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

Call Serving Health Insurance Needs of Elders (SHINE) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Serving Health Insurance Needs of Elders (SHINE) at 1-

800-96-ELDER (1-800-963-5337): Learn more about SHINE by visiting http://www.floridashine.org.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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.