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

Annual Notice of Change for 2027

You're enrolled as a member of Florida Complete Care Duals VIP (HMO-POS D-SNP).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Florida Complete Care Duals VIP.
- 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 in Spanish.
- Call Member Services at 1-833-FC2-PLAN (1-833-322-7526 for additional information. (TTY users should 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-Duals VIP

- Florida Complete Care-Duals VIP is an HMO-POS DSNP with a Medicare contract and a Florida Medicaid contract. Enrollment in Florida Complete Care depends on contract renewal. Our plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.

- 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-Duals VIP.
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Florida Complete Care-Duals VIP (HMO-POS D-SNP).** Starting January 1, 2027, you’ll get your medical and drug coverage through Florida Complete Care-Duals VIP. Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2027 4

SECTION 1 Changes to Benefits & Costs for Next Year 7
Section 1.1 Changes to the Monthly Plan Premium 7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 7
Section 1.3 Changes to the Provider Network 8
Section 1.4 Changes to the Pharmacy Network 8
Section 1.5 Changes to Benefits & Costs for Medical Services 9
Section 1.6 Changes to Part D Drug Coverage 13
Section 1.7 Changes to Prescription Drug Benefits & Costs 14

SECTION 2 Administrative Changes 17

SECTION 3 How to Change Plans 19
Section 3.1 Deadlines for Changing Plans 20
Section 3.2 Are there other times of the year to make a change? 20

SECTION 4 Get Help Paying for Prescription Drugs 20

SECTION 5 Questions? 22
Get Help from Florida Complete Care-Duals VIP 22
Get Help from Medicaid 23

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0 per month	**$0 per month**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	$3,400.00 You are not responsible for paying any out-of-pocket costs towards the maximum out-of-pocket amount for Part A and Part B services.	**There is no change for the upcoming benefit year.** **You are not responsible for paying any out-of-pocket costs towards the maximum out-of-pocket amount for Part A and Part B services.**
Primary care office visits	$0.00 per visit	**There is no change for the upcoming benefit year.**
Specialist office visits	$0.00 per visit	**There is no change for the upcoming benefit year.** **per visit**

	2026 (this year)	2027 (next 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.	**You pay $0 for Medicare covered inpatient hospital care.**	**There is no change for the upcoming benefit 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 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 for your covered Part D drugs.	**2027 Deductible: $0** **Copayment during the Initial Coverage Stage:** **Tier 1: Preferred Generics $0 copay** **Tier 2: Generics $0 copay** **Tier 3: Preferred Brands $0 copay** **Tier 4: Non-Preferred Drugs $0 copay** **Tier 5: Specialty $0 copay** **Members enrolled in this plan qualify for Medicaid benefits that cover applicable Medicare Part D prescription drug cost-sharing amounts. As a result, you pay $0 for covered Part D prescription drugs.** **Catastrophic Coverage Stage:**

	2026 (this year)	2027 (next year)
		During this payment stage, you pay nothing for your covered Part D drugs. Medicaid covers applicable prescription drug cost-sharing amounts on your behalf. As a result, your cost for covered Part D drugs remains $0 before and after reaching the Catastrophic Coverage Stage.

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 unless it's paid for you by Medicaid.)	$0 per month	$0 per month **There is no change for the upcoming benefit year.**

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 Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket	$3,400	**There is no change for the upcoming benefit year.**

	2026 (this year)	2027 (next year)
amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments **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.		

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)*. 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.comto 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

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	2026 (this year)	2027 (next year)
Dental Services - Florida Complete Care – Duals VIP offers supplemental dental benefits by benefit plan segment which include preventative and diagnostic services. Dental services Coverage	Quarterly Benefit: $1,095.00	**Quarterly Benefit: $1,165.00**
Over-the-Counter (OTC)	$75.00 per month	**$100.00 per month**
24/7 Nurse Advice Line	**24/7 Nurse Advice Line** is not covered.	**$0 copay for the nurse practitioner triage line** **Members have access to a 24/7 Nurse Advice Line staffed by licensed registered nurses. This benefit**

		provides members with telephonic access to clinical guidance, health education, and triage support at any time.
Personal Emergency Response System	**Personal Emergency Response System** is not covered.	**$0 copay for Personal Emergency Response System.**

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 no longer applies.**
Special Supplemental Benefits for the Chronically Ill – **SSBCI are part of a 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.**		

Special Supplemental Benefits for the Chronically Ill – **SSBCI are part of a 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**.	**Legal Aid is <u>not</u> covered.**
	Fresh Produce Box (SSBCI) Benefit includes for qualified members a fresh produce box delivered once per month for three months following the completion of the 30 days of frozen meals.	**Fresh Produce Box (SSBCI) is not covered**
	Healthy Food Assistance (SSBCI) - Benefit includes $185.00 per month towards the purchase of healthy groceries at participating stores. Unused benefit does not roll over from month to month. This benefit is offered via a Debit Card**.**	**Healthy Food Assistance (SSBCI) - Benefit includes $210.00 per month towards the purchase of healthy groceries at participating stores. Unused benefit does not roll over from month to month. This benefit is offered via a Debit Card.**
	General Support for Living Assistance is <u>not</u> covered.	**General Support for Living Assistance - Benefit includes $61.00 per month to help with living expenses, such as rent**

		and/or utilities. This benefit is offered via a Debit Card which will be sent before January 1, 2027. Replace your old card with the new one. Unused benefit does not roll over from month to month.

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.

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 at 1-833-FC2-PLAN (1-833-322-7526) (TTY users call *711*) for more information.

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 at 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

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***

  We have no deductible, so this payment stage doesn't apply to you.

- ***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 Out-of-Pocket 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	$615.00 Except for covered insulin products and most adult Part D vaccines. If you receive extra help, you do not have a deductible.	**$0**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard 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 $2,400.00 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.	Coinsurance during the Initial Coverage Stage: You pay the lesser of Drug Tier 1: 25% or your extra help copayment. You pay $35 per month supply of each covered insulin product on this tier. If you receive extra help, you will pay the lesser of 25% or your extra help copayment. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Copayment during the Initial Coverage Stage:** **Tier 1: Preferred Generics $0 copay** **Tier 2: Generics $0 copay** **Tier 3: Preferred Brands $0 copay** **Tier 4: Non-Preferred Drugs $0 copay** **Tier 5: Specialty $0 copay** **Members enrolled in this plan qualify for Medicaid benefits that cover applicable Medicare Part D prescription drug cost-sharing amounts. As a result, you pay $0 for covered Part D prescription drugs.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs. Medicaid covers applicable prescription drug cost-sharing amounts on your behalf. As a result, your cost for covered Part D drugs remains $0 before and after reaching the Catastrophic Coverage Stage.**

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)
Change to Your Plan Segment Number	You are currently enrolled in Segment 002.	**Effective January 1, 2027, the segment number associated with your plan will change from Segment 002 to Segment 001. This is an administrative change and does not affect your eligibility and enrollment. Please see Section 1 for benefit changes.**

	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. This administrative change does not change your enrollment in the plan. We will provide updated pharmacy service and contact information before the effective date.** **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.**

	2026 (this year)	2027 (next year)
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-Duals VIP, , you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Florida Complete Care-Duals VIP.

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-Duals VIP. 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 separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Florida Complete Care-Duals VIP.
- **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.
- **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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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-Duals VIP

- **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. This call is 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* Florida Complete Care-Duals VIP (HMO-POS D-SNP). 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 and Medicaid plan choices and answer questions about switching plans. Call SHINE at the number listed in "Exhibit A" in the back of this booklet. 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.

Get Help from Medicaid

Call Florida's Medicaid Program – Agency for Health Care Administration at 1-888-419-3456. TTY users 1-800-955-8771 for help with Medicaid enrollment or benefit questions. See Exhibit A for additional state resources.

Exhibit A

Exhibit A- State Agency Contact Information

This section provides the contact information for the state agencies referenced in this Annual Notice of Changes. If you have trouble locating the information you seek, please contact Member Services at the phone number on the back cover of this booklet.

Florida	
SHIP Name and Contact Information	Servicing Health Insurance Needs of Elders (SHINE) 4040 Esplanade Way Suite 270 Tallahassee, FL 32399-7000 1-800-963-5337 (toll free) 1-800-955-8770 (TTY) 1-850-414-2150 (fax) http://www.floridaSHINE.org

Quality Improvement Organization	Acentra Health (formerly KEPRO) 5201 W. Kennedy Blvd Suite 900 Tampa, FL 33609 1-888-317-0751 711 (TTY) 1-844-878-7921 (fax) https://www.acentraqio.com
State Medicaid Office	Florida Medicaid 2727 Mahan Drive Tallahassee, FL 32308 1-877-711-3662 (toll free) 1-850-412-3600 (local) 1-866-886-4342 (fax) http://www.ahca.myflorida.com
AIDS Drug Assistance Program	Florida ADAP Program HIV/AIDS Section 4052 Bald Cypress Way Tallahassee, FL 32399 1-850-245-4422 (Main number) 1-800-352-2437 (1-800-FLA-AIDS) (English) 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1800-2437-101 (1-800-AIDS-101) (Creole) 1-888-503-7118 (TTY) http://www.floridahealth.gov/diseases-and-

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.