

# 2018

CareNeeds PLUS  
(HMO SNP)  
H1019-090



## SUMMARY OF BENEFITS

**Treasure & Space Coast:**  
**Brevard, Indian River**

**CarePlus**  
HEALTH PLANS

# 2018 Summary of Benefits



This Summary of Benefits booklet gives you a summary of what **CareNeeds PLUS (HMO SNP)** covers and what you pay. It does not list every service covered by this plan or list every limitation or exclusion. **Depending on your level of Medicaid eligibility, you may not have to pay any of the costs for the medical services listed in this brochure, if they are paid for you by Medicaid or another third party.**

To get a complete list of services covered by this plan, please call us and ask for our Evidence of Coverage (EOC) document or you can see it on our website: [www.careplushealthplans.com/medicare-plans/2018](http://www.careplushealthplans.com/medicare-plans/2018). An EOC is automatically mailed to you after you enroll in our plan.



## Tips for comparing your Medicare choices

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets, or use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. You can view it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.



## Who can join CareNeeds PLUS (HMO SNP)?

To join **CareNeeds PLUS (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and also be eligible for Florida Medicaid covered services as either a Qualified Medicare Beneficiary (QMB+), Specified Low-Income Medicare Beneficiary (SLMB+), or Full Benefit Dual Eligible (FBDE).

You must also live in our service area, which includes the following counties in Florida: Brevard and Indian River.

If you have any questions related to your level of eligibility for assistance from Medicaid, you should contact CarePlus' Member Services department or your Florida Medicaid office; or refer to the Evidence of Coverage (EOC) for further details.



## Which doctors, hospitals, and pharmacies can you use?

**CareNeeds PLUS (HMO SNP)** has a network of doctors, hospitals, pharmacies, and other providers.

You must access all plan-covered care and services through the CarePlus network of providers, including any services we provide for you on behalf of the Florida Medicaid Program. Members receiving care and services not covered under our plan, such as waiver services, must access those services through the Florida Medicaid program network of providers.

If you use providers that are not in our network, the plan may not pay for these services. **Prior authorization or a physician referral may be required for covered in-network medical services.**

You must generally use network pharmacies to fill your prescriptions for Medicare-covered drugs (Part D drugs). Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider/pharmacy directory on our website: [www.careplushealthplans.com/directories](http://www.careplushealthplans.com/directories).

You can also call us and we will send you a copy of the provider/pharmacy directory.

Medicaid providers who also participate in the CarePlus provider network are indicated in the CarePlus Provider Directory.



## What does this plan cover?

**CareNeeds PLUS (HMO SNP)** covers everything that Original Medicare covers - and *more*.

In addition to covering Part D drugs, we also cover Part B drugs such as chemotherapy and some drugs administered by your provider. For more information on Part B covered drugs, refer to the Evidence of Coverage (EOC).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.careplushealthplans.com/medicare-plans/2018-prescription-drug-guides](http://www.careplushealthplans.com/medicare-plans/2018-prescription-drug-guides).

You can also call us and we will send you a copy of the formulary.

This plan also covers all the benefits you receive under traditional Florida Medicaid, except for long-term care services. If you qualify for Medicaid-covered services through the State, be sure to show your Medicaid ID card in addition to your CarePlus membership card to make your provider aware that you may have additional coverage.



## Cost-sharing with this plan

**Your costs with this plan (premiums, copayments, coinsurance, and deductibles) will vary based on your level of Medicaid eligibility and the assistance you receive from Medicaid.**

If Medicaid pays your Medicare Part A and Part B cost sharing, your cost share for any medical services covered by our plan will never exceed the amounts you would pay for those same services under the traditional Florida Medicaid plan.

You are responsible for deductibles, copayments, and coinsurance for Medicare Part D prescription drugs based on the level of "Extra Help"/ Low Income Subsidy (LIS) you get from Medicare.



## How to reach us

For more information, please call the phone numbers listed below or visit us at [www.careplushealthplans.com](http://www.careplushealthplans.com).

**If you are a member**  
of this plan, reach out to  
a Member Services representative  
by calling toll-free  
**1-800-794-5907 (TTY: 711).**

**If you are not a member**  
of this plan, reach out to  
a licensed sales agent  
by calling toll-free  
**1-800-794-4105 (TTY: 711).**

From October 1 to February 14, you can call 7 days a week  
from 8:00 a.m. to 8:00 p.m.

From February 15 to September 30, you can call Monday through Friday  
from 8:00 a.m. to 8:00 p.m.

## CARENEEDS PLUS (HMO SNP) H1019-090

### MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUM OUT-OF-POCKET LIMIT

#### Monthly Plan Premium

- **\$0**
- The plan premium is fully funded by Medicare's "Extra Help" program for anyone who qualifies to join this plan.
- You must continue to pay your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.

#### Deductible

- **\$0** - This plan does not have a deductible for medical services.

#### Maximum Out-of-Pocket Limit

- **\$3,400** per year.
- This amount is the most you will pay during the plan year for approved medical services under our plan. Once you have paid this amount, we pay 100% of your covered services for the rest of the year, excluding any prescription drug costs, health expenses incurred during foreign travel, or supplemental benefit costs.

### COVERED MEDICAL AND HOSPITAL BENEFITS

The benefit chart below shows the benefits you will receive as a member of CareNeeds PLUS (HMO SNP) (left column) compared to what you may currently receive from traditional Florida Medicaid (right column). If you are currently enrolled in a Medicaid Managed Care Plan, your benefits may be different from what's listed in the right column. For each benefit listed below, you can see what you pay as a member of our plan compared to traditional Florida Medicaid coverage and charges. What you pay for covered services may depend on your level of Medicaid eligibility.

**If you are eligible for cost-share protection through the state Medicaid program, Medicaid pays your share of the cost for all plan covered services except prescription drugs. Financial assistance for prescription drugs is provided through Medicare's "Extra Help" program.**

CareNeeds PLUS (HMO SNP)	Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)
<b>Inpatient Hospital Care</b>	
<ul style="list-style-type: none"><li>• <b>\$0</b> copay per admission.</li><li>• Our plan covers an unlimited number of days for an inpatient hospital stay.</li></ul>	<ul style="list-style-type: none"><li>• <b>\$0</b> copay</li><li>• Limited to 45 days per Florida Medicaid's fiscal year (July 1 - June 30) for adults age 21 and older.</li></ul>
<b>Outpatient Hospital Care</b>	
<ul style="list-style-type: none"><li>• <b>\$0</b> copay</li></ul>	<ul style="list-style-type: none"><li>• For Medicaid-covered services, see "Diagnostic Services", "Mental Health Care", "Physical Therapy" and "Rehabilitation Services."</li></ul>
<b>Doctor Visits</b>	
<ul style="list-style-type: none"><li>• <b>\$0</b> copay for primary care physician (PCP) visits.<ul style="list-style-type: none"><li>– You must select an in-network physician as your PCP. The PCP that you choose will focus on your needs and coordinate your care with other network providers.</li></ul></li><li>• <b>\$0</b> copay for specialist visits.</li></ul>	<ul style="list-style-type: none"><li>• <b>\$2</b> copay for physician, nurse practitioner, registered physical therapist, and physician assistant services, per provider, per day, unless the recipient is exempt.</li></ul>

## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Preventive Care

- **\$0** copay
  - Our plan covers many preventive services, including:
    - Abdominal aortic aneurysm screening
    - Alcohol misuse screening and counseling
    - Annual Wellness Visit (AWV)
    - Bone mass measurement
    - Breast cancer screening (mammogram)
    - Cardiovascular disease risk reduction visit
    - Cardiovascular disease screening
    - Cervical and vaginal cancer screenings (pap tests, pelvic exams, HPV tests)
    - Colorectal cancer screening (i.e. colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
    - Depression screening
    - Diabetes screening
    - Diabetes self-management training
    - Glaucoma screening
    - Hepatitis B virus (HBV) screening
    - Hepatitis C virus (HCV) screening
    - HIV screening
    - Lung cancer screening
    - Medical nutrition therapy services
    - Medicare Diabetes Prevention Program (MDPP)
    - Obesity screening and therapy
    - Prostate cancer screening
    - Screening for sexually transmitted infections (STIs) and counseling
    - Tobacco use cessation counseling
    - Vaccines including Influenza (Flu), Hepatitis B Virus (HBV), Pneumococcal
    - “Welcome to Medicare” preventive visit (one-time)
  - Any additional preventive services approved by Medicare during the contract year will be covered.
- Preventive services are not covered under traditional Florida Medicaid.

## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Emergency Care

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for QMB+ members.</li> <li>• For all other members:             <ul style="list-style-type: none"> <li>– <b>\$100</b> copay for facility</li> <li>– <b>\$0</b> copay for physician and professional services</li> </ul> </li> <li>• Emergency coverage is the same world-wide except, if you receive emergency care (in-area, out-of-area, or after-hours) and pay for covered services, we will reimburse you for our share of the cost up to the Medicare allowable charge.</li> <li>• You do not pay the emergency care copay if you're admitted to the hospital within 24 hours for the same condition.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for emergency services in an emergency facility.</li> <li>• Medicaid recipients using the hospital emergency room for non-emergency services are responsible for a <b>5%</b> coinsurance on the first <b>\$300</b> of the Medicaid payment. There is <b>0%</b> coinsurance on the amount in excess of the first <b>\$300</b>.</li> </ul> |
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#### Urgently Needed Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Coverage for urgently needed services is the same world-wide except, if you receive urgently needed care (in-area, out-of-area, or after-hours) and pay for covered services, we will reimburse you for our share of the cost up to the Medicare allowable charge.</li> </ul> | <ul style="list-style-type: none"> <li>• For Medicaid-covered services, see "Emergency Care".</li> </ul> |
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#### Diagnostic Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for:             <ul style="list-style-type: none"> <li>– Diagnostic procedures and tests</li> <li>– Basic radiology (X-ray) services</li> <li>– Diagnostic radiology services (includes advanced imaging services such as MRI, MRA and CT Scans)</li> <li>– Therapeutic radiology (radiation therapy) services</li> <li>– Lab services</li> <li>– Diagnostic mammography services</li> <li>– Diagnostic colonoscopy services</li> <li>– Nuclear medicine services</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$1</b> copay for independent laboratory services.</li> <li>• <b>\$1</b> copay for portable x-ray services per day.</li> <li>• <b>\$3</b> copay for diagnostic and therapeutic procedures received in an outpatient facility.</li> <li>• Limited to one service, per provider, per day.</li> <li>• Outpatient hospital services are limited to <b>\$1,500</b> per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply.</li> </ul> |
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## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Hearing Services

- **\$0** copay for an exam to diagnose and treat hearing and balance issues.
- **\$0** copay for routine hearing exam (for up to **1** every year).
- **\$0** copay for hearing aid fitting/evaluation (for up to **1** every year).
- Our plan covers up to **\$500** per ear, every year for hearing aids.
- **1** month battery supply and **2** year warranty included.

Medicaid benefits that are provided by the plan:

- Cochlear implant services limited to one in either ear, but not both (covered as prosthetic device).
- Limited hearing aid repairs and accessories after factory warranty expires.

- **\$0** copay
- Limited to one evaluation for the purpose of determining hearing aid candidacy and one hearing aid per ear, per recipient, every three years from the date of the last evaluation. Fitting included.
- Cochlear implants are limited to one in either ear, but not both and must be prior authorized.
- Medicaid does not reimburse for hearing aid repairs until after the manufacturer's warranty has expired.
- Medicaid does not reimburse for routine maintenance, batteries, cord or wire replacement, or cleaning.

## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Dental Services

- **\$0** copay for limited Medicare-covered dental services. Excludes preventive, restoration, removal and replacement services.
- **\$0** copay for the following supplemental dental services:
  - Periodic oral evaluation(s), up to **1** per calendar year
  - Comprehensive oral evaluation, up to **1** every **3** calendar years
  - Prophylaxis cleaning(s), up to **1** per calendar year
  - Bitewing X-rays, up to **1** set(s) per calendar year
  - Panoramic X-ray film, up to **1** every **3** calendar years
  - Amalgam or resin filling(s), up to **1** per calendar year
  - Scaling and root planing (deep cleaning), up to **1** per quadrant every **2** calendar years
  - Simple or surgical extractions, up to **3** per calendar year
  - Denture reline, up to **1** per calendar year
  - Complete dentures (upper and/or lower), up to **1** set every **5** calendar years
  - Anesthesia
- Total periodic and comprehensive oral evaluations limited to **1** per calendar year.
- You must visit a participating dental network provider to receive dental benefits. Please refer to the plan's Provider Directory for the names and locations of participating providers in your area.

Medicaid benefits that are provided by the plan:

- **\$0** copay for emergency dental procedures to alleviate pain or infection, including necessary radiographs to make a diagnosis.
- **\$0** copay for removable partial dentures.
- **\$0** copay for procedures essential to prepare the mouth for dentures.

- **\$3** copay per day for adult dental services including:
  - Comprehensive oral evaluation to determine need for dentures or problem focused services (**1** every **3** years).
  - Limited medically necessary evaluations.
  - Complete set of intraoral X-rays (**1** every **3** years).
  - Panoramic X-ray film (**1** every **3** years).
  - Complete set of full or removable partial dentures or one upper or one lower denture.
  - Procedures essential to prepare the mouth for dentures.
  - Denture reline (**1** per denture per year).
  - Emergency dental services to alleviate pain and/or infection.



## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Vision Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for eye exams to diagnose and treat diseases and conditions of the eye.</li> <li>• <b>\$0</b> copay for diabetic eye exam.</li> <li>• <b>\$0</b> copay for <b>1</b> pair of eyeglasses (frames and lenses) or contact lenses after cataract surgery.</li> <li>• Supplemental vision services:             <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for supplemental routine eye exams up to <b>1</b> per calendar year.</li> <li>– Our plan also pays up to <b>\$150</b> per calendar year for contact lenses or eyeglasses (frames and lenses) of your choice; OR, you may choose <b>1</b> pair of eyeglasses from a pre-determined selection, at no cost.</li> <li>– Ultraviolet protection and scratch resistant coating included on eyeglasses.</li> <li>– Fitting included for all eyewear.</li> <li>– If total cost is more than what our plan covers, you are responsible for the difference.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$2</b> copay for optometric services, per provider, per day, unless the recipient is exempt.</li> <li>• Only one visit per optometrist or optometrist group, per recipient, per day, except for emergency services.</li> <li>• Does not reimburse for screening of visual acuity or for an evaluation and management visit and a general ophthalmologic visit on the same day for the same recipient.</li> <li>• Contact lenses may be covered when eyeglasses would not benefit visual impairment.</li> <li>• For person 21 years of age or older, eyeglass frames are limited to one frame per recipient, every two years; and, eyeglass lenses are limited to one pair every 365 days, based on medical necessity. A second set of frames may be dispensed during the two year period with prior approval.</li> </ul> |
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#### Mental Health Care

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| <ul style="list-style-type: none"> <li>• <b>Inpatient visit - general hospital:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay per admission.</li> <li>– Our plan covers up to 90 days per stay in a general hospital.</li> <li>– Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your coverage for a current stay ends and coverage for each future hospital stay ends after 90 days.</li> </ul> </li> <li>• <b>Inpatient visit - psychiatric facility:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay per admission.</li> <li>– Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</li> </ul> </li> <li>• <b>Outpatient visit</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for outpatient group and individual therapy visits.</li> <li>– <b>\$0</b> copay for partial hospitalization.</li> <li>– Includes outpatient treatment for mental illness and/or substance abuse.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Inpatient visit</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– Limited to 45 days per Florida Medicaid’s fiscal year (July 1 - June 30) for adults age 21 and older.</li> </ul> </li> <li>• <b>Outpatient visit</b> <ul style="list-style-type: none"> <li>– <b>\$2</b> copay per provider, per day (unless the recipient is exempt) for outpatient individual or group therapy visits for the treatment of mental illness or substance abuse.</li> </ul> </li> </ul> |
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## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Skilled Nursing Facility (SNF)

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• No prior hospital stay is required.</li> <li>• Our plan covers up to <b>100</b> days in a SNF per benefit period.</li> <li>• A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a hospital or SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Limited to 8 days per hospital stay and 16 days per Florida state fiscal year (July 1 through June 30) for therapeutic home visits.</li> <li>• Swing bed services cannot exceed 60 days unless a longer stay has been prior authorized.</li> <li>• Hospital-based skilled nursing unit services cannot exceed 30 days, unless one 15-day extension is prior authorized.</li> </ul> |
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#### Physical Therapy

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Various limitations and exclusions apply based on the service received.</li> <li>• Outpatient hospital services are limited to <b>\$1,500</b> per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply.</li> </ul> |
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#### Ambulance

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for QMB+ members for all ambulance services.</li> <li>• For all other members:             <ul style="list-style-type: none"> <li>– <b>\$100</b> copay per trip for emergency ambulance services by ground transportation.</li> <li>– <b>\$0</b> copay per trip for non-emergency ambulance services by ground transportation.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicaid-approved emergency ambulance transportation.</li> <li>• <b>\$1</b> copay per one-way trip for scheduled non-emergency ambulance transportation, unless recipient is exempt.</li> <li>• Prior authorization is required for scheduled trips.</li> </ul> |
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#### Routine Transportation

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for up to <b>4</b> one-way trip(s) per calendar year.</li> <li>• Transportation provided by contracted vendor to plan-approved locations.</li> </ul> <p>Medicaid benefits that are provided by the plan:</p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for unlimited trips to plan-approved locations.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$1</b> copay per one-way trip to a Florida Medicaid covered service when recipient has no other means of transportation and/or requires assistance due to mental/physical condition.</li> </ul> |
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#### Medicare Part B Drugs

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Part B drugs.</li> <li>• <b>\$0</b> copay for chemotherapy drugs.</li> <li>• <b>\$0</b> copay for allergy injections provided in a physician's office.</li> </ul> | <ul style="list-style-type: none"> <li>• For those who qualify, Medicaid provides cost-sharing assistance for Medicare Part B drugs.</li> </ul> |
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## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

### PART D PRESCRIPTION DRUG BENEFITS

- This plan offers nationwide in-network prescription coverage.
- This plan uses a formulary. Quantity limitations and other drug restrictions/authorizations may apply.
- You may get your drugs at network retail pharmacies and network mail-order pharmacies.
- Our network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. Your cost may be less at pharmacies with preferred cost-sharing.
- Total yearly drug costs are the total drug costs paid by both you and the plan.
- The level of "Extra Help" you get, the drug type and the tier where your drug is listed, determines what you pay for your prescription drugs.

- Traditional Florida Medicaid does not provide copay/coinsurance assistance for Part D prescription drugs. You may have some costs based on the drugs you need and the level of "Extra Help" you receive from Medicare.

#### Deductible

- **\$0** annual Part D deductible
- Because of the level of "Extra Help" you get for your prescription drug expenses, you do not have to pay an annual deductible.

#### Initial Coverage

- You pay the following until your total out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach **\$5,000**. The level of "Extra Help" you get, the drug type and on which drug tier it is listed, determines what you pay.
  - For generic drugs (including brand drugs treated as generic), either:
    - **\$0** copay; or
    - **\$1.25** copay; or
    - **\$3.35** copay
  - For all other drugs, either:
    - **\$0** copay; or
    - **\$3.70** copay; or
    - **\$8.35** copay
- You pay **\$0** copay for all Tier 1 drugs at a preferred cost-sharing retail or preferred cost-sharing mail-order pharmacy.

## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Catastrophic Coverage

- **\$0** copay
- After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,000**, you pay nothing for all drugs.

#### Excluded Part D Drugs Covered by Our Plan

- Erectile dysfunction drugs.
- Certain renal drugs (traditional Florida Medicaid-covered).
- Refer to your Evidence of Coverage for specific coverage information including costs.
- These drugs are covered at an in-network retail or mail-order pharmacy and do not apply towards your total annual drug cost.

- **\$0** copay for renal drugs.

#### Additional Prescription Drug Information

- The total of any Part D-covered drug payments made during the calendar year by you, on your behalf, or under another Medicare prescription drug plan before you joined our plan, determines which phase of the Part D benefit you are in during the calendar year.
- Cost-sharing may change depending on the pharmacy you choose (preferred, non-preferred, mail-order, home infusion, or long term care), the supply needed (30 or 90 days), the phase of the Part D benefit you are in, and the level of "Extra Help" you receive. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
- You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
- Contact CarePlus to determine if a particular drug is covered or visit:  
[www.careplushealthplans.com/medicare-plans/2018-prescription-drug-guides](http://www.careplushealthplans.com/medicare-plans/2018-prescription-drug-guides).

### ADDITIONAL COVERED MEDICAL BENEFITS

#### Outpatient Surgery

- **\$0** copay
- **\$0** copay for all outpatient surgical procedures.
- Some restrictions/limitations apply.

## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Other Rehabilitation Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for occupational therapy (daily living activities), speech and language therapy.</li> <li>• <b>\$0</b> copay for cardiac (heart) and pulmonary (lungs) rehabilitation services.             <ul style="list-style-type: none"> <li>– Cardiac rehab services include a maximum of 2 one-hour sessions per day for a maximum of 36 sessions within 36 weeks.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for cardiac, pulmonary, respiratory, occupational, and speech and language therapy.</li> <li>• Various limitations and exclusions apply based on the service received.</li> <li>• Outpatient hospital services are limited to <b>\$1,500</b> per recipient, per Florida state fiscal year (July 1 - June 30) for those age 21 and older. Some exceptions apply.</li> </ul> |
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#### Foot Care (Podiatry Services)

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</li> <li>• <b>\$0</b> copay for routine foot care.</li> <li>• You may self-refer to a network podiatrist for unlimited routine visits for treatment of flat feet or other structural misalignments of the feet, removal of corns, removal of warts, removal of calluses, and hygienic care.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$2-\$3</b> copay per provider, per day, depending on the place of service.</li> <li>• Limited to 24 visits per calendar year.</li> </ul> |
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#### Medical Equipment/Supplies

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Includes durable medical equipment (powered wheelchairs and scooters, insulin pumps, oxygen generators, etc.), prosthetic devices, therapeutic shoes and inserts, and diabetic monitoring supplies.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicaid-approved durable medical equipment and other medical supplies.</li> <li>• Various limitations and exclusions apply.</li> <li>• Prior authorization may be required.</li> </ul> |
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#### Wellness Programs

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| <ul style="list-style-type: none"> <li>• <b>Post-hospitalization Meal Program:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– After your overnight stay in the hospital or skilled nursing facility, you're eligible for up to <b>10</b> nutritious, precooked frozen meals delivered to your door at no cost to you.</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover post-hospitalization meal programs.</li> </ul> |
| <ul style="list-style-type: none"> <li>• <b>SilverSneakers® Fitness Program:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– SilverSneakers is a physical activity program that gives you access to gym memberships at over 13,000 locations nationwide. You can participate in specialty classes led by certified instructors, use fitness equipment and access social circles.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover fitness programs.</li> </ul>                   |
| <ul style="list-style-type: none"> <li>• <b>24-hour Nurse Advice Line:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– Healthcare advice from a registered nurse, 24 hours, day or night.</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not provide a 24-hour healthcare advice line.</li> </ul> |

## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Wellness Programs (continued)

<ul style="list-style-type: none"> <li>• <b>Over-the-Counter (OTC) Items:</b> <ul style="list-style-type: none"> <li>– You are eligible to receive a <b>\$25</b> monthly allowance toward the purchase of select OTC items such as pain relievers, cough and cold medicines, allergy medications, and first aid/medical supplies when you use the participating mail-order service.</li> <li>– Please visit our plan website to see our list of covered OTC items.</li> <li>– OTC items may be purchased only for the enrollee. If you need help or want to request an order form, please call Member Services.</li> </ul> </li> </ul> <p>Medicaid benefits that are provided by the plan:</p> <ul style="list-style-type: none"> <li>– No cost for select traditional Florida Medicaid-covered OTC items, when you use the plan's participating mail order service.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for certain OTC items</li> </ul>
<ul style="list-style-type: none"> <li>• <b>CarePlus Rewards:</b> <ul style="list-style-type: none"> <li>– CarePlus offers members their choice of gift cards to specific retailers as rewards for completing preventive screenings and certain other healthcare activities. Some limitations and exclusions apply.</li> <li>– In accordance with the federal requirements of the Centers for Medicare &amp; Medicaid Services, no amounts on the gift cards shall be redeemable for cash or be used to purchase Medicare-covered items or services. All rewards (gift cards) must be earned and redeemed prior to the end of the plan year. Rewards not redeemed by 12/31 will be forfeited.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover rewards programs.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Smoking and Tobacco Use Cessation Program:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for up to <b>4</b> additional sessions of smoking and tobacco cessation counseling per year.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not provide smoking and tobacco use cessation programs.</li> </ul>

#### Chiropractic Care

<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</li> <li>• <b>\$0</b> copay for up to <b>12</b> self-referred, routine visits to a network chiropractor every year.</li> </ul> <p>Medicaid benefits that are provided by the plan:</p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for new patient visit, plus <b>11</b> additional visits for manual manipulation of the spine per calendar year. OR</li> <li>• <b>\$0</b> copay for <b>12</b> additional visits for manual manipulation of the spine per calendar year for established patients.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$1</b> copay for chiropractic services, per provider, per day, unless the recipient is exempt.</li> <li>• Established patients are limited to 24 medically necessary visits during a calendar year or one new patient visit and 23 established patient visits.</li> <li>• Does not reimburse for massage or heat treatments.</li> </ul>
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## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

### Compared to Traditional Florida Medicaid Benefits (Medicaid Managed Care plan benefits may be different)

#### Enhanced Nutrition Therapy

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for up to <b>4</b> one-hour sessions of medical nutrition counseling per calendar year. Visits provided under Medicare-covered preventive care services for members with End-Stage Renal Disease (ESRD) or Diabetes count toward total plan-covered visits.</li> </ul> | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover enhanced nutrition therapy.</li> </ul> |
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#### Home Health Care

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for limited skilled nursing care and certain other health services you get in your home for the treatment of an illness or injury.</li> <li>• Number of covered visits is based on medical need as determined by your physician and authorized by the plan.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$2</b> copay for 3 home health visits.</li> <li>• All visits require prior authorization.</li> </ul> |
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#### Hospice Care

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for hospice care when you enroll in a Medicare-certified hospice program.</li> <li>• You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• For adults age 21 and over, Medicaid will not reimburse for other Medicaid services that treat the terminal condition once a recipient elects to receive hospice care.</li> </ul> |
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#### Renal Dialysis

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul> |
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#### Wigs (related to chemotherapy treatment)

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• With physician authorization, eligible members may receive up to <b>\$500</b> reimbursement per calendar year toward the purchase of a wig for medical hair loss related to chemotherapy treatment. Must use network provider(s).</li> </ul> | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover wigs related to chemotherapy treatment.</li> </ul> |
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#### Mental Health Targeted Case Management Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Mental Health Targeted Case Management as provided under traditional Florida Medicaid.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Limited to adults who are determined by a mental health case manager to have a severe and persistent mental illness and need service coordination among multiple providers.</li> <li>• Assistance for individuals with complex mental health disabilities or emotional disturbances in gaining access to needed life services (financial, health, employment, social) to enhance the recipient's inclusion in the community.</li> </ul> |
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## CARENEEDS PLUS (HMO SNP) H1019-090

### CareNeeds PLUS (HMO SNP)

**Compared to Traditional Florida Medicaid Benefits** (Medicaid Managed Care plan benefits may be different)

#### Federally Qualified Health Centers, Rural Health Clinics and Clinic Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$3</b> copay per clinic, per day, unless the recipient is exempt.</li> </ul> |
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#### Inpatient Long-Term Care Services

#### Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older

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| <ul style="list-style-type: none"> <li>• Not covered under CareNeeds PLUS.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul> |
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#### Intermediate Care Facility Services for the Mentally Retarded

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| <ul style="list-style-type: none"> <li>• Not covered under CareNeeds PLUS.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Limited to 15 days per hospital stay.</li> <li>• Limited to 45 days per Florida fiscal year (July 1 through June 30) for therapeutic leave.</li> </ul> |
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#### Nursing Facility Services, other than in an Institution for Mental Diseases

- Coverage based on setting and services provided. See "Skilled Nursing Facility (SNF)" section in this booklet for plan benefits and coverage under traditional Florida Medicaid.

#### Assistive Care Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Assistive Care Services as provided under traditional Florida Medicaid.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Care to eligible recipients living in a qualified Assisted Living Facility (ALF) or similar facility, and requiring integrated services on a 24-hour per day basis.</li> <li>• Services include:             <ul style="list-style-type: none"> <li>– Assistance with activities of daily living (eating, bathing, walking, etc.)</li> <li>– Assistance with instrumental activities of daily living (shopping, making phone calls, etc.)</li> <li>– Assistance with self-administered medications</li> <li>– Health support</li> </ul> </li> </ul> |
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#### Home and Community-Based Waiver Services

Dual eligible beneficiaries who meet the financial criteria for full Medicaid coverage may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact Medicaid at 1-888-419-3456 or CarePlus for assistance.

The Medicaid information included in this section is current as of 7/1/2017.

Our source of information for Medicaid benefits is the Florida Agency for Health Care Administration (Medicaid) website. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at <http://ahca.myflorida.com> or call Member Services for assistance.

CarePlus is a Coordinated Care plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in CarePlus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or member cost-share may change on January 1 of each year. CareNeeds PLUS (HMO SNP) is sponsored by CarePlus Health Plans, Inc. and the State of Florida Agency for Health Care Administration. This plan is available to anyone receiving both Medicare and Medicaid-covered services: Qualified Medicare Beneficiaries (QMB+), Specified Low-Income Medicare Beneficiaries (SLMB+), and other Full Benefit Dual Eligibles (FBDE). Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Your benefits may vary depending on your level of Medicaid eligibility.

ATTENTION: If you speak Spanish, language assistance services free of charge, are available to you. Call 1-800-794-5907 (TTY: 711).

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-794-5907 (TTY: 711).



## **Discrimination is Against the Law**

CarePlus Health Plans, Inc. ("CarePlus") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CarePlus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CarePlus:

- Provides free assistance and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats
- Provides free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number on the back of your Member ID Card or contact Member Services using the information below.

If you believe that CarePlus 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:

**CarePlus Health Plans, Inc.**

Attention: Member Services Department  
11430 NW 20th Street, Suite 300  
Miami, FL 33172

Telephone: 1-800-794-5907 (TTY users should call 711)  
8 a.m. to 8 p.m., 7 days a week

From February 15th to September 30th, we are open Monday-Friday from 8 a.m. to 8 p.m.

Fax: 1-800-956-4288

You can file a grievance in person or by mail, phone or fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the contact information listed above.

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>.

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-794-5907 (TTY:711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-794-5907 (TTY:711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-794-5907 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-794-5907 (TTY:711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-794-5907 (TTY:711) 번으로 전화해 주십시오 .

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-794-5907 (TTY:711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-794-5907 (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-794-5907 (TTY: 711).

**Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-794-5907 (ATS: 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-794-5907 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-794-5907 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-794-5907 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-794-5907 (TTY: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-794-5907 (TTY:711).

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-794-5907 (TTY:711).

**Diné Bizzad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-794-5907 (TTY:711).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-794-5907 (رقم هاتف الصم والبكم: 711).



[CarePlusHealthPlans.com](http://CarePlusHealthPlans.com)