# Florida Medicaid Coverage Extension Answers to Frequently Asked Questions

The Agency for Health Care Administration (Agency) is extending all Florida Medicaid recipients' Medicaid coverage until the end of the current State of Emergency related to COVID-19. The state of emergency went into effect on March 9, 2020. You will get a letter before your Medicaid coverage will end. You do not need to do anything to keep your Medicaid, and your benefits will remain the same.

If your Medicaid coverage was scheduled to end prior to the end of the State of Emergency, the Agency will send you a letter notifying you that your Medicaid coverage has been extended and you are still eligible for Medicaid. The Agency is taking this step to make sure that people on Medicaid keep benefits during the State of Emergency.

#### Q. Will my current gold card still work?

A. Yes, your gold card will still work.

#### Q. Will my current plan ID card still work?

A. Yes, your plan ID card will still work.

#### Q. How will I know how long I have Medicaid?

A. At a minimum, you will have Medicaid through the end of the state of emergency. You will get a letter before your Medicaid ends.

## Q. What type of notice will I get when this ends?

A. You will get a letter in the mail.

## Q. Do I get full coverage?

A. You will keep the same kind of Medicaid you have now.

## Q. Will I keep my same Medicaid health plan?

A. Yes, you will stay in the same plan.

## Q. Do I still have my dental plan?

A. Yes, everyone who has dental benefits will keep their same dental plan.

For ongoing updates from the Agency, go to: FloridaHealthCovid19.gov/



**ENGLISH:** This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

**SPANISH:** Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

**CREOLE:** Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

**FRENCH:** Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype **(TTY)**, appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

**ITALIAN:** Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente **(TTY)**, chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

**RUSSIAN:** Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

#### Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-477-6931 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

# Important!

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call 800-477-6931 or if you use a TTY, call 711.
- You can also file a civil rights complaint with the
   U.S. Department of Health and Human Services, Office for Civil Rights
   electronically through their Complaint Portal, available at
   https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at U.S. Department of Health
   and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building,
   Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are
   available at <a href="https://www.hhs.gov/ocr/office/file/index.html">https://www.hhs.gov/ocr/office/file/index.html</a>.

Auxiliary aids and services, free of charge, are available to you. **800-477-6931 (TTY: 711)** 

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-477-6931 (TTY: 711)**.

**Español: (Spanish)** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-477-6931 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole): ATANSYON: Si w pale Kreyòle Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-477-6931 (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 **800-477-6931 (TTY: 711)**.