

# Summary of Benefits

CareSalute  
(HMO)  
H1019-119



# 2022



**SOUTH FLORIDA:**

**Broward  
Palm Beach**

**CarePlus**  
HEALTH PLANS

# Snapshot of Benefits



Monthly Plan Premium

**\$0**



Medicare Part B Premium Reduction

**Up to \$144 back every month**



Primary Care Physician Office Visit

**\$0 copay**



Specialist Office Visit

**\$40 copay**



OTC Allowance

**\$15 monthly**



Routine Dental, Vision and Hearing Coverage

**\$0 copay**



Inpatient Hospital Care

**\$225 copay per day for days 1-8**

Emergency Care

**\$120 copay**

**The next pages have more details on these benefits and more from CarePlus!**

Licensed CarePlus Sales Agent Name: \_\_\_\_\_

Licensed CarePlus Sales Agent Phone Number: \_\_\_\_\_

# Pre-Enrollment Checklist



**Before making an enrollment decision, it is important that you fully understand our benefits and rules.**

If you have any questions, you can call and speak to a Member Services representative at **1-800-794-4105** (TTY: **711**). From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday; 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

## Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor.  
Visit **CarePlusHealthPlans.com/medicare-plans/2022** or call **1-800-794-4105** (TTY: **711**) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

## Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium may be covered through the Florida Medicaid Program.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

# 2022 Summary of Benefits



This Summary of Benefits booklet gives you a summary of what **CareSalute (HMO)** covers and what you pay. It does not list every service covered by this plan or list every limitation or exclusion. For a complete list of services we cover, please refer to the plan's Evidence of Coverage (EOC) on our website, [CarePlusHealthPlans.com/medicare-plans/2022](https://www.CarePlusHealthPlans.com/medicare-plans/2022), or call us and we will send you a copy. An EOC is automatically mailed to you after you enroll in our plan.



## Tips for comparing your Medicare choices

- 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 **Medicare.gov**.
- To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. You can view it online at **Medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY: **1-877-486-2048**.



## Who can join CareSalute (HMO)?

To join **CareSalute (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Florida: Broward and Palm Beach.



## Which doctors and hospitals can you use?

**CareSalute (HMO)** has a network of doctors, hospitals, and other providers. You must access all plan-covered items and services through the CarePlus network of providers with the exception of urgently needed care or emergency services. 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 can see our plan's provider directory on our website: [CarePlusHealthPlans.com/directories](https://www.CarePlusHealthPlans.com/directories), or call us and we will send you a copy.



## What does this plan cover?

**CareSalute (HMO)** covers everything that Original Medicare covers - and *more*.

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

This plan does not include coverage for Part D prescription drugs. If you do not have prescription drug coverage through the Veteran's Administration, for example, you may want to consider a Medicare Advantage plan that includes prescription drug coverage.

**Do you have Medicare and Medicaid?** If you are a dual-eligible beneficiary enrolled in both Medicare and Florida's Medicaid program, **you may not have to pay the medical costs displayed in this booklet.** Please contact us to learn more about how this plan works for dual-eligible members.



## Need more information or have questions?

Visit us at **CarePlusHealthPlans.com**, or call us at one of the phone numbers listed below.

**If you are a member**  
of this plan, call Member Services  
toll-free at:  
**1-800-794-5907 (TTY: 711).**

**If you are not a member**  
of this plan, call a licensed  
CarePlus sales agent toll-free at:  
**1-800-794-4105 (TTY: 711).**

October 1 - March 31: 7 days a week; 8 a.m. - 8 p.m.  
April 1 - September 30: Monday - Friday; 8 a.m. - 8 p.m.

You may always leave a voicemail after hours, Saturdays, Sundays, and holidays  
and we will return your call within one business day.

## CareSalute (HMO) H1019-119

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

#### Monthly Plan Premium

- **\$0**
- You must continue to pay your Medicare Part B premium. If you qualify for Medicaid, the Part B premium may be covered through the Florida Medicaid Program.

#### Part B Premium Reduction

- This plan will reduce your monthly Medicare Part B premium by up to **\$144**. This means that while you're enrolled in this plan, the U.S. Social Security Administration will decrease the amount they deduct from your social security check for your Medicare Part B premium. As a result, you will see an increase in your check up to an additional **\$144**.

#### 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 health expenses incurred during foreign travel or supplemental benefit costs.

### COVERED MEDICAL AND HOSPITAL BENEFITS

#### Inpatient Hospital Care

- **\$225** copay per day for days **1 - 8**.
- **\$0** copay per day for days **9 - 90**.
- **\$0** copay per day for days **91** and beyond.
- Our plan covers an **unlimited** number of days for an inpatient hospital stay.
- 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 Skilled Nursing Facility (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.

#### Outpatient Hospital Care

- **\$30** copay for:
  - Pulmonary rehabilitation services.
  - Supervised Exercise Therapy (SET) services.
- **\$40** copay for:
  - Physical therapy, occupational therapy, speech and language therapy.
  - Cardiac rehabilitation services.
- **\$100** copay for mental health care group and individual therapy visits.
- **\$200** copay for:
  - Diagnostic procedures and tests. See diagnostic services for additional details.
  - Surgery services.
- **20%** coinsurance for:
  - Chemotherapy drugs.
  - Renal dialysis.

## CareSalute (HMO) H1019-119

### Doctor Visits

- **\$0** copay for primary care physician (PCP) visits.
  - 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.
- **\$40** copay for specialist visits.

### 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
  - Routine physical exam
  - Screening for sexually transmitted infections (STIs) and counseling
  - Tobacco use cessation counseling
  - Vaccines including Influenza (Flu), Hepatitis B Virus (HBV), Pneumococcal, COVID-19
  - “Welcome to Medicare” preventive visit (one-time)
- Any additional preventive services approved by Medicare during the contract year will be covered.

### Emergency Care

- **\$120** copay for facility.
- **\$0** copay for physician and professional services.
- Emergency coverage is the same worldwide. 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.
- You do not pay the emergency care copay if you’re admitted to the same hospital within 24 hours for the same condition.

### Urgently Needed Services

- **\$0** copay at your primary care physician’s office.
- **\$40** copay at a specialist’s office.
- **\$40** copay at an urgent care center.
- Coverage for urgently needed services is the same worldwide. 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.

## Diagnostic Services

- **Diagnostic procedures and tests:**
  - \$0 copay at your primary care physician's office
  - \$40 copay at a specialist's office
  - \$40 copay at an urgent care center
  - \$200 copay at a hospital facility as an outpatient
- **Basic radiology (X-ray) services:**
  - \$0 copay at your primary care physician's office
  - \$40 copay at a specialist's office
  - \$40 copay at an urgent care center
  - \$25 copay at a freestanding radiological facility
  - \$110 copay at a hospital facility as an outpatient
- **Diagnostic radiology services** (includes advanced imaging services such as MRI, MRA and CT Scans):
  - \$75 copay at your primary care physician's office
  - \$75 copay at a specialist's office
  - \$75 copay at a freestanding radiological facility
  - \$200 copay at a hospital facility as an outpatient
- **Therapeutic radiology (radiation therapy) services:**
  - \$40 copay at a specialist's office
  - \$25 copay at a freestanding radiological facility
  - 20% coinsurance at a hospital facility as an outpatient
- **Lab services:**
  - \$0 copay at your primary care physician's office
  - \$0 copay at a specialist's office
  - \$40 copay at an urgent care center
  - \$0 copay at a freestanding laboratory
  - \$50 copay at a hospital facility as an outpatient
- **Diagnostic mammography services:**
  - \$40 copay at a specialist's office
  - \$25 copay at a freestanding radiological facility
  - \$0 copay at a hospital facility as an outpatient
- **Diagnostic colonoscopy services:**
  - \$125 copay at an ambulatory surgical center
  - \$200 copay at a hospital facility as an outpatient
- **Nuclear medicine services:**
  - \$75 copay at a freestanding radiological facility
  - \$200 copay at a hospital facility as an outpatient

## Ambulatory Surgery Center

- \$0 copay for physician and professional services.
- \$125 copay for diagnostic colonoscopy services.
- \$125 copay for surgery services.
- \$0 copay for colorectal cancer screening.

## Hearing Services

- \$40 copay for a Medicare-covered exam to diagnose and treat hearing and balance issues.
- Supplemental routine hearing services:
  - \$0 copay for routine hearing exam, 1 per calendar year.
  - \$0 copay for hearing aid fitting/evaluation, 1 per calendar year.
  - Our plan covers up to \$500 per ear, per calendar year for hearing aids.
  - 1-month battery supply and 2-year warranty included.



**Dental Services**

- **\$40** copay for limited Medicare-covered dental services. Excludes preventive, restoration, removal and replacement services.
- **\$0** copay for the following supplemental routine dental services:
  - Periodic oral evaluations, up to **2** per calendar year
  - Comprehensive oral evaluation, **1** every **3** calendar years
  - Fluoride treatment, up to **2** per calendar year
  - Periodontal maintenance, up to **4** per calendar year
  - Prophylaxis cleanings, up to **2** per calendar year
  - Bitewing X-rays, up to **2** sets per calendar year
  - Panoramic X-ray film, **1** per calendar year
  - Amalgam and/or composite fillings, up to **4** per calendar year
  - Scaling and root planing (deep cleaning), **1** per quadrant per calendar year
  - Simple or surgical extractions, up to **3** per calendar year
  - Denture reline, **1** per calendar year
  - Complete or partial dentures (upper and/or lower), **1** set every **5** calendar years
  - Crowns, **1** per calendar year
  - Root canal, **1** per calendar year
  - Anesthesia
  - Extractions for dentures
- Unlimited extractions are covered only when receiving dentures, all other extractions are limited.
- Total periodic and comprehensive oral evaluations limited to **2** per calendar year.

**Vision Services**

- **\$40** copay for Medicare-covered eye exams to diagnose and treat diseases and conditions of the eye.
- **\$0** copay for diabetic eye exam.
- **\$0** copay for **1** pair of eyeglasses (frames and lenses) or contact lenses after cataract surgery.
- Supplemental routine vision services:
  - **\$0** copay for routine eye exams with refraction, **1** per calendar year.
  - Our plan also pays up to **\$100** per calendar year for contact lenses or eyeglasses (frames and lenses) of your choice.
  - Ultraviolet protection and scratch resistant coating included on eyeglasses.
  - No charge for eyeglass fitting.
  - You are responsible for any eyewear costs above the yearly allowance amount.

### Mental Health Care

- **Inpatient visit - general hospital:**
  - \$225 copay per day for days **1 - 8**.
  - \$0 copay per day for days **9 - 90**.
  - Our plan covers up to 90 days per stay in a general hospital.
  - 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.
- **Inpatient visit - psychiatric facility:**
  - \$225 copay per day for days **1 - 8**.
  - \$0 copay per day for days **9 - 90**.
  - Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.
- **Outpatient visit:**
  - \$100 copay for outpatient group and individual therapy visits.
  - \$40 copay for partial hospitalization.
  - Includes outpatient treatment for mental illness and/or substance abuse.

### Skilled Nursing Facility (SNF) Care

- \$0 copay per day for days **1 - 20**.
- \$60 copay per day for days **21 - 100**.
- No prior hospital stay is required.
- Our plan covers up to **100** days in a SNF per benefit period.
- 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.

### Physical Therapy

- \$40 copay per visit.

### Ambulance Services

- \$240 copay per trip for emergency ambulance services by ground transportation.
- \$0 copay per trip for medically necessary non-emergency ambulance services by ground transportation.

### Routine Transportation

- \$0 copay for **unlimited** one-way trips per calendar year.
- Transportation provided by contracted vendor to plan-approved locations.

### Medicare Part B Drugs

- **Part B drugs purchased at a pharmacy, provided in a physician's office, or provided in a hospital facility as an outpatient:**
  - 20% coinsurance
  - \$0 copay for allergy injections provided in a physician's office.
- **Chemotherapy drugs:**
  - 20% coinsurance

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### ADDITIONAL COVERED MEDICAL BENEFITS

#### Outpatient Surgery

- **\$0** copay at your primary care physician's office.
- **\$40** copay at a specialist's office.
- **\$125** copay at an ambulatory surgical center.
- **\$200** copay at a hospital facility as an outpatient.

#### Additional Rehabilitation Services

- **Occupational therapy (daily living activities), speech and language therapy:**
  - **\$40** copay
- **Cardiac (heart) rehabilitation services:**
  - **\$40** copay
  - Services include a maximum of 2 one-hour sessions per day for a maximum of 36 sessions within 36 weeks.
- **Pulmonary (lungs) rehabilitation services:**
  - **\$30** copay
- **Supervised Exercise Therapy (SET) services:**
  - **\$30** copay

#### Foot Care (*Podiatry Services*)

- **\$40** copay for Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.
- **\$40** copay for supplemental podiatry services:
  - Routine foot care.
  - 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.

#### Medical Equipment/Supplies

- **Durable medical equipment:**
  - **20%** coinsurance for power-operated or customized durable medical equipment (includes electric wheelchairs, scooters, insulin pumps, etc.)
  - **\$0** copay for all other durable medical equipment.
- **Prosthetic devices (*braces, artificial limbs, etc.*) and other medical supplies:**
  - **20%** coinsurance for prosthetic devices.
  - **\$0** copay for other medical supplies.
- **Diabetic supplies:**
  - **\$0** copay for monitoring supplies from a preferred diabetic supplier.
  - **20%** coinsurance for monitoring supplies from other diabetic suppliers.
  - **\$10** copay for therapeutic shoes and inserts.

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### Telehealth Services (in addition to Original Medicare)

- **\$0** copay for primary care physician virtual visit.
- **\$40** copay for specialist virtual visit.
- **\$0** copay for behavioral health and substance abuse virtual visit.
- **\$0** copay for urgent care virtual visit.
- This service may not be offered by all in-network plan providers. Check directly with your provider about the availability of telehealth services, or you can also visit our website at [CarePlusHealthPlans.com/physician-finder](https://CarePlusHealthPlans.com/physician-finder) to access our online, searchable directory.

### Wellness Programs

- **Deliver Fresh Meals Program:**
  - **\$0** copay
  - Once you return home from an overnight stay in the hospital or skilled nursing facility, you're eligible for up to **14** freshly prepared nutritious meals delivered to your door at no cost to you. Limited to 4 times per year.
- **SilverSneakers® Fitness Program:**
  - **\$0** copay
  - The fitness program includes access to thousands of participating locations and signature group exercise classes led by certified instructors. Live workout classes and videos on demand are also available online.
  - Consult your doctor before beginning any new diet or exercise regimen.
- **Over-the-Counter (OTC) Items:**
  - You are eligible to receive a **\$15** 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.
  - Please visit our plan website to see our list of covered OTC items.
- **CarePlus Rewards:**
  - The CarePlus Rewards Program offers members a gift card of their choice from participating retailers for completing preventive screenings and other healthcare activities. Some limitations and exclusions apply.
  - In accordance with the federal requirements of the Centers for Medicare & Medicaid Services (CMS), no amounts on the gift cards shall be redeemable for cash and no amount may be applied toward the purchase of any prescription drug under your plan. Rewards (gift cards) must be earned and redeemed in the same plan year. Rewards not redeemed by 12/31 will be forfeited.

### Acupuncture

- **\$40** copay for up to **20** Medicare-covered acupuncture treatments for chronic low back pain when ordered by a physician.

### Chiropractic Care

- **\$20** 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).

### COVID-19 Testing and Treatment

- **\$0** copay for testing and treatment services for COVID-19.
- Members receive **14** days of meals (**28** meals) after a COVID-19 diagnosis.

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### Home Health Care

- **\$0** copay for limited skilled nursing care and other Medicare-approved services you get in your home for the treatment of an illness or injury.
- Number of covered visits is based on medical need as determined by your physician and authorized by the plan.

### Hospice Care

- **\$0** copay for hospice care from a Medicare-certified hospice.
- 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.

### Renal Dialysis

- **20%** coinsurance
- **\$0** copay for kidney disease education services.

# IMPORTANT!

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

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. CarePlus complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with:

**CarePlus Health Plans, Inc. Attention: Member Services Department.**

11430 NW 20th Street, Suite 300. Miami, FL 33172.

If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

- 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, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

## Auxiliary aids and services, free of charge, are available to you.

**1-800-794-5907 (TTY: 711)**

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters 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.

## Language assistance services, free of charge, are available to you.

**1-800-794-5907 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**ગુજરાતી (Gujarati):** નીચેના નંબર પર કોલ કરવા માટે ઉપરોક્ત સેવાઓ મફત મેળવી શકાશે.

**ภาษาไทย (Thai):** โปรดติดต่อที่หมายเลขด้านบนนี้เพื่อรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย.

**Diné Bizaad (Navajo):** Wóda'hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowól.

**العربية (Arabic):**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



[CarePlusHealthPlans.com](https://www.CarePlusHealthPlans.com)

CarePlus is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.