

Your Journey with CarePlus in 2024



CarePlus
HEALTH PLANS

Dear CarePlus Member,

We're delighted to be your partner in health and well-being.

Please take some time to review this guide and save it for future use. It includes answers to many benefit and coverage questions, instructions on how to use our services, important telephone numbers, and other helpful resources.

We are always happy to assist you if you have any questions.

Thank you for choosing to be part of our CarePlus family. We have provided Florida Medicare beneficiaries with exceptional service for more than 20 years – and we look forward to helping you enjoy an easy and rewarding healthcare experience.

Best wishes,

CarePlus Health Plans



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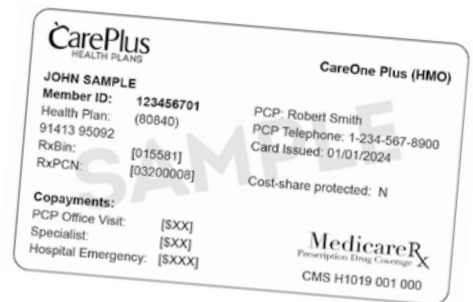
Getting Started

Your Member ID Card

Your CarePlus member ID card includes information required to access covered services and to fill prescriptions at network pharmacies, if your plan includes Part D prescription drug coverage.

Your member ID card includes:

- ✓ Plan name
- ✓ Member ID number
- ✓ Name and phone number of your primary care physician (PCP)
- ✓ Copay for PCP and specialist office visits and hospital emergency services
- ✓ Member Services and MyCarePlus Connect phone numbers
- ✓ Phone numbers for your providers to contact us



You will receive a new member ID card at least once a year and when specific changes are made to your membership, such as a PCP or benefit change.

You can access an electronic version of your member ID card or request a new ID card be mailed to you by visiting MyCarePlus at [CarePlusHealthPlans.com/Logon](https://www.CarePlusHealthPlans.com/Logon). You can also request an ID card from Member Services by calling the phone number in the directory at the end of this guide.



Register for MyCarePlus

MyCarePlus is your member portal. It is a secure gateway to your CarePlus plan information.

Use MyCarePlus to:

- ✓ View, print, or request your member ID card
- ✓ Access your plan benefits, forms, and coverage information
- ✓ Look up claims
- ✓ Create an advance care plan
- ✓ Access your CarePlus Rewards program details

Register or sign in at **CarePlusHealthPlans.com/Logon**. You will need information from your member ID card to register.

Evidence of Coverage and Annual Notice of Changes

An Evidence of Coverage (EOC) describes what is covered by the plan. It explains your part of the cost for covered services and prescription drugs. It also outlines your rights and responsibilities as a plan member.

The Annual Notice of Changes (ANOC) summarizes any changes to your plan effective Jan. 1 of the upcoming plan year. The ANOC may include information about changes to covered services, amounts you pay, or where we offer the plan. We will mail you this notice each year in September.

Your EOC and ANOC are available in your secure MyCarePlus account. Access it at **CarePlusHealthPlans.com/Logon**. We also post them online at **CarePlusHealthPlans.com/Resources**. You may request a printed copy by visiting **CarePlusHealthPlans.com/PrintRequest** or by calling Member Services at the phone number listed in the directory at the end of this guide.

We encourage you to review your EOC and ANOC every year.



Your Doctors and Healthcare Team

As part of your healthcare team, we work closely with your doctors to help you achieve your best health.

Your Primary Care Physician

Think of your primary care physician (PCP) as the leader of your healthcare team. When it's not an emergency, you should talk to your PCP first. Your PCP will:

- ✓ Provide basic routine care and coordinate the rest of your covered medical services
- ✓ Provide preventive care and teach healthy lifestyle habits
- ✓ Identify and treat common illnesses
- ✓ Refer you to medical specialists when needed
- ✓ Evaluate the urgency of your medical condition and direct you to the best place for care
- ✓ Identify and treat common illnesses
- ✓ Prescribe medications or other therapies for your health needs

You can change your PCP at any time and for any reason by calling Member Services. Requests received by the 21st day of the month will usually be effective the first day of the following month. For example, if you call on Feb. 20, the change will be effective on Mar. 1.

To find an in-network doctor near you:

- ✓ Use our search tool online at [**CarePlusHealthPlans.com/Physician-Finder**](https://www.CarePlusHealthPlans.com/Physician-Finder)
- ✓ Request a Provider Directory by calling Member Services using the phone number in the directory at the end of this guide



When you choose a new PCP, we recommend you schedule an appointment as soon as possible so you and your PCP can get to know each other and talk about steps to take for improving or maintaining your health.

Specialists and Referrals

If you need the services of a specialist for certain medical conditions, your PCP generally will submit a preauthorization request to us and give you a referral (a written order) for you to see other plan providers or receive certain services.

If the specialist asks you to return for additional care, you may need another referral from your PCP. If you see a specialist without a referral, you may have to pay for the services yourself.

The following services **do not** require a referral if you see a healthcare provider in our plan's network:

- ✓ All Medicare-covered preventive services
- ✓ COVID-19, flu, and pneumonia vaccinations (shots)
- ✓ Dermatology services
- ✓ Routine women's health care, which includes breast exams, screening mammograms, pap tests, and pelvic exams
- ✓ Specialist visits for members of our CareAccess (HMO) plan
- ✓ Supplemental benefits such as routine vision, routine dental, podiatry, and chiropractic care

The following exceptions may be covered at an out-of-network provider:

- ✓ Certain services for members of a CarePlus HMO-POS plan
- ✓ Emergency care or urgently needed services
- ✓ Kidney dialysis at a Medicare-certified dialysis facility when you are temporarily outside of your plan's service area

Please check your plan's Evidence of Coverage for details.





Your Doctors and Healthcare Team *cont.*

Preauthorization

Before you receive certain services, your PCP may need to ask CarePlus to make sure the recommended treatment is covered by your plan. This is called preauthorization.

How long does preauthorization take? Some requests for preauthorization take longer than others to process. CarePlus reviews each request to make sure it's medically necessary. If we need time to review the request, it may take up to:

- ✓ 14 calendar days to process a standard request, or 72 hours to process a standard request for a Medicare Part B prescription drug
- ✓ 72 hours to process an expedited request, or 24 hours to process an expedited request for a Medicare Part B prescription drug

Please refer to your Evidence of Coverage for more information about preauthorizations. We also include information on our website at [CarePlusHealthPlans.com/PAL](https://www.CarePlusHealthPlans.com/PAL).

MyCarePlus Connect Line

You can call the MyCarePlus Connect Line for direct access to providers who offer the following services that may be covered by your plan:

- ✓ Behavioral health (includes substance abuse care)
- ✓ Disposable supplies (such as wound care and incontinence products)
- ✓ Durable medical equipment
- ✓ Home health care
- ✓ Infusion
- ✓ Transportation

When you call, listen to the prompts and press the number for the service you need. Then you'll be connected. **It's that easy!**

The number for MyCarePlus Connect is in the directory at the end of this guide.



Care Management Program

The Care Management program is designed to offer solutions that support CarePlus members' personalized healthcare needs. Our care managers are nurses or social workers who understand your health conditions and will work one-on-one to empower you in the management of your own health care.

We encourage all CarePlus members to complete a Health Risk Assessment (HRA) upon enrollment. The Centers for Medicare & Medicaid Services (CMS) require us to offer you the assessment. Based on your HRA responses, you may be eligible to participate in our Care Management program. A care manager will contact you if you are eligible for the program.

For more information, please contact our Care Management team. The number is in the directory at the end of this guide.

Laboratory Services

Your doctor may suggest that you have blood drawn or a urinalysis, for example, based on the outcome of your exam. CarePlus provides laboratory services through LabCorp. To avoid any possible out-of-pocket expenses, please use LabCorp. For help finding a LabCorp location, use the LabCorp contact information in the directory at the end of this guide.

If your doctor offers to complete lab work during your office visit, please ask if it's covered. Some providers may charge an additional fee. You may also check with Member Services before receiving services. The phone number for Member Services is in the directory at the end of this guide.

Telehealth Visits¹

Telehealth visits are video or phone visits with a doctor for non-emergency medical needs. These visits require a phone, tablet, or computer with internet connection.

Some people find that visiting their doctor from home is more convenient. It may help them avoid exposure to viruses such as COVID-19.

Your CarePlus plan covers telehealth visits, but it's not available for all types of health services. If you're interested, you may call your doctor and ask if it's an option.





Medication Coverage

Most CarePlus plans include prescription drug coverage. We know how important it is, and we want to make it easy to get the medication you need.

Covered Prescription Drugs

Please check your plan's Prescription Drug Guide to see if your medication is covered by CarePlus. Some drugs in the drug guide may require preauthorization, have step therapy requirements, or have quantity limitations.

You can find your plan's drug guide and requirements online at **[CarePlusHealthPlans.com/PrescriptionDrugGuides](https://careplushealthplans.com/PrescriptionDrugGuides)**.

Your plan's drug guide is also available on MyCarePlus at **[CarePlusHealthPlans.com/Logon](https://careplushealthplans.com/Logon)**. To request that we mail you a copy, visit **[CarePlusHealthPlans.com/PrintRequest](https://careplushealthplans.com/PrintRequest)** or call Member Services at the phone number listed in the directory at the end of this guide.



Prescription Drug Costs

Prescription drugs are grouped into five different levels or "cost-sharing tiers." Tier 1 drugs are usually the most affordable. Higher tiers like Tier 4 or Tier 5 are usually more expensive. On some plans, the amount you pay will increase after your prescription drug expenses reach a certain amount (called the Initial Coverage Limit). Once you reach this limit, you move into the Coverage Gap stage of your prescription drug plan, sometimes called the "donut hole." Once you reach the Catastrophic stage, the plan pays the full costs of your coverage prescription drugs. You pay nothing for covered drugs once you reach this stage.

Check your Evidence of Coverage or Low-Income Subsidy (LIS) Rider, if applicable, for your plan's Initial Coverage Limit and to see if your medication is covered during the gap. Member Services can also help answer your questions about prescription drug costs.

Finding a CarePlus Network Pharmacy

To find a network pharmacy by area, use our online Provider Directory at **[CarePlusHealthPlans.com/Physician-Finder](https://careplushealthplans.com/Physician-Finder)** or call Member Services. Contact information is in the directory at the end of this guide.



Mail-Order Pharmacies

You can get many of your prescription drugs shipped directly to your home through mail-order pharmacies in our network. Most of the medications available through this service are those you take on a regular basis for chronic or long-term medical conditions. When you order prescription drugs by mail, you may order up to a 90-day supply of the drug.

Your CarePlus plan includes access to many pharmacies. For some of our plans, CenterWell Pharmacy™ Miramar Mail* offers preferred cost-sharing. If your plan has CenterWell Pharmacy Miramar Mail as a preferred cost-sharing pharmacy, you may save on some of your covered drugs at this pharmacy. Please refer to your Evidence of Coverage to see if your plan offers preferred mail-order cost-sharing. Usually, you should expect to receive your prescription drugs within 7-10 business days from the day CenterWell Pharmacy Miramar Mail receives your order.

For a list of in-network mail-order pharmacies, please visit your MyCarePlus member portal at **[CarePlusHealthPlans.com/Logon](https://www.careplushealthplans.com/Logon)** to access our Pharmacy Finder tool. Once you select our pharmacy network, pharmacy mail-order options will be available below the filter menu. If you use a mail-order pharmacy that is not in our network, your prescription will not be covered.

*Other pharmacies are available in our network.

Diabetic Supplies

CarePlus covers preferred brand blood glucose monitors and test strips from any network retail or mail-order pharmacy or network diabetic supplier. Continuous glucose monitors may have prior authorization requirements and be covered as durable medical equipment.

Your copay is \$0 for items such as:

- ✓ Blood glucose test strips
- ✓ Lancets
- ✓ Your choice of a Roche or Trividia glucometer starter kit
 - Roche supplies include Accu-chek® Nano Smartview Care Kit, Accu-chek® Aviva Plus, Accu-chek® Guide Care Kit, and Accu-chek® Guide Me Care Kit.
 - Trividia supplies include True Metrix®, True Metrix® Air, and True Metrix® Go. These may be sold under your pharmacy's brand name.

Plans with prescription drug coverage include coverage for supplies to inject insulin, including syringes, needles, alcohol swabs, and gauze. Non-preferred items may be covered if your doctor submits a request that provides documentation indicating that these are medically necessary. Please check your Evidence of Coverage for more information on diabetic supplies.



Medication Coverage cont.

Over-the-Counter Products

Some CarePlus plans include a monthly or quarterly allowance that you may use to order over-the-counter (OTC) products, such as cough medicine, first-aid supplies, and pain relievers. These items are available through the OTC mail-order service and are shipped directly to your home.

You can access the CenterWell Pharmacy OTC mail-order form online at **CarePlusHealthPlans.com/OTCProducts**.

Ordering is easy:

- ✓ Fill out the mail-order form
- ✓ Select the products you want to receive from those listed in the form, up to your plan's allowable benefit amount
- ✓ Follow the mailing instructions on the form

Your order will be delivered to your home within 10-14 business days from the day it is received.

If your plan includes a CareEssentials Allowance, you may choose to use your allowance toward OTC products. The CareEssentials Allowance can be accessed with your CarePlus Spending Account Card. After you activate your CarePlus Spending Account Card, you may use the mail-order form mentioned above or visit **HealthyBenefitsPlus.com/CarePlus** to find additional participating stores. See **page 18** for more information about the CareEssentials Allowance benefit.

If you are a new member and you submit your OTC order form before your enrollment becomes effective, your order will not be mailed until your enrollment becomes effective. Your enrollment application has your effective date on it. You also can find your effective date in your secure MyCarePlus member portal at **CarePlusHealthPlans.com/Logon**.

Tracking Your Prescription Drug Expenses

If your plan includes prescription drug coverage, you will receive a personalized SmartSummary report from CarePlus. We will mail you this report the month after you use your Part D prescription drug benefit. It shows your Part D prescriptions and costs.



Your SmartSummary includes:

- ✓ Your monthly prescription claims
- ✓ Your total drug cost for the month and year-to-date, including how much you paid, what others paid on your behalf (including Extra Help from Medicare), and how much the plan paid
- ✓ Lower cost options, if available
- ✓ Personalized health tips





Medication Coverage cont.

Receiving Extra Help from Medicare

Many people may need help with costs sometimes.

If you have limited income and assets, you may be able to receive assistance from state and federal programs. These programs may help pay for all or part of your monthly premiums, annual deductibles, and coinsurance. Many people qualify for these savings and don't even know it.

Great news for 2024!

If you are enrolled in our CareNeeds Plus (HMO D-SNP) or CareNeeds Platinum (HMO D-SNP) plans and receive Extra Help from Medicare, your cost for prescription drugs is **\$0** for all covered prescription drugs on all tiers, through all drug stages. Your copay even stays at **\$0** during the coverage gap! Please refer to your Evidence of Coverage for more information.

If you want information or help applying for a financial assistance program, please contact our Social Services Department. Contact information is in the directory at the end of this guide.





Preventive Care

Preventive screenings can help identify health issues early. Early treatment often works best.*

To make sure you get the preventive care you need, see your PCP at least once a year. Your CarePlus plan includes coverage for your annual wellness visit and most other preventive services. During your wellness visit, your doctor will talk with you about your health and wellness goals and help create your one-of-a-kind preventive care plan.

The Medicare-covered preventive services covered by your plan at no additional cost to you include, but are not limited to:

- ✓ Cardiovascular disease screenings
- ✓ Diabetes screenings
- ✓ Immunizations against the flu, pneumonia, COVID-19, and others

If you get another medical service during the same visit as your preventive screening, you may have a copay for this other service. To see what your plan covers, check your Evidence of Coverage.

To learn more about prevention, health, and wellness, visit [CarePlusHealthPlans.com/LivingHealthy](https://www.careplushealthplans.com/LivingHealthy).

*<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo>

CarePlus Rewards²

You can earn a **\$50 gift card in 2024** when you complete certain activities, like your annual wellness visit.

Create a CarePlus Rewards account on Sharecare online at [CarePlus.Sharecare.com](https://www.sharecare.com/CarePlus). You can see program details and learn more at [CarePlusHealthPlans.com/Rewards](https://www.careplushealthplans.com/Rewards).

Surveys

From time to time, you may receive a survey by phone or in the mail. It will ask questions about your satisfaction with the health care you receive. If you are selected for a survey, please take the time to complete it.

Be as honest as possible. Your answers help us learn how we can better serve your needs.



Your Path to Well-being

It's important to take care of your overall health. This includes your vision, dental, hearing, and mental health. We're here to help.

Vision

All CarePlus plans include routine vision care through our network of providers. Depending on your plan, vision benefits may include an eye exam, standard eyeglasses (from a select collection) or contact lenses, or an eyewear allowance (money you can put toward the cost of eyeglasses and/or contact lenses).

You may also receive discounts on vision services from participating vision providers through our Value-Added Items and Services (VAIS) program.³ Access information about VAIS discounts by logging into your secure MyCarePlus member portal at [**CarePlusHealthPlans.com/Logon**](https://www.CarePlusHealthPlans.com/Logon).

Visit an optometrist at least once a year for routine eye exams. If you have an eye condition, your optometrist or PCP may refer you to an ophthalmologist.

To learn about your plan's vision coverage, please check your Evidence of Coverage. To search for network optometrists in your area, visit [**CarePlusHealthPlans.com/Physician-Finder**](https://www.CarePlusHealthPlans.com/Physician-Finder).

Dental

All CarePlus plans include routine dental coverage. This includes routine dental exams and cleanings provided by dentists in our network. Depending on your plan, dentures, extractions, and other services may be covered as well.

You may also receive discounts for certain dental services with a participating dentist or specialist through our VAIS program.³ Access information about VAIS discounts by logging into your secure MyCarePlus member portal at [**CarePlusHealthPlans.com/Logon**](https://www.CarePlusHealthPlans.com/Logon).

In 2024, you will receive a Humana dental ID card to use for your dental visits. This card is different from your CarePlus member ID card. Please keep and use both cards.

Dental benefit schedules are available online at [**CarePlusHealthPlans.com/Dental**](https://www.CarePlusHealthPlans.com/Dental). To search for network dentists in your area, visit [**CarePlusHealthPlans.com/Dental-Finder**](https://www.CarePlusHealthPlans.com/Dental-Finder).



Hearing

All CarePlus plans include hearing benefits. We team up with HearUSA to offer hearing exams and hearing aid benefits.

You can also receive discounts for some hearing services through our VAIS program.³ Access information about VAIS discounts by logging into your secure MyCarePlus member portal at **CarePlusHealthPlans.com/Logon**.

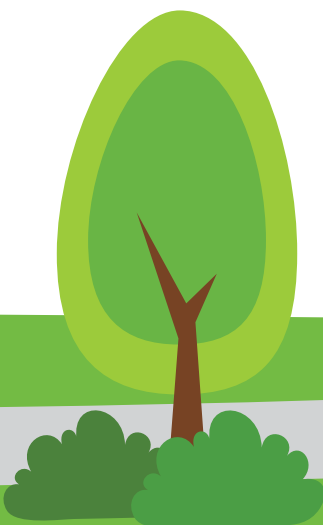
For more information on hearing benefits, please refer to your Evidence of Coverage. To search for network hearing providers in your area, visit **CarePlusHealthPlans.com/Physician-Finder** and search for HearUSA.

Behavioral/Mental Health

As a CarePlus plan member, you can receive substance abuse treatment services and individual or group counseling for mental health conditions such as depression.

Call the MyCarePlus Connect Line and choose the behavioral health option to talk with our mental health provider.

The contact information is available in the directory at the end of this guide. To search for network mental health providers in your area, visit **CarePlusHealthPlans.com/Physician-Finder**.





Your Path to Well-being *cont.*

Transportation

Most CarePlus plans include non-emergency transportation to plan-approved locations for medical care within your plan's service area.

If you have a smart phone, you can schedule your rides on the CareTrip app.

Download CareTrip from the App Store or Google Play. →

Or you may schedule your ride by phone. Call the MyCarePlus Connect Line at the number located in the directory at the end of this guide and choose the transportation option.



- ✓ You must call to schedule 3 weekdays prior to your appointment
- ✓ You may bring a companion as long as you alert the service in advance
- ✓ If you use a wheelchair, or have any other special needs, please tell them when you schedule your service
- ✓ Prior authorization may be required for one-way trips over 35 miles

Some of the medical centers in our network provide transportation services. If your center offers this service and you wish to use it, please coordinate directly with them to schedule your trip.

SilverSneakers® Fitness Program

Your CarePlus plan includes a fitness benefit* through SilverSneakers. This fitness program includes gym membership, classes, events, and social activities at no additional cost.

- ✓ Online: Visit the SilverSneakers website at **SilverSneakers.com** for live workout classes or videos on demand. You can even download healthy meal plans.
- ✓ At fitness locations: Enjoy access to thousands of participating gyms nationwide. Use their amenities or take fitness classes from certified instructors.
- ✓ Neighborhood locations: Join group classes such as tai chi, yoga, dance, and walking groups. These classes are held at local parks and recreation centers. To find participating gyms and classes, visit **SilverSneakers.com**.

*Consult your doctor before beginning any new diet or exercise regimen.

Help Paying for What You Need Most

Certain CarePlus plans, including our CareNeeds Plus (HMO D-SNP) and CareNeeds Platinum (HMO D-SNP) plans, offer the **CareEssentials Allowance**.⁴ The CareEssentials Allowance provides a monthly allowance to spend on select groceries, home-delivered meals, utilities, rent, mortgage, personal care products, pet care supplies, and more!*

After you receive your CarePlus Spending Account Card and instructions in the mail, be sure to activate your card. You can use an electronic version of your card or request a replacement at HealthyBenefitsPlus.com/CarePlus. You can also check your balance or request a replacement by calling Healthy Benefits+ using the number in the directory at the end of this guide.

Please keep your card once you receive it. Your allowance will be automatically loaded onto your CarePlus Spending Account Card at the start of every month. **Unused funds do not carry over** to the following month or plan year*.

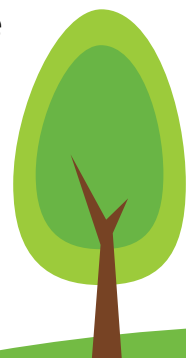
*CareEssentials Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

Flex Allowance

All CarePlus plans include supplemental dental, vision, and hearing coverage. Certain plans extend that coverage by giving you a Flex Allowance. This yearly allowance is loaded onto your CarePlus Spending Account Card and can be used at participating in-network providers where Visa® is accepted to cover supplemental dental, hearing, and vision benefit-related out-of-pocket expenses.

After you receive your CarePlus Spending Account Card and instructions in the mail, be sure to activate your card. You can use an electronic version of your card or request a replacement at HealthyBenefitsPlus.com/CarePlus. You can also check your balance or request a replacement by calling Healthy Benefits+ using the number in the directory at the end of this guide.

Please keep your card in a safe place once you receive it. Take it with you when you see your dental, vision, or hearing providers. When paying for a covered service, it is important that you provide your CarePlus insurance information before providing your card. This will ensure that your insurance is billed before your card is charged. Unused funds do not carry over to the following plan year.





Your Path to Well-being *cont.*

Home Delivery Meal Program

As a CarePlus member, you have the option of getting fresh and nutritious meals delivered to your home after discharge from an in-patient stay at a hospital or skilled nursing facility.

This benefit is available through the NationsMarket® Fresh, Prepared Meal Program at no additional cost to you. To request this service after discharge, use the contact information in the directory at the end of this guide.

Meal Delivery Discount Program

As a CarePlus member, you are eligible for a meal discount service as part of our VAIS program.³

Access information about VAIS by logging into your secure MyCarePlus member portal at **CarePlusHealthPlans.com/Logon**. The program offers healthy meals delivered to your home at a discount with no extra shipping charges. Contact information is in the directory at the end of this guide.

Health and Wellness Education Program Available on CarePlus Link

The CarePlus Health and Wellness Education Program provides you with educational information in a social setting. These educational presentations may be at designated locations in person, or in the comfort of home through CarePlus Link. CarePlus Link allows members to join our educational presentations by phone or online. A variety of health topics are offered at various dates and times.

A CarePlus wellness educator hosts each presentation and looks forward to helping you learn about building and balancing your physical, mental, social, and lifestyle choices. The educator may also share useful plan information and resources to help you achieve your best health.

For more information, visit **CarePlusHealthPlans.com/Link** or scan this code with your smartphone:





Important Information and Resources

This section contains information that may help you with your CarePlus plan. See the directory at the end of this guide for important contact information. Please remember you can always call Member Services for additional assistance.

Member Services

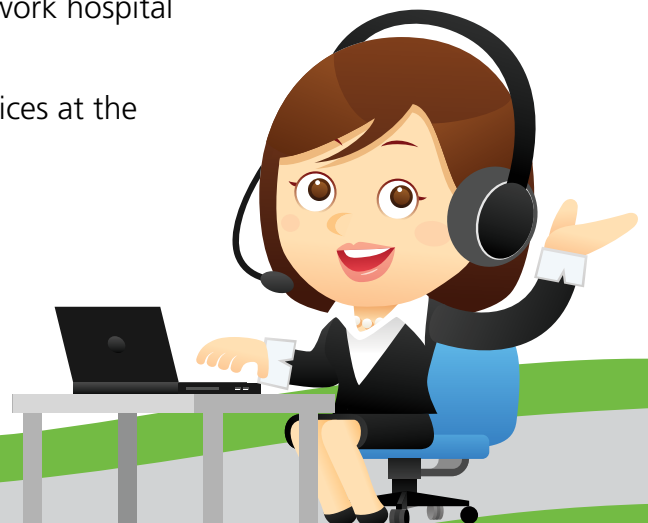
Our Member Services representatives are happy to assist you with any questions or concerns you may have about your plan. When you call, please have your CarePlus member ID card handy. The Member Services representative will ask you to identify yourself using the information on your card. Contact information for Member Services is in the directory at the end of this guide.

Updating Your Information

It's important that we keep up with certain changes in your life. Please advise us about any of the following:

- ✓ Changes to your name, address, or phone number
- ✓ Changes in any health insurance coverage you may have (such as from your employer, your spouse's employer, worker's compensation, or Medicaid)
- ✓ If you are admitted to a nursing home
- ✓ If you are participating in a clinical research study
- ✓ If your designated responsible party changes (such as a caregiver)
- ✓ If you have any liability claims, such as claims from an automobile accident
- ✓ If you receive care in an out-of-area or out-of-network hospital or emergency room

To update your information, please contact Member Services at the number in the directory at the end of this guide.





Important Information and Resources *cont.*

Social Services Department

The CarePlus Social Services department assists members in applying for, renewing, and reporting changes for public assistance through a variety of state and federal programs. This assistance and guidance are offered at no additional cost to you. All you need to do is call and one of our specially trained Social Services associates will guide you through the application process.

As a State of Florida ACCESS Community Partner, we take great pride in our ability to serve our members. CarePlus provides an initial eligibility screening, and only the appropriate state agency can make a final eligibility determination. If you do not agree with our initial screening, you can apply directly at a state or federal office.

Explanation of Benefits

After you see a doctor or receive treatment or medical services, you will receive an Explanation of Benefits (EOB) in the mail. It lists the services that have been provided to you and billed to CarePlus.

An EOB is not a bill. It includes information about:

- ✓ How your claims were processed
- ✓ Services you received
- ✓ How much CarePlus paid
- ✓ Any amount you paid/need to pay, such as a copay

In many cases, you will have paid your portion, if applicable, at the time the services were provided. If not, your provider may send you a separate bill.

If you notice any errors on your EOB (such as the wrong provider, services, or dates), please call Member Services at the number in the directory at the end of this guide.

We want to help you maximize your benefits. Please call us as soon as possible if you have any other health coverage.



In an Emergency

At CarePlus, we hope you never have to go to the hospital – but please call 911 if you need emergency care. If you are hospitalized, please call our Member Services department. After you're discharged from the hospital, we will help make sure your healthcare needs are met. The Member Services phone number is listed in the directory at the end of this guide.

During a mental health crisis, you can connect to suicide prevention and mental health crisis counselors by calling 988. The 988 Suicide and Crisis Lifeline is a national network of more than 200 crisis centers that helps thousands of people overcome crisis situations every day.

Privacy of Personal Health Information

Personal health information (PHI) includes medical information and individually identifiable information, such as name, address, telephone number, or social security number.

Federal and state laws protect the privacy of your medical records and PHI. CarePlus protects your PHI as required by these laws through the following safeguards:

- ✓ Limiting who may see your PHI
- ✓ Limiting how we use or disclose your PHI
- ✓ Authenticating all calls received by asking for identifying information such as:
 - Mother's maiden name
 - Date of birth
 - Member ID number
 - ZIP code
- ✓ Informing you of our legal duties with respect to your PHI
- ✓ Training our associates about company privacy policies and procedures





Important Information and Resources *cont.*

Consent Form for Release of Protected Health Information

You may wish to appoint a person to have access to your health information. You may do so even if you have not appointed an Authorized Legal Representative.

A Consent for Release of Protected Health Information (CPHI) form may be obtained from our website at [CarePlusHealthPlans.com/Resources](https://www.CarePlusHealthPlans.com/Resources), the secure MyCarePlus member portal at [CarePlusHealthPlans.com/Logon](https://www.CarePlusHealthPlans.com/Logon), or by calling Member Services at the phone number listed in the directory at the end of this guide. Completed forms must be mailed to CarePlus Enrollment. The address is in the directory at the end of this guide. You may revoke your consent form at any time by sending us written instructions to do so.

Advance Care Plan

If you ever become too ill to speak for yourself, an advance care plan can make sure your voice is heard. In your plan, you can communicate your wishes about medical treatments ahead of time, such as whether you would want to receive artificial nutrition. You can also choose someone to make healthcare decisions on your behalf, if needed.

As a CarePlus member, you can use MyDirectives® to create your advance care plan online or upload paper advance care documents. It offers a printable wallet card with a QR code for doctors to access your advance care plan. To create or update your plan, visit MyCarePlus at [CarePlusHealthPlans.com/Logon](https://www.CarePlusHealthPlans.com/Logon) or directly at [MyDirectives.com/CarePlus](https://www.MyDirectives.com/CarePlus). Neither CarePlus nor Medicare can see what's in your advance care plan.

It is your decision whether or not to create an advance care plan (including when you are asked while in the hospital). Laws may prohibit someone from denying you care or discriminating against you based on whether or not you have signed an advance directive. If you have signed an advance directive and you or your family members believe that a doctor or hospital hasn't followed your instructions, you may file a complaint with the Quality Improvement Organization, KEPRO. Contact information for KEPRO is available in the directory at the end of this guide.

Helpful Tips

Write down your important health information, such as your existing medical conditions, current medications, allergies, and your specialists' names and contact information. Writing everything down in one spot can help you keep track of your medical information and find it easily if you need to share it with a new doctor.

Create a list of health and well-being goals for the year. List your goals and the steps that you'll take to achieve them. Look back at them throughout the year to check in on your progress.





Directory and Hours of Operation

The following phone numbers and websites may help provide support and guidance.

CarePlus Enrollment

P.O. Box 14733, Lexington, KY 40512-4642
Fax: 1-855-819-8679

CarePlus Care Management Program — 1-866-657-5625

Monday – Friday, 8 a.m. to 5 p.m. TTY: 711

If you are enrolled in a SNP plan, call 1-800-734-9592. Monday – Friday, 8 a.m. to 5 p.m. TTY: 711

CarePlus Member Services — 1-800-794-5907

October 1 – March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. TTY: 711

CarePlus Provider Directory

For information about network providers and pharmacies in your area:

- ✓ Access our online searchable directory at [CarePlusHealthPlans.com/Physician-Finder](https://www.CarePlusHealthPlans.com/Physician-Finder)
- ✓ Download a directory at [CarePlusHealthPlans.com/Directories](https://www.CarePlusHealthPlans.com/Directories)
- ✓ Request a printed copy at [CarePlusHealthPlans.com/PrintRequest](https://www.CarePlusHealthPlans.com/PrintRequest)
- ✓ Call Member Services

Healthy Benefits+ (CareEssentials Allowance and Flex Allowance) — 1-855-391-0942

24 hours a day, 7 days a week. TTY: 711

Hearing Services – HearUSA, Inc. — 1-855-243-5509

Monday – Friday, 8 a.m. to 8 p.m. TTY: 1-888-300-3277. [HearUSA.com](https://www.HearUSA.com)

NationsMarket Fresh, Prepared Meals Program — 1-800-999-0288

Monday – Friday, 8 a.m. to 7 p.m., Saturday, 9 a.m. to 2 p.m. TTY: 711

Laboratory Services – LabCorp — 1-800-877-5227

24 hours a day, 7 days a week. TTY: 711. [LabCorp.com/WPS/Portal/FindALab](https://www.LabCorp.com/WPS/Portal/FindALab)



Directory and Hours of Operation

Medicare Savings Programs/Extra Help

To see if you qualify, or for more information, please call:

- ✓ **Medicare:** 1-800-MEDICARE **1-800-633-4227**
24 hours a day, 7 days a week. TTY: 1-877-486-2048
- ✓ **Social Security:** **1-800-772-1213**
Monday – Friday, 7 a.m. to 7 p.m. TTY: 1-800-325-0778
- ✓ **CarePlus Social Services:** **1-855-392-3900**
Monday – Friday, 8 a.m. to 5 p.m. TTY: 711

MyCarePlus Connect — 1-866-677-0483

You can use this line to reach out to our contracted service providers for:

- ✓ Transportation (Monday – Friday, 8 a.m. to 5 p.m.)
- ✓ Durable Medical Equipment and Home Health Care – Integrated Home Care Services (Monday – Friday, 8:30 a.m. to 7 p.m., Saturday, 8:30 a.m. to 5:30 p.m.)
- ✓ Durable Medical Equipment and Home Health Care – One Homecare Solutions (Monday – Friday, 8:30 a.m. to 9 p.m., Saturday – Sunday, 9 a.m. to 5 p.m.)
- ✓ Infusion (Monday - Friday, 8:30 a.m. to 9 p.m., Saturday – Sunday, 9 a.m. to 5 p.m.)
- ✓ Disposable Supplies (Monday - Friday, 8:30 a.m. to 5 p.m.)
- ✓ Behavioral Health (Monday - Friday, 8 a.m. to 8 p.m.)

MyCarePlus Member Portal

CarePlusHealthPlans.com/Logon

Quality Improvement Organization - KEPRO — 1-888-317-0751

Monday – Friday, 9 a.m. to 5 p.m.; weekends and holidays, 11 a.m. to 3 p.m. TTY: 711
5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609-1822
Fax: 1-844-878-7921
KEPROQIO.com

SilverSneakers® Fitness Program — 1-888-423-4632

Monday – Friday, 8 a.m. to 8 p.m. TTY: 711. SilverSneakers.com

Not all benefits listed may be available on all plans or in a single plan benefit package.

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¹ Telehealth visits: 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://www.CarePlusHealthPlans.com/Physician-Finder) to access our online, searchable directory. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

² CarePlus Rewards Program: In accordance with the federal requirements of the Centers for Medicare & Medicaid Services, 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 must be earned and redeemed in the same plan year. Rewards not redeemed by 12/31 will be forfeited.

³ Value-Added Items and Services: The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the CarePlus grievance process. Value-Added Items and Services (VAIS) are not plan benefits. Plan members who choose to obtain VAIS items or services are responsible for all costs.

⁴ CarePlus Spending Account Card: No amounts on the CarePlus Spending Account card can be combined or used to purchase Medicare-covered prescriptions or services, nor can it be converted to cash.

Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). 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, 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. This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente. Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

CarePlus

HEALTH PLANS



CarePlusHealthPlans.com

CarePlus Member Services **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.