

CareNeeds Plus (HMO D-SNP)  
H1019-023

2023



## SUMMARY OF BENEFITS

### SOUTH FLORIDA:

Broward  
Miami-Dade  
Palm Beach

**CarePlus**  
HEALTH PLANS

# Snapshot of Benefits

CareNeeds Plus (HMO D-SNP) H1019-023



Monthly Plan Premium

**\$0 or up to \$18.10**



Primary Care Physician and  
Specialist Office Visits

**\$0 copay**



CareEssentials Card™

**\$275 monthly  
allowance**



Routine Vision Coverage



Routine Dental Coverage

**\$0 copay**



Routine Hearing Coverage



Inpatient Hospital Care

**\$0 copay**

Emergency Care

**\$0 or \$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

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **CarePlusHealthPlans.com/medicare-plans/2023** 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.
- Review the provider directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
- 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).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. Only Qualified Medicare Beneficiaries (QMB/QMB+), Specified Low-Income Medicare Beneficiaries (SLMB/SLMB+), Qualifying Individuals (QI), Qualified Disabled and Working Individuals (QDWI), and other Full Benefit Dual Eligibles (FBDE) may enroll in CareNeeds Plus (HMO D-SNP).

# 2023 Summary of Benefits



This booklet gives you a summary of what **CareNeeds Plus (HMO D-SNP)** covers and what you pay. It does not list all plan benefits or every limitation and exclusion. **Depending on your level of Medicaid eligibility, you may not have to pay a premium or any of the costs for medical services listed in this brochure, if they are paid for you by Medicaid or another third party.** For a complete list of covered services, please refer to the plan's Evidence of Coverage on our website, [CarePlusHealthPlans.com/medicare-plans/2023](https://www.CarePlusHealthPlans.com/medicare-plans/2023), or call us and we will send you a copy. We will automatically mail it to you after you enroll.



## 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](https://www.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](https://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: **1-877-486-2048**.



## Who can join CareNeeds Plus (HMO D-SNP)?

To join **CareNeeds Plus (HMO D-SNP)**, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and be eligible for one of these Medicaid categories: Qualified Medicare Beneficiary (QMB/QMB+), Specified Low-Income Medicare Beneficiary (SLMB/SLMB+), Qualified Individual (QI), Qualified Disabled and Working Individual (QDWI), or Full Benefit Dual Eligible (FBDE).

You must also live in our service area, which includes the following counties in Florida: Broward, Miami-Dade, and Palm Beach.

If you have any questions about your Medicaid eligibility or level of assistance, please contact us or your Florida Medicaid office.



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

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

You must access all plan-covered services through the CarePlus network of providers, except for urgently needed care or emergency services. This includes any Florida Medicaid services we cover. Members receiving 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 out-of-network providers, we may not pay for these services.

## Prior authorization or a referral may be required for covered in-network medical services.

You must generally use network pharmacies to fill your prescriptions for Medicare-covered Part D drugs. There are network mail-order pharmacies that offer preferred cost-sharing. You may pay less if you use these pharmacies.

To see our provider directory, visit our website at [CarePlusHealthPlans.com/directories](https://www.CarePlusHealthPlans.com/directories), or call us and we will send you a copy.

Medicaid providers who also participate in our provider network are indicated in our provider directory.



## What does this plan cover?

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

In addition to medical services, we cover certain Part D and Part B drugs such as chemotherapy and some drugs administered by your physician. See the Evidence of Coverage for more information.

To see our list of covered prescription drugs and any restrictions, visit [CarePlusHealthPlans.com/medicare-plans/2023-prescription-drug-guides](https://www.careplushealthplans.com/medicare-plans/2023-prescription-drug-guides), or call us and we will send you a copy.

If you are getting full Medicaid benefits, please know that this plan also covers all the benefits you receive under traditional Florida Medicaid, except for long-term care services and any other waiver services.



## Cost-sharing with this plan

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

If Medicaid pays your Medicare Part A and Part B premiums, deductibles and coinsurance, your cost 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.

Once you join this plan, be sure to show providers both your Medicaid ID card and your CarePlus membership card so they know you may have additional coverage.



## Need more information or have questions?

Visit us at [CarePlusHealthPlans.com](https://www.careplushealthplans.com), or call one of the numbers below.

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

**If you are not a member** of this plan, call a licensed CarePlus sales agent: **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.

## CareNeeds Plus (HMO D-SNP) H1019-023

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

#### Monthly Plan Premium

- **\$0** or up to **\$18.10**
- Your premium depends on the amount of Extra Help you get from Medicare.
- You must continue to pay your Medicare Part B premium. This premium may be covered through the Florida Medicaid Program.

#### Deductible

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

#### Maximum Out-of-Pocket Limit

- **\$3,400** per year.
- To protect our members, it's required that we set a yearly limit on any out-of-pocket costs paid for plan covered medical services. If this limit is reached, we pay 100% of the costs 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

If you get financial assistance paying Medicare premiums, deductibles and cost-shares plus other benefits from Florida Medicaid (QMB+, SLMB+, FBDE), the benefit chart below shows a comparison of the benefits you get under our plan and what you pay compared to traditional Florida Medicaid. (If you are enrolled in a Medicaid Managed Care Plan, your benefits may be different from what's listed in the Medicaid column.) Your coverage is based on your level of Medicaid eligibility. If your Medicaid is limited to financial assistance only (QMB, SLMB, QI, QDWI), the Medicaid benefit information below does not apply to you.

**If you get Medicaid as a QMB, QMB+, SLMB+, or FBDE, you pay nothing for your Medicare plan healthcare services below. Financial assistance for prescription drugs is provided through Medicare's Extra Help program.**

CareNeeds Plus (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Inpatient Hospital Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Our plan covers an <b>unlimited</b> 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", "Outpatient Surgery", "Physical Therapy" and "Additional Rehabilitation Services."</li> </ul>
<b>Ambulatory Surgery Center</b>	
<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>
<b>Doctor Visits</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for primary care physician (PCP) visits.</li> <li>• You must select a PCP from our network. This PCP will focus on your needs and coordinate your care with other network providers.</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> <li>• Up to two office visits per month, per specialty, for recipients age 21 years and older.</li> </ul>

## CareNeeds Plus (HMO D-SNP) H1019-023

### CareNeeds Plus (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Preventive Care

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for all Medicare-covered preventive services, including:             <ul style="list-style-type: none"> <li>– Abdominal aortic aneurysm screening</li> <li>– Alcohol misuse screening and counseling</li> <li>– Annual Wellness Visit (AWV)</li> <li>– Bone mass measurement</li> <li>– Breast cancer screening (mammogram)</li> <li>– Cardiovascular disease risk reduction visit</li> <li>– Cardiovascular disease screening</li> <li>– Cervical and vaginal cancer screenings (pap tests, pelvic exams, HPV tests)</li> <li>– Colorectal cancer screening (i.e. colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>– Depression screening</li> <li>– Diabetes screening</li> <li>– Diabetes self-management training</li> <li>– Glaucoma screening</li> <li>– Hepatitis B virus (HBV) screening</li> <li>– Hepatitis C virus (HCV) screening</li> <li>– HIV screening</li> <li>– Lung cancer screening</li> <li>– Medical nutrition therapy services</li> <li>– Medicare Diabetes Prevention Program (MDPP)</li> <li>– Obesity screening and therapy</li> <li>– Prostate cancer screening</li> <li>– Routine physical exam</li> <li>– Screening for sexually transmitted infections (STIs) and counseling</li> <li>– Tobacco use cessation counseling</li> <li>– Vaccines including Influenza (Flu), Hepatitis B Virus (HBV), Pneumococcal, COVID-19</li> <li>– “Welcome to Medicare” preventive visit (one-time)</li> </ul> </li> <li>• Any additional preventive services approved by Medicare during the contract year will be covered.</li> </ul> | <ul style="list-style-type: none"> <li>• One adult health screening every 365 days, for recipients age 21 years and older.</li> <li>• Copayment based on where service is received and type of service.</li> </ul> |
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#### Emergency Care

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| <ul style="list-style-type: none"> <li>• Facility:             <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for QMB, QMB+, SLMB+, and FBDE members</li> <li>– <b>\$120</b> copay for all other members</li> </ul> </li> <li>• Physician and professional services:             <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for all members</li> </ul> </li> <li>• Emergency coverage is the same worldwide.</li> <li>• You do not pay the emergency care copay if you’re admitted to the same 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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## CareNeeds Plus (HMO D-SNP) H1019-023

CareNeeds Plus (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Urgently Needed Services</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Coverage for urgently needed services is the same worldwide.</li> </ul>	<ul style="list-style-type: none"> <li>• For Medicaid-covered services, see “Emergency Care”.</li> </ul>
<b>Diagnostic Services</b>	
<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-rays)</li> <li>– Diagnostic radiology services (e.g, MRI, MRA, CT Scans)</li> <li>– Radiation therapy</li> <li>– Lab tests</li> <li>– Diagnostic mammograms</li> <li>– Diagnostic colonoscopies</li> <li>– Nuclear medicine</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>
<b>Hearing Services</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a Medicare-covered exam to diagnose and treat hearing and balance issues.</li> <li>• Supplemental routine hearing services:                             <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for routine hearing exam, <b>1</b> per calendar year.</li> <li>– <b>\$0</b> copay for hearing aid fitting/evaluation, <b>1</b> per calendar year.</li> <li>– <b>\$1,500</b> allowance per ear for hearing aids, per calendar year.</li> <li>– <b>1</b>-month battery supply and <b>1</b>-year warranty included.</li> </ul> </li> </ul> <p><b>Medicaid benefits that are provided by the plan:</b></p> <ul style="list-style-type: none"> <li>• Cochlear implant services limited to one in either ear, but not both (covered as prosthetic device).</li> <li>• Limited hearing aid repairs and accessories after factory warranty expires.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• 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.</li> <li>• Diagnostic audiological testing when medically necessary.</li> <li>• Cochlear implants are limited to one in either ear, but not both and must be prior authorized.</li> <li>• Medicaid does not reimburse for hearing aid repairs until after the manufacturer’s warranty has expired.</li> <li>• Medicaid does not reimburse for routine maintenance, batteries, cord or wire replacement, or cleaning.</li> </ul>



## CareNeeds Plus (HMO D-SNP) H1019-023

### CareNeeds Plus (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Dental Services

- **\$0** 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
  - Emergency diagnostic exam, up to **2** per calendar year
  - 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 **6** per calendar year
  - Oral surgeries, up to **2** per calendar year
  - Complete or partial dentures (upper and/or lower), **1** set every **5** calendar years
  - Denture reline, **1** per calendar year
  - Crowns, up to **2** per calendar year
  - Root canal, **1** per calendar year
  - Anesthesia
  - Extractions, unlimited for dentures. All other extractions are limited.
- Total periodic and comprehensive oral evaluations limited to **2** per calendar year.

#### Medicaid benefits that are provided by the plan:

- **\$0** copay for necessary radiographs to make a diagnosis.

- **\$0** copay for limited 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.
- **\$3** copay for dental services provided in a Federally Qualified Health Clinic.

## CareNeeds Plus (HMO D-SNP) H1019-023

### CareNeeds Plus (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### Vision Services

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered 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 or contact lenses after cataract surgery.</li> <li>• Supplemental routine vision services:             <ul style="list-style-type: none"> <li>– <b>\$0</b> copay for routine eye exams with refraction, up to <b>1</b> per calendar year.</li> <li>– <b>\$400</b> yearly allowance for contact lenses or eyeglasses of your choice; OR, you may choose <b>3</b> free pairs of select eyeglasses (<b>1</b> pair may be prescription sunglasses).</li> <li>– Ultraviolet protection, scratch resistant coating, standard no-line bifocals, transition lenses, and fitting included with eyeglasses.</li> <li>– You are responsible for any eyewear costs above the yearly allowance amount or the costs of any upgrades when a free pair is selected.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$2</b> copay for optometric services in an optometry office/facility, 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 Services

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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</li> <li>– See Evidence of Coverage for maximum stays and lifetime reserve days.</li> </ul> </li> <li>• <b>Inpatient visit - psychiatric facility:</b> <ul style="list-style-type: none"> <li>– <b>\$0</b> copay</li> <li>– Covers up to 190 days in a lifetime.</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 treatment for mental illness and 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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#### 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>• See Evidence of Coverage for benefit period details.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</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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## CareNeeds Plus (HMO D-SNP) H1019-023

CareNeeds Plus (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Ambulance Services (Ground Transportation)</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for any ambulance service for QMB, QMB+, SLMB+, and FBDE members.</li> <li>• For all other members:               <ul style="list-style-type: none"> <li>– <b>\$100</b> copay per trip for emergencies.</li> <li>– <b>\$0</b> copay per trip for medically necessary non-emergencies.</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> </ul>
<b>Routine Transportation</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for <b>unlimited</b> one-way trips per calendar year.</li> <li>• Provided by participating vendor to 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>
<b>Medicare Part B Drugs</b>	
<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>
<b>PART D PRESCRIPTION DRUG BENEFITS</b>	
<ul style="list-style-type: none"> <li>• <b>Important Message About What You Pay for Vaccines:</b> Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</li> <li>• <b>Important Message About What You Pay for Insulin:</b> You won't pay more than <b>\$35</b> for a one-month (up to 30-day) supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Please see your Prescription Drug Guide to find all Part D insulins covered by your plan.</li> <li>• This plan uses a Drug Guide (formulary). Check it to see if your drugs are covered. Quantity limits and other restrictions/authorizations may apply.</li> <li>• Nationwide network of pharmacies.</li> <li>• Your cost for prescription drugs depends on where the prescription is filled, where it is administered, the drug's tier level, the supply needed, and which Part D drug stage you are in when the prescription is filled. Please see Evidence of Coverage for details.</li> <li>• <b>With Extra Help from Medicare, you pay whichever is less for your prescription drugs, your cost-share under the plan or the Low Income Subsidy (LIS) cost-share.</b></li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## CareNeeds Plus (HMO D-SNP) H1019-023

### \$0 Rx Copay Benefit

- Members who receive "Extra Help" for their prescription drug costs will pay nothing for Medicare-covered Part D prescription drugs listed in our Drug Guide, on all tiers, and through all stages.

### Deductible

- \$0** is your annual Part D deductible, if you receive Extra Help with your prescription drugs.
- \$505** is your annual Part D deductible, if you DO NOT receive Extra Help.
  - You must pay the full cost of your prescription drugs until you meet the deductible amount.
  - Once your deductible is met, you move on to the Initial Coverage stage.

### Initial Coverage

- If you receive Extra Help, you pay **\$0** for all Part D drugs covered by our plan while you are in this stage.
- If you DO NOT receive Extra Help, you pay:

Tier	Supply	Retail Cost Sharing	Preferred Mail-Order Cost Sharing	Standard Mail-Order Cost Sharing
<b>Tier 1</b> Preferred Generic	30-day	<b>\$2</b>	<b>\$2</b>	<b>\$2</b>
	90-day	<b>\$6</b>	<b>\$0</b>	<b>\$6</b>
<b>Tier 2</b> Generic	30-day	<b>\$15</b>	<b>\$15</b>	<b>\$16</b>
	90-day	<b>\$45</b>	<b>\$0</b>	<b>\$48</b>
<b>Tier 3</b> Preferred Brand	30-day	<b>\$47</b>	<b>\$47</b>	<b>\$47</b>
	90-day	<b>\$141</b>	<b>\$131</b>	<b>\$141</b>
<b>Tier 4</b> Non-Preferred Drug	30-day	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>
	90-day	<b>\$300</b>	<b>\$290</b>	<b>\$300</b>
<b>Tier 5</b> Specialty Tier	30-day	<b>25%</b>	<b>25%</b>	<b>25%</b>
	90-day	N/A	N/A	N/A

- Once your total yearly drug cost reaches **\$4,660**, you move to the Coverage Gap stage.

### Coverage Gap

- If you receive Extra Help, you pay **\$0** for all Part D drugs covered by our plan while you are in this stage.
- If you DO NOT receive Extra Help, you pay no more than **25%** of the plan's cost for your drugs in this stage.

### Catastrophic Coverage

- The Catastrophic stage starts when your yearly out-of-pocket drug costs reach **\$7,400**. Yearly costs include all Part D-covered payments on your behalf, under any plan, during the calendar year.
- If you receive Extra Help, you pay **\$0** for all Part D drugs covered by our plan for the rest of the year.
- If you DO NOT receive Extra Help, for the rest of the year, you pay the greater of:
  - 5%** of the cost; or
  - \$4.15** copay for generic drugs (including brand drugs treated as generic) and **\$10.35** copay for all other drugs

## CareNeeds Plus (HMO D-SNP) H1019-023

CareNeeds Plus (HMO D-SNP)	Traditional Florida Medicaid Benefits
<p><b>Part D Excluded Prescription Drugs and Vitamins</b></p> <ul style="list-style-type: none"> <li>• This plan covers certain erectile dysfunction drugs and certain prescription vitamins.</li> <li>• Your cost for a 30-day supply of these drugs is <b>\$2</b>.</li> <li>• <b>\$0</b> copay for traditional Florida Medicaid-covered drugs if you are QMB+, SLMB+ or FBDE.</li> <li>• These drugs are covered at in-network retail or mail-order pharmacies and do not apply towards your total annual drug cost.</li> <li>• See Evidence of Coverage for details.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicaid-covered prescription drugs not covered by a Medicare prescription drug plan.</li> </ul>
<b>ADDITIONAL COVERED MEDICAL BENEFITS</b>	
<p><b>Outpatient Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$3</b> copay for all outpatient surgical procedures.</li> <li>• Some restrictions/limitations apply.</li> </ul>
<p><b>Additional Rehabilitation Services</b></p> <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.</li> <li>• <b>\$0</b> copay for Supervised Exercise Therapy (SET) services.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0-\$3</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>
<p><b>Foot Care (Podiatry Services)</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered exams and treatment.</li> <li>• <b>\$0</b> copay for unlimited visits to participating podiatrists for supplemental routine foot care to treat flat feet or misalignment; corn, wart or callus removal; and hygienic care. No referral required.</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>
<p><b>Medical Equipment/Supplies</b></p> <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> </ul>

## CareNeeds Plus (HMO D-SNP) H1019-023

### CareNeeds Plus (HMO D-SNP)

### Traditional Florida Medicaid Benefits

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

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|---|--|
| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for primary care physician virtual visit.</li> <li>• <b>\$0</b> copay for specialist virtual visit</li> <li>• <b>\$0</b> copay for behavioral health and substance abuse virtual visit.</li> <li>• <b>\$0</b> copay for urgent care virtual visit.</li> <li>• 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 <a href="http://CarePlusHealthPlans.com/physician-finder">CarePlusHealthPlans.com/physician-finder</a> to access our online, searchable directory.</li> </ul> | <ul style="list-style-type: none"> <li>• Telemedicine provided by certain medical and dental providers. Costs for service is the same as for in-person service.</li> </ul> |
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#### Wellness Programs

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| <ul style="list-style-type: none"> <li>• <b>Deliver Fresh Meals Program:</b><br/>– <b>\$0</b> copay for up to <b>14</b> home delivered meals after an overnight hospital or skilled nursing facility stay. Up to 4 times per year.</li> </ul> | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover meal programs.</li> </ul>                     |
| <ul style="list-style-type: none"> <li>• <b>SilverSneakers® Fitness Program:</b><br/>– <b>\$0</b> copay for access to participating gyms, classes, videos, and more.</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>CarePlus Rewards:</b><br/>– Earn a <b>\$50</b> gift card for completing preventive screenings and other healthy activities.</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><br/>– <b>\$0</b> copay for up to <b>4</b> additional sessions of smoking and tobacco cessation counseling per year.</li> </ul>                     | <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for smoking and tobacco cessation classes for pregnant women.</li> </ul> |

#### Acupuncture

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| <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for up to <b>20</b> Medicare-covered treatments for chronic low back pain when ordered by a physician.</li> <li>• <b>\$0</b> copay for up to <b>25</b> routine visits every year.</li> </ul> | <ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover acupuncture.</li> </ul> |
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#### Chiropractic Care

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| <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>• Routine chiropractic services:<br/>– <b>\$0</b> copay for up to <b>12</b> routine visits in-network every year, no referral required.</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 D-SNP) H1019-023

CareNeeds Plus (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>CareEssentials Card™</b>	
<ul style="list-style-type: none"> <li>• <b>\$275</b> automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (such as rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover spending cards.</li> </ul>
<b>Home Health Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for limited Medicare-approved, in-home skilled nursing care.</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> </ul>
<b>Hospice Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-certified hospice care.</li> <li>• Hospice Care is covered by Original Medicare. See Evidence of Coverage for 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>
<b>Personal Home Care</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for certain in-home support services provided by a qualified aide to assist members with disabilities and/or medical conditions in performing daily living activities such as bathing, walking, eating, and preparing meals. Minimum 3 hours per day, not to exceed 42 hours per year.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover personal care services (respite) unless you qualify for Long-Term Services and Supports (LTSS).</li> </ul>
<b>Renal Dialysis</b>	
<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>
<b>Wigs (related to chemotherapy treatment)</b>	
<ul style="list-style-type: none"> <li>• Reimbursement for the full purchase price of wigs, if eligible. See Evidence of Coverage for details.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover wigs related to chemotherapy treatment.</li> </ul>
<b>Special Supplemental Benefits for the Chronically Ill - Flexible Care Assistance</b>	
<ul style="list-style-type: none"> <li>• Up to <b>\$1,000</b> per plan year available for chronically ill members under care management to help with primarily health related or non-primarily health related needs. Care Manager authorization required.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Florida Medicaid does not cover special supplemental benefits for the chronically ill.</li> </ul>

## CareNeeds Plus (HMO D-SNP) H1019-023

### CareNeeds Plus (HMO D-SNP)

### Traditional Florida Medicaid Benefits

#### OTHER MEDICAID-COVERED SERVICES

##### Assistive Care Services

- **\$0** copay for Assistive Care Services as provided under traditional Florida Medicaid.
- **\$0** copay
- 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.
- Services include:
  - Assistance with activities of daily living (eating, bathing, walking, etc.)
  - Assistance with instrumental activities of daily living (shopping, making phone calls, etc.)
  - Assistance with self-administered medications
  - Health support

##### Medical Massage Therapy

- **\$0** copay for Medical Massage Therapy services for AIDS patients as provided under traditional Florida Medicaid.
- **\$0** copay
- Medical massage therapy services for adults diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection.
- Treatment for peripheral neuropathy or severe neuromuscular pain and lymphedema.
- Up to 8, 15-minute sessions per month or as medically necessary.

##### Mental Health Targeted Case Management Services

- **\$0** copay for Mental Health Targeted Case Management as provided under traditional Florida Medicaid.
- **\$0** copay
- 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.
- 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.

##### Nursing Facility Transitional Days

- **\$0** copay for Nursing Facility Transitional Days as provided under traditional Florida Medicaid.
- Member pays nothing for nursing facility transitional days for up to 120 days. Available to individuals who meet the following requirements: The member is in need of Long Term Care services, has completed the Pre-Admission Screening and Resident Review (PASRR) requirements, is eligible for Institutional Care Program Medicaid and has not enrolled in the Long Term Care (LTC) program.



## CareNeeds Plus (HMO D-SNP) H1019-023

CareNeeds Plus (HMO D-SNP)	Traditional Florida Medicaid Benefits
<b>Federally Qualified Health Centers, Rural Health Clinics and Clinic Services</b>	
<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>
<b>Specialized Medical Equipment and Supplies (incontinence supplies)</b>	
<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for incontinence related supplies as provided under traditional Florida Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> <li>• Specialized medical equipment and supplies related to incontinence available to adults diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection.</li> <li>• Limited to \$250 allowance per month</li> </ul>
<b>Inpatient Long-Term Care Services</b>	
<ul style="list-style-type: none"> <li>• <b>Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older</b> – Not covered under CareNeeds Plus.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Intermediate Care Facility Services for Individuals with Intellectual Disabilities</b> – Not covered under CareNeeds Plus.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Nursing Facility Services, other than in an Institution for Mental Diseases</b> – Not covered under CareNeeds Plus.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay</li> </ul>

Our source of information for Medicaid benefits is the Florida Agency for Health Care Administration (Medicaid) website. The Medicaid information included in this booklet is current as of 7/1/2022. 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 Florida Medicaid at 1-888-419-3456 (TTY: 711). You may also contact CarePlus Member Services for assistance.

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 the phone number listed above.

CarePlus is an HMO SNP plan with a Medicare contract and a contract with the Florida Medicaid Program. Enrollment in CarePlus depends on contract renewal. CareNeeds Plus (HMO D-SNP) is sponsored by CarePlus Health Plans, Inc. and the State of Florida Agency for Health Care Administration. Consult your doctor before beginning any new diet or exercise regimen. In accordance with the federal requirements of the Centers for Medicare & 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.

# IMPORTANT

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## **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, ethnicity, marital status, religion, or language. 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: Grievances and Appeals department.**  
PO Box 277810, Miramar, FL 33027.  
If you need help filing a grievance, call Member Services at **1-800-794-5907 (TTY: 711)**. 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.
- 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, **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.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-794-5907 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-794-5907 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-794-5907 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-794-5907 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-794-5907 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-794-5907 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-794-5907 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-794-5907 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-794-5907 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-794-5907 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (برقياً: 711) 1-800-794-5907. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-794-5907 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-794-5907 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-794-5907 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-794-5907 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



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