2024 **Health Plan Benefits** at a Glance

CareSalute (HMO) South Florida: Broward, Palm Beach

Plan Costs	**With Medicare Only**
Monthly plan premium	$0
Medicare Part B premium reduction	Your plan will reduce your Monthly Part B premium by up to $140 but by no more than Original Medicare's Part B Premium for 2024.
Annual out-of-pocket maximum	$3,400 in-network
Doctor Office Visits	**In-Network With Medicare only**
Primary care provider (PCP)	$0 copay
Specialist	$40 copay
Preventive Care	
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider
Telehealth Services (in addition to Original Medicare)	
Primary care provider (PCP)	$0 copay
Specialist	$40 copay
Urgent care services	$40 copay
Substance abuse or behavioral health services	$0 copay
Inpatient Care	
Acute inpatient hospital care	$225 copay per day for days 1-10 $0 copay per day for days 11-90
Lab Services	
Lab tests from lab facility	$0 copay
Lab tests from outpatient hospital facility	$0 copay
Outpatient Care	
Outpatient surgery at ambulatory surgical center	$125 copay
Physical therapy at therapy facility	$40 copay
X-rays at outpatient hospital facility	$110 copay

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Outpatient Care (continued)	
Diagnostic testing at outpatient hospital facility	$200 copay
Mental Health Services	
Inpatient psychiatric hospital Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	$225 copay per day for days 1-10 $0 copay per day for days 11-90
Specialist's office	$30 copay
Outpatient hospital	$100 copay
Partial hospitalization	$30 copay
Emergency Services	
Urgently needed services at an urgent care center	$40 copay
Ground ambulance services	$240 per trip
Emergency room	$120 copay
Additional Benefits & Programs	
Mandatory supplemental dental benefit DEN915	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Mandatory supplemental vision benefit VIS839	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Mandatory supplemental hearing benefit HER751	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Over-the-Counter (OTC) mail order	**$25** monthly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the month.
Transportation	**$0** copay for plan approved location up to 50 one-way trip(s) per year. This benefit offers unlimited miles per trip.
NationsMarket® Fresh, Prepared meal program	Included
SilverSneakers® fitness program	Included

If you have questions and are a CarePlus member, please contact 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.

If you are not currently a CarePlus member, please contact a licensed CarePlus sales agent at 1-800-794-4105 (TTY: 711), Monday - Sunday 8 a.m. to 8 p.m.

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

Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth. 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/Doctor** 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.

The Part B premium reduction benefit pays part or all of your Part B premium and the amount may change based on the amount you pay for Part B.

Get all your health plan details at
CarePlusHealthPlans.com/Plans

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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.