

# Summary of Benefits

## for **Simply Complete (HMO SNP)**

**Available in:** Polk County

**Plan year:** January 1, 2018 – December 31, 2018

In this section, you'll learn about some of the benefits and services we cover and other important details to help you choose the right Medicare Advantage plan for you. While the Summary of Benefits do not list every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call and request a copy.

### **Have questions? Here's how to reach us and our hours of operation:**

- If you **are not** a member of this plan, please call us toll-free **1-888-577-0212** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-877-577-0115** (TTY: **711**). From October 1 to February 14, we are open seven days a week from 8:00 a.m. - 8:00 p.m. ET. Beginning February 15 to September 30, we are open Monday through Friday, 8:00 a.m. - 8:00 p.m. ET.
- You can learn more about us on our website at **[www.mysimplymedicare.com](http://www.mysimplymedicare.com)**.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

# What you should know about our plan

Simply Complete (HMO SNP) is a Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, you must:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B and Florida Medicaid and
- Live in our service area (see below).

**Our service area includes:** Polk

With this plan, you must use doctors and facilities in our plan. If you use a doctor or facility not in our plan, we may not cover the services.

You can find a doctor in our plan online.

Go to **[www.mysimplymedicare.com](http://www.mysimplymedicare.com)** and choose *Find a Doctor or Pharmacy*.



## What do we cover?

- Like all Medicare health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services), plus more. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this enrollment guide.
- Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).
- To see if your prescription drugs are covered, you can view our *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at [www.mysimplymedicare.com](http://www.mysimplymedicare.com).

## What are my drug costs?

Our plan groups each drug into “tiers.” The amount you pay depends on the drug’s tier and what stage of the benefit you have reached.

### How to find out what your covered drugs will cost:

- Step 1:** Find your drug on the *Formulary*.
- Step 2:** Identify the drug tier.
- Step 3:** Go to the *Summary of 2018 prescription drug coverage* section in this guide to match the tier.



# Can I use any pharmacy to fill my covered prescriptions?



To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs. Your costs will be the same if you use a preferred or standard pharmacy.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at [www.mysimplymedicare.com](http://www.mysimplymedicare.com).

# How can I learn more about Medicare?



If you're still a little unclear about what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can view it online at [www.medicare.gov](http://www.medicare.gov) or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits booklets.

Now that you are familiar with how Medicare works and some of the benefits included in our plan, it's time to consider the type of plan you may need. On the following pages, you can review more about our plan benefits to help you choose the right plan for you.







# Summary of 2018 medical benefits



## **Medicare coverage that goes beyond original Medicare**

Our plans provide even more benefits than you get with Original Medicare. Make sure to check out the extra health benefits available to you in the *More Benefits* section toward the back of this guide.

## **Be in the know**

Before you continue, here are some important things to know as you review our plan options:

- Services with a <sup>1</sup> may require prior authorization (pre-approval).
- Services with a <sup>2</sup> may require a referral from your doctor or Primary Care Physician (PCP).

## Simply Complete (HMO SNP)

### How much is my premium (monthly payment)?

\$0.00 per month

Part B premium is covered by Florida Medicaid for D-SNP enrollees.

### How much is my deductible?

This plan does not have a medical deductible.

### Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

\$3,400 per year from doctors and facilities in our plan.

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your limit for services you get from doctors or facilities in our plan goes toward the yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for the rest of the year. This applies to covered, Part A and Part B services (in or outside of our plan).

You will still need to pay your monthly payment (if you have one) and cost-sharing for your Part D prescription drugs.

## Inpatient Hospital<sup>1,2</sup>

**Facilities in our plan:** \$0.00 copay

Our plan covers an unlimited number of days for an inpatient hospital stay.

## Outpatient Hospital<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay



**Simply Complete (HMO SNP)**

**Doctor's Office Visits<sup>2</sup>**

**Primary Care Physician (PCP) visit:**

**PCPs in our plan:** \$0.00 copay

**Specialist visit:**

**Doctors in our plan:** \$0.00 copay

**Preventive Care Screenings and Annual Physical Exams**

**Preventive care screenings:**

**Doctors in our plan:** \$0.00 copay

**Annual physical exam:**

**Doctors in our plan:** \$0.00 copay

## Simply Complete (HMO SNP)

### Preventive Care Screenings and Annual Physical Exams - continued

#### Covered Preventive care screenings:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual “wellness” visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screenings
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in this plan, 100% of the cost of preventive care screenings and annual physical exams are covered.

#### Emergency Care

\$0.00 copay

Outside the U.S., this plan may cover emergency care, urgent care and ground transportation up to a \$50,000 limit. If the cost of the service is more than \$50,000, you will have to pay the difference.

#### Urgently Needed Services

\$0.00 copay

## Simply Complete (HMO SNP)

### **Diagnostic Radiology Services** (such as MRIs, CT scans)<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### **Diagnostic Tests and Procedures**<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### **Lab Services**<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### **Outpatient X-rays**<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### **Therapeutic Radiology Services** (such as radiation treatment for cancer)<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### **Hearing Services**<sup>1</sup>

#### **Medicare-covered hearing services**

Exam to diagnose and treat hearing and balance issues:

**Doctors in our plan:** \$0.00 copay

## Simply Complete (HMO SNP)

### Hearing Services<sup>1</sup> - continued

#### Routine hearing services:

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. \$1,000.00 maximum plan benefit for hearing aids every year.

**Doctors in our plan:** \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids.

Hearing benefits are offered through Hear USA . Please call member services for more details.

### Dental Services<sup>1</sup>

**Medicare-covered dental services** (this does not include services in connection with care, treatment, filling, removal or replacement of teeth):

**Doctors and dentists in our plan:** \$0.00 copay

#### Preventive dental services:

This plan covers: 2 Exams, 2 Prophylaxis cleanings, 2 Series of bitewing films, and 1 Panoramic film every year.

**Dentists in our plan:** \$0.00 copay

## Simply Complete (HMO SNP)

### Dental Services<sup>1</sup> - continued

#### Comprehensive dental services:

This plan covers up to: 2 Amalgam or resin fillings, unlimited simple or surgical extractions (in 1 or more visits), 1 set of complete or partial dentures every five years, and 1 denture adjustment/reline every year. Medically necessary surgical procedures including analgesia.

**Doctors and dentists in our plan:** \$0.00 copay

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire.

Dental benefits are offered through DentaQuest. Please call member services for more details.

### Vision Services<sup>1</sup>

#### Medicare-covered vision services:

##### Exam to diagnose and treat diseases and conditions of the eye

**Doctors in our plan:** \$0.00 copay

##### Eyeglasses or contact lenses after cataract surgery

**Doctors in our plan:** \$0.00 copay

## Simply Complete (HMO SNP)

### Vision Services<sup>1</sup> - continued

#### Routine vision services:

##### Routine eye exam

This plan covers 1 routine eye exam(s) every year.

**Doctors in our plan:** \$0.00 copay

##### Routine eye wear (lenses and frames)

This plan covers up to \$300.00 for eyeglasses or contact lenses every year.

**Doctors in our plan:** \$0.00 copay

Vision benefits are offered through Premier Eye Care. Please call member services for more details.

### Mental Health Care

#### Inpatient visit:<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days we cover once in your lifetime. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

#### Outpatient psychiatric individual and group therapy services:<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

## Simply Complete (HMO SNP)

### Mental Health Care - continued

### Skilled Nursing Facility (SNF)<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

This plan covers up to 100 days in a Skilled Nursing Facility (SNF).

### Physical Therapy<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### Ambulance<sup>1</sup>

**Emergency transportation services in our plan:** \$0.00 copay

### Transportation

**Transportation services in our plan:** \$0.00 copay. This plan offers coverage for unlimited routine transportation services every year.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by our contracted vendor, TMS. If you need a ride, call member services at least 72 hours ahead of time.

### Medicare Part B Drugs<sup>1</sup>

**Drugs in our plan:** \$0.00 copay

# More benefits and ways we support your health



## Simply Complete (HMO SNP)

### Chiropractic Care

#### Medicare-covered chiropractic services:

**Providers in our plan:** \$0.00 copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

#### Routine chiropractic services:

\$0.00 copay. This plan covers 6 chiropractic visit(s) every year.

### Home Health Care<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### Meals Benefit<sup>1,2</sup>

\$0.00 copay for up to 10 meals following your discharge from the hospital.

### Outpatient Substance Abuse<sup>1,2</sup>

#### Individual & Group therapy visit:

**Doctors and facilities in our plan:** \$0.00 copay



## Simply Complete (HMO SNP)

### Outpatient Surgery<sup>1,2</sup>

#### Ambulatory surgical center:

**Doctors and facilities in our plan:** \$0.00 copay

### Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$46 every month. Unused OTC amounts do not roll over from month to month. Catalog orders are limited to one per month.

Please visit our website to see a list of covered, over-the-counter items.

### Renal Dialysis<sup>1,2</sup>

**Doctors and facilities in our plan:** \$0.00 copay

### Outpatient Rehabilitation<sup>1,2</sup>

**Cardiac (heart) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):

**Doctors and facilities in our plan:** \$0.00 copay

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):

**Doctors and facilities in our plan:** \$0.00 copay

#### Occupational therapy visit:

**Doctors and facilities in our plan:** \$0.00 copay

## Simply Complete (HMO SNP)

### Foot Care (podiatry services)

#### Medicare-covered podiatry:

**Doctors in our plan:** \$0.00 copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

#### Routine foot care:

**Doctors in our plan:** \$0.00 copay

This plan covers 12 routine foot care visit(s) every year.

### Medical Equipment/Supplies<sup>1</sup>

#### Durable Medical Equipment (wheelchairs, oxygen, etc.)

**Suppliers in our plan:** \$0.00 copay

#### Medical supplies and prosthetic devices (braces, artificial limbs, etc.)

**Suppliers in our plan:** \$0.00 copay

### Diabetic supplies and services<sup>1</sup>

**Suppliers in our plan:** \$0.00 copay

### Personal Emergency Response System (PERS) coverage<sup>1,2</sup>

\$0.00 copay

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please refer to the *Evidence of Coverage* for additional information.

## Simply Complete (HMO SNP)

### Enhanced Drug Coverage

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include:

- Some drugs used for the relief of cough and cold symptoms.
- Some prescription vitamins, such as folic acid and Vitamin D 50000 IU.
- Some erectile dysfunction drugs, like Viagra<sup>®</sup> or Cialis<sup>®</sup>, limit 4 tablets per month.

Please refer to your **Tier 1: Preferred Generic** copay later in this Summary of Benefits for how much you will pay.

Your plans *Formulary* includes additional information about all drugs covered under this benefit.

### SilverSneakers<sup>®</sup>\* Fitness Program

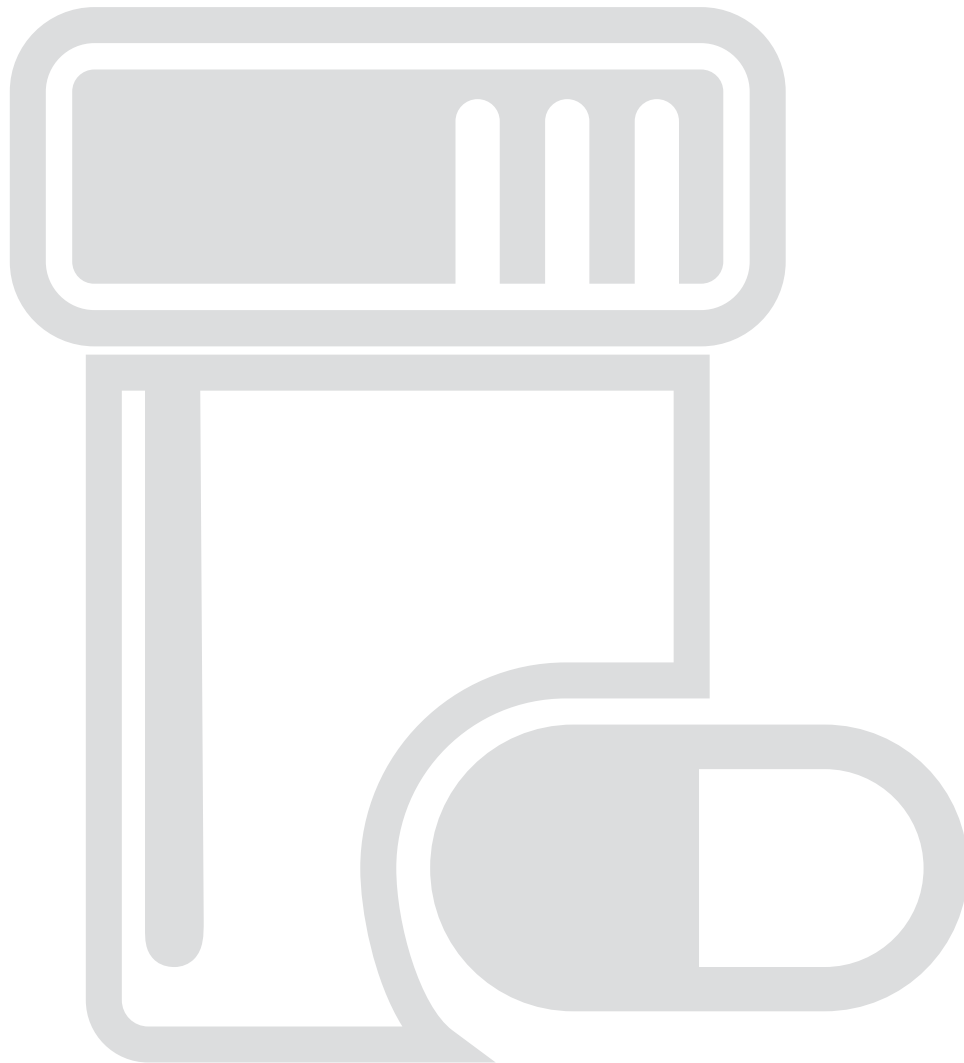
\$0.00 copay

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to [www.silversneakers.com](http://www.silversneakers.com) or call Simply member services at **1-877-577-0115** (TTY: 711), From October 1 to February 14, we are open seven days a week from 8:00 a.m. - 8:00 p.m. ET. Beginning February 15 to September 30, we are open Monday through Friday, 8:00 a.m. - 8:00 p.m. ET..

\* The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.



# Summary of 2018 prescription drug coverage



## **Know where to go:**

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include lots of important details about your pharmacy benefit.

## Simply Complete (HMO SNP)

### How much do I pay for Part D drugs?

#### Stage 1: Deductible

This stage does not apply to you because you get Extra Help from Medicare.

#### Stage 2: Initial Coverage

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan.

Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

If you live in a long-term care facility, you pay the same as at a retail pharmacy.

## Stage 2: Initial Coverage

### Simply Complete (HMO SNP)

<b>Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing</b>	<b>One-month supply</b>	<b>Three-month supply</b>
<b>Tier 1: Preferred Generic</b>	\$0.00	\$0.00
<b>Tier 2: Generic</b>	\$0.00	\$0.00
<b>Tier 3: Preferred Brand</b>	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
<b>Tier 4: Nonpreferred Brand</b>	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	Not available for a long-term supply
<b>Tier 5: Specialty Tier</b>		Not available for a long-term supply

## Stage 2: Initial Coverage

### Simply Complete (HMO SNP)

Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing	One-month supply	Three-month supply
	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	



## Stage 3: Coverage Gap

### Simply Complete (HMO SNP)

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost-sharing for generic and brand name drugs unless your plan has extra generic gap coverage. You will stay in the gap until your costs total \$5,000, which is the end of the coverage gap. Note - not everyone will enter the coverage gap.

To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs.

<b>Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing</b>	<b>One-month supply</b>	<b>Three-month supply</b>
<b>Tier 1: Preferred Generic</b> Covered Drugs; All	\$0.00	\$0.00
<b>Tier 2: Generic</b> Covered Drugs; All	\$0.00	\$0.00

## **Stage 4: Catastrophic Coverage**

### **Simply Complete (HMO SNP)**

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach \$5,000, you pay nothing for your covered drugs for the rest of the year.



# Summary of Medicaid-covered benefits



## Have questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: 1-888-419-3456

# Statement of Medicaid Benefits and Cost-Sharing Protections

## Eligibility

The Simply Complete (HMO SNP) plan is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state Medicaid program to cover Medicare cost sharing.

- Simply Complete (HMO SNP) members with **Qualified Medicare Beneficiary (QMB)** status are covered by the Florida Medicaid program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+).
- Simply Complete (HMO SNP) plan members with **full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status) are enrolled in the Florida Medicaid program that pays their Medicare cost sharing. These members are also eligible to receive the additional Medicaid benefits described below.
- Simply Complete (HMO SNP) plan members with **Specified Low-Income Beneficiary (SLMB)** status are covered by the Florida Medicaid program for their Medicare cost sharing. Some SLMB members are also eligible for full Medicaid benefits (SLMB+).
- Simply Complete (HMO SNP) plan members with **Qualifying Individual (QI)** status are covered by the Florida Medicaid program for their Medicare Part B premium.

## Cost sharing and cost-sharing protections for all members

In a Simply Complete (HMO SNP) plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits described earlier in this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill Simply Complete (HMO SNP) or the state Medicaid program for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

If you receive care from a non-contracted provider, the provider may not understand Simply Complete (HMO SNP) or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Member Services so we can

help you. Please see Chapter 7 of your Simply Complete (HMO SNP) *Evidence of Coverage* for more information.

### **Section A. Simply Complete (HMO SNP) Members with Full Medicaid Coverage**

The benefits listed below are covered by Medicaid. The benefits mentioned earlier in this Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Florida Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Members with full Medicaid benefits may get the following services through the Medicaid fee-for-service program:

<b>Benefit</b>	<b>Florida Medicaid</b>	<b>Simply Complete (HMO SNP)</b>
<b>Advanced Registered Nurse Practitioner</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Ambulatory Surgical Center Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Assistive Care Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Behavioral Health Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Clinic Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.

<b>Benefit</b>	<b>Florida Medicaid</b>	<b>Simply Complete (HMO SNP)</b>
<b>Chiropractic Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Dental Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Immunizations</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Emergency Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Hearing Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Home Health Services and Nursing Care</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Hospice Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Hospital Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Laboratory and Imaging Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.

<b>Benefit</b>	<b>Florida Medicaid</b>	<b>Simply Complete (HMO SNP)</b>
<b>Medical Supplies, Durable Medical Equipment, Prostheses and Orthoses</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Optometric and Vision Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Physician Assistant Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Physician Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Podiatric Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Prescribed Drug Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Renal Dialysis Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Therapy Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.
<b>Transportation Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Simply Complete. See your Evidence of Coverage.





ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-577-0115** (TTY: **711**). Our office hours are from 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-577-0115** (TTY: **711**), de 8 a. m. a 8 p. m., los 7 días de la semana (excepto los días feriados) desde el 1° de octubre hasta el 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes (excepto los días feriados) del 15 de febrero hasta el 30 de septiembre.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.