

Dual Eligible Special Needs Plans Overview

- To enroll in this Dual Eligible Special Needs Plan, you must be eligible for Medicare and also be eligible for full Medicaid benefits from your state Medical Assistance Program (Medicaid). Our Special Needs Plans (SNP) covers only full benefit dual eligibles.
- Your responsibility for cost sharing (premiums, copayments, coinsurance, and deductibles) under the CarePlus CareNeeds (HMO) plan will not exceed the amounts permitted under the State Medicaid plan.
- If you have any questions related to your level of eligibility for assistance from Medicaid, you should contact CarePlus' Member Services department or your state Medicaid office for further details.

Members enrolled in the state-contracted CarePlus CareNeeds (HMO) plans:

- Are responsible for copayments for Medicare Part D prescription drug plans, as provided for under the Low Income Subsidy (LIS) program.
- Must access all care through the CarePlus network of providers, including services normally provided through the state Medicaid program. CarePlus provides coverage for these services on behalf of Medicaid.

The CarePlus Provider Directory

- Members are required to utilize CarePlus provider networks for any services covered under this plan. Medicaid providers who also participate in the CarePlus provider network are indicated in the CarePlus Provider Directory.

Comprehensive Benefit Comparison Chart

BENEFIT CATEGORY	MEDICAID	CARENEEDS
IMPORTANT INFORMATION		
1. Premium and Other Important Information	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility. For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 monthly plan premium in addition to your monthly Medicare Part B premium.
2. Doctor and Hospital Choice (For more information, see Emergency #15 and Urgently Needed Care #16)	Restrictions apply based on provider payment arrangements.	You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).
INPATIENT CARE		
3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 yearly deductible \$0 copay No limit to the number of days covered by the plan each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4. Inpatient Mental Health Care	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 yearly deductible \$0 copay Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

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5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 yearly deductible \$0 copay for SNF services Plan covers up to 100 days each benefit period No prior hospital stay is required
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered home health visits.
7. Hospice	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	You must get care from a Medicare-certified hospice
OUTPATIENT CARE		
8. Doctor Office Visits	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each in-area, network urgent care Medicare-covered visit. \$0 copay for each specialist visit for Medicare-covered benefits.
9. Chiropractic Services	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered chiropractic visits Up to 12 routine visit(s) every year
10. Podiatry Services	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for each Medicare-covered visit \$0 copay for each routine visit
11. Outpatient Mental Health Care	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered mental health visits. \$0 copay for each Medicare-covered visit with a psychiatrist.

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12. Outpatient Substance Abuse Care	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered visits.
13. Outpatient Services/Surgery	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for each Medicare-covered ambulatory surgical center visit \$0 copay for each Medicare-covered outpatient hospital facility visit
14. Ambulance Services (medically necessary ambulance services)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered ambulance benefits
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered emergency room visits Worldwide coverage If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered urgently needed care visits
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered Occupational Therapy visits \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered items

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19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered items
20. Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Diabetes self-monitoring training \$0 copay for Nutrition Therapy for Diabetes \$0 copay for Diabetes supplies
21. Diagnostic Tests, X-Rays, Lab Services and Radiology Services	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered: <ul style="list-style-type: none"> • Lab services • Diagnostic procedures and tests • X-rays • Diagnostic radiology services (not including x-rays) • Therapeutic radiology services
PREVENTIVE SERVICES		
22. Bone Mass Measurement (for people with Medicare who are at risk)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered bone mass measurement
23. Colorectal Screening Exams (for people with Medicare age 50 and older)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered colorectal screenings
24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Flu and Pneumonia vaccines No referral needed for Flu and pneumonia vaccines \$0 copay for Hepatitis B vaccine

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25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered screening mammograms
26. Pap Smears and Pelvic Exams (For women with Medicare)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered pap smears and pelvic exams
27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered prostate cancer screening
OTHER SERVICES		
28. End-Stage Renal Dialysis	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease
29. Prescription Drugs	\$0 copay for Medicaid-covered prescription drugs not covered by a Medicare Prescription Drug plan.	\$0 copay for Part B-covered drugs. \$0 yearly deductible for Part B-covered drugs. Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • A \$0 copay or • A \$1.10 copay or • A \$2.50 copay For all other drugs, either: <ul style="list-style-type: none"> • A \$0 copay or • A \$3.30 copay or • A \$6.30 copay

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BENEFIT CATEGORY	MEDICAID	CARENEEDS
ADDITIONAL BENEFITS		
30. Dental Services	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered dental benefits
31. Hearing Services	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for Medicare-covered diagnostic hearing exams
32. Vision Services	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for diagnosis and treatment for diseases and conditions of the eye \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery
33. Physical Exams	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	\$0 copay for routine exams No limit on the number of covered exams \$0 copay for Medicare-covered benefits
Health/Wellness Education	For those who are full benefit dual eligibles, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> • Smoking Cessation • Health Club Membership/Fitness Classes \$0 copay for each Medicare-covered smoking cessation counseling session

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BENEFIT CATEGORY	MEDICAID	CARENEEDS
Routine Transportation (Non-Emergency Medical Transportation Services)	Non-Emergency Medical Transportation (NEMT) services are defined as medically necessary transportation for a beneficiary and a personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid compensable service to receive treatment, medical evaluation, or therapy. NEMT services are available only to eligible beneficiaries who cannot obtain transportation through any other means (such as family, friends or community resources). \$1 copay per one-way trip	\$0 copay per one-way trip for plan covered services. Please see Section II of the Summary of Benefits for benefits available in your area. Once plan benefits are exhausted, services are provided according to Medicaid guidelines.
Acupuncture	Coverage available if determined eligible.	Additional coverage available in some service areas; please see Section II of the Summary of Benefits for plan details. Otherwise covered according to Medicaid guidelines.
ADDITIONAL MEDICAID COVERED SERVICES		
Those who meet eligibility requirements and also meet the financial criteria for full Medicaid coverage, may also be eligible to receive all Medicaid Services not covered by Medicare. CarePlus Health Plans, Inc. may also offer coverage for these services. The services covered by Medicaid could include:		
PRODUCTS AND DEVICES		
Dentures	5% coinsurance for dentures and specified related services	Additional coverage available in some service areas; please see Section II of the Summary of Benefits for plan details. Otherwise covered according to Medicaid guidelines.
Eyeglasses	\$0 copay for Medicaid-covered services	Additional coverage available in some service areas; please see Section II of the Summary of Benefits for plan details. Otherwise covered according to Medicaid guidelines.

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Hearing Aids	\$0 copay for Medicaid-covered services	Additional coverage available in some service areas; please see Section II of the Summary of Benefits for plan details. Otherwise covered according to Medicaid guidelines.
INPATIENT LONG TERM CARE SERVICES		
Those who meet eligibility requirements and also meet the financial criteria for full Medicaid coverage, may also be eligible to receive all Medicaid services not covered by Medicare. This includes services for those who are determined eligible for institutional care. The services covered by Medicaid could include:		
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older	\$0 copay	\$0 copay
Inpatient Psychiatric Services, under age 21	\$0 copay	\$0 copay
Intermediate Care Facility Services for the Mentally Retarded	\$0 copay	\$0 copay
Nursing Facility Services, other than in an Institution for Mental Diseases	\$0 copay	\$0 copay
HOME AND COMMUNITY BASED WAIVER SERVICES		
Those who meet eligibility requirements and also meet the financial criteria for full Medicaid coverage, may also be eligible to receive all Medicaid Services not covered by Medicare, including Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria.		
Adult Cystic Fibrosis (ACF) Waiver (Statewide Program)	For information on waiver services and eligibility for this waiver, contact the Florida Department of Health.	CarePlus will provide referral assistance into this program.
Adult Day Health Care Waiver Program (Palm Beach and Lee county residents only)	For information on waiver services and eligibility for this waiver, contact the Florida Department of Health.	CarePlus will provide referral assistance into this program.
Aged and Disabled Adult Waiver Program (Statewide Program)	For information on waiver services and eligibility for this waiver, contact the Florida Department of Elder Affairs.	CarePlus will provide referral assistance into this program.

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Alzheimer’s Disease Waiver Program (Broward, Dade, Palm Beach, and Pinellas county residents only)	For information on waiver services and eligibility for this waiver, contact the Florida Department of Elder Affairs (DOEA) or the Florida Agency for Health Care Administration	CarePlus will provide referral assistance into this program.
Assisted Living for the Elderly Waiver Program (Statewide Program for ALF residents)	For information on waiver services and eligibility for this waiver, contact the Florida Department of Elder Affairs.	CarePlus will provide referral assistance into this program.
Channeling Waiver Program (Dade and Broward county residents only)	For information on waiver services and eligibility for this waiver, contact the Florida Agency for Health Care Administration .	CarePlus will provide referral assistance into this program.
Developmental Disabilities Services Waiver (Statewide Program)	For information on waiver services and eligibility for this waiver, contact the Florida Agency for Persons with Disabilities (APD).	CarePlus will provide referral assistance into this program.
Familial Dysautonomia Waiver	For information on waiver services and eligibility for this waiver, contact the Florida Agency for Health Care Administration.	CarePlus will provide referral assistance into this program.
Family And Supported Living Waiver	For information on waiver services and eligibility for this waiver, contact the Florida Agency for Health Care Administration.	CarePlus will provide referral assistance into this program.
Model Waiver Program	For information on waiver services and eligibility, contact the Florida Agency for Health Care Administration.	CarePlus will provide referral assistance into this program.
Nursing Home Diversion Waiver Program (Select Central and Southern counties)	For information on eligibility for this waiver, contact the Florida Department of Elder Affairs.	CarePlus will provide referral assistance into this program.
Project AIDS Care Waiver Program (Statewide Program)	For information on waiver services and eligibility for this waiver, contact the Florida Agency for Health Care Administration.	CarePlus will provide referral assistance into this program.

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Traumatic Brain and Spinal Cord Injury Waiver Program (Statewide Program)	For information on waiver services and eligibility for this waiver, contact the Florida Department of Health (DOH), Brain and Spinal Cord Injury Program.	CarePlus will provide referral assistance into this program.

The table above reflects Medicaid services available on a fee for service basis for dual eligibles who meet the eligibility requirements for full Medicaid benefits and the CarePlus Special Needs Plan benefits.

Our sources of information for Medicaid benefits include:

Florida Medicaid Agency for Health Care Administration
and Medicaid Benefits by State (2006), The Henry J. Kaiser Family Foundation website, <http://medicaidbenefits.kff.org>.

The Medicaid information included in this section was verified by your State Medicaid Agency and is current as of 01/08/2010.