

2019

SUMMARY OF BENEFITS



DrPlus

(HMO-POS SNP)

H4140-002

Medicare and Medicaid

ENGLISH



Welcome to

Doctors HealthCare Plans, Inc.

A Medicare Health Plan with Proven Local Experience

At Doctors HealthCare Plans, Inc., we want to provide you with more choices and the benefits you deserve. That's why we offer a variety of plans to meet your needs.

On the following pages, you will learn more about Doctors HealthCare Plans, Inc.

Remember: Your Licensed Sales Agent is available to answer your questions.

Once you enroll you may also call our friendly, local and knowledgeable Member Services Representatives.



GETTING STARTED

Doctors HealthCare offers more benefits than traditional Medicare to help you live your healthiest life.

To find the plan that suits you best, review the Benefit Highlights and Summary of Benefits on the following pages. We've also included valuable information about Supplemental Benefits and participating vendors.

BENEFIT HIGHLIGHTS

BENEFIT CATEGORY	DrPlus (HMO-POS SNP) H4140-002
Monthly Premium	\$0 Premium
MOOP	\$3,400
Initial Coverage Limit (ICL)	\$6,000 per year
Annual Drug Deductible	\$0
Rx Benefit – 30-Day Supply	\$0 copay / \$0 copay / \$0 copay / \$35 copay / 33% coinsurance
Rx Coverage in Coverage Gap	Tier 1 and Tier 2 Coverage Gap
Primary Care Physician	\$0 copay
Specialist	\$0 copay
Inpatient Hospital	\$0 copay
Outpatient Test and Labs	\$0 copay
Outpatient Surgery at Ambulatory Surgical Center	\$0 copay
Physical Therapy at Therapy Facility	\$0 copay
Emergency Coverage	\$0 copay
Urgent Care Facility	\$0 copay
Worldwide Emergency and Urgent Care coverage	\$0 copay ER and \$0 copay UC, up to \$50,000 combined limit
Ambulance	\$0 copay
Over-the-Counter	\$85 per month
Transportation	Unlimited transportation to plan-approved locations
Vision	\$0 copay for routine exam (1 per year) and \$350 annual allowance for frames or contact lenses
Hearing	\$1,300 allowance for hearing aids every 2 years
Dental Services	<p>\$0 copay for the following supplemental dental services:</p> <ul style="list-style-type: none"> - Periodic oral evaluation(s), up to 2 per calendar year - Comprehensive oral evaluations, up to 2 per calendar year - Prophylaxis cleaning(s), up to 2 per calendar year - Fluoride, 2 per calendar year - X-rays, up to 2 sets per calendar year - Full mouth x-ray film, up to 1 per 3 calendar years - Amalgam or resin filling(s), up to 2 per calendar year - Extractions, 2 per calendar year - Scaling and root planing (deep cleaning), up to 1 per 2 calendar years - Full or partial dentures (upper and/or lower), up to 1 set every 5 calendar years
Silver&Fit® Fitness Program	Silver&Fit® is a health and physical activity program. In addition to a basic membership at participating gym locations, the member can participate in low-impact Silver&Fit® classes or use an at-home fitness kit.
Nutritional Benefit	Post-discharge meals: up to 16 precooked frozen meals delivered to home after hospital or nursing home stay
Point-of-Service	\$20,000 out-of-network benefit for Specialist visits only within Miami-Dade
Referrals	No referrals needed for Specialist office visits in or out-of-network

SUPPLEMENTAL BENEFITS

Hearing Services	 HearUSA America's Most Trusted Name in Hearing Care	(786) 460-3427 (833) 342-7463
Vision Care	 Solstice	(877) 760-2247
Dental Services	 Solstice	(877) 760-2247
Transportation	DHCP Transportation Services, LLC	(786) 789-3427
Post-Discharge Meal Benefit	Carnival Meals and Foods, LLC	(786) 460-3427 (833) 342-7463
Fitness Membership	 Silver&Fit®	(877) 427-4788
Over-the-Counter	 OTC Health Solutions	(888) 628-2770 (877) 672-2688 - TTY doctorshcp.otchs.com
Behavioral Health	 Magellan HEALTHCARE SM	(800) 424-1734

You must be enrolled in Doctors HealthCare Plans, Inc., in order to contact any of the above vendors.

Below is a short description of the supplemental benefits you will receive once enrolled in this plan. Doctors HealthCare Plans, Inc., offers more benefits than traditional Medicare to help you live your healthiest life. Limitations and restrictions may apply. For more detailed information, please see the Summary of Benefits.

OVER-THE-COUNTER BENEFIT

Each month you will receive a credit depending on the plan you are enrolled in to purchase approved over-the-counter products from Health Solutions.

Approved items include nonprescription medications such as pain relievers, cold medicine, allergy medication, vitamins, etc. Any unused credit does not rollover to the following month.

SILVER&FIT® MEMBERSHIP

With Silver&Fit®, you can choose to visit a gym or request your own at-home fitness program at no additional cost to you. You can join any of the participating providers near you and get access to a variety of exercises classes, equipment and social activities that may be offered. To find a location near you, visit www.silverandfit.com or call (877) 427-4788 to get started.

DENTAL COVERAGE

Dental benefits include preventive care each year and additional coverage for other services you may need.

TRANSPORTATION

Our fleet of transportation vehicles offer unlimited, personalized, door-to-door transportation to plan-approved locations, such as Physician office visits.

VISION BENEFIT

Vision coverage includes routine eye exam and an annual allowance for contact lenses and eyeglasses.

HEARING BENEFIT

All of our plans include a Hearing benefit that provides a credit to be applied toward hearing aids and hearing exams every 2 years.



DrPlus

(HMO-POS SNP) H4140-002
Medicare and Medicaid

MIAMI-DADE



SUMMARY OF BENEFITS 2019

At Doctors HealthCare, we believe that knowing the specifics of your plan, the multitude of benefits offered, and the extent of and limitations in your coverage is one of your rights as a member and an individual.

As such, we've provided a detailed Summary of Benefits so that you can stay informed and know the range of services available to you.

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 (786) 460-3427 or toll-free (833) 342-7463.

UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.doctorshcp.com or call (786) 460-3427 or toll-free (833) 342-7463 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 pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. If you have Medicaid, your Part B premium may be paid by the state.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- Point-of-Service benefit (POS): All plans have a Point-of-Service benefit. This benefit allows you to access out-of-network specialists in Miami-Dade County. This benefit allows you access up to your plan's specific benefit amount, without a referral. These services require a prior authorization. Your specialist should call the plan for authorization. Prior authorization allows for coordinated, efficient use of providers for covered health care services and ensures that members receive the most appropriate level of care in the appropriate clinical setting. As a member of our plan, you can choose to receive care from out-of-network providers. However, please note providers not contracted with the plan are under no obligation to treat you except in emergency or urgent situations. To get detailed information about your covered services please see your EOC.
- DrPlus (HMO-POS SNP) H4140-002: 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.
- DrCare (HMO-POS SNP) H4140-003: This plan is a chronic condition special needs plan (C-SNP), for people living with Chronic Heart Failure. Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- DrExtra (HMO-POS SNP) H4140-004: This plan is a chronic condition special needs plan (C-SNP), for people living with Diabetes Mellitus. Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

2019 SUMMARY OF BENEFITS

DrPlus (HMO-POS SNP) H4140-002

This is a summary of drug and health services covered by Doctors HealthCare Plans, Inc., beginning January 1, 2019, through December 31, 2019. The Summary of Benefits does not list every service covered by the plan or list every limitation or exclusion. For a complete list of covered services, please call us and ask for the Evidence of Coverage (EOC) document, or you can view the document on our website: www.doctorshcp.com.

Doctors HealthCare Plans, Inc., is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

WHO CAN JOIN

To join Doctors HealthCare Plans, Inc., you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Florida Medicaid and live in our service area. Our service area is Miami-Dade County.

HOW YOU CAN COMPARE MEDICARE PLANS

For coverage and cost of original Medicare, look in your current "Medicare & You" handbook. Find and compare health plans online at www.medicare.gov or by calling 1 (800) MEDICARE (1-800-633-4227). TTY users should call (877) 486-2048. Hours of operation: 24 hours a day, 7 days a week.

WHAT WE COVER

Everything that Original Medicare covers and much more including Medicare Part D drugs, Part B drugs (such as chemotherapy and some drugs administered by your provider). For more information, please refer to the Evidence of Coverage (EOC).

For a complete plan formulary (list of Part D drugs) and information on any restrictions or limitations, visit our website at: www.doctorshcp.com, or call us to obtain a copy of the drug formulary.

With just a few easy steps, you can find out what your covered drugs will cost.

Our plan groups medications into 5 tiers. The amount you pay for the drug will depend on what tier your drug is in. You will need to use your formulary to determine the tier. Then, go to the Summary of Benefits Prescription Drug section and match your drug to the tier to determine the cost.

Generally speaking, members must use a pharmacy in our network. 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.

To find a pharmacy in our plan, see our online Provider/Pharmacy Directory on our website at www.doctorshcp.com or call us to obtain a copy.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN YOU USE?

Doctors HealthCare Plans, Inc., has a network of doctors, hospital, pharmacies, and other providers. You do not need a referral to visit a specialist in or out-of-network. All of our plans have a Point-of-Service benefit. This benefit allows you to access out-of-network specialists in Miami-Dade County. This benefit allows you access up to your plan's specific benefit amount, without a referral. These services require a prior authorization. Your specialist should call the plan for authorization. Prior authorization allows for coordinated, efficient use of providers for covered health care services and ensures that members receive the most appropriate level of care in the appropriate clinical setting. As a member of our plan, you can choose to receive care from out-of-network providers. However, please note providers not contracted with the plan are under no obligation to treat you except in emergency or urgent situations. To get detailed information about your covered services, please see the Evidence of Coverage (EOC) document.

DO YOU HAVE MEDICARE AND MEDICAID?

Do you have Medicare & Medicaid – Certain levels of Medicaid (Qualified Medicare Beneficiary - QMB) are cost share protected and have a zero cost-sharing liability. Please make sure to discuss Medicaid status with your agent or call the plan for more details.

HOW TO REACH US

If you have any questions and would like to reach us, please call the phone numbers listed below or visit us at www.doctorshcp.com.

If you are a member of this plan, call Member Services at our local number (786) 460-3427 or toll-free at (833) 342-7463 (TTY: 711).

Hours of operation: 7 days a week, 8AM – 8PM EST.

If you are NOT a member of this plan, you can call a licensed sales agent at our local number (786) 420-3427 or toll-free at (833) 639-3427 (TTY: 711).

Hours of operation: 7 days a week, 8AM – 6PM EST.

This document is available in other formats such as Braille, large print or audio.

2019 SUMMARY OF BENEFITS *(continued)*

PREMIUMS AND BENEFITS	DOCTORS HEALTHCARE PLANS, INC.
Monthly Plan Premium	\$0-\$30.30: You must continue to pay your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.
Deductible	This plan does not have a deductible for medical services.
Maximum Out-of-Pocket	\$3,400 per year: This amount is the most you will pay during the plan year for approved medical services under our plan. Once you have paid this amount, we pay 100% 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.
Point of Service	\$20,000: Point-of Service Benefit: All plans have a Point-of-Service benefit. This benefit allows you to access out-of-network specialists in Miami-Dade County. This benefit allows you access up to your plan's specific benefit amount, without a referral. These services require a prior authorization. Your specialist should call the plan for authorization. Prior authorization allows for coordinated, efficient use of providers for covered health care services and ensures that members receive the most appropriate level of care in the appropriate clinical setting. As a member of our plan, you can choose to receive care from out-of-network providers. However, please note providers not contracted with the plan are under no obligation to treat you except in emergency or urgent situations. To get detailed information about your covered services please see your EOC.

COVERED MEDICAL AND HOSPITAL SERVICES	DOCTORS HEALTHCARE PLANS, INC.
Inpatient Hospital Care	\$0 per admission: Our plan covers an unlimited number of days for an inpatient hospital stay
Outpatient Hospital	<p>\$0 copay for:</p> <ul style="list-style-type: none"> - Lab services - Mental health care group and individual therapy visits - Physical therapy, occupational therapy, speech and language therapy - Cardiac and pulmonary rehabilitation services - Diagnostic procedures and test - Basic radiology (x-ray) services - Diagnostic radiology services (including advanced imaging services such as MRI, MRA and CT scans) - Surgery at a hospital facility - Chemotherapy drugs <p>20% coinsurance for:</p> <ul style="list-style-type: none"> - Renal dialysis <p>Prior authorization is required for services.</p>
Primary Care Physician	\$0 copay for primary care physician (PCP) visits. You must select a PCP from the network.
Specialist	\$0 copay for specialist visits. You do not need a referral for Specialist office visits. Prior authorization required for services.

COVERED MEDICAL AND HOSPITAL SERVICES

DOCTORS HEALTHCARE PLANS, INC.

Preventative Services	<p>\$0 copay</p> <ul style="list-style-type: none"> - 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 screening - 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) <p>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 are covered.</p>
Emergency Care	\$0 copay
Urgent Care	\$0 copay
Worldwide Emergency and Urgent Care Services	\$0 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.
Urgent Care Worldwide	\$0 copay outside the U.S.

2019 SUMMARY OF BENEFITS *(continued)*

COVERED MEDICAL AND HOSPITAL SERVICES	DOCTORS HEALTHCARE PLANS, INC.
Diagnostic Services	<p>Diagnostic procedures and tests:</p> <ul style="list-style-type: none"> - \$0 copay at your primary care physician's office - \$0 copay at a specialist's office - \$0 copay at an urgent care center - \$0 copay at a hospital facility as an outpatient <p>Basic radiology (X-ray) services:</p> <ul style="list-style-type: none"> - \$0 copay at your primary care physician's office - \$0 copay at a specialist's office - \$0 copay at an urgent care center - \$0 copay at a freestanding radiological facility - \$0 copay at a hospital facility as an outpatient <p>Diagnostic radiology services (includes advanced imaging services such as MRI, MRA and CT Scans):</p> <ul style="list-style-type: none"> - \$0 copay at your primary care physician's office - \$0 copay at a specialist's office - \$0 copay at a freestanding radiological facility - \$0 copay at a hospital facility as an outpatient <p>Therapeutic radiology (radiation therapy) services:</p> <ul style="list-style-type: none"> - \$0 copay <p>Lab services:</p> <ul style="list-style-type: none"> - \$0 copay
Hearing Exams (routine)	\$0 copay
Hearing Aid Limit	\$0 copay for one (1) routine hearing exam per year. \$0 copay for hearing aid fitting/evaluation per 2 calendar years. Our plan covers up to \$1,300 maximum plan benefit for hearing aids per 2 calendar years.
Dental Services	<p>\$0 copay for limited Medicare-covered dental services. Excludes preventive, restoration, removal and replacement services.</p> <p>\$0 copay for the following supplemental dental services:</p> <ul style="list-style-type: none"> - Periodic oral evaluation(s), up to 2 per calendar year - Comprehensive oral evaluation, up to 2 per calendar year - Prophylaxis cleaning(s), up to 2 per calendar year - Fluoride, 2 per calendar year - Extractions, 2 per calendar year - X-rays, up to 2 set(s) per calendar year - Full mouth x-ray film, up to 1 per 3 calendar years - Amalgam or resin filling(s), up to 2 per calendar year - Scaling and root planing (deep cleaning), up to 1 per 2 calendar years - Complete or partial dentures (upper and/or lower), up to 1 set every 5 calendar years <p>Total periodic and comprehensive oral evaluations limited to 2 per calendar year. You must visit a participating dental network provider to receive dental benefits. Please refer to the plans website www.doctorshcp.com for participating dental providers.</p>

COVERED MEDICAL AND HOSPITAL SERVICES	DOCTORS HEALTHCARE PLANS, INC.
Vision Exams	\$0 copay for eye exams
Vision Services	Our plan covers up to \$350 allowance for eyeglasses or contact lenses every year
Mental Healthcare – InPatient	\$0 copay per stay: 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. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. 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.
Mental Healthcare Services – Outpatient	Group: \$0 copay Individual: \$0 copay Includes outpatient treatment for mental illness and/or substance abuse
Skilled Nursing Facility	\$0 copay per day 1 through 100 Our plan covers up to 100 days in a SNF per benefit period. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a hospital or SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.
Physical Therapy	\$0 copay
Ambulance Ground	\$0 copay per trip for emergency ambulance services by ground transportation. If admitted to a hospital, copay is waived.
Transportation	\$0 copay for unlimited trips per calendar year. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by our contracted vendor.
Outpatient Surgery – Ambulatory Surgical Center (ASC)	\$0 copay
Outpatient Rehabilitation	Cardiac rehabilitation: \$0 copay Pulmonary rehabilitation: \$0 copay Occupational therapy visit: \$0 copay
Podiatry Services	\$0 copay up to 6 visits, routine foot care

MEDICAL EQUIPMENT AND SUPPLIES	DOCTORS HEALTHCARE PLANS, INC.
Medical Equipment	20% coinsurance depending on the equipment. Covered items include, but are not limited to powered wheelchairs, powered mattress systems, and other electric devices. \$0 copay for all other medical equipment.
Prosthetic Devices	20% coinsurance prosthetic devices (braces/artificial limbs)
Diabetic Supplies	\$0 copay includes lancets, glucose monitor and strips
Therapeutic Shoes or Inserts; Medicare Covered	20% coinsurance

2019 SUMMARY OF BENEFITS *(continued)*

WELLNESS PROGRAMS	DOCTORS HEALTHCARE PLANS, INC.
Health Education	Interactive sessions with a certified health educator for members who qualify.
Silver&Fit® Fitness Program	\$0 copay: Membership and access to local fitness facilities, fitness instructors, home fitness programs and fitness education materials.
Meals Benefit	\$0 copay for up to 16 meals per calendar year following discharge from hospital
Over-the-Counter Benefit	\$85 limit per month: This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$85 every month. Unused OTC amounts do not roll over from month to month. Please visit our website at www.doctorshcp.otchs.com to see a list of covered over-the-counter items.
Chiropractor Care	\$0 copay up to 12 visits. Medicare coverage includes manipulation of the spine to correct a subluxation.
Home Health Services	\$0 copay for limited skilled nursing care and certain other health services you get in your home for the treatment of an illness or injury. Number of covered visits is based on medical need as determined by your physician and authorized by the plan.
Renal Dialysis	20% coinsurance

MEDICARE PART B DRUGS	
Part B Co-Insurance	\$0 copay for Chemotherapy Drugs \$0 copay for other Part B Drugs

ADMINISTRATION OF MEDICARE PART B DRUGS	
Physician Office	\$0 copay
Pharmacy	\$0 copay

PART D DRUG COVERAGE		
Deductible	This plan does not have a deductible.	
Initial Coverage Limit	You pay the following until your yearly drug costs reach \$6,000	
TIERS	RETAIL COST-SHARING	MAIL-ORDER COST-SHARING
Tier 1: Preferred Generic Drugs	\$0 copay for 30-day supply \$0 copay for 90-day supply*	\$0 copay for 30-day supply \$0 copay for 90-day supply
Tier 2: Generic Drugs	\$0 copay for 30-day supply \$0 copay for 90-day supply*	\$0 copay for 30-day supply \$0 copay for 90-day supply
Tier 3: Preferred Brand Drugs	\$0 copay for 30-day supply \$0 copay for 90-day supply*	\$0 copay for 30-day supply \$0 copay for 90-day supply
Tier 4: Non-Preferred Drugs	\$35 copay for 30-day supply \$105 copay for 90-day supply*	\$35 copay for 30-day supply \$105 copay for 90-day supply
Tier 5: Specialty Drugs	33% coinsurance for 30-day supply 33% coinsurance for 90-day supply*	33% coinsurance for 30-day supply 33% coinsurance for 90-day supply

* Any medication being filled for the FIRST TIME is subject to a 30-day supply limit.

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.

COVERAGE GAP

After your total yearly drug costs (what you and the plan pay) reach \$6,000, you enter the coverage gap.

- » The plan covers the following drugs through the coverage gap:
 - Tier 1: Preferred Generic – All drugs
 - Tier 2: Generic – All drugs
- » Your cost for these medications is the same before and during the coverage gap.
- » All other medication is 100% member responsibility during the coverage gap, less any applicable Part D coverage gap discounts.
- » You pay only 25% of the cost for brand-name drugs and 37% of the cost for generic drugs based on the plan's contracted rates through retail and mail-order pharmacies.

CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:

- » 5% of the cost, or
- » \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs.
- » Your yearly out-of-pocket drug costs is the total of any Part D-covered drug payments made during the calendar year by you, on your behalf, or under another Medicare prescription drug plan before you joined our plan, and determines when you enter the catastrophic coverage phase.

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 prenatal vitamins and fluoride preparations
- » Some erectile dysfunction drugs, such as Sildenafil generic for Viagra or Cialis® (limit 4 tablets per month).

Please refer to your Summary of Benefits and Evidence of Coverage (EOC) document to determine how much you will pay. Your plan's Formulary includes additional information about all drugs covered under this benefit.

ADDITIONAL PRESCRIPTION DRUG COVERAGE

If you receive "Extra Help" from Medicare, your costs for prescription drugs may be lower than the cost-shares in this booklet. You pay whichever is less.

STATEMENT OF MEDICAID BENEFITS AND COST-SHARING PROTECTIONS

ELIGIBILITY

The DrPlus (HMO-POS 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.

- DrPlus (HMO-POS SNP) members with **Qualified Medicare Beneficiary (QMB)**: The Florida Medicaid program helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)
- DrPlus (HMO-POS SNP) members with **Specified Low-Income Beneficiary (SLMB)**: The Florida Medicaid program helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- DrPlus (HMO-POS SNP) members with **Qualifying Individual (QI)**: The Florida Medicaid program helps pay Part B premiums
- DrPlus (HMO-POS SNP) members with **Qualified Disabled & Working Individuals (QDWI)**: The Florida Medicaid program helps pay Part A premiums
- DrPlus (HMO-POS 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.

COST SHARING AND COST-SHARING PROTECTIONS FOR ALL MEMBERS

In a DrPlus (HMO-POS 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 DrPlus (HMO-POS 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 DrPlus (HMO-POS 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 refer to DrPlus (HMO-POS SNP) Evidence of Coverage for more information.

DrPlus (HMO-POS 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:

BENEFIT	FLORIDA MEDICAID	DrPlus (HMO-POS SNP)
Advanced Registered Nurse Practitioner	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Ambulatory Surgical Center Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Assistive Care Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Behavioral Health Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Clinic Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Chiropractic Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Dental Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Immunizations	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Emergency Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Home Health Services and Nursing Care	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Hospice Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Hospital Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Laboratory and Imaging Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Medical Supplies (including incontinence), Durable Medical Equipment, Prostheses and Orthoses	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Optometric and Vision Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Physician Assistant Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Physician Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Podiatric Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.

STATEMENT OF MEDICAID BENEFITS AND COST-SHARING PROTECTIONS *(continued)*

BENEFIT	FLORIDA MEDICAID	DrPlus (HMO-POS SNP)
Prescribed Drug Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Renal Dialysis Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Therapy Services (including massage)	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Transportation Services	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Massage Therapy	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.
Incontinence	Covered by Medicaid based on your eligibility level.	Covered by DrPlus. See your Evidence of Coverage for further details.

DISCRIMINATION IS AGAINST THE LAW

Doctors HealthCare Plans, Inc., complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Doctors HealthCare Plans, Inc., does not exclude individuals or treat them differently because of race, color, national origin, age, disability, or sex.

Doctors HealthCare Plans, Inc. provides: (1) free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats); and, (2) free language services to individuals whose primary language is not English, such as, qualified interpreters and information written in other languages.

If you need these services, contact the number on the back of your ID Card. If you believe that Doctors HealthCare Plans, Inc., has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Doctors HealthCare Plans, Inc.**, Attention: Member Services Department, 2020 Ponce de Leon Blvd., Suite 901, Coral Gables, FL 33134 or call (786) 460-3427 or (833) 342-7463, TTY: 711; fax: (786) 578-0283, 7 days a week; 8AM to 8PM EST.

You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the number listed above. You can also file a civil rights complaint electronically through the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or call (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

MULTI-LANGUAGE INTERPRETER SERVICE

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 786-460-3427 or 833-342-7463 (TTY: 711). **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463 (TTY: 711). **繁體中文 (Chinese):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Call 786-460-3427 or 833-342-7463 (TTY: 711). **Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 786-460-3427 or 833-342-7463 (TTY: 711). **Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 786-460-3427 or 833-342-7463 (TTY: 711). **ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 786-460-3427 or 833-342-7463 (TTY: 711). **Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pouou. Rele 786-460-3427 or 833-342-7463 (TTY: 711). **Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 786-460-3427 or 833-342-7463 (TTY: 711). **한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 786-460-3427 or 833-342-7463 (TTY: 711). **번으로 전화해 주십시오. Polski (Polish):** UWAGAM: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 786-460-3427 or 833-342-7463 (TTY: 711). **Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 786-460-3427 or 833-342-7463 (TTY: 711). **Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 786-460-3427 or 833-342-7463 (TTY: 711). **ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 786-460-3427 or 833-342-7463 (TTY: 711). **Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 786-460-3427 or 833-342-7463 (TTY: 711). **Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 786-460-3427 or 833-342-7463 (TTY: 711). **Diné Bizaad (Navajo):** ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmm̄ im anompoli chi bvnnakmvt, holhtina pa payah: 786-460-3427 or 833-342-7463 (TTY: 711). **العربية (Arabic):**

تنبيه: إذا لم تكن تتحدث الإنجليزية، نوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 786-460-3427 أو 833-342-7463 (هاتف نصي: 711)

Doctors HealthCare Plans, Inc., is an HMO with a Medicare contract.
Enrollment in Doctors HealthCare Plans, Inc., depends on contract renewal.

This information is not a complete description of benefits.
Call (786) 460-3427 or (833) 342-7463 (TTY: 711) for more information.

Out-of-network/non-contracted providers are under no obligation to treat Doctors HealthCare Plan members, except in emergency situations. Please call Member Services number or see your Evidence of Coverage for more information, including the cost sharing and maximum amount of coverage that applies to out-of-network services.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 786-460-3427 or 833-342-7463(TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463(TTY: 711).

Sponsored by Doctors HealthCare Plans, Inc., and the State of Florida, Agency for Health Care Administration.

YOU'VE ENROLLED! NOW WHAT?

Feel confident knowing that you've taken active steps toward improving your health and securing your future. You've done your part. Let us take it from here.



Your enrollment form will now be submitted to the Centers for Medicare & Medicaid Services for review.



Once your enrollment is approved, a letter will arrive in your mailbox confirming your Health Plan and official start date.



We'll send you a Member ID Card and a Welcome Kit with all the information you might need.



Within 90 days of your start date, a Doctors HealthCare Plans, Inc., Member Services representative will be in touch to discuss your plan benefits and ask you to participate in a quick, confidential health questionnaire.



Have questions? *Of course. We're here to help.* Please call our Member Services department at (786) 460-3427 or toll-free at (833) 342-7463. TTY users, please call 711. Member Services are available 7 days a week from 8AM-8PM EST.



DOCTORS
HEALTHCARE PLANS, INC.

2020 PONCE DE LEON BOULEVARD, SUITE 901
CORAL GABLES, FLORIDA 33134

T (786) 578 0965

F (786) 578 0290

WWW.DOCTORSHCP.COM