

FLORIDA LONG-TERM CARE - BENEFITS AND CONTACT INFORMATION

Region 8 - Charlotte, Collier, Desoto, Glades, Hendry, Lee, and Sarasota

Standard Long-term Care Plan Benefits

Adult companion care • Adult day health care • Assisted living • Assistive care services • Attendant care • Behavioral management • Caregiver training • Homemaker • Care coordination/Case management • Home accessibility adaptation • Home-delivered meals • Hospice • Intermittent and skilled nursing • Medical equipment and supplies • Medication administration • Medication management • Nursing facility • Nutritional assessment/Risk reduction • Personal care • Personal emergency response system (PERS) • Respite care • Therapies (occupational, physical, respiratory, and speech) • Transportation, non-emergency

Extra Benefits	Plan: UnitedHealthcare of Florida, Inc. Phone Number: 1-800-791-9233 TDD: 711 Visit: www.uhcommunityplan.com
Assisted Living Facility/ Adult Family Care Home Bed Hold	
Cellular Phone Services	
Dental Services	2 cleanings per year • Unlimited amalgam and resin-based composite fillings • Must be medically needed
Emergency Financial Assistance	
Hearing Evaluation	
Mobile Personal Emergency Response System	
Non-Medical Transportation	1 round-trip a month • Personal or community activities • Not for nursing home residents
Over-The-Counter Drugs / Supplies	\$15 a month per member
Support to Move Out of a Nursing Home	Up to \$1,000 for deposits for housing or utilities and up to \$1,000 for household items per lifetime • Up to \$500 for moving expenses and up to \$500 for health and safety items per lifetime • Needs plan approval
Vision Care	

www.flmedicaidmanagedcare.com



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Extra Benefits	Plan: Humana Medical Plan Phone Number: 1-888-998-7732 TDD: 711 Visit: https://www.humana.com/medicaid/florida/ltss
Assisted Living Facility/ Adult Family Care Home Bed Hold	Max. 21 days each time • Plan notice required
Cellular Phone Services	Free cell phone with at least 250 minutes and 250 texts a month plus unlimited minutes to call your health plan • Not for nursing home residents
Dental Services	1 denture set replacement per lifetime
Emergency Financial Assistance	
Hearing Evaluation	Annual hearing test
Mobile Personal Emergency Response System	
Non-Medical Transportation	1 round-trip service per month • Limited to trips within the enrollee's home county/local area • Not for nursing home residents • Needs plan approval
Over-The-Counter Drugs / Supplies	\$15 per month per household • Not for nursing home residents
Support to Move Out of a Nursing Home	Up to \$2,500 per lifetime for deposits, household furnishings/supplies, and moving expenses for your own home • Needs plan approval
Vision Care	1 pair of eyeglasses per year (lenses and frames) • Must need the glasses to prevent headache, spasms, discomfort, or other medical needs

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Extra Benefits	Plan: Sunshine State Health Plan Phone Number: 1-877-211-1999 TDD: 1-800-955-8770 Visit: www.sunshinehealth.com
Assisted Living Facility/ Adult Family Care Home Bed Hold	Max. 14 days each time • Must live at ALF/AFCH for 30 days • Plan notice required
Cellular Phone Services	Support to get free cell phone or plan cell phone, if you qualify, plus unlimited calls to your health plan and providers
Dental Services	Dental cleaning (2 a year) • X-rays (1 a year) • Exam (1 a year) • Fillings – amalgam for 1-2 surfaces (3 a year) • Fillings - amalgam for 3 surfaces (1 a year) • Fillings - resin-based composite for 1-2 surfaces (3 a year) • Fillings - resin-based composite for 3 surfaces (1 a year) • Crown - base metal crown (1 every 2 years) • Denture fittings (1 a year) • Denture cleanings (2 a year) • Full or partial dentures once per lifetime
Emergency Financial Assistance	
Hearing Evaluation	Annual screening for nursing home, ALF, or AFCH residents only
Mobile Personal Emergency Response System	1 per lifetime • Not for nursing home residents • Needs plan approval
Non-Medical Transportation	1 round-trip a month • Personal or community activities • Not for nursing home residents
Over-The-Counter Drugs / Supplies	\$15 a month per member
Support to Move Out of a Nursing Home	Up to \$2,000 per lifetime • This benefit is to help pay for things like security and utility deposits and moving expenses • Needs plan approval
Vision Care	Eyeglasses (lenses and frames) (1 pair a year) • Upgraded lenses or frames (\$100 a year) • Eye exam (1 a year)

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