### Assisted Living Facility/ Adult Family Care Home Bed Hold

21 bed day hold for ALFs and AFCHs

### 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 cleaning every 6 months • 1 pair of bitewing x-rays or 1 panoramic x-ray every 2 years • Annual dental exam

### Emergency Financial Assistance

Max. $250 a year • Payments will not be made to you • Not for nursing home residents • Needs plan approval

### Hearing Evaluation

Annual screening • Annual screening for hearing aid

### Mobile Personal Emergency Response System

Plan: Coventry Healthcare of Florida, Inc.
Phone Number: 1-844-645-7371
TDD: 711
Visit: www.coventryflltc.com

### Over-The-Counter Drugs / Supplies

$15 a month per member

### Support to Move Out of a Nursing Home

Up to $2,500 per lifetime • This benefit is to help pay for things like security and utility deposits and moving expenses • Needs plan approval

### Vision Care

Annual eye exam plus 1 of the following: 1 pair of eyeglasses (frames and lenses) or hard contact lenses, soft contact lenses (1 year supply)
### FLORIDA LONG-TERM CARE - BENEFITS AND CONTACT INFORMATION

**Region 11- Miami-Dade and Monroe**

#### 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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assisted Living Facility/ Adult Family Care</strong></td>
<td>Max. 14 days each time • Must live at ALF/AFCH for 30 days • Plan notice required</td>
</tr>
<tr>
<td><strong>Cellular Phone Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>1 exam per year • 1 x-ray every 3 years</td>
</tr>
<tr>
<td><strong>Emergency Financial Assistance</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Personal Emergency Response System</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Medical Transportation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Over-The-Counter Drugs / Supplies</strong></td>
<td>$15 a month per member</td>
</tr>
<tr>
<td><strong>Support to Move Out of a Nursing Home</strong></td>
<td>Up to $1,500 per lifetime • This benefit is to help pay for things like security and utility deposits and moving expenses • Needs plan approval</td>
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<tr>
<td><strong>Vision Care</strong></td>
<td>1 pair of eyeglasses per year (lenses and frames) • Must be medically needed</td>
</tr>
</tbody>
</table>

Phone Number: 1-866-472-4585
TDD: 1-800-955-8771
Visit: [www.molinahealthcare.com](http://www.molinahealthcare.com)

www.flmmedicaidmanagedcare.com
### Standard Long-term Care Plan Benefits

- Adult companion care
- Adult day health care
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### Extra Benefits

- **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)
## FLORIDA LONG-TERM CARE - BENEFITS AND CONTACT INFORMATION

### Region 11- Miami-Dade and Monroe

### Standard Long-term Care Plan Benefits
- Adult companion care
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<tr>
<td>Assisted Living Facility/ Adult Family Care</td>
<td>Home Bed Hold</td>
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<tr>
<td>Cellular Phone Services</td>
<td>2 cleanings per year • Unlimited amalgam and resin-based composite fillings • Must be medically needed</td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
</tr>
<tr>
<td>Emergency Financial Assistance</td>
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<td></td>
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<tr>
<td>Mobile Personal Emergency Response System</td>
<td></td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>1 round-trip a month • Personal or community activities • Not for nursing home residents</td>
</tr>
<tr>
<td>Over-The-Counter Drugs / Supplies</td>
<td>$15 a month per member</td>
</tr>
<tr>
<td>Support to Move Out of a Nursing Home</td>
<td>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</td>
</tr>
<tr>
<td>Vision Care</td>
<td></td>
</tr>
</tbody>
</table>

Phone Number: 1-800-791-9233
TDD: 711
Visit: www.uhccommunityplan.com

www.flmedicaidmanagedcare.com
| **Extra Benefits** | **Plan:** Amerigroup Florida, Inc.  
**Phone Number:** 1-877-440-3738  
**TDD:** 711  
**Visit:** www.myamerigroup.com/fl |
<table>
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<tr>
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<tr>
<td><strong>Assisted Living Facility/Adult Family Care Home Bed Hold</strong></td>
<td>Max. 21 days each time • Must live at ALF/AFCH for 30 days • Plan notification required</td>
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<tr>
<td><strong>Cellular Phone Services</strong></td>
<td>Support to get up to 250 extra minutes per lifetime • Must qualify for the SafeLink program • Not for nursing home residents • Must not get any other LifeLine telephone benefit</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>Dental cleaning (2 a year) • X-rays -- 1 set bitewing or one panoramic every 2 years • Exams • Simple extractions (4 a year) that are not emergencies and are not to prepare the mouth for dentures • Surgical extractions that are not emergencies (2 a year) • 25% discount off usual fees for dental services not covered by Medicaid</td>
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<td><strong>Emergency Financial Assistance</strong></td>
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<td><strong>Hearing Evaluation</strong></td>
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<td><strong>Over-The-Counter Drugs / Supplies</strong></td>
<td>$15 a month per member</td>
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<tr>
<td><strong>Support to Move Out of a Nursing Home</strong></td>
<td>$2,500 per lifetime • Must live in a nursing home for min. 90 days, not counting days paid by Medicare</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>Routine exams • Eyeglass frames, soft contact or hard contact (1 set per year) • Must first use the Medicaid covered benefit of 1 set of frames every 2 years • Must be medically needed</td>
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www.flmedicaidmanagedcare.com
## Standard Long-term Care Plan Benefits

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<td>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</td>
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<td>Dental Services</td>
<td>1 denture set replacement per lifetime</td>
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<td></td>
</tr>
<tr>
<td>Hearing Evaluation</td>
<td>Annual hearing test</td>
</tr>
<tr>
<td>Mobile Personal Emergency Response System</td>
<td></td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>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</td>
</tr>
<tr>
<td>Over-The-Counter Drugs / Supplies</td>
<td>$15 per month per household • Not for nursing home residents</td>
</tr>
<tr>
<td>Support to Move Out of a Nursing Home</td>
<td>Up to $2,500 per lifetime for deposits, household furnishings/supplies, and moving expenses for your own home • Needs plan approval</td>
</tr>
<tr>
<td>Vision Care</td>
<td>1 pair of eyeglasses per year (lenses and frames) • Must need the glasses to prevent headache, spasms, discomfort, or other medical needs</td>
</tr>
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</table>

Plan: Humana Medical Plan  
Phone Number: 1-888-998-7732  
TDD: 711  
Visit: [https://www.humana.com/medicaid/florida/ltss](https://www.humana.com/medicaid/florida/ltss)