SUMMARY OF BENEFITS

JANUARY 1, 2026 – DECEMBER 31, 2026

SECUR Health Plan is an HMO I-SNP with a Medicare contract. Enrollment in SECUR Health Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1.833.767.3287 (TTY 711) and request the "Evidence of Coverage" or access it online at www.securhealthplan.com.

To join SECUR Health Plan, you must be entitled to Medicare Part A, be enrolled in Part B, live in the plans service area, and have institutional needs. The service area includes the counties listed in the first row of the chart below for each plan.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 7 days a week, 24 hours a day. TTY users should call 1.877.486.2048.

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

For more information, please call us at 1.833.767.3287 (TTY users should call 711) 7 days a week, 8 a.m. to 8 p.m. or visit us at www.securhealthplan.com.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Benefit Coverage **Services with a [1] may require prior authorization.**	**H3048-002** **SECUR Enhanced (HMO I-SNP)** *(Residing in the community)* *Citrus, Hernando, Hillsborough, Pasco, and Pinellas counties*
PREMIUMS, DEDUCTIBLES & MAXIMUM OUT-OF-POCKET (MOOP)	
Monthly Plan Premium *(includes both medical and drugs)*	You pay $4.80. If you receive "Extra Help," you may pay $0.
Deductible	See Part D Prescription Drug section for Part D deductible.
Maximum Out-of- Pocket Responsibility (In-Network) *(does not include Part D prescription drugs)*	You pay no more than $2,500 annually for in-network Medicare-covered services.

Benefit Coverage

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H3048-002

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INPATIENT & OUTPATIENT HOSPITAL COVERAGE	
Inpatient Hospital[1]	You pay a $1,676[2] deductible per benefit period. You pay: • $0 copay for days 1-60. • $419[2] copay per day for days 61-90. • $838[2] copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • 100%[2] of all costs beyond the lifetime reserve days. These are 2025 cost-sharing amounts and may change for 2026. SECUR Health Plan will update these rates on its website (www.securhealthplan.com) once available. **[2]If you have Medicaid benefits, your costs may be less.**
Outpatient Hospital[1]	You may pay up to 20%[2] of the cost per visit.
Ambulatory Surgical Center (ASC)[1]	You may pay up to 20%[2] of the cost per visit.
DOCTOR VISITS	
Doctor Visits	
• **Primary Care Provider**	You pay $0 copay per visit.
• **Specialists[1]**	You may pay 20%[2] of the cost per visit.
PREVENTIVE CARE	
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay $0 copay. Other preventive services are available. There may be some covered services, such as diagnostic tests, that have a cost.
EMERGENCY CARE	
Emergency Care	You pay $95[2] copay per visit. If admitted to the hospital within 24 hours of ER visit, the emergency cost share is waived.
Urgently Needed Services	You may pay up to 20%[2] of the cost with a maximum limit of $40[2] copay per visit.

Benefit Coverage

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DIAGNOSTIC SERVICES/LABS/IMAGING

Diagnostic Services/ Labs/Imaging	
• **Diagnostic Tests and Procedures[1]** If a member receives multiple services on the same day, only the maximum copay applies.	You may pay up to 20%[2] of the cost for diagnostic tests and procedures.
• **Lab Services[1]** If a member receives multiple services on the same day, only the maximum copay applies.	You pay $0 copay for lab services.
• **MRI, CAT Scan[1]** If a member receives multiple services on the same day, only the maximum copay applies.	You may pay up to 20%[2] of the cost for MRI, CAT scans.
• **X-Rays[1]** If a member receives multiple services on the same day, only the maximum copay applies.	You may pay up to 20%[2] of the costs for x-rays. **[2]If you have Medicaid benefits, your costs may be less.**

HEARING SERVICES

Hearing Services	
• **Medicare Covered Services[1]**	You may pay up to 20%[2] of the cost for Medicare-covered services. **[2]If you have Medicaid benefits, your costs may be less.**
• **Routine Hearing Exam*[1]**	You pay $0 for: • Unlimited routine hearing exams every two (2) years; and • Unlimited fitting and evaluations for hearing aids every two (2) years.
• **Fitting and Evaluation for Hearing Aids*[1]**	
• **Hearing Aids*[1]**	You receive a $2,000 benefit allowance toward hearing aids for both ears combined every two (2) years.

Benefit Coverage

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DENTAL SERVICES

Dental Services	
• **Medicare-covered services**	You receive a $1,250 benefit allowance every year for preventive and comprehensive dental benefits combined. You pay 20%[2] of the cost for Medicare-covered dental services.
• **Routine (Preventive) Dental Services***	You pay a $0 copay for unlimited routine dental services, including: • Oral exams • Prophylaxis (cleaning) • Fluoride treatments • X-rays • Other diagnostic and preventive dental services
• **Comprehensive Dental Services*[1]**	You pay $0 for unlimited comprehensive dental services, including: • Diagnostic services (exams, x-rays) • Restorative services (crowns) • Endodontics (root canals) • Periodontics (scaling/root planning) • Prosthodontics, other oral/maxillofacial surgery (dentures or fixed prosthetics and partials) • Implants • Orthodontics • Adjunctive general services

VISION SERVICES

Vision Services	
• **Medicare Covered Eye Exams[1]**	You may pay $0 or up to 20%[2] of the cost for Medicare-covered services.
• **Routine Eye Exams*[1]**	You pay $0 for unlimited eye exams.
• **Medicare Covered Eyewear**	You pay $0 for Medicare-covered eyewear.
• **Routine Eyewear***	You pay $0 for routine eyewear. You receive a $250 benefit allowance toward eyeglass (lenses and frames), eyeglass lenses, eyeglass frames, upgrades, and a pair of contacts every two (2) years.

[2]If you have Medicaid benefits, your costs may be less.

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MENTAL HEALTH SERVICES	
Inpatient Mental Health Services[1]	You pay a $1,676[2] deductible per benefit period. You pay: • $0 copay for days 1-60. • $419[2] copay per day for days 61-90. • $838[2] copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Part A only pays for up to 190 days of inpatient psychiatric care for lifetime. These are 2025 cost-sharing amounts and may change for 2026. SECUR Health Plan will update these rates on its website (www.securhealthplan.com) once available. **[2]If you have Medicaid benefits, your costs could be less.**
Outpatient Mental Health Services • **Outpatient Group and Individual Therapy Sessions[1]**	You may pay up to 20%[2] of the cost per session.
SKILLED NURSING	
Skilled Nursing Facility[1]	You pay: • $0 copay for days 1 through 20. • $209.50[2] copay per day for days 21 through 100. • All costs for each day after day 100 of the benefit period. These are 2025 cost-sharing amounts and may change for 2026. SECUR Health Plan will provide updated rates on its website (www.securhealthplan.com) once available. **[2]If you have Medicaid benefits, your costs could be less.**
REHABILITATION SERVICES	
Physical Therapy/ Speech Therapy[1]	You pay $0 copay for Medicare-covered services.
Occupational Therapy[1]	You pay $0 copay for Medicare-covered services.
Cardiac Rehabilitation[1] • **Intensive Cardiac Rehabilitation[1]**	You may pay up to 20%[2] of the cost for Medicare-covered services.

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AMBULANCE	
Ambulance (Ground)[1] **Ambulance (Air)[1]**	You may pay up to 20%[2] of the cost. *Prior authorization applies only to non-emergency transports.*
TRANSPORTATION	
Transportation (Non-Emergency)*	You pay $0 for 60 one-way trips per year to plan approved health-related locations. Rides must be scheduled at least 40 hours in advance of appointment date/time.
MEDICARE PART B DRUGS	
Medicare Part B Drugs[1]	**[2]If you have Medicaid benefits, your costs may be less.** You pay 0% to 20%[2] of the cost for Part B drugs.
• **Insulin[1]**	You pay 0% to 20%[2] of the cost for insulin not to exceed $35[2] per month supply.
• **Chemotherapy and Other Drugs[1]**	You pay 0% to 20%[2] of the cost for chemotherapy and other Part B drugs.
FOOT CARE	
Podiatry Visit (Medicare Covered)	You may pay up to 20%[2] of the cost for Medicare-covered services.
Podiatry Visit (Routine Foot Care)*	You pay $0 copay for up to six (6) visits per year for routine foot care.
MEDICAL EQUIPMENT/SUPPLIES	
Durable Medical Equipment[1] • **Prosthetics[1]**	You may pay up to 20%[2] of the cost.
Diabetes Supplies and Services	You may pay up to 20%[2] of the cost.
• **Diabetic Therapeutic Shoes or Inserts**	You may pay up to 20%[2] of the cost.
• **Diabetes Self-Management Training**	You pay $0 copay.
CHIROPRACTIC CARE & ACUPUNCTURE	
Chiropractic Visit[1] (Medicare Covered)	You may pay up to 20%[2] of the cost per visit.
Acupuncture Visit (Medicare Covered)	You may pay up to 20%[2] of the cost for Medicare-covered services.

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HOME HEALTH CARE	
Home Health Care[1] (Medicare Covered)	You pay $0 copay for Medicare-covered services.
HOSPICE	
Hospice Care	Hospice services are covered by Original Medicare. You must get your care from a Medicare-certified hospice provider. You may pay part of the cost for outpatient drugs.
OUTPATIENT SUBSTANCE ABUSE	
Individual and Group Therapy Sessions[1]	You may pay up to 20%[2] of the cost per session. **[2]If you have Medicaid benefits, your costs may be less.**
Opioid Treatment Program[1]	You pay $0 copay for Medicare-covered services.
RENAL DIALYSIS	
Renal Dialysis	You may pay up to 20%[2] of the cost.
Kidney Disease Education Services	You pay $0 copay
FLEX CARD	

Flex Card*	You pay $0 for a $100 monthly combined allowance to use for any of the following:
	• Over-the-Counter (OTC) items
	• Meals (you must have one of the qualifying chronic conditions to use the Flex Card for meals. See your Evidence of Coverage for details.)
	• Home and Bathroom Safety Devices and Modifications (such as, grab bar, bath bench, temporary ramp)
	• Support for Caregivers of the Enrollee (respite care)
	• Special Supplemental Benefits for the Chronically Ill (SSBCI), including:
	  ○ Healthy foods and produce
	  ○ Social Needs (to attend concerts, plays, garden shows, etc.)
	
	To use the Flex Card for SSCBI, you must participate in our care management program.

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IN-HOME SERVICES	
In-Home Support Services*	You pay $0 copay for up to 30 hours per year of assistance with activities for daily living.
In-Home Safety Assessment*	You pay $0 copay.
In-Home Medication Reconciliation (post-discharge)*	You pay $0 copay.
HEALTH EDUCATION	
Health Education*	You pay $0 copay.
ENHANCED DISEASE MANAGEMENT	
Enhanced Disease Management Program*	You pay $0 copay.
COUNSELING SERVICES	
Counseling Services (individual and group sessions)*	You pay $0 for up to six (6) 30-minute sessions per year.
REMOTE ACCESS TECHNOLOGIES	
24/7 Nurse Hotline*	You pay $0 copay.
Telemonitoring Services*	You pay $0 copay.
PERSONAL EMERGENCY RESPONSE SYSTEM	
Personal Emergency Response System*	You pay $0 copay.
HOME BASED PALLIATIVE CARE	
Home-based Palliative Care*	You pay $0 for services providing relief from complex symptoms, pain, and stress of a serious illness.
RE-ADMISSION PREVENTION	
Re-admission Prevention*	You pay $0 for up to two (2) meals for up to 14 calendar days after each inpatient facility discharge or outpatient surgery. This benefit can be used up to four (4) times per year.

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NOTE ABOUT MEDICAID ASSISTANCE	
[2]**Medicare Cost Sharing**	**If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services as noted by the cost sharing in this chart.**

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PART D PRESCRIPTION DRUGS	
Phase 1: Deductible Stage	You pay $615^.
Phase 2: Initial Coverage Stage	**You are in the Initial Coverage Stage until your total yearly drug costs reach $2,100.** Total yearly drug costs are the total drug costs paid both by you and the plan. Once you've reached this amount, you enter the Catastrophic Coverage Stage.
The below coinsurance amounts are for prescriptions purchased from network pharmacies. Cost will differ based on whether the prescriptions are filled at a standard pharmacy or mail-order pharmacy. Cost will also differ based on the number of days' supply. Long-term care (LTC) pharmacies can fill up to a 31-day supply at the 30-day coinsurance listed below.	
Standard Retail Benefits (30 days/60 days/90 days)	
Tier 1 – All Drugs	25% / 25% / 25%^ of the cost **If you have Extra Help, your cost will be:** Generics: $0 / $1.60 / $5.10 copay Brands: $0 / $4.90 / $12.65 copay
Part D Insulins	$35 / $70 / $105 copay or 25% of the cost, whichever is less
Mail-order (90-day supply)	
Tier 1 – All Drugs	25%^ of the cost **If you have Extra Help, your cost will be:** Generics: $0 / $1.60 / $5.10 copay Brands: $0 / $4.90 / $12.65 copay
Part D Insulins	$105 copay or 25% of the cost, whichever is less
Phase 3: Catastrophic Coverage Stage	The plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost sharing may change depending on point-of-service (mail-order, retail, LTC, home infusion), the pharmacy you choose and when you enter a new phase of the drug stages.

Important Message About What You Pay for Insulin - You won't pay more than 25% of the cost or $35 for a one-month supply of each insulin product covered by our plan (whichever is less), even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you., even if you haven't paid your deductible. Call Member Services for more information.

^Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1.800.772.1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1.800.325.0778.

For more information on additional pharmacy specific cost-share and the drug coverage stages, please call our Customer Service department or access our "Evidence of Coverage" online or request one by mail.