SOLIS
HEALTH PLANS

2026
SUMMARY OF BENEFITS
SOLIS GUARDIAN PLAN (HMO D-SNP)

Do You Have Questions?

Our Member Services Department is ready to help with any questions you have.

1-844-447-6547 (TTY: 711)

From October 1 - March 31, we are open 7 days a week: 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday from 8 a.m. to 8 p.m.

Visit us online at www.solishealthplans.com

Solis Guardian Plan (HMO D-SNP)

Our service area includes these counties in Florida; **Palm Beach**
January 1, 2026 - December 31, 2026

The Summary of Benefits does not list every service that we cover, or list every limitation or exclusion. To obtain a complete list of services we cover, please visit our website or call us to request a copy.

To Learn More About Medicare:

- Compare your Medicare options with other plans you can use the Medicare Plan Finder on www.medicare.gov.
- Learn more about the 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)**. TTY users should call **1-877-486-2048**. This document is available in other formats such as braille, large print or audio.

To join **Solis Guardian Plan (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

You must also qualify for one of the following Medicaid programs:

- **Qualified Medicare Beneficiary Plus (QMB+)**: You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts.
- **Qualified Medicare Beneficiary (QMB)**: You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts only.
- **Qualified Disabled and Working Individual (QDWI)**: Medicaid pays your Part A premium only.
- **Qualifying Individual (QI)**: Medicaid pays your part B premium only.
- **Specified Low-Income Medicare Beneficiary (SLMB+)**: You get full Medicaid benefits, and Medicaid pays your Part B premium.
- **Specified Low-Income Medicare Beneficiary (SLMB)**: Medicaid pays your Part B premium only.
- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits.

What Does This Plan Cover?

- Our plans cover everything that Original Medicare covers - and more!
- Our plans have prescription drug coverage (Part D). You can see Solis' comprehensive prescription drug list (Formulary) on our website.
- Solis has a network of hospitals, doctors, specialists, pharmacies, and other providers ready to serve all of your healthcare needs. You can access the Provider/Pharmacy Directory on our website. Services are available when using an in-network provider. Out-of-network provider services are not covered except in emergency situations.

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 Service representative at **1-844-447-6547 (TTY: 711)**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC), provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.solishealthplans.com or call **1-844-447-6547 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the Provider/Pharmacy 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 Provider/Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the Formulary to make sure your drugs are covered.

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.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider/Pharmacy Directory).
- ☐ Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ This plan is a dual eligible special needs plan (HMO 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.

Monthly Premium

$0 - $4.80 monthly premium

If you receive "Extra Help" from Medicare, you will not pay a monthly plan premium.

You must continue to pay your Medicare Part B premium. Your Part B premium may be covered by the Florida Agency for Health Care Administration (Florida Medicaid).

Deductible

$0 deductible

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)

$3,400 in-network only

Under our plan this is the most you will pay during the plan year for approved medical services. Should you meet the maximum, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

Covered Medical and Hospital Benefits

Inpatient Hospital [A,R]

$0 copay per stay

The plan covers 90 days for an inpatient hospital stay.

Outpatient Hospital [A,R]

$0 copay for surgery services at an outpatient hospital
$0 copay per stay for outpatient hospital observation services

Ambulatory Surgical Center [A,R]

$0 copay

Doctor Visits

Primary Care	**$0** copay
Specialists [R]	**$0** copay

A - Authorization may be required **R** - Referral may be required

Preventive Care [R]

$0 copay for all Medicare-covered preventive services, including:

- Abdominal aortic aneurysm screening
- Annual "wellness" visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screening
- Diabetes self-management training
- HIV screening
- Immunizations
- Lung cancer screening
- Medical nutrition therapy
- Medicare Diabetes prevention program (MDPP)
- Obesity screening and therapy
- Prostate cancer screening (PSA)
- Screening and counseling to reduce alcohol misuse
- Screening for sexually transmitted infections and counseling
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- "Welcome to Medicare" preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

Emergency Care

$0 copay

Worldwide Emergency Coverage - **$0** copay for emergency care outside the United States. The benefit is limited to **$75,000** per year.

Urgently Needed Services

$0 copay

Diagnostic Services/Labs/Imaging

Diagnostic Procedures/Tests [R]

$0 copay

Lab Services [R]

$0 copay

X-Ray Services [A,R]

$0 copay

Diagnostic Radiological Services (such as CT, MRI, etc.) [A,R]

$0 copay

Therapeutic Radiological Services (such as radiation treatment for cancer) [A,R]

$0 copay

Hearing Services [A,R]

Medicare-Covered Hearing Services

$0 copay for Medicare-covered hearing services (exam to diagnose and treat hearing and balance issues)

Routine Hearing Services

$0 copay for 1 routine hearing exam per year

$0 copay for 1 routine hearing aid fitting evaluation per year

$1,500 maximum allowance both ears combined, for prescribed hearing aids every year

This plan offers a Flex Allowance on a prepaid card to cover out-of-pocket costs for additional covered dental, vision and/or hearing services. For more details, see the Additional Benefits section.

Dental Services

Medicare-Covered Dental Services [A,R]

$0 copay for Medicare-covered dental services

Preventive and Comprehensive Supplemental Dental Services [A]

This plan also covers up to **$5,000** every year for non-Medicare covered preventive and comprehensive dental services.

The benefit covers most dental treatments such as: exams, cleanings, fillings, extractions, root canals, bridges, crowns, implants and dentures.

Any amount not used at the end of the calendar year will expire.

You are responsible for any amount above the allowance amount. Limitations and exclusions may apply. Visit www.solishealthplans.com/2026/member-resources and download the 2026 Dental Guide for additional details.

This plan offers a Flex Allowance on a prepaid card to cover out-of-pocket costs for additional covered dental, vision and/or hearing services. For more details, see the Additional Benefits section.

Vision Services

Medicare-Covered Vision Services [A,R]

$0 copay for Medicare-covered vision services including eyewear after cataract surgery

Routine Vision Services

$0 copay - 1 routine eye exam per year

$300 allowance every year for contact lenses or eyeglasses (lenses and frames) or, 2 pairs of select eyeglasses every year at no cost

This plan offers a Flex Allowance on a prepaid card to cover out-of-pocket costs for additional covered dental, vision and/or hearing services. For more details, see the Additional Benefits section.

Mental Health Services

Inpatient Hospital (Psychiatric) [A,R] — **$0** copay per stay

The plan covers 90 days for an inpatient hospital stay.

Outpatient Mental Health Services [R] — **$0** copay - Individual Sessions
$0 copay - Group Sessions

Skilled Nursing Facility (SNF) [A,R]

$0 copay

The plan covers up to 100 days in a SNF.
Eligibility for this benefit requires a hospital stay of no less than two consecutive days.

Rehabilitation Services [A,R]

(Physical Therapy and Speech Language Pathology Services)

$0 copay

Ambulance [A]

Ground Ambulance Services (one-way trip only)

$0 copay

Air Ambulance Services

20% coinsurance

Authorization is required for non-emergency ambulance services.

Transportation

$0 copay

Unlimited trips to plan approved health-related locations through our transportation vendor. Members may request Uber or Lyft.

Medicare Part B Drugs [A]

$0 copay

Chemotherapy/Radiation Drugs and Other Medicare Part B Drugs

Additional Benefits

Healthy Living Allowance

Special Supplemental Benefits for the Chronically Ill (SSBCI)

$200 monthly allowance loaded to a prepaid card

This allowance can be used to buy approved healthy food and produce or pet services and supplies from participating retail locations; assist in paying utility bills where card payments are accepted; or pay for pest control services or non-medical transportation costs, such as a taxi or ride-share service. See Chapter 4 of your Evidence of Coverage for additional details.

The allowance amount does not roll over to the next month or year.

To be eligible for this SSBCI benefit you must have a chronic condition such as diabetes, cardiovascular disease, chronic heart failure, dementia, or hypertension. Your condition must also limit your overall health or function, put you at high risk of hospitalization, and require intensive care coordination. For additional coverage criteria and other eligible conditions, see chapter 4 of the Evidence of Coverage.

Flex Allowance (Dental, Vision & Hearing)

$250 quarterly allowance (up to a maximum of $1,000 annually*) applied to a prepaid card to pay for out-of-pocket costs for covered dental, vision and/or hearing services.

The allowance will be automatically applied to your prepaid card every quarter. The amount carries over from quarter to quarter, but expires at the end of the calendar year.

*Annual limit is based on a full calendar year of enrollment.

Over-the-Counter (OTC)

$118 per month for plan approved over-the-counter and health-related products. Please visit our website or call our Member Services Department to request an OTC Catalog.

Erectile Dysfunction Drugs (ED)

You are covered for up to **8** pills per month (Generic versions: Cialis & Viagra).

Papa™ (In-Home Support/Companionship)

48 hours per year

Papa™ connects members with Pals for companionship and assistance with everyday activities and tasks such as: conversation, assistance with technology, light cleaning, laundry, organizing, transportation for errands and more.

Fitness Membership

$0 copay

A fitness membership that provides gym facilities and at-home resources, including online workout classes and home fitness kits, at no additional cost to you.

Meals [R]

Post-Discharge Meals

2 meals a day for 7 days following surgery or inpatient hospitalization, for unlimited hospitalizations.

24-Hour Nurse Hotline

Solis Health Plans offers a Nurse Hotline, 24-hours a day, 7 days a week, to offer advice and attention on symptoms or health related questions by calling **1-833-371-9569 (TTY/TDD: 711)**.

Chiropractic Services [R]

Medicare-Covered Chiropractic Services

$0 copay

Routine Chiropractic Services

$0 copay for 12 routine chiropractic visits per year

Podiatry Services [R]

Medicare-Covered Podiatry Services

$0 copay

Routine Podiatry Services

$0 copay for 12 routine foot care visits per year

Medical Equipment/Supplies [A]

Diabetic Supplies **$0** copay

Diabetic Supplies & Services have preferred manufacturers.

Diabetic Therapeutic Shoes or Inserts **$0** copay

Durable Medical Equipment **$0** copay

- » Ventilators
- » Bone growth stimulator
- » Portable oxygen concentrators
- » Bariatric equipment
- » Specialty beds
- » Custom wheelchairs
- » Seat lifts
- » Specialty brand items

All other Durable Medical Equipment **$0** copay

The plan has preferred vendors/manufacturers for Durable Medical Equipment (DME).

Prosthetic Devices **$0** copay

Medicare-covered prosthetic devices

Prescription Drug Benefits

Important Message About What to Pay for Insulin:
You won't pay more than **$35** for one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Vaccines:
Our plan covers most Part D vaccines at no cost to you. Call our Member Services Department for more information.

Deductible

$0 deductible

Initial Coverage Stage

If you qualify for Low-Income Subsidy (LIS), you pay the copays listed in the chart on the next page.

If you don't qualify for LIS, you pay the Medicare Part D deductible and cost-share listed in the Evidence of Coverage

You stay in this stage until your total out-of-pocket costs reach **$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

TIERS	Standard Retail Rx 30-day Supply	Standard Retail Rx 60-day Supply	Standard Retail Rx 90-day Supply	Mail Order 90-day Supply
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 3: Preferred Brand	$0 - $12.65 copay depending on your level of LIS eligibility*	$0 - $12.65 copay depending on your level of LIS eligibility*	$0 - $12.65 copay depending on your level of LIS eligibility*	Not Available
Tier 4: Non-Preferred Drug	$0 - $12.65 copay depending on your level of LIS eligibility*	Not Available	Not Available	Not Available
Tier 5: Specialty	$0 - $12.65 copay depending on your level of LIS eligibility*	Not Available	Not Available	Not Available
Tier 6: Supplemental Drugs	$0 copay	Not Available	Not Available	Not Available

* Refer to your LIS Rider for the specific amount you pay.

Catastrophic Coverage

After your total out-of-pocket costs reach **$2,100,** you will pay $0 for covered Part D and excluded drugs.

Summary of Medicaid Benefits

In addition to the Medicare services provided in this booklet, Solis Health Plans provides the following Medicaid benefits to members with Full Medicaid. The Plan shall provide these covered services following the Florida Medicaid rules and associated fee schedules. Medicaid Services will be provided by the plan when the Medicaid limit is greater than the Medicare limit or when Medicare does not cover the service. In those instances where the Medicare limit has been exhausted, the Plan will cover the difference for those eligible for Full Medicaid.

Allergy Services

Ambulance Transportation Services

Ambulatory Surgical Center Services

Anesthesia Services

Assistive Care Services

Behavior Analysis Services

Behavioral Health

- Assessment Services
- Community Support Services
- Intervention Services
- Medicaid Management Services
- Overlay Services
- Therapy Services

Cardiovascular Services

Chiropractic Services

Community Behavioral Health Services

County Health Department Services

Dental Services

Dialysis Services

Durable Medical Equipment and Medical Supply Services:

- Specialized
- Respiratory
- Wheelchairs, Hospital Beds, and Ambulatory Aids
- Continence, Ostomy, and Wound Care
- Enteral and Parenteral Nutrition

Emergency Transportation Services

Evaluation and Management Services

Federally Qualified Health Center Services

Gastrointestinal Services

Genitourinary Services

Hearing Services

Home Health Services

Inpatient Hospital Services

Integumentary Services

Laboratory Services

Medical Foster Care Services

Mental Health Targeted Case Management

Neurology Services

Non-Emergency Transportation Services

Nursing Facility Services

Occupational Therapy Services

Oral and Maxillofacial Surgery Services

Orthopedic Services

Outpatient Hospital Services

Pain Management Services

Personal Care Services

Physical Therapy Services

Podiatry Services

Prescribed Drug Services

Private Duty Nursing Services

Radiology and Nuclear Medicine Services

Reproductive Services

Respiratory System Services

Respiratory Therapy Services

Rural Health Clinic Services

Specialized Therapeutic Services

Speech-Language Pathology Services

Statewide Inpatient Psychiatric Program

Therapeutic Group Care Services

Transplant Services

Visual Aid Services

Visual Care Services

Solis Health Plans, Inc., is an HMO plan with a Medicare contract. Enrollment in Solis Health Plans, Inc., depends on contract renewal. Solis Health Plans, Inc., is a DSNP with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the DSNP. Limitations, copayments, and/or restrictions may apply. Benefits, preferred drug list, pharmacy network, premium and/or co-payments/co- insurance may change. Solis Health Plans, Inc., complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Solis Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-447-6547 (TTY: 711). From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday from 8 a.m. to 8 p.m.