



2025

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 this county in Florida; **Polk**
January 1, 2025 - December 31, 2025

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, 2026.
- 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 - \$20.30 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 - Non-Hospital Facility

\$0 copay - Hospital Facility

Lab Services ^R

\$0 copay - Non-Hospital Facility

\$0 copay - Hospital Facility

X-Ray Services ^{A,R}

\$0 copay - Non-Hospital Facility

\$0 copay - Hospital Facility

Diagnostic Radiological Services (such as CT, MRI, etc.) ^{A,R}

\$0 copay - Non-Hospital Facility

\$0 copay - Hospital Facility

Therapeutic Radiological Services (such as radiation treatment for cancer) ^{A,R}

\$0 copay - Non-Hospital Facility

\$0 copay - Hospital Facility

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 unlimited routine hearing exams and hearing aid evaluation

\$0 copay for unlimited hearing aid fittings

\$2,000 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,R}

This plan also covers up to **\$4,000** 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.

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

\$350 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}

The plan covers 90 days for an inpatient hospital stay

\$0 copay per 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
2 day prior network hospital admission prerequisite

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

\$0 copay

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

\$175 monthly allowance loaded to a prepaid card

This allowance can be used to buy approved healthy food and produce or pet supplies from participating retail locations; assist in paying rent, mortgage, or 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.

Because you receive “Extra Help,” you qualify for this benefit. For complete details, see your Evidence of Coverage (EOC) booklet.

Flex Allowance (Dental, Vision & Hearing)

\$315 quarterly allowance (up to a maximum of \$1,260 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)

\$125 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)

96 hours total per year (up to 8 hours maximum per month)

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 unlimited routine chiropractic services

Podiatry Services ^{A,R}

Medicare-Covered Podiatry Services

\$0 copay

Routine Podiatry Services

\$0 copay for unlimited routine foot care services

Authorization may be required after initial evaluation and first 11 treatments

Acupuncture ^A

\$0 copay for up to 24 visits

Authorization may be required after the 12th visit

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

\$0 Part D Copay Benefit

If you receive “Extra Help” you will pay \$0 for all Medicare Part D covered prescription drugs on the formulary for the entire calendar year.

\$0 Vaccines

Our plan covers most Part D vaccines at no cost to you. Call our Member Services Department for more information.

If you do not receive “Extra Help” refer to Chapter 6 of the Evidence of Coverage for more details on the prescription drug benefit.

Some drugs are limited to a 30-day supply.

Summary of Medicaid Benefits

Services available through Florida Agency for Health Care Administration

In addition to the Medicare benefits outlined in this booklet, Solis Health Plans provides the following Medicaid benefits to members with Full Medicaid coverage. Visit <http://ahca.myflorida.com/Medicaid/> for eligibility rules, limitation policies and additional information about these services.

There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan will cover the difference for those eligible recipients.

Allergy Services	Laboratory Services
Ambulatory Surgical Center Services	Mental Health Targeted Case Management
Anesthesia Services	Neurology Services
Assistive Care Services	Non-Emergency Transportation Services
Behavior Health Overlay Services	Nursing Facility Services
Behavioral Health Assessment Services	Occupational Therapy Services
Behavioral Health Community Support Services	Oral and Maxillofacial Surgery Services
Behavioral Health Intervention Services	Orthopedic Services
Behavioral Health Medication Management Services	Outpatient Hospital Services
Behavioral Health Therapy Services	Pain Management Services
Cardiovascular Services	Personal Care Services
Chiropractic Services	Physical Therapy Services
County Health Department Services	Podiatry Services
Dental Services Coverage Policy	Prescribed Drug Services
Dialysis Services	Private Duty Nursing Services
Durable Medical Equipment and Medical Supplies	Radiology and Nuclear Medicine Services
Early Intervention Services	Regional Perinatal Intensive Care Center Services
Emergency Transportation Services	Reproductive Services
Evaluation and Management Services	Respiratory System Services
Federally Qualified Health Center Services	Respiratory Therapy Services
Gastrointestinal Services	Rural Health Clinic Services
Genitourinary Services	Specialized Therapeutic Services
Hearing Services	Speech-Language Pathology Services
Home Health Services	Statewide Inpatient Psychiatric Program
Inpatient Hospital Services	Transplant Services
Integumentary 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. This information is not a complete description of benefits. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined after enrollment, based on eligibility criteria. Call Member Services at 1-844-447-6547 (TTY: 711). We are open 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.