



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/division/receiver

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<City>, <State> <Zip Code>-----

Si necesita una versión en español de este aviso, visite el sitio web de la
División de Rehabilitación y Liquidación www.myfloridacfo.com/division/receiver.
(If you need a Spanish version of this notice, visit the Receiver's website at www.myfloridacfo.com/division/receiver)

NOTICE TO MEMBERS – DECEMBER 16, 2014
REGARDING THE LIQUIDATION OF FLORIDA HEALTHCARE PLUS , INC. (FHCP) AND
CANCELLATION OF FHCP COVERAGE EFFECTIVE 12:01 A.M. ON JANUARY 1, 2015

We are sending you this letter because our records indicate that you are a member of Florida Healthcare Plus, Inc., a Florida health maintenance organization which provided health care coverage to approximately 8,847 Medicare members. On December 10, 2014, Florida Healthcare Plus, Inc., (FHCP) was ordered into receivership for purposes of rehabilitation, with an automatic liquidation effective at 12:01 a.m. on January 1, 2015. The Florida Department of Financial Services is the Court appointed Receiver of FHCP. A copy of the liquidation order and other relevant documents relating to FHCP are available on the Receiver's website, www.myfloridacfo.com/division/receiver.

Medicare contracts and premiums are administered through the Federal Centers for Medicare & Medicaid Services ("CMS").

POLICY CANCELLATION:

By Court Order, effective at 12:01 a.m. on January 1, 2015, FHCP has been ordered liquidated. **FHCP members' coverage through FHCP will continue through December 31, 2014. All FHCP coverage is cancelled effective 12:01 a.m. on January 1, 2015.**

CMS will be sending letters to the FHCP members regarding the policy cancellation and options for continued health care coverage. **As an FHCP member, you should very carefully read any letters you receive from the Receiver or CMS. These letters will provide you with extremely important information regarding the continuation of your health care coverage, including arrangements made for continued prescription drug coverage, and will explain your other Medicare options.**

Remember, you will need to closely read the information and follow any instructions which are provided in letters you receive from CMS regarding your continued health care and prescription drug coverage after January 1, 2015.

SPECIAL ELECTION PERIOD:

As a result of the receivership of FHCP, all beneficiaries enrolled in FHCP have a Special Election Period, through February 28, 2015, to enroll in a plan of their choosing. All members who are dual eligible or those eligible for the Low Income Subsidy can enroll in another plan at any time. A beneficiary who selects another Medicare Advantage or Medicare Advantage-Prescription Drug plan will be covered under the new plan effective the first day of the next month after they enroll. So, for example, if you select a new plan prior to the end of December 31, 2014, and appropriately notify CMS, you will be covered by the new plan effective January 1, 2015. **Please note: If you have already selected a new plan choice during Medicare Open Enrollment for coverage beginning January 1, 2015, you will still be enrolled in the new plan beginning January 1, and you will not need to take any further action at this time.**

If you do not select a new plan prior to January 1, 2015, you will be automatically enrolled by CMS into Original Medicare with a Prescription Drug Plan. Benefits provided under Original Medicare, even with a Prescription Drug Plan, are different than those you may have received as a member of FHCP. If you have not already selected a new plan under the recent Medicare Open Enrollment period, you are strongly encouraged to take advantage of the Special Election Period prior to January 1, 2015 to obtain new coverage if you do not wish to be placed into Original Medicare and a Prescription Drug Plan by CMS.

If you have any questions on these matters, please contact your agent or call 1-800-MEDICARE (1-800-633-4227) for more information, 24 hours a day, 7 days a week.

DURING REHABILITATION – DECEMBER 10, 2014 THROUGH DECEMBER 31, 2014:

During the Rehabilitation period prior to entering liquidation, FHCP will continue to provide health care coverage and authorize services. Again, please note: FHCP's member contracts will terminate at 12:01 a.m. on January 1, 2015, which is the date of liquidation.

Consumer/Claims Calls

If you have questions regarding FHCP during the Rehabilitation period, please visit the company's website at <http://floridahealthcareplus.com/> or call FHCP directly at the numbers or address provided below.

FHCP Health Plan – Direct Contact Information:

Customer Services / Main office: 1-305-888-2210 (Toll Free outside Dade County: 1-866-988-2210)

Mailing Address: 2100 Ponce De León Blvd., STE PH1, Coral Gables, FL 33134

Website: <http://floridahealthcareplus.com/>

ADDITIONAL CONTACT INFORMATION:

For **Medicare** information: If you need more information regarding Medicare in general, other Medicare Advantage plans, or your coverage options from 12:01 a.m. on January 1, 2015, please visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. A Customer Service Representative will be able to answer your Medicare questions.

For **Medicare Supplement** information: If you need information regarding Medicare Supplement options, please contact the Florida Department of Financial Services at 1-877-693-5236 (Florida only) or 850-413-3089.

For **Receivership** information: For additional information about the FHCP Receivership, or about the receivership process in general, please contact the Receiver by calling the Florida Department of Financial Services at 1-800-882-3054 (Florida only) or 850-413-3081, or use the "Contact Us" form found on the Receiver's website at www.myfloridacfo.com/division/receiver.

The following are some questions which are commonly asked by all members of an insolvent HMO such as FHCP. We hope the questions and answers will be helpful to you in providing information regarding the FHCP receivership proceeding.

COMMONLY ASKED QUESTIONS:

1. Do I have health care coverage now?

Yes. During the Rehabilitation period prior to entering liquidation, FHCP members will continue to receive health care coverage through FHCP. Again, please note: FHCP's member contracts will terminate at 12:01 a.m. on January 1, 2015, which is the date of liquidation. Please carefully read the sections above regarding the cancellation of the FHCP coverage, the Special Election Period and your options for continued coverage from January 1, 2015.

2. If I need to go to the hospital or receive other emergency care, who will authorize the medical treatment?

During the Rehabilitation period prior to entering liquidation, FHCP will continue to provide health care coverage and authorize services.

3. My doctor is refusing to treat me or is demanding immediate payment from me prior to providing medical services. What should I do?

Until 12:01 a.m. on January 1, 2015, you should contact FHCP's customer services at: Customer Services / Main office: 1-305-888-2210 (Toll Free outside Dade County: 1-866-988-2210)

For information and help on dealing with such situations after 12:01 a.m. on January 1, 2015, please call 1-800-MEDICARE (1-800-633-4227).

4. I need to fill a prescription. Which pharmacy should I use?

Please continue to use the pharmacy you have used as a member of FHCP until further notice from CMS. Your FHCP prescription card should be honored by the pharmacies until 12:01 a.m. on January 1, 2015.

5. Can Providers seek payment from FHCP members for debt owed by FHCP for medical services?

No. Under Section 641.3154, Florida Statutes, HMO members are not liable to any provider of health care services for any services covered by the HMO. Additionally, health care providers

and their representatives are prohibited from attempting to collect payment from the HMO members for such services. If you are contacted by a health care provider for such payment, you should inform the provider of this law. You may also want to send a letter regarding this problem, with a copy of any bills you receive from such providers, to the Receiver of Florida Healthcare Plus, Inc., at 2020 Capital Circle SE, Suite 310, Tallahassee, FL 32301. If the provider or his representatives continue to pressure you for payment, please contact the Receiver at 1-800-882-3054 (Florida only) or 850-413-3081. Although the Receiver cannot represent you against the provider, we can assist you in informing the provider of the relevant laws.

6. How do I file a claim in the FHCP Receivership for services provided prior to receivership?

The deadline for filing claims in the FHCP receivership proceeding is 11:59:59 p.m. on December 31, 2015. Information regarding the method for filing a claim in the receivership proceeding will be available on the Receiver's website, www.myfloridacfo.com/division/receiver. For additional information about the FHCP Receivership, or about the receivership process in general, please contact the Receiver by calling the Florida Department of Financial Services at 1-800-882-3054 (Florida only) or 850-413-3081 or use the "Contact Us" form found on the Receiver's website at www.myfloridacfo.com/division/receiver.