



HEALTH CARE ACCESS PROGRAM

Annual Report March 2011

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Cover Florida Health Care Access Program Annual Report

Background Information

Under the provisions of section 408.9091, Florida Statutes, the Agency for Health Care Administration (Agency) and the Office of Insurance Regulation (Office) must submit an annual report to the Governor and the Legislature on the status of the Cover Florida Health Care Access Program. The law specifically mandates that "the agency and the office shall evaluate the program and its effect on the entities that seek approval as Cover Florida plans, on the number of enrollees, and on the scope of health care coverage offered under a Cover Florida plan; shall provide an assessment of the Cover Florida plans and their potential applicability in other settings; shall use Cover Florida plans to gather more information to evaluate low-income consumer driven benefit packages." (Section 408.9091(10), Florida Statutes.)

The 2008 Florida Legislature established the Cover Florida Health Care Access Program, recognizing that a significant number of Florida residents are unable to obtain affordable health insurance coverage. The Cover Florida Health Care Access Program was established to expand the availability of health care options for uninsured residents. Affordable health care products were developed that emphasize coverage for basic and preventive health care services, as well as inpatient hospital, urgent and emergency care services. Cost containment measures were achieved through limiting the number of services available, excluding preexisting conditions, applying annual or lifetime benefit limits, and having copayments for services. Cover Florida could be offered by approved health insurers, health maintenance organizations, health-care-provider-sponsored organizations, or health care districts.

The Cover Florida Health Care Access Program was signed into law by Governor Crist on May 21, 2008. The law directed the Agency for Health Care Administration and the Office of Insurance Regulation to issue an Invitation to Negotiate (ITN) to organizations willing to participate in the Cover Florida Program. The law required the Agency to contract with at least one (1) statewide vendor and at least one (1) regional vendor.

Program Implementation

The ITN was issued on July 2, 2008. The procurement process included a vendor conference and submission of vendor proposals. Nine companies submitted proposals and six (6) proposals were accepted for the evaluation phase; three (3) proposals did not meet minimum requirements of the ITN. The evaluation team was comprised of one representative each from the Office of the Governor, Agency for Health Care Administration, and the Office of Insurance Regulation. Upon completion of the evaluation, the negotiation team, comprised of one representative each from the Office of the Governor, Agency for Health Care Administration, and the Office of Insurance Regulation, negotiated with each of the six (6) companies to obtain the best possible rate and benefit packages to be provided under the Cover Florida Program. Each company

submitted a “best and final offer” based upon the negotiations. The negotiation team reviewed the best and final offers and determined that each of the vendors would be offered a contract.

A notice of awards was posted on October 16, 2008. Two (2) statewide and four (4) regional contracts were awarded. The contracts were signed by the companies (all of the contracts were identical except for the signatories on the contracts) between November 24 and November 26, 2008. The contract term was for two calendar years, beginning January 5, 2009 and ending January 7, 2011.

All contracts were awarded to Florida licensed Insurers and Health Maintenance Organizations. Statewide contracts were awarded to UnitedHealthcare and Blue Cross Blue Shield of Florida. The regional plans included Medica Health Plans of Florida and Total Health Choice in Broward County; Medica Health Plans of Florida, Total Health Choice, and JMH Health Plan in Miami-Dade County; and Florida Health Care Plans in Flagler and Volusia Counties. The Program commenced on January 5, 2009.

Program Description and Eligibility Requirements

Cover Florida plans were to offer at least one preventive and one catastrophic benefit plan. A preventive Cover Florida plan was to include at a minimum: routine preventive care; office visits for diagnosis and treatment of illness or injury; office surgery; behavioral health services; durable medical equipment; diabetic supplies and a pharmacy benefit or pharmacy discount card. A catastrophic Cover Florida plan was to include the benefits listed above, plus urgent care, emergency care, inpatient, and outpatient care. Each Cover Florida plan offered incentives for routine preventive care. For example, some offered these services at no charge. (See Attachment A for plan summaries.)

With the exception of one regional plan, each plan imposed some level of annual or lifetime benefit limits. Annual limits ranged from \$15,000 - \$500,000, while lifetime limits ranged from \$40,000 - \$500,000. Monthly rates were based on the age and sex of the enrollee. Average rates for preventive plans ranged from \$53.53 - \$143.00/month, while catastrophic averages ranged from \$141.00 - \$337.00/month. Premiums were not supplemented in any way by state funds.

Cover Florida plan vendors were responsible for administering the plan, collecting premium payments and paying all enrollees’ claims for Cover Florida plan coverage.

Eligibility to enroll in a Cover Florida plan was limited to residents of Florida who:

- Were between 19 and 64 years of age, inclusive;
- Were not covered by a private insurance policy;
- Were not eligible for coverage through a public health insurance program, such as Medicare, Medicaid or KidCare;

- Had not been covered by any health insurance program at any time during the past six months, unless coverage under a health insurance program was terminated within the previous six months due to:
 - Loss of a job that provided an employer-sponsored health benefit plan;
 - Exhaustion of coverage that was continued under COBRA or continuation-of-coverage requirements under s. 627.6692, F.S.;
 - Reaching the limiting age under the policy; or
 - Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan.
- Had applied for health care coverage through a Cover Florida plan and had agreed to make any payments required for participation, including periodic payments or payments due at the time health care services were provided.

Unique Components

The Cover Florida plans differed from traditional insurance products in some ways. They were not subject to certain requirements under the Florida Insurance Code, and not all mandated benefits were included in the Cover Florida benefit packages. Instead, they were required to meet quality of care and financial guidelines jointly developed by the Agency and the Office of Insurance Regulation. The plans were guaranteed-issue and guaranteed-renewable products. All Cover Florida plans were portable and the enrollee remained covered regardless of employment status or the cost-sharing of the premiums. Companies were prohibited from medically underwriting coverage, but could exclude pre-existing conditions for up to 12 months. After the 12 month exclusion period, pre-existing conditions are covered for the life of the policy.

Consumer Concerns

The Agency, the Governor's Office, and the Office of Insurance Regulation have responded to various concerns expressed by consumers. Below is a list of the most frequently expressed concerns:

- Consumers enrolled in COBRA were ineligible for Cover Florida until COBRA benefits are exhausted. Due to financial constraints, many would have preferred to switch coverage to Cover Florida;
- Catastrophic-only plan enrollees could not access the more affordable coverage offered through Cover Florida plans until they were uninsured for six months;
- Consumers expressed a dissatisfaction with the pre-existing exclusion clause;
- Employees who lost their health care coverage when their employers discontinued offering health benefit coverage, were not eligible for Cover Florida without having to wait the six months;
- Consumers expressed that the benefit levels that were set by health plans were inadequate;

- Some consumers would have liked the Cover Florida Plans to offer maternity coverage.

Overview and Status of the Cover Florida Plans

Cover Florida health plans had a total of 6,385 individuals enrolled at the end of calendar year 2010. Enrollment data by quarter for 2010 is shown in the chart below:

2010 Cover Florida Enrollment By Quarter

	Through 3/31/10	Through 6/30/10	Through 9/30/10	Through 12/31/10
Blue Cross Blue Shield	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	749	762	741	758
Catastrophic	3241	3563	3809	4054
Total Enrollees	3990	4325	4550	4812
UnitedHealthCare	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	74	55	52	48
Catastrophic	712	708	742	658
Total Enrollees	786	763	794	706
Florida Health Care Plans	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	107	105	122	120
Catastrophic	134	123	138	146
Total Enrollees	241	228	260	266
JMH	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	33	32	46	63
Combined	65	72	75	82
Total Enrollees	98	104	121	145
*Medica	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	17	15	11	9
Catastrophic	852	758	626	430
Total Enrollees	869	773	637	439
*Total Health Choice	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	22	7	7	5
Catastrophic	28	19	19	12
Total Enrollees	50	26	26	17
ENROLLMENT TOTAL	Quarter One	Quarter Two	Quarter Three	Quarter Four
Preventive	1002	976	979	1003
Catastrophic	5032	5243	5409	5382
Total Enrollees	6034	6219	6388	6385

* Medica Health Plans of Florida withdrew its participation in Cover Florida in March 2010 after their rate modification filing was not approved by the Office of Insurance Regulation.

* Total Health Choice withdrew its participation in Cover Florida in April 2010, due to the company exiting the large group, small group, and individual health maintenance organization markets in Florida.

Enrollment in the two benefit options is summarized in the charts below by age and gender:

Preventive

AGE	Males	Females	Total
0-18	3	8	11
19-29	55	123	178
30-39	46	97	143
40-49	78	131	209
50-59	81	192	273
60-64	53	134	187
65+	1	1	2
Totals	317	686	1003

Catastrophic

AGE	Males	Females	Total
0-18	6	5	11
19-29	301	312	613
30-39	225	300	525
40-49	416	579	995
50-59	619	1065	1684
60-64	458	1085	1543
65+	3	8	11
Totals	2028	3354	5382

The plans were required to report to the Agency all grievances and appeals on a quarterly basis. There have been 50 grievances and appeals filed with the plans as of September 30, 2010. Below is a summary of these grievances.

- Twenty-eight enrollees appealed denied claims for services that were not covered under their benefit plans or that were denied due to the pre-existing condition clause. Of these 28 cases, 10 were overturned and the remaining 18 were upheld.
- Six enrollees appealed denied claims for services that were out of network. One case was overturned and the remaining five were upheld.
- Two enrollees appealed denied claims for services after their benefit maximums were met. Both were upheld.
- One enrollee appealed denied claims for the co-insurance amount. The plan waived this fee for the member.
- Two cases were appeals for claims reimbursement and claims processing errors. The reimbursement appeal was upheld and the processing error appeal was overturned.
- Eleven enrollees expressed dissatisfaction with customer service.

Complete data has not yet been received for the fourth quarter, October 1, 2010 through December 31, 2010.

The Affordable Care Act

The federal Affordable Care Act, effective March 23, 2010, enacted new requirements that impacted the Cover Florida benefits. The changes outlined in the law limit the flexibility that the State of Florida can allow insurance issuers. The Act, among other things, prohibits annual and lifetime limits on essential benefits in health policies and prohibits cost sharing for certain preventive services. The Office of Insurance Regulation requested a federal waiver of the annual limits for Cover Florida, which was approved by the Department of Health and Human Services on February 9, 2011. A new waiver will be required for policies renewed on or after September 23, 2011.

Current Status of Cover Florida

Due to changes required by the Affordable Care Act, the remaining carriers discontinued offering new policies under the Cover Florida plans in late 2010.

- Blue Cross Blue Shield of Florida, which covers 70% of program enrollees, has agreed to continuing coverage until January 2013 per an amended contract negotiated in August 2010;
- UnitedHealthcare will terminate its current Cover Florida policies as of February 28, 2011, per an amended contract negotiated in September 2010;
- Florida Health Care Plans' enrollees will be terminated effective April 30, 2011. New individual products available within the health plan will be offered to these consumers;
- Total Health Choice, Medica Health Plan of Florida, and JMH Health Plan will continue to give their current enrollees 180 days notice of non-renewal from their policy anniversary date.

Because Cover Florida plans are considered "creditable coverage", enrollees covered for at least eighteen months are eligible to access coverage in the individual health insurance market.

Summary

The Cover Florida Health Care Access Program was signed into law by Governor Crist on May 21, 2008 to expand the availability of health care options for uninsured residents. Since implementation on January 5, 2009, the Cover Florida plans have been offering a range of benefit packages. The contractors are all licensed entities currently regulated by the Agency and the Office of Insurance Regulation. The plans meet or exceed all the financial requirements of the Florida Insurance Code.

As of December 31, 2010, total enrollment in the Cover Florida Health Care Access Program was 6,385 members. Approximately 85% of enrollees selected the catastrophic level of coverage, while only 15% chose the preventive. Females purchased more policies than males in both of these packages. Enrollees over the age of 40 represent 75% of the total enrollment. The overall enrollment in the program consistently increased each quarter throughout the year until the fourth quarter 2010, which showed a slight decrease.

Attachment A



Blue Cross Blue Shield of Florida

Available Statewide

Toll-free Phone Number: 1-877-872-6580

Web Site: <http://www.bcbsfl.com>

www.CoverFloridaHealthCare.com

Preventive

Catastrophic

Benefits	\$0 deductible	\$3,000 deductible Medical Benefits up to: \$25,000 annually \$50,000 lifetime																																													
Doctor Visits	*BCBSF pays \$50 or the allowed amount (whichever is less). Member pays the difference between the allowed amount and the BCBSF maximum payment amount	*BCBSF pays \$50 or the allowed amount (whichever is less). Member pays the difference between the allowed amount and the BCBSF maximum payment amount																																													
Preventive Care	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram																																													
Hospital Inpatient Services	N/A	<u>In-Network</u> : Member pays annual deductible + 20% of charges <u>Out-of-network**</u> : Member pays annual deductible + preadmission deductible + 20% of <u>Non-participating provider</u> : Member pays preadmission deductible + 40% of charges Rehabilitation up to 21 days per year charges																																													
Hospital Outpatient Services	N/A	<u>In-Network/Out-of-Network**</u> : Member pays annual deductible + 20% of charges <u>Non-participating provider</u> : Member pays annual deductible + portion of the charges that is not covered by BCBSF																																													
Emergency Care	N/A	<u>In-Network</u> : Member pays annual deductible + 20% of charges <u>Non-participating provider</u> : Member pays annual deductible + 40% of charges																																													
Prescription Drugs	BCBSF pays \$15 per covered prescription drugs and Member pays remainder.	BCBSF pays \$15 per covered prescription drugs and Member pays remainder.																																													
Other Services Included in Plans	<u>Diagnostic Services</u> : No co-pay for Mammograms and Osteoporosis Screening <u>Durable Medical Equipment</u> : Member pays annual deductible + 20% of charges (this covers DME related to surgery only) <u>Behavioral Health</u> : limited to \$500 per year with a \$10,000 lifetime maximum	<u>Diagnostic Services</u> : No co-pay for Mammograms and Osteoporosis Screenings <u>Durable Medical Equipment</u> : Member pays annual deductible + 20% of charges (this covers DME related to surgery only) <u>Behavioral Health</u> : limited to \$500 per year with a \$10,000 lifetime maximum																																													
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Average Rate	\$54.53	\$160.83																																													

*For example, if the doctor charges \$100 for a visit, BCBSF will pay \$50 for the visit and the Member is responsible for the remaining \$50.

** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly. These rates may vary by county.



United Healthcare

Available Statewide (Individual)

Toll-free Phone Number: 1-800-809-9831

www.CoverFloridaHealthCare.com Web Site: <http://www.coverflorida-uhc.com>

	Preventive	Catastrophic
Benefits	\$0 deductible Medical benefits up to: \$500,000 lifetime	\$500 deductible Medical benefits up to: \$500,000 lifetime
Doctor Visits	\$10 co-pay Up to \$450 in office visits per year for in-network physicians	\$20 co-pay Up to \$1,000 in office visits per year for in-network physicians
Preventive Care	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.
Hospital Inpatient Services	N/A	10 days of inpatient hospital stays per year Services up to \$2,000 per day (in-network) and \$1,000 per day (out-of-network) \$500 annual deductible
Hospital Outpatient Services	100% in network coverage up to \$600 per year, for preventive services only	Coverage up to \$600 per year in preventive services (100% of charges covered in-network) and \$400 per year in non-preventive services (80% of charges covered in-network)
Emergency Care	N/A	Hospital ER services up to \$1,500 per year; 80% of charges covered for accident, trauma, heart attack, stroke Coverage for ambulance services up to \$500 per year (\$100 co-pay for ambulance services)
Prescription Drugs	\$10 co-pay for generic drugs, up to \$500 per year.	\$10 co-pay for generic drugs up to \$500 per year.
Other Services Included in Plans	<u>Durable Medical Equipment</u> : 80% of charges covered (in-network); up to \$500 per yr <u>Behavioral Health</u> : \$40 co-pay (5 office visits/yr) <u>Diabetic Supplies</u> : \$25 co-pay (in-network), \$100 per year coverage.	<u>Durable Medical Equipment</u> : 80% of charges covered (in-network); up to \$500 per yr <u>Diagnostic Services</u> : 80% of charges covered up to \$500 with no co-pay for X-ray and other diagnostic services <u>Behavioral Health</u> : \$40 co-pay (5 office visits/yr) \$500 co-pay (inpatient hospital; coverage limited to 5 days) <u>Diabetic Supplies</u> : \$25 co-pay (in-network), \$100 per year coverage.
Monthly Rates (by age)	Female Male	Female Male
0 - 18	\$91.59 \$91.59	\$238.96 \$238.96
19 - 29	\$138.68 \$84.25	\$361.82 \$219.80
30 - 39	\$145.98 to \$148.42 \$88.68 to \$107.50	\$380.86 to \$387.22 \$231.36 to \$280.47
40 - 49	\$146.88 to \$150.17 \$117.23 to \$131.51	\$383.20 to \$391.80 \$305.85 to \$343.11
50 - 59	\$162.43 to \$198.18 \$154.30 to \$197.38	\$423.79 to \$517.04 \$402.57 to \$514.95
60 - 64	\$198.18 \$197.38	\$517.04 \$514.95
65+	\$198.18 \$197.38	\$517.04 \$514.95
Average Rate	\$129.16	\$336.98

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.



United Healthcare Available Statewide (Group)

Toll-free Phone Number: 1-800-809-9831

www.CoverFloridaHealthCare.com Web Site: <http://www.coverflorida-uhc.com>

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60 - 64	\$132.12	\$131.58																																																
65+	\$132.12	\$131.58																																																
	Female	Male																																																
0 - 18	\$159.30	\$159.30																																																
19 - 29	\$241.21	\$146.53																																																
30 - 39	\$253.91 to \$258.14	\$154.24 to \$186.98																																																
40 - 49	\$255.47 to \$261.20	\$203.90 to \$228.74																																																
50 - 59	\$282.52 to \$344.70	\$268.38 to \$343.30																																																
60 - 64	\$344.70	\$343.30																																																
65+	\$344.70	\$343.30																																																
Average Rate	\$86.11	\$224.65																																																

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Florida Health Care Plan

Available in Volusia and Flagler Counties

Toll-free Phone Number: 1-800-232-0578

Web Site: <http://www.fhcp.com>

www.CoverFloridaHealthCare.com

Benefits	Preventive		Catastrophic	
	\$0 deductible plan	\$250 deductible plan	\$0 deductible plan	\$250 deductible plan
Doctor Visits	\$20 co-pay for primary care physicians \$75 co-pay for specialists		\$20 co-pay for primary care physicians \$75 co-pay for specialists	
Preventive Care	1 annual adult exam (\$20 co-pay) 1 well woman assessment (\$20 co-pay for primary care physician and \$35 co-pay for OB/GYN) Well baby care and child health supervision services (\$20 co-pay)		1 annual adult exam (\$20 co-pay) 1 well woman assessment (\$20 co-pay for primary care physician and \$35 co-pay for OB/GYN) Well baby care and child health supervision services (\$20 co-pay)	
Hospital Inpatient Services	N/A		\$750 per day co-pay Coverage up to 12 days per year	
Hospital Outpatient Services	N/A		\$500 co-pay per visit for outpatient surgery	
Emergency Care	N/A		\$250 co-pay per visit \$75 co-pay per urgent care visit	
Prescription Drugs	\$4 co-pay for generic, preferred drugs \$10 co-pay for generic, non-preferred drugs		\$4 co-pay for generic, preferred drugs \$10 co-pay for generic, non-preferred drugs	
Other Services Included in Plans	<u>Office Surgery</u> : including anesthesia and supplies in provider's office \$500 co-pay per visit <u>Behavioral Health</u> : Individual/Group Therapy (\$50 co-pay individual; \$25 group); Medication Management (\$35 co-pay); Up to 12 outpatient visits per year <u>Diabetic Supplies</u> : glucometer covered in full; \$12 co-pay for lancets; \$12 co-pay for 50 test strips		<u>Office Surgery</u> : including anesthesia and supplies in provider's office \$250 co-pay per visit <u>Behavioral Health</u> : Individual/Group Therapy (\$50 co-pay individual; \$25 group); Medication Management (\$35 co-pay); Up to 12 outpatient visits per year <u>Diabetic Supplies</u> : glucometer covered in full; \$12 co-pay for lancets; \$12 co-pay for 50 test strips	
Monthly Rates (by age)	Female	Male	Female	Male
0 - 18	\$43.72 to \$49.87	\$43.72 to \$49.87	\$109.48 to \$116.23	\$109.48 to \$116.23
19 - 29	\$63.52 to \$91.38	\$23.16 to \$39.50	\$143.83 to \$189.23	\$89.41 to \$107.76
30 - 39	\$82.19 to \$107.71	\$39.79 to \$60.68	\$192.61 to \$238.29	\$119.55 to \$159.92
40 - 49	\$103.68 to \$142.90	\$61.61 to \$94.59	\$249.86 to \$314.00	\$186.42 to \$264.55
50 - 59	\$149.27 to \$203.01	\$103.47 to \$161.51	\$361.27 to \$464.58	\$335.32 to \$484.91
60 - 64	\$200.43 to \$228.83	\$176.57 to \$202.84	\$542.38 to \$570.93	\$613.40 to \$639.46
65+	\$237.06 to \$266.83	\$241.73 to \$271.27	\$715.00 to \$744.84	\$819.22 to \$848.44
Average Rate	\$83.67 (\$500 deductible) \$87.37 (\$250 deductible) \$98.21 (\$0 deductible)		\$230.60 (\$500 deductible) \$234.86 (\$250 deductible) \$246.43 (\$0 deductible)	

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Medica Health Plan of Florida

Available in Miami-Dade & Broward Counties

Toll-free Phone Number: 1-866-260-5278

www.CoverFloridaHealthCare.com

Web Site: <http://www.mhpfl.com>

Preventive

Catastrophic

Benefits	\$0 deductible Benefits up to \$25,000 per year	\$0 deductible Benefits up to \$50,000 per year																																																
Doctor Visits	\$15 co-pay (primary care physician) \$30 co-pay (specialist)	\$25 co-pay (primary care physician) \$50 co-pay (specialist)																																																
Preventive Care	1 annual adult exam 1 annual well woman exam \$15 co-pay (PCP); \$30 co-pay (specialist)	1 annual adult exam 1 annual well woman exam \$25 co-pay (PCP); \$50 co-pay (specialist)																																																
Hospital Inpatient Services	N/A	\$200 per day co-pay for first 5 days of admission																																																
Hospital Outpatient Services	N/A	Rehabilitative Services (\$100 co-pay; up to 20 visits per year)																																																
Emergency Care	N/A	Urgent Care: \$50 co-pay Emergency: \$200 co-pay (waived if admitted)																																																
Prescription Drugs	\$10 co-pay for generic drugs Plan discounts for brand drugs Benefit up to \$500 per year	\$10 co-pay for generic drugs Plan discounts for brand drugs Benefit up to \$500 per year																																																
Other Services Included in Plans	<u>Behavioral Health</u> : \$30 co-pay for office counseling services Up to \$1,200 per year <u>Durable Medical Equipment</u> : No co-pay Up to \$500 per year <u>Diabetic Supplies</u> : 20% of charges for lancets, syringes, insulin, strips and monitor Up to \$1,500 per year	<u>Behavioral Health</u> : \$50 co-pay for office counseling services Up to \$1,200 per year <u>Durable Medical Equipment</u> : No co-pay Up to \$500 per year <u>Diabetic Supplies</u> : 20% of charges for lancets, syringes, insulin, strips and monitor Up to \$1,500 per year																																																
Monthly Rates (by age)	<table border="0"> <thead> <tr> <th></th> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>0 - 18</td> <td>\$47.61 to \$138.41</td> <td>\$41.97 to \$128.00</td> </tr> <tr> <td>19 - 29</td> <td>\$61.75 to \$73.86</td> <td>\$43.70 to \$53.24</td> </tr> <tr> <td>30 - 39</td> <td>\$75.75 to \$87.05</td> <td>\$55.39 to \$65.99</td> </tr> <tr> <td>40 - 49</td> <td>\$89.49 to \$107.52</td> <td>\$67.15 to \$94.56</td> </tr> <tr> <td>50 - 59</td> <td>\$108.85 to \$137.61</td> <td>\$96.04 to \$155.22</td> </tr> <tr> <td>60 - 64</td> <td>\$140.37 to \$163.24</td> <td>\$164.39 to \$193.16</td> </tr> <tr> <td>65+</td> <td>\$163.24 to \$225.95</td> <td>\$193.16 to \$267.37</td> </tr> </tbody> </table>		Female	Male	0 - 18	\$47.61 to \$138.41	\$41.97 to \$128.00	19 - 29	\$61.75 to \$73.86	\$43.70 to \$53.24	30 - 39	\$75.75 to \$87.05	\$55.39 to \$65.99	40 - 49	\$89.49 to \$107.52	\$67.15 to \$94.56	50 - 59	\$108.85 to \$137.61	\$96.04 to \$155.22	60 - 64	\$140.37 to \$163.24	\$164.39 to \$193.16	65+	\$163.24 to \$225.95	\$193.16 to \$267.37	<table border="0"> <thead> <tr> <th></th> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>0 - 18</td> <td>\$75.27 to \$218.84</td> <td>\$66.36 to \$202.38</td> </tr> <tr> <td>19 - 29</td> <td>\$97.64 to \$116.77</td> <td>\$69.10 to \$84.17</td> </tr> <tr> <td>30 - 39</td> <td>\$119.77 to \$137.63</td> <td>\$87.57 to \$104.34</td> </tr> <tr> <td>40 - 49</td> <td>\$141.50 to \$170.00</td> <td>\$106.17 to \$144.77</td> </tr> <tr> <td>50 - 59</td> <td>\$172.11 to \$217.58</td> <td>\$151.85 to \$245.42</td> </tr> <tr> <td>60 - 64</td> <td>\$221.95 to \$258.10</td> <td>\$259.92 to \$305.41</td> </tr> <tr> <td>65+</td> <td>\$258.10 to \$357.25</td> <td>\$305.41 to \$422.73</td> </tr> </tbody> </table>		Female	Male	0 - 18	\$75.27 to \$218.84	\$66.36 to \$202.38	19 - 29	\$97.64 to \$116.77	\$69.10 to \$84.17	30 - 39	\$119.77 to \$137.63	\$87.57 to \$104.34	40 - 49	\$141.50 to \$170.00	\$106.17 to \$144.77	50 - 59	\$172.11 to \$217.58	\$151.85 to \$245.42	60 - 64	\$221.95 to \$258.10	\$259.92 to \$305.41	65+	\$258.10 to \$357.25	\$305.41 to \$422.73
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www.CoverFloridaHealthCare.com

JMH Health Plan
 Available in Miami-Dade County
 Toll-free Phone Number: 1-800-721-2993
 Web Site: <http://www.jmhhp.com>

	Preventive	Catastrophic	Combined																																																																								
Benefits	\$0 deductible plan Medical Benefits up to: \$500,000 lifetime	\$500 deductible plan \$1,000 deductible plan \$2,500 deductible plan \$5,000 deductible plan Medical Benefits up to: \$15,000 annual \$500,000 lifetime	\$500 deductible plan \$1,000 deductible plan \$2,500 deductible plan \$5,000 deductible plan Medical Benefits up to: \$15,000 per year \$500,000 lifetime																																																																								
Doctor Visits	\$15 co-pay (primary care physician) \$25 co-pay (specialist)	N/A	\$15 co-pay (primary care physician) \$25 co-pay (specialist)																																																																								
Preventive Care	1 annual adult exam 1 annual well woman exam \$25 co-pay	N/A	1 annual adult exam 1 annual well woman exam \$25 co-pay																																																																								
Hospital Inpatient Services	N/A	\$100 co-pay per day for first 5 days Up to 12 days per year	\$100 co-pay per day for first 5 days Up to 12 days of inpatient coverage per year																																																																								
Hospital Outpatient Services	N/A	\$50 co-pay for outpatient surgery \$25 co-pay for outpatient care services	\$50 co-pay for outpatient surgery \$25 co-pay for outpatient care services																																																																								
Emergency Care	N/A	Coverage for 3 hospital ER visits per year \$175 co-pay (In-network) \$200 co-pay + 40% of charges (out-of-network) Coverage for 6 urgent care visits per year \$50 co-pay for each visit	Coverage for 3 hospital ER visits per year \$175 co-pay (in-network) \$200 co-pay + 40% of charges (out-of-network) Coverage for 6 urgent care visits per year \$50 co-pay for each visit																																																																								
Prescription Drugs	\$5 co-pay for generic drugs Discount on brand drugs Up \$100 of coverage for drugs per month and \$1,200 per year	N/A	\$5 co-pay for generic drugs Discount on brand drugs Up \$100 of coverage for drugs per month and \$1,200 per year																																																																								
Other Services Included in Plans	<u>Behavioral Health</u> : \$35 co-pay; Up to 20 outpatient visits per year <u>Durable Medical Equipment</u> : \$25 co-pay; up to \$400 per year <u>Diabetic Supplies</u> : \$25 co-pay; coverage for 50 test strips per month	Diagnostic Services: \$25 co-pay	<u>Diagnostic Services</u> : \$25 co-pay <u>Behavioral Health</u> : \$35 co-pay; up to 20 outpatient visits per year <u>Durable Medical Equipment</u> : \$25 co-pay; up to \$400 per year <u>Diabetic Supplies</u> : \$25 co-pay; coverage for 50 test strips per month																																																																								
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Average Rate	\$70.53	\$92.43 (\$5,000 deductible) \$119.75 (\$2,500 deductible) \$165.14 (\$1,000 deductible) \$190.07 (\$500 deductible)	\$153.93 (\$5,000 deductible) \$184.50 (\$2,500 deductible) \$220.04 (\$1,000 deductible) \$239.23 (\$500 deductible)																																																																								

***JMH Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.

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Total Health Choice

Available in Miami-Dade & Broward Counties

Toll-free Phone Number:

(305)408-5825 within Miami-Dade County

1-800-213-1133 outside Miami-Dade County

1-800-955-8771 TDD

Web Site: <http://www.totalhealthchoiceonline.com>

www.CoverFloridaHealthCare.com

	Preventive (Plans I, II)	Catastrophic (Plans III, IV)																																																
Benefits	Plan I: No prescription drug benefit Plan II: Includes prescription drug benefit	Plan III: No prescription drug benefit Plan IV: Includes prescription drug benefit Medical benefits up to \$40,000 per year																																																
Doctor Visits	\$30 co-pay (primary care physician) \$50 co-pay (specialist) \$50 co-pay (allergy testing)	\$30 co-pay (primary care physician) \$50 co-pay (specialist) \$50 co-pay (allergy testing)																																																
Preventive Care	1 annual adult exam 1 annual well woman exam \$30 co-pay (No co-pay for mammograms, prostate, cervical cancer and colorectal screenings)	1 annual adult exam 1 annual well woman exam \$30 co-pay (No co-pay for mammograms, prostate, cervical cancer and colorectal screenings)																																																
Hospital Inpatient Services	N/A	\$500 per day co-pay for first 5 days																																																
Hospital Outpatient Services	Coverage for therapies, observation, chemotherapy and nuclear medicine in non-hospital outpatient setting Co-pays of \$500 (facilities), \$100 (nuclear medicine), \$50 (chemotherapy), \$30 (radiation therapy)	Coverage for therapies, observation, chemotherapy and nuclear medicine Co-pays of \$500 (facilities), \$100 (nuclear medicine), \$50 (chemotherapy), \$30 (radiation therapy)																																																
Emergency Care	\$250 co-pay (hospital in-network) \$500 co-pay (hospital out-of-network) \$50 co-pay (urgent care services) \$100 co-pay (ambulance services)	\$250 co-pay (hospital in-network) \$500 co-pay (hospital out-of-network) \$50 co-pay (urgent care services) \$100 co-pay (ambulance services)																																																
Prescription Drugs	\$30 co-pay: generic drugs \$45 co-pay: brand drugs Up to \$1,000 per year Available in Plan II only (no drug coverage under Plan I but a pharmacy discount card allows purchase of drugs at a discount at participating pharmacies)	\$30 co-pay: generic drugs \$45 co-pay: brand drugs Up to \$1,000 per year Available in Plan IV only (no coverage under Plan III but a pharmacy discount drug card allows purchase of drugs at a discount at participating pharmacies)																																																
Other Services Included in Plans	<u>Diagnostic Services</u> : \$100 co-pay (CT scans, nuclear medicine, ultrasound) <u>Diabetic Supplies</u> : \$30 co-pay <u>Behavioral Health</u> : \$50 co-pay (not including substance abuse services) Up to 20 visits per year	<u>Diagnostic Services</u> : \$100 co-pay (CT scans, nuclear medicine, ultrasound) <u>Diabetic Supplies</u> : \$30 co-pay <u>Behavioral Health</u> : \$50 co-pay (not including substance abuse services) Up to 20 visits per year																																																
Monthly Rates (by age)	<table border="0"> <tr> <td></td> <td>Female</td> <td>Male</td> </tr> <tr> <td>0 - 18</td> <td>Not Offered</td> <td>Not Offered</td> </tr> <tr> <td>19 - 29</td> <td>\$72.19 to \$127.64</td> <td>\$57.32 to \$74.96</td> </tr> <tr> <td>30 - 39</td> <td>\$96.53 to \$123.74</td> <td>\$63.40 to \$86.92</td> </tr> <tr> <td>40 - 49</td> <td>\$98.32 to \$146.12</td> <td>\$74.87 to \$114.14</td> </tr> <tr> <td>50 - 59</td> <td>\$130.92 to \$190.40</td> <td>\$102.39 to \$227.25</td> </tr> <tr> <td>60 - 64</td> <td>\$167.64 to \$235.20</td> <td>\$203.40 to \$313.39</td> </tr> <tr> <td>65+</td> <td>\$404.83 to \$479.66</td> <td>\$404.83 to \$479.66</td> </tr> </table>		Female	Male	0 - 18	Not Offered	Not Offered	19 - 29	\$72.19 to \$127.64	\$57.32 to \$74.96	30 - 39	\$96.53 to \$123.74	\$63.40 to \$86.92	40 - 49	\$98.32 to \$146.12	\$74.87 to \$114.14	50 - 59	\$130.92 to \$190.40	\$102.39 to \$227.25	60 - 64	\$167.64 to \$235.20	\$203.40 to \$313.39	65+	\$404.83 to \$479.66	\$404.83 to \$479.66	<table border="0"> <tr> <td></td> <td>Female</td> <td>Male</td> </tr> <tr> <td>0 - 18</td> <td>Not Offered</td> <td>Not Offered</td> </tr> <tr> <td>19 - 29</td> <td>\$147.66 to \$237.86</td> <td>\$115.97 to \$139.68</td> </tr> <tr> <td>30 - 39</td> <td>\$195.29 to \$230.59</td> <td>\$128.27 to \$161.98</td> </tr> <tr> <td>40 - 49</td> <td>\$198.92 to \$272.29</td> <td>\$151.48 to \$212.70</td> </tr> <tr> <td>50 - 59</td> <td>\$264.87 to \$354.82</td> <td>\$207.16 to \$423.49</td> </tr> <tr> <td>60 - 64</td> <td>\$339.16 to \$438.31</td> <td>\$411.52 to \$584.02</td> </tr> <tr> <td>65+</td> <td>\$819.03 to \$893.86</td> <td>\$819.03 to \$893.86</td> </tr> </table>		Female	Male	0 - 18	Not Offered	Not Offered	19 - 29	\$147.66 to \$237.86	\$115.97 to \$139.68	30 - 39	\$195.29 to \$230.59	\$128.27 to \$161.98	40 - 49	\$198.92 to \$272.29	\$151.48 to \$212.70	50 - 59	\$264.87 to \$354.82	\$207.16 to \$423.49	60 - 64	\$339.16 to \$438.31	\$411.52 to \$584.02	65+	\$819.03 to \$893.86	\$819.03 to \$893.86
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