

# Cover Florida Message Points

## Cover Florida: Access to Health Care Floridians Deserve



### How Was Cover Florida Created?

- Governor Crist proposed *Cover Florida* during the 2008 Legislative Session and worked with legislators to secure its unanimous approval.
- No tax dollars are required to make *Cover Florida* health insurance plans available.
- *Cover Florida* makes more affordable health coverage available to 3.8 million uninsured Floridians by allowing insurers to compete with each other to offer innovative insurance products.
- Blue Cross Blue Shield of Florida and United Health Care will be available in all 67 Florida counties. In addition, four counties will have further options.
  - Broward County will have two additional options: Medica Health Plan of Florida and Total Health Choice.
  - Miami-Dade County will have three additional options: Medica Health Plan of Florida, Total Health Choice and JMH Health Plan.
  - Flagler and Volusia counties will have one additional carrier, Florida Health Care Plans.

### Who Qualifies for Cover Florida?

- *Cover Florida* plans are guaranteed to Floridians who have been without insurance for at least six months – even if there are pre-existing health conditions.
- If you have gone without insurance for at least six months – or have recently lost your employer-sponsored insurance – I encourage you to learn more about *Cover Florida*.
- *Cover Florida* coverage is voluntary for both individuals and for employers, and employees can even take their coverage with them if they change jobs.

### What Is Covered?

- All *Cover Florida* benefit plan options include a robust set of benefits, such as coverage for preventive services, screenings, and office visits, as well as outpatient and inpatient surgery, urgent care, prescription drugs, durable medical equipment, and diabetic supplies.
- Each carrier offers at least two benefit options – one with catastrophic and hospital coverage, and one without. This flexibility gives Floridians more choices in selecting the plan that meets their needs.
- Six private insurance companies have partnered with the State of Florida to offer this health insurance coverage.

## Why Should I Consider Buying a Cover Florida Plan?

- *Cover Florida* gives uninsured Floridians the opportunity to take charge of their own health care.
- The six insurers have designed 25 creative health insurance products, so you can find the access to health care that is right for you.
- The cost of plans varies, depending on whether the consumer chooses catastrophic and hospital coverage. Examples of coverage and costs include the following:
  - Available anywhere in Florida is a plan that offers preventive coverage to a 25-year-old female for \$83.55 a month, with no annual deductible. A 25-year-old male would pay \$50.75 for the same coverage. Benefits would include the following:
    - a. Doctor Office Visits: \$10 co-pay for a primary care physician; up to 45 visits per year.
    - b. Preventive Care: \$0 co-pay for preventive services. Includes annual adult exam; annual gynecological, prostate, colorectal, cervical cancer screening and mammogram.
    - c. Hospital Emergency Care Services: Consumer pays 20 percent; insurer pays 80 percent of charges, Up to \$1,500 per year.
    - d. Prescription Drugs: \$10 co-payment for generic drugs; \$45 co-pay for brand diabetic supply use.
    - e. Behavioral Health Services: \$40 co-payment; up to five office visits per year.
    - f. Diabetic Supplies: \$25 co-pay.
    - g. Health Discounts for Other Services: Enrollees will receive a discount on other services, including dental, vision, wellness, infertility, hearing, and chiropractic care.
  - One of the plans available only in Miami-Dade County offers a 50-year-old female catastrophic coverage with no annual deductible for \$151.85 a month while a 50-year-old male would pay a monthly premium of \$172.11 for the same coverage. Some of the benefits include, but are not limited to the following:
    - a. Doctor Office Visits: \$25 co-pay for a primary care physician and \$50 co-pay for a specialist.
    - b. Annual Adult Wellness/Health Exam: \$25 co-payment.
    - c. Hospital coverage: \$200 per day co-payment for first five days of admission; \$0 after the fifth day.
    - d. Urgent Care: \$50 co-payment.
    - e. Emergency Services: \$200 co-payment; waived if admitted.
    - f. Prescription Drugs: \$10 co-payment for generic drugs and plan discounts for brand name drugs.
    - g. Behavioral Health Services: \$50 co-payment for office counseling services; up to \$1,200 per year.
    - h. Diabetic Supplies: Consumer pays 20 percent; insurer pays 80 percent of charges for lancets, syringes, insulin, strips and monitor.
  - A 30-year-old female in Volusia County could purchase catastrophic coverage for \$177.28 monthly, with a \$250 annual deductible. The same coverage for a 30-year-old male costs \$109.17 monthly and includes the following:
    - a. Doctor Office Visits: \$20 co-pay for a primary care physician and \$75 co-pay for a specialist.
    - b. Annual Adult Wellness/Health: \$20 co-payment.
    - c. Hospital Coverage: \$750 per day co-payment; up to 12 days per year.
    - d. Urgent Care: \$75 co-payment.
    - e. Emergency Services: \$250 co-payment.
    - f. Prescription Drugs: \$10 co-payment for generic preferred/ \$10 co-pay for generic non-preferred
    - g. Behavioral Health Services: \$50 co-payment for individual services; \$25 co-pay for group counseling session; Up to 12 outpatient visits per year.
    - h. Diabetic Supplies: Glucometer covered in full; \$12 co-pay for lancets and 50 test strips.