

Instructions for Enrolling in Cover Florida
For Plans, Rates, Enrollment Forms and Current Information please go to
www.floridahealthinsurance.com/coverflorida
Email: coverflorida@floridahealthinsurance.com

First Step - Determine if you are eligible - You are eligible for Cover Florida if

- You are between ages 19 and 64 (not including dependent children) and
- You have been without health insurance for at least 6 months (if you meet this, no need to look further) or
- You have lost a job that provided employer-sponsored health insurance or
- You have exhausted or involuntarily lost your COBRA benefits or
- You have lost your health insurance due to the death of or divorce from a spouse who has provided employer-sponsored health insurance
- Saying this another way
 - You have been uninsured the 6 months or more or
 - If you have had health insurance in the past six months, you can still participate in Cover Florida if you lost your coverage due to any of the following reasons
 1. Loss of a job that provided an employer-sponsored health benefit plan
 2. Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan
 3. Exhaustion of coverage that was continued under COBRA or mini-cobra
 4. Aging out of Florida Kidcare or losing Medicaid or Medicare Benefits

Second Step - Check the plans and rates and select a plan

- Open the “**Brochure and Rates**” - Look at the brochure to understand the plan benefits
- Compare the Standard and the Standard Plus Plans and select a Plan
- The brochure has a side by side comparison and there are detailed plan descriptions for both plans in the attachment “**Plan Summaries**”
- Check the rates

Third Step - Complete the Enrollment and Application Forms

- Open the “**Application and Enrollment Forms**” Complete, sign and date both forms
- If you qualify due to exhausting or involuntarily losing COBRA, we must have COBRA expiration letter
- Cobra Expiration Notice- This verifies why you lost the Cobra coverage and the date that it was lost.
- Certificate of Credible Coverage- This lets us know whether or not you obtained a policy start date within the 63-day window and have avoided a pre-existing condition exclusion.
- If eligible due to aging out of Kidcare or losing Medicaid or Medicare, provide documentation
- Write a check payable to United Healthcare for the amount of one month’s premium
- Mail your completed enrollment form, application form and check to

John K Arnold
5415 Lake Howell Rd # 325
Winter Park, Florida 32792

Pre-existing Conditions

- Enrollees that are eligible for CoverFlorida based on not having any health insurance in the past six months or more are subject to a 12 months pre-existing condition limitation
- Enrollees that are eligible for CoverFlorida due to being on COBRA or mini cobra, exhausting COBRA or cobra or mini cobra, being on a continuation plan or having become eligible due to losing their employer sponsored health insurance, if they are on CoverFlorida within 63 days of the current coverage ending, are not subject to pre-existing condition limitations.
- **Pregnancy**- Is not treated as a pre-existing condition, and would be covered up to the policy limits.



Available to Individuals and Groups
with up to 50 Eligible Employees

Cover Florida plans from UnitedHealthcare

Cover Florida plans are presented by UnitedHealthcare in cooperation with the State of Florida to provide affordable health coverage for uninsured Floridians ages 19 to 64. No longer will eligible Floridians need to go to bed at night worrying about how they can obtain health care coverage.

Cover Florida plans provide health insurance options that are a model for the nation. They focus on vital primary and preventive care services in order to reduce unnecessary and costly visits to the emergency room. Individuals who have been without insurance for at least six months will be eligible to participate. *Please note: Cover Florida is a limited benefit health insurance program which does not encompass all required benefit mandates as provided for under Florida law. Please consider your other options carefully before enrolling in this program.*

UnitedHealthcare Cover Florida plans can also include emergency and hospital coverage (available with the Cover Florida Standard Plus plan). Cover Florida plans deliver savings today – but they also invest in improving member's health to reduce future risk.

Through innovative plan designs, the economies of our powerful networks and careful tailoring of benefit designs, UnitedHealthcare Cover Florida plans provide participating members with essential insurance coverage– without the burden of a deductible that discourages vital preventive care.

Cover Florida benefit plans include:

- Coverage for preventive services, screenings
- Office visits
- Outpatient and inpatient surgery
- Prescription drugs
- Durable medical equipment
- Diabetic supplies
- Guaranteed coverage

Choose from two levels of coverage:

Cover Florida standard

- Preventive care
- Screenings
- Office visits
- Office surgery

Cover Florida standard plus

- Preventive care
- Screenings
- Office visits
- Office surgery
- Inpatient hospital
- Emergency room/Urgent care
- Outpatient facility

Both plan designs include:

- Guaranteed issue – rates based on age/gender
- Portable – the plan moves with you inside Florida
- Generic only pharmacy coverage
- Available for those who are:
 - » Age 19-64
 - » Uninsured prior six months
 - » Not eligible for public programs

Access, service and support

- **Open access** – no referrals required. Members can visit any doctor in the UnitedHealthcare network, including specialists, without the need to designate a primary physician.
- **Complementary Health Discount Program** – helps members save 10 to 50 percent on many medical and health care expenses that the medical plan does not pay for or that are over the medical plan limits, including physicians, hospitals, prescriptions, dental, vision services and products, and much more.

Around-the-clock support resources

- **24-hour nurse support** – access to registered nurses by phone to help provide a wide range of health and well-being information. Service supplied through the health discount program.
- **Educational and decision-support tools** – through coverflorida-uhc.com, members have online access to their benefit options and claims.
- **Toll-free Customer Care phone number** – Spanish-capable and always available phone service for billing, eligibility, claims and benefit information.
- **No claim forms from network physicians** – members do not need to submit claim forms for covered services, up to plan limits.
- **Wellness product discounts** – save on gym memberships, weight loss programs, smoking cessation products and more through the health discount program.

Disclosure: The UnitedHealth Allies is administered by HealthAllies®, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, 1-800-860-8773. **UnitedHealth Allies is NOT insurance.** UnitedHealth Allies provides discounts at certain providers for health products or services. UnitedHealth Allies does not make payments directly to the providers of health products or services. The program member is obligated to pay for all health products or services but will receive a discount from those providers who have contracted with the discount plan organization.

The Health Discount Program is offered to existing members of certain products underwritten or provided by United HealthCare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. Components subject to change.

Cover Florida plan designs

Here is a side-by-side comparison of the two Cover Florida plans.

	Cover Florida Standard Plan	Cover Florida Standard Plus Plan
Network requirements	Network benefits only	Network benefits only except for emergency services and inpatient hospital benefits
Annual benefit maximum	Annual benefit maximum by service	Annual benefit maximum by service
Annual individual deductible	None	\$500 per Calendar Year; applies only to hospital inpatient services and hospital emergency care services
Annual individual out-of-pocket maximum	Unlimited	Unlimited
Lifetime maximum	\$500,000	\$500,000
Physician office	\$10 copay, 100% network only \$450 max/yr Office surgery (including anesthesia) covered	\$20 copay, 100% network only \$1,000 max/yr Office surgery (including anesthesia) covered
Physician sick visits: non-preventive services	Covered under the physician office benefit terms	Covered under the physician office benefit terms
Preventive care services	Covered under the Physician office benefit maximum No copay applies	Covered under the Physician office benefit maximum Not subject to deductible No copay applies
Mammograms, Cervical Cancer Screenings, Colorectal Screening, Prostate Screening	Covered under the Physician Office benefit terms; also covered under the Outpatient preventive benefit terms	Covered under the Physician Office benefit terms; also covered under the Outpatient preventive benefit terms
Mental health	Covered (mental health only) 5 visits/yr \$40 copay per visit (substance abuse excluded)	Covered (mental health only) 5 visits/yr, 5 days/yr \$500 inpatient copay \$40 copay per visit (substance abuse excluded)
Emergency services		
Urgent care center services	Not covered	80% network with \$250/yr max (any diagnosis)
Ambulance	Not covered	\$100 copay, up to \$500 per yr, network and out-of-network
Emergency services	Not covered	80% network or out-of-network up to \$1,500/yr combined (covers ER services only due to accident, trauma, heart attack and stroke)
Inpatient services		
Hospital inpatient	Not covered	\$2,000/day network or \$1,000/day out-of-network up to 10 days/year combined
Hospital inpatient physician	Not covered	80% up to \$1000/yr network only
Outpatient services		
Outpatient - preventive services	100% network up to \$600/yr Physician charges covered Include outpatient facility charges	100% network up to \$600/yr Physician charges covered Include outpatient facility charges
Outpatient - non-preventive	Not covered	80% network, up to \$400/yr Includes facility and physician charges
X-ray & Diagnostic- Major & Minor	Not covered	Network only X Ray, Diagnostics 80% up to \$500/yr
DME and Prosthetics	80% network up to separate \$500/yr Max for DME and Prosthetics, includes insulin pump	80% network up to separate \$500/yr Max for DME and Prosthetics, includes insulin pump
Diabetic supplies	Network only, \$25 copay, \$100/yr Max	Network only, \$25 copay, \$100/yr Max
Outpatient surgery	Not covered	80% network, up to \$1500/yr includes facility and physician charges
Pharmacy - Generic Plan Only		
Generic Prescription Drugs only	\$10 copay for Generic only	\$10 copay for Generic only
Brand-name Drugs	For brand-name Diabetes drugs use \$45 copay	For brand-name Diabetes drugs use \$45 copay
Individual Annual Maximum	\$500/yr	\$500/yr Not subject to the medical deductible
Health discount program		
Dental, Vision, Wellness Program Discounts See page 4 for more information about this program.		

Please Note: The information in this table is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.