

Arthrocentesis \$0

Pulmonary testing and treatments

Spirometry \$0

Aerosol Treatments \$0

Radiology procedures

Plain X-Rays (2 views) \$0

Skull

Face

Cervical

Chest

Abdomen

Pelvis

Extremities

Diagnostic Ultrasound (U/S)

U/S Aorta, Kidneys or Pancreas \$0

U/S Breasts \$0

U/S Gall bladder and Liver \$0

U/S Kidneys \$0

U/S Pelvis \$0

U/S Scrotum and testicles \$0

U/S Soft tissue \$0

U/S Thyroid \$0

Other U/S \$0

Cardiovascular testing

Electrocardiogram \$0

24 Hour Holter Monitor \$0

Echocardiogram with Doppler \$0

Carotid Arterial Imaging/Doppler \$0

Extremities Vascular Imaging \$0

Vaccines and office based injections

DT vaccine (tetanus, diphtheria) \$0

Hepatitis B Vaccine \$45

Influenza vaccine \$15

PPD/tine (Tuberculosis screen) \$0

TD (Tetanus vaccine) \$0

Toradol injections (analgesic) \$0

Solumedrol injections (corticosteroid) \$0

Rocephin injection (antibiotic) \$30

Vision/Hearing

Vision screening \$0

Hearing screening \$0

Specialists Care

Not a covered benefit, but can be arranged through

American Care medical centers provider network. Refer to provider directory.

Hospitalization Coverage

Hospital service is not a covered benefit of the American Care Health Flex Plan. American Care medical centers will arrange for required hospitalizations services. For coverage of this type of service beneficiary should apply for other State approved programs.

Frequently Asked Questions

1. Can I transfer from my existing health insurance plan?

No. Applicants must have had no health insurance in the past six months.

2. Are children eligible?

Children should apply for the KidCare program with the State of Florida. If their parents qualify for the Health Flex Plan they will likely qualify for KidCare. If the child does not qualify for KidCare, then he/she can be enrolled in the Health Flex Plan.

3. Do you have a Family Plan?

No. The Plan offers only individual memberships.

4. How much does the plan cost?

\$50 per person per month.

5. How old do I have to be to participate?

You must be under the age of 65.

6. Does the Plan cover hospitalization?

No, the current plan does not offer hospital coverage. There are other options for hospitalization coverage that we can discuss with you.

7. If my primary care center is located in one county, can I be seen at American Care Centers in other counties?

Yes, with no additional payments.

8. If we are participating as a group in our workplace, do a certain percentage of employees have to participate?

No, there is no minimum participation required. If the entire group wants to participate, at least 75% of employees in the group must earn less than 300% of FPL.

HealthFlexPlan

A Solution For Your Health Needs.



For more information call
1.888.240.6745
or visit www.healthflex.org



The benefits provided by this health plan are limited. You should carefully review the benefits offered under this health plan.

PLAN APPROVED BY THE STATE OF FLORIDA

Per Florida Statute, Section 408.909, the Legislature finds that a significant proportion of the residents of this state are unable to obtain affordable health insurance coverage. Therefore, it is the intent of the Legislature to expand the availability of health care options for low-income uninsured state residents. Florida Statute 408.909 establishes the Health Flex Plan Program.

Health Plan Benefits and Premium Summary

Benefits coverage and premium rates apply to both individual and group members. Plan is guaranteed issue subject to cost sharing provisions in the first 92 days. You will be enrolled regardless of your medical conditions. Employee remains covered regardless of the employment status, through enrollment in the individual program. The plan has limited cost sharing provisions (co-payments). Refer to the member’s agreement for all applicable cost sharing provisions. The following co-payments apply after 92 days of enrollment in the plan. Refer to the member’s agreement for co-payments during the first 92 days. The plan has coverage exclusions as listed in the member’s agreement, including and not limited to hospitalization. Refer to the members agreement for non-covered services.

BASIC PLAN

PLAN PREMIUM: \$50 per member per month

COVERED BENEFITS

Preventive health screening

| | |
|---|------------------|
| Annual Physical Examination | \$0 annual visit |
| Cervical cancer screen (pap smear annually) | \$0 |
| Non invasive colorectal cancer screening (three stool guaiacs annually) | \$0 |
| Prostate cancer screening (PSA annually) | \$0 |

Primary care office visits for the diagnosis and treatment of illnesses or injuries

| | |
|----------------------------|---------------|
| Primary Care Office Visits | \$0 per visit |
| Pediatrician Visits | \$0 per visit |

Transportation

| | |
|--|---------------|
| (to the network Primary Care Medical Center) | \$0 per visit |
|--|---------------|

Physical Therapy

| | |
|----------------|-------------------|
| (office based) | \$0 per treatment |
|----------------|-------------------|

Prescriptions drug coverage

| | |
|--|---------------------------|
| Basic formulary only (refer to formulary) prescription | \$4 per prescription |
| Comprehensive formulary (requires three days advance order and a 90 days supply order) | Cost plus \$4 process fee |

Laboratory testing

| | |
|---|-----|
| HEMATOLOGY | |
| Coagulation Studies | |
| PT/INR | \$0 |
| PTT | \$0 |
| Complete Blood Count | \$0 |
| White blood cell count | |
| Red blood cell count | |
| Platelet count | |
| MCV | |
| Hemoglobin/Hematocrit | \$0 |
| CHEMISTRY | |
| Basic Metabolic Panel | \$0 |
| Comprehensive Metabolic Panel | \$0 |
| Electrolyte Panel | \$0 |
| Lipid Panel | \$0 |
| (LDL cholesterol, HDL cholesterol, Trig) | |
| Liver Function Panel (AST, ALT, ALK Phos) | \$0 |
| ABO Group and RH Type | \$0 |
| Albumin (Alb) | \$0 |
| Amylase | \$0 |
| ANA w/Reflex titer | \$0 |
| Antibody, RBC w/Reflex ID | \$0 |
| Bilirubin, Total (Tbili) | \$0 |
| C-Reactive Protein | \$0 |
| CA 125 | \$0 |
| Calcium (Ca) | \$0 |
| Carbon Dioxide (CO2) | \$0 |
| CEA | \$0 |
| Chloride (Cl) | \$0 |
| Cholesterol, Total (Tchol) | \$0 |
| Creatinine (Cr) w/e GFR | \$0 |
| Ferritin | \$0 |
| Folic Acid | \$0 |
| Glucose, Serum (Glucose) | \$0 |
| HCG, Serum, Qual (Pregnancy test) | \$0 |
| HDL | \$0 |
| Hemoglobin A1C | \$0 |
| Hepatitis A AB, IGM | \$0 |
| Hepatitis B Surface AB Qual | \$0 |
| Hepatitis C Virus AB | \$0 |
| HIV-1/HIV-2 SCR w/Reflexes | \$0 |

| | |
|---------------------------------------|-----|
| Iron, Total | \$0 |
| LDH | \$0 |
| Lead (B) | \$0 |
| Magnesium | \$0 |
| Microalbumin, Random Urine w/creat | \$0 |
| Occult Blood in Feces – GUAIAAC | \$0 |
| Phosphorus | \$0 |
| Progesterone | \$0 |
| Protein, Total (TP) | \$0 |
| PSA, Total | \$0 |
| Rheumatoid Factor | \$0 |
| RPR (Monitoring) w/Reflex Titer | \$0 |
| Rubella IGG AB | \$0 |
| SED Rate by MOD West | \$0 |
| Testosterone, Total | \$0 |
| Triglycerides (Trig) | \$0 |
| TSH | \$0 |
| UA (Urine Analysis), Dipstick Only | \$0 |
| UA, Dipstick w/Reflex to Microscopic | \$0 |
| UA, Complete (Dipstick & Microscopic) | \$0 |
| UREA Nitrogen (BUN) | \$0 |
| URIC Acid | \$0 |
| Valproic Acid | \$0 |
| Vitamin B12/Folic Acid | \$0 |

MICROBIOLOGY

| | |
|------------------|-----|
| Culture, Routine | \$0 |
| Culture Throat | \$0 |
| Culture Urine | \$0 |
| Culture Stool | \$0 |
| Culture Tissue | \$0 |
| Culture Genital | \$0 |
| Pap Smear Test | \$0 |

(Other laboratory tests are available, check with your provider)

Office based minor surgery with local anesthesia/procedures

| | |
|--|-----|
| Office based minor surgical procedures | \$0 |
| Burn local treatment | \$0 |
| Debridement of nail | \$0 |
| Debridement of skin | \$0 |
| Ear irrigation | \$0 |
| Excision of skin lesion | \$0 |
| Incision & drainage of abscess | \$0 |
| Skin tag removal | \$0 |
| Splinting- simple | \$0 |
| Laceration (simple repair) | \$0 |
| Cryosurgery | \$0 |

Eligibility

Eligibility to enroll in an approved Health Flex Plan is limited to residents of this state who:

- 1. Are 64 years of age or younger.
- 2. Have a family income equal to or less than 300 percent of the federal poverty level.

Please refer to the table below:

| Unit | Annual income at or below (300% of 2008 FPL) |
|-------------|--|
| 1 | \$31,200 |
| 2 | \$42,000 |
| 3 | \$52,800 |
| 4 | \$63,600 |
| 5 | \$74,400 |
| 6 | \$85,200 |

For each additional person, add \$10,800 to the annual maximum income.

3. Are not covered by a private insurance policy and are not eligible for coverage through a public health insurance program, such as Medicare or Medicaid, or another public health care program, such as Kidcare, and have not been covered at any time during the past 6 months, except that:

- (a) A person who was covered under an individual health maintenance contract issued by a health maintenance organization licensed under part I of chapter 641 which was also an approved health flex plan on October 1, 2008 may apply for coverage in the same health maintenance organization's health flex plan without a lapse in coverage if all other eligibility requirements are met; or
- (b) A person who was covered under Medicaid or Kidcare and lost eligibility for the Medicaid or Kidcare subsidy due to income restrictions within 90 days prior to applying for health care coverage through an approved health flex plan may apply for coverage in a health flex plan without a lapse

in coverage if all other eligibility requirements are met; and

- 4. (a) Have applied for health care coverage as an individual through an approved health flex plan and have agreed to make any payments required for participation, including periodic payments or payments due at the time health care services are provided; or
- (b) Are part of an employer group of which at least 75 percent of the employees have a family income equal to or less than 300 percent of the federal poverty level and the employer group is not covered by a private health insurance policy and has not been covered at any time during the past 6 months. If the health flex plan entity is a health insurer, health plan, or health maintenance organization licensed under Florida law, only 50 percent of the employees must meet the income requirements for the purpose of this paragraph.

To receive care with your Health Flex Plan, you may visit any of these medical centers or other affiliated providers:

South Florida

Broward Medical Center

6200 Pembroke Road
Miramar, FL 33023
954.961.7100

North Miami-Dade Medical Center

1521 NW 54th Street
Miami, FL 33142
786.594.0000

Little Havana Medical Center

2315 West Flagler Street
Miami, FL 33135
786.517.4888

Cutler Ridge Medical Center

11255 SW 211 Street
Miami, FL 33189
786.430.3333
305.254.7576

Palm Beaches

Belle Glade Medical Center

1301 South Main Street
Belle Glade, FL 33430
561.992.4357

Lake Worth Medical Center

818 Dixie Hwy.
Lake Worth, FL 33461
561.296.4400

West Coast

North Tampa Medical Center

11211 North Nebraska Ave., #A-5
Tampa, FL 33612
813.514.2333

Lakeland Medical Center

2600 Industrial Park Drive
Lakeland, FL 33801
863.666.6100

Haines City Medical Center

4467 US Highway 17-92 West
Haines City, FL 33844
863.421.5500