



Health Flex and Premier Plans Basic Training Review Sheets

Basic Training

This Health Flex and Premier Plans Basic Training Review Sheets will cover the following topics:

- Overview of Plans
- Prohibited Language
- Resources
- How to Process Applications
- Signed Agreements

Overview of Plans

American Care offers three plans in all of our centers:

Premier Plans
Health Flex Plan
Extended Family Plan

Who are these plans for?

Premier Plans: [any person](#)

Health Flex Plan: [anyone under 65 \(income restrictions\)](#)

Extended Family Plan: [immediate family of seniors enrolled in our centers](#)

Where are the plans accepted?

The three plans are accepted at all of American Care Medical Centers. The following are the locations and their contact numbers:

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, 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

Comparison of Plans

Premier Plans

- Discount Medical Plan; not an insurance product
- As discount plan, it must charge fees for services and required \$30 application fee
- Cost: \$30/month/person and small fees for services

Health Flex Plan

- Created by Florida legislature; considered insurance product
 - No fees need to be charged for services
 - No application fee; application fee must be notarized
 - Cost: \$50/month/person and \$0 in fees for services
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Premier Plans Basics

- Premier Plans is a Discount Medical Plan
 - The services are available at American Care Medical Centers
 - We will coordinate care with specialists and hospitals, but those charges are not covered benefits. We are negotiating reduced rates.
 - Initial payment by member will be \$60 including:
 - Application fee: \$30
 - Monthly cost of \$30 per individual
 - Coverage is effective the 1st of the following month.
 - Members can see a Physician the same day they are enrolled as a courtesy visit and be prescribed medications.
 - Blood work must be done 30 days from effective date to allow account to be set up at Quest. If lab work is done before effective date the member will be responsible to pay regular price to Quest Diagnostics. After 90 days in the plan labs are free.
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Marketing the Premier Plans

- You may use only the materials approved by American Care to market the plan (you are prohibited from using marketing materials, brochures, and discount cards without the approval in writing of American Care),
 - You must not mislead persons into believing the plan is health insurance.
 - You may **NOT** use any language prohibited by Florida Statutes. You may not use the terms **“insurance”, “health plan”, “coverage”, “copay”, “copayments”, “preexisting conditions”, “guaranteed issue”, “premium”, “PPO”, “preferred provider organization,”** or other terms in a manner that could reasonably mislead a person into believing the discount medical plan was health insurance).
 - If you bundle the Premier Plan with any other product you must provide the fee in writing and it cannot exceed \$30
 - You may NOT conduct outbound telemarketing without an approved OIR script; you may accept calls from prospects who have questions.
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Premier Plans Fees

- Always refer the member to the Premier Plans brochure and benefit summary that was approved by the Office of Insurance Regulation (OIR)
- At a high level, fees are structured as follows:
 - Office Visits: \$15
 - Lab (blood work): \$10/test (waived once member is in plan 90 days)
 - Transportation: \$7 (roundtrip up to 25 miles from center)
 - Physical Therapy: \$15
 - Medicine: \$5 (per medication on formulary) Medications not on formulary will be billed to member at cost plus \$5 handling charge.
- For other costs please refer to the Premier Plans Brochure or web site: www.premierplans.org/cost.html

Special Promotions

Premier Plan

- Once Quest acct set up, there is only one-time \$10 fee for lab work (not per exam)
 - After 90 days the lab work fee is waived.
 - After 90 days, the Physical Exam fee is also waived.
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Coverage for Employees & Independent Plan Reps

- Every full-time American Care employee is eligible to be part of the Premier Plans
 - All active Independent Plan Reps are eligible to be part of the Premier Plans
 - The employee's/rep's immediate family (children and spouse) are also eligible
 - Employees & IPRs are responsible for filling out plan application
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Fees for Employees & Independent Plan Reps

Primary Care Physicians

Primary Care, Office Visits: \$5

Pharmacy Services

Prescriptions: \$3 per medication (Refer to formulary for available medications)

Transportation

To the medical center: \$7

Physical Therapy

Each Treatment: \$2

Laboratory

Lab Test: \$5

Minor Surgery

Office based minor surgical procedures: \$30

Pulmonary

Spirometry: \$5

Aerosol treatments: \$3

Radiology

X-Rays: \$7

CT Scans: \$300

MRIs: \$500

Diagnostic Ultrasounds

Aorta, Kidneys, or Pancreas: \$10

Breast: \$10

Scrotum: \$10

Thyroid: \$10

Cardiovascular

Electrocardiogram: \$3

Extremities vascular Imaging: \$20

Carotid Arterial Imaging/Doppler: \$20

Echocardiogram: \$30

24-Hour Holter Monitoring: \$20

Other Services

Call our centers to find out what other services can be provided as part of this benefit plan.

Extended Family Plan Basics

- To qualify for Premier Extended Plan, a family member must be enrolled in one of the Medicare plans (Wellcare, Summit, Careplus, Citrus)
- Monthly cost is \$15 per individual
- New member may see a Physician the same day they are enrolled; they must pay the monthly fee of \$15

Extended Family Plan Fees

Primary Care Physicians

Primary Care, Office Visits: \$5

Pharmacy Services

Prescriptions: \$3 per medication (Refer to formulary for available medications)

Your cost for medications not on the formulary is based on the Average Wholesale Price (that is the average price a drug store would purchase a medication) plus a \$5 processing fee, when arranged through our medical center.

Transportation

To the medical center: \$7

Physical Therapy

Each Treatment: \$15

Laboratory

Coagulation Studies (PT, PTT, INR): \$15

Complete Blood Count: \$15

Comprehensive Metabolic Panel: \$15

Culture, Routine: \$15

Hepatitis B Antibody: \$15

HIV Screen: \$15

Iron Studies: \$15

Lipid (Cholesterol) Panel: \$15

Liver Function Panel: \$15

Pap Smear: \$15

Pregnancy Test: \$15

Prostate Specific Antigen: \$15

Rheumatoid Screen (RF, ANA, ESR): \$15

Syphilis screen (RPR): \$15

Thyroid Studies: \$15

Urinalysis: \$10

(Other tests are available)

Minor Surgery

Office based minor surgical procedures: \$140

Pulmonary

Spirometry: \$40

Aerosol treatments: \$18

Radiology

X-Rays: \$7

Diagnostic Ultrasounds

Aorta, Kidneys, or Pancreas: \$95

Breast: \$75

Scrotum: \$95

Thyroid: \$90

Cardiovascular

Electrocardiogram: \$25

Extremities vascular Imaging: \$130

Carotid Arterial Imaging/Doppler: \$210

Echocardiogram: \$210

Other Services

Call our centers to find out what other services can be provided as part of this benefit plan.

Health Flex Plan Basics

- Health Flex is a type of plan created by the FL Legislature for persons earning up to 300% of the Federal Poverty Level
- The services are available at American Care Medical Centers
- We will coordinate care with specialists and hospitals, but those charges are not covered benefits. We are negotiating reduced rates. We will also help members apply for other State aid with hospitalization.
- There is no application fee; the application does need to be notarized
- The Monthly Cost is \$50 per individual
- There are \$0 in fees with covered services
- Coverage is effective the 1st of the following month.
- Members can see a Physician the same day they are enrolled as a courtesy visit and be prescribed medications.
- Blood work must be done 30 days from effective date to allow account to be set up at Quest. If lab work is done before effective date the member will be responsible to pay regular price to Quest Diagnostics. After 90 days in the plan labs are free.

Health Flex Income Restrictions

- Health Flex applications must be notarized because the State of FL must have the individual's permission to check their tax returns to verify income. Applicants must sign the IRS form to be filed. Many staff members in American Care Medical Centers are notaries.
 - Verification is not done per application; rather, the state conducts random audits.
 - The 2008 income restrictions are:
 - # of Persons in Family 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
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Health Flex Eligibility Criteria

- Person must be 64 years of age or younger.
 - Persons cannot be covered by a private insurance policy or 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 (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
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Processing Applications

Enrolling

- Applications submitted before the 25th of the month are effective the 1st of the following month.
- Members will receive a member card in the mail upon enrollment.
- Printed applications, brochures and other plan materials are available at the medical centers and can also be mailed to you.
- You must send completed applications to the Finance Dept. for the member to be effective. ATTN: Belkis Moreno, email: belkismoreno@americancare.net, Fax: 786-235-0145
- All GROUP enrollments must be coordinated through the IPR Coordinator, Carmen Wiedenhoeft. Automatic Payroll deductions can be established with an employer.
- Independent Plan Reps will have access to a contact management system in which to track leads and record enrollments.

Payment Options

- When enrolling members, always ask if they would like to have automatic payments.
- Bank Draft (direct deduction from bank account)
- Must fill out the authorization form
- Must provide correct information
- Credit Card
- Member must provide correct information
- Cash (only accepted in medical office)
- Check by Mail

*** MEMBERSHIP ACCOUNTING DEPARTMENT WILL NOT ACCEPT LATE MONTHLY PAYMENTS
(Payment must be received from the 1st - 25th of every month)**

Termination Of Plan

Extended Family Plan coverage will be terminated when family member is disenrolled with Medicare health plans (WellCare, Summit, Careplus, Citrus)

Premier Plans for Employees/IPRs is terminated the same day employee/IPR is terminated, resigns or becomes inactive
Premier Plans and Health Flex Plan membership will be terminated when member fails to pay monthly fee

***Note: If member is disenrolled in either Premier Plans for Employee/IPR or Extended Family Plan, the member can enroll in the Premier Plans**

Agreements & Commissions

- Commissions will be paid according to your Marketing Agreement
 - Every person who markets the plans MUST have an Agreement on file per the Florida Statutes. Agreements are not effective until you are notified by American Care.
 - Agreements should be faxed to Carmen Wiedenhoft at 813-200-1220 or 720-746-2876. Scanned copies can be emailed to carmen@premierga.com. If you have questions call Carmen at 954-614-4054.
 - Commissions are paid at the end of the month when the person is effective for IPRs. So if someone is effective October 1st the commission is paid October 30th. Commissions are paid in 90 days for employees & Access Associates.
 - A member must be in the plan for 90 days (pay 3 premiums) or you will receive a chargeback on the commission.
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Resources

Web Sites

- Independent Plan Reps: www.premierplans.org/ipr
- American Care: www.americancare.com
- Premier Plan: www.premierplans.org
- Health Flex: www.healthflex.org

Marketing Materials

- You may print the materials off the web site if needed or refer members to the sites.
- Questions? Email carmen@premierga.com or call me at 954-614-4054