

About the Company

Medica Health Plans of Florida, Inc. understands the South Florida community's healthcare needs. We are committed to offering top quality comprehensive health care coverage with an accomplished and attentive physician and hospital network.

On May 2008, the prestigious Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) awarded Medica Health Plans of Florida, Inc. with a full 3-year term accreditation. This award reflects the dedication, commitment to excellence, and effort our knowledgeable team of employees provides our members daily. In addition, on December 2008, the State of Florida awarded Medica Health Plans of Florida, Inc. the honor of being one of six health plan carriers in the state authorized to sell the Cover Florida plans. As a local company, our goal is to provide a series of affordable, comprehensive health plans designed to enhance the quality of life to individuals as well as small businesses.

Our Provider Network:

Our network is comprised of over 3,500 physicians in private practice, facilities and hospital systems in Miami-Dade and Broward Counties.

To view our network go to our company website www.mhpfl.com and click on provider search link.

Product Portfolio:



- Basic 15
- Complete 25

INDIVIDUAL AND SMALL GROUP PLANS

- Gate Keeper (Referral by PCP)
- Open Access (Direct Access)
- Health Savings Accounts (H.S.A.)
Offered through - BankAtlantic

For more info contact:



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What is Cover Florida?

Cover Florida is a program designed to provide inexpensive affordable health coverage to Florida's uninsured population. This program is regulated by the State of Florida and Medica Health Plans of Florida, Inc. was one of six carriers that were selected.

Who Can Apply for Coverage?

- Legal residents of Miami-Dade and Broward Counties
- Ages 19 – 64
- No health insurance policy coverage for six months or more

What is Covered?

Medica Health Plans of Florida, Inc.'s Cover Florida plans have two plan designs.

- The Basic Plan 15
- The Complete Plan 25

Refer to the Summaries of Benefits for details.

COVER FLORIDA SUMMARIES OF BENEFITS

	COVER FLORIDA SUMMARY OF BENEFITS GATE KEEPER COMPLETE PLAN 25	COVER FLORIDA SUMMARY OF BENEFITS GATE KEEPER BASIC PLAN 15
Preventive Services		
Annual Adult Physical Exam - one physical exam per year	\$ 25 (PCP) per annual visit	\$15 (PCP) per annual visit
Adult Immunizations	\$ 25 (PCP) per visit	Not covered
Colorectal Screenings (within established guidelines included in office visit)	No copay	No copay
Prostate Screening (within established guidelines included in office visit)	No copay	No copay
Well-Woman Exam including pap smears - one exam per year	\$25 (PCP) / \$50 (SP) per annual visit	\$15/\$30 per annual visit
Cervical Cancer Screening (within established guidelines included in office visit)	No copay	No copay
Mammography Screenings (within established guidelines)	No copay	No copay
Professional Services		
Primary Care Physician	\$25	\$15
Specialist Care	\$50	\$30
Procedures, diagnostic tests, minor surgeries in physician offices (within established guidelines included in office visit)	No copay	No copay
Labs at Contracted Lab Facility-ordered by In Network Physician	No copay	No copay
Podiatrist,Chiropractic, Dermatologist (up to 5 visits per CY) - no referral required	\$50	\$30
Behavioral Health Services - Counseling services in office visit (up to \$1200 CY)	\$50	\$30
Outpatient Services		
Free Standing Facility		not covered on Basic Plan 15
Diagnostic Services	\$100	not covered on Basic Plan 15
Rehabilitative Services - physical, speech, occupational, cardiac and respiratory therapy (up to 20 visits CY)	\$50	not covered on Basic Plan 15
Surgical Care	\$100 per surgical procedure	not covered on Basic Plan 15
Out Patient Hospital Facility		not covered on Basic Plan 15
Diagnostic Services	\$200	not covered on Basic Plan 15
Services - physical, speech, occupational, cardiac and respiratory therapy (up to 20 visits CY)	\$100	not covered on Basic Plan 15
Surgical Care	\$200 per surgical procedure	not covered on Basic Plan 15
Other Outpatient Services		
Durable Medical Equipment, Prosthetic and Orthotic Devices (up to \$500 CY)	\$300	No copay
Emergency Services		
Urgent Care	\$50	not covered on Basic Plan 15
Emergency Care (waived if admitted)	\$200	not covered on Basic Plan 15
Inpatient Care		not covered on Basic Plan 15
Hospital - per admission	\$200 per day (days 1- 5)	not covered on Basic Plan 15
Surgical Care	No copay	not covered on Basic Plan 15
Physician Services	No copay	not covered on Basic Plan 15
Prescription Drugs		
Generic Drugs (up to \$500 CY)	\$10	\$10
Formulary name brand, injectible and non formulary name brand (excluding diabetic supplies)	Plan Discounts	Plan Discounts
Diabetic Supplies (up to \$1,500 CY)	20%	20%
Calendar Year Benefit Maximums		
Durable Medical Equipment, Prosthetic and Orthotic Devices	\$500	\$500
Behavioral Health Services	\$1,200	\$1,200
Generic Drugs	\$500	\$500
Diabetic Supplies	\$1,500	\$1,500
Calendar Year Maximum Benefit	\$50,000	\$25,000
Maximum Lifetime	\$200,000	\$100,000
CY=Calendar Year		

MIAMI-DADE AND BROWARD COUNTIES PRICE RANGE TABLES:

BASIC 15		
AGE	Male	Female
19-29	\$45-55	\$64-76
30-39	\$57-68	\$78-90
40-49	\$69-95	\$93-111
50-59	\$99-161	\$113-143
60-64	\$170-200	\$145-169

COMPLETE 25		
AGE	Male	Female
19-29	\$69-84	\$97-116
30-39	\$87-104	\$119-137
40-49	\$106-144	\$141-170
50-59	\$151-245	\$172-217
60-64	\$259-305	\$221-258