



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.



UnitedHealthcare **Cover Florida** Standard Plan Rate Sheet for Florida

Plan: Standard Plan

Rate effective dates: Q1 2009

Segment: 1 Life Groups for both Full Time and Part Time employees

Benefit Description

Services	Standard Plan	
Global Costsharing Features	Deductible Max OOP Lifetime Max INN Benefits Only	<ul style="list-style-type: none"> ▪ None ▪ Unlimited ▪ \$500,000 ▪ INN benefits only
Hospitalization	Inpatient Facility Inpatient Physician	<ul style="list-style-type: none"> ▪ Not Covered ▪ Not Covered
Doctor Visits	Preventive Care Non-Prev Office Visits	<ul style="list-style-type: none"> ▪ Covered - No copay ▪ \$10 copay 100% INN; Office Surgery covered (including Anesthesia) ▪ \$450 Annual Max
Outpatient	Preventive Care Non-Preventive Care Outpatient Surgery	<ul style="list-style-type: none"> ▪ 100% INN up to \$600/yr; Physician and Facility Charges covered ▪ Not Covered ▪ Not Covered
Emergency Services	Urgent Care Ambulance Emergency Services	<ul style="list-style-type: none"> ▪ Not Covered ▪ Not Covered ▪ Not Covered
Mental Health	Mental Health Visits Outpatient Only Substance Abuse	<ul style="list-style-type: none"> ▪ Covered - \$40 copay per visit ▪ 5 visits/yr ▪ Dx and Tx Not Covered
X-Ray & Diagnostic	Major/Minor	<ul style="list-style-type: none"> ▪ Not Covered
DME & Prosthetics		<ul style="list-style-type: none"> ▪ 80% INN up to \$500/yr max, separate for DME & Prosthetics ▪ Includes insulin pump
Diabetic supplies		<ul style="list-style-type: none"> ▪ INN only ▪ \$25 copay ▪ \$100 Annual max
Health Allies Discount Card		<ul style="list-style-type: none"> ▪ Dental, Vision and Wellness Program Discounts
Pharmacy		<ul style="list-style-type: none"> ▪ \$10 Generic Only ▪ \$45 Copay for Brand Diabetes ▪ \$500 Individual Annual Maximum

Proposal Rates 1 Life

Age bracket	Rate
Male	
< 25	\$75.90
25 - 29	\$75.90
30 - 34	\$79.89
35 - 39	\$96.85
40 - 44	\$105.61
45 - 49	\$118.48
50 - 54	\$139.01
55 - 59	\$177.82
60 - 64	\$177.82
65+	\$177.82
Female	
< 25	\$124.94
25 - 29	\$124.94
30 - 34	\$131.51
35 - 39	\$133.71
40 - 44	\$132.32
45 - 49	\$135.29
50 - 54	\$146.34
55 - 59	\$178.54
60 - 64	\$178.54
65+	\$178.54
Child	\$82.51

Final rates will be determined upon installation.

Rates valid for [January 1, 2009 through March 31, 2009] effective dates.

Rates are guaranteed for twelve months from effective date.

Who can be offered Cover Florida Standard Plan?

Generally, to be eligible for the Cover Florida program, an applicant must be uninsured at the time of application and be between the ages of 19 and 64. Cover Florida plan coverage is a guaranteed issue product. In addition, under section 408.9091(7), Florida Statutes, applicants:

- Must not be covered by a private insurance policy and must not be eligible for coverage through a public health insurance program, such as Medicare, Medicaid, or Kidcare, unless eligibility for coverage lapses due to no longer meeting income or categorical requirements.
- Must not have been covered by any health insurance program at any time during the past 6 months, unless coverage under a health insurance program was terminated within the previous 6 months due to:
 1. Loss of a job that provided an employer-sponsored health benefit plan;
 2. Exhaustion of coverage that was continued under COBRA or continuation-of-coverage requirements under s. 627.6692, Florida Statutes;
 3. Reaching the limiting age under the policy; or
 4. Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan.
- Must have applied for health care coverage through a Cover Florida plan and have agreed to make any payments required for participation, including periodic payments due at the time health care services are provided.

Individual and family policies will qualify and may be offered through a qualified employer. Plans offered through a qualified employer shall meet the requirements of s. 125 of the internal Revenue Code. All plans must be portable such that the enrollee remains covered regardless of employment status or the cost-sharing of premiums.

Group characteristics		Number of children	Individual monthly rate components			Total monthly premium
Employee	Spouse		Employee	Spouse	Children	
Male 30 - 34	Female 30 - 34	2	\$79.89	\$131.51	\$165.03	\$376.43
Male 35 - 39			\$96.85			\$96.85
Female 40 - 44		1	\$132.32		\$82.51	\$214.83
Group monthly premium						\$688.11

Final rates will be determined upon installation.

- * Dependents are eligible based on subscriber enrollment.
- * Part-time employees must be working at least 10 hours per week to be eligible.
- * 1099 employees are eligible.

Insured by United HealthCare Insurance Company



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UnitedHealthcare Cover Florida Standard Plan Plus Rate Sheet for Florida

Plan: Standard Plan Plus

Rate effective dates: Q1 2009

Segment: 1 Life Groups for both Full Time and Part Time employees

Benefit Description

Services		Standard Plan
Global Costsharing Features	Deductible	<ul style="list-style-type: none"> • \$500 Individual deductible per cal year – Hosp/ER only
	Max OOP	<ul style="list-style-type: none"> • Unlimited
	Lifetime Max INN Benefits Only	<ul style="list-style-type: none"> • \$500,000 • INN benefits only, except ER, Amb services and IP hospital benefits
Hospitalization	Inpatient Facility	<ul style="list-style-type: none"> • \$2000/day INN or \$1000/day OON • 10 days/yr comb annual max, subj to ded
	Inpatient Physician	<ul style="list-style-type: none"> • 80% INN up to \$1000/yr subj to annual ded
Doctor Visits	Preventive Care	<ul style="list-style-type: none"> • Covered - No copay
	Non-Prev Office Visits	<ul style="list-style-type: none"> • \$20 copay INN/100%; Office Surgery covered (including Anesthesia) • \$1000 Annual Max
Outpatient	Preventive Care	<ul style="list-style-type: none"> • 100% INN up to \$600/yr; Physician and Facility Charges covered
	Non-Preventive Care	<ul style="list-style-type: none"> • 80% INN up to \$400/yr; Physician and Facility Charges covered
	Outpatient Surgery	<ul style="list-style-type: none"> • 80% INN up to \$1500/yr; Physician and Facility Charges covered
Emergency Services	Urgent Care	<ul style="list-style-type: none"> • 80% INN only up to \$250/yr max (any diagnosis)
	Ambulance Emergency Services	<ul style="list-style-type: none"> • \$100 copay up to \$500/yr • 80% INN or OON up to \$1500/yr combined max, subj to ann ded. Services tdur to Accident, Trauma, Heart Attack or Stroke.
Mental Health	Mental Health Visits	<ul style="list-style-type: none"> • Covered - \$40 copay per visit
	Hospital Inpatient Substance Abuse	<ul style="list-style-type: none"> • \$500 Copay per day; 5 visits/yr, 5 days/yr • Dx and Tx Not Covered
X-Ray & Diagnostic	Major/Minor	<ul style="list-style-type: none"> • 80% INN up to \$500/yr max
DME & Prosthetics		<ul style="list-style-type: none"> • 80% INN up to \$500/yr max, separate for DME & Prosthetics • Includes insulin pump
Diabetic supplies		<ul style="list-style-type: none"> • INN only • \$25 copay • \$100 Annual max
Health Allies Discount Card		<ul style="list-style-type: none"> • Dental, Vision and Wellness Program Discounts
Pharmacy		<ul style="list-style-type: none"> • \$10 Generic Only • \$45 Copay for Brand Diabetes • \$500 Individual Annual Maximum

Proposal Rates 1 Life

Age bracket	Rate
Male	
< 25	\$198.01
25 - 29	\$198.01
30 - 34	\$208.44
35 - 39	\$252.68
40 - 44	\$275.54
45 - 49	\$309.11
50 - 54	\$362.67
55 - 59	\$463.92
60 - 64	\$463.92
65+	\$463.92
Female	
< 25	\$325.96
25 - 29	\$325.96
30 - 34	\$343.12
35 - 39	\$348.84
40 - 44	\$345.23
45 - 49	\$352.98
50 - 54	\$381.79
55 - 59	\$465.81
60 - 64	\$465.81
65+	\$465.81
Child	\$215.27

Final rates will be determined upon installation.

Rates valid for [January 1, 2009 through March 31, 2009] effective dates.

Rates are guaranteed for twelve months from effective date.

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Generally, to be eligible for the Cover Florida program, an applicant must be uninsured at the time of application and be between the ages of 19 and 64. Cover Florida plan coverage is a guaranteed issue product. In addition, under section 408.9091(7), Florida Statutes, applicants:

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- Must not have been covered by any health insurance program at any time during the past 6 months, unless coverage under a health insurance program was terminated within the previous 6 months due to:
 1. Loss of a job that provided an employer-sponsored health benefit plan;
 2. Exhaustion of coverage that was continued under COBRA or continuation-of-coverage requirements under s. 627.6692, Florida Statutes;
 3. Reaching the limiting age under the policy; or
 4. Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan.
- Must have applied for health care coverage through a Cover Florida plan and have agreed to make any payments required for participation, including periodic payments due at the time health care services are provided.

Individual and family policies will qualify and may be offered through a qualified employer. Plans offered through a qualified employer shall meet the requirements of s. 125 of the internal Revenue Code. All plans must be portable such that the enrollee remains covered regardless of employment status or the cost-sharing of premiums.

Group characteristics		Number of children	Individual monthly rate components			Total monthly premium
Employee	Spouse		Employee	Spouse	Children	
Male 30 - 34	Female 30 - 34	2	\$208.44	\$343.12	\$430.55	\$982.10
Male 35 - 39			\$252.68			\$252.68
Female 40 - 44		1	\$345.23		\$215.27	\$560.50
Group monthly premium						\$1,795.28

Final rates will be determined upon installation.

- * Dependents are eligible based on subscriber enrollment.
- * Part-time employees must be working at least 10 hours per week to be eligible.
- * 1099 employees are eligible.

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