



***The Cover Florida Health Care Access
Program***



Legislative Overview

“It is the intent of the Legislature to expand the availability of health care options for uninsured Florida residents by developing an affordable health care product.”

- The Legislature determined that a significant number of Florida residents are unable to obtain affordable health insurance coverage.
- The Legislature found that the existing health flex plan coverage has limited participation due in part to:
 - narrow eligibility restrictions, and
 - minimal benefit options for catastrophic and emergency care coverage.



Affordable Health Care Product

An **affordable health care product** that offers a robust set of benefits that include, preventive health care services, office visits, screening services, inpatient hospital care, urgent, and emergency care services by:

- Allowing Floridians to choose primary and preventive services instead of more costly visits to emergency rooms; and
- Enables eligible Floridians a portable health insurance option regardless of employer, because Cover Florida Plans are individual policies.



Eligibility Requirements

Are as Follows:

- Between 19 and 64 years of age*
 - Some of the plans offer coverage for dependents
 - If the individual is enrolled in a Cover Florida Plan before the age of 65 they can keep their coverage*
- Not covered by a private insurance policy
- Not eligible for coverage through a public health insurance program, such as Medicare, Medicaid or Kidcare
- Have applied for health care coverage through a Cover Florida 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



Eligibility Requirements (continued)

- Have not 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:
 - Loss of a job that provided an employer-sponsored health benefit plan
 - Exhaustion of coverage that was continued under COBRA or continuation-of-coverage requirements under F.S. 627.6692
 - Reaching the limiting age under the policy (Healthy Kids, Dependent coverage, etc.)
 - Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan



Unique Components to Cover Florida Plans

- All Cover Florida Plans are guaranteed-issued products subject to exclusions for pre-existing conditions.
 - When the 12 month exclusion period is over, pre-existing conditions are covered for the life of the policy.
- All Cover Florida Plans are portable, meaning that the enrollee remains covered regardless of employment status or the cost-sharing of the premiums.
- Each Cover Florida Plan offers incentives for routine preventive care, such as:
 - Preventive services are covered at 100% with the copayment waived.
 - No copayments required for cervical cancer, colorectal and prostate screenings and mammograms.



Preventive Coverage

A Cover Florida Plan's preventive benefit package, at a minimum includes, but is not limited to:

- Preventive health services;
 - Immunizations
 - Annual health assessments
 - Well-woman services
 - Well-care services
- Preventive screenings;
 - Mammograms
 - Cervical cancer screenings
 - Noninvasive colorectal or prostate screenings



Preventive Coverage (continued)

- Office visits for the diagnosis and treatment of illness or injury;
- Office surgery, including anesthesia;
- Behavioral health services;
- Durable medical equipment and prosthetics;
- Diabetic supplies; and
- All packages offer prescription drug benefit coverage, use of a prescription drug manager, or offer a discount drug card.



Catastrophic Coverage

A Cover Florida Plan's catastrophic benefit package must include those services in the preventive coverage plus, but not limited to:

- Inpatient hospital stays;
- Hospital emergency care services;
- Urgent care services; and
- Outpatient facility services.
 - Outpatient surgery
 - Outpatient diagnostic services



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