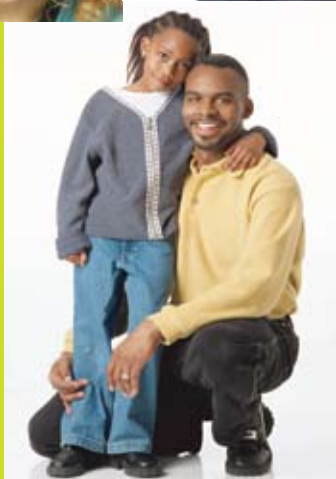


Welcome to Broward County **Florida Medicaid**



ACT NOW!

***You must enroll in
a health plan.***

***To find out how to pick a plan read this
brochure or call a Choice Counselor today!***

Need Help?

Medicaid has specially trained people standing by to answer your questions and help you enroll in a health plan that best fits your needs. They are called Choice Counselors and they will help you for free.

How do I get help?

1) Call a Choice Counselor toll-free
1-866-454-3959; TDD 1-866-467-4970,

or

2) Visit a Choice Counselor in your community. Call the Choice Counselor and they will set-up a time for you to meet face-to-face with a Choice Counselor in your home or at a location that is best for you.

You only have a short time to act.

Broward County Children and Families

Rev 01/10

Steps to help you pick your plan:

- 1) Look at the Broward County health plans in this brochure (pages 4 – 7) to see what benefits each plan offers. You can also visit www.flmedicaidreform.com for extra information.
- 2) Look at the extra services offered by each plan. Look at any plan limits or copays each plan has for the services you need.
- 3) Call or visit a Choice Counselor for help.
- 4) Decide which health plan best serves the health care needs of you and your family.
 - If you have a doctor, call the Choice Counselor to see what health plans your doctor works with. If you don't have a doctor, the Choice Counselor can help you find one.
 - If you work you may also be able to enroll in the health plan offered at your work. The Choice Counselor will help you know if this is best for you.
- 5) **Enroll – Remember, you must enroll in a health plan or the State will pick one for you. ACT NOW. Time is running out!**

Call a Choice Counselor today if:

- You receive both Medicare and Medicaid
- You are Pregnant

Beneficiaries with disabilities can receive additional services from the Choice Counselor upon request at no charge. These services include, but are not limited to, real-time captioning, sign language interpreters, Braille, large print, CD-ROMs, and audiotapes. To receive these services, call 1-866-454-3959; TDD 1-866-467-4970; email checkitout@acs-inc.com; fax 1-850-219-4050; or mail Florida Medicaid, P.O. Box 5197, Tallahassee, Florida 32314-5197.

Anyone needing the services listed above or special accommodations under the American with Disabilities Act of 1990 needs to call the Helpline at least seven days prior to meeting with a Choice Counselor in person or in their home.



It's Easy to get help:

Call-In

Call Choice Counseling at 1-866-454-3959
Monday – Thursday 8:00 a.m. to 8:00 p.m.
Friday 8:00 a.m. to 7:00 p.m.
TDD users ONLY call 1-866-467-4970



A Choice Counselor is ready to help you today.

Before you call, please have your Florida Medicaid ID or Gold Card Number, Social Security number, and birth date for each person you are enrolling.

OR

In-Person

Group counseling meetings or one-on-one counseling in your area – see information in the cover letter or call Choice Counseling at 1-866-454-3959 to schedule a time to meet with a Choice Counselor. If you are disabled or are not physically able to travel, a Choice Counselor will come to you.



A Choice Counselor will meet you when and where you choose.

OR

Mail

If you know which health plan you want, fill out the enrollment form in this packet and mail it to a Choice Counselor in the envelope provided. If you lost your envelope you can mail the form to Florida Medicaid, P.O. Box 5197, Tallahassee, FL 32314-5197.



If you know the plan you want, mail-in your form today.

The copays and limits listed below DO NOT apply to children and pregnant women. All medically necessary services are covered for children and pregnant women.

HEALTH PLANS	Total Health Choice		Sunshine State Health Plan			
CONTACT INFORMATION	800-213-1133 www.totalhealthchoiceonline.com		866-796-0530 www.sunshinestatehealth.com			
BENEFITS	You Pay	Plan Limits	You Pay	Plan Limits		
Ambulance	\$0	See Below [^]	\$0	See Below [^]		
Ambulatory Surgery		24 visits / yr		24 visits / yr		
Chemotherapy Services		1 visit / day		1 visit / day		
Chiropractor		dentures / emergency		dentures / emergency		
Clinic (FQHC, RHC)		See Below [^]		See Below [^]		
Dental Services		1 device / 1 evaluation per 3 yrs		1 device / 1 evaluation per 3 yrs		
Dialysis Services		60 visits/ lifetime [◆]		60 visits/ lifetime [◆]		
Durable Medical Equipment ■		45 days combined [^]		45 days combined [^]		
Emergency Room		See Below [^]		See Below [^]		
Hearing Services		☀SAME		☀SAME		
Home Health Services		\$1,500 / yr combined		\$1,500 / yr		
Hospital Inpatient		10 scripts / mo		10 scripts / mo		
Hospital Outpatient Surgery		24 visits / yr		24 visits / yr		
Lab / X-ray		1 visit / day		1 visit / day		
Maternity / Family Planning Services		See Below [^]		See Below [^]		
Mental Health Services		2 pairs of glasses [^]		2 pairs of glasses [^]		
Outpatient HOSPITAL Services (Non-emergency)		EXTRA SERVICES Contact the plan for more details		Over the Counter Pharmacy – \$25 per household per month Adult Dental – 2 cleanings per year Circumcision – Boys up to 3 months from birth Adult Nutrition Therapy – 15 visits per year		
Outpatient THERAPY (physical / respiratory)						Over the Counter Pharmacy – \$25 per household per month Adult Dental – 2 preventative services & 1 routine X-ray per year Adult Vision – 1 visit per day & 2 eyeglasses per year
Pharmacy▲						
Podiatrist						
Primary Care Physician / ARNP / PA						
Specialty Physician						
Transplant Services						
Transportation Non-emergency						
Vision Services						

[^] THIS BENEFIT IS COVERED. PRIOR AUTHORIZATIONS, LIMITS OR EXCEPTIONS MAY APPLY.

♣ COPAYS AND PLAN LIMITS DO NOT APPLY TO CHILDREN AND PREGNANT WOMEN

☀ SAME = SAME LIMITS AS WITH MEDICAID FEE FOR SERVICE PROGRAM

▲ LIMITS DO NOT APPLY TO CHEMOTHERAPY OR HIV/AIDS DRUGS

■ LIMITS DO NOT APPLY TO ORTHOTICS AND PROSTHETICS OVER \$3,000 AND MOTORIZED WHEELCHAIRS

◆ MAY GET MORE VISITS IF APPROVED BEFORE THE SERVICE IS RECEIVED

The copays and limits listed below DO NOT apply to children and pregnant women. All medically necessary services are covered for children and pregnant women.

HEALTH PLANS	Freedom Health		Humana Family		Children's Medical Services			
CONTACT INFORMATION	877-655-2424 www.freedomhealth.com		800-795-9858 www.humana.com		866-313-9597 www.cms-kids.com			
BENEFITS	You Pay	Plan Limit♣	You Pay♣	Plan Limit♣	You Pay	Plan Limit		
Ambulance	\$0	See Below [^]	\$0	See Below [^]	\$0	This plan only accepts members 20 and under.		
Ambulatory Surgery		24 visits / yr	\$1 / visit	24 visits / yr				
Chemotherapy Services		1 visit / day	\$0	1 visit / day				
Chiropractor		dentures / emergency		dentures / emergency				
Clinic (FQHC, RHC)		See Below [^]	See Below [^]					
Dental Services		1 device / 1 evaluation per 3 yrs	1 device / 1 evaluation per 3 yrs					
Dialysis Services		60 visits/ lifetime♦	\$2 / visit	60 visits / lifetime♦				
Durable Medical Equipment ■		45 days combined [^]	\$3 / admit	45 days combined [^]				
Emergency Room		See Below [^]	\$0	See Below [^]				
Hearing Services		☼SAME	\$2 / visit	☼SAME				
Home Health Services		\$1,500 / yr combined	\$0	\$1,500 / yr combined				
Hospital Inpatient		10 scripts / mo	10 scripts / mo					
Hospital Outpatient Surgery		24 visits / yr	\$2 / visit	24 visits / yr				
Lab / X-ray		1 visit / day	\$0	1 visit / day				
Maternity / Family Planning Services		See Below [^]	\$1 / trip	See Below [^]				
Mental Health Services		2 pairs of glasses [^]	\$0	2 pair of glasses [^]				
Outpatient HOSPITAL Services (Non-emergency)		Over the Counter Pharmacy – \$25 per household per month					This plan is limited to children with serious medical, developmental, behavioral or emotional conditions. Their siblings may also enroll.	
Outpatient THERAPY (physical / respiratory)		Adult Dental – Exams / Cleanings / Simple Fillings / X-rays						
Pharmacy ▲		Contact the plan for more details						
Podiatrist								
Primary Care Physician / ARNP / PA								
Specialty Physician								
Transplant Services								
Transportation Non-emergency								
Vision Services								

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HEALTH PLANS	Molina Healthcare of Florida, Inc.		Better Health, LLC	
CONTACT INFORMATION	866-472-4585 www.molinahealthcare.com		800-514-4561 www.betterhealthflorida.com	
BENEFITS	You Pay	Plan Limit♣	You Pay♣	Plan Limit♣
Ambulance	\$0	See Below [^]	\$0	See Below [^]
Ambulatory Surgery		24 visits / yr	\$1 / visit	24 visits / yr
Chemotherapy Services		1 visit / day	\$3 / visit	1 visit / day
Chiropractor		dentures / emergency	5% co-insurance	dentures / emergency
Clinic (FQHC, RHC)		See below [^]	\$0	See Below [^]
Dental Services		1 device / 1 evaluation per 3 yrs		1 device / 1 evaluation per 3 yrs
Dialysis Services		60 visits / lifetime♦	\$2 / visit	60 visits / lifetime♦
Durable Medical Equipment ■		45 days combined [^]	\$3 / admit	45 days combined [^]
Emergency Room		See Below [^]	\$3 / visit	See Below [^]
Hearing Services		☀SAME	\$1 / day	See Below [^]
Home Health Services		☀SAME	\$0	☀SAME
Hospital Inpatient		\$1,500 / yr combined	\$3 / visit	\$1,500 / yr combined
Hospital Outpatient Surgery		10 scripts / mo	\$0	10 scripts / mo
Lab / X-ray		24 visits / yr		24 visits / yr
Maternity / Family Planning Services		1 visit / day	\$2 / visit	1 visit / day
Mental Health Services		See Below [^]	\$0	See Below [^]
Outpatient HOSPITAL Services (Non-emergency)		\$1 / trip	\$0	See Below [^]
Outpatient THERAPY (physical / respiratory)		2 pairs of glasses [^]		2 pairs of glasses [^]
Pharmacy ▲				
Podiatrist				
Primary Care Physician / ARNP / PA				
Specialty Physician				
Transplant Services				
Transportation Non-emergency				
Vision Services				
EXTRA SERVICES Contact the plan for more details	Adult Dental – Annual exams / X-rays / Fluoride treatments (every 6 months) Over the Counter Pharmacy – \$25 per household per month Adult Vision – Unlimited exams and eyeglasses, if medically necessary			

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**The copays and limits listed below DO NOT apply to children and pregnant women.
All medically necessary services are covered for children and pregnant women.**

HEALTH PLANS	Universal Health Care		South Florida Community Care Network		Medica Health Plans of Florida, Inc.	
CONTACT INFORMATION	866-690-4842 www.univhc.com		866-899-4828 www.sfccn.org		888-871-9624 www.mhpfl.com	
BENEFITS	You Pay	Plan Limit♣	You Pay♣	Plan Limit♣	You Pay	Plan Limit♣
Ambulance	\$0	See Below^	\$0	See Below^	\$0	See Below^
Ambulatory Surgery		See Below^	\$0	See Below^		See Below^
Chemotherapy Services		24 visits / yr	\$1 / visit	24 visits / yr		24 visits / yr
Chiropractor		1 visit / day	\$3 / visit	1 visit / day		1 visit / day
Clinic (FQHC, RHC)		dentures / emergency	5% co-insurance	dentures / emergency		dentures / emergency
Dental Services		See Below^	\$0	See Below^		See Below^
Dialysis Services		See Below^		See Below^		See Below^
Durable Medical Equipment ■		1 device / 1 evaluation per 3 yrs	\$0	1 device / 1 evaluation per 3 yrs		1 device / 1 evaluation per 3 yrs
Emergency Room		60 visits / lifetime♦	\$2 / visit	60 visits/ lifetime♦		60 visits/ lifetime♦
Hearing Services		45 days combined^	\$3 / admit	45 days combined^		45 days combined^
Home Health Services		See Below^	\$3 / visit	See Below^		See Below^
Hospital Inpatient		See Below^	\$1 / day	See Below^		See Below^
Hospital Outpatient Surgery		See Below^	\$0	See Below^		See Below^
Lab / X-ray		☀SAME	\$2 / visit	☀SAME		☀SAME
Maternity / Family Planning Services		\$1,500 / yr combined	\$3 / visit	\$1,500 / yr combined		\$1,000 / yr
Mental Health Services		10 scripts / mo	\$0	10 scripts / mo		\$500 / yr
Outpatient HOSPITAL Services (Non-emergency)		24 visits / yr	\$2 / visit	24 visits / yr		24 visits / yr
Outpatient THERAPY (physical / respiratory)		1 visit / day	\$2 / visit	1 visit / day		1 visit / day
Pharmacy▲		See Below^	\$0	See Below^		See Below^
Podiatrist		2 pairs of glasses^	\$2 / visit	2 pairs of glasses^		2 pairs of glasses^
Primary Care Physician / ARNP / PA	Over the Counter Pharmacy – \$25 per household per month		Adult Dental – 1 cleaning per year Maternity – Home delivered meals for families of newborns; 2 meals delivered for up to 4 people.		Over the Counter Pharmacy – \$25 per household per month	
Specialty Physician	EXTRA SERVICES					
Transplant Services						
Transportation Non-emergency	Contact the plan for more details					
Vision Services						

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BROWARD COUNTY HOSPITALS

Each plan works with more hospitals, including children’s hospitals, psychiatric hospitals and more. If your hospital is not listed, call a Choice Counselor to find out what plans your hospital works with.

HEALTH PLANS HOSPITALS	Total Health Choice	Sunshine State Health Plan	Freedom Health	Humana Family	Children’s Medical Services	Molina Healthcare of Florida, Inc.	Better Health, LLC	Universal Health Care	South Florida Community Care Network	Medica Health Plans of Florida, Inc.
Broward General Medical Center	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Clinic Hospital								✓		
Coral Springs Medical Center	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Florida Medical Center	✓	✓	✓	✓				✓		✓
Hollywood Medical Center	✓									
Holy Cross Hospital				✓						
Imperial Point Medical Center	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Memorial Healthcare System - includes the following hospitals: Memorial Hospital Miramar, Memorial Hospital Pembroke, Memorial Hospital West, Memorial Regional Hospital, Memorial Regional Hospital South	✓			✓	✓	✓	✓		✓	
Northwest Medical Center	✓	✓	✓	✓		✓		✓		✓
North Broward Medical Center	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Ridge Medical Center								✓		
North Shore Medical Center FMC Campus						✓				
Plantation General Hospital	✓	✓	✓	✓		✓		✓		✓
University Hospital	✓	✓	✓	✓		✓		✓		✓
Westside Regional Medical Center	✓	✓	✓			✓		✓		✓

This list could change. Contact a Choice Counselor for more information.

