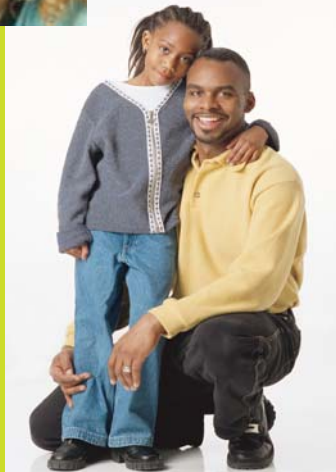


Veá al dorso para la versión en Español

# 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 04/09

# Steps to help you pick your plan:

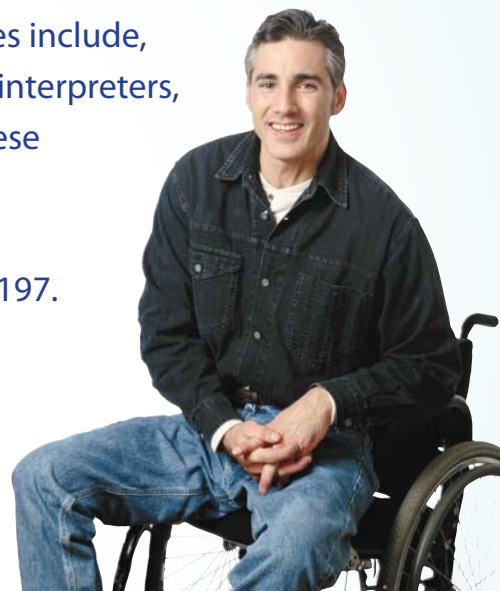
- 1) Look at the Broward County health plans in this brochure (pages 4 – 7) to see what benefits each plan offers. You can also visit [www.flmedicaidreform.com](http://www.flmedicaidreform.com) for extra information.
- 2) Look at the extra services offered by each plan. Look at any plan limits or copays 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 on 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](mailto: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.

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HEALTH PLANS	Universal Health Care		Preferred Medical Plan, Inc.		South Florida Community Care Network						
CONTACT INFORMATION	866-690-4842 www.univhc.com		800-767-5551 www.pmphmo.com		866-899-4828 www.sfccn.org						
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											
Chemotherapy Services											
Chiropractor							24 visits / yr	24 visits / yr	\$1 / visit	24 visits / yr	
Clinic (FQHC, RHC)							1 visit / day	1 visit / day	\$3 / visit	1 visit / day	
Dental Services							\$300 / yr	dentures / emergency	5% co-insurance	dentures / emergency	
Dialysis Services							See Below^	See Below^	\$200 / yr	\$0	See Below^
Durable Medical Equipment ■											
Emergency Room											
Hearing Services							1 device / 1 evaluation per 3 yrs	1 device / 1 evaluation per 3 yrs	\$0	1 device / 1 evaluation per 3 yrs	
Home Health Services							60 visits / lifetime♦	60 visits / lifetime♦		\$2 / visit	60 visits / lifetime♦
Hospital Inpatient							45 days combined^	45 days combined^	\$3 / admit	45 days combined^	
Hospital Outpatient Surgery							See Below^	See Below^	\$3 / visit	See Below^	
Lab / X-ray									\$1 / day		
Maternity / Family Planning Services							☀SAME	☀SAME	\$0	☀SAME	
Mental Health Services											
Outpatient HOSPITAL Services (Non-emergency)							\$1,500 / yr	\$1,500 / yr combined	\$3 / visit	\$1,500 / yr combined	
Outpatient THERAPY (physical / respiratory)							\$1,500 / yr		\$0		
Pharmacy ▲							9 scripts / mo	14 scripts / mo	\$2 / visit	9 scripts / mo	
Podiatrist							24 visits / yr	24 visits / yr		24 visits / yr	
Primary Care Physician / ARNP / PA	1 visit / day	1 visit / day	1 visit / day								
Specialty Physician	See Below^	See Below^	\$0	See Below^							
Transplant Services											
Transportation Non-emergency	2 pairs of glasses^	2 pairs of glasses^	\$2 / visit	2 pairs of glasses^							
Vision Services											
<b>EXTRA SERVICES</b>  Contact the plan for more details	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.						

^ 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.  
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HEALTH PLANS	Total Health Choice		AMERIGROUP Community Care		Access Health Solutions	
<b>CONTACT INFORMATION</b>	800-213-1133 www.totalhealthchoice online.com		800-827-4221 www.myamerigroup.com		866-291-6171 www.accessmpn.com	
<b>BENEFITS</b>	<b>You Pay</b>	<b>Plan Limit♣</b>	<b>You Pay♣</b>	<b>Plan Limit♣</b>	<b>You Pay♣</b>	<b>Plan Limit♣</b>
Ambulance	\$0	See Below^	\$0	See Below^	\$0	See Below^
Ambulatory Surgery		See Below^	\$0	See Below^	\$0	See Below^
Chemotherapy Services		See Below^	\$0	See Below^	\$0	See Below^
Chiropractor		24 visits / yr	\$1 / visit	24 visits / yr	\$1 / visit	24 visits / yr
Clinic (FQHC, RHC)		1 visit / day	\$2 / visit	1 visit / day	\$3 / visit	1 visit / day
Dental Services		dentures / emergency	\$0	dentures / emergency	5% co-insurance	dentures / emergency
Dialysis Services		See Below^		See Below^	\$0	See Below^
Durable Medical Equipment ■		See Below^		\$600 / yr		See Below^
Emergency Room		See Below^		See Below^		See Below^
Hearing Services		1 device / 1 evaluation per 3 yrs	\$0	1 device / 1 evaluation per 3 yrs	\$0	1 device / 1 evaluation per 3 yrs
Home Health Services		60 visits / lifetime♦		\$2 / visit		12 visits / yr
Hospital Inpatient		45 days combined^	\$3 / admit	45 days combined^	\$3 / admit	45 days combined^
Hospital Outpatient Surgery		See Below^	\$3 / visit	See Below^	\$3 / visit	See Below^
Lab / X-ray			\$0		\$1 / day	
Maternity /Family Planning Services			\$0		\$0	
Mental Health Services		☼SAME	\$2 / visit	☼SAME	\$2 / visit	☼SAME
Outpatient HOSPITAL Services (Non-emergency)		\$1,500 / yr combined	\$0	\$500 / yr	\$3 / visit	\$1,500 / yr combined
Outpatient THERAPY (physical / respiratory)				\$500 / yr	\$0	
Pharmacy▲		9 scripts / mo	\$0	11 scripts / mo	\$0	9 scripts / mo
Podiatrist		24 visits / yr		8 visits / yr		24 visits / yr
Primary Care Physician / ARNP / PA		1 visit / day	\$2 / visit	1 visit / day	\$2 / visit	1 visit / day
Specialty Physician		See Below^	\$0	See Below^	\$0	See Below^
Transplant Services			\$1 / trip		\$1 / trip	
Transportation Non-emergency	See Below^	\$1 / trip	See Below^	\$1 / trip	See Below^	
Vision Services		2 pairs of glasses^		\$0		2 pairs of glasses^
<b>EXTRA SERVICES</b>  Contact the plan for more details	<b>Over the Counter Pharmacy</b> - \$25 per head of household per month <b>Adult Dental</b> - Cleanings / Fillings / Extractions <b>Circumcision</b> - Boys up to 12 months from birth <b>Adult Nutrition Therapy</b> - 15 visits per year		<b>Adult Vision</b> - Up to \$125 for eyeglass upgrade			

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HEALTH PLANS	Freedom Health		Humana Family		Children's Medical Services	
CONTACT INFORMATION	877-655-2424 www.freedomhealth.com		800-795-9858 www.humana.com		800-490-4779 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		See Below^	\$0	See Below^		
Chemotherapy Services		24 visits / yr	\$1 / visit	24 visits / yr		
Chiropractor		1 visit / day	\$2 / visit	1 visit / day		
Clinic (FQHC, RHC)		dentures / emergency	\$0	dentures / emergency		
Dental Services		See Below^		See Below^		
Dialysis Services		1 device / 1 evaluation per 3 yrs		1 device / 1 evaluation per 3 yrs		
Durable Medical Equipment ■		60 visits / lifetime♦	\$2 / visit	60 visits / lifetime♦		
Emergency Room		45 days combined^	\$3 / admit	45 days combined^		
Hearing Services		See Below^	\$3 / visit	See Below^		
Home Health Services		☀SAME	\$1 / day	See Below^		
Hospital Inpatient			\$0			
Hospital Outpatient Surgery		☀SAME	\$2 / visit	☀SAME		
Lab / X-ray		\$1,500 / yr combined	\$3 / visit	\$1,500 / yr combined		
Maternity / Family Planning Services		9 scripts / mo	\$0	9 scripts / mo		
Mental Health Services		24 visits / yr	\$2 / visit	24 visits / yr		
Outpatient HOSPITAL Services (Non-emergency)		1 visit / day	\$0	1 visit / day		
Outpatient THERAPY (physical / respiratory)		See Below^	\$2 / visit	See Below^		
Pharmacy ▲		See Below^	\$0	See Below^		
Podiatrist		2 pairs of glasses^	\$1 / trip	2 pair of glasses^		
Primary Care Physician / ARNP / PA		\$0				
Specialty Physician		\$0				
Transplant Services		\$0				
Transportation Non-emergency		\$0				
Vision Services		\$0				
<b>EXTRA SERVICES</b>	<b>Over the Counter Pharmacy</b> - \$25 per household per month <b>Adult Dental</b> - Exams / Cleanings / Simple Fillings / X-rays		<b>Over the Counter Pharmacy</b> - \$20 per household per month		This plan is limited to children with serious medical, developmental, behavioral or emotional conditions. Their siblings may also enroll.	
<b>Contact the plan for more details</b>						

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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 <sup>^</sup>	\$0	See Below <sup>^</sup>	
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 <sup>^</sup>	\$0	See Below <sup>^</sup>	
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 <sup>^</sup>	\$3 / admit	45 days combined <sup>^</sup>	
Emergency Room		See Below <sup>^</sup>	\$3 / visit	See Below <sup>^</sup>	
Hearing Services			\$1 / day		
Home Health Services		☀SAME	\$0	☀SAME	
Hospital Inpatient		\$1,500 / yr combined	\$3 / visit	\$1,500 / yr combined	
Hospital Outpatient Surgery		9 scripts / mo	\$0	9 scripts / mo	
Lab / X-ray		24 visits / yr	\$2 / visit	24 visits / yr	
Maternity / Family Planning Services		1 visit / day		1 visit / day	
Mental Health Services		See Below <sup>^</sup>	\$0	See Below <sup>^</sup>	
Outpatient HOSPITAL Services (Non-emergency)			\$1 / trip		
Outpatient THERAPY (physical / respiratory)		2 pairs of glasses <sup>^</sup>	\$2 / visit	2 pairs of glasses <sup>^</sup>	
Pharmacy▲		<b>Adult Dental</b> - Annual exams / X-rays / Fluoride treatments (every 6 months) <b>Over the Counter Pharmacy</b> - \$25 per household per month <b>Adult Vision</b> - Unlimited exams and eyeglasses, if medically necessary			
Podiatrist					
Primary Care Physician / ARNP / PA					
Specialty Physician					
Transplant Services					
Transportation Non-emergency					
Vision Services					
<b>EXTRA SERVICES</b>					
<b>Contact the plan for more details</b>					

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