

Welcome to Baker, Clay, Duval and Nassau Counties 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.

**Baker, Clay, Duval and Nassau Counties
Children and Families**



Steps to help you pick your plan:

- 1) Look at the Baker, Clay, Duval and Nassau County health plans in this brochure (pages 5 – 7) to see what benefits each plan offers. You can also visit www.flmedicaidreform.com for extra information.
- 2) Call or visit a Choice Counselor for help.
- 3) 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.
- 4) **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 – Friday 8:00 a.m. to 7:00 p.m.

Saturday 9:00 a.m. to 11:00 a.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.

Things to think about when you pick a plan.

To help make your choice, before you call or meet with a Choice Counselor, you may use this page to help you narrow down your plan choices. **You do not have to fill out this page.** A Choice Counselor is ready to help you when and where you need it.

1. What doctor or specialists are you currently seeing? If you want to keep your doctor, please tell the Choice Counselor and they will tell you what plans your doctor works with.

2. Look at the list of benefits covered by each plan. What services are most important to you? (Think about things like: What medications you take, do you use home health services, or do you use a wheelchair)

3. Look at any plan limits or copays each plan has for the services you need. What plans seem to best fit your health needs?

4. Look at the extra services offered by each plan. Which extra service(s) would you like to receive?





**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	UnitedHealthCare		Children's Medical Services		First Coast Advantage					
COUNTIES	Baker, Clay, Duval, Nassau		Duval		Duval					
CONTACT INFORMATION	800-940-1506 www.uhcmedicaid.com		866-313-9597 www.cms-kids.com		866-270-2422 www.firstcoastadvantage.com					
BENEFITS	You Pay	Plan Limit ♣	You Pay	Plan Limit	You Pay	Plan Limit ♣				
Ambulance	\$0	See Below^	\$0	This plan only accepts members 20 and under.	\$0	See Below^				
Ambulatory Surgery		See Below^				See Below^				
Chemotherapy Services		See Below^				See Below^				
Chiropractor		24 visits / yr				24 visits / yr				
Clinic (FQHC, RHC)		1 visit / day				1 visit / yr				
Dental Services		dentures / emergency				dentures / emergency				
Dialysis Services		See Below^				See Below^				
Durable Medical Equipment ■		See Below^				See Below^				
Emergency Room		See Below^				See Below^				
Hearing Services		1 device / 1 evaluation per 3 yrs				1 device / 1 evaluation per 3 yrs				
Home Health Services		24 visits / yr				24 visits / yr				
Hospital Inpatient		45 days combined^				45 days combined^				
Hospital Outpatient Surgery		\$0				See Below^	\$0	See Below^	\$0	See Below^
Lab / X-ray		See Below^				See Below^				
Maternity / Family Planning Services		See Below^				See Below^				
Mental Health Services		☀SAME				☀SAME				
Outpatient HOSPITAL Services (Non-emergency)		\$1,500 / yr				\$1,500 / yr combined				
Outpatient THERAPY (physical / respiratory)		\$1,500 / yr				\$1,500 / yr combined				
Pharmacy ▲		\$6,000 / yr				See Below^				
Podiatrist		12 visits / yr				24 visits / yr				
Primary Care Physician / ARNP / PA	1 visit / day	1 visit / day								
Specialty Physician	See Below^	See Below^								
Transplant Services	See Below^	See Below^								
Transportation Non-emergency	See Below^	See Below^								
Vision Services	2 pair glasses^	2 pair glasses^								
EXTRA SERVICES Contact the plan for more details	Over the Counter Pharmacy- \$25 per household per month Adult Dental- Exams / Cleanings / Fillings / Extractions / X-rays Circumcision- Routine for babies up to 12 weeks		This plan is limited to children with serious medical, developmental, behavioral or emotional conditions. Their siblings may also enroll.		Circumcision - For newborns of mothers enrolled in First Coast Advantage during infant's initial hospitalization at Shands Jacksonville only. Adult Hospital Inpatient - Extra 20 inpatient days at Shands Jacksonville only (max 65 days combined). Adult Outpatient - Extra \$3,500 per year for outpatient services at Shands Jacksonville only (max \$5,000 per year combined).					

^ 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	Universal Health Care		Access Health Solutions		
COUNTIES	Duval		Baker, Clay, Duval, Nassau		
CONTACT INFORMATION	866-690-4842 www.univhc.com		866-291-6171 www.accessmpn.com		
BENEFITS	You Pay ♣	Plan Limit ♣	You Pay♣	Plan Limit♣	
Ambulance	\$0	See Below [^]	\$0	See Below [^]	
Ambulatory Surgery					
Chemotherapy Services					
Chiropractor		24 visits / yr		\$1 / visit	24 visits / yr
Clinic (FQHC, RHC)		1 visit / day		\$3 / visit	1 visit / day
Dental Services	5% co-insurance	dentures / emergency	5% co-insurance	dentures / emergency	
Dialysis Services	\$0	See Below [^]	\$0	See Below [^]	
Durable Medical Equipment ■					
Emergency Room					
Hearing Services		1 device / 1 evaluation per 3 yrs			1 device / 1 evaluation per 3 yrs
Home Health Services		24 visits / yr		\$2 / visit	60 visits / lifetime♦
Hospital Inpatient		45 days combined [^]		\$3 / admit	45 days combined [^]
Hospital Outpatient Surgery				\$3 / visit	
Lab / X-ray		See Below [^]		\$1 / day	See Below [^]
Maternity / Family Planning Services				\$0	
Mental Health Services		☼SAME		\$2 / visit	☼SAME
Outpatient HOSPITAL Services (Non-emergency)				\$3 / visit	
Outpatient THERAPY (physical / respiratory)		\$1,500 / yr combined			\$1,500 / yr combined
Pharmacy▲		See Below [^]		\$0	See Below [^]
Podiatrist		24 visits / yr			24 visits / yr
Primary Care Physician / ARNP / PA				\$2 / visit	
Specialty Physician	1 visit / day		1 visit / day		
Transplant Services		\$0			
Transportation Non-emergency	\$1 / trip	See Below [^]	\$1 / trip	See Below [^]	
Vision Services	\$0	2 pair glasses [^]	\$2 / visit	2 pair glasses [^]	
EXTRA SERVICES	Over the Counter Pharmacy - \$25 per household per month				
Contact the plan for more details					

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

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HEALTH PLANS	HealthEase		Staywell																									
COUNTIES	Duval		Duval																									
CONTACT INFORMATION	866-613-9078 www.myhealthease.com		866-613-9067 www.wellcare.com/HealthPlans/Florida/Staywell/Home.aspx																									
BENEFITS	You Pay	Plan Limit♣	You Pay	Plan Limit♣																								
Ambulance	\$0	See Below [^]	\$0	See Below [^]																								
Ambulatory Surgery																												
Chemotherapy Services					24 visits / yr	24 visits / yr																						
Chiropractor																												
Clinic (FQHC, RHC)							1 visit / day	1 visit / day																				
Dental Services									dentures / emergency	dentures / emergency																		
Dialysis Services											See Below [^]	See Below [^]																
Durable Medical Equipment ■																												
Emergency Room													1 device / 1 evaluation per 3 yrs	1 device / 1 evaluation per 3 yrs														
Hearing Services																												
Home Health Services															24 visits / yr♦	24 visits / yr♦												
Hospital Inpatient																	45 days combined [^]	45 days combined [^]										
Hospital Outpatient Surgery																			See Below [^]	See Below [^]								
Lab / X-ray																												
Maternity / Family Planning Services																					☀SAME	☀SAME						
Mental Health Services																												
Outpatient HOSPITAL Services (Non-emergency)																							\$1,500 / yr	\$1,500 / yr				
Outpatient THERAPY (physical / respiratory)																									See Below [^]	See Below [^]		
Pharmacy▲																											9 scripts / month	9 scripts / month
Podiatrist																												
Primary Care Physician / ARNP / PA	1 visit / day	1 visit / day																										
Specialty Physician			See Below [^]	See Below [^]																								
Transplant Services																												
Transportation Non-emergency					2 pair glasses [^]	2 pair glasses [^]																						
Vision Services																												
EXTRA SERVICES							Over the Counter Pharmacy - \$25 per household per month Adult Dental - Exams / X-rays / Cleanings: Standard and Deep / Fillings Circumcision - Boys up to 1 year		Over the Counter Pharmacy - \$25 per household per month Adult Dental - Exams / X-rays / Cleanings: Standard and Deep / Fillings Circumcision - Boys up to 1 year																			
Contact the plan for more details																												

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[♣] 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

BAKER, CLAY, DUVAL AND NASSAU 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	UnitedHealthcare	Children’s Medical Services	First Coast Advantage	Universal Health Care	Access Health Solutions	HealthEase	Staywell
Baptist Medical Center	✓	✓	✓		✓	✓	✓
Baptist Medical Center Beaches	✓		✓		✓	✓	✓
Baptist Medical Center Nassau	✓				✓		
Baptist Medical Center South	✓	✓	✓		✓	✓	✓
Memorial Hospital				✓	✓	✓	✓
Orange Park Medical Center					✓		
St. Vincent’s Medical Center	✓					✓	✓
Shands Jacksonville Medical Center	✓	✓	✓		✓		

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

