Attachment III

• Summary of Benefit Packages

Increase value compared w/ State Plan Green State Plan (SP) Level Vellow Reduction Red

Copays and Plan Limits do not apply to children and Pregnant women

				e care of Florida, nc. Universal Health, Care Freedom Health, Care Humana Florida, Plans of Plorida, Plans of Florida, Inc. Health Care of Florida, Inc. Preferred Care Partners 00 \$3.00 \$0.00 \$0.00 \$3.00 \$0.00 \$0.00 00 \$3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$1.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 00 \$0.00 \$0.00 \$0.00 \$0.													Children a	nd Families				
			-											04 (Baker, Clay, Duval, Flagler,								
			Nassau Sunshine	United	Volusia)			Medica)	Sunshine		Nassau Sunshine	, St. Johns, V United Health	/olusia)			Medica Health	10 (Broward Molina	1)	Sunshine	
	Copays for Covered Service		State Health	Florida,	Health		Medical	Florida,	care of	Care	State Health	Universal Health	State Health	care of Florida,	Universal Health	Freedom	Humana Medical	Plans of Florida,	Health care of Florida	Preferred Care	State Health	Universal Health
Conov	Category Behavioral Health	State Plan \$3.00	Plan \$3.00	inc.			-				Plan \$0.00	Care \$0.00	Plan	Inc. \$3.00	Care \$0.00	Health, Inc \$0.00	Plan	inc. \$0.00	Florida \$0.00	Partners \$0.00	Plan \$0.00	Care \$0.00
Copay Copay	Physical Health	\$3.00	\$3.00	\$3.00					Ş0.00		\$0.00	\$0.00	\$3.00	\$3.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Сорау	Hospital Outpatient Surgery	\$3.00	\$0.00								\$0.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Lab / X-ray	\$1.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Сорау	Hospital Outpatient Services NOS-Copay	\$3.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Primary Care Physician	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Сорау	Specialty Physician	\$2.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	ARNP / Physician Assistant	\$2.00	\$0.00						+		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Clinic (FQHC, RHC)	\$3.00	\$0.00								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Home Health Services-Copay	\$2.00	\$0.00			+					\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Chiropractor-Copay	\$1.00	\$1.00	\$1.00					\$0.00		\$0.00	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Сорау	Podiatrist-Copay	\$2.00	\$2.00	Ş2.00					\$0.00		\$0.00	\$0.00	\$2.00	\$2.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Dental Services-Coinsurance Percent	5%	0.00%	5.00%							0.00%	0.00%	0.00%	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Copay	Vision Services-Copay	\$2.00	\$0.00	\$2.00							\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Outpatient Mental Health-Copay	\$2.00	\$2.00		90.00	+					\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copay	Non-emergent Transportation-Copay	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Increase value compared w/ State Plan	Green
State Plan (SP) Level	Yellow
Reduction	Red

Copays and plan limits do not apply to children and pregnant women

All medically necessary services are covered for children and pregnant women

Pharmacy limits do not apply to chemotherapy or HIV/AIDS drugs

DME limits do not apply to orthotics and prosthetics over \$3,000 and motorized wheelchairs

		Aged and Disabled										Children and Families									
		04 (Baker, Clay, Duval, Flagler, 10 (Broward)								04 (Baker, Clay, Duval, Flagler, 10 (Broward)											
			United				Medica						United				Medica		,		
		Sunshine	Health				Health	Molina		Sunshine		Sunshine	Health				Health			Sunshine	
Mandatory		State	care of	Universal	Freedom	Humana	Plans of	Health	Preferred	State	Universal	State	care of	Universal	Freedom	Humana	Plans of	Molina	Preferred	State	Universal
		Health	Florida,	Health	Health,	Medical	Florida,	care of	Care	Health	Health	Health	Florida,	Health	Health,	Medical	Florida,	Health care	Care	Health	Health
	State Plan	Plan	Inc.	Care	Inc	Plan	Inc.	Florida	Partners	Plan	Care	Plan	Inc.	Care	Inc	Plan	inc.	of Florida	Partners	Plan	Care
Hospital Inpatient	45 days	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Ambulance	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Ambulatory Surgery - ASC	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
ARNP / Physician Assistant	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Birthing Centers	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Clinic (CHD)	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Clinic (FQHC, RHC)	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Emergency Room	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Family Planning	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Hospital Outpatient Surgery	All Medically Nec.	SP	SP	SP	SP	SP SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Inpatient Hospital	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Lab / X-ray	All Medically Nec.	SP	SP	SP SP	SP SP	SP SP	SP SP	SP	SP	SP SP	SP	SP	SP SP	SP SP	SP	SP SP	SP	SP SP	SP SP	SP SP	SP SP
Lab / X-ray Maternity and Family Planning Services	All Medically Nec.	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP
		SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP
Medical/Drug Therapies (Chemo, Dialysis)	All Medically Nec. All Medically Nec.	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP
Non-emergent Transportation				SP SP	SP SP		SP SP	SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP
Other	All Medically Nec.	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP	SP SP	SP SP	SP SP	SP SP	SP SP	SP SP
Outpatient Mental Health	All Medically Nec.		5.				5.		5.		5	5				51					51
Pharmacy	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Physician Care	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Primary Care Physician	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Specialty Physician	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Transplant Services	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
Flexible																					
Chiropractor-Dollar	Limit By Visits	SP	\$175	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$150	SP	SP	SP	SP	SP	SP	SP	SP
Chiropractor-Visit	24	9	10	24	24	24	24	24	24	24	24	9	9	24	24	24	24	24	24	24	24
	Dentures/	6200	6250	SP	SP	SP	SP	SP	SP	SP	SP	\$300	¢250	SP	SP	SP	SP	SP	SP	SP	SP
Dental Services-Dollar	Emergency	\$300	\$250	54	52	58	52	52	58	54	SP	\$300	\$ 2 50	SP	54	54	54	SP	58	58	SP
	1 Device/ 1 eval per	\$150	\$150	SP	SP	SP	SP	SP	SP	SP	SP	\$150	\$150	SP	SP	SP	SP	SP	SP	SP	SP
Hearing Services-Dollar	3 years	\$150	\$150	54	52	58	52	52	58	54	SP	\$150	\$150	SP	54	54	54	SP	58	58	SP
		6.0	64.500	6.0	6.0	60	64 500	6.0	6.0	60	SP	SP	64 F00	60	60	60	65.00	60	60	6.0	SP
Outpatient Therapy (PT/RT)	\$1500 yr combined	SP	\$1,500	SP	SP	SP	\$1,500	SP	SP	SP	SP	SP	\$1,500	SP	SP	SP	\$500	SP	SP	SP	SP
Podiatrist-Dollar	Limit By Visits	SP	\$100	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$150	SP	SP	SP	SP	SP	SP	SP	SP
Podiatrist-Visit	24	9	8	24	24	24	24	24	24	24	24	9	7	24	24	24	24	24	24	24	24
	1 frame 2 years lens																				
Vision Services-Dollar	1 year	SP	\$150	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$150.00	SP	SP	SP	SP	SP	SP	SP	SP
Sufficiency Tested																					
Durable Medical Equipment	No Coverage Limit	SP	\$2,900	SP	SP	SP	\$3,300	SP	SP	SP	SP	SP	\$200	SP	SP	SP	\$200	SP	SP	SP	SP
Home Health Services-Dollar	Limit By Visits	SP	\$2,500 SP	SP	SP	SP	\$3,300 SP	SP	SP	SP	SP	SP	\$200	SP	SP	SP	SP	SP	SP	SP	SP
Home Health Services-Visit	60 Lifetime	24	SP	SP	SP	SP	SP	SP	SP	60	SP	24	\$200 10	SP	SP	SP	SP	SP	SP	5P 60	SP
Home Health Services-Visit	60 Lifetime	24	58	52	52	51	SP	52	58	60	58	24	10	58	58	54	SP	58	58	60	58
Hospital Outpatient Services NOS-Dollar Limit	\$1500 yr combined	SP	SP	SP	SP	SP	\$4,250	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$1,400	SP	SP	SP	SP
Outpatient Pharmacy-Script	20 SSI/ 10 TANF	20	20	20	20	20	20	20	20	20	20	10	10	10	10	10	10	10	10	10	10
	20 331/ 10 TAINI	20	20	20	20	20	20	20	20	20	20	10	10	10	10	10	10	10	10	10	10
Expanded Benefits																					
			OTC \$25	OTC \$25	OTC \$25		OTC \$25	OTC \$25	OTC \$25	OTC \$25	OTC \$25		OTC \$25	OTC \$25	OTC \$25		OTC \$25	OTC \$25	OTC \$25	OTC \$25	OTC \$25
			Per	Per House	Per House		Per	Per	Per House	Per House	Per House		Per	Per House	Per House		Per	Per House	Per House	Per House	Per House
			House	hold per	hold per		House	House	hold per	hold per	hold per		House	hold per	hold per		House	hold per	hold per	hold per	hold per
			hold per	Month	Month		hold per	hold per	Month	Month	Month		hold per	Month	Month		hold per	Month	Month	Month	Month
Expanded Benefit #1	None		Month	Wonth	Month		Month	Month	Wonth	Wonth	Wonth		Month	Wonth	Wonth		Month	wonth	wonth	monur	Worth
					Adult			Adult	Adult	Adult			Circumcis		Adult			Adult	Adult	Adult	
Expanded Benefit #2	None				Dental			Dental	Dental	Dental			ion		Dental			Dental	Dental	Dental	
		_		_		_	_	Adult	Adult	Adult			_	_		_		Adult	Adult	Adult	
Expanded Benefit #3	None							Vision	Vision	Vision								Vision	Vision	Vision	