

Attachment III

- Summary of Benefit Packages

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

Mandatory	State Plan	Aged and Disabled											Children and Families										
		04 (Baker, Clay, Duval, Flagler)					10 (Broward)						04 (Baker, Clay, Duval, Flagler)					10 (Broward)					
		Sunshine State Health Plan	United Health care of Florida, Inc.	Universal Health Care	Freedom Health, Inc	Humana Medical Plan	Medica Health Plans of Florida, Inc.	Molina Health care of Florida	Preferred Care Partners	Sunshine State Health Plan	Universal Health Care	Sunshine State Health Plan	United Health care of Florida, Inc.	Universal Health Care	Freedom Health, Inc	Humana Medical Plan	Medica Health Plans of Florida, Inc.	Molina Health care of Florida	Preferred Care Partners	Sunshine State Health Plan	Universal Health 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	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	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	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	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	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	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	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	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	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	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	
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	
Medical/Drug Therapies (Chemo, Dialysis)	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	
Non-emergent Transportation	All Medically Nec.	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	
Outpatient Mental Health	All Medically Nec.	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	
Pharmacy	All Medically Nec.	SP	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	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	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	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	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	SP	
Chiropractor-Visit	24	9	10	24	24	24	24	24	24	24	24	24	9	9	24	24	24	24	24	24	24	24	
Dental Services-Dollar	Dentures/ Emergency	\$300	\$250	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$300	\$250	SP	SP	SP	SP	SP	SP	SP	SP	
Hearing Services-Dollar	1 Device/ 1 eval per 3 years	\$150	\$150	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$150	\$150	SP	SP	SP	SP	SP	SP	SP	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	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	SP	
Podiatrist-Visit	24	9	8	24	24	24	24	24	24	24	24	24	9	7	24	24	24	24	24	24	24	24	
Vision Services-Dollar	1 frame 2 years lens 1 year	SP	\$150	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$150.00	SP	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	SP	
Home Health Services-Dollar	Limit By Visits	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	\$200	SP	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	10	SP	SP	SP	SP	SP	SP	60	SP	SP	
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	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	10	
Expanded Benefits																							
Expanded Benefit #1	None		OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month		OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month		OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month		OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month	OTC \$25 Per House hold per Month		
Expanded Benefit #2	None				Adult Dental			Adult Dental	Adult Dental	Adult Dental			Circumcision		Adult Dental			Adult Dental	Adult Dental	Adult Dental			
Expanded Benefit #3	None							Adult Vision	Adult Vision	Adult Vision								Adult Vision	Adult Vision	Adult Vision			