

Attachment II

- Example of HMO Benefit Package
- Example of FFS PSN Benefit Package

Example of HMO Benefit Package

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.

Molina Healthcare of Florida, Inc. 866-472-4585 www.molinahealthcare.com		
Broward County		
BENEFITS	Cost-sharing	Plan Limit**
Ambulance	\$0	See Below*
Ambulatory Surgery		
Chemotherapy Services		24 visits / yr
Chiropractor		1 visit / day
Clinic (FQHC, RHC)		dentures / emergency
Dental Services		See below*
Dialysis Services		
Durable Medical Equipment+		1 device / 1 evaluation per 3 yrs
Emergency Room		60 visits / lifetime++
Hearing Services		45 days combined+
Home Health Services		See below*
Hospital Inpatient		
Hospital Outpatient Surgery		SAME***
Lab / X-ray		\$1,500 / yr combined
Maternity / Family Planning Services		10 scripts / mo
Mental Health Services		24 visits / yr
Outpatient HOSPITAL Services (Non-emergency)		1 visit / day
Outpatient THERAPY (physical / respiratory)		See below*
Pharmacy****		
Podiatrist		See Below*+++
Primary Care Physician / ARNP / PA		<p>Adult Dental: Annual exams / Cleanings / X-rays once every 3 years / Fluoride treatments (every 6 months)</p> <p>Over-the-Counter Pharmacy: \$25 per household per month</p> <p>Adult Vision: Unlimited exams and eyeglasses, if medically necessary</p>
Specialty Physician		
Transplant Services		
Transportation Non-emergency		
Vision Services		
EXTRA BENEFITS		
Contact the plan for more details.		

* 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.

+++ Vision: 1 pair of eyeglass frames/2 years; eyeglass lens replacement/year.

Example of FFS PSN Benefit Package

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.

First Coast Advantage 866-270-2422 www.firstcoastadvantage.com			
Duval County			
BENEFITS	Cost-sharing	Plan Limit**	
Ambulance	\$0	See Below*	
Ambulatory Surgery			
Chemotherapy Services			
Chiropractor			24 visits / yr
Clinic (FQHC, RHC)			1 visit / day
Dental Services			dentures / emergency
Dialysis Services			See below*
Durable Medical Equipment+			
Emergency Room			1 device / 1 evaluation per 3 yrs
Hearing Services			
Home Health Services			60 visits / lifetime++
Hospital Inpatient			45 days combined+
Hospital Outpatient Surgery			See below*
Lab / X-ray			
Maternity / Family Planning Services			SAME***
Mental Health Services			\$1,500 / yr combined
Outpatient HOSPITAL Services (Non-emergency)			
Outpatient THERAPY (physical / respiratory)			10 scripts / mo
Pharmacy****			24 visits / yr
Podiatrist			1 visit / day
Primary Care Physician / ARNP / PA			
Specialty Physician			See below*
Transplant Services			
Transportation Non-emergency			See Below*+++
Vision Services			
EXTRA BENEFITS Contact the plan for more details.	Adult Dental: Annual exams / Cleanings / X-rays once every 3 years / Fluoride treatments (every 6 months) Over-the-Counter Pharmacy: \$25 per household per month Adult Vision: Unlimited exams and eyeglasses, if medically necessary		

* 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.
 +++ Vision: 1 pair of eyeglass frames/2 years; eyeglass lens replacement/year.