



UnitedHealthcare **Cover Florida** Standard Plan Plus Rate Sheet for Florida

Plan: Standard Plan Plus

Rate effective dates: Q2 2009 (April–June 2009)

**Segment: 1 Life Groups for both Full Time and Part Time employees
OR Individual coverage**

Benefit Description

Services		Standard Plan
Global Costsharing Features	Deductible	<ul style="list-style-type: none"> ▪ \$500 Individual deductible per cal year – Hosp/ER only
	Max OOP	<ul style="list-style-type: none"> ▪ Unlimited
	Lifetime Max INN Benefits Only	<ul style="list-style-type: none"> ▪ \$500,000 ▪ INN benefits only, except ER, Amb services and IP hospital benefits
Hospitalization	Inpatient Facility	<ul style="list-style-type: none"> ▪ \$2000/day INN or \$1000/day OON ▪ 10 days/yr comb annual max, subj to ded
	Inpatient Physician	<ul style="list-style-type: none"> ▪ 80% INN up to \$1000/yr subj to annual ded
Doctor Visits	Preventive Care	<ul style="list-style-type: none"> ▪ Covered - No copay
	Non-Prev Office Visits	<ul style="list-style-type: none"> ▪ \$20 copay INN/100%; Office Surgery covered (including Anesthesia) ▪ \$1000 Annual Max
	Outpatient	<ul style="list-style-type: none"> ▪ 100% INN up to \$600/yr; Physician and Facility Charges covered ▪ 80% INN up to \$400/yr; Physician and Facility Charges covered ▪ 80% INN up to \$1500/yr; Physician and Facility Charges covered
Emergency Services	Urgent Care	<ul style="list-style-type: none"> ▪ 80% INN only up to \$250/yr max (any diagnosis)
	Ambulance	<ul style="list-style-type: none"> ▪ \$100 copay up to \$500/yr
	Emergency Services	<ul style="list-style-type: none"> ▪ 80% INN or OON up to \$1500/yr combined max, subj to ann ded.
Mental Health	Mental Health Visits	<ul style="list-style-type: none"> ▪ Covered - \$40 copay per visit
	Hospital Inpatient	<ul style="list-style-type: none"> ▪ \$500 Copay per day; 5 visits/yr, 5 days/yr
	Substance Abuse	<ul style="list-style-type: none"> ▪ Not Covered
X-Ray & Diagnostic	Major/Minor	<ul style="list-style-type: none"> ▪ 80% INN up to \$500/yr max
DME & Prosthetics		<ul style="list-style-type: none"> ▪ 80% INN up to \$500/yr max, separate for DME & Prosthetics ▪ Includes insulin pump
Diabetic supplies		<ul style="list-style-type: none"> ▪ INN only ▪ \$25 copay ▪ \$100 Annual max
Health Allies Discount Card		<ul style="list-style-type: none"> ▪ Dental, Vision and Wellness Program Discounts
Pharmacy		<ul style="list-style-type: none"> ▪ \$10 Generic Only ▪ \$45 Copay for Brand Diabetes ▪ \$500 Individual Annual Maximum

Proposal Rates 1 Life

Age bracket	Rate
Male	
< 25	\$200.98
25 - 29	\$200.98
30 - 34	\$211.56
35 - 39	\$256.47
40 - 44	\$279.67
45 - 49	\$313.75
50 - 54	\$368.11
55 - 59	\$470.88
60 - 64	\$470.88
65+	\$470.88
Female	
< 25	\$330.85
25 - 29	\$330.85
30 - 34	\$348.26
35 - 39	\$354.08
40 - 44	\$350.41
45 - 49	\$358.27
50 - 54	\$387.52
55 - 59	\$472.79
60 - 64	\$472.79
65+	\$472.79
Child	\$218.50

Final rates will be determined upon installation.

Rates valid for [April 1, 2009 through June 30, 2009.] effective dates.

Rates are guaranteed for twelve months from effective date.

Who can be offered Cover Florida Standard Plan?

Generally, to be eligible for the Cover Florida program, an applicant must be uninsured at the time of application and be between the ages of 19 and 64. Cover Florida plan coverage is a guaranteed issue product. In addition, under section 408.9091(7), Florida Statutes, applicants:

- Must not be covered by a private insurance policy and must not be eligible for coverage through a public health insurance program, such as Medicare, Medicaid, or Kidcare, unless eligibility for coverage lapses due to no longer meeting income or categorical requirements.
- Must not have been covered by any health insurance program at any time during the past 6 months, unless coverage under a health insurance program was terminated within the previous 6 months due to:
 1. Loss of a job that provided an employer-sponsored health benefit plan;
 2. Exhaustion of coverage that was continued under COBRA or continuation-of-coverage requirements under s. 627.6692, Florida Statutes;
 3. Reaching the limiting age under the policy; or
 4. Death of, or divorce from, a spouse who was provided an employer-sponsored health benefit plan.
- Must have applied for health care coverage through a Cover Florida plan and have agreed to make any payments required for participation, including periodic payments due at the time health care services are provided.

Individual and family policies will qualify and may be offered through a qualified employer. Plans offered through a qualified employer shall meet the requirements of s. 125 of the internal Revenue Code. All plans must be portable such that the enrollee remains covered regardless of employment status or the cost-sharing of premiums.

Group characteristics		Number of children	Individual monthly rate components			Total monthly premium
Employee	Spouse		Employee	Spouse	Children	
Male 30 - 34	Female 30 - 34	2	\$211.56	\$348.26	\$437.00	\$996.83
Male 35 - 39			\$256.47			\$256.47
Female 40 - 44		1	\$350.41		\$218.50	\$568.91
Group monthly premium						\$1,822.20

Final rates will be determined upon installation.

- * Dependents are eligible based on subscriber enrollment.
- * Part-time employees must be working at least 10 hours per week to be eligible.
- * 1099 employees are eligible.

Insured by United HealthCare Insurance Company



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through United HealthCare of Florida, Inc.

Printed on paper containing recycled material.

M44832-C Q2-2009 1/09 ©2009 United HealthCare Services, Inc.