

Eligibility

Eligibility to enroll in an approved Health Flex Plan is limited to residents of this state who:

1. Available to all age groups.
2. Have a family income equal to or less than 300 percent of the federal poverty level.

Please refer to the table below:

Persons in Household	Annual Income
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680
For each additional person, add \$5,140 to the annual maximum income.	

3. Are not covered by a private insurance policy and are not eligible for coverage through a public health insurance program, such as Medicare or Medicaid, or another public health care program, such as Kidcare, and have not been covered at any time during the past 6 months, except that:

a. A person who was covered under an individual health maintenance contract issued by a health maintenance organization licensed under part I of chapter 641 which was also an approved health flex plan on October 1, 2008, may apply for coverage in the same health maintenance organization’s health flex plan without a lapse in coverage if all other eligibility requirements are met; or

b. A person who was covered under Medicaid or Kidcare and lost eligibility for the Medicaid or Kidcare subsidy due to income restrictions within 90 days prior to applying for health care coverage through an approved health flex plan may apply for coverage in a health flex plan without a lapse in coverage if all other eligibility requirements are met; and

4. (a) Have applied for health care coverage as an individual through an approved health flex plan and have agreed to make any payments required for participation, including periodic payments or payments due at the time health care services are

provided; or

(b) Are part of an employer group of which at least 75 percent of the employees have a family income equal to or less than 300 percent of the federal poverty level and the employer group is not covered by a private health insurance policy and has not been covered at any time during the past 6 months. If the health flex plan entity is a health insurer, health plan, or health maintenance organization licensed under Florida law, only 50 percent of the employees must meet the income requirements for the purpose of this paragraph.

Hospitalization Coverage

Hospital service is not a covered benefit of the American Care Health Flex Plan. American Care medical centers will arrange for required hospitalizations services. For coverage of this type of service beneficiary should apply for other State approved programs.

Frequently Asked Questions

1. Can I transfer from my existing health insurance plan? No. Applicants must have had no health insurance in the past six months.

2. Are children eligible? Children should apply for the KidCare program with the State of Florida. If their parents qualify for the Health Flex Plan they will likely qualify for KidCare. If the child does not qualify for KidCare, then he/she can be enrolled in the Health Flex Plan.

3. Do you have a Family Plan? No. The Plan offers only individual memberships.

4. How much does the plan cost? \$50 per person per month.

5. How old do I have to be to participate? There are no age restrictions for HealthFlex.

6. Does the Plan cover hospitalization? No, the current plan does not offer hospital coverage. There are other options for hospitalization coverage that we can discuss with you.

7. If my primary care center is located in one county, can I be seen at American Care Centers in other counties? Yes, with no additional payments.

8. If we are participating as a group in our workplace, do a certain percentage of employees have to participate? No, there is no minimum participation required. If the entire group wants to participate, at least 75% of employees in the group must earn less than 300% of FPL.

Our Locations

South Florida

- Cutler Bay Medical Center

11255 SW 211 Street
Miami, FL 33189
(305) 254-7576
- Homestead Medical Center

12171 SW 268 Street
Homestead, FL 33032
(786) 936-0636
- North Miami Medical Center

1521 NW 54th Street
Miami, FL 33142
(786) 594-0000
- Little Havana Medical Center

2315 West Flagler
Street Miami, FL 33135
(786) 517-4888
- Miami Gardens Medical Center

20911 NW 2nd Avenue
Miami, FL 33169
(786) 297-0070
- Miramar Medical Center

6200 Pembroke Road
Miramar, FL 33023
(954) 961-7100
- Oakland Park Medical Center

1600 West Oakland Park Blvd.
Oakland Park, FL 33311
(754) 200-8248
- Belle Glade Medical Center

1301 South Main Street
Belle Glade, FL 33430
(561) 992-4357
- Delray Beach Medical Center

3029 N. Federal Hwy.
Delray Beach, FL 33483
(561) 639-7190
- Lake Worth Medical Center

818 South Dixie Hwy.
Lake Worth, FL 33460
(561) 296-4400
- Riviera Beach Medical Center

3342 Broadway Avenue
Riviera Beach, FL 33404
(561) 249-4409
- Fort Pierce-West Medical Center

1404 South 28th Street
Fort Pierce, FL 34947
(772) 293-0770
- Fort Pierce-East Medical Center

2211 Okeechobee Road
Fort Pierce, FL 34950
(772) 230-5366

Central Florida

- Tampa-North Medical Center

11211 North Nebraska
Avenue Tampa, FL 33612
(813) 514-2333
- Tampa-Central Medical Center

205 W. Busch Blvd.
Tampa, FL 33612
(813) 915-1588
- Tampa-South Medical Center

400 E. Martin Luther King Jr. Blvd.
Tampa, FL 33603
(813) 308-4040
- Tampa-West Medical Center

8726 W. Waters Avenue
Tampa, FL 33615
(813) 712-1726
- Gulfport Medical Center-Coming Soon!

2001 49 Street South
Gulfport, FL 33707
(727) 220-4423
- Haines City Medical Center

502 East Hinson Avenue
Haines City, FL 33844
(863) 438-7911
- Lakeland-Central Medical Center

1005 N. Lake Parker
Avenue Lakeland, FL 33805
(863) 583-4053
- Lake Wales Medical Center

1120 Carlton Avenue
Lake Wales, FL 33853
(863) 270-4546
- Winter Haven Medical Center

2775 Lake Alfred Road
Winter Haven, FL 33881
(863) 291-4590
- New Port Richey Medical Center

5307 Main Street
New Port Richey, FL 34652
(727) 900-7788

North Florida

- Jacksonville-East Medical Center

1100 Cesery Blvd.
Jacksonville, FL 32211
(904) 551-5884
- Jacksonville-West Medical Center

1918 Blanding Blvd.
Jacksonville, FL 32210
(904) 389-6954
- Jacksonville Northwest Medical Center

500 McDuff Avenue S
Jacksonville, FL 32254
(904) 506-4044

HealthFlexPlan

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1.888.240.6745
or visit www.healthflex.org



The benefits provided by this health plan are limited. You should carefully review the benefits offered under this health plan.

PLAN APPROVED BY THE STATE OF FLORIDA
Per Florida Statute, Section 408.909, the Legislature finds that a significant proportion of the residents of this state are unable to obtain affordable health insurance coverage. Therefore, it is the intent of the Legislature to expand the availability of health care options for low-income uninsured state residents. Florida Statute 408.909 establishes the Health Flex Plan Program.

Health Plan Benefits and Premium Summary
Benefits coverage and premium rates apply to both individual and group members. Plan is guaranteed issue subject to cost sharing provisions in the first 92 days. You will be enrolled regardless of your medical conditions. Employee remains covered regardless of the employment status, or the cost sharing provisions (co-payments). The plan has limited cost sharing provisions (co-payments). Refer to the the member's agreement for all applicable cost sharing provisions. The following co-payments apply after 92 days of enrollment in the plan. Refer to the member's agreement for co-payments during the first 92 days. The plan has coverage exclusions as listed in the member's agreement, including and not limited to hospitalization. Refer to the members agreement for non-covered services.

BASIC PLAN
PLAN PREMIUM: \$50 per member per month

COVERED BENEFITS

Preventive health screening		
Annual Physical Examination	\$0	annual visit
Cervical cancer screen (pap smear annually)	\$0	
Non invasive colorectal cancer screening (three stool guaics annually)	\$0	
Prostate cancer screening (PSA annually)	\$0	
Primary care office visits for the diagnosis and treatment of illnesses or injuries		
Primary Care Office Visits	\$0	per visit
Pediatrician Visits	\$0	per visit
Transportation		
(to the network Primary Care Medical Center)	\$0	per visit
Physical Therapy		
(office based)	\$0	per treatment
Prescriptions drug coverage		
Basic formulary only (refer to formulary)	\$4.00	per prescription

Comprehensive formulary (requires three days advance order and a 90 days supply order)	Cost plus \$4.00 process fee
Laboratory testing	
HEMATOLOGY	
Coagulation Studies	
PT/INR	\$0
PTT	\$0
Complete Blood Count	\$0
White blood cell count	
Red blood cell count	
Platelet count	
MCV	
Hemoglobin/Hematocrit	\$0
CHEMISTRY	
Basic Metabolic Panel	
Comprehensive Metabolic Panel	\$0
Electrolyte Panel	\$0
Lipid Panel	\$0
(LDL cholesterol, HDL cholesterol, Trig)	
Liver Function Panel (AST, ALT, ALK Phos)	\$0
ABO Group and RH Type	\$0
Albumin (Alb)	\$0
Amylase	\$0
ANA w/Reflex titer	\$0
Antibody, RBC w/Reflex ID	\$0
Bilirubin, Total (Tbili)	\$0
C-Reactive Protein	\$0
CA 125	\$0
Calcium (Ca)	\$0
Carbon Dioxide (CO2)	\$0
CEA	\$0
Chloride (Cl)	\$0
Cholesterol, Total (Tchol)	\$0
Creatinine (Cr) w/e GFR	\$0
Ferritin	\$0
Folic Acid	\$0
Glucose, Serum (Glucose)	\$0
HCG, Serum, Qual (Pregnancy test)	\$0
HDL	\$0
Hemoglobin A1C	\$0
Hepatitis A AB, IGM	\$0
Hepatitis B Surface AB Qual	\$0
Hepatitis C Virus AB	\$0
HIV-1/HIV-2 SCR w/Reflexes	\$0
Iron, Total	\$0

LDH	\$0
Lead (B)	\$0
Magnesium	\$0
Microalbumin, Random Urine w/creat	\$0
Occult Blood in Feces – GUAIAC	\$0
Phosphorus	\$0
Progesterone	\$0
Protein, Total (TP)	\$0
PSA, Total	\$0
Rheumatoid Factor	\$0
RPR (Monitoring) w/Reflex Titer	\$0
Rubella IGG AB	\$0
SED Rate by MOD West	\$0
Testosterone, Total	\$0
Triglycerides (Trig)	\$0
TSH	\$0
UA (Urine Analysis), Dipstick Only	\$0
UA, Dipstick w/Reflex to Microscopic	\$0
UA, Complete (Dipstick & Microscopic)	\$0
UREA Nitrogen (BUN)	\$0
URIC Acid	\$0
Valproic Acid	\$0
Vitamin B12/Folic Acid	\$0
MICROBIOLOGY	
Culture, Routine	
Culture Throat	\$0
Culture Urine	\$0
Culture Stool	\$0
Culture Tissue	\$0
Culture Genital	\$0
Pap Smear Test	\$0
(Other laboratory tests are available, check with your provider)	
Office based minor surgery with local anesthesia/ procedures	
Office based minor surgical procedures	\$0
Burn local treatment	\$0
Debridement of nail	\$0
Debridement of skin	\$0
Ear irrigation	\$0
Excision of skin lesion	\$0
Incision & drainage of abscess	\$0
Skin tag removal	\$0
Splinting- simple	\$0
Laceration (simple repair)	\$0
Cryosurgery	\$0
Arthrocentesis	\$0

Pulmonary testing and treatments	
Spirometry	\$0
Aerosol Treatments	\$0
Radiology procedures	
Plain X-Rays (2 views)	\$0
Skull	
Face	
Cervical	
Chest	
Abdomen	
Pelvis	
Extremities	
Diagnostic Ultrasound (U/S)	
U/S Aorta, Kidneys or Pancreas	\$0
U/S Breasts	\$0
U/S Gall bladder and Liver	\$0
U/S Kidneys	\$0
U/S Pelvis	\$0
U/S Scrotum and testicles	\$0
U/S Soft tissue	\$0
U/S Thyroid	\$0
Other U/S	\$0
Cardiovascular testing	
Electrocardiogram	\$0
24 Hour Holter Monitor	\$0
Echocardiogram with Doppler	\$0
Carotid Arterial Imaging/Doppler	\$0
Extremities Vascular Imaging	\$0
Vaccines and office based injections	
DT vaccine (tetanus, diphtheria)	\$0
Hepatitis B Vaccine	\$45
Influenza vaccine	\$15
PPD/tine (Tuberculosis screen)	\$0
TD (Tetanus vaccine)	\$0
Toradol injections (analgesic)	\$0
Solumedrol injections (corticosteroid)	\$0
Rocephin injection (antibiotic)	\$30
Vision/Hearing	
Vision screening	\$0
Hearing screening	\$0
Specialists Care	
Not a covered benefit, but can be arranged through American Care medical centers provider network. Refer to provider directory.	

