

## 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:

Family Size	Annual Income at or below (300% of 2015 NFP)
1	\$35,310
2	47,790
3	60,270
4	72,750
5	97,710
6	110,190
7	110,190
8	122,670

For each additional person, add \$12,480 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.

## South Florida

South Broward Medical Center  
6200 Pembroke Road  
Miramar, FL 33023  
(954) 961.7100

North Miami-Dade Medical Center  
1521 NW 54th Street  
Miami, FL 33142  
(786) 594.0000

North Broward Medical Center  
1600 West Oakland Park Blvd  
Oakland Park, FL 33311  
(754) 200-8248

Little Havana Medical Center  
2315 West Flagler Street  
Miami, FL 33135  
(786) 517.4888

Cutler Ridge Medical Center  
11255 SW 211 Street  
Miami, FL 33189  
(786) 430.3333  
(305) 254.7576

## Palm Beaches

Belle Glade Medical Center  
1301 South Main Street  
Belle Glade, FL 33430  
(561) 992.4357

Riviera Beach Medical Center  
3342 Broadway  
Riviera Beach, FL 33404  
(561) 249.4409

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

## Central Florida

Fort Pierce Medical Center  
1404 South 28th Street  
Fort Pierce, FL 34947  
(772) 293.0770

Titusville Medical Center  
1580 S. Washington Avenue  
Titusville, FL 32780  
Opening Soon

## West Coast

North Tampa Medical Center  
11211 North Nebraska Avenue  
Tampa, FL 33612  
(813) 514.2333

Lakeland Medical Center  
2600 Industrial Park Drive  
Lakeland, FL 33801  
(863) 666.6100

West Tampa Medical Center  
8726 W. Waters Avenue  
Tampa, FL 33615  
(813) 712.1726

Downtown Haines City Medical Center  
502 East Hinson Avenue  
Haines City, FL 33844  
(863) 438.7911

Winter Haven Medical Center  
2791 Lake Alfred Rd  
Winter Haven, FL 33881  
(863) 291.4590

West Haines City Medical Center  
4467 US Hwy 17-92 W  
Haines City, FL 33844  
(863) 421.5500

## North Florida

West Jacksonville Medical Center  
1918 Blanding Blvd.  
Jacksonville, FL 32210  
(904) 389.6954



[www.americancare.com](http://www.americancare.com)

# HealthFlexPlan

A Solution For Your Health Needs.



For more information call  
**1.888.240.6745**  
or visit [www.healthflex.org](http://www.healthflex.org)



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

Form 2013HF2

**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 guais 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)

<b>Physical Therapy</b> (office based)	\$0 per treatment
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**Prescriptions drug coverage**

Basic formulary only (refer to formulary)	\$4.00 per prescription
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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	\$0
Comprehensive Metabolic Panel	\$0
Electrolyte Panel	\$0
Lipid Panel (LDL cholesterol, HDL cholesterol, Trig)	\$0
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 – GUAIC	\$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	\$0
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.