



Available to Individuals and Groups
with up to 50 Eligible Employees

Cover Florida plans from UnitedHealthcare

Cover Florida plans are presented by UnitedHealthcare in cooperation with the State of Florida to provide affordable health coverage for uninsured Floridians ages 19 to 64. No longer will eligible Floridians need to go to bed at night worrying about how they can obtain health care coverage.

Cover Florida plans provide health insurance options that are a model for the nation. They focus on vital primary and preventive care services in order to reduce unnecessary and costly visits to the emergency room. Individuals who have been without insurance for at least six months will be eligible to participate. *Please note: Cover Florida is a limited benefit health insurance program which does not encompass all required benefit mandates as provided for under Florida law. Please consider your other options carefully before enrolling in this program.*

UnitedHealthcare Cover Florida plans can also include emergency and hospital coverage (available with the Cover Florida Standard Plus plan). Cover Florida plans deliver savings today – but they also invest in improving member's health to reduce future risk.

Through innovative plan designs, the economies of our powerful networks and careful tailoring of benefit designs, UnitedHealthcare Cover Florida plans provide participating members with essential insurance coverage– without the burden of a deductible that discourages vital preventive care.

Cover Florida benefit plans include:

- Coverage for preventive services, screenings
- Office visits
- Outpatient and inpatient surgery
- Prescription drugs
- Durable medical equipment
- Diabetic supplies
- Guaranteed coverage

Choose from two levels of coverage:

Cover Florida standard

- Preventive care
- Screenings
- Office visits
- Office surgery

Cover Florida standard plus

- Preventive care
- Screenings
- Office visits
- Office surgery
- Inpatient hospital
- Emergency room/Urgent care
- Outpatient facility

Both plan designs include:

- Guaranteed issue – rates based on age/gender
- Portable – the plan moves with you inside Florida
- Generic only pharmacy coverage
- Available for those who are:
 - » Age 19-64
 - » Uninsured prior six months
 - » Not eligible for public programs

Access, service and support

- **Open access** – no referrals required. Members can visit any doctor in the UnitedHealthcare network, including specialists, without the need to designate a primary physician.
- **Complementary Health Discount Program** – helps members save 10 to 50 percent on many medical and health care expenses that the medical plan does not pay for or that are over the medical plan limits, including physicians, hospitals, prescriptions, dental, vision services and products, and much more.

Around-the-clock support resources

- **24-hour nurse support** – access to registered nurses by phone to help provide a wide range of health and well-being information. Service supplied through the health discount program.
- **Educational and decision-support tools** – through coverflorida-uhc.com, members have online access to their benefit options and claims.
- **Toll-free Customer Care phone number** – Spanish-capable and always available phone service for billing, eligibility, claims and benefit information.
- **No claim forms from network physicians** – members do not need to submit claim forms for covered services, up to plan limits.
- **Wellness product discounts** – save on gym memberships, weight loss programs, smoking cessation products and more through the health discount program.

Disclosure: The UnitedHealth Allies is administered by HealthAllies®, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, 1-800-860-8773. **UnitedHealth Allies is NOT insurance.** UnitedHealth Allies provides discounts at certain providers for health products or services. UnitedHealth Allies does not make payments directly to the providers of health products or services. The program member is obligated to pay for all health products or services but will receive a discount from those providers who have contracted with the discount plan organization.

The Health Discount Program is offered to existing members of certain products underwritten or provided by United HealthCare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. Components subject to change.

Cover Florida plan designs

Here is a side-by-side comparison of the two Cover Florida plans.

| | Cover Florida Standard Plan | Cover Florida Standard Plus Plan |
|---|--|---|
| Network requirements | Network benefits only | Network benefits only except for emergency services and inpatient hospital benefits |
| Annual benefit maximum | Annual benefit maximum by service | Annual benefit maximum by service |
| Annual individual deductible | None | \$500 per Calendar Year; applies only to hospital inpatient services and hospital emergency care services |
| Annual individual out-of-pocket maximum | Unlimited | Unlimited |
| Lifetime maximum | \$500,000 | \$500,000 |
| Physician office | \$10 copay, 100% network only \$450 max/yr Office surgery (including anesthesia) covered | \$20 copay, 100% network only \$1,000 max/yr Office surgery (including anesthesia) covered |
| Physician sick visits: non-preventive services | Covered under the physician office benefit terms | Covered under the physician office benefit terms |
| Preventive care services | Covered under the Physician office benefit maximum No copay applies | Covered under the Physician office benefit maximum Not subject to deductible No copay applies |
| Mammograms, Cervical Cancer Screenings, Colorectal Screening, Prostate Screening | Covered under the Physician Office benefit terms; also covered under the Outpatient preventive benefit terms | Covered under the Physician Office benefit terms; also covered under the Outpatient preventive benefit terms |
| Mental health | Covered (mental health only) 5 visits/yr \$40 copay per visit (substance abuse excluded) | Covered (mental health only) 5 visits/yr, 5 days/yr \$500 inpatient copay \$40 copay per visit (substance abuse excluded) |
| Emergency services | | |
| Urgent care center services | Not covered | 80% network with \$250/yr max (any diagnosis) |
| Ambulance | Not covered | \$100 copay, up to \$500 per yr, network and out-of-network |
| Emergency services | Not covered | 80% network or out-of-network up to \$1,500/yr combined (covers ER services only due to accident, trauma, heart attack and stroke) |
| Inpatient services | | |
| Hospital inpatient | Not covered | \$2,000/day network or \$1,000/day out-of-network up to 10 days/year combined |
| Hospital inpatient physician | Not covered | 80% up to \$1000/yr network only |
| Outpatient services | | |
| Outpatient - preventive services | 100% network up to \$600/yr Physician charges covered Include outpatient facility charges | 100% network up to \$600/yr Physician charges covered Include outpatient facility charges |
| Outpatient - non-preventive | Not covered | 80% network, up to \$400/yr Includes facility and physician charges |
| X-ray & Diagnostic- Major & Minor | Not covered | Network only X Ray, Diagnostics 80% up to \$500/yr |
| DME and Prosthetics | 80% network up to separate \$500/yr Max for DME and Prosthetics, includes insulin pump | 80% network up to separate \$500/yr Max for DME and Prosthetics, includes insulin pump |
| Diabetic supplies | Network only, \$25 copay, \$100/yr Max | Network only, \$25 copay, \$100/yr Max |
| Outpatient surgery | Not covered | 80% network, up to \$1500/yr includes facility and physician charges |
| Pharmacy - Generic Plan Only | | |
| Generic Prescription Drugs only | \$10 copay for Generic only | \$10 copay for Generic only |
| Brand-name Drugs | For brand-name Diabetes drugs use \$45 copay | For brand-name Diabetes drugs use \$45 copay |
| Individual Annual Maximum | \$500/yr | \$500/yr Not subject to the medical deductible |
| Health discount program | | |
| Dental, Vision, Wellness Program Discounts See page 4 for more information about this program. | | |

Please Note: The information in this table is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.



UnitedHealthcare Cover Florida Standard Plan Rate Sheet for Florida

Plan: Standard Plan

Rate effective dates: Q1 2009

Segment: 1 Life Groups for both Full Time and Part Time employees

Benefit Description

| Services | Standard Plan | |
|------------------------------------|--|--|
| Global Costsharing Features | Deductible Max OOP Lifetime Max INN Benefits Only | <ul style="list-style-type: none"> None Unlimited \$500,000 INN benefits only |
| Hospitalization | Inpatient Facility Inpatient Physician | <ul style="list-style-type: none"> Not Covered Not Covered |
| Doctor Visits | Preventive Care Non-Prev Office Visits | <ul style="list-style-type: none"> Covered - No copay \$10 copay 100% INN; Office Surgery covered (including Anesthesia) \$450 Annual Max |
| Outpatient | Preventive Care Non-Preventive Care Outpatient Surgery | <ul style="list-style-type: none"> 100% INN up to \$600/yr; Physician and Facility Charges covered Not Covered Not Covered |
| Emergency Services | Urgent Care Ambulance Emergency Services | <ul style="list-style-type: none"> Not Covered Not Covered Not Covered |
| Mental Health | Mental Health Visits Outpatient Only Substance Abuse | <ul style="list-style-type: none"> Covered - \$40 copay per visit 5 visits/yr Dx and Tx Not Covered |
| X-Ray & Diagnostic | Major/Minor | <ul style="list-style-type: none"> Not Covered |
| 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 | \$75.90 |
| 25 - 29 | \$75.90 |
| 30 - 34 | \$79.89 |
| 35 - 39 | \$96.85 |
| 40 - 44 | \$105.61 |
| 45 - 49 | \$118.48 |
| 50 - 54 | \$139.01 |
| 55 - 59 | \$177.82 |
| 60 - 64 | \$177.82 |
| 65+ | \$177.82 |
| Female | |
| < 25 | \$124.94 |
| 25 - 29 | \$124.94 |
| 30 - 34 | \$131.51 |
| 35 - 39 | \$133.71 |
| 40 - 44 | \$132.32 |
| 45 - 49 | \$135.29 |
| 50 - 54 | \$146.34 |
| 55 - 59 | \$178.54 |
| 60 - 64 | \$178.54 |
| 65+ | \$178.54 |
| Child | \$82.51 |

Final rates will be determined upon installation.

Rates valid for [January 1, 2009 through March 31, 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 | \$79.89 | \$131.51 | \$165.03 | \$376.43 |
| Male 35 - 39 | | | \$96.85 | | | \$96.85 |
| Female 40 - 44 | | 1 | \$132.32 | | \$82.51 | \$214.83 |
| Group monthly premium | | | | | | \$688.11 |

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.



UnitedHealthcare Cover Florida Standard Plan Plus Rate Sheet for Florida

Plan: Standard Plan Plus

Rate effective dates: Q1 2009

Segment: 1 Life Groups for both Full Time and Part Time employees

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 | Preventive Care | <ul style="list-style-type: none"> • 100% INN up to \$600/yr; Physician and Facility Charges covered |
| | Non-Preventive Care | <ul style="list-style-type: none"> • 80% INN up to \$400/yr; Physician and Facility Charges covered |
| | Outpatient Surgery | <ul style="list-style-type: none"> • 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 Emergency Services | <ul style="list-style-type: none"> • \$100 copay up to \$500/yr • 80% INN or OON up to \$1500/yr combined max, subj to ann ded. Services tdur to Accident, Trauma, Heart Attack or Stroke. |
| Mental Health | Mental Health Visits | <ul style="list-style-type: none"> • Covered - \$40 copay per visit |
| | Hospital Inpatient Substance Abuse | <ul style="list-style-type: none"> • \$500 Copay per day; 5 visits/yr, 5 days/yr • Dx and Tx 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 | \$198.01 |
| 25 - 29 | \$198.01 |
| 30 - 34 | \$208.44 |
| 35 - 39 | \$252.68 |
| 40 - 44 | \$275.54 |
| 45 - 49 | \$309.11 |
| 50 - 54 | \$362.67 |
| 55 - 59 | \$463.92 |
| 60 - 64 | \$463.92 |
| 65+ | \$463.92 |
| Female | |
| < 25 | \$325.96 |
| 25 - 29 | \$325.96 |
| 30 - 34 | \$343.12 |
| 35 - 39 | \$348.84 |
| 40 - 44 | \$345.23 |
| 45 - 49 | \$352.98 |
| 50 - 54 | \$381.79 |
| 55 - 59 | \$465.81 |
| 60 - 64 | \$465.81 |
| 65+ | \$465.81 |
| Child | \$215.27 |

Final rates will be determined upon installation.

Rates valid for [January 1, 2009 through March 31, 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 | \$208.44 | \$343.12 | \$430.55 | \$982.10 |
| Male 35 - 39 | | | \$252.68 | | | \$252.68 |
| Female 40 - 44 | | 1 | \$345.23 | | \$215.27 | \$560.50 |
| Group monthly premium | | | | | | \$1,795.28 |

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.