

## CATASTROPHIC PLANS

Benefits & Limitations	CF4	CF5	CF6
Plan Deductible	\$0	\$250	\$500
<b>Preventive Health Services</b>			
Immunizations	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
Annual Health Assessment – One per year	\$20 Copay	\$20 Copay	\$20 Copay
Well-Woman Care – One per year			
PCP	\$20 Copay	\$20 Copay	\$20 Copay
GYN	\$35 Copay	\$35 Copay	\$35 Copay
Well Baby Care & Health Supervision	\$20 Copay	\$20 Copay	\$20 Copay
Mammograms	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
Cervical Cancer Screenings	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
Colorectal Screening	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
Prostrate Screening	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
Bone Density Screening	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
Glaucoma Screening	20% - Deductible is Waived	20% - Deductible is Waived	20% - Deductible is Waived
<b>Outpatient Care</b>			
Primary Care Provider Office Visit	\$20 Copay	\$20 Copay	\$20 Copay
Specialist Office Visit	\$75 Copay	\$75 Copay	\$75 Copay
Office Surgery - In a provider office location, including ancillary services, anesthesia and supplies incident to office surgery provided during surgical session.	\$250 Copay	\$250 Copay	\$250 Copay
<b>Behavioral Health Services - limited to 12 outpatient visits per calendar year</b>			
Individual Therapy	\$50 Copay	\$50 Copay	\$50 Copay
Group Therapy	\$25 Copay	\$25 Copay	\$25 Copay
Medication Management	\$35 Copay	\$35 Copay	\$35 Copay
<b>Durable Medical Equipment and Prosthetics – Limited to \$3,500 per Calendar year</b>			
Durable Medical Equipment & Prosthetics	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible

Diabetes Monitoring/Supplies	CF4	CF5	CF6						
Diabetes Outpatient Self-management Education (through FHCP Clinical Staff by appt. only)	Covered in full	Covered in full	Covered in full						
50 Test Strips/Sensors (FHCP Pharmacy only)	\$10 Copay	\$10 Copay	\$10 Copay						
Lancets (at FHCP Pharmacy only)	\$10 Copay	\$10 Copay	\$10 Copay						
Glucometer (at FHCP Pharmacy only)	Covered in full	Covered in full	Covered in full						
Inpatient Hospital Stays - 12 Day Limit per Calendar year									
Inpatient Stay	\$750 Copay per Day	\$750 Copay per Day	\$750 Copay per Day						
Emergency / Urgent Care Services									
Hospital Emergency Room	\$250 Copay per Visit	\$250 Copay per Visit	\$250 Copay per Visit						
Urgent Care Services									
Urgent Care Center Visit	\$75 Copay per Visit	\$75 Copay per Visit	\$75 Copay per Visit						
Outpatient Services									
Facility Services	\$500 Copay per Visit	\$500 Copay per Visit	\$500 Copay per Visit						
Surgery in Ambulatory Surgical Center, Outpatient Medical Facility, or Hospital	\$500 Copay per Visit	\$500 Copay per Visit	\$500 Copay per Visit						
Diagnostic Services	30% Coinsurance after Deductible	30% Coinsurance after Deductible	30% Coinsurance after Deductible						
Prescription Drug Benefit									
Generic Prescriptions Only - 31 day Supply									
Preferred Generic	\$4	\$4	\$4						
Non-Preferred Generic	\$10	\$10	\$10						
DISCLAIMER	RATES								
<p>This is a Limited Benefit Plan. Please refer to your Cover Florida Handbook for complete listing of benefits and limitations</p> <p>This plan requires the use of FHCP network providers or pre-approved non-participating providers. Services rendered without prior authorization or pre-certification will not be covered – member will be responsible for 100% of charges.</p>	CF4			CF5			CF6		
	Age	Male	Female	Age	Male	Female	Age	Male	Female
	< 19	\$116.23	\$116.23	< 19	\$109.75	\$109.75	< 19	\$109.48	\$109.48
	19-24	\$97.54	\$161.27	19-24	\$90.55	\$148.60	19-24	\$89.41	\$143.83
	25-29	\$107.76	\$189.23	25-29	\$99.71	\$175.67	25-29	\$97.32	\$170.24
	30-34	\$131.26	\$212.89	30-34	\$122.30	\$198.60	30-34	\$119.55	\$192.61
	35-39	\$159.92	\$238.29	35-39	\$149.84	\$224.01	35-39	\$146.49	\$217.96
	40-44	\$201.43	\$271.72	40-44	\$190.31	\$256.60	40-44	\$186.42	\$249.86
	45-49	\$264.55	\$314.00	45-49	\$252.05	\$297.84	45-49	\$247.21	\$290.20
	50-54	\$355.20	\$387.00	50-54	\$341.24	\$369.83	50-54	\$335.32	\$361.27
	55-59	\$484.91	\$464.58	55-59	\$469.07	\$446.62	55-59	\$461.55	\$437.22
	60-64	\$639.46	\$570.93	60-64	\$622.21	\$552.38	60-64	\$613.40	\$542.38
	65+	\$848.44	\$744.84	65+	\$829.62	\$725.70	65+	\$819.22	\$715.00

