

## PREVENTIVE PLANS

| Benefits & Limitations   | CF1                        | CF2                        | CF3                        |
|--|----------------------------|----------------------------|----------------------------|
| 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. | \$500 Copay                | \$500 Copay                | \$500 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                 |

| Durable Medical Equipment and Prosthetics – Limited to \$3,500 per Calendar year   |                                  |             |               |                                  |             |               |                                  |             |               |
|--|----------------------------------|-------------|---------------|----------------------------------|-------------|---------------|----------------------------------|-------------|---------------|
| Durable Medical Equipment & Prosthetics  | 20% Coinsurance after Deductible |             |               | 20% Coinsurance after Deductible |             |               | 20% Coinsurance after Deductible |             |               |
| <b>Diabetes Monitoring/Supplies</b>  | <b>CF1</b>                       |             |               | <b>CF2</b>                       |             |               | <b>CF3</b>                       |             |               |
| 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 (at 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                  |             |               |
| <b>Outpatient Services</b>   |                                  |             |               |                                  |             |               |                                  |             |               |
| Diagnostic Services - When services rendered in a provider office.   | 30% Coinsurance after Deductible |             |               | 30% Coinsurance after Deductible |             |               | 30% Coinsurance after Deductible |             |               |
| <b>Prescription Drug Benefit</b>   |                                  |             |               |                                  |             |               |                                  |             |               |
| Generic Prescriptions Only - 31 day Supply   |                                  |             |               |                                  |             |               |                                  |             |               |
| Preferred Generic  | \$4                              |             |               | \$4                              |             |               | \$4                              |             |               |
| Non-Preferred Generic  | \$10                             |             |               | \$10                             |             |               | \$10                             |             |               |
| <b>DISCLAIMER</b>  | <b>RATES</b>                     |             |               |                                  |             |               |                                  |             |               |
| <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> | <b>CF1</b>                       |             |               | <b>CF2</b>                       |             |               | <b>CF3</b>                       |             |               |
|  | <b>Age</b>                       | <b>Male</b> | <b>Female</b> | <b>Age</b>                       | <b>Male</b> | <b>Female</b> | <b>Age</b>                       | <b>Male</b> | <b>Female</b> |
|  | <19                              | \$49.87     | \$49.87       | <19                              | \$44.37     | \$44.37       | <19                              | \$43.72     | \$43.72       |
|  | 19-24                            | \$30.26     | \$78.20       | 19-24                            | \$24.26     | \$66.81       | 19-24                            | \$23.16     | \$63.52       |
|  | 25-29                            | \$39.50     | \$91.38       | 25-29                            | \$32.38     | \$78.99       | 25-29                            | \$30.95     | \$75.01       |
|  | 30-34                            | \$49.54     | \$99.90       | 30-34                            | \$41.50     | \$86.75       | 30-34                            | \$39.79     | \$82.19       |
|  | 35-39                            | \$60.68     | \$107.71      | 35-39                            | \$51.51     | \$94.38       | 35-39                            | \$49.27     | \$89.69       |
|  | 40-44                            | \$74.84     | \$123.39      | 40-44                            | \$64.36     | \$109.12      | 40-44                            | \$61.61     | \$103.68      |
|  | 45-49                            | \$94.59     | \$142.90      | 45-49                            | \$82.46     | \$127.45      | 45-49                            | \$78.67     | \$121.00      |
|  | 50-54                            | \$122.44    | \$173.51      | 50-54                            | \$108.59    | \$156.84      | 50-54                            | \$103.47    | \$149.27      |
|  | 55-59                            | \$161.51    | \$203.01      | 55-59                            | \$145.53    | \$185.37      | 55-59                            | \$138.57    | \$176.80      |
|  | 60-64                            | \$202.84    | \$228.30      | 60-64                            | \$185.17    | \$209.85      | 60-64                            | \$176.57    | \$200.43      |
|  | 65+                              | \$271.27    | \$266.83      | 65+                              | \$252.03    | \$247.49      | 65+                              | \$241.73    | \$237.06      |