



New Law Makes Low-cost Individual Health Coverage Available to Florida Residents

“Cover Florida”, a new law effective January 5, 2009, makes certain Florida residents between the ages of 19 and 64 eligible to apply for preventive or catastrophic individual health insurance. Carriers offering the coverage in all 67 counties include Blue Cross Blue Shield of Florida and UnitedHealthCare. To be eligible, residents must have been without coverage for at least 6 months or have lost coverage in the interim, by virtue of unemployment, death or divorce.

Under the law, “without coverage” means that the individual does not have employer-sponsored coverage or public coverage such as Medicaid or Medicare. In cases where individuals have a pre-existing health condition (one that has been treated within 6 months of applying), carriers may limit coverage on that condition for up to 12 months. This pre-existing condition limitation will not apply if the applicant can furnish a HIPAA certificate of creditable coverage. This means the applicant has not experienced a break in coverage of more than 62 days at time of application. In any event, carriers may not deny Cover Florida applications altogether.

The Preventive or Basic option has no annual deductible on covered services. It covers doctor and urgent care visits, mammograms and osteoporosis screening with co-payments of \$50 or less. Drug coverage pays the first \$15 of each prescription. The first \$50 is paid for inpatient or outpatient treatment of each pregnancy complication. Eighty percent (80%) of durable medical equipment expenses (e.g., wheelchairs) related to surgery are paid. Finally, behavioral health treatment is paid up to \$500 annually.

The Catastrophic option has annual deductibles of \$3,000 in-network and \$6,000 out-of-network on covered services subject to \$25,000 annual and \$50,000 lifetime maximum benefit payments. It covers doctor and urgent care visits, mammograms and osteoporosis screening with co-payments \$50 or less. Drug coverage pays the first \$15 of each prescription. In-network, inpatient treatment is paid at 80% after satisfaction of the deductible. Out-of-network emergency treatment is paid at 60% after satisfaction of the deductible. (An additional \$500 per admission deductible applies out-of-network).

Hospital outpatient treatment limited to surgery, rehabilitation and spinal manipulation is paid 80% for in network services after satisfaction of the deductible. 80% of durable medical equipment expenses (e.g., wheelchairs) related to surgery is paid. Finally, behavioral health treatment is paid up to \$2,000 annually.

Monthly premiums can be paid via transmittal to carriers from an employer sponsored Section 125 cafeteria plan, an HSA account where contributions have been suspended or directly by the individual. The amounts vary by the applicant's county, age, sex and the coverage option selected. It is important to note that neither of the options is subject to traditional insurance mandates (e.g., chiropractic). Also, there is no coverage available for dependents, adult or minor.

The table below shows the monthly cost in Miami Dade County (the most expensive area) for approved plans offered by Blue Cross Blue Shield of Florida:

Age	PLAN SELECTED			
	Preventive - Male	Preventive - Female	Catastrophic -Male	Catastrophic - Female
19	\$24.00	\$24.00	\$76.00	\$89.00
34	\$45.00	\$45.00	\$135.00	\$160.00
49	\$55.00	\$55.00	\$214.00	\$211.00
64	\$70.00	\$70.00	\$427.00	\$298,00

The State of Florida Office of Insurance Regulation and Agency for Health Care Administration expect to bring on additional carriers as the program unfolds. We welcome any questions or comments you may have.

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