

Miami-Dade Blue Health Insurance Plan

INFORMATION SHEET

- **Miami-Dade Blue** is an innovative health insurance plan offered by BlueCrossBlueShield of Florida, Inc. (BCBSF). Miami-Dade County and BCBSF are working together to bring affordable health coverage to individuals, families and small businesses in Miami-Dade County. Coverage will be offered beginning: **July 1, 2009.**

Key Features: (See attached **Benefits Overview Matrix** for more detailed coverage description)

- ✚ **Affordable premium for Individuals** – example: \$101 a month for 35 yr old male/\$111 a month for 35 yr old female
- ✚ **Unlimited office-based services and wellness** (up to \$5 million lifetime Plan maximum) – The Plan pays up to \$50 toward each covered physician or dental visit and members pay the balance up to the pre-negotiated lower provider fee when a participating provider is used. (Mammograms and independent clinical labs are fully covered for services provided by participating providers) When a non-participating provider is used, the member can be billed the balance up to the provider's charge.
- ✚ **Generic prescription drugs** for a low \$10 copayment, plus a discount card providing reduced prices for brand medications
- ✚ **Inpatient and outpatient hospital-based services** – 10 percent co-insurance up to maximum out-of-pocket annual member expenditure on Allowed Amounts (negotiated rates)
- ✚ **Broad Provider Network** – Includes 7 hospitals and 1,600+ physicians plus Community Health Centers (including 6 FQHCs); hospice and durable medical equipment providers; labs and independent diagnostic testing facilities.
- ✚ **Point of Service Plan** – member can choose their doctor; referrals not required
- ✚ **Disease Management and ER Alternatives Included** – 24/7 nurse line, case management and urgent care centers
- ✚ **Plans to cover groups or Individuals:**
 - **Small Group Plan** – Up to 50 employees/group members; “Guaranteed Issuance” no refusal for pre-existing conditions (may include waiting periods for coverage)
 - **Individual Plan** – Medically underwritten and therefore not guaranteed issuance; some individuals with pre-existing may not be eligible for coverage. However, those individuals will be offered other products, including “**GoBlue**” – *an ‘office-services-only plan’* which provides access to discounted physician services and may enable members with certain chronic diseases to manage their conditions and then later successfully apply for **Miami-Dade Blue** or another underwritten health plan

Premium Assistance Program – for Low Income Individuals

- ✚ **FL Legislature budgeted \$250,000** to provide insurance premium assistance for qualifying **Miami-Dade Blue** members (SFY 09-10) as recommended by the Low Income Pool Council – **pending Governor's approval**
- ✚ **Qualified Members of Miami-Dade Blue** – Individuals age 19-64 with incomes up to 200% FPL
- ✚ **Assistance Provided** – up to \$100 per person/per month = \$1,200 per person/per year
- ✚ **Partnership with Safety Net Health Centers** – to conduct means testing & enroll qualifying **Miami-Dade Blue** members in the Premium Assistance Program
 - Members will be screened and referred to existing public-funded programs
 - Safety Net Health Centers serve as premium assistance members' Medical Home
- ✚ **Community-based foundation** to serve as fiscal agent which submits verified monthly premium assistance payments to BCBSF consistent with state/federal requirements
- ✚ **Corporate contributions & private grants** to be sought by Miami-Dade County Office of Countywide Healthcare Planning to supplement LIP allocation

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For a complete description/package of this Miami-Dade Blue health plan, go to <http://www.co.miami-dade.fl.us/govaction/legistarfiles/MinMatters/Y2008/082589min.pdf>