

**FLORIDA HEALTH CHOICES, INC.**  
**Proposed Employer and Individual Eligibility Criteria**

<b>Employers and Individuals</b>			
Element	Initial Application	Continuation	Verification
Enrollment Period	Continuous	Annual Renewal	
Initial Criteria	<b>Small Employer</b> -Principal place of business in Florida -Average 1-50 employees during preceding year -If an employer was not in existence throughout the preceding calendar year, the average number of employees reasonably expected to be employed during the current year averages 1-50	-If a participating small employer exceeds 50 employees after initial enrollment it may continue to be treated as a small employer	-Self-attestation of employer  -List of other eligible employers maintained by the corporation
	<b>Municipality</b> -having populations of fewer than 50,000 residents		
	<b>County</b> -Local government agency or school board in a county designated as fiscally constrained		
	<b>Statutory Rural Hospital</b>		
	<b>State of Florida</b>		
	<b>Unaffiliated Individual</b> -A person or family who participates in the program but is not eligible for payroll deduction through a participating employer including: <ul style="list-style-type: none"> <li>• State of Florida retiree</li> <li>• Medicaid participants who select the opt-out provisions of reform</li> <li>• Participating employees when 18 months of COBRA ends</li> <li>• Participating employees who separate from employer with no COBRA option</li> <li>• Makes premium payments through a method other than payroll deduction</li> </ul>		-Self-attestation by the individual or system history of prior enrollment
Continuation Criteria		Active enrollment and payment of applicable premiums.	Receipt of timely payment
Agreement Requirement	Agree to Terms and Conditions	Agree to any modified Terms and Conditions	Electronic or written signature

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**Qualifying Life Events (For Discussion)**

Event	Example	Action	If Removed
<b>Employee Events</b>			
Employee gains dependent	Marriage	Add dependent	
	Birth		
	Adoption		
Employee loses dependent	Death	Remove dependent	Add independent
	Divorce		
	Placed for adoption		
Employee becomes eligible	New hire	Add employee/family	
	Job status change		
Employee loses eligibility	Employment ends		Add independent
	Job status change		
Employee loses eligibility in dependent plan	Dependent employment ends	Add employee/family	
	Divorce		
	Dependent job status change		
Employee moves out of service area	Relocation by employer	Remove employee/family	Add independent
	Residence address change		
Eligible employee moves to new service area	Relocation by employer	Add employee/family	
	Residence address change		
Employee enrolls in public coverage	Enrolls in Medicare	Remove employee/family	Add independent
	Enrolls in Medicaid/SCHIP		
Eligible employee loses public coverage	Public coverage canceled due to ineligibility.	Add employee/family	
<b>Dependent Events</b>			
Dependent enrolls in another plan	Enrolls in employer's plan	Remove dependent	Add independent
Dependent loses eligibility in another plan	Dependent employment ends	Add dependent	
	Job status change		
Dependent become ineligible	Overage dependent	Remove dependent	Add independent
Dependent moves out of service area	Out of service area college student	Remove dependent	Add independent
Dependent moves to service area	Returning college student	Add dependent	
Dependent enrolled in public coverage	Enrolls in Medicare	Remove dependent	Add independent
	Enrolls in Medicaid/SCHIP		

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Eligible dependent loses public coverage	Public coverage canceled due to ineligibility.	Add dependent	
Judgment, decree or order to add	Court order requiring coverage for employee's dependent	Add dependent	
Judgment, decree or order to release	Court order releasing required coverage for employee's dependent	Remove dependent	Add independent