

# FLORIDA HEALTH CHOICES, INC.

## Draft Program Options for Small Employers

Eligible Small Employer	Employer Program Option		Eligible Persons	Shopping Experience	Suggested Elements
-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 employer exceeds 50 employees after initial enrollment it may continue to be treated as a small employer	Select Option	Employer selects one insurer and one health benefit plan offered by the selected insurer	-Eligible Employee as determined by the employer -Spouse or child of an eligible employee -Participates in payroll deduction	Employee may elect to enroll with the insurer and health benefit plan selected by employer	Type: Small Group Insurance or HMO Contract Holder: Group Sponsored Contract Year: Plan Year Open Enrollment: Annual Rating Method: Community Rating Employer Contribution: Minimum 50% Employee Participation: Minimum 75% Pre-existing Conditions: TBD Medical Underwriting: -10% to +15% Guarantees: Guarantee Issue Continuation: COBRA
	Plan Option	Employer selects one insurer and 2-3 health benefit plans offered by that insurer		Employee shops from among the designated benefit plans offered by the designated insurer	
	Network Option	Employer selects a health benefit plan		Employee shops from among the insurers that offer actuarially equivalent health benefit plans	<i>Note: Research on actuarially equivalent health benefit plans is pending</i>
	Preferred Option	Employer recommends up to 4 insurers or health benefit plan		Employee notified of employer recommendations with ability to shop from available insurers and benefit plans	Type: Individual Insurance or HMO Contract Holder: Individual Contract Year: Product Date or 12 months Open Enrollment: Annual Rating Method: Medical Underwriting Employer Contribution: 0-100% Employee Participation: 0-100% Pre-existing Conditions: TBD Medical Underwriting: -10% - +15% Guarantees: No Guarantee Issue Continuation: Portable
	Choice Option	Employer does not select or recommend insurer or health benefit plan		Employee shops from available insurers and benefit plans	

**FLORIDA HEALTH CHOICES, INC.**  
**Draft Program Options for Other Employers**

Eligible Other Employer >50	Employer Program Option		Eligible Persons	Shopping Experience	Suggested Elements
-Fiscally constrained counties and schools - Municipality less than 50,000 residents -Statutory rural hospital -State of Florida	Select Option	Employer selects one insurer and one health benefit plan offered by the selected insurer	-Eligible Employee as determined by the employer -State employees not eligible for state employee health benefits -Spouse or child of one of the above -Participates in payroll deduction	Employee may elect to enroll with the insurer and health benefit plan selected by employer	Type: Large Group Insurance or HMO Contract Holder: Group Sponsored Contract Year: Plan Year Open Enrollment: Annual Rating Method: Experience Rated Employer Contribution: Minimum 50% Employee Participation: Minimum 75% Pre-existing Conditions: TBD Guarantees: Guarantee Issue Continuation: COBRA
	Plan Option	Employer selects one insurer and 2-3 health benefit plans offered by that insurer		Employee shops from among the designated benefit plans offered by the designated insurer	Rating Method: Experience Rated Employer Contribution: Minimum 50% Employee Participation: Minimum 75% Pre-existing Conditions: TBD Guarantees: Guarantee Issue Continuation: COBRA
	Network Option	Employer selects a health benefit plan		Employee shops from among the insurers that offer actuarially equivalent health benefit plans	<i>Note: Research on actuarially equivalent health benefit plans is pending</i>
	Preferred Option	Employer recommends up to 4 insurers or health benefit plan		Employee notified of employer recommendations with ability to shop from all available insurers and benefit plans	Type: Individual Insurance or HMO Contract Holder: Individual Contract Year: Product Date or 12 months Open Enrollment: Annual Rating Method: Medical Underwriting Employer Contribution: 0-100% Employee Participation: 0-100% Pre-existing Conditions: TBD Medical Underwriting: -10% - +15% Guarantees: No Guarantee Issue Continuation: Portable
	Choice Option	Employer does not select or recommend insurer or health benefit plan		Employee shops from all available insurers and benefit plans	Employer Contribution: 0-100% Employee Participation: 0-100% Pre-existing Conditions: TBD Medical Underwriting: -10% - +15% Guarantees: No Guarantee Issue Continuation: Portable

**FLORIDA HEALTH CHOICES, INC.**  
**Draft Program for Individuals**

Eligible Individuals	Individual Program Option	Eligible Persons	Shopping	Suggested Elements
-Unaffiliated Individual: A person or family who participates in the program but is no longer eligible for payroll deduction through a participating employer	Choice Option	<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>	Unaffiliated Individual shops from available insurers and benefit plans	Type: Individual Insurance or HMO Contract Holder: Individual Contract Year: Product Date or 12 months Open Enrollment: Annual Rating Method: Medical Underwriting Pre-existing Conditions: TBD Medical Underwriting: -10% - +15% Guarantees: No Guarantee Issue Continuation: Portable