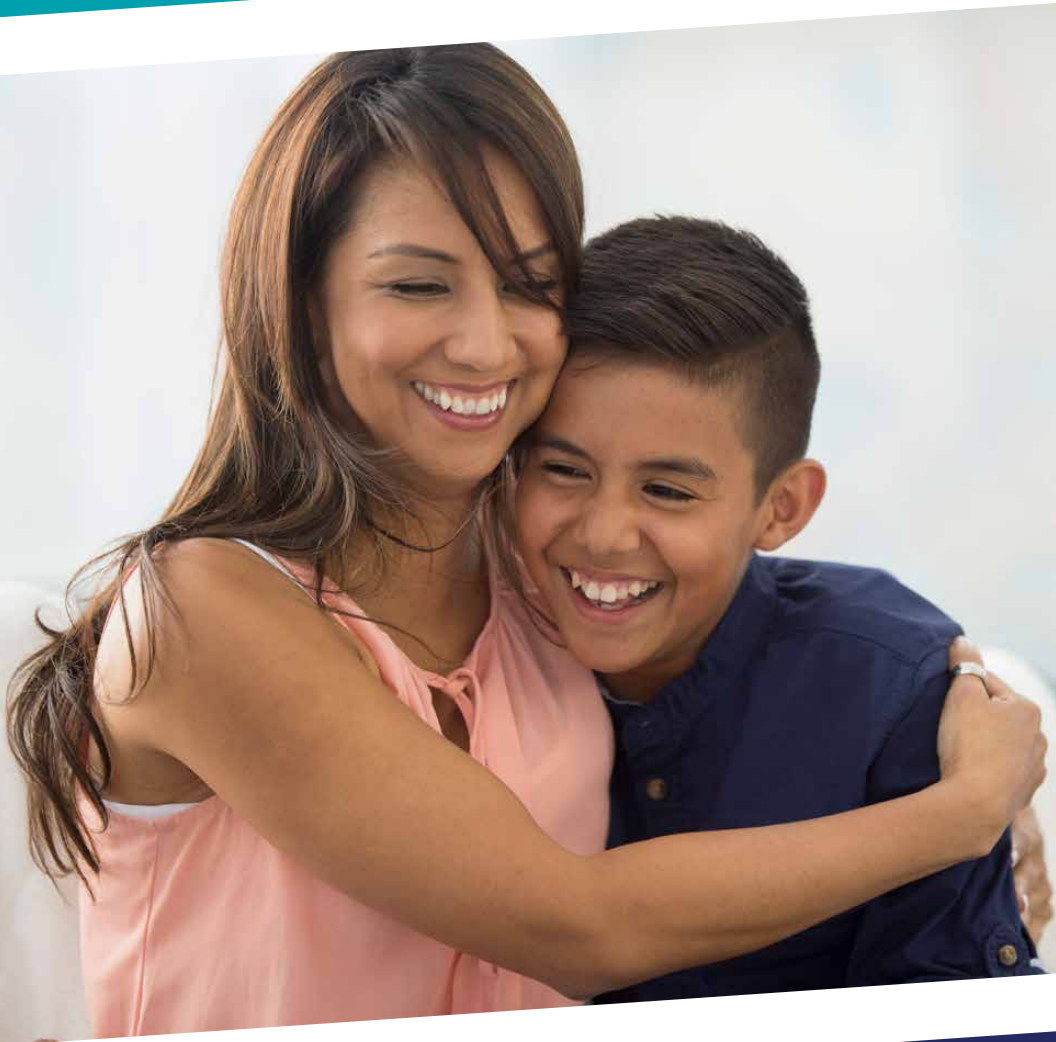


A GUIDE FOR POTENTIAL FLORIDA HEALTHY KIDS ENROLLEES



HealthyKids™

FL♥rida KidCare
HEALTH AND DENTAL INSURANCE

WELCOME LETTER

Welcome! Thank you for your interest in Florida Healthy Kids!

NOTICE:

The information in this guide is intended to help you understand Florida Healthy Kids insurance coverage using easy-to-read language. When there are differences between the information in this guide and the plan-specific enrollee handbook, the information in the plan-specific enrollee handbook prevails.



Florida Healthy Kids, one of four programs that makes up Florida KidCare, is for school-aged children ages 5 through the end of age 18. Florida Healthy Kids offers two different plan options:

1. a subsidized plan for families whose household income falls between 133 percent and 200 percent of the federal poverty level, and
2. a full-pay plan for families whose household income exceeds eligibility standards.

Most Florida Healthy Kids enrollees qualify for subsidized coverage and pay just \$15 or \$20 a month for health and dental coverage.

If you are thinking about applying for coverage, have recently applied, or have recently enrolled in the Florida Healthy Kids program, this guide for potential enrollees will walk you through how the program works.

For more information about Florida Healthy Kids, visit [healthykids.org](https://www.healthykids.org) or call 1-888-540-KIDS (5437), or 1-800-955-8771 for TTY. The Florida KidCare Call Center is open 7:30 a.m. – 7:30 p.m., ET, Monday – Friday.

We look forward to serving you and your family in our mission to ensure child-centered health plans that provide comprehensive, quality health care services.

ABOUT THIS GUIDE

This guide is intended to help families thinking about applying for Florida Healthy Kids coverage. It may also be useful for families that have recently enrolled in Florida Healthy Kids coverage.

This guide is written for the parent(s) or guardian(s) of eligible children. Please talk about this information with your child, as age appropriate.

This guide will tell you about:

- **The basics of Florida KidCare and Florida Healthy Kids;**
- **Available plan choices;**
- **Most covered benefits, including what you will pay and how to access services;**
- **The plans' responsibilities in providing care for your child;**
- **Enrollee rights and responsibilities;**
- **What to do if you disagree with your plan's action;**
- **How quality is monitored; and more.**



KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **ENROLLEE**
- **PLAN**
- **HEALTH INSURANCE**
- **DENTAL INSURANCE**

Younger children may benefit from learning about how doctors can help them stay healthy. Older children and teenagers benefit from learning the basics of how health insurance works, including cost-sharing terms and their rights and responsibilities as an enrollee. Learning about these things now can prepare your child to better understand and control his or her health and insurance options as an adult.

CONTACT INFORMATION

When you need help or more information, use these contacts and websites:

HELP OR QUESTIONS ABOUT	CALL	VISIT
<ul style="list-style-type: none"> • Status of your application • Eligibility for Florida Healthy Kids • Making payments • When coverage starts • Florida KidCare letters or emails you receive 	<p>1-888-540-KIDS (5437)</p> <p>Weekdays: 7:30 a.m. – 7:30 p.m. ET</p> <p>TTY 1-800-955-8771</p>	<p>healthykids.org</p>
<ul style="list-style-type: none"> • Whether a medical service, prescription medication, or device is covered • Cost of a medical service, prescription medication, or device • Network health care providers • Preventive services • Payment of a medical bill • Appealing a service or claim denial 	<p><i>Your specific health insurance company:</i></p> <p>Aetna Better Health of Florida 1-844-528-5815</p> <p>Community Care Plan 1-866-930-0944</p> <p>Simply Healthcare Plans 1-844-405-4298</p>	<p><i>Your health insurance company's website:</i></p> <p>aetnabetterhealth.com/florida</p> <p>ccphealthykids.org</p> <p>simplyhealthcareplans.com/florida-home/simply.html</p>



HELP OR QUESTIONS ABOUT	CALL	VISIT
<ul style="list-style-type: none"> • Whether a dental service is covered • Cost of a dental service • Network dental providers • Appealing a service or claim denial 	<p><i>Your specific dental insurance company:</i></p> <p>Argus Dental Plan 1-888-978-9513</p> <p>DentaQuest, Inc. 1-800-964-7811</p> <p>MCNA Dental Plan 1-855-858-6262</p>	<p><i>Your dental insurance company's website:</i></p> <p>argusdental.com/healthykids</p> <p>dentaquest.com/state-plans/regions/florida</p> <p>mcna.net/en/florida-healthy-kids</p>

SENDING DOCUMENTS

If you need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare, please submit them one of these ways:

Secure upload: Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff or gif. Each file must be less than 10MB. Log into your account at floridakidcare.org and click the green document upload button to upload documents to your account.

Email: Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif. Each file must be less than 10MB, or possibly smaller, depending on your email service. Email your documents to contactus@healthykids.org.

Mail:
Florida KidCare
P.O. Box 591
Tallahassee, FL
32302-0591

Fax: 1-866-867-0054



IMPORTANT:

Please do not send any medical bills or claims to the Florida Healthy Kids Corporation. If you need to send in a medical bill or claim, call your plan's enrollee services department. When you send in any documents, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your online Florida KidCare account.



MAKING PREMIUM PAYMENTS

When you need to make a premium payment, choose one of these ways:

Worry-free, automatic monthly payments:

AutoPay

1. Go to floridakidcare.org and log in to your secure account or create an account if you do not already have one.
2. Enter your debit card, credit card or bank account information (transaction fee applies).
3. Save your payment information.

One-time payments for a single month or multiple months of coverage:

Online

1. Visit floridakidcare.org and click the Pay Your Premium button.
2. Select the one-time payment option.
3. Enter your debit card, credit card or bank account information (transaction fee applies).

Mail

1. Write your family account number on your check or money order.
2. Make it payable to "Florida KidCare."
3. Send your payment to:
Florida KidCare
P.O. Box 31105
Tampa, FL 33631-3105

Phone

Call 1-888-540-KIDS (5437) to make a payment with your debit or credit card (transaction fee applies).

In Person

Visit fidelityexpress.com to find a location where you can make a cash payment.

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GETTING STARTED:

Program Basics

What is Florida KidCare?

Florida KidCare is the state of Florida's high-quality, low-cost health and dental insurance program for children. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
- The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
- The Department of Health runs the Children's Medical Services Managed Care Plan for children from birth through the end of age 18 with special health care needs.
- The Department of Children and Families runs the Behavioral Health Network for children ages 5 through the end of age 18.

This guide is specifically for **Florida Healthy Kids**.

What is Florida Healthy Kids?

Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.



KEY TERMS

Check the **Definitions** Section on p. 63 to read about these key terms:

- **ENROLLEE**
- **PLAN**
- **HEALTH INSURANCE**
- **DENTAL INSURANCE**
- **PREMIUM**
- **PROVIDER**
- **NETWORK**

What is managed care?

The goal of managed care is to provide high-quality health care at low costs. The Florida Healthy Kids insurance companies use many approaches to do this, but two of the main approaches are:

- Creating a provider network. Network doctors and other health care providers agree to certain rules, like how quickly the doctor must give enrollees an appointment or, if a specialist is needed, the doctor must refer enrollees to a network specialist. Except for emergencies, enrollees must see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered. Florida Healthy Kids insurance companies only pay for medically necessary services.

Who is eligible for Florida Healthy Kids?

Florida Healthy Kids offers subsidized coverage and a full-pay option.

Subsidized coverage is available to children ages 5 through the end of age 18 in families with income between 133 percent and 200 percent of the federal poverty level. The federal poverty level changes annually and is based on income and household size (the number of people counted as enrollees of a person's household). You can find a chart of general annual income guidelines at [healthykids.org/cost/subsidized](https://www.healthykids.org/cost/subsidized). Children must be U.S. citizens or lawful U.S. residents, as well as Florida residents to be eligible for coverage.

If your household income is too high for subsidized coverage, Florida Healthy Kids also has a full-pay coverage option.

Subsidized coverage and full-pay coverage are the same except that full-pay enrollees pay for the full cost of coverage, which means a higher monthly premium payment.

How much does subsidized coverage cost?

Eligible families pay just \$15 or \$20 per month for coverage! The amount you pay per month, called the monthly premium, depends on your household size and income level. One reason this amount is low is because federal and state tax dollars pay most of the total premium. That is why it is called subsidized coverage.

How much does full-pay coverage cost?

Full-pay families may choose to opt out of dental coverage. The monthly premium with dental coverage is \$230 per child per month. Without dental coverage, the monthly premium is \$215 per child per month.

How do I apply?

Florida KidCare, including Florida Healthy Kids, has year-round open enrollment. This means you can apply any time using one of these ways:

Online

1. Visit floridakidcare.org and click APPLY NOW.
2. Start a new application. Completing an application may take 45 minutes or more, depending on how many people live in your household.
 - You will need Social Security numbers (or document numbers for legal immigrants who need insurance) and employer and income information for everyone living in your household.
 - If you need to stop, save your application and write down your application confirmation number. You can leave the application and finish it later if you have that number. If you provided your email address, we will email your application confirmation number to you.

3. Submit the entire application online, as well as upload documents.
 - You may be asked to upload income verification documents, documents related to your citizenship status, and if you answered that you are Native American or Alaskan American, you may also be asked to provide documentation.

Paper

1. You can download the application at floridakidcare.org or call Florida KidCare at 1-888-540-KIDS (5437) and ask for a free printed copy. We will mail it to you.
 - **Mail** the completed application and copies of your documents to the address on the application, or
 - **Email** scanned copies of your application and documents to contactus@healthykids.org as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif. Each file must be less than 10MB, or possibly smaller, depending on your email service, or
 - **Fax** your completed application and supporting documents to 1-866-867-0054.

How long does it take to get an answer once I have completed an application?

It takes about six weeks to process an application. It will take longer if we need additional information from you. Please provide all the information we ask for so we have everything we need to properly process your application. If your child is eligible for Florida Healthy Kids, coverage will begin the first day of the month after Florida KidCare approves your application **and** the premium has been paid.

How do I set up an online account?

You will need your family account number. You can find your account number on letters sent from Florida KidCare or included in an email from Florida KidCare if you chose to receive information electronically. Your family account number is different than your application number.

Go to floridakidcare.org and click “Your Account”. Enter your family account number and either the Social Security number or the birthdate for the parent listed on the account. After you click the “Register” button, you will be able to see the status of your account, read letters from Florida KidCare if you chose to receive information electronically, and set up convenient online payments.

Is my child’s insurance company Florida Healthy Kids?

No. The Florida Healthy Kids Corporation contracts with several insurance companies to offer your child health and dental insurance coverage through Florida Healthy Kids. Your insurance company options will vary based on where you live in Florida, but you will have at least two different health and dental insurance companies to choose from during the application process. The

insurance company you choose will become your primary source of information about the covered benefits and services available to your child.



What do I have to do to enroll my child in a health or dental plan?

Nothing. Your child (or children) will be automatically enrolled in a health plan and a dental plan when your application is approved. You will receive a letter or an email telling you which plans your child has been enrolled in. The letter will also list the other plan options. You have 90 days to decide if you want to change to a different health or dental plan in your area. Follow the instructions on the letter or email to change plans. Any change will be effective the first day of the month after you request the change.

See pages **22-23** for tips on how to pick the best plans for your child.

Can I pick any of the health or dental insurance companies?

You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area using the interactive map at healthykids.org/benefits/providers/map.php, or by finding your county on the list on pages **15-17**.

The dental insurance companies are available statewide, so you can pick any option:

- Argus Dental Plan
- DentaQuest, Inc.
- MCNA Dental Plan

Plans by County

COUNTIES:

ALACHUA - DIXIE

Alachua

Aetna Better Health of Florida
Simply Healthcare Plans

Baker

Aetna Better Health of Florida
Simply Healthcare Plans

Bay

Aetna Better Health of Florida
Simply Healthcare Plans

Bradford

Aetna Better Health of Florida
Simply Healthcare Plans

Brevard

Aetna Better Health of Florida
Simply Healthcare Plans

Broward

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

Calhoun

Aetna Better Health of Florida
Simply Healthcare Plans

Charlotte

Aetna Better Health of Florida
Simply Healthcare Plans

Citrus

Aetna Better Health of Florida
Simply Healthcare Plans

Clay

Aetna Better Health of Florida
Simply Healthcare Plans

Collier

Aetna Better Health of Florida
Simply Healthcare Plans

Columbia

Aetna Better Health of Florida
Simply Healthcare Plans

Desoto

Aetna Better Health of Florida
Simply Healthcare Plans

Dixie

Aetna Better Health of Florida
Simply Healthcare Plans

COUNTIES:

DUVAL - HILLSBOROUGH

Duval

Aetna Better Health of Florida
Simply Healthcare Plans

Escambia

Aetna Better Health of Florida
Simply Healthcare Plans

Flagler

Aetna Better Health of Florida
Simply Healthcare Plans

Franklin

Aetna Better Health of Florida
Simply Healthcare Plans

Gadsden

Aetna Better Health of Florida
Simply Healthcare Plans

Gilchrist

Aetna Better Health of Florida
Simply Healthcare Plans

Glades

Aetna Better Health of Florida
Simply Healthcare Plans

Gulf

Aetna Better Health of Florida
Simply Healthcare Plans

Hamilton

Aetna Better Health of Florida
Simply Healthcare Plans

Hardee

Aetna Better Health of Florida
Simply Healthcare Plans

Hendry

Aetna Better Health of Florida
Simply Healthcare Plans

Hernando

Aetna Better Health of Florida
Simply Healthcare Plans

Highlands

Aetna Better Health of Florida
Simply Healthcare Plans

Hillsborough

Aetna Better Health of Florida
Simply Healthcare Plans

COUNTIES: HOLMES - MARTIN

Holmes

Aetna Better Health of Florida
Simply Healthcare Plans

Indian River

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

Jackson

Aetna Better Health of Florida
Simply Healthcare Plans

Jefferson

Aetna Better Health of Florida
Simply Healthcare Plans

Lafayette

Aetna Better Health of Florida
Simply Healthcare Plans

Lake

Aetna Better Health of Florida
Simply Healthcare Plans

Lee

Aetna Better Health of Florida
Simply Healthcare Plans

Leon

Aetna Better Health of Florida
Simply Healthcare Plans

Levy

Aetna Better Health of Florida
Simply Healthcare Plans

Liberty

Aetna Better Health of Florida
Simply Healthcare Plans

Madison

Aetna Better Health of Florida
Simply Healthcare Plans

Manatee

Aetna Better Health of Florida
Simply Healthcare Plans

Marion

Aetna Better Health of Florida
Simply Healthcare Plans

Martin

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

COUNTIES: MIAMI DADE - PALM BEACH

Miami Dade

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

Monroe

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

Nassau

Aetna Better Health of Florida
Simply Healthcare Plans

Okaloosa

Aetna Better Health of Florida
Simply Healthcare Plans

Okeechobee

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

Orange

Aetna Better Health of Florida
Simply Healthcare Plans

Osceola

Aetna Better Health of Florida
Simply Healthcare Plans

Palm Beach

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans

COUNTIES: PASCO - SARASOTA

Pasco

Aetna Better Health of Florida
Simply Healthcare Plans

Pinellas

Aetna Better Health of Florida
Simply Healthcare Plans

Polk

Aetna Better Health of Florida
Simply Healthcare Plans

Putnam

Aetna Better Health of Florida
Simply Healthcare Plans

St. Johns

Aetna Better Health of Florida
Simply Healthcare Plans

St. Lucie

Aetna Better Health of Florida
Community Care Plan
Simply Healthcare Plans



Santa Rosa

Aetna Better Health of Florida
Simply Healthcare Plans

Sarasota

Aetna Better Health of Florida
Simply Healthcare Plans

COUNTIES: SEMINOLE - WASHINGTON

Seminole

Aetna Better Health of Florida
Simply Healthcare Plans

Sumter

Aetna Better Health of Florida
Simply Healthcare Plans

Suwannee

Aetna Better Health of Florida
Simply Healthcare Plans

Taylor

Aetna Better Health of Florida
Simply Healthcare Plans

Union

Aetna Better Health of Florida
Simply Healthcare Plans

Volusia

Aetna Better Health of Florida
Simply Healthcare Plans

Wakulla

Aetna Better Health of Florida
Simply Healthcare Plans

Walton

Aetna Better Health of Florida
Simply Healthcare Plans

Washington

Aetna Better Health of Florida
Simply Healthcare Plans

How do I know which plan is right for my child? Are the benefits different?

All Florida Healthy Kids plans cover the same benefits, but there are some other differences between the plans. Use the resources in the chart listed on pages **22-23** to help you compare plans and pick the best option for your child. To help you get started, each resource is followed by some questions you may want to ask yourself.

When and how can I change plans?

You can change insurance companies only at certain times and for certain reasons.

Log into your online account to change insurance companies during your child's first 90 days of enrollment or during your child's annual renewal period.

Call Florida KidCare at 1-888-540-KIDS (5437) to change companies if your child no longer lives in the plan's service area.

You may also call Florida KidCare to change companies for one of these reasons:

- Your child's doctor does not, because of moral or religious objections, provide a service your child needs.
- Your child needs related services to be done at the same time and your child's primary care provider determines that receiving the services separately would subject your child to unnecessary risk, but not all related services are available in the plan's network.
- Your child has an active relationship with a health care provider who is not in the plan's network, but who is in the network of another plan in the area.
- The plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.

- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the appropriate experience to provide care to your child.

Can the plan disenroll my child?

The plan cannot disenroll your child directly.

If your child's plan believes that your child is not eligible for Florida Healthy Kids, the plan may ask the Florida Healthy Kids Corporation to review and verify your child's eligibility. When an eligibility review request is made, the plan must include the reason why the child may not be eligible and how the information was obtained.

The Florida Healthy Kids Corporation will determine whether a child can remain enrolled.

How do I disenroll my child from Florida Healthy Kids?

Call Florida KidCare at 1-888-540-KIDS (5437) and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15th to cancel your child's coverage, your child will have coverage through January 31st.

If I cancel my child's coverage, can my child enroll in Florida Healthy Kids again later? Do I have to reapply?

You may re-enroll your child in Florida Healthy Kids as long as eligibility requirements are met. Call Florida KidCare at 1-888-540-KIDS (5437) to find out if you need to go through the application process again and when your child's coverage can start.

What would cause my child to lose eligibility for Florida Healthy Kids and when would coverage end?

The chart below shows some of the reasons a child may lose eligibility for Florida Healthy Kids and when coverage ends.

ENROLLEES LOSE ELIGIBILITY WHEN HE OR SHE:	COVERAGE ENDS*
Turns age 19	The end of the month in which the enrollee turns 19
Is no longer a Florida resident	The end of the month in which the enrollee is no longer a Florida resident
Gains other insurance coverage	The end of the month prior to the start of the other insurance coverage, or the first of the month after the Florida Healthy Kids Corporation has been notified of the coverage

**Does not include any applicable eligibility and enrollment dispute period*



RESOURCE	WHAT IT IS	WHERE TO FIND IT	THINGS TO THINK ABOUT
<p>Provider Directory</p>	<p>An online search tool or document that shows which doctors, hospitals and other health care professionals are in the network. It also includes information about the network providers, like hours of operation and whether new patients are accepted.</p>	<p>Visit healthykids.org to look up the health plan providers in one convenient place (dental plans coming soon!) or visit the plan-specific website and look for “find a provider” or “provider search” or another way to look up a provider.</p> <p>You can also call the plan to ask which providers are in the network and to request a hard copy of the provider directory.</p>	<ul style="list-style-type: none"> • Is my child’s regular doctor or dentist in the plan’s network? • If my child doesn’t have a doctor, how many network primary care providers are convenient? Do they accept new patients? • If my child sees a specialist, is the specialist in the network? If not, how many are? Are they easy for me to get to? Do they accept new patients? • If I can’t take my child to the doctor during normal office hours, are there network doctors or urgent care centers near me with extended office hours?

RESOURCE	WHAT IT IS	WHERE TO FIND IT	THINGS TO THINK ABOUT
<p>Member Handbook</p>	<p>The document that explains your child’s covered benefits, limitations, exclusions, and your rights and responsibilities</p>	<p>Visit the plan-specific website and look for “member handbook” or “handbook”.</p> <p>You can also call the plan to request a hard copy.</p>	<ul style="list-style-type: none"> • Does the plan offer any extra benefits? • What are the hours I can call member services? • Is there a nurse line I can call when I’m not sure if I should take my child to the Emergency Room (ER), urgent care, or if I should wait for an appointment with my child’s primary care provider?
<p>Quality and Performance Standards</p>	<p>Information used to determine how well a plan and its network providers are performing.</p>	<p>Visit healthykids.org</p>	<p>Is the health or dental plan accredited?</p> <ul style="list-style-type: none"> ◦ If a plan is accredited, it means a recognized independent organization reviewed the plan and the plan meets the independent organization’s quality standards. • What information about the plan’s quality is available?

WHAT FLORIDA HEALTHY KIDS COVERS AND WHAT IT COSTS

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **ENROLLEE**
- **PLAN**
- **WELL-CHILD VISIT**
- **PRIMARY CARE PROVIDER (PCP)**
- **SPECIALIST**
- **PRESCRIPTION DRUGS**
- **NETWORK**
- **PROVIDER**
- **COPAYMENT**



What services does the program cover?

Florida Healthy Kids covers important benefits like:

- Well-child visits
- Dental services (except full-pay enrollees who have opted out of dental coverage)
- Office visits to your PCP (primary care provider)
- Office visits to specialists (doctors who focus on one area of health)
- Immunizations (shots your child gets to avoid illnesses like the flu or measles)
- Prescription drugs
- And more!

The chart on page **29** lists all covered services.

We just moved from a different state where my child's plan didn't cover some services because of moral or religious objections. How do I obtain those services in Florida?

Florida Healthy Kids plans provide all covered benefits and do not exclude any benefits (see page **29**) because of moral or religious objections. If your child's doctor will not provide

services because of moral or religious objections, call your child's plan. They will help you access those services.

Do I have to see certain doctors?

Except for emergency situations, your child must see a network provider for the services to be covered. You may also need to get a referral from your child's PCP to see a specialist. See pages **34-44** for more information about this requirement.

Do I have to pay the doctor anything?

It depends. Some services require a copayment, a specified amount you pay to the provider when your child receives services. A copayment is sometimes called a copay. Not all services require a copayment. Preventive services, like well-child visits and routine vision screenings, are free! American Indians and Alaskan Natives who meet certain requirements do not pay any copayments.

Services covered by your child's Florida Healthy Kids dental plan are free.

The chart on page **29** lists the required copayments for common covered services.

Are there limits to how much I have to pay?

Yes! Your out-of-pocket costs are limited to 5 percent of your family's gross annual income (income before taxes and other deductions) each plan year. Out-of-pocket costs for a Florida Healthy Kids health plan include any copayments you pay. For subsidized enrollees, the monthly premium also counts.

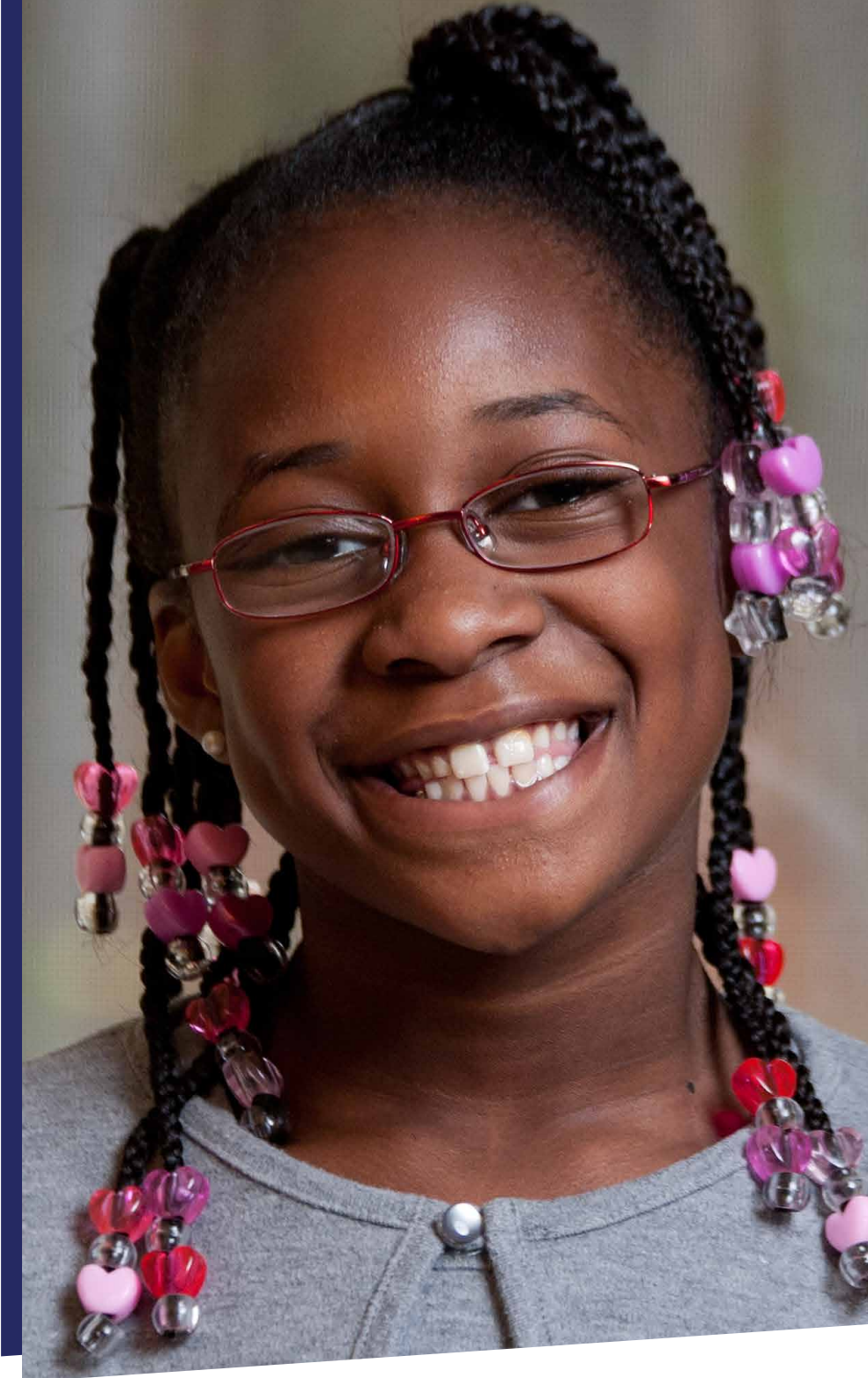
The plan year is your child's continuous eligibility period. The continuous eligibility period is the 12 months following enrollment approval.

What do I do if I think I've paid 5 percent of my family's income?

Call Florida KidCare at 1-888-540-KIDS (5437). Your child's insurance company and the Florida Healthy Kids Corporation will verify that you have paid 5 percent of your family's annual income. You may need to provide receipts or other documents for the copayments you paid.

Once your information has been verified, you will receive a letter stating you do not owe any copayments for the rest of the plan year. You can show this letter to providers. Your child's plan will also tell your providers you do not owe any copayments. Subsidized families will also stop paying monthly premiums for the rest of the plan year.

Remember, you will need to begin paying premiums and copayments again when your child's continuous eligibility period starts. The continuous eligibility period is the 12 months following enrollment approval. If your child's continuous eligibility period begins on January 1st, be sure to pay your January premium in December.



MEDICAL BENEFITS AND PRESCRIPTION DRUG COVERAGE

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- ENROLLEE
- PLAN
- COPAYMENT
- NETWORK
- PROVIDER
- HEALTH INSURANCE
- COVERED BENEFITS
- PRIMARY CARE PROVIDER (PCP)
- SPECIALIST
- PREVENTIVE CARE
- EMERGENCY ROOM CARE
- DURABLE MEDICAL EQUIPMENT
- HOME HEALTH CARE SERVICES
- HOSPICE SERVICES
- PRESCRIPTION DRUGS
- MEDICALLY NECESSARY



The Florida Healthy Kids health insurance plans cover the medical benefits and drug prescription coverage listed in the chart on page 29.

Covered services must be medically necessary. Your child's plan may require your child to meet certain medical necessity criteria for some benefits. Your child's plan may require your doctor get authorization before your child receives certain services or to continue certain services. Please call your child's current plan or the plan you are considering if you have questions about your child's benefit coverage.

IMPORTANT REMINDERS

- Copayments are charged per visit or per prescription.
- The health insurance plan year is January 1st through December 31st.
- Except for emergency services, your child **must** see a network provider to have health insurance coverage for services.

MEDICAL BENEFITS AND PRESCRIPTION DRUG COVERAGE	COPAYMENT
Hospital inpatient services	\$0
Primary care provider office visits	\$5
Preventive care	\$0
Specialist office visits	\$5
Short-term rehabilitative services <ul style="list-style-type: none"> Physical, occupational, respiratory and speech therapy are covered. Limited to 24 sessions within a 60-day period per episode or injury. 	\$5
Chiropractic services <ul style="list-style-type: none"> Limited to 24 visits per year. 	\$5
Podiatrist services <ul style="list-style-type: none"> Limited to 1 visit per day and 2 total visits per month. 	\$5
Emergency room visits	\$10
Emergency ambulance services	\$10
Behavioral health services	Office visits: \$5 Inpatient services: \$0
Substance use disorder services	Office visits: \$5 Inpatient services: \$0
Corrective lenses and frames	\$10
Organ transplants	\$0
Durable medical equipment	\$0
Skilled nursing facilities	\$0
Home health services	\$5
Hospice services	\$5
Prescription drugs	\$5

Additional Benefits

Some Florida Healthy Kids health plans provide additional benefits for free. You can find more information about each plan's additional benefits in the plan-specific enrollee handbooks or by calling the plan's enrollee services.

Prescription Drug Benefit

The prescription drug benefit covers certain prescription medications, also called prescription drugs, prescribed by your child's health care provider. Each plan has a specific list of prescription medications that are covered. This is called a preferred drug list. The preferred drug list also describes any requirements your child must meet to have a prescription covered. It is sometimes called a prescription drug formulary.

Does the preferred drug list change?

The preferred drug list may change from time to time. The current preferred drug list is available on the plan's website. You will be notified if your child's plan makes a change to the preferred drug list that will impact your child's current prescriptions.



Do all Florida Healthy Kids plans have the same preferred drug list?

All Florida Healthy Kids plans cover the same type of prescription drugs as Florida Medicaid, but each plan's preferred drug list may be different. Each plan makes different decisions about things like the requirements an enrollee must meet to be eligible for a certain medication or which medication is preferred.

You can find a plan's preferred drug list on the plan's website.

How are decisions about the preferred drug list made?

Each plan has a committee of pharmacists and medical professionals that decides which medications go on the preferred drug list. The committee considers issues like:

- How well a medication works for most people;
- Potential side effects or bad reactions; and
- The cost of a particular drug relative to comparable drugs.

My child's doctor says my child needs to take a brand name medication instead of a generic medication. Will my child's plan cover the brand name medication?

Your child's plan will cover the brand name medication if your child's provider specifies "dispense as written" on the prescription. The phrase "dispense as written" tells the pharmacist not to make any substitutions. If your child's doctor does not indicate "dispense as written" and you ask the pharmacist for the brand name medication, you may have to pay the full cost of the medication.

DENTAL BENEFITS

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- ENROLLEE
- PLAN
- DENTAL INSURANCE
- COVERED SERVICES
- COPAYMENT
- EMERGENCY SERVICES
- PREVENTIVE CARE
- NETWORK
- PROVIDER
- MEDICALLY NECESSARY



Florida Healthy Kids dental benefits are the same as the Florida Medicaid children's dental benefits as listed in the summary below. For more information about a plan's covered benefits, please see the plan's Florida Healthy Kids enrollee handbook.

Covered services must be medically necessary. Your child's plan may require your child to meet certain medical necessity criteria for some benefits. Your child's plan may require your child's dentist get authorization before your child receives certain services or to

continue certain services. Please call your child's plan or the plan you are considering if you have questions about your child's benefit coverage.

IMPORTANT REMINDERS

- There are no copayments for dental services!
- Except for emergency services, your child **must** see a network provider to have dental insurance coverage for services.

Covered benefits include, but are not limited to:

- Preventive services
- Oral examinations
 - Periodic (routine) oral exams are limited to one every six months
- X-rays
- Oral surgery services
- Palliative treatment (emergency services needed to relieve pain and discomfort)
- Endodontic services (such as root canals)
- Periodontal services (to treat problems with the gums)
- Restorative services (such as fillings)
- Orthodontic services (such as braces)



THE PROVIDER NETWORK

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **ENROLLEE**
- **PLAN**
- **NETWORK**
- **PROVIDER**
- **OUT-OF-NETWORK PROVIDER**
- **PRIMARY CARE PROVIDER (PCP)**
- **SPECIALIST**
- **REFERRAL**
- **URGENT CARE**
- **EMERGENCY ROOM CARE**



Making Sure Your Child's Benefits Are Covered

All Florida Healthy Kids plans pay for covered services only when your child sees a network provider. Your child will have a PCP (primary care provider) who will coordinate your child's medical care and a primary dentist who will coordinate your child's dental care. If your child needs to see a specialist (a doctor or dentist who focuses on one type of medicine) your child's PCP or primary dentist will provide a referral.

Emergency services are an exception to these rules. Your child may see any provider for emergency services and a referral or prior authorization is not needed.

What is a network provider?

A network provider is a doctor, dentist, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with a plan to see Florida Healthy Kids enrollees.

How do I know if my doctor is a network provider?

Each plan has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directories are updated regularly when the plans receive new information from providers.

Each plan also has a printable copy of the provider directory available. You can find this document on each plan's website or you can call a plan's enrollee services and request a copy. The plan will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your doctor's office if they still accept the plan. Be sure to say the name of the health insurance or dental insurance plan, not just Florida Healthy Kids.

I looked at the provider directory, but I still need help.

Call the enrollee services department of the plan you are interested in. They will be happy to help. You can find phone numbers for each plan on pages **4-5**.

My child has been to a doctor I really like, but the doctor is not in the network for any of the available plans. What can I do?

Check the enrollee handbook or call enrollee services for the plan you have chosen and ask how you can refer the doctor to the plan. If the plan is willing to contract with the doctor, the doctor must be willing to accept the plan's Florida Healthy Kids coverage and pass the plan's credentialing process. A doctor may not join a plan's network for many reasons. Referring a doctor to a plan is a step in the right direction, but it is not a guarantee that he or she will join the network.

How do I choose a PCP for my child?

Once you have chosen a plan, read the plan's enrollee handbook to learn how to choose a PCP for your child or call the plan's enrollee services.

Can I change my child's PCP?

Yes. Once you have chosen a plan, read the plan's enrollee handbook for instructions on how to change your child's PCP or call the plan's enrollee services department.

Can I choose any PCP?

You may choose any network PCP that is accepting new patients. If your child already sees a network PCP who is not accepting new patients with the plan, your child's doctor may be willing to continue seeing your child. Call and ask the doctor's office. If your doctor agrees, call the plan so the plan can confirm with your child's doctor and assign him or her as your child's PCP. **Not all doctors are able to accommodate this request.** If your child's doctor is not able to continue seeing your child, you must choose a new PCP.

How do I make an appointment?



IMPORTANT:

Remember to take your child's enrollee ID card with you to the appointment.

After your child is enrolled, call the doctor's office and tell them:

- You want to make an appointment;
- If your child is a new patient;
- Why you want to see the doctor; and
- The name of your child's plan which is "Florida Healthy Kids" **and** the name of your child's insurance company.

Ask these questions:

- Do I need to bring anything to the appointment?
- Are there forms I can fill out ahead of time?
- What do I do if I need to change or cancel?
- Is there a fee if I cancel an appointment?

Have your schedule in front of you when you call so you know which days and times an appointment will work for you.

Remember to take your child's enrollee ID card with you to the appointment. Your child's doctor needs this card and may not see your child if you do not have it with you.

My child needs to see a specialist. What do I do?

Usually, your child will need a referral from his or her PCP. You must contact your PCP so he or she can direct your child to a specialist for care.

Why does my child need a referral?

Your child's PCP or primary dentist can provide most of your child's medical services. He or she is the person who can help you make the best decisions about your child's care, including when your child should see a specialist. Florida Healthy Kids requires a referral for most services that are not provided by your PCP or primary dentist because this helps ensure your child receives the most appropriate care. Plus, your PCP and primary dentist are the most up-to-date on your child's medical and dental health.

How do I get a referral?

- 1.** Call your child's PCP. Sometimes you will need to make an appointment to see the PCP. Depending on the type of specialist your child needs and how familiar the PCP is with your child's issue, the PCP may not need to see your child first.
- 2.** If your child's PCP thinks your child should see a specialist, he or she will refer your child to a network specialist. Some PCP offices give you the referral for you to take with you to the specialist appointment. Others send the referral to the specialist for you. Be sure to confirm that the specialist's office receives the referral.
- 3.** Call the specialist to make an appointment. Be sure to do this in a timely manner or you may need to make another appointment with your child's PCP. Some PCP offices will do this for you, but you need to let them know the days and times you can get to the appointment.
- 4.** If the PCP gave you a referral, remember to take it with you to your child's appointment.

Does my child always need to get a referral?

Your child will need a referral for most services not provided by your child's PCP. If your child sees a specialist without a referral, you may have to pay the full cost of that visit, which is much higher than your copayment. Your child may see some specialists without a referral. Please refer to the plan-specific handbook for more information.

Are there other requirements like referrals I need to know about?

Your child's PCP may need to get prior authorization from the plan before the plan pays for a specific service. Your child's provider is responsible for requesting prior authorizations so you do not need to do anything. If the plan does not approve or cover a service, your child can still have the services, but you will be responsible for paying for those services.

Each plan has different policies about when referrals, prior authorizations or other similar requirements must be met. Review the enrollee handbook for the plans in your area. You can always call the plans' enrollee services if you have questions or concerns.



My child needs services from a specialist, but there are no network specialists in my area.

Call your child's plan and ask them to help you find a provider. Florida Healthy Kids plans are required to make sure your child gets the services he or she needs. If there are not any network providers, your child's plan will make other arrangements for your child to receive medically necessary covered services.

What if I have concerns about my child's treatment or treatment plan?

You can ask for a second opinion. A second opinion is when you take your child to another doctor about the same issue for which your child has already seen a doctor. Call the plan you are interested in for specific instructions on how to use this benefit.

You should feel comfortable discussing your child's health and treatment options with your child's doctor. Ask questions when you do not understand something and ask about the pros and cons of a treatment option. Consider choosing a new doctor for your child if you often do not feel comfortable asking questions or you do not get the information you need.

What rules do the plans' networks have to meet?

Florida Healthy Kids plans are required to have a network with enough providers to ensure enrollees have timely access to covered services.

Sometimes it is not possible for a plan to meet these requirements. Often, this is because not enough health care providers work in the area. Sometimes not enough health care providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, your child’s plan can help you find one in your area. If there are no providers in the network nearby, the plan will arrange for your child to see an out-of-network provider. You must go through the plan to see an out-of-network provider unless your child requires emergency services.

Florida Healthy Kids plans make sure most enrollees can get to their health care provider within a certain amount of time or a certain distance from their home. For example, if you live in a city (urban), you should be able to get to a network primary care dentist in about 20 minutes or within 20 miles of your home. These time and distance measures are called network access standards.

The Florida Healthy Kids network access standards are:

DENTAL PLANS:

	Time Standards - in minutes		Distance Standards - in miles	
	Rural	Urban	Rural	Urban
Dental - primary care	30	20	30	20
Specialists	40	20	30	20

HEALTH PLANS:

	Time Standards - in minutes		Distance Standards - in miles	
	Rural	Urban	Rural	Urban
PCP - pediatricians	30	20	30	20
PCP - family physicians	20	20	20	20
Behavioral health - pediatric	60	30	45	30
Behavioral health - other	60	30	45	30
OB/GYN	30	30	30	30
Specialists - pediatric	40	20	30	20
Specialists - other	20	20	20	20
Hospitals	30	30	30	20
Pharmacies	15	15	10	10

I always have to wait a long time to get an appointment at my child’s doctor office. What can I do?

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you must wait longer than these timeframes, please call the plan’s enrollee services department.

- If your child is **experiencing a life-threatening emergency** and needs immediate care, please go to the nearest emergency room or call 911.

- **Routine care** – care that may be delayed without expectation that your child’s condition will get worse without care within a week – must be provided within seven days of your request for services.
- **Routine physical exam** – an annual well-child exam – must be provided within four weeks of request for services.
- **Follow-up care** – care provided after treatment of a condition – must be provided as medically appropriate and as directed by your child’s health care provider.
- **Urgent care** – care required within 24 hours to prevent the condition from becoming an emergency – must be provided within 24 hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

How can my child get care after normal business hours?

There are a few ways to access care after normal business hours, depending on your child’s needs:

- Providers with extended hours
 - Some providers offer evening or weekend office hours.
 - Call the provider’s office or visit their website to find out when they are open.
- Urgent care centers
 - Urgent care centers see patients who need immediate, but not emergency attention and their PCP is not available.
 - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.

- Some plans have nurses you can call. They can provide basic information, such as whether your child's symptoms can wait until the doctor's office opens or if you should go to the emergency room. Find out more in the plan's enrollee handbook.
- Emergency room
 - If your child is experiencing a life-threatening emergency, call 911 or go to your nearest emergency room.

When should I take my child to the emergency room?

Call 911 or take your child to the emergency room if he or she has an emergency medical condition. This means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child's life, or the life of your child's unborn baby, or to avoid serious damage to your child's health.

Avoid taking your child to the emergency room for common illnesses, such as colds or earaches with low fever. Your child's PCP can effectively treat most childhood illnesses. Plus, your PCP knows the most about your child's health history so they can help you make the best medical decisions. Using your child's health history and routine screenings results in better treatment for your child, and the PCP may catch and treat other health issues before they become a problem.

HEALTH RISK ASSESSMENTS

It is important that your child receives the care he or she needs in a timely manner. When you enroll your child in Florida Healthy Kids coverage, your child's new plan will ask you to complete a health risk assessment. The health risk assessment will help your child's plan better understand and better provide services to meet his or her needs.



KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **PLAN**
- **PRIMARY CARE PROVIDER (PCP)**

My child has a chronic condition. How will taking the health risk assessment affect my child's care?

It depends. Some children, like those with a well-controlled chronic condition, may not need any extra help. For others, the plan may use the health risk assessment to offer access to a disease management program or make getting needed care, like certain therapies, easier.

Florida Healthy Kids plans will never discriminate against your child for his or her health history, condition, or use of services.

My child is healthy. Why should I take the health risk assessment?

It's great that your child is healthy! Taking the health risk assessment can help you and your child's PCP catch any warning signs of future problems.

COORDINATION AND TRANSITION OF CARE

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **PLAN**
- **PROVIDER**
- **NETWORK**
- **OUT-OF-NETWORK PROVIDER**
- **SPECIALIST**



What happens to my child's scheduled services and appointments when my child changes plans?

If your child moves from one Florida Healthy Kids plan to another Florida Healthy Kids plan without a break in coverage (this means your child did not

go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the plans will follow a standard transition of care policy to ensure your child gets the care he or she needs.

Your child's new plan will cover any ongoing course of treatment the previous plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn't in the new plan's network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child's new plan to tell them about the types of continued care your child needs.

I made an appointment with my child's specialist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment?

It depends. Your child's new plan will have your child's PCP or another appropriate doctor review your child's treatment plan during the first 60 days after the plan change. This review will help ensure that needed services continue to be authorized. Your child may be required to see a network provider.

Are there any exceptions to the 60-day transition of care period?

Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth);
- Transplant services: through the first post-transplant year;
- Radiation and chemotherapy: through the current round of treatment;
- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days;
- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Do I have to coordinate sending my child's medical records and getting bills paid myself?

No. Your child's previous plan and new plan are responsible for coordinating the transfer of medical records and other necessary information between themselves and can assist providers with obtaining necessary medical records. In some situations, you may need to ask your child's previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child's new plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child's new plan and be prepared to send them a copy of the bill.



GRIEVANCES AND APPEALS

You have the right to file a grievance or an appeal if you experience a problem with your child's care or coverage. Although you have this right, you may want to call the plan's enrollee services department first. They are often able to help resolve problems.



KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **PLAN**
- **GRIEVANCE**
- **APPEAL**

What are grievances and appeals?

A grievance is a formal complaint you make to your child's insurance company about some aspect of your child's health care services.

An appeal is a written request you make to your child's insurance company to review their decision to deny a service or payment.

When can I file a grievance?

You may file a grievance when you are dissatisfied about something other than your child's benefits, such as:

- A doctor's behavior;
- The quality of care or services your child receives; or
- Long office waiting times.

How do I file a grievance?

You may file a grievance over the phone or in writing. This means you can call enrollee services at your child's plan or you can send them a letter. You can file a grievance any time.

How long does the grievance process take?

The plan will send you an acknowledgement letter within 5 business days of getting your verbal or written grievance. From this date, the plan will review and make a final decision about your grievance within 90 calendar days.

When can I file an appeal?

You may file an appeal when you receive an adverse benefit determination, such as when:

- A request for service has been limited or denied;
- An existing service has been decreased or discontinued; or
- A plan has issued a denial of payment.

How do I file an appeal?

You may file an appeal over the phone or in writing. Appeals made by phone must be followed by a signed written appeal within 10 calendar days of your call unless the appeal is expedited. The appeal must be filed within 60 calendar days of the date of notification of an adverse benefit determination (a letter detailing the plan's decision to deny or reduce the benefit).

To find out how to file an appeal with a specific plan, read the enrollee handbook for that plan or call the plan's enrollee services department.

How long does the appeal process take?

The plan will make a decision and notify you within 30 more calendar days of receiving your appeal request.

If the plan doesn't have enough information to process the appeal and the delay is in your best interest, they may ask

for 14 more calendar days. If you need to provide more information, you may also request an extension of 14 more calendar days.

What if I need help filing a grievance or an appeal?

You may appoint an authorized representative or a provider to act on your behalf.

The plan can also help you complete forms and answer questions related to the grievances and appeals process.

What if it's an emergency?

You can request an expedited (fast) appeal if you or your provider feels that waiting the standard 30 calendar days for an appeal decision would put your child's life or health at risk.

If the plan agrees that the appeal needs to be expedited, they will make a decision and inform you within 72 hours after receiving the appeal. If the plan does not agree with the request for an expedited appeal, they will let you know and the timeframe will go back to the standard appeal timeframe of 30 calendar days.

Unlike a standard appeal, if you make your request for an expedited appeal verbally, and if the plan agrees that it needs to be expedited, you do not need to follow up with a written appeal request.

What if I'm dissatisfied with my appeal results?

Once you've received a final decision from a plan and if you are not happy with the decision, you may ask for an independent external review. The plan will send specific information to you about how to ask for this review.

ELIGIBILITY AND ENROLLMENT DISPUTES

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **PREMIUM**



Florida KidCare will tell you about any decisions made regarding your child's eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to

dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility requirements (for example, household income, Florida residency, or legal immigrant status), but you think he or she does;
- Florida KidCare temporarily suspends enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time;
- Florida KidCare ends enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time; and
- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute must be received within 90 calendar days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to resolve@healthykids.org; or
- Mail the letter to Florida KidCare, P.O. Box 591, Tallahassee, Florida 32302-0591

Remember to put your family account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.



FRAUD AND ABUSE

KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **PLAN**
- **PROVIDER**
- **PREMIUM**



The Florida Healthy Kids program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. The Florida Healthy Kids Corporation and contracted health and dental plans are committed to stopping fraud and abuse.

What is fraud and abuse?

“Fraud” and “abuse” have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business or medical practices; and
 - Result in an unnecessary cost to the plan; or
 - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for health care.
- Enrollee practices that result in unnecessary costs to Florida Healthy Kids or the plans.

What is an example of fraud?

Anna notices that documents from her son's insurance company show that he received an MRI two weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna's son had his annual well-child check-up last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great.

Today Anna's son has a sore throat and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and also orders another basic metabolic panel. The doctor might be committing abuse since Anna's son recently had good results and this test won't help the doctor figure out the cause of a sore throat.

Why is being aware of fraud and abuse important?

Most Florida Healthy Kids families pay monthly premiums of \$15 or \$20, but the total cost of coverage is much higher! The rest of your child's Florida Healthy Kids coverage is paid for with state and federal tax dollars. When providers or other people receive payments or benefits they should not, those tax dollars are wasted instead of going to children who need services.



What should I do if I think someone has committed fraud or abuse?

If you think a doctor or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud or abuse, you can report it to your child's plan.

If you think a Florida Healthy Kids plan has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling 850-701-6104 or emailing resolve@healthykids.org.

QUALITY AND PERFORMANCE

Access to quality health care is critical for Florida families. The Florida Healthy Kids Corporation's mission is to ensure the availability of child-centered health plans that provide comprehensive, quality health care services. The Corporation looks at many different quality and performance indicators to ensure Florida Healthy Kids enrollees are receiving quality care.



KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **PLAN**
- **NETWORK**

Florida Healthy Kids Performance Measures

A set of performance measures, many of which allow for national comparisons, are calculated annually. You can find the most recent report at [healthykids.org](https://www.healthykids.org).

Florida KidCare Performance Measures

A similar set of performance measures is calculated for Florida KidCare on an annual basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures enrollee satisfaction in a standardized way. You can find the most recent report at [ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml](https://www.ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml).

Accreditation

All Florida Healthy Kids plans are accredited by independent accrediting organizations. Accreditation means that an independent accrediting organization thoroughly evaluates the plan's ability to meet certain standards. You can find a chart listing the Florida Healthy Kids plans' accreditation statuses at [healthykids.org](https://www.healthykids.org).

Performance Improvement Projects

Florida Healthy Kids plans conduct and report on annual performance improvement projects (PIP), which are also validated by an external quality review organization. These performance improvement projects are intended to improve a specified performance measurement in a real and sustained way. You can find the most recent PIP report at [healthykids.org](https://www.healthykids.org).



Network Adequacy

Pages **38-40** describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards at [healthykids.org](https://www.healthykids.org). Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.

ENROLLEE RIGHTS AND RESPONSIBILITIES

Enrollees, and anyone with the legal authority to make health care decisions for them, have rights that Florida Healthy Kids plans and health care providers must uphold. Enrollees are free to exercise their rights and doing so will not adversely affect the way the Florida Healthy Kids Corporation, Florida Healthy Kids plans or the plan's network providers treat them.



KEY TERMS

Check the Definitions Section on p. 63 to read about these key terms:

- **ENROLLEE**
- **PROVIDER**

Each Florida Healthy Kids plan has its own Enrollee Rights and Responsibilities policy with the same core rights and responsibilities. Many of these rights and responsibilities are in line with the Summary of Florida Patient's Bill of Rights and Responsibilities. If you would like to read a specific plan's version, please see the enrollee handbook for that plan.

Summary of the Florida Patient's Bill of Rights and Responsibilities

Florida law requires your health care provider or health care facility to recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior from you. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request and prior to treatment, a reasonable estimate of charges for medical care.



A patient has the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

DEFINITIONS

Insurance companies and health care professionals, like doctors and nurses, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation.

This section explains some words and phrases you may come across when you:

- Read this handbook;
- Call your child's health or dental plan's enrollee services; or
- Take your child to the doctor.

APPEAL means a written request you make to your child's health or dental insurance company to review the insurance company's decision to deny a service or payment.

COPAYMENT or **COPAY** means a specified amount you pay to a health care provider, like a doctor, when your child receives services.

COVERED BENEFITS or **COVERED SERVICES** means services, supplies, devices and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.

DENTAL INSURANCE means coverage that pays for some or all of an enrollee's dental care services in exchange for a monthly premium.

DURABLE MEDICAL EQUIPMENT (DME) means supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.

EMERGENCY MEDICAL CONDITION means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

EMERGENCY MEDICAL TRANSPORTATION means ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.

EMERGENCY ROOM CARE or **EMERGENCY DEPARTMENT CARE** means services received at the emergency room of a hospital or at a standalone emergency room facility.

EMERGENCY SERVICES means medical care your child receives to treat an emergency medical condition.

ENROLLEE means a child who is enrolled in a health or dental plan through Florida Healthy Kids.

EXCLUDED SERVICES means health care services, supplies, devices, and other products that a health or dental plan does not pay for because they are not a covered benefit.

GRIEVANCE means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's health care services other than the insurance company's decision to deny a service or payment.

HABILITATION SERVICES AND DEVICES means medical services and devices to help a patient learn, improve or keep skills or functions used for daily living.

HEALTH INSURANCE means coverage that pays for some or all of the cost of health care services for an enrollee in exchange for a monthly premium.

HOME HEALTH CARE means home visits by a nurse to provide skilled nursing care prescribed by a doctor.

HOSPICE SERVICES means health care services to manage a terminal illness.

HOSPITALIZATION means care provided after inpatient admission to a hospital. Hospitalization usually means a patient will stay at the hospital overnight.

HOSPITAL OUTPATIENT CARE means care provided in a hospital that does not require staying overnight or admission as an inpatient.

MEDICALLY NECESSARY means treatment, services, equipment or supplies needed to diagnose, prevent or treat an injury or illness and which is:

- Consistent with the symptoms, diagnosis and treatment of an enrollee's condition;
- Provided in accordance with generally accepted professional medical standards and the health or dental plan's medical coverage guidelines;
- The most appropriate level of supply or service for the diagnosis and treatment of the enrollee's condition;
- Not primarily intended for the convenience of the enrollee, the enrollee's family, or the health care provider; and
- Approved by the appropriate medical body or health care specialty involved as effective, appropriate and essential for the care and treatment of an enrollee's condition.

NETWORK means the doctors, other health care professionals, hospitals, other health care facilities, pharmacies, and medical supply companies a health or dental plan has contracted with to provide covered benefits to enrollees.

OUT-OF-NETWORK PROVIDER OR NON-PARTICIPATING PROVIDER means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that a health or dental plan has not contracted with to provide covered benefits to enrollees. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.

PHYSICIAN SERVICES means services provided by a doctor.

PLAN means the health or dental insurance policy an insurance company offers to enrollees to provide Florida Healthy Kids coverage.

PREAUTHORIZATION or **PRIOR AUTHORIZATION** means approval from the health or dental insurance company is required before services are provided; otherwise, the insurance company will not pay for those services.

PARTICIPATING PROVIDER or **NETWORK PROVIDER** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with a health or dental plan to provide covered benefits to enrollees.

PREMIUM means the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.

PRESCRIPTION DRUG COVERAGE means the prescription medication services, supplies and products a plan pays for as part of Florida Healthy Kids covered benefits.

PRESCRIPTION DRUGS means medications for which the law requires a prescription before purchase or use.

PREVENTIVE CARE means routine health care that includes screenings and check-ups to prevent or detect illness or disease before symptoms are noticed.

PRIMARY CARE PROVIDER or **PRIMARY CARE PHYSICIAN** or **PCP** means the health care professional your child sees for basic care and most health problems. The PCP refers (sends) your child to other doctors when special care is needed and coordinates your child's treatment.

PROVIDER means an appropriately licensed individual or entity providing health care services.

REFERRAL means written approval from your child's primary care provider for your child to see a specialist or receive certain services. The health plan, dental plan, or the specialist may require a referral for your child to be seen.

REHABILITATION SERVICES AND DEVICES means medical services and devices that help a patient get back, improve, or keep skills and functions for daily living that were lost or damaged because of an illness or injury.

SKILLED NURSING CARE means health care services that can only be safely and correctly performed by a licensed nurse.

SPECIALIST means a doctor with extra training who only treats certain health problems, body parts or age ranges and who does not act as a primary care provider.

URGENT CARE means treatment for an injury or illness needed within 24 hours to avoid becoming an emergency.

WELL-CHILD VISIT means an annual preventive care checkup by your child's PCP.



FLORIDA HEALTHY KIDS CORPORATION NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you and the children on your KidCare Account may be used and disclosed and how you can get access to this information.

Please review it carefully.

Why you are receiving this notice:

The Florida Healthy Kids Corporation (“Healthy Kids”) is committed to protecting your and your children’s (“your”) private Florida KidCare health information. This notice explains the Healthy Kids’ corporate privacy practices, describes how Healthy Kids may disclose and use your health information, and how you may access your health information. Federal and state laws require Healthy Kids to protect certain health information. Healthy Kids processes and maintains your health information for three main purposes:

- To determine potential eligibility for KidCare Medicaid, and
- To determine eligibility for the other Florida KidCare programs (Healthy Kids, MediKids and the Children’s Medical Services Managed Care Plan), and to provide account maintenance for those families whose children are found eligible, and
- To administer the Healthy Kids program.

Who receives this notice:

At least once every three years, Healthy Kids will provide this notice to every family that has submitted a Florida KidCare application.

What is Protected Health Information?

In general, Protected Health Information is identifiable information about you that concerns your children's past, present or future eligibility and enrollment into a Florida KidCare program, payment of Florida KidCare premiums, and medical, dental and behavioral treatment.

How Healthy Kids uses and discloses Protected Health Information:

Healthy Kids and its business associates use your Protected Health Information for treatment, payment, or health care operations. These activities include enrolling your children into Florida KidCare programs, collecting and paying your children's health insurance premiums, administering the Healthy Kids program, ensuring that the Healthy Kids health plans provide the highest quality health care required, and conducting research on child health insurance programs.

Examples of how Healthy Kids uses your health information:

- We use your Florida KidCare application answers regarding your children's medical condition and ages to determine the appropriate Florida KidCare program for your child.
- We may share your application answers with other Florida KidCare programs so they can accurately determine medical eligibility for special health care programs.
- We may share your financial information with the Department of Children and Families so it can accurately determine financial eligibility for Florida KidCare Medicaid.
- We may share your information with Healthy Kids health plans and other Florida KidCare programs for enrollment and disenrollment purposes.

- We may share your child’s medical, behavioral and dental records to review the quality of care provided.
- We may send you Well-Care Check-Up reminders, and provide information to a company to call and let you know how to access services.
- We may use your child’s medical, dental and behavioral information to process grievances or complaints.
- We may review your children’s medical, dental and behavioral health care bills to determine if you qualify for a release from premium payments.
- We may review health insurance enrollment and coverage information from other Florida KidCare program providers or other insurers to confirm your children’s eligibility for coverage, and for coordination of benefits.
- We may share your health information to gather statistics and data for use in shaping public policy and improving program functions (such as eligibility determinations and enrollment processing).
- We may share health information with our board of directors and associated third parties relative to dispute resolutions, complaints, and actuarial analysis.
- We may share information with financial partners who may be responsible for the premium payments for your children under Healthy Kids and the other Florida KidCare programs.

Each company and agency that reviews your information is also required by law to keep it private.

Healthy Kids may also use and disclose Protected Health Information as permitted by law, which may include the following disclosures:

- To other Florida KidCare programs or government agencies that provide public benefits or determine Florida KidCare eligibility and compliance.
- For health oversight, such as inspections, audits, reviews, investigations and reporting in order to ensure compliance with federal, state, and local law.
- For public health, such as disaster relief or disease control.
- When a law requires that we report information about suspected abuse, neglect, or domestic violence.
- To avert a serious threat to the health or safety of an individual or the public.
- Where disclosure is required by federal, state or local law, or judicial proceedings. For example, in response to a court order, subpoena, or other legal process, or in relation to a fraud investigation, or to a correctional institution or Juvenile Justice facility that has your children in custody.
- To conduct research of services and reporting for the enhancement of the Healthy Kids and Florida KidCare programs.
- To the federal government for national security, protective services, military, or veterans' activities.
- To coroners, medical examiners, and funeral directors; and for organ donations.
- To your family or other persons who are involved in your children's medical care. (You have the right to object to disclosing this information).

Disclosure of your Healthy Kids and Florida KidCare Protected Health Information to other parties or for other reasons:

As a general rule, disclosure of Protected Health Information other than for treatment, payment, or operational uses described above requires your written consent. To authorize Healthy Kids to provide this disclosure, contact Healthy Kids by calling toll-free 1-888-540-KIDS (5437), and ask for an authorization form to release Protected Health Information. The Healthy Kids Privacy Office will assist you with the information needed to authorize disclosure. If you cannot give your authorization due to an emergency, we may release your health information if it appears to be in your best interest. You may cancel your authorization at any time by writing to our Privacy Office at the address listed on the next page.

Your rights regarding your Protected Health Information:

You and your children have the following rights with respect to your Protected Health Information:

- To inspect or obtain a copy of your Protected Health Information maintained by Healthy Kids. Please note that Healthy Kids may not be able to provide Protected Health Information that is part of ongoing litigation, including psychotherapy notes, or is otherwise excluded from disclosure by law. Healthy Kids may charge a processing fee. You also have the right to obtain a copy of your child's health records from your child's medical providers (primary care doctor, dentist, health plan, or pharmacy, etc.).
- To request that Healthy Kids amend health information that is wrong or incomplete.

- To change your address or phone number if contacting you at your present address or phone number would endanger you or your children.
- To request another copy of this notice. (This notice is also posted on the Healthy Kids website at [healthykids.org](https://www.healthykids.org)).
- To request we limit the use and disclosure of your Protected Health Information. (Based on statutory guidelines, Healthy Kids may not be required to agree to your request.)
- To request a record of where Healthy Kids has disclosed your Protected Health Information. This record may not include disclosures for treatment, payment, and health care operations; disclosures that you authorized; or other disclosures if permitted by law. There is no fee for one such request per year. There may be a charge for more frequent requests. Your request may include disclosures going back as far as eight years.

How to exercise your rights regarding your Protected Health Information disclosures:

If you have questions, or wish to make a request regarding the Protected Health Information that Healthy Kids currently maintains on your children, or would like another copy of this notice, please call the Healthy Kids' Privacy Office toll-free at 1-850-224-5437. Healthy Kids may ask you to send your request in writing to the Privacy Office's address below.

How to file a complaint:

If you believe your privacy rights have been violated, you may send your written complaint to the Privacy Office located at: Florida Healthy Kids Corporation, Attention: Privacy Office, P.O. Box 980, Tallahassee, FL 32302-0980; telephone 1-850-224-5437. No retaliatory conduct will result from any complaint.

You may also file a complaint with the Secretary of the Department of Health and Human Services located at 200 Independence Avenue, SW, Washington D.C., 20201, toll-free telephone 1-800-368-1019.

Our privacy policies are subject to change:

Federal law also requires Healthy Kids to provide you, as head of household, with this notice, and for Healthy Kids to abide by the terms of this notice. This notice is effective on April 14, 2003. Healthy Kids has the right to change the terms of this notice and our privacy policies and practices at any time. Any changes to our policies and procedures will apply to all Protected Health Information that Healthy Kids possesses at the time of the change. If Healthy Kids makes a material change to our privacy policies and practices, Healthy Kids will send a revised copy of the notice to you within 60 days of the change. Healthy Kids will also post a new notice on our website at healthykids.org.

PRIVACY OFFICE

Florida Healthy Kids Corporation
Attention: Privacy Office
P.O. Box 980 | Tallahassee, FL 32302-0980

Si usted prefiere recibir su correspondencia en español, por favor llámenos al 1-888-540-KIDS (5437).

Si w prefere resevwa enfòmasyon sa an kréyol, tanpri rélé nou nan 1-888-540-KIDS (5437).



NONDISCRIMINATION NOTICE

DISCRIMINATION IS AGAINST THE LAW

Florida Healthy Kids complies with applicable, federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Florida Healthy Kids does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Healthy Kids provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Florida Healthy Kids Corporation.

If you believe Florida Healthy Kids has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Healthy Kids Corporation
PO Box 980 | Tallahassee, FL 32302
Main Line: 850-224-5437 | Fax: 850-701-6174
Email: resolve@healthykids.org

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Florida Healthy Kids Corporation can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at
hhs.gov/ocr/office/file/index.html.

ATTENTION: Free language assistance services are available. Call 1-888-540-5437 (TTY 1-800-955-8771) from 7:30 a.m. to 7:30 p.m., Eastern Time, weekdays.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-540-5437 (TTY: 1-800-955-8771).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-540-5437 (TTY: 1-800-955-8771).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-540-5437 (TTY: 1-800-955-8771).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-540-5437 (TTY: 1-800-955-8771).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 1-888-540-5437 (TTY: 1-800-955-8771).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-540-5437 (ATS : 1-800-955-8771).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-540-5437 (TTY: 1-800-955-8771).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-540-5437 (телетайп: 1-800-955-8771).

ةيوعغللا ةدعاسملا تامدخ نإف ،ةغلللا ركذأ ثدحتت تنك اذا :ةظوحلم
مصلا فتاه مقرر (1-888-540-5437 مقرب لصتا . ناجملاب كل رفاوتت
مكبل او :1-800-955-8771).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-540-5437 (TTY: 1-800-955-8771).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-540-5437 (TTY: 1-800-955-8771).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-540-5437 (TTY: 1-800-955-8771) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer 1-888-540-5437 (TTY: 1-800-955-8771).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
ફોન ક્રો 1-888-540-5437 (TTY: 1-800-955-8771).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทาง
ภาษาได้ฟรี โทร 1-888-540-5437 (TTY: 1-800-955-8771).

Healthykids™

Fl^orida KidCare
HEALTH AND DENTAL INSURANCE



[healthykids.org](https://www.healthykids.org)