

Choosing a Medical Center and your Primary Care Physician: You must choose from the MediClassic Directory the Medical Center and the Primary Care Physician whose location is more convenient for you. This Medical Center you have chosen will coordinate the covered services in your plan. Physicians may change from time to time without notice.

Choosing a Pediatric Center: You must choose from our MediClassic Directory a Pediatric Center for your children under 18 years old.

Visiting the Primary Care Physician: To request an appointment with your Primary Care Physician, please call the Medical Center you have chosen, the Center will coordinate available dates and times. Center information can be found in your MediClassic Directory.

Specialties covered in this plan:

Cardiology	Dermatology	Endocrinology	ENT (Otolaryngology)	Gastroenterology
General Surgery	Nephrology	Neurology	Oncology	Optometry
Ophthalmology	Orthopedics	Pulmonology	Rheumatology	Urology

Specialities not listed above are not covered in this plan. These specialities are only offered for members over 18 years of age.

Visiting a Specialist: In order to visit a specialist, your Primary Care Physician must refer you to the medical specialty necessary, a referral notice is required. The Medical Center will provide the Specialist contact information.

Diagnostics and Laboratory: Only tests included in the policy are covered by this plan. You can request a list of tests covered.

When does coverage begin: Coverage begins on the 1st day of every month. If your application is received by the 25th, your coverage will begin on the 1st of the following month. If you application is received on or after the 26th, your coverage will begin the 1st day of the month, one month later. Please review the example.

Example: From May 1st to 25th coverage begins June 1st.

From May 26th to 31st coverage begins July 1st.

Membership card: This card contains important information about you and the center you have chosen. If we receive your application before the 15th of the month you will receive your membership card before the coverage begins. If we receive the application after the 15th you will receive the card between 5 to 10 days after coverage begins. If you need to visit your Primary Care Physician and you have not receive your membership card, you can make an appointment by calling the Medical Center or Customer Service at 1.866.529.5133. Remember to carry your card every time you visit a Center or Specialist Office.

Payment Methods:

You can choose among the following payment methods:

Direct Debit from a checking account. If you choose this method, you pay the first month premium plus a \$35.00 application fee.

Check, Money Order or Cash. If you choose this method you need to pay 3 month premium advanced plus a \$35.00 application fee.

You can choose monthly or quarterly payments.

Payment Instructions:

Payments must be received the first day of each month. You can send you payments to the following address:

P.O.Box 143058
Coral Gables, FL. 33114

Make check payable to : SOUTH FLORIDA PREPAID HEALTH CLINICS, Inc.

COVERED SERVICES

Primary Care Physician Office Visit

\$5 co-payment

Includes:

- Office consultations and referrals
- Office visits for medical conditions as scheduled and directed by the Primary Care Physician
- Adult Health Evaluation
- Hearing examinations and vision examinations

Pediatrician Office Visit

\$25 co-payment

Includes:

- Office visits
- Physical Examinations
- *Does not include specialists.

Specialist Physician's Office Visit

\$40 co-payment

- Cardiology, Dermatology, ENT (ear, nose and throat), Endocrinology, Nephrology, Gastrointestinal, General Surgeon, Gynecology, Neurology, Oncology, Ophthalmology, Optometry, Orthopedics, Rheumatology, Pulmonology, and Urology.

These specialties must be referred by a Plan Primary Care Physician.

Minor Office Surgery

\$150 co-payment

Covered Services are limited to the following:

- Malignant lesion excision 0.5 cm or less
- Pilonidal cyst Excision
- Dermal lesion
- Cauterization Excision 0.5 cm or less
- Excision of skin lump
- Cauterization Excision 0.5 cm or less
- Fine needle aspiration
- Thyroid nodule
- Application of Cast

These services must be performed in a Plan Primary Care Physicians Office, Plan Specialist Physicians office or in one of the Plan Medical Centers.

Laboratory Services

Routine labs exam
Non- routine labs exams

**\$10 co-payment per exam
ask for an additional list**

Laboratory services performed in the Member's Primary Care Physician's office or in a Plan Medical center.

Priority Care Service

\$150 co-payment

Priority Care Centers provide Covered Services to the Member that may require immediately rather than wait for an appointment with his or her Primary Care Physician.

Priority Care does not render urgent or emergency care services.

Outpatient Physical Therapy Services

\$30 co-payment

Physical therapy ordered by the Member's Primary Care Physician for the purpose of aiding in the restoration of normal bodily function. Must be performed by a Plan Provider referred by the Member's Primary Care Physician.

Diagnostic and Therapeutic Services

Includes the following services:

Services	Copayment
24 Hour Holter Monitor	\$ 60.00
Audiometry	\$ 25.00
Bone Densitometry	\$ 80.00
Cardiac Stress Test (plain)	\$ 250.00
CT Scan with contrast	\$ 180.00
CT Scan without contrast	\$ 110.00
Diagnostic Ultrasound	\$ 40.00 per organ
Echocardiogram Doppler	\$ 125.00
Electrocardiogram	\$ 15.00
Electroencephalogram	\$ 100.00
Endoscopies/Colonoscopies	\$ 200.00
Mammogram	\$ 50.00
MRI (Magnetic Resources Imaging) Combined	\$ 400.00
MRI (Magnetic Resources Imaging) with Contrast	\$ 350.00
MRI (Magnetic Resources Imaging) without Contrast	\$ 300.00
Nerve Conduction Velocity Studies per Area	\$ 80.00
Nuclear Medicine	\$ 400.00
Vascular Ultrasonography	\$ 100.00
X-ray Contrast	\$ 100.00
X-ray Plain	\$ 25.00
Vaginal Ultrasound	\$ 80.00

These Services must be performed in the Member's Primary Care Physician's office or with a written referral to a Plan Specialist or Plan outpatient diagnostic facility.

EXCLUSIONS

All Covered Services must be provided by or arranged for by the Member's Primary Care Physician. Covered Services that are not provided by or arranged for by the Member's PCP are excluded.

This plan does not cover the following:

1. Hospitalization, Emergency, or Outpatient Surgery not covered under Minor Office Surgery.
2. Costs associated with the delivery of a newborn child or prenatal care.
3. Any Covered care or treatment provided by Non-Plan physicians, health professionals or outpatient facilities.

For other exclusions please, review your policy.

Medical Centers

Dade		Broward		West Palm Beach	
Bird Road 9740 SW 40th Street Miami, Florida 33165 Telephone: 305.227.5300 Fax: 305.485.3209 Monday-Friday 8:30-5:30	Eighth Street 3099 SouthWest 8th Street Miami, Florida 33135 Telephone: 305.644.3100 Fax: 305.644.3143 Monday-Friday 8:30-5:00 Saturday 9:00 - 3:00	North Federal 6221 N Federal Highway Ft. Lauderdale, FL 33308 Telephone: (954) 491-1686 Fax: (954) 491-6014 Monday-Friday 8:00-5:00	Tamarac 8155 N. Pine Island Rd Tamarac, Florida 33321 Telephone: (954) 720-7010 Fax: (954) 720-7557 Monday-Friday 8:00-5:00	Boca Raton 9030 Kimberly Blvd. Boca Raton, Florida 33434 Telephone: (561) 488-2300 Fax: (561) 487-6704 Monday-Friday 8:00-5:00	Flagler 2617 N. Flagler Drive, Ste 202 West Palm Beach, FL 33407 Telephone: (561) 832-0184 Fax: (561) 832-7955 Monday-Friday 8:00-5:00
Hialeah 440 West 49th Street Hialeah, Florida 33012 Telephone: 305.828.5000 Pediatrics: 305.828.5700 Monday-Friday 8:30-5:30 Saturday 9:00 - 3:00 Sunday 9:00 - 1:00	Miami Beach 306 41st Street Miami Beach, Florida 33140 Telephone: 305.535.1500 Fax: 305.535.1514 Monday-Friday 8:00-4:30	West Oakland 3670 W. Oakland Park Blvd. Ft. Lauderdale, FL 33311 Telephone: (954) 735-1200 Fax: (954) 731-8408 Monday-Friday 8:00-5:00 Saturday 9:00-4:00 Sunday 10:00-1:00	Coconut Creek 1301 Lyons Road Coconut Creek, FL 33063 Telephone: (954) 971-2266 Fax: (954) 978-3572 Monday-Friday 8:00-5:00 Saturday 9:00-4:00 Sunday 10:00-1:00	Jupiter 126 Center Street, Ste B3 Jupiter, Florida 33458 Telephone: (561) 575-2060 Fax: (561) 575-5658 Monday-Friday 8:00-5:00	Military Trail 9121 N. Military Trail, Ste 111 Palm Beach Gardens, FL 33410 Telephone: (561) 626-7604 Fax: (561) 626-1506 Monday-Friday 8:00-7:00
South Dade 18479-81 South Dixie Hwy Miami, Florida 33157 Telephone: 786.573.9400 Fax: 786.573.0784 Monday-Friday 8:00-5:00	Northwest 2409 NW 17th Avenue Miami, Florida 33142 Telephone: 305.635.0335 Fax: 305.633.5886 Monday-Friday 8:30-5:00			Okeechobee 5849 Okeechobee Blvd. Suite 301 West Palm Beach, FL 33417 Telephone: (561) 683-4008 Fax: (561) 683-0532 Monday-Friday 8:00-7:00 Saturday 9:00-3:00 Sunday 9:00-12:00	Delray Beach 5317 W Atlantic Avenue Delray Beach, Florida 33484 Telephone: (561) 496-6000 Fax: (561) 496-6049 Monday-Friday 8:00-7:00 Saturday 9:00-4:00 Sunday 10:00-1:00
Homestead 31 N Krome Ave. Homestead Fl. 33030 Telephone: (305)225-3740 Monday-Friday 8:00-5:00					



Medical Service Plan Licensed by the State of Florida

MediClassic is a medical services plan created by a group of prestigious doctors. This plan offers the community of South Florida, the possibility of obtaining a healthcare coverage with access to a superior medical service for a reasonable price.

1-866-529-5133

South Florida Prepaid Health Clinics, Inc.

* This document is not a contract. For benefits on specifications, co-payments, limitations or exclusions, please refer to your policy. MediClassic is not a hospital plan nor an HMO.