

AvMed Easy Plan

AvMED
INDIVIDUAL HEALTH

With the AvMed Easy Plan you have predictable out-of-pocket costs and a broad network of providers.

Features:

- Predictable co-payment only plan
- Lower co-payments at select locations
- No co-insurance
- Broad network of local doctors and hospitals
- No referral to see a specialist
- Emergency worldwide coverage
- No charge or waiting period for preventive benefits
- Unlimited lifetime maximum
- Prescription drug coverage available
- Maternity coverage available



This is only a partial description of the many benefits and services provided or authorized by AvMed Individual Health, the brand name used by AvMed, Inc. These products are medically underwritten and have exclusions and limitations. The amount of benefits provided depends upon the plan selected and premiums will vary. For Individuals age 19 and over, a 12/24-month preexisting condition limitation applies to all services. AvMed Individual Health is offered only in Miami-Dade, Broward and Palm Beach counties. Members must live in either of these counties at least six months out of the year in order to qualify. All plans will be administered in accordance with the requirements of Health Care Reform.

AvMed Easy Plan

AvMed Easy Plan 2,500/5,000/7,500/10,000

	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible (CYD)	2,500	5,000	7,500	10,000
Per Member	\$2,500	\$5,000	\$7,500	\$10,000
Out-of-Pocket Max (includes co-pays)				
Per Member	\$5,000	\$5,000	\$5,000	\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Services				
Primary Care Physician	\$30	\$30	\$30	\$30
Specialist	\$50	\$50	\$50	\$50
Allergy Injections	Up to \$50	Up to \$50	Up to \$50	Up to \$50
Preventive Care (Not Subject to Deductible)				
Routine Adult Exams & Immunizations	No charge	No charge	No charge	No charge
Well Woman Exam	No charge	No charge	No charge	No charge
Mammograms	No charge	No charge	No charge	No charge
Well Child	No charge	No charge	No charge	No charge
Emergency Medical Care				
Retail Clinic	\$30	\$30	\$30	\$30
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room	\$500	\$500	\$500	\$500
Ambulance Services				
Ground (max \$500 per day)	\$50 per transport	\$50 per transport	\$50 per transport	\$50 per transport
Air/Water (max \$4,000 per year)	\$50 per transport	\$50 per transport	\$50 per transport	\$50 per transport
Outpatient Diagnostic Services				
Outpatient Radiology				
Complex	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible*			
Other	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible*			
Outpatient Pathology	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible*			
Mental Health/Substance Dependency				
Acute Detox	\$500 per day for first 5 days after deductible*			
Other Services				
Outpatient Surgery	\$400 non-hospital affiliated ASC or \$500 hospital affiliated ASC after deductible*			
PT, OT, ST (60 combined visits)	\$50 nonhospital affiliated facility or \$100 hospital affiliated facility after deductible*			
DME (\$2,500 max)	No charge	No charge	No charge	No charge
Home Health Care (60 visits)	No charge	No charge	No charge	No charge
Skilled Nursing Facilities (30 visits)	\$250 per day up to 5 days per admission*			
Hospital				
Inpatient	\$500 per day up to 5 days after deductible*			

*These benefits apply across all deductible options.