

2019

AvMed Engage Plans

Individual and Family
Benefits Highlights



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AvMed Engage Plans

KEY BENEFITS FOR YOUR PLAN:	ENGAGE LG125-IN19	ENGAGE LS500-IN19	ENGAGE LS550-IN19	ENGAGE LB600-IN19	ENGAGE LB650-IN19
	GOLD	SILVER	SILVER	BRONZE	BRONZE
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE (CYD)					
Individual/Family	\$2,000 / \$4,000	\$5,500 / \$11,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$7,500 / \$15,000
	\$65 per child for Pediatric Dental****. (Delta Dental PPO SM Network)	\$65 per child for Pediatric Dental****. (Delta Dental PPO SM Network)	\$65 per child for Pediatric Dental****. (Delta Dental PPO SM Network)	\$65 per child for Pediatric Dental****. (Delta Dental PPO SM Network)	\$65 per child for Pediatric Dental****. (Delta Dental PPO SM Network)
OUT-OF-POCKET MAX (INCLUDES DEDUCTIBLE)					
Individual/Family	\$4,700 / \$9,400	\$7,000 / \$14,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$7,500 / \$15,000
OFFICE SERVICES (CARE COORDINATED THROUGH PRIMARY CARE PHYSICIAN SELECTION AND SPECIALIST REFERRAL)					
Primary Care Physician (PCP Required)	No charge for the first 2 visits \$35 copay/visit thereafter	No charge for the first visit \$45 copay/visit thereafter	No charge for the first visit \$55 copay/visit thereafter	\$65 copay/visit	No charge AD**
Specialist (PCP Referral Required)	\$70 copay/visit	\$90 copay/visit	\$110 copay/visit	\$130 copay/visit	No charge AD**
IMMEDIATE MEDICAL CARE (INCLUDING OUT-OF-NETWORK SERVICES)***					
Virtual Visits	\$35 copay/visit	\$45 copay/visit	\$55 copay/visit	\$65 copay/visit	No charge AD**
Retail Clinic	\$45 copay/visit	\$55 copay/visit	\$65 copay/visit	\$75 copay/visit	No charge AD**
Urgent Care	Independent facilities - \$125 copay/visit	Independent facilities - \$125 copay/visit	Independent facilities - \$125 copay/visit	Independent facilities - \$125 copay/visit	No charge AD**
	\$250 copay/visit	\$250 copay/visit	\$250 copay/visit	\$250 copay/visit	
Emergency Room	\$500 copay/visit AD**	\$550 copay/visit AD**	\$500 copay/visit AD***	\$500 copay/visit AD***	No charge AD**
Ambulance	\$200 copay	\$200 copay	\$200 copay	\$200 copay	No charge AD**
OUTPATIENT DIAGNOSTIC SERVICES					
Complex radiology (CT/PET scans, MRIs, etc.)	Independent facilities - \$250 copay/visit	Independent facilities - \$300 copay/visit	Independent facilities - \$325 copay/visit	Independent facilities - \$250 copay/visit	No charge AD**
	Hospital-affiliated facilities - \$500 copay/visit	Hospital-affiliated facilities - \$600 copay/visit	Hospital-affiliated facilities - \$650 copay/visit	Hospital-affiliated facilities - \$500 copay/visit	
Other radiology (x-ray, ultrasound, etc.)	Independent facilities - \$75 copay/visit	Independent facilities - \$100 copay/visit	Independent facilities - \$125 copay/visit	Independent facilities - \$75 copay/visit	No charge AD**
	Hospital-affiliated facilities - \$150 copay/visit	Hospital-affiliated facilities - \$200 copay/visit	Hospital-affiliated facilities - \$250 copay/visit	Hospital-affiliated facilities - \$150 copay/visit	
Outpatient Routine Lab	\$10 copay/visit for lab work at participating labs	\$30 copay/visit for lab work at participating labs	\$35 copay/visit for lab work at participating labs	\$40 copay/visit for lab work at participating labs	No charge AD**
HOSPITAL					
Inpatient	\$850 copay per admission AD**	\$750 copay/day for first 2 days per admission AD**	\$500 copay per admission AD**	\$500 copay per admission AD**	No charge AD**
Outpatient Surgery (facility)	\$650 copay/visit AD**	\$750 copay/visit AD**	\$500 copay/visit AD**	30% coinsurance AD**	No charge AD**
PRESCRIPTION DRUGS					
Rx (Retail) Copay Per Prescription: Value Generic/Generic/Preferred/ Non-Preferred/Specialty Drugs	\$15/\$30/\$60/\$120/ 50% coinsurance AD**	\$20/\$40/\$80/\$100/ 50% coinsurance AD**	\$25/\$45/\$65/\$105/ 50% coinsurance AD**	\$25/\$45/\$85 AD**/ 50% coinsurance AD**/ 50% coinsurance AD**	No charge AD**
Rx (Mail Order, Up to 90-Day Supply): Value Generic/Generic/Preferred/ Non-Preferred	\$37.50/\$75/\$150/\$300	\$50/\$100/\$200/\$250	\$62.50/\$112.50/\$162.50/\$262.50	\$62.50/\$112.50/\$212.50 AD**/ 50% coinsurance AD**/ 50% coinsurance AD**	No charge AD**
PEDIATRIC DENTAL/VISION SERVICES					
Dental*	No charge for preventive care limited to 1 exam every 6 months****	No charge for preventive care limited to 1 exam every 6 months****	No charge for preventive care limited to 1 exam every 6 months****	No charge for preventive care limited to 1 exam every 6 months****	No charge for preventive care limited to 1 exam every 6 months****
Eye Exam*	No charge - limited to 1 exam per calendar year	No charge - limited to 1 exam per calendar year	No charge - limited to 1 exam per calendar year	No charge - limited to 1 exam per calendar year	No charge - limited to 1 exam per calendar year
Glasses*	No charge - limited to 1 pair per calendar year	No charge - limited to 1 pair per calendar year	No charge - limited to 1 pair per calendar year	No charge - limited to 1 pair per calendar year	No charge - limited to 1 pair per calendar year

This schedule is not a contract. It is a brief summary of benefits. For more information on benefits, exclusions and limitations, refer to the Detailed Schedule of Benefits (DSoB), the Individual and Family Medical and Hospital Service Contract, or contact your AvMed Sales/Service representative.

*Limitations may apply. Please refer to your contract for details.

**AD – After Deductible.

***Coverage does not apply to facility fees (e.g. hospital room) or physician/surgeon fees.

**** Dental services are subject to a calendar year deductible of \$65 per child and out of pocket maximum of \$350 per child, or \$700 for two or more children.

Does not apply toward medical deductible and out-of-pocket costs.

For a complete listing of the doctors and hospitals that make up our Partner Network, refer to the directory for Engage plans at AvMed.org. AvMed will not cover any services received outside of this Network.



Individual Health Regional Offices:

13450 W. Sunrise Blvd.
Sunrise, FL 33323

9400 S. Dadeland Blvd.
Miami, FL 33156

AvMed's Agent Support Line: 1-800-461-2950

AvMed's Individual Health Sales Center:

1-877-513-9355 (TTY 711)

Monday-Friday from 9 am to 6 pm



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