AvMed Small Group Portfolio

HMO - Achieve Plans
With the AvMed HMO Plans, you get the quality coverage you need at prices you can afford.
• Open Access HMO Plan with no referral needed to see a specialist and no PCP selection required
• Statewide network of high quality doctors, hospitals and pharmacies
• Essential Health Benefits with preventive care included
• Emergency worldwide coverage
• Robust array of features including discount programs for vision and alternative medicine

POS - Agility Plans
AvMed POS Plans place one of Florida's most robust health networks on your side. When traveling, nationwide POS coverage delivers peace of mind to wherever you roam.
• Open Access POS Plan with no referral needed to see a specialist and no PCP selection required
• Extensive Florida network of high quality doctors, hospitals and pharmacies
• Essential Health Benefits with preventive care included
• Emergency worldwide coverage
• Robust array of features including discount programs for vision and alternative medicine

HSA-Qualified Plans
A Health Savings Account (HSA) is a tax-free savings fund you can use for healthcare expenses. AvMed HSA-Qualified Plans put you in control.
• Open Access Plan with no referral needed to see a specialist and no PCP selection required
• Statewide Florida network of high quality doctors, hospitals and pharmacies
• Essential Health Benefits with preventive care included
• Emergency worldwide coverage
• Robust array of features including discount programs for vision and alternative medicine

Additional Features (HSA):
• No fees for account setup, maintenance or investment transactions
• Simplified record and tax reporting
• Convenient contributions process
• Free Visa debit card
• Live Health Equity Consultant 24/7
• Mutual fund investment options

Benefit Highlights for Agents

AvMed.org
**AvMed POS Plans**

<table>
<thead>
<tr>
<th>PLAIN NAME</th>
<th>INSTALLATION TYPE</th>
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<tbody>
<tr>
<td>AvMed POS Plans</td>
<td>In Market</td>
<td>Out-of-Region</td>
<td>In Network</td>
<td>Out-of-Network</td>
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**Office Services**

- $500 co-pay

**Ergent Care**

- $500 co-pay

**Diagnostic Tests**

- $1,000 co-pay per day after deductible at Urgent Care facilities or Retail Clinics

**Complex Diagnostic Imaging**

- 50% co-insurance after deductible

**Inpatient Hospital**

- $750 co-pay per day after deductible

**Individual/Family Plan Names**

- Agility M100
- Agility MS200
- Metallic Tier Gold Silver Silver Bronze Bronze Bronze

**Prescription Drugs**

- No charge for blood

**Terms to Know**

- Co-payment: The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $500, your plan won’t pay anything until you’ve met your $500 deductible for covered health care services subject to the deductible. The deductible only applies to in-service services.

- Out-of-Pocket Maximum: The maximum dollar amount of out-of-pocket expenses and co-insurance the member will have to pay in a calendar year, including the deductible. Once the out-of-pocket maximum is reached, the plan will pay 100% of the costs for covered services subject to the member’s co-pay.

- Brand Additional Charge: The additional charge that must be paid if you choose a Brand medication when a Generic equivalent is available. The charge is the difference between the cost of the Brand medication and the Generic equivalent. This charge may not be in addition to the Non-Preferred Brand Co-payment. Certain exceptions apply to the co-payment if the prescribing Physician or other Participating Provider subordinates to prescribe medications within the scope of their other license.

*Extended Deductible: Any combination of individuals can satisfy the “family deductible” amount each individual is responsible for and can contribute to the individual amount only.*

**Note:** If the AvMed negotiated rate for a service is lower than the designated co-pay in the benefit summary, then the member responsibility is the lesser of the two.