MEDICARE CHOICE
Miami-Dade County

ANNUAL COSTS
$0 monthly premium
(You must continue to pay your Part B premium)
$0 deductible
$4,500 Maximum Out-of-Pocket

PREVENTIVE CARE AND CARE SUPPORT
No charge for preventive services, colorectal screening exams, flu and pneumonia vaccines, prostate cancer screenings, annual mammograms, pap smears and pelvic exams.

OFFICE VISITS
PRIMARY CARE PHYSICIAN (PCP)
$0 copay per PCP visit

SPECIALIST
$0 copay within High Performance Network (HPN)
$40 copay for all other specialists

IMMEDIATE CARE
URGENT CARE
$20 copay

EMERGENCY ROOM
$80 copay

AMBULANCE
$100 per one-way trip

Worldwide Coverage
Emergency and urgent care only
HOSPITAL

INPATIENT HOSPITAL CARE
$0 per day, days 1-5
$55 per day, days 6-20
$0 per day, days 21-90 and beyond

OUTPATIENT HOSPITAL
$45-$175 per surgery
$35-$60 copay per radiation treatment

DENTAL & VISION

DENTAL
$0 for basic cleaning (2 visits per year)
Additional supplemental comprehensive benefits with assigned Delta Dental provider

VISION
$5 for each Medicare covered eye exam
$100 allowance toward plan-covered glasses/contacts
$0 copay for one pair of Medicare-covered glasses/contacts post-cataract surgery

IMAGING

COMPLEX TESTS
$50-$200 copay for CT, MRI, MRA and Nuclear Cardiac Imaging
20% coinsurance for PET scans

OTHER SERVICES
X-rays: $10 in office/$25 at diagnostic testing facility

PRESCRIPTION DRUGS (RX)

30 DAY SUPPLY (in network only)
- Tier 1: $0 Preferred Generic
- Tier 2: $3 Non Preferred Generic
- Tier 3: $40 Preferred Brand
- Tier 4: $75 Non Preferred Drug
- Tier 5: 33% Specialty Drug
- Discounts on 90-day refills at any retail location and on mail order through CVS

AFTER YOU REACH YOUR INITIAL COVERAGE LIMIT YOU PAY:
- Tiers 1 & 2 (in the gap) $0-$3
- Tiers 3, 4 & 5
- Brand 35% coinsurance
- Generic 44% coinsurance

AFTER $5,000 IN OUT OF POCKET COSTS YOU PAY THE GREATEST OF:
- 5% of the costs or
- $3.35 for a generic (including brand drugs treated as a generic)
- $8.35 for all others

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The provider/pharmacy network and formulary may change at anytime. You will receive notice when necessary.

AvMed Medicare is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
**MEDICARE CHOICE**

2018 Medicare Advantage Plan

Service Area Map

You must reside in the plan's service area.

Coverage area

For more details, see AvMed Medicare Evidence of Coverage

*AvMed recognizes specialists with a proven track record for high quality, cost efficient care*