

MEDICARE CHOICE

Miami-Dade County

ANNUAL COSTS

\$0 monthly premium
(You must continue to pay your Part B premium)
\$0 deductible
\$3,400 Maximum Out-of-Pocket (excludes Part D)

TRANSPORTATION

\$0 copay for up to 8 one-way trips

OVER-THE-COUNTER (OTC)

\$25 allowance every three months

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)*
\$0-\$25 copay for all other specialists
Referral required to see a specialist

VIRTUAL VISITS

\$0 copay per telemedicine consultation

IMMEDIATE CARE

URGENT CARE

\$20 copay

EMERGENCY ROOM

\$120 copay

AMBULANCE

\$165 per one-way trip

WORLDWIDE COVERAGE

Emergency and urgent care only

VIRTUAL VISITS

\$0 copay per telemedicine consultation

For more details, see AvMed Medicare Evidence of Coverage

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



DENTAL & VISION & HEARING

DENTAL

\$0-\$45 for basic cleaning
Additional supplemental comprehensive benefits with assigned Delta Dental provider

VISION

\$0 for each Medicare covered eye exam
\$0 for diabetic eye exam
\$200 allowance toward plan-covered glasses or contacts
\$0 copay for one pair of Medicare-covered glasses/contacts post-cataract surgery

HEARING

\$5 for each Medicare Covered Diagnostic Hearing Exam
\$500 for hearing aids, per ear, each year (2 hearing aids every year)
\$0 Hearing Aid Fitting and Evaluation every year.



HOSPITAL

INPATIENT CARE

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

OUTPATIENT FACILITY

\$50 not affiliated with a hospital
\$175 affiliated with a hospital
\$35-\$60 copay per radiation treatment



PRESCRIPTION DRUGS (RX/PART D)

30 DAY SUPPLY (in network only)

- Tier 1: \$0 Preferred Network
\$0 Standard Network
- Tier 2: \$0 Preferred Network/
\$10 Standard Network
- Tier 3: \$25 Preferred Network
\$35 Standard Network
- Tier 4: \$70 Preferred Network
\$85 Standard Network
- Specialty: 33% coinsurance
- Discounts available on 90-day refills at any retail location and on mail-order through CVS

AFTER YOU REACH YOUR INITIAL COVERAGE LIMIT (\$4,020), YOU PAY:

- Preferred network
Tier 1 \$0 Tier 2 \$0
- Standard network
Tier 1 \$0 Tier 2 \$10
- Tiers Three, Four and Five:
 - Brand 25% coinsurance
 - Generic 25% coinsurance

AFTER \$6,350 IN OUT-OF-POCKET COSTS YOU PAY THE GREATEST OF:

- 5% of the costs or
- \$3.60 for a generic (including brand drugs treated as a generic)
- \$8.95 for all others



IMAGING

COMPLEX TESTS

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

OTHER SERVICES

\$5 copay for X-Ray services performed in-office
\$10 for X-Ray Services performed at an independent, non-hospital affiliated facility
\$25 copay for X-Ray services performed at a hospital affiliated facility

AvMed complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-882-8633 (TTY 711). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-882-8633 (TTY 711).

The provider/pharmacy network and formulary may change at any time. 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. Call 1-800-782-8633 (TTY 711) 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

2020 WELLfluent™ Features



ASPIRE Magazine

Publication for AvMed Medicare Members, featuring articles on a variety of topics to help educate, inform, and motivate a WELLfluent lifestyle.

AvMedAspire.org



Club ASPIRE

This exclusive club for AvMed Medicare Members provides access to a wide variety of social events, educational sessions and plenty of activities designed to be informative, fun and inspirational.

AvMed.org/About-Us/Calendar



SilverSneakers®

Offered at no additional cost to our Members, SilverSneakers gives you access to fitness equipment and group fitness classes so you can take greater control of your health and maintain an active, independent life. Members have access to more than 13,000 participating locations nationwide.

AvMed.org/Senior-Health



HealthyperksSM

Healthyperks rewards you for using the preventive benefits in your Medicare health plan. You can earn gift card rewards just for maintaining your health!

AvMed.org/Healthyperks



Cost Calculator

Providing cost estimates for medical procedures to better inform your decision.

AvMed.org/Cost-Calculator



WELLfluent Living®

Our wellness program is here to help you stay on the road to optimal health—empowering you to make healthy choices for a healthier and longer life.

Login to your member portal at AvMed.org to view your wellness program benefits



Care Support

Clinical Care Coordination and Disease Management "Condition Self-Management" for when you are not well; featuring personal guidance on preventive care, medication counseling program, home care, etc.

Login to your member portal at AvMed.org to view available services

