Medicare Summary of **Benefits**

MIAMI-DADE COUNTY

AvMed

Embrace better health.

Summary of Benefits

AVMED MEDICARE CHOICE
a Medicare Advantage Health Maintenance Organization (HMO) by AvMed, Inc. with a Medicare contract
January 1, 2015 – December 31, 2015
MIAMI-DADE COUNTY

Thank you for your interest in AvMed Medicare Choice.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as AvMed Medicare Choice).

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what AvMed Medicare Choice covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **www.medicare.gov**.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

SECTIONS IN THIS BOOKLET

- Things to Know About AvMed Medicare Choice
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-800-782-8633** (TTY/TDD – 711 or 1-800-955-8771).

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-782-8633 (TTY/TDD – 711 o 1-800-955-8771). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

THINGS TO KNOW ABOUT AVMED MEDICARE CHOICE

Hours of Operation:
Customer Service Hours for October 1 – February 14: Sunday, Monday, Tuesday, Wednesday,

Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern Standard Time (EST).

Customer Service Hours for February 15 – September 30: Monday, Tuesday, Wednesday,

Thursday, Friday, 8:00 a.m. – 8:00 p.m.; Saturday 9:00 a.m.-1:00 p.m. EST.

Phone Numbers and Website:

- If you are a member of this plan, call toll-free **1-800-782-8633** (or locally at **305-671-5437 x22147**). (TTY/TDD – 711 or 1-800-955-8771).
- If you are not a member of this plan, call toll-free **1-800-535-9355** (or locally at **305-671-5437 x21003**). (TTY/TDD – 711 or 1-800-955-8771).
- Our website: **www.avmed.org**.

Who can join?
To join AvMed Medicare Choice, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes Miami-Dade County, Florida.

Which doctors, hospitals, and pharmacies can I use?
AvMed Medicare Choice has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (**www.avmed.org**).

Or, call us and we will send you a copy of the provider and pharmacy directory.

What do we cover?
Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.

For others, you may pay less.

- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.avmed.org**.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?
Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
AvMed Medicare Choice is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare Choice depends on contract renewal.	
How much is the monthly premium?	$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: • $4,000 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Note: • Services with a [1] may require prior authorization. • Services with a [2] may require a referral from your doctor.	
OUTPATIENT CARE AND SERVICES	
Acupuncture and Other Alternative Therapies	Not covered
Ambulance[1]	$100 copay Copay per one way transport.
Chiropractic Care[1]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $5 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $0-125 copay, depending on the service **Preventive dental services:** • Cleaning (for up to 1 every six months): $0-45 copay, depending on the service • Dental x-ray(s) (for up to 1): $0-28 copay, depending on the service • Fluoride treatment: $20 copay • Oral exam (for up to 1 every six months): $0-10 copay, depending on the service Bitewing X-rays (2-4 films) are limited to one set in any 12 consecutive month period.
Diabetes Supplies and Services[2]	Diabetes monitoring supplies: 20% of the cost Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 20% of the cost

Summary of Benefits

COVERED MEDICAL AND HOSPITAL BENEFITS (CONTINUED)	
OUTPATIENT CARE AND SERVICES (CONTINUED)	
Diagnostic Tests, Lab and Radiology Services, and X-Rays[1,2]	Diagnostic radiology services (such as MRIs, CT scans): $50-175 copay or 20% of the cost, depending on the service Diagnostic tests and procedures: $0-25 copay, depending on the service Lab services: You pay nothing Outpatient x-rays: $25 copay Therapeutic radiology services (such as radiation treatment for cancer): $35-60 copay, depending on the service Lower copay will apply for procedures performed in non-hospital affiliated facilities.
Doctor's Office Visits[2]	Primary care physician visit: You pay nothing Specialist visit: $0-25 copay, depending on the service Lower copay will apply when utilizing AvMed High Performance Network (HPN) providers. Additional information can be found in the AvMed 2015 Provider and Pharmacy Directory or in the 2015 Evidence of Coverage.
Durable Medical Equipment (*wheelchairs, oxygen, etc.*)[1]	20% of the cost

COVERED MEDICAL AND HOSPITAL BENEFITS (CONTINUED)	
OUTPATIENT CARE AND SERVICES (CONTINUED)	
Emergency Care	$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $5 copay Routine foot care (for up to 1 visit(s)): $5 copay One visit every 60 days for routine foot care in addition to Original Medicare benefits.
Hearing Services[2]	Exam to diagnose and treat hearing and balance issues: $5 copay
Home Health Care[1,2]	You pay nothing
Mental Health Care[1,2]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. • $150 copay per day for days 1 through 9 • You pay nothing per day for days 10 through 90 Outpatient group therapy visit: $15 copay Outpatient individual therapy visit: $15 copay

Summary of Benefits

COVERED MEDICAL AND HOSPITAL BENEFITS (CONTINUED)	
OUTPATIENT CARE AND SERVICES (CONTINUED)	
Outpatient Rehabilitation[1,2]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $5 copay Occupational therapy visit: $5 copay Physical therapy and speech and language therapy visit: $5 copay
Outpatient Substance Abuse[1,2]	Group therapy visit: $15 copay Individual therapy visit: $15 copay
Outpatient Surgery[1,2]	Ambulatory surgical center: $50-150 copay, depending on the service Outpatient hospital: $50-150 copay, depending on the service
Over-the-Counter Items	Not covered
Prosthetic Devices (*braces, artificial limbs, etc.*)	Prosthetic devices: You pay nothing
Renal Dialysis[1,2]	20% of the cost
Transportation	Not covered
Urgent Care	$25 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Vision Services[1,2]	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $5 copay Routine eye exam (for up to 1 every year): $5 copay Contact lenses (for up to 1 every year): You pay nothing Eyeglasses (frames and lenses) (for up to 1 every year): You pay nothing.

COVERED MEDICAL AND HOSPITAL BENEFITS (CONTINUED)	
Vision Services[1,2] (continued)	Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $100 every year for contact lenses and eyeglasses (frames and lenses). AvMed Medicare Choice provides a $100 annual allowance toward one pair of eyeglasses with standard frames or contact lenses, in addition to Original Medicare coverage. Eye exams performed by optometrists do not require a referral. However, referrals are required for eye exams performed by an ophthalmologist.
PREVENTIVE CARE	
You pay nothing. **Our plan covers many preventive services, including:**	• Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling

Summary of Benefits

COVERED MEDICAL AND HOSPITAL BENEFITS (CONTINUED)	
PREVENTIVE CARE (CONTINUED)	
	• Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
HOSPICE	
You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	
Inpatient Care	
Inpatient Hospital Care[1]	Our plan covers an unlimited number of days for an inpatient hospital stay. • You pay nothing per day for days 1 through 5 • $55 copay per day for days 6 through 20 • You pay nothing per day for days 21 through 90 • You pay nothing per day for days 91 and beyond
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1,2]	Our plan covers up to 100 days in a SNF. • You pay nothing per day for days 1 through 20 • $135 copay per day for days 21 through 100

PRESCRIPTION DRUG BENEFITS	
How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: 10-20% of the cost depending on the drug Other Part B drugs[1]: 10-20% of the cost depending on the drug
Initial Coverage	You pay the following until your total yearly drug costs reach $4,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

TIER	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	$0	$0	$0
Tier 2 (Non-Preferred Generic)	$0	$0	$0
Tier 3 (Preferred Brand)	$25 copay	$50 copay	$75 copay
Tier 4 (Non-Preferred Brand)	$50 copay	$100 copay	$150 copay
Tier 5 (Specialty Tier)	33% of the cost	Not offered	Not offered

Standard Mail Order Cost-Sharing

TIER	Three-Month Supply
Tier 1 (Preferred Generic)	$0
Tier 2 (Non-Preferred Generic)	$0
Tier 3 (Preferred Brand)	$75 copay
Tier 4 (Non-Preferred Brand)	$150 copay

Summary of Benefits

PRESCRIPTION DRUG BENEFITS (CONTINUED)	
Initial Coverage (continued)	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

COVERAGE GAP

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,000.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total $4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary.

Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

Standard Retail Cost-Sharing

TIER	Drugs Covered	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	All	$0	$0	$0
Tier 2 (Non-Preferred Generic)	All	$0	$0	$0

Standard Mail Order Cost-Sharing

TIER	Drugs Covered	Three-Month Supply
Tier 1 (Preferred Generic)	All	$0
Tier 2 (Non-Preferred Generic)	All	$0

PRESCRIPTION DRUG BENEFITS (CONTINUED)	
CATASTROPHIC COVERAGE	
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,700, you pay the greater of:	• 5% of the cost, or • $2.65 copay for generic (including brand drugs treated as generic) and a $6.60 copayment for all other drugs.

Notes

Embrace better health.