

2017 Medicare Advantage Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed, Cigna, UHC, and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

Service	AvMed Medicare Choice HMO Broward	AvMed Medicare Choice HMO Miami- Dade	Cigna Leon Cares	Humana Comprehensive PPO		Humana Zero Premium HMO	UnitedHealthcare Group National PPO		UnitedHealthcare Group PPO Plus (Miami-Dade Only)	
	Broward	Miami-Dade	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network Only	Out-of- Network
Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost		Retiree Cost	
Medical Plan Type	HMO	HMO	HMO	PPO		HMO	PPO		PPO	
Drug Plan Type	100% Part D	100% Part D	100% Part D	100% Part D		100% Part D	100% Part D		100% Part D	
PCP Required	Yes	Yes	Yes	No		Yes	No		No	
Annual Deductible	\$0	\$0	\$0	\$0		\$0	\$0		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$5,000	\$4,500	\$6,700	\$2,500		\$3,400	\$2,500		\$4,500	\$10,000
OOP Exclusions	Dental and Part D Medication	Dental and Part D Medication	Part D Medication	Part D Drugs and the Plan Premium		Part D Drugs	Prescription Drugs and the Plan Premium		Prescription Drugs and the Plan Premium	
Medical Benefits										
Inpatient Hospital Care	\$0/Day 1-5 \$80/Day 6-20 \$0/Day 21 and beyond	\$0/Day 1-5 \$55/Day 6-20 \$0/Day 21 and beyond	\$0	\$175 copay per Admission	\$175 copay per Admission	\$0 per Admission	\$175 copay per admission	\$175 copay per admission	\$200/Day for Days 1-8; \$0/Day for Days 9 and Beyond	40%
Inpatient Mental Health Care	\$150/Day 1-9 \$0/Day 10-90 (190 Days lifetime limit)	\$150/Day 1-9 \$0/Day 10-90 (190 Days lifetime limit)	\$0	\$175 copay per Admission (190 Days lifetime limit)	\$175 copay per Admission (190 Days lifetime limit)	\$0 per Admission (190 Days lifetime limit)	\$175 copay per admission (190 days lifetime maximum)	\$175 copay per admission (190 days lifetime maximum)	\$175/Day for Days 1-8; \$0/Day for Days 9 through 190 Days lifetime limit)	40%
Skilled Nursing Facility (SNF)	\$0/Day 1-20 \$135/Day 21-100	\$0/Day 1-20 \$135/Day 21-100	\$0 for 1-100 days	\$0 copay days 1-20; \$50 copay days 21-100; plan pays \$0 after day 100	\$0 copay days 1-20; \$50 copay days 21-100; plan pays \$0 after day 100	\$0 copay days 1-7; \$40 copayment per day (days 8-100); plan pays \$0 after day 100	\$0/Day for Days 1-20; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$100/ Day for Days 21-100	\$175/Day for Days 1-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$5	\$5	\$0	\$5	\$5	\$10	\$35
Doctor Office Visits - Specialist	\$10-\$40	\$5-\$40	\$0	\$15	\$15	\$0	\$15	\$15	\$40	\$60
Emergency Care	\$75	\$75	\$0	\$65 copay; waived if admitted within 24 hours	\$65 copay; waived if admitted within 24 hours	\$75 copay; waived if admitted within 24 hours	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)
Urgently Needed Care	\$25	\$25	\$0	\$15	\$15	\$20	\$35	\$35	\$35	\$35

Service	AvMed Medicare Choice HMO Broward	AvMed Medicare Choice HMO Miami- Dade	Cigna Leon Cares	Humana Comprehensive PPO		Humana Zero Premium HMO	UnitedHealthcare Group National PPO		UnitedHealthcare Group PPO Plus (Miami-Dade Only)	
Chiropractic Services	\$5	\$5	\$0	\$15 for Medicare Covered Services	\$15 for Medicare Covered Services	\$0 for Medicare Covered Services	\$15	\$15	\$10	\$15
Podiatry Services	\$5	\$5	\$0	\$15 for Medicare Covered Services	\$15 for Medicare Covered Services	\$0 for Medicare Covered Services	\$15 copay (No visits limit)	\$15 copay (No visits limit)	\$40	\$60
Outpatient Mental Health Care	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$40	\$40	\$15	\$5	\$5	Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day	Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp-\$55/ Day
Outpatient Substance Abuse	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$40	\$40	\$15	\$5	\$5	Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day	Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp-\$55/ Day
Outpatient Surgery - Outpatient Hospital	\$200	\$175	\$0	\$50	\$50	\$100	\$15	\$15	\$200	40%
Outpatient Surgery - Ambulatory Surgical Center	\$75	\$75	\$0	\$15	\$15	\$50	\$15	\$15	\$200	40%
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0	\$0	\$0	\$0	\$0	\$0	included in \$15 copay	Included in \$15 copay	Included in \$200	Included in 40%
Ambulance Services	\$100	\$100	\$0	\$50	\$50	\$100 for Medicare-covered services	\$50	\$50	\$150	\$150
Outpatient Rehabilitation	\$15/visit	\$10/visit	\$0	\$15	\$15	\$15/\$20	\$20	\$20	5%	40%
Durable Medical Equipment	20%	20%	0%	20%	20%	0%	20%	20%	5%	40%
Prosthetic Devices	0%	0%	0%	20%	20%	0%	20%	20%	5%	40%
Diabetes Monitoring Supplies	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic - Outpatient Hospital	\$225	\$200	\$0	\$50	\$50	\$75	\$20	\$20	5%	40%
Diagnostic - Freestanding Facility	\$75	\$50	\$0	\$15	\$15	\$0	\$20	\$20	5%	40%
Diagnostic Radiology Services				\$15/\$50	\$15/\$50	\$0/\$75	\$20	\$20	5%	40%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0/\$20	\$0	\$0	5%	40%
Medicare Part B Drugs	10-20%	10-20%	0-20%	20%	20%	0%	20%	20%	5%	40%

Service	AvMed Medicare Choice HMO Broward	AvMed Medicare Choice HMO Miami- Dade	Cigna Leon Cares	Humana Comprehensive PPO		Humana Zero Premium HMO	UnitedHealthcare Group National PPO		UnitedHealthcare Group PPO Plus (Miami-Dade Only)	
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40%/ Immunizations \$0/Smoking Cessation \$60
Wellness Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40%
Wellness Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40%
Dental Services (Medicare Covered Services)			\$0	\$0	\$0	\$0	\$15	\$15	\$40	\$60
- Exam	\$0-\$25	\$0-\$25		N/A	N/A	See Humana plan benefit grid for routine dental coverage.	N/A	N/A	N/A	N/A
- Cleaning	\$0-\$45	\$0-\$45		N/A	N/A		N/A	N/A	N/A	N/A
- X-Ray	\$0-\$35	\$0-\$35		N/A	N/A		N/A	N/A	N/A	N/A
Hearing Services (Hearing Loss Exam)	\$5	\$5	\$0	\$15	\$15	\$0; see Humana plan benefit grid for routine hearing coverage.	\$15	\$15	\$40	\$60
Vision Services (Medicare Covered Eye Exam)	\$5	\$5	\$0	\$15	\$15	\$0; see Humana plan benefit grid for routine vision coverage.	\$15	\$15	\$40	\$60
Pharmacy Benefits										
			Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy
Deductible	\$0	\$0	\$0	N/A	N/A	N/A	N/A	N/A	\$0	N/A
Network	Major Chains	Major Chains	Leon Medical Center Pharmacies	Local and Chain Pharmacies	N/A	Local and Chain Pharmacies	Major Chains	N/A	Major Chains	N/A
Drug Usage Management	Yes	Yes	Yes	Yes		Yes				
Initial Coverage Period										
Initial Coverage Limit	\$3,700	\$3,700	\$4,000	\$3,700		\$3,700	\$3,700		\$3,700	
Tier 1	\$0	\$0	\$0	\$5		\$0	\$5	N/A	\$15	N/A
Tier 2	\$7	\$3	\$0	\$30		\$10	\$30	N/A	\$47	N/A
Tier 3	\$40	\$40	33%	\$60		\$60	\$60	N/A	\$100	N/A
Tier 4	\$75	\$75	33%	33%		33%	\$80	N/A	\$100	N/A
Tier 5	33%	33%	33%	N/A		N/A	N/A	N/A	N/A	N/A
Tier 6										
Gap										
Tier 1	\$0	\$0	0%	\$5	N/A	0%	\$5	N/A	51%	N/A
Tier 2	\$7	\$3	45%	40%	N/A	40%	\$30	N/A	40%	N/A
Tier 3	40% Covered Brand 51% Generic	40% Covered Brand 51% Generic	45%	40%	N/A	40%	\$60	N/A	40%	N/A
Tier 4	40% Covered Brand 51% Generic	40% Covered Brand 51% Generic	45%	40%	N/A	40%	\$80	N/A	40%	N/A

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Tier 5	40% Covered Brand 51% Generic	40% Covered Brand 51% Generic	45%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tier 6										
Catastrophic										
Catastrophic Coverage Limit	\$4,950	\$4,950	\$4,950	\$4,950		\$4,950	\$4,950		\$4,950	
Tier 1	Greater of \$3.30 or 5%	Greater of \$3.30 or 5%	Greater of 5% or \$3.30	Greater of \$3.30 or 5%	N/A	Greater of \$3.30 or 5%	Greater of \$3.30 or 5%	N/A	Greater of \$3.30 or 5%	N/A
Tier 2	Greater of \$3.30/generic \$8.25/brand or 5%	Greater of \$3.30/generic \$8.25/brand or 5%	Greater of 5% or \$8.25	Greater of \$8.25 or 5%	N/A	Greater of \$8.25 or 5%	Greater of \$8.25 or 5%	N/A	Greater of \$8.25 or 5%	N/A
Tier 3	Greater of \$3.30/generic \$8.25/brand or 5%	Greater of \$3.30/generic \$8.25/brand or 5%	Greater of 5% or \$8.25	Greater of \$8.25 or 5%	N/A	Greater of \$8.25 or 5%	Greater of \$8.25 or 5%	N/A	Greater of \$8.25 or 5%	N/A
Tier 4	Greater of \$3.30/generic \$8.25/brand or 5%	Greater of \$3.30/generic \$8.25/brand or 5%	Greater of 5% or \$8.25	Greater of \$8.25 or 5%	N/A	Greater of \$8.25 or 5%	Greater of \$8.25 or 5%	N/A	Greater of \$8.25 or 5%	N/A
Tier 5										
Mail Order (90 Day Supply)										
Tier 1	Standard: \$0 Preferred MO: \$0	Standard: \$0 Preferred MO: \$0	Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.	\$0	N/A	\$0	\$0	N/A	\$30	N/A
Tier 2	Standard: \$21 Preferred MO: \$17.50	Standard: \$9 Preferred MO: \$7.50	Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.	\$60	N/A	\$20	\$60	N/A	\$94	N/A
Tier 3	Standard: \$120 Preferred MO: \$100	Standard: \$120 Preferred MO: \$100	Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.	\$120	N/A	\$170	\$120	N/A	\$200	N/A
Tier 4	Standard: \$225 Preferred MO: \$187.50	Standard: \$225 Preferred MO: \$187.50	Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.	N/A	N/A	N/A	\$160	N/A	\$200	N/A
Premium										
Monthly Premium	\$0	\$0	\$0	\$174.21		\$0	\$348.29		\$10	

Humana HMO is available in Broward, Miami-Dade and Palm Beach counties.

These premiums are for Miami Dade County. Premiums are based upon your county of residence