

BROWARD

New Plans for Your New Chapter



AVMED MEDICARE CIRCLE (HMO)
AVMED MEDICARE CHOICE (HMO)
AVMED MEDICARE ACCESS (HMO-POS)
AVMED MEDICARE PREMIUM SAVER (HMO)

At AvMed, our focus is on helping you live a WELLfluent™ life. That's a life rich in the things that really matter: health and happiness.

That's why we now offer you four plans to choose from, with additional services like transportation and nutritious meals, plus access to South Florida's top healthcare providers, including specialists. These are the professionals we also trust for our own families, by the way. Because AvMed is Florida-based, just like you.

So read through this brochure, learn more about AvMed Medicare, then join us. And live a WELLfluent™ life.



PRESCRIPTION DRUG COVERAGE

Except in an emergency, you must use AvMed Network pharmacies and mail order to get your prescription drugs. Specialty medications are not available via mail order. Outpatient prescription drugs are not covered outside the United States.

Prescription Medications

30 Day Supply

(In-Network Only):

During the initial coverage period or until you have reached:

| Pharmacy Network | \$6,000 for CIRCLE | | \$4,500 for CHOICE | |
|------------------|--------------------|----------|--------------------|----------|
| | Preferred | Standard | Preferred | Standard |
| Tier 1 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 | \$0 | \$10 | \$0 | \$10 |
| Tier 3 | \$20 | \$30 | \$30 | \$40 |
| Tier 4 | \$75 | \$100 | \$75 | \$100 |
| Tier 5 | 33% | 33% | 33% | 33% |

| Pharmacy Network | \$4,500 for ACCESS | | \$4,130 for PREMIUM SAVER | |
|------------------|--------------------|----------|---------------------------|----------|
| | Preferred | Standard | Preferred | Standard |
| Tier 1 | \$0 | \$0 | \$0 | \$5 |
| Tier 2 | \$0 | \$10 | \$0 | \$20 |
| Tier 3 | \$30 | \$40 | \$40 | \$47 |
| Tier 4 | \$75 | \$100 | \$80 | \$100 |
| Tier 5 | 33% | 33% | 33% | 33% |

Discounts available for 100 day supply at any retail location and on mail-order through CVS.

YOU PAY:

Coverage after you reach your initial coverage limit

Tier One (in the gap): \$0-\$5
 Tier Two (in the gap): \$0 Preferred Network/\$10-\$20 Standard Network
 Tiers Three, Four and Five: 25% coinsurance for brand and generic medications

After you have paid \$6,550 in out-of-pocket drug costs

YOU PAY THE GREATER OF:

\$3.70 for generics and preferred multi-source
 \$9.20 for brand medications, or
 5% coinsurance

Take a look at what our comprehensive plans offer.

With
AvMed,
you're
covered.

- ✓ Access to every major hospital in Miami-Dade and Broward, including Baptist Health South Florida, Cleveland Clinic, Memorial Healthcare System, University of Miami Hospital and more
- ✓ \$0 monthly plan premium (you must continue to pay your Part B premium)
- ✓ Prescription drug coverage, including 90-day retail and mail-order discounts
- ✓ Allowance on over-the-counter items*
- ✓ Dental coverage, including crowns and implants*
- ✓ HealthyperksSM rewards program - earn gift card rewards just for maintaining your health
- ✓ SilverSneakers[®] Fitness program membership included at no extra cost
- ✓ Enhanced hearing and vision coverage
- ✓ Emergency care anywhere your travels take you
- ✓ Door-to-door private car transportation to plan-approved locations
- ✓ Club Aspire, an exclusive club for AvMed Medicare members, with social and educational events and activities
- ✓ AvMed's Virtual Visits provides free access to board-certified physicians from your computer or smartphone**

COMPARE YOUR PLAN or Original Medicare to AvMed.

It's easy
to get
the help
you need.

- AvMed has been Florida's trusted partner in health for more than 50 years. And because all of our employees are based right here in Florida, we deliver excellent, personalized customer service.
- Choose more support when you need it. We have care management programs for chronic conditions including asthma, diabetes and congestive heart failure.
- Choose to speak with an AvMed Registered Nurse at any time. With Nurse On Call there's always a Registered Nurse waiting by a phone to help you when questions arise, 24 hours a day, 7 days a week.
- For more information or to schedule an in-home appointment, contact your licensed agent.

AVMED MEDICARE 2021 BENEFITS: Broward

| BENEFIT | CIRCLE HMO | CHOICE HMO | ACCESS HMO-POS | PREMIUM SAVER HMO |
|--|--|--|--|--|
| Doctor Office Visits | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay |
| Telehealth | \$0 copay Telehealth Virtual Visits** | \$0 copay Telehealth Virtual Visits** | \$0 copay Telehealth Virtual Visits** | \$0 copay Telehealth Virtual Visits** |
| Specialist | \$0 Copay Referral Required | \$10 Copay Referral Required | \$10 Copay No Referral Required | \$25 Copay Referral Required |
| Chiropractors and Podiatrists | \$5 Copay | \$5 Copay | \$5 Copay | \$5 Copay |
| Acupuncture | \$10 copay per visit (up to 20 visits per year) | \$10 copay per visit (up to 20 visits per year) | \$10 copay per visit (up to 20 visits per year) | \$10 copay per visit (up to 20 visits per year) |
| Therapy (physical, speech, occupational) | \$0 copay per visit | \$15 copay per visit | \$15 copay per visit | \$0-15 copay per visit |
| Urgent Care | \$10 Copay | \$10 Copay | \$0 Copay In-network \$25 Copay Out-of-network | \$0 Copay In-network \$25 Copay Out-of-network |
| Emergency | \$75 ER Copay | \$100 ER Copay | \$120 ER Copay | \$120 ER Copay |
| Inpatient Hospital Care | \$0 per day | \$0 per day, days 1-5 \$40 per day, days 6-20 \$0 per day, days 21-90 | \$0 per day, days 1-5 \$40 per day, days 6-20 \$0 per day, days 21-90 | \$200 per day, days 1-5 \$0 per day, days 6-90 |
| Skilled Nursing Facility | \$0 per day, days 1-20 \$135 per day, days 21-62 \$0 per day, days 63-100 | \$0 per day, days 1-20 \$135 per day, days 21-100 | \$0 per day, days 1-20 \$135 per day, days 21-100 | \$0 per day, days 1-20 \$60 per day, days 21-100 |
| Mental Health | Inpatient: \$150 per day, days 1-9 \$0 per day, days 10-90 Outpatient: \$15 - Individual Services \$15 - Group Services | Inpatient: \$150 per day, days 1-9 \$0 per day, days 10-90 Outpatient: \$15 - Individual Services \$15 - Group Services | Inpatient: \$150 per day, days 1-9 \$0 per day, days 10-90 Outpatient: \$15 - Individual Services \$15 - Group Services | Inpatient: \$200 per day, days 1-9 \$0 per day, days 10-90 Outpatient: \$15 - Individual Services \$15 - Group Services |
| Laboratory Services*** Basic Imaging X-ray Diagnostic Testing | \$0 Copay \$0 Copay \$0-\$25 Copay | \$0 Copay \$5-\$25 Copay \$5-\$25 Copay | \$0 Copay \$5-\$25 Copay \$5-\$25 Copay | \$0 Copay \$0 Copay \$0-\$25 Copay |

| BENEFIT | CIRCLE HMO | CHOICE HMO | ACCESS HMO-POS | PREMIUM SAVER HMO |
|-------------------------------------|--|--|--|--|
| Preventive Services | \$0 copay for flu and pneumonia vaccines, annual mammograms, pap smears, bone density, prostate and colorectal screenings and pelvic exams | \$0 copay for flu and pneumonia vaccines, annual mammograms, pap smears, bone density, prostate and colorectal screenings and pelvic exams | \$0 copay for flu and pneumonia vaccines, annual mammograms, pap smears, bone density, prostate and colorectal screenings and pelvic exams | \$0 copay for flu and pneumonia vaccines, annual mammograms, pap smears, bone density, prostate and colorectal screenings and pelvic exams |
| Durable Medical Equipment | 10% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance |
| Diabetic Supplies | \$0 for diabetic supplies 20% for orthotic shoe inserts | \$0 for diabetic supplies 20% for orthotic shoe inserts | \$0 for diabetic supplies 20% for orthotic shoe inserts | \$0 for diabetic supplies 20% for orthotic shoe inserts |
| Over-the-Counter Allowance | \$50 every month | \$25 every month | \$25 every three months | N/A |
| Transportation (one way) | Unlimited trips | 8 one-way trips yearly | 8 one-way trips yearly | N/A |
| Vision Services | \$0 copay for routine eye exam \$350 eyewear allowance | \$0 copay for routine eye exam \$200 eyewear allowance | \$0 copay for routine eye exam \$200 eyewear allowance | \$0 copay for routine eye exam \$0 eyewear allowance |
| Dental Services | Exam \$0 copay Cleaning \$0 copay X-ray \$0 copay | Exam \$0-\$25 copay Cleaning \$0-\$45 copay X-ray \$0-\$35 copay | Exam \$0-\$25 copay Cleaning \$0-\$45 copay X-ray \$0-\$35 copay | Medicare Covered Dental Benefits \$0-\$175 |
| Health and Wellness Programs | Healthyperks SM rewards program, with incentives for preventive health measures SilverSneakers [®] Fitness program offered at no extra cost | Healthyperks SM rewards program, with incentives for preventive health measures SilverSneakers [®] Fitness program offered at no extra cost | Healthyperks SM rewards program, with incentives for preventive health measures SilverSneakers [®] Fitness program offered at no extra cost | Healthyperks SM rewards program, with incentives for preventive health measures SilverSneakers [®] Fitness program offered at no extra cost |
| Annual Out-of-Pocket Maximum | \$2500 for all covered Part A and Part B medical services | \$3400 for all covered Part A and Part B medical services | \$3400 for all covered Part A and Part B medical services | \$3400 for all covered Part A and Part B medical services |

*Not available on all plans. **AvMed Virtual Visits handles only non-emergency medical issues. If you are experiencing a medical emergency, you should not use AvMed Virtual Visits and should dial 911 immediately. AvMed Virtual Visits should not replace your PCP's care for common or chronic conditions. ***Separate office visit copay may apply.

For more information
or to enroll, please contact
your licensed agent.



With AvMed Medicare HMO, you must receive routine care from plan Providers. If you obtain routine care from out-of-network plan providers, neither Medicare nor AvMed will be responsible for the costs.

AvMed Medicare is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare depends on contract renewal. You must be enrolled in Medicare Part B and entitled to Medicare Part A. You must continue to pay your Part B premium. This information is not a complete description of benefits. Call **1-888-841-3646** (TTY 711) for more information, October 1–March 31, 7 days a week, 8 am–8 pm, and April 1–September 30, Monday – Friday, 8 am–8 pm. Benefits, premiums, copays or coinsurance may change January 1 of each year. The formulary, pharmacy and provider network may change at any time. You will receive notice when necessary.

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).



Embrace better health.®