2018 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.

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Service	AvMed Medicare Choice HMO (Broward)	AvMed Medicare Choice HMO (Miami-Dade)	Cigna Leon Cares		nana ensive PPO	Humana Zero Premium HMO (Miami-Dade)	Humana Zero Premium HMO (Broward)	Humana Zero Premium HMO (Palm Beach)		ealthcare re PPO	Group Na	ealthcare tional PPO Pade Only)
	Broward	Miami-Dade	In-Network	In-Network	Out-of- Network	In-Network	In-Network	In-Network	In-Network	Out-of- Network	In-Network	Out-of- Network
	Retiree Cost	Retiree Cost	Retiree Cost	Retire	e Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost		Retire	ee Cost
Medical Plan Type	HMO	HMO	HMO	PI	20	HMO	HMO	HMO	PPO		PI	PO
Drug Plan Type	100% Part D	100% Part D	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	Yes	Yes	N	lo	N	No
Annual Deductible	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$5,000	\$4,500	\$6,700	\$2,500		\$3,000	\$3,400	\$2,500	\$2,500		\$4,500	\$10,000
OOP Exclusions	Dental and Part D Medication	Dental and Part D Medication	Part D Medication	_	and the Plan mium	Part D Drugs	Part D Drugs	Part D Drugs	Prescription Drugs and the Plan Premium		Prescription Drugs and the Plan Premium	
Medical Benefits												
Inpatient Hospital Care	\$0/Day 1-5 \$40/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	\$0 per Admission	\$250 per Admission (Days 1-5)	\$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)	\$0 per Admission (190 Days lifetime limit)	\$250 per Admission (Days 1-5)	\$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 1-20; \$50 copayment per day (days 21-100); plan pays \$0 after day 100	\$0 copay days 1-20; \$60 copayment per day (days 21-100); plan pays \$0 after day 100	\$0 copay days 1-20; \$75 copayment per day (days 21-100); plan pays \$0 after day 100	\$0/Day for Days 1-20; \$50/Day for Days 21-100		\$0/Day for Days 1-20; \$100/ Day for Days 21-100	\$175/Day for Days 1-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$5	\$5	\$0	\$0	\$10	\$5	\$5	\$10	\$35
Doctor Office Visits - Specialist	\$10-\$40	\$0-\$40	\$0	\$15	\$15	\$0	\$5	\$25	\$15	\$15	\$40	\$60
Emergency Care	\$80 copay; waived if admitted within 24 hours	\$80 copay; waived if admitted within 24 hours	\$50 copay; waived if admitted within 24 hours	\$65 copay; waived if admitted within 24 hours	\$65 copay; waived if admitted within 24 hours	\$80 copay; waived if admitted within 24 hours	\$100 copay; waived if admitted within 24 hours	\$65 copay; waived if admitted within 24 hours	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)	\$80 copay (waived if admitted)	\$80 copay (waived if admitted)
Urgently Needed Care	\$20	\$20	\$0	\$15	\$15	\$20	\$5	\$25	\$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 (Miami-Dade)	Humana Zero Premium HMO (Broward)	Humana Zero Premium HMO (Palm Beach)	UnitedHealthcare Premiere PPO		UnitedHealthcare Group National PPO (Miami-Dade Only)	
Chiropractic Services	\$5	\$5	\$0	\$15 for Medicare Covered Services	\$15 for Medicare Covered Services	\$0 for Medicare Covered Services	\$5 for Medicare Covered Services	\$20 for Medicare Covered Services	\$15	\$15	\$10	\$15
Podiatry Services	\$5	\$5	\$0	\$15	\$15	\$0 for Medicare Covered and Routine Services	\$5 for Medicare Covered and Routine Services	\$25 for Medicare Covered and Routine 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	\$25	\$40	\$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	\$25	\$40	\$5	\$5	Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day	
Outpatient Surgery - Outpatient Hospital	\$200	\$175	\$0	\$50	\$50	\$25	\$100	\$200	\$15	\$15	\$200	40%
Outpatient Surgery - Ambulatory Surgical Center	\$35	\$45	\$0	\$15	\$15	\$0	\$50	\$150	\$15	\$15	\$200	40%
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0	\$0	\$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 for Medicare Covered Services	\$50 for Medicare Covered Services	\$100 for Medicare- covered services	\$250 for Medicare- covered services	\$75 for Medicare- covered services	\$50	\$50	\$150	\$150
Outpatient Rehabilitation	\$15/visit	\$10/visit	\$0	\$15	\$15	\$15/\$20	\$5/\$25	\$25/\$40	\$20	\$20	5%	40%
Durable Medical Equipment	20%	20%	0%	20%	20%	\$0	\$0	20%	20%	20%	5%	40%
Prosthetic Devices	0%	0%	0%	20%	20%	\$0	\$0	20%	20%	20%	5%	40%
Diabetes Monitoring Supplies	20%	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40
Diagnostic - Outpatient Hospital	\$225	\$200	\$0	\$50	\$50	\$15	\$25	\$0	\$20	\$20	5%	40%
Diagnostic - Freestanding Facility	\$75	\$50	\$0	\$15	\$15	\$0	\$0	\$0	\$20	\$20	5%	40%
Diagnostic Radiology Services				\$15/\$50	\$15/\$50	\$0/\$75	\$0/\$75	\$0/\$75	\$20	\$20	5%	40%
Lab Services Medicare Part B Drugs	\$0 10-20%	\$0 10-20%	\$0 0-20%	\$0 20%	\$0 20%	\$0/\$20 0%	\$0/\$5/\$25 0%	\$0 20%	\$0 20%	\$0 20%	5% 5%	13% 40%

Service	AvMed Medicare Choice HMO (Broward)	AvMed Medicare Choice HMO (Miami-Dade)	Cigna Leon Cares	Humana Comprehensive PPO		Humana Zero Premium HMO (Miami-Dade)	Humana Zero Premium HMO (Broward)	Humana Zero Premium HMO (Palm Beach)	UnitedHealthcare Premiere PPO		UnitedHealthcare Group National PPO (Miami-Dade Only)	
Preventive Services	\$0	\$0	\$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	\$0	\$0	40%
Wellness Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40%
Dental Services (Medicare Covered Services)			\$0	\$15	\$15	\$0	\$5	\$25	\$15	\$15	\$40	\$60
- Exam	\$0-\$25	\$0-\$25	Preventive Dental	N/A	N/A				N/A	N/A	N/A	N/A
- Cleaning	\$0-\$45	\$0-\$45	Services: \$0	N/A	N/A				N/A	N/A	N/A	N/A
- X-Ray	\$0-\$35	\$0-\$35	Service Limit: - up to 1 oral exam, cleaning, 1 fluoride treatment, and 1 dental x-ray Comphrensive Dental Services: \$0 (Endodontics and Periodontics not covered) Annual Max: \$2,200	N/A	N/A	See Humana plan benefit grid for routine dental coverage.	coverage.	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.	\$5; see Humana plan benefit grid for routine hearing coverage.	\$25	\$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.	\$5; see Humana plan benefit grid for routine vision coverage.	\$25	\$15	\$15	\$15	\$15
Pharmacy Benefits												
			Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	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	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	Local and Chain Pharmacies	Local and Chain Pharmacies	Major Chains	N/A	Major Chains	N/A
Drug Usage Management	Yes	Yes	Yes	Y	es	Yes	Yes	Yes				
Initial Coverage Period												
Initial Coverage Limit	\$3,750	\$3,750	\$4,000	\$3,750	N/A	\$3,750	\$3,750	\$3,750	\$3.	750	\$3	3,750
Tier 1	\$0	\$0	\$0	\$5	N/A	\$0	\$0	\$0	\$5	N/A	\$15	N/A
Tier 2	\$7	\$3	\$0	\$30	N/A	\$10	\$10	\$40	\$30	N/A	\$15	N/A
Tier 3	\$40	\$40	33%	\$60	N/A	\$55	\$55	\$80	\$60	N/A	\$47	N/A
Tier 4	\$75	\$75	N/A	33%	N/A	33%	33%	33%	\$80	N/A	\$100	N/A

Service	AvMed Medicare Choice HMO (Broward)	AvMed Medicare Choice HMO (Miami-Dade)	Cigna Leon Cares	Hun Comprehe		Humana Zero Premium HMO (Miami-Dade)	Humana Zero Premium HMO (Broward)	Humana Zero Premium HMO (Palm Beach)	UnitedHe Premier		UnitedHealthcare Group National PPO (Miami-Dade Only)	
Tier 5	33%	33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$100	N/A
Gap												
Tier 1	\$0	\$0	0%	\$5	N/A	0%	0%	0%	\$5	N/A	44%	N/A
Tier 2	\$7	\$3	35% Covered Brand 44% Generic	35%	N/A	35%	35%	35%	\$30	N/A	44%	N/A
Tier 3	35% Covered Brand 44% Generic	35% Covered Brand 44% Generic	35% Covered Brand 44% Generic	35%	N/A	35%	35%	35%	\$60	N/A	35%	N/A
Tier 4	35% Covered Brand 44% Generic	35% Covered Brand 44% Generic	N/A	35%	N/A	35%	35%	35%	\$80	N/A	35%	N/A
Tier 5	35% Covered Brand 44% Generic	35% Covered Brand 44% Generic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	35%	N/A
Catastrophic												
Catastrophic Coverage Limit	\$5,000	\$5,000	\$5,000	\$5,000		\$5,000	\$5,000	\$5,000	\$5,0	000	\$5,	000
Tier 1	Greater of \$3.35 or 5%	Greater of \$3.35 or 5%	Greater of 5% or \$3.35	Greater of \$3.35 or 5%	N/A	Greater of \$3.35 or 5%	Greater of \$3.35 or 5%	Greater of \$3.35 or 5%	Greater of \$3.35 or 5%	N/A	Greater of \$3.35 or 5%	N/A
Tier 2	Greater of \$3.35 or 5%	Greater of \$3.35 or 5%	Greater of 5% or \$8.35	Greater of \$ 8.35 or 5%	N/A	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	N/A	Greater of \$3.35 or 5%	N/A
Tier 3	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	N/A	Greater of \$8.35 or 5%	N/A	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	N/A	Greater of \$8.35 or 5%	N/A
Tier 4	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	N/A	Greater of \$8.35 or 5%	N/A	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	Greater of \$8.35 or 5%	N/A	Greater of \$8.35 or 5%	N/A
Tier 5				N/A		N/A	N/A	N/A			Greater of \$8.35 or 5%	
Mail Order (90 Day Supply)												
Tier 1	Standard: \$0 Preferred MO: \$0	Standard: \$0 Preferred MO: \$0	Prescription drugs may	\$0	N/A	\$0	\$0	\$0	\$0	N/A	\$30	N/A
Tier 2	Standard: \$21 Preferred MO: \$17.50	Standard: \$9 Preferred MO: \$7.50	be obtained at all LMC Pharmacies or retiree	\$60	N/A	\$20	\$20	\$80	\$60	N/A	\$30	N/A
Tier 3	Standard: \$120 Preferred MO: \$100	Standard: \$120 Preferred MO: \$100	may ask to have them delivered to their home.	\$120	N/A	\$155	\$155	\$200	\$120	N/A	\$94	N/A
Tier 4	Standard: \$225 Preferred MO: \$187.50	Standard: \$225 Preferred MO: \$187.50		N/A	N/A	N/A	N/A	N/A	\$160	N/A	\$200	N/A
Tier 5											\$200	
Premium												
Monthly Premium	\$0	\$0	\$0	\$19	9.44	\$0	\$0	\$0	\$407	7.49	\$	10

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