

2016 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		Cigna Leon Cares	Humana HMO		Humana PPO		UnitedHealthcare		UnitedHealthcare Premiere PPO	
	Miami-Dade	Broward	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Retiree Cost		Retiree Cost	Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost	
Medical Plan Type	HMO		HMO	HMO		PPO		PPO		PPO	
Drug Plan Type	100% Part D		100% Part D	100% Part D		100% Part D		100% Part D		100% Part D	
PCP Required	Yes		Yes	Yes		No		No		No	
Annual Deductible	\$0	\$0	\$0	\$0	n/a	\$0	\$0	\$0		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$4,000	\$5,000	\$6,700	\$3,400	n/a	\$2,500	\$2,500	\$4,500	\$10,000	\$2,500	
OOP Exclusions	Dental and Part D Medication	Dental and Part D Medication	Part D Medication	Part D Drugs	n/a	Part D Drugs and the Plan Premium	Part D Drugs and the Plan Premium	Prescription Drugs		Prescription Drugs and the Plan Premium	
Medical Benefits											
Inpatient Hospital Care	\$0/Day 1-5 \$55/Day 6-20 \$0/Day 21 and beyond	\$0/Day 1-5 \$80/Day 6-20 \$0/Day 21 and beyond	\$0	\$0 per Admission	n/a	\$175 copay per Admission	\$175 copay per Admission	\$200/Day for Days 1-8; \$0/Day for Days 9 and Beyond	40%	\$175 copay per admission	\$175 copay per admission
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	\$0 per Admission (190 Days lifetime limit)	n/a	\$175 copay per Admission (190 Days lifetime limit)	\$175 copay per Admission (190 Days lifetime limit)	\$175/Day for Days 1-8; \$0/Day for Days 9 through 190 Days lifetime limit)	40%	\$175 copay per admission (190 days lifetime maximum)	\$175 copay per day of hospital admission (190 days lifetime maximum)
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 1-100; plan pays \$0 after day 100	n/a	\$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/Day for Days 1-20; \$100/Day for Days 21-100 Per Benefit Period	\$175/Day for Days 1-100; Per Benefit Period	\$0/Day for Days 1-20; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$50/Day for Days 21-100
Home Health Care	\$0	\$0	\$0	\$0	n/a	\$0	\$0	\$0	20%	0%	0%

Service	AvMed		Cigna Leon Cares	Humana HMO		Humana PPO		UnitedHealthcare		UnitedHealthcare Premiere PPO	
	Miami-Dade	Broward	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Retiree Cost		Retiree Cost	Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost	
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$0	n/a	\$5	\$5	\$10	\$35	\$5	\$5
Doctor Office Visits - Specialist	\$0-\$25	\$10-\$30	\$0	\$0	n/a	\$15	\$15	\$40	\$60	\$15	\$15
Emergency Care	\$75	\$75	\$0	\$75 copay; waived if admitted within 24 hours	n/a	\$65 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)	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)
Urgently Needed Care	\$25	\$25	\$0	\$0	n/a	\$15	\$15	\$35	\$35	\$35	\$35
Chiropractic Services	\$5	\$5	\$0	\$0 for Medicare Covered Services	n/a	\$15 for Medicare Covered Services	\$15 for Medicare Covered Services	\$10	\$15	\$15	\$15
Podiatry Services	\$5	\$5	\$0	\$0	n/a	\$15	\$15	\$40	\$60	\$15 copay (No visits limit)	\$15 copay (No visits limit)
Outpatient Mental Health Care	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$15	n/a	\$40	\$40	Indiv-\$40/Visit; Group-\$20/Visit; Partial Hosp-\$55/Day	Indiv-\$60/Visit; Group-\$35/Visit; Partial Hosp-\$55/Day	\$5	\$5
Outpatient Substance Abuse	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$15	n/a	\$40	\$40	Indiv-\$40/Visit; Group-\$10/Visit; Partial Hosp-\$55/Day	Indiv-\$60/Visit; Group-\$35/Visit; Partial Hosp-\$55/Day	\$5	\$5
Outpatient Surgery - Outpatient Hospital	\$150	\$150	\$0	\$50	n/a	\$50	\$50	\$200	40%	\$15	\$15
Outpatient Surgery - Ambulatory Surgical Center	\$50	\$75	\$0	\$50	n/a	\$15	\$15	\$200	40%	\$15	\$15

Service	AvMed		Cigna Leon Cares		Humana HMO		Humana PPO		UnitedHealthcare		UnitedHealthcare Premiere PPO	
	Miami-Dade	Broward	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost	
Hearing Services (Hearing Loss Exam)	\$5	\$5	\$0		\$0	n/a	\$15	\$15	\$40	\$60	\$15	\$15
Vision Services (Medicare Covered Eye Exam)	\$5	\$5	\$0		\$200 allowance contact lens and glasses	n/a	\$15	\$15	\$40	\$60	\$15	\$15
Pharmacy Benefits												
	Miami-Dade	Broward	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-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	\$0
Network	Major Chains	Major Chains	Leon Medical Center Pharmacies	Major Chains	Local and Chain Pharmacies	n/a	Local and Chain Pharmacies	n/a	Major Chains	n/a	Major Chains	n/a
Drug Usage Management	Yes		Yes		Yes		Yes		Yes		Yes	
Initial Coverage Period												
Initial Coverage Limit	\$3,310		\$4,000		\$3,310		\$3,310		\$3,310		\$3,310	
Tier 1 & 2 - Generic	\$0/\$3	\$0/\$7	\$0	\$5	\$0	n/a	\$5	n/a	\$10	n/a	\$5	n/a
Tier 3 - Brand Preferred	\$35	\$35	\$0	\$10	\$10	n/a	\$30	n/a	\$45	n/a	\$30	n/a
Tier 4 - Brand Non-preferred	\$70	\$70	33%	33%	\$40	n/a	\$60	n/a	\$100	n/a	\$60	n/a
Tier 5 - Specialty	33%	33%	33%	33%	33%	n/a	33%	n/a	\$100	n/a	\$80	n/a
Gap												
Tier 1 & 2 - Generic	\$0/\$3	\$0/\$7	\$0	\$5	\$0	n/a	\$5	n/a	58%	n/a	\$5	n/a
Tier 3 - Brand Preferred	45% Covered Brand 58% Generic	45% Covered Brand 58% Generic	45%	45%	45%	n/a	45%	n/a	45%	n/a	\$30	n/a
Tier 4 - Brand Non-preferred			45%	45%	45%	n/a	45%	n/a	45%	n/a	\$60	n/a
Tier 5 - Specialty			45%	45%	45%	n/a	45%	n/a	45%	n/a	\$80	n/a

Service	AvMed		Cigna Leon Cares		Humana HMO		Humana PPO		UnitedHealthcare		UnitedHealthcare Premiere PPO	
	Miami-Dade	Broward	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost		Retiree Cost	
Catastrophic												
Catastrophic Coverage Limit	\$4,850		\$4,850		\$4,850		\$4,850		\$4,850		\$4,850	
Tiers 1 & 2 - Generic	Greater of \$2.95 or 5%	Greater of \$2.95 or 5%	Greater of \$2.95 or 5%	\$2.95 or 5%	Greater of \$2.95 or 5%	n/a	Greater of \$2.95 or 5%	n/a	Greater of \$2.95 or 5%	n/a	Greater of \$2.95 or 5%	n/a
Tiers 3 & 4 - Brand	Greater of \$7.40 or 5%	Greater of \$7.40 or 5%	Greater of \$7.40 or 5%	Greater of \$7.40 or 5%	Greater of \$7.40 or 5%	n/a	Greater of \$7.40 or 5%	n/a	Greater of \$7.40 or 5%	n/a	\$7.40 or 5%	n/a
Mail Order (90 Day Supply)												
Tiers 1-4	Tier 1 - \$0 Tier 2 - \$9 Tier 3 - \$105 Tier 4 - \$210	Tier 1 - \$0 Tier 2 - \$21 Tier 3 - \$105 Tier 4 - \$210	Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.	N/A	Tier 1 - \$0 Tier 2 - \$20 Tier 3 - \$80 Tier 4 - N/A	n/a	Tier 1 - \$0 Tier 2 - \$60 Tier 3 - \$120 Tier 4 - N/A	n/a	Tier 1 - \$20 Tier 2 - \$90 Tier 3-\$200 Tier 4-\$200	n/a	Tier 1-\$0, Tier 2-\$60 Tier 3-\$120 Tier 4 \$160	n/a
Premium												
Monthly	\$0		\$0		\$0		\$144.79		\$0		\$338.15	
Notes	AvMed Medicare plans are only available for Miami-Dade or Broward Counties residents		Cigna plan is only available to those who live in Miami-Dade County		Humana HMO is available in Broward, Miami-Dade and Palm Beach counties.		Availability is based on county of residence.		Plan design and premium vary by County of residence		Plan design and premium vary by County of residence	