

2019 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)	AvMed Medicare Circle HMO (Broward)	AvMed Medicare Circle HMO (Miami-Dade)	Cigna Leon Cares	Humana Comprehensive PPO		Humana Zero Premium HMO 135 (Miami-Dade)	Humana Zero Premium HMO 649 (Broward)	Humana Zero Premium HMO 176 (Palm Beach)	UnitedHealthcare Premiere PPO		UnitedHealthcare Group National PPO (Miami-Dade Only)	
	Broward	Miami-Dade	Broward	Miami-Dade		In-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network
Medical Plan Type	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost		Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost		Retiree Cost	
Drug Plan Type	HMO	HMO	HMO	HMO	HMO	PPO		HMO	HMO	HMO	PPO		PPO	
PCP Required	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	100% Part D		100% Part D	
Annual Deductible	Yes	Yes	Yes	Yes	Yes	No		Yes	Yes	Yes	No		No	
Annual Maximum Out-of-Pocket (OOP)	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$3,400	\$3,400	\$6,700	\$6,700	\$6,700	\$2,500		\$1,500	\$2,500	\$2,500	\$2,500		\$4,500	\$10,000
OOP Exclusions	Dental and Part D Medication	Dental and Part D Medication	Dental and Part D Medication	Dental and Part D Medication	Part D Medication	Part D Drugs and the Plan Premium		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	\$0	\$0	\$175 copay per Admission	\$175 copay per Admission	\$0 per Admission	\$0 per Admission	\$50 per Admission (Days 1-5)	\$175 copay per admission	\$175 copay per admission	\$275/Day for Days 1-6; \$0/Day for Days 7 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)	\$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 (190 Days lifetime limit)	\$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)	\$50 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 9-190 (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/Day 1-20 \$135/Day 21-62 \$0/Day 63-100	\$0/Day 1-20 \$135/Day 21-62 \$0/Day 63-100	\$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 1-100; plan pays \$0 after day 100	\$0 copay days 1-20; \$150 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; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$172/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	\$0	\$0	20%
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$0	\$0	\$5	\$5	\$0	\$0	\$0	\$5	\$5	\$10	\$35
Doctor Office Visits - Specialist	\$10-\$20	\$0-\$25	\$15	\$0	\$0	\$15	\$15	\$0	\$5	\$10	\$15	\$15	\$40	\$60
Emergency Care	\$120 copay; waived if admitted within 24 hours	\$120 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$90 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	\$50 copay; waived if admitted within 24 hours	\$120 copay; waived if admitted within 24 hours	\$100 copay; waived if admitted within 24 hours	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)	\$90 copay (waived if admitted)	\$90 copay (waived if admitted)
Urgently Needed Care	\$20	\$20	\$10	\$10	\$0	\$15	\$15	\$0	\$5	\$5	\$35	\$35	\$35	\$35
Chiropractic Services	\$5	\$5	\$5	\$5	\$0	\$15 for Medicare Covered Services	\$15 for Medicare Covered Services	\$0 for Medicare Covered Services	\$5 for Medicare Covered Services	\$10 for Medicare Covered Services	\$15	\$15	\$10	\$15

Service	AvMed Medicare Choice HMO (Broward)	AvMed Medicare Choice HMO (Miami-Dade)	AvMed Medicare Circle HMO (Broward)	AvMed Medicare Circle HMO (Miami-Dade)	Cigna Leon Cares	Humana Comprehensive PPO		Humana Zero Premium HMO 135 (Miami-Dade)	Humana Zero Premium HMO 649 (Broward)	Humana Zero Premium HMO 176 (Palm Beach)	UnitedHealthcare Premiere PPO		UnitedHealthcare Group National PPO (Miami-Dade Only)	
Podiatry Services	\$5	\$5	\$5	\$5	\$0	\$15	\$15	\$0 for Medicare Covered and Routine Services	\$0 for Medicare Covered and Routine Services	\$10 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	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$40	\$40	\$15	\$25	\$50	\$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	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$40	\$40	\$15	\$25	\$50	\$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	\$175	\$175	\$0	\$50	\$50	\$25	\$100	\$50	\$15	\$15	20%	40%
Outpatient Surgery - Ambulatory Surgical Center	\$75	\$50	\$75	\$50	\$0	\$15	\$15	\$0	\$50	\$25	\$15	\$15	20%	40%
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	included in \$15 copay	Included in \$15 copay	Included in 20%	Included in 40%
Ambulance Services	\$200	\$165	\$200	\$145	\$0	\$50 for Medicare Covered Services	\$50 for Medicare Covered Services	\$75 for Medicare-covered services	\$0 for Medicare-covered services	\$200 for Medicare-covered services	\$50	\$50	\$150	\$150
Outpatient Rehabilitation	\$15/visit	\$10/visit	\$0	\$0	\$0	\$15	\$15	\$15/\$20	\$5/\$25	\$10/\$40	\$20	\$20	10%	40%
Durable Medical Equipment	20%	20%	10%	10%	\$0	20%	20%	\$0	\$0	\$0	20%	20%	20%	40%
Prosthetic Devices	0%	0%	\$0	0%	\$0	20%	20%	\$0	\$0	\$0	20%	20%	20%	40%
Diabetes Monitoring Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10%	\$0	\$0	\$0	\$0
Diagnostic - Outpatient Hospital	\$225	\$200	\$0	\$0	\$0	\$50	\$50	\$15	\$25	\$50	\$20	\$20	20%	40%
Diagnostic - Freestanding Facility	\$75	\$50	\$0	\$0	\$0	\$15	\$15	\$0	\$0	\$0	\$20	\$20	20%	40%
Diagnostic Radiology Services	\$35-\$60	\$35-\$60	\$60	20%	\$0	\$15/\$50	\$15/\$50	\$0/\$25	\$0/\$50	\$25/\$50	\$20	\$20	10%	40%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0/\$15	\$0/\$5/\$25	\$0/\$50	\$0	\$0	\$13	\$13
Medicare Part B Drugs	10-20%	10-20%	10-20%	10-20%	0-20%	20%	20%	0%	0%	20%	20%	20%	20%	40%
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40% / Immunizations \$0/Smoking Cessation \$60

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Wellness Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Wellness Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Dental Services (Medicare Covered Services)							\$0	\$15	\$15	\$0	\$5	\$10	\$15	\$15	\$40	\$60		
- Exam	\$0-\$25	\$0-\$25	\$0-\$25	\$0-\$25	Preventive Dental Services: \$0 Service Limit: Up to 2 Cleanings, 1 Oral exam, 1 Fluoride treatment, and 1 Dental x-ray.	Comprehensive Dental Services: \$0 (Endodontics and Periodontics covered)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
- Cleaning	\$0-\$45	\$0-\$45	\$0-\$45	\$0-\$45			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
- X-Ray	\$0-\$35	\$0-\$35	\$0-\$35	\$0-\$35			N/A	N/A	See Humana plan benefit grid for routine dental coverage.	See Humana plan benefit grid for routine dental coverage.	See Humana plan benefit grid for routine dental coverage.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hearing Services (Hearing Loss Exam)	\$5	\$5	\$0 for exam. \$500/ear hearing aid allowance	\$0 for exam. \$500/ear hearing aid allowance	\$0	Up to \$1,050 per ear per hearing aid for up to 2 hearing aids every three years for a total allowance of \$2,100.	\$15	\$15	\$0; see Humana plan benefit grid for routine hearing coverage.	\$5; see Humana plan benefit grid for routine hearing coverage.	\$10; See Humana plan benefit grid for routine hearing coverage.	\$15	\$15	\$40	\$60			
Vision Services (Medicare Covered Eye Exam)	\$5; \$200 eye wear/contacts allowance	\$5	\$5; \$200 eye wear/contacts allowance	\$5; \$200 eye wear/contacts allowance	\$0	Up to \$350 every year for eye glasses (frames and lenses). Up to \$140 every year for soft contact lenses.	\$15	\$15	\$0; see Humana plan benefit grid for routine vision coverage.	\$5; see Humana plan benefit grid for routine vision coverage.	\$10; See Humana plan benefit grid for routine vision coverage.	\$15	\$15	\$40	\$60			
Pharmacy Benefits																		
			Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Non-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	\$0	\$0		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A		
Network	Major Chains	Major Chains	Major Chains	Major Chains	Leon Medical Center Pharmacies	Local and Chain 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	Yes	Yes		Yes		Yes	Yes	Yes							
Initial Coverage Period																		
Initial Coverage Limit	\$3,820	\$3,820	\$4,000		\$4,000		\$4,000		\$3,820	N/A	\$3,820	\$3,820	\$3,820	\$3,820		\$3,820		
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$5	N/A	\$0	\$0	\$0	\$5	N/A	\$15	N/A	

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Tier 2	\$5	\$0	\$0	\$10	\$0	\$10	\$0	\$20	\$30	N/A	\$0	\$5	\$5	\$30	N/A	\$15	N/A
Tier 3	\$40	\$35	\$35	\$45	\$30	\$45	33%	33%	\$60	N/A	\$45	\$55	\$55	\$60	N/A	\$47	N/A
Tier 4	\$75	\$70	\$75	\$100	\$65	\$85	33%	N/A	33%	N/A	33%	33%	33%	\$80	N/A	\$100	N/A
Tier 5	33%	33%	33%	33%	33%	33%	33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$100	N/A
Gap																N/A	N/A
Tier 1	\$0	\$0	\$0 Preferred		\$0 Preferred		0%		\$5	N/A	0%	0%	0%	\$5	N/A	37%	N/A
Tier 2	\$5	\$30	25% Covered Brand 37% Generic		25% Covered Brand 37% Generic		25% (Standard Medicare)		25%	N/A	25%	25%	25%	\$30	N/A	37%	N/A
Tier 3	25% Covered Brand 37% Generic	35% Covered Brand 44% Generic	25% Covered Brand 37% Generic		25% Covered Brand 37% Generic		25% (Standard Medicare)		25%	N/A	25%	25%	25%	\$60	N/A	25%	N/A
Tier 4	25% Covered Brand 37% Generic	35% Covered Brand 44% Generic	25% Covered Brand 37% Generic		25% Covered Brand 37% Generic		N/A		25%	N/A	25%	25%	25%	\$80	N/A	25%	N/A
Tier 5	25% Covered Brand 37% Generic	35% Covered Brand 44% Generic	25% Covered Brand 37% Generic		25% Covered Brand 37% Generic		N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%	N/A
Catastrophic																	
Catastrophic Coverage Limit	\$5,100	\$5,100	\$5,100		\$5,000		\$5,100		\$5,100		\$5,100	\$5,100	\$5,100	\$5,100		\$5,100	
Tier 1	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%		Greater of \$3.40 or 5%		Greater of 5% or \$3.40		Greater of \$3.40 or 5%	N/A	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%	N/A	Greater of \$3.40 or 5%	N/A
Tier 2	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%	Greater of \$3.40 or 5%		Greater of \$3.40 or 5%		Greater of 5% or \$8.50		Greater of \$8.50 or 5%	N/A	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	N/A	Greater of \$8.50 or 5%	N/A
Tier 3	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%		Greater of \$8.50 or 5%		5%		Greater of \$8.50 or 5%	N/A	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	N/A	Greater of \$8.50 or 5%	N/A
Tier 4	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%		Greater of \$8.50 or 5%		N/A		Greater of \$8.50 or 5%	N/A	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	Greater of \$8.50 or 5%	N/A	Greater of \$8.50 or 5%	N/A
Tier 5									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mail Order (90 Day Supply)																	
Tier 1	Standard: \$0 Preferred MO: \$0	Standard: \$0 Preferred MO: \$0	Standard/MO: \$0/\$0 Preferred MO: \$0		Standard/MO: \$0/\$0 Preferred MO: \$0				\$0	N/A	\$0	\$0	\$0	\$0	N/A	\$30	N/A
Tier 2	Standard: \$15 Preferred MO: \$12.50	Standard: \$0 Preferred MO: \$0	Standard/MO: \$25/30 Preferred MO: \$0		Standard/MO: \$25/30 Preferred MO: \$0		Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.		\$60	N/A	\$0	\$0	\$10	\$60	N/A	\$30	N/A
Tier 3	Standard: \$120 Preferred MO: \$100	Standard: \$105 Preferred MO: \$87.50	Standard/MO: \$112.50/\$135 Preferred MO: \$87.50		Standard/MO: \$112.50/\$135 Preferred MO: \$75				\$120	N/A	\$125	\$125	\$155	\$120	N/A	\$94	N/A
Tier 4	Standard: \$225 Preferred MO: \$187.50	Standard: \$210 Preferred MO: \$175	Standard/MO: \$250/\$300 Preferred MO: \$187.50		Standard/MO: \$212.50/\$255 Preferred MO: \$162.50				N/A	N/A	N/A	N/A	N/A	\$160	N/A	\$200	N/A
Tier 5														N/A	N/A	\$200	N/A
Premium																	
Monthly Premium	\$0	\$0	\$0		\$0		\$0		\$223.66		\$0	\$0	\$0	\$378.97		\$0	

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