

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	

Medicare Supplement Plan Comparison

Payments for Medicare Approved Expenses	2015 Medicare Payments	Plan A		Plan F		Plan N	
Service	What Medicare Pays	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay
Medicare Part A Hospital Coinsurance/Deductible							
Days 1 - 60	All but \$1,260	\$0	\$1,260	\$1,260	\$0	\$1,260	\$0
Days 61 - 90	All but \$315/Day	\$315/Day	\$0	\$315/Day	\$0	\$315/Day	\$0
Days 91 - 150	All but \$630/Day	\$630/Day	\$0	\$630/Day	\$0	\$630/Day	\$0
Additional 365 Days	\$0	100%	\$0	100%	\$0	100%	\$0
After the Additional 365 Days	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
Medicare Part A Skilled Nursing Facility							
Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0
Days 21 - 100	All but \$157.50/Day	\$0	\$157.50/Day	\$157.50/Day	\$0	\$157.50/Day	\$0
Days 100 +	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
Part A Hospice Care							
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	All but \$5/prescription	\$5/prescription	\$0	\$5/prescription	\$0	\$5/prescription	\$0
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0
Medicare Part B Coinsurance and Copayment							
Deductible	First \$147	\$0	First \$147	First \$147	\$0	\$0	First \$147
After Deductible Met	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Generally 20%	Up to \$20 copay for some doctor's visits and up to \$50 for ER visits
Medicare Part B Excess Charges Above Medicare-Approved Amounts							
Excess Charges	\$0	\$0	All Costs	100%	\$0	\$0	All Costs

Payments for Medicare Approved Expenses	2015 Medicare Payments	Plan A		Plan F		Plan N	
Service	What Medicare Pays	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay
Medicare Part B Clinical Lab Services							
Tests for Diagnostic Services	100%	\$0	\$0	\$0	\$0	\$0	\$0
Blood							
First 3 Pints	\$0	100%	\$0	100%	\$0	100%	\$0
After 3 Pints	100%	\$0	\$0	\$0	\$0	\$0	\$0
Foreign Travel Emergency							
Deductible	\$0	\$0	All Costs	\$0	\$250	\$0	\$250
Emergency Services	\$0	\$0	All Costs	80%	20%	80%	20%
Lifetime Maximum	\$0	\$0	All Costs	\$50,000	All Costs above \$50,000	\$50,000	All Costs above \$50,000
Medicare Preventive Care Part B Coinsurance							
Routine Check-Ups and Screening Tests	80%	20%	\$0	20%	\$0	20%	\$0

Chart reflects 2015 coverage. 2016 plan information will be available in November. If you are currently enrolled in or add a Medicare Supplement plan for 2016, UnitedHealthcare will send notification of any 2016 changes once they are finalized.

2016 UHC MedicareRx Plans Comparison Chart

The table below represents the differences between UHC MedicareRx Plans available through FSRBC.

	Medicare RX Saver Plus Plan	Medicare RX Preferred		Comprehensive Plan	Premier Plan
Deductible	\$360.00	\$0		\$0	\$0
Initial Coverage Period					
Tier 1 - Preferred Generic	\$1 - \$3	\$2 - \$4	Tier 1 - Generic	\$10	\$7
Tier 2 - Generic	\$2 - \$7	\$15 - \$20	Tier 2 - Preferred Brand	\$45	\$30
Tier 3 - Preferred Brand	\$23 - \$30	\$36 - \$47	Tier 3 - Non-preferred Brand	\$75	\$60
Tier 4 - Non-preferred Brand	30% - 40%	40% - 50%	Tier 4 - Specialty	33%	\$75
Tier 5 - Specialty	25%	33%	N/A	N/A	N/A
Gap					
Tier 1 - Preferred Generic	58%	58%	Tier 1 - Generic	\$10	\$7
Tier 2 - Generic	58%	58%	Tier 2 - Preferred Brand	45%	\$30
Tier 3 - Preferred Brand	45%	45%	Tier 3 - Non-preferred Brand	45%	\$60
Tier 4 - Non-preferred Brand	45%	45%	Tier 4 - Specialty	45%	\$75
Tier 5 - Specialty	45%	45%	N/A	N/A	N/A
Catastrophic					
Tier 1 - Preferred Generic	Greater of \$2.95 or 5%	Greater of \$2.95 or 5%	Tier 1 - Generic	Greater of \$2.95 or 5%	Greater of \$2.95 or 5%
Tier 2 - Generic			Tier 2 - Preferred Brand		
Tier 3 - Preferred Brand	Greater of \$7.40 or 5%	Greater of \$7.40 or 5%	Tier 3 - Non-preferred Brand	Greater of \$7.40 or 5%	Greater of \$7.40 or 5%
Tier 4 - Non-preferred Brand			Tier 4 - Specialty		
Tier 5 - Specialty			N/A		
Mail Order					
Tier 1 - Preferred Generic	\$0	\$0	Tier 1 - Generic	\$20	\$14
Tier 2 - Generic	\$0	\$0	Tier 2 - Preferred Brand	\$90	\$60
Tier 3 - Preferred Brand	\$64	\$93	Tier 3 - Non-preferred Brand	\$150	\$120
Tier 4 - Non-preferred Brand	30%	40%	Tier 4 - Specialty	33%	\$150
Tier 5 - Specialty	25%	33%	N/A	N/A	N/A
Premium					
Monthly	\$27.50	\$63.80		\$100.01	\$249.35