2024 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 Circle (Miami-Dade)	AvMed Medicare Circle (Broward)	AvMed Medicare Choice (Miami-Dade)	AvMed Medicare Choice (Broward)	AvMed Medicare Access (Miami-Dade)	AvMed Medicare Access (Broward)	AvMed Medicare One (Miami-Dade)	AvMed Medicare One (Broward)	Humana Passive (National)	Humana Traditional (National)	Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive	UnitedHealthcare Differential
	Miami-Dade	Broward	Miami-Dade	Broward	Miami-Dade	Broward	Miami-Dade	Broward	In-Network Out-of-Netv	ork In-Network Out-of-Network	In-Network	In-Network Out-of-Network	In-Network Out-of-Network
	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost
Medical Plan Type	НМО	НМО	НМО	HMO	HMO-POS	HMO-POS	НМО	НМО	PPO	PPO	НМО	PPO	PPO
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	100% Part D	100% Part D	100% Part D	100% Part D
PCP Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No
Annual Deductible	0	0	\$0	\$0	\$0	\$0	0	0	\$0	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (OOP)	\$2,500	\$2,500	\$3,000	\$3,400	\$3,400	\$3,400	\$1,000	\$1,500	\$2,500	\$4,500 \$8,950	\$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	Dental and Part D Medication	Dental and Part D Medication	Dental and Part D Medication	Dental and Part D Medication	Services (Routine), Vision (Routine), Wigs (medically	Chiropractic Services (Routine), Hearing Services (Routine), Podiatry Services recessary), Extra Services, Worldwide and the Plan Premium.	Part D Drugs	Prescription Drugs and the Plan Premium	Prescription Drugs and the Plan Premium
Medical Benefits													
Inpatient Hospital Care	\$0	\$0	\$0	\$0	\$0 days 1 to 5 \$40 days 6 to 20 \$0 days 21 to 90	\$0 days 1 to 5 \$40 days 6 to 20 \$0 days 21 to 90	\$0	\$0	\$175 \$175 copay per copay pe Admission Admissio	anmiggion	\$0 copay per admission	\$175 \$175 copay per copay per admission admission	\$275/Day for Days 1-6; \$0/Day for Days 7 and Beyond
Inpatient Mental Health Care	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$0 days 0 to 90	\$0 days 0 to 90	\$175 copay per Admission (190 Days lifetime limit) \$175 copay per Admission (Days lifetin limit)	90 copay per Day admission (days 1.9) (100 Days lifetim	\$0 copay per admission (190 Days lifetime limit in psychiatric facility)	admission (190 admission (190	\$175/Day for Days 1-8; \$0/Day for Days 9-190 40% (190 days lifetime limit)
Skilled Nursing Facility (SNF)	\$0 days 1 to 20 \$160 days 21 to 62 \$0 days 63 to 100	\$0 days 1 to 20 \$135 days 21 to 62 \$0 days 63 to 100	\$0 days 1 to 20 \$160 days 21 to 100	\$0 days 1 to 20 \$135 days 21 to 100	\$0 days 1 to 20 \$135 days 21 to 100	\$0 days 1 to 20 \$135 days 21 to 100	\$0 days 1 to 20 \$160 days 21 to 62 \$0 days 63 to 100	\$0 days 1 to 20 \$135 days 21 to 62 \$0 days 63 to 100	\$0 copay days 1-20; \$50 copay days 21-100; plan pays \$0 after day 100 \$0 after day	1-20; \$175 copay days says \$172 copay days 1-100; plan pays 21-100; plan pays \$0 after day 100	\$0 copay (days 1-20); \$50 copay 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	\$0 \$0	\$0 20%
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5 \$5	\$10 \$35	\$0	\$5 \$5	\$10 \$35
Doctor Office Visits - Specialist	\$0	\$0	\$0	\$10	\$10 No Referral	\$10 No Referral	\$0 No Referral	\$0 No Referral	\$15 \$15	\$40 \$60	\$0	\$15 \$15	\$40 \$60
Emergency Care	\$75	\$75	\$100	\$100	\$120	\$120	\$75	\$75	\$65 copay; waived if admitted within 24 hours \$65 copa waived if adm within 24 ho	itted if admitted within admitted within	\$40 copay; waived if admitted within 24 hours	\$65 copay \$65 copay (waived if admitted) admitted)	\$90 copay (waived if admitted) \$90 copay (waived i admitted)
Urgently Needed Care	\$10	\$10	\$10	\$10	\$0-\$25	\$0-\$25	\$10	\$10	\$35 \$35	\$35 \$35	\$0 copay	\$35 \$35	\$35 \$35
Chiropractic Services	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$15 for Medicare Covered and \$10 Covered and	are \$10 for Medicare \$15 for Medicare	\$0 for Medicare	\$15 \$15	\$10 \$15

Service	AvMed Medicare Circle (Miami-Dade)	AvMed Medicare Circle (Broward)	AvMed Medicare Choice (Miami-Dade)	AvMed Medicare Choice (Broward)	AvMed Medicare Access (Miami-Dade)	AvMed Medicare Access (Broward)	AvMed Medicare One (Miami-Dade)	AvMed Medicare One (Broward)	Pas	mana ssive iional)	Humana Traditional (National)		Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive			lHealthcare ferential
Podiatry Services	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$15 for Medicare Covered and Routine Services	\$15 for Medicare Covered and Routine Services		ered and \$40	Covered and Routine	\$15 copay (No visits limit)	\$15 copay (No visits limit)	\$40 (No visits limit)	\$60 (No visits limit)
Outpatient Mental Health Care	\$15 vist Group or Individual Therapy	\$15 vist Group or Individual Therapy	\$15/visit Group or Individual therapy	\$15 vist Group or Individual Therapy	\$15 vist Group or Individual Therapy	\$15	\$15	\$40	\$60	\$0	\$15	\$15	"Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day"	"Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp- \$55/ Day"			
Outpatient Substance Abuse	\$15 vist Group or Individual Therapy	\$15 vist Group or Individual Therapy	\$15/visit Group or Individual therapy	\$15 vist Group or Individual Therapy	\$15 vist Group or Individual Therapy	\$15	\$15	\$40	\$60	\$0	\$15	\$15	"Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day"	"Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp- \$55/ Day"			
Outpatient Surgery - Outpatient Hospital	\$100	\$100	\$175	\$200	\$175	\$175	\$100	\$100	\$50	\$50	20%	40%	\$25	\$50	\$50	20%	40%
Outpatient Surgery - Ambulatory Surgical Center	\$50	\$75	\$50	\$75	\$75	\$75	\$50	\$75	\$25	\$25	20%	40%	\$0	\$50	\$50	20%	40%
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10%	40%	\$0	included in \$50 copay	Included in \$50 copay	Included in 20%	Included in 40%
Ambulance Services	\$145	\$180	\$165	\$180	\$165	\$165	\$145	\$180			\$150 for Medicare \$150 covered services covered		-	\$50	\$50	\$150	\$150
Outpatient Rehabilitation	\$10/visit	\$15/visit	\$10/visit	\$15/visit	\$15/visit	\$15/visit	\$10/visit	\$15/visit	\$20	\$20	10%	40%	\$0	\$20	\$20	10%	40%
Durable Medical Equipment	10%	10%	20%	20%	20%	20%	10%	10%	20%	20%	20%	40%	\$0	20%	20%	20%	40%
Prosthetic Devices	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%	20%	40%	\$0	20%	20%	20%	40%
Diabetes Monitoring Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%	20%	40%	\$0	\$0	\$0	\$0	\$0
Diagnostic - Outpatient Hospital	\$0	\$25	\$200	\$100	\$100	\$100	\$0	\$25	\$20	\$20	10%	40%	\$0	\$50	\$50	20%	40%
Diagnostic - Freestanding Facility	\$0	\$0	\$50	\$75	\$50	\$50	\$0	\$0	\$20	\$20	10%	40%	\$0	\$50	\$50	20%	40%
Diagnostic Radiology Services	\$0	\$25-\$50	\$50-\$200 or 20%	\$75-\$100	\$50-\$100	\$50-\$100	\$0	\$25-\$50	\$20	\$20	10%	40%	\$25	\$20	\$20	10%	40%
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13	\$13	\$0	\$0	\$0	\$13	\$13
Medicare Part B Drugs	10%-20%	10%-20%	10-20%	10-20%	10-20%	10-20%	10%-20%	10%-20%	20%	20%	20%	40%	\$0	20%	20%	20%	40%
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40% /Immunizations \$0/Smoking Cessation \$0
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

Service	AvMed Medicare Circle (Miami-Dade)		AvMed Medicare Ci (Broward		AvN Medicare (Miami	Choice	Medicar	Med re Choice ward)	Medicar	AvMed Medicare Access (Miami-Dade)	Avl Medicar (Bro		Medica	Med are One i-Dade)	AvN Medica (Brov	re One	Pas	mana ssive tional)		nana itional ional)	Humana \$0 Premium (Miami/Dade)	UnitedHo Pas	ealthcare sive		Healthcare erential
Dental Services (Medicare Covered Services)	\$0-\$175		\$0-\$175		\$0-\$	3175	\$10-	-\$200	\$10-	-\$175	\$0-	\$175	\$0-9	\$0-\$175		\$15	\$15	\$40	\$60	\$0	\$15	\$15	\$40	\$60	
- Exam	\$0		\$0		\$(0	\$	\$0	\$0-	-\$25	\$0-	\$25	\$	50	\$(0	N/A	N/A	N/A	N/A	\$5,000 allowance per	N/A	N/A	N/A	N/A
- Cleaning	\$0		\$0		\$()	\$	\$O	\$	0	\$	\$0		\$0		0	N/A	N/A	N/A	N/A	year for non-Medicare	N/A	N/A	N/A	N/A
- X-Ray	\$0		\$0		\$(\$0 \$0-\$35 \$0-\$35		\$35	\$0 \$0		N/A	N/A	N/A	N/A	covered preventive and comprehensive dental services.	N/A	N/A	N/A	N/A						
Hearing Services (Hearing Loss Exam)	\$0 Hearing Exam \$1,500 Hearing Aid allowance per ear every two years		\$0 Hearing Exam \$1,500 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,200 Hearing Aid allowance per ear every two years		\$1,200 He allowand	ing Exam earing Aid ce per ear wo years	\$1,000 He	ing Exam earing Aid ce per ear wo years	sid \$1,000 Hearing Aid allowance per ear		\$0 Hearing Exam \$1,500 Hearing Aid allowance per ear every two years		\$0 Hearing Exam \$1,500 Hearing Aid allowance per ear every two years		\$15 copay Medicare- covered; see Humana plan benefit grid for routine hearing coverage.	\$15 copay Medicare- covered; see Humana plan benefit grid for routine hearing coverage.				\$15	\$15	\$40	\$60
Vision Services (Medicare Covered Eye Exam)	\$0 Vision exam \$450 eyewear/ contacts allowance		\$0 Vision exam \$450 eyewear/ ce contacts allowance		\$0 Vision exam \$350 eyewear/ e contacts allowance		\$350 e	on exam yewear/ allowance	s350 eyewear/		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$450 eyewear/ contacts allowance		\$0 Visio \$450 ey contacts a	rewear/	\$15 copay Medicare- covered; see Humana plan benefit grid for routine vision coverage.	\$15 copay Medicare- covered; see Humana plan benefit grid for routine vision coverage.	\$40 copay Medicare-covered see Humana plan benefit grid for routine vision coverage.	\$60 copay	\$0; see Humana plan benefit grid for routine vision coverage.	\$15	\$15	\$40	\$60
Pharmacy Benefits																									
	Preferred Standa Pharmacy Pharma		referred Stanarmacy Pha										Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Non- Preferred Pharmacy	Preferred Pharmacy	Non- Preferred Pharmacy	Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy
Deductible	\$0		\$0		\$(0	\$	\$0	\$	0	\$	0	\$	50	\$(0	\$0	n/a	\$0	n/a	N/A	N/A	N/A	\$0	N/A
Network	Major Chains	Major Chains		ns	Major Chains		Major Chains		Major Chains		Major Chains		Major Chains		Major (Chains	Local and Chain Pharmacies	n/a	Local and Chain Pharmacies	n/a	Local and Chain Pharmacies	Major Chains	N/A	Major Chains	N/A
Drug Usage Management	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes				
Initial Coverage Period																									
Initial Coverage Limit	\$8,000		\$6,000		\$5,C)30	\$5.	,030	\$5,0	030	\$5.	030	\$8,0	000	\$8,000	\$6,000	N/A	N/A	\$5,030	N/A	\$5,030	\$5.0	030	\$5	5,030
Tier 1	\$0 \$0			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	N/A	\$0	N/A	\$0	\$5	N/A	\$0	N/A
Tier 2	\$0 \$10		· ·	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$30	N/A	\$47	N/A	\$0	\$30	N/A	\$15	N/A
Tier 3	\$0 \$25			\$30	\$25	\$35	\$30	\$40	\$30	\$40	\$30	\$40	\$0	\$25	\$10	\$25	\$60	N/A	\$100	N/A	\$5	\$60	N/A	\$47	N/A
Tier 4	\$35 \$85		-	3100	\$35	\$85	\$65	\$100	\$75	\$100	\$75	\$100	\$35	\$85	\$65	\$85	\$80	N/A	\$100	N/A	33%	\$80	N/A	\$100	N/A
Tier 5	33% 33%			33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	n/a	N/A	N/A	N/A	N/A	N/A	N/A	\$100	N/A
Tier 6	N/A N/A		N/A I	V/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A
Gap					·																				
Tier 1	\$0		\$0		.\$0	0		\$0	\$	80		0	\$	50	\$(0	\$5	N/A	25%	N/A	\$0	\$5	N/A	25%	N/A
Tier 2	\$0 \$10			\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10		0	\$30	N/A	25%	N/A	25%	\$30	N/A	25%	N/A
Tier 3	25% Covered Brar 25% Generic			3rand	25% Covered Brand 25% Generic		25% Cove					25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		red Brand eneric	\$60	N/A	25%	N/A	25%	\$60	N/A	25%	N/A
Tier 4	25% Covered Brar 25% Generic	nd 25	5% Covered Brand 25% Generic			25% Generic 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		ered Brand Generic		ered Brand Generic	25% Cove 25% G	red Brand eneric	\$80	N/A	25%	N/A	25%	\$80	N/A	25%	N/A

Service	AvN Medicar (Miami	e Circle	AvM Medicard (Brow	e Circle	Avi Medicar (Miami	e Choice	Medicar	Med e Choice ward)	Avi Medicar (Miami		AvM Medicare (Brow	Access	AvMedicare (Miami-Da	One	AvMed Medicare One (Broward)	Humana Passive (National)			nana tional ional)	Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential	
Tier 5	25% Cover 25% G		25% Cover 25% G		25% Cove 25% G			ered Brand Generic	25% Cove 25% G	ered Brand Generic	25% Cover 25% Ge		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%	N/A
Catastrophic																								
Catastrophic Coverage Limit	\$8,000 \$8,000		\$8,000		\$8,000		\$8,0	000	\$8,000		\$8,000		\$8,000	\$	\$8,000		000	\$8,000	\$8,000		\$8,000			
Tier 1	\$0 \$0		0	\$0		\$	\$0		0	\$0		\$0		\$0	\$0	N/A	\$0	N/A	\$0	\$0	N/A	\$0	N/A	
Tier 2	\$(\$0 \$0 \$0		0	\$0		\$0		\$0	\$0			\$0	\$0	N/A	\$0	N/A	\$0	\$0	N/A	\$0	N/A		
Tier 3	\$0	\$0 \$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0	N/A	\$0	N/A	\$0	\$0	N/A	\$0	N/A	
Tier 4	\$0	\$0		\$0 \$0		0	\$0		\$0		\$0 \$0			\$0	\$0	N/A	\$0	N/A	\$0	\$0	N/A	\$0	N/A	
Tier 5	\$0)	\$0		\$0		\$0		\$0		\$0		\$0		\$0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A
Mail Order	100 day	supply	100 day supply		100 day supply		100 day supply		100 day supply		100 day supply		100 day su	ıpply	100 day supply	90 day supply	90 day supply	90 day supply	90 day supply	90 day supply				
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$0	\$10	N/A	\$0	N/A	\$0	\$10	N/A	\$0	N/A
Tier 2	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0 \$30	\$60	N/A	\$94	N/A	\$0	\$60	N/A	\$30	N/A
Tier 3	\$0	\$75	\$25	\$90	\$62.50	\$105	\$75	\$120	\$75	\$120	\$75	\$120	\$0	\$75	\$25 \$90	\$120	N/A	\$200	N/A	\$5	\$120	N/A	\$94	N/A
Tier 4	\$87.50	\$87.50	\$162.50	\$162.50	\$87.50	\$87.50	\$162.50	\$162.50	\$187.50	\$300	\$187.50	\$300	\$87.50	\$87.50	\$162.50 \$162.50	N/A	N/A	N/A	N/A	N/A	\$160	N/A	\$200	N/A
Tier 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$200	N/A
Premium																								
Monthly Premium	\$0	0	\$0		\$	\$0		0	\$	\$0		0	\$0		\$0	\$4	410.82	\$27	0.82	\$0	\$3	312.38	\$1	87.53