

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-Network	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	HMO	HMO	HMO	HMO	HMO-POS	HMO-POS	HMO	HMO		PPO		PPO		HMO	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		Exclusions: Part D Pharmacy, Chiropractic Services (Routine), Hearing Services (Routine), Vision Services (Routine), Podiatry Services (Routine), Wigs (medically necessary), Extra Services, Worldwide Coverage, 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 copay per Admission	\$175 copay per Admission	\$275 copay per day (days 1-6)	40% per admission	\$0 copay per admission	\$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 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 (190 Days lifetime limit)	\$175 copay per Day (days 1-8) (190 Days lifetime limit)	40% per admission (190 Days lifetime limit)	\$0 copay per admission (190 Days lifetime limit in psychiatric facility)	\$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 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 copay days 1-20; \$50 copay days 21-100; plan pays \$0 after day 100	\$0 copay days 1-20; \$172 copay days 21-100; plan pays \$0 after day 100	\$175 copay days 1-100; 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 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$40 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	\$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 Routine Services	\$15 for Medicare Covered and \$10 Routine Services	\$10 for Medicare Covered and Routine Services	\$15 for Medicare Covered and \$10 Routine Services	\$0 for Medicare Covered Services	\$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)		Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential		
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Non- Preferred Pharmacy	Preferred Pharmacy	Non- Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy		
Dental Services (Medicare Covered Services)	\$0-\$175		\$0-\$175		\$0-\$175		\$10-\$200		\$10-\$175		\$0-\$175		\$0-\$175		\$0-\$175		\$15	\$15	\$40	\$60	\$0	\$15	\$15	\$40	\$60	
- Exam	\$0		\$0		\$0		\$0		\$0-\$25		\$0-\$25		\$0		\$0		N/A	N/A	N/A	N/A	\$5,000 allowance per year for non-Medicare covered preventive and comprehensive dental services.	N/A	N/A	N/A	N/A	
- Cleaning	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
- X-Ray	\$0		\$0		\$0		\$0		\$0-\$35		\$0-\$35		\$0		\$0		N/A	N/A	N/A	N/A		N/A	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		\$5 Hearing Exam \$1,200 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,000 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,000 Hearing Aid allowance per ear every two years		\$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.	\$40 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$60 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$0; 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/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$450 eyewear/ contacts allowance		\$0 Vision exam \$450 eyewear/ contacts allowance		\$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 Medicare-covered; see Humana plan benefit grid for routine vision coverage.	\$0; see Humana plan benefit grid for routine vision coverage.	\$15	\$15	\$40	\$60	
Pharmacy Benefits																										
Deductible	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	n/a	\$0	n/a	N/A	N/A	N/A	\$0	N/A	
Network	Major Chains		Major Chains		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		\$5,030		\$5,030		\$5,030		\$5,030		\$8,000		\$8,000	\$6,000	N/A	N/A	\$5,030	N/A	\$5,030	\$5,030		\$5,030		
Tier 1	\$0	\$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	\$0	\$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	\$10	\$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	\$65	\$100	\$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%	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	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	
Gap																										
Tier 1	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$5	N/A	25%	N/A	\$0	\$5	N/A	25%	N/A	
Tier 2	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$30	N/A	25%	N/A	25%	\$30	N/A	25%	N/A	
Tier 3	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		\$60	N/A	25%	N/A	25%	\$60	N/A	25%	N/A	
Tier 4	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		\$80	N/A	25%	N/A	25%	\$80	N/A	25%	N/A	

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			
	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		N/A		N/A		N/A		N/A		N/A		25%	
Tier 5	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		N/A		N/A		N/A		N/A		N/A		25%	
Catastrophic																												
Catastrophic Coverage Limit	\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000	
Tier 1	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		N/A		\$0		N/A		\$0		N/A	
Tier 2	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		N/A		\$0		N/A		\$0		N/A	
Tier 3	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		N/A		\$0		N/A		\$0		N/A	
Tier 4	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		N/A		\$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		\$0	
Mail Order	100 day supply		100 day supply		100 day supply		100 day supply		100 day supply		100 day supply		100 day supply		100 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	\$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	\$0	\$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	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	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	N/A	N/A	\$200	N/A	
Premium																												
Monthly Premium	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$410.82		\$270.82		\$0		\$312.38		\$187.53			