

AVMED & HUMANA (HMO) Plans

	<p>AVMED HEALTH PLAN (HMO) Visit our website at www.avmed.org/go/mdpht</p> <p>A not for profit Health Maintenance Organization with a large network of providers in the State of Florida. We offer a broad range of medical services at participating private physician offices. Members are encouraged, but not required, to select a primary care physician from the participating provider network which includes over 40 hospitals as well as over 2,800 specialists in Miami-Dade and Broward County. No referrals needed to see participating specialists. Other features include 24 hour Member Service, Nurse on Call hot lines, Care Management programs, discounted Mail Order Prescriptions.</p>	<p>HUMANA (HMO) Visit our website at www.humana.com</p> <p>Humana Inc., is one of the nations largest health services companies. Its South Florida Health Maintenance Organization provides primary and specialty services throughout it's network of over 1,300 primary care physicians, 4,500 specialists, and 51 hospitals. Employees must select a primary care physician from the participating provider network. Other features include award-winning chronic conditions management programs, mail-order prescription services, and HumanaFirst, a 24-hour medical information hotline.</p>
<p>COVERAGE PLAN DESCRIPTION</p>	<p>Co-payments \$10 Physician office visit \$25/\$50 Emergency Room (not waived if admitted) \$10/\$20/\$30 prescription for 30-day supply based on formulary \$20/\$40/\$60 Mail order prescriptions available for 90-day supply based on formulary</p>	<p>Co-payments \$10 Physician office visit \$25 Emergency Room (waived if admitted) \$7/\$15/\$25 prescription for 30-day supply based on formulary \$21/\$45/\$75 Mail order prescriptions available for 90-day supply based on formulary</p>
<p>DEDUCTIBLES/ COPAYMENTS</p>	<p>Choose any primary care physician from the participating provider net work, but it is not required.</p>	<p>Physicians services are covered in full when provided or arranged by one of our over 1100 primary care physicians, chosen from our participating provider directory.</p>
<p>PHYSICIANS</p>	<p>Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.</p>	<p>Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.</p>
<p>A. IN-HOSPITAL PHYSICIAN SERVICES: Surgery/Visits & Consultations Anesthesiologist</p> <p>B. OUT-PATIENT PHYSICIAN SERVICES: Office visits for illness Office visits for injury Diagnostic X-Rays, Lab Tests, X-Ray treatments Pediatrician 1) Medically Necessary 2) Preventive (Child Health Supervision Services)</p>	<p>\$10 co-payment; then 100%</p> <p>\$10 co-payment; then 100%</p> <p>100%</p> <p>\$10 co-payment; 100% thereafter.</p> <p>\$10 co-payment; 100% thereafter.</p> <p>\$10 co-payment; 100% thereafter for annual exam.</p> <p>\$10 Co-pay for one routine GYN exam allowed each calendar year without referral. Mammogram screening provided at 100%.</p>	<p>\$10 co-payment per visit, then 100% (PCP) -100%, no co-payment (specialist)</p> <p>\$10 co-payment per visit, then 100% (PCP) -100%, no co-payment (specialist)</p> <p>\$10 co-payment per visit, then 100% (PCP) -100%, no co-payment (specialist)</p> <p>1) \$10 co-payment per visit, then 100% (PCP); no co-payment (specialist)</p> <p>2) \$10 co-payment per visit, then 100%</p> <p>\$10 co-payment per visit, then 100%. Limited to one (1) exam per calendar year for adult physical exam. \$10 co-payment per visit, then 100% (PCP); no co-payment (specialist). Limited to (1) exam per calendar year. Mammograms are covered at 100%.</p>
<p>Routine Physical</p> <p>Obstetrical/Gynecological</p>		



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Hospitalization: *Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only.	Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Baptist • Cedars • Coral Gables • Health South Rehab* • Hialeah • Homestead • Kendall Regional • Larkin • Mercy • Miami Children's • Mt. Sinai • North Shore • Palm Springs • Palmetto General • Parkway Regional • South Miami • Doctors Hospital • St. Catherine's Rehab* • University of Miami/Jackson Memorial Hospital & Clinics • Windmoor BROWARD COUNTY Broward General • Cleveland Clinic* • Coral Springs • Florida Medical • Hollywood Medical • Holy Cross • Imperial Point • Memorial of Miramar • Memorial of Pembroke • Memorial Regional • Memorial West • North Broward • North Ridge • Northwest Medical Center • Plantation General • St. Anthony's Rehab* • University Hospital • Westside Regional	Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Baptist • Cedars • Coral Gables • Hialeah • Homestead • Jackson Memorial • Jackson South • Kendall Regional • Kindred • Mercy • Miami Children's • Miami Heart • Mount Sinai • North Shore • Palm Springs • Palmetto General • Pan American • Parkway • South Miami • UM Sylvester BROWARD COUNTY Broward General • Cleveland Clinic* • Coral Springs • Florida Medical • Fort Lauderdale* • HealthSouth Sunrise • Hollywood Medical • Holy Cross • Joe DiMaggio Children's • Kindred* • Memorial Miramar • Memorial Pembroke • Memorial Regional • Memorial West • North Broward • North Ridge • Northwest • Plantation General • University • Westside
Hospital/Surgical Requirements: Precertification of hospital confinements	All non-emergency inpatient confinements and physician/surgeon charges are preauthorized through AvMed	All non-emergency confinements and physician/surgeon charges are precertified through Humana Medical Plan, Inc.
Drug & Alcohol Treatment: Inpatient Outpatient	Covered at 100% up to 30 residential inpatient days per year. ***Acute or crises intervention only. Covered at 100% up to a maximum of 60 calendar days, limited to 2 program completions per lifetime. Inpatient/outpatient maximum 60 calendar days.	Covered at 100% for medically necessary detoxification. Covered at 100% for detoxification. Excluding detoxification, other services limited to lifetime maximum of 44 visits. Member is responsible for all amounts over \$35 per visit.
Mental & Nervous Disorders: Inpatient Outpatient	Covered at 100% up to 30 inpatient days per year with plan approval. *** Acute or crises intervention only. \$5 co-payment up to 30 outpatient visits per year.	Covered at 100% up to 30 days per calendar year. \$10 co-payment per visit, then 100%. Limited to 20 visits per calendar year.
Other Services Ambulance Vision	100% when medically necessary. \$10 co-payment, 100% thereafter for eye exams for children under age 18. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory.	100% when medically necessary. No co-payment for one eye exam per 12 month period; \$10 dispensing fee for eyewear. 100% coverage of standard lenses and frames up to \$34 value. Co-payments vary for contacts in lieu of eyeglasses.

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Prescription Drugs:	\$10 Generic/\$20 Brand/\$30 Non-Preferred for a 30-day supply at participating pharmacies including prescription contraceptives. Mail order: \$20 Generic/\$40 Brand/\$60 Non-Preferred for a 90-day supply. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment.	\$7 Level One/\$15 Level Two/\$25 Level Three 30-day supply at participating pharmacies including prescription contraceptives. Mail order: \$21 Level One/\$45 Level Two/\$75 Level Three for 90-day supply. If member selects a brand drug when a generic is available, member pays the difference in cost plus the applicable generic co-pay.
Durable Medical Equipment (DME):	\$50 co-payment per episode of illness. Limited to a maximum of \$500 per contract year. Prosthetic devices are covered. Please refer to brochure for limitations and restrictions.	Covered at 100%
Out of Area: 1) Emergency 2) Non-Emergency	100% after \$50 co-payment (worldwide). Not covered.	1) \$25 co-pay for life threatening emergencies. 2) Not covered.
	** See plan literature for a complete list of benefits and information regarding purchase of non-Generic drugs. *** Coverage for inpatient drug/alcohol and mental & nervous disorders maximum 30 days per contract year.	** See plan literature for complete list of benefits.

