



2021 BENEFIT GUIDE

Miami-Dade County

Self-Funded Medical Program

**For Employees and Pre-65
Retirees (and/or Dependents)**



**For Employees and Pre-65 Retirees
(and/or Dependents) of
Miami-Dade County
Effective 1/1/21**

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If you have any questions about your plan, from benefits, to copayments, to Provider lists, you can call your MDC Dedicated Member Engagement Center. These specialists are just a phone call away 24-hours a day, 7 days a week. You can reach them at **1-800-682-8633** or visit **www.AvMed.org/MDC**





I Get the Most from **Your Plan**

AvMed has served Floridians for 50 years, becoming very familiar with the needs of our Members. So it should come as no surprise that the health plans we offer today include all the benefits you want most.

- **No referrals to see in-network physicians.**
- **Plans with different networks based on your needs that include an extensive selection of Primary Care Physicians (PCPs), Specialists, top-ranked hospitals and outpatient facilities throughout Florida**
- **Retail Clinic care that allows you to pay your PCP copayment at participating clinics across the state**
- **AvMed Virtual Visits, powered by MDLIVE, provides anytime remote access to Board-Certified doctors from your home, your office or on the go**
- **AvMed SmartShopper™, a powerful, free shopping tool that sends you cash back when you choose the best value for your care**
- **MDC Dedicated Member Engagement Center accessible all day, every day by phone, email or online—to answer questions on every topic from benefits to Providers to payment balances**
- **MDC WellnessWorks to keep you healthier and reduce your overall healthcare costs**
- **Onsite Health and Wellness coaches offering stress reduction techniques, nutrition counseling, tobacco cessation and more**
- **Emergency coverage when you travel outside of AvMed's Network area**
- **24/7 Nurse On Call service that connects you to a Registered Nurse who can answer your important healthcare questions quickly and confidentially**
- **AvMed's Cost Calculator allows you to see the total cost of a procedure before you schedule an appointment**
- **Chronic conditions and other serious illnesses require active management. AvMed's highly-trained Care Management Team provides support and strategies to put you on the road to better health. Whether you are living with asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, or heart failure, AvMed's extensive Disease Management Programs are staffed by experienced clinicians and trained nurses who are ready to help.**

Call the Miami-Dade County Dedicated Member Engagement Center, Live 24/7, at **1-800-682-8633**, or visit our website at **www.AvMed.org/MDC**.

VirtualVISITS

Powered by
MDLIVE®

Virtual Care Anytime, Anywhere!

Virtual doctor visits limit the risk of exposure to germs and viruses.

As we continue to stay safe and wear our masks to combat COVID-19, the last thing you want to do is risk exposure at the doctor's office, Urgent Care Clinic, or ER if you aren't feeling well.

MDLIVE is included in your health plan, so you pay the PCP copayment for a medical visit, and prescriptions can be quickly sent to your local pharmacy.

*Check plan benefits for applicable copayments.
See additional information on the back.

**Register today so you're
ready when you need care.**

 **888-834-1532**

 **MDLIVE.com/AvMed**



Meet **Sophie**, your personal assistant.
Text "AvMed" to 635483



MDLIVE doctors are here to help you whenever you need care.

- » See a doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends, and holidays
- » Our board-certified physicians have an average of 15 years' experience, so you can get accurate, expert care whenever you need it. Pediatricians are also available!
- » Avoid the germs and stress of the ER, Urgent Care Clinic, or doctor's office.
- » Save money; virtual visits typically cost less than ER and Urgent Care Clinic visit.

MDLIVE physicians can diagnose and treat more than 80 common conditions, including:

- | | |
|----------------------------------|--|
| » Allergies | » Rash |
| » Assess likelihood of COVID-19* | » Respiratory Issues |
| » Cold Symptoms | » Sinus Infections |
| » Fever | » Sore Throat |
| » Flu | » Urinary Tract Infection (Females, 18+) |
| » Headache | » And more |
| » Pink Eye | |

*Our doctors CAN assess you for COVID-19 and recommend next steps, but they CANNOT order a test or medication at this time.



MDLIVE

REGISTER TODAY SO YOU'RE READY WHEN YOU NEED CARE

» How To Register Through The Web Portal



1. Visit mdlive.com/avmed and click "Activate Now."



2. Create your username and password. Then enter your information on the next page and click "Next."



3. Enter your subscriber ID found on your medical card and verify your information.

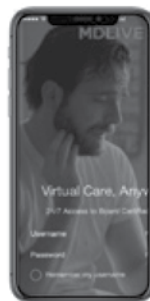


4. If you're a dependent, enter your primary policy holder's information.

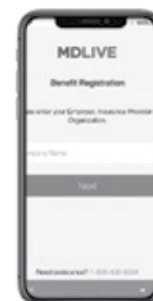


5. You are registered. We'll send you an email, and all you have to do is click "Access Your Account" to load your MDLIVE dashboard.

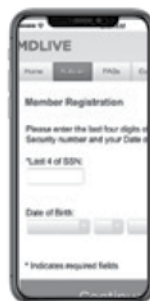
» How To Register Through The MDLIVE App



1. Get the MDLIVE Telehealth app in the App Store or Google Play Store.



2. Click "Create A FREE Account" and enter the company name your benefit is with.



3. Enter your personal information, and verify your member profile and security settings.



4. You are registered. Click "Access Your Account" to load your MDLIVE dashboard. To learn more about your MDLIVE benefits, click "Download and Print Medical History."



888-834-1532



[MDLIVE.com/AvMed](https://mdlive.com/AvMed)

Meet **Sophie**, your personal assistant.
Text "AvMed" to 635483



Get the app today, and be prepared for a virtual doctor visit the next time you get sick.





It's your money. SmartShopper
helps you keep more of it!

Did you know that out-of-pocket costs for the same quality, in-network medical tests and procedures can vary by hundreds, even thousands of dollars, based on where you go? Let SmartShopper guide you.

Shop online or call a Personal Assistant who can help you:

- Find a quality, convenient location for your procedure
- Schedule the procedure at the location of your choice
- Save money on out-of-pocket costs
- Earn a cash reward for your choices

How it works



1. SHOP

by phone or online



2. GO

to a cost effective location



3. EARN

up to \$500 in cash back

Don't miss out on this great program you already have.

Call your Personal Assistant at **1-866-285-7453**
or log in to **AvMed.org/SmartShopper-MDC**.

The Personal Assistant Team is available M-Th 8am-8pm and F 8am-6pm EST

Made available by:

AvMed | SmartShopper™



The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper program.

Your health plan benefit coverage conditions apply. Some limitations and exclusions for the SmartShopper program may apply. Sapphire Digital does not offer Blue Cross or Blue Shield products

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

SEE HEALTHCARE DIFFERENTLY

Save money and earn cash back on healthcare services!

Services	Incentive Amounts		
	most cost-effective	2nd most cost-effective	3rd most cost-effective
Bladder repair for incontinence (sling)	\$150	\$75	\$50
Bone density study	\$50	\$25	N/A
Bone Imaging	\$50	\$25	N/A
Breast Biopsy	\$150	\$75	\$50
Bunion Repair (Bunionectomy)	\$150	\$75	\$50
Cardiac Echocardiogram	\$75	\$50	\$25
Carpal Tunnel	\$150	\$75	\$50
Cataract removal	\$150	\$75	\$50
Colonoscopy	\$150	\$75	\$50
CT Scan	\$150	\$75	\$50
ENT - Ear Surgery (Tympanoplasty, Mastoidectomy, Myringotomy/Ear Drum)	\$150	\$75	\$50
ENT - Nasal/Sinus and Deviated Septum Surgery (Septoplasty)	\$150	\$75	\$50
ENT - Tonsillectomy & Adenoidectomy	\$150	\$75	\$50
Gallbladder removal (laparoscopic)	\$150	\$75	\$50
Hammertoe Repair	\$150	\$75	\$50
Hernia Repair	\$150	\$75	\$50
Hip Replacement	\$500	\$250	N/A
Hysterectomy	\$500	\$250	N/A
Hysteroscopy (uteroscopy)	\$150	\$75	\$50
Kidney Stone Fragmentation (Lithotripsy)	\$150	\$75	\$50
Knee Replacement	\$500	\$250	N/A
Knee surgery (arthroscopic)	\$150	\$75	\$50
Liver Biopsy	\$150	\$75	\$50
Low Back Surgery	\$150	\$75	\$50
Mammogram	\$50	\$25	N/A
MRI	\$150	\$75	\$50
Oophorectomy (Removal of Ovaries) /Tubal Ligation	\$150	\$75	\$50
Removal of Prostate Gland and Surrounding Tissue	\$500	\$250	N/A
Shoulder surgery (arthroscopic)	\$150	\$75	\$50
Sleep Study	\$100	N/A	N/A
Spinal Fusion (Anterior)	\$500	\$250	N/A
Spinal Fusion (Posterior)	\$500	\$250	N/A
Ultrasound	\$50	\$25	N/A
Upper GI endoscopy	\$150	\$75	\$50
Urethra and bladder scope	\$150	\$75	\$50
X Ray	\$25	N/A	N/A

*For surgery and other invasive procedures, please verify attending physician practices at recommended/chosen facility.



Visit us anytime at **AvMed.org/SmartShopper-MDC** or call **1-866-285-7453**
Monday-Thursday from 8 am-8 pm or Friday from 8 am-6 pm EST.



Miami-Dade County
Members on
Advantage Plans

Changes for Your Maintenance Medications

If you're on long term treatment, such as medications for high blood pressure or high cholesterol, after filling up to three times at any network pharmacy, you must switch your pharmacy and re-fill your 90-day prescription for medications (and only pay 2 co-pays) at the following **CVS Maintenance Choice** pharmacies:

CVS Mail Order Pharmacy program
CVS stores

Target stores
Navarro

To transfer your prescriptions, registered Members can login to their AvMed Member portal account and select the Caremark link.


In addition, Members can register on Caremark.com (if not already registered) and navigate to **View/Refill All Prescriptions** and select **Refill Options** to transfer their non-CVS prescriptions to a CVS retail of your choice. It's that easy.

Miami-Dade County Members can receive a **three-month supply of maintenance medications for just two copays.**

Check your plan documents, go to **www.AvMed.org/MDC**, or call AvMed's Miami-Dade County's dedicated Member Engagement Center at **800-682-8633** to learn more about your pharmacy benefits and related costs.



Embrace better health.®



Expert advice
when you need
it most.



Our world-renowned experts can help you make confident medical decisions about a diagnosis, treatment option, or the need for surgery.

Get an Expert Medical Opinion

Are unsure about a diagnosis or need help deciding on a treatment option

Find a Doctor

Need help finding a doctor who specializes in your condition

Get Critical Case Support

Have been admitted into the hospital and want medical expert guidance

Medical Records eSummary

We collect and organize your medical records and create a personal health summary in one secure file.

Ask the Expert

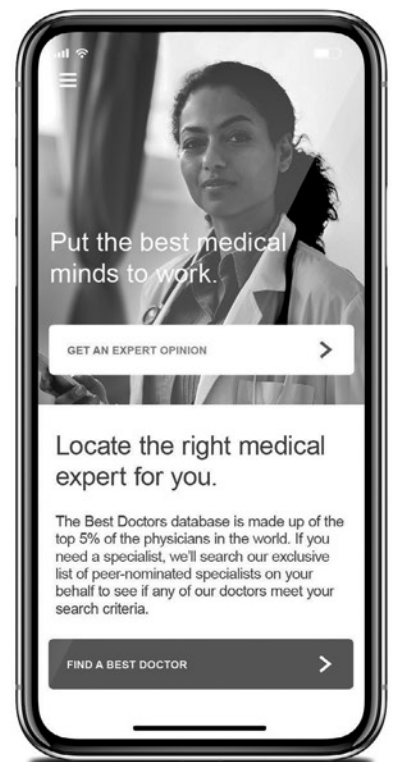
Have medical questions or concerns and want a leading expert's advice

Use Mental Health Navigator

Need guidance on a mental health condition or treatment that isn't improving

Get Treatment Decision Support

Need guidance and clarity on treatment options to make the best decision for your health



We're here to help. Call us today.
866-904-0910

BestDoctors.com | Download the app



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QUICK LINKS

WELLNESS WORKS PROGRAM

TAKE YOUR PHA

SMARTSHOPPER™

VIRTUAL VISITS

MDC SELECT NETWORK

MDC JACKSON FIRST
NETWORK

ELITE NETWORK

FIND A BEHAVIORAL HEALTH
PROVIDER

PHCS DIRECTORY

HEALTHY LIVING STARTS WITH A HEALTHY PERSPECTIVE.

At AvMed, we believe living healthy is about having a positive perspective, a resilient spirit, and a support system that encourages you to keep heading in a healthy direction—every mile you run, bike ride you take, full night you sleep, or vegetable you eat.



That's why we're proud to offer Miami-Dade County (MDC) employees health plans that fit your needs and the needs of your family, and all the resources you need to help you embrace better health every day—at home, at work, or wherever life takes you.

Stay Connected

Helpful Online Tools - Visit www.AvMed.org/MDC any time you want to:

- Learn About Your Health
- Find a Doctor
- Choose a Hospital
- Learn What Treatments Cost
- Review Your Benefits
- Check Your Claims History
- Look Up the Medication List
- Print a Temporary ID Card

Need More Information?

Get It Online at www.AvMed.org/MDC

Whether you need to know your copayment, review your claims, need to find a doctor or want more information about your benefits, visit www.AvMed.org/MDC, or call the Miami-Dade County Dedicated Member Engagement Center, Live 24/7 at **1-800-682-8633**.

Your Coverage

Is Your Family Covered by More Than One Health Plan?

If this is the case, it is important for AvMed to have this information prior to processing a claim. It helps us determine who is the primary health plan for your dependents and how much each health plan should pay. This process, called Coordination of Benefits (COB), is based on national industry guidelines.

During the plan year, we may mail you a COB questionnaire. Please make sure you respond so that we are able to process your claims correctly.



The Power of One.

ONE step at a time.
ONE day at a time.
ONE great program.

Everyone enrolled in Miami-Dade County's health plan can take that one step forward with WellnessWorks

With AvMed, you get the tools you need to get started with ONE program. Get on the road to **YOU**, improved.

On-site Health & Wellness Coaches can:

- **LISTEN** and clarify what YOU want to do in order to get – and stay – healthy;
- **WORK WITH YOU** to design an individualized action plan based on your Personal Health Assessment (PHA);
- **CO-CREATE** realistic goals and then break them down into smaller, achievable action steps;
- **ASSIST** in getting you the necessary screenings, biometrics, fitness options, immunizations, resources and follow-up care from your health providers;
- **ENCOURAGE, MOTIVATE AND SUPPORT** you toward reaching your goals; and...
- **CELEBRATE** your victories with you!

Call **1-888-245-6676** or **305-375-1511** or email WWCoaching@AvMed.org to find out how to engage with the WellnessWorks coaches to help on your journey to YOU, improved. All County employees on the AvMed health plan are eligible. Visit www.AvMed.org/MDC/WellnessWorks for more details.



Embrace better health.®

The Power of One.

WellnessWorks gives you MORE.

PLUS:

- Our Personal Health Assessment helps you to identify potential health risks and set improvement goals
- Telephone-based care for chronic conditions and disease management such as: Asthma, Coronary Artery Disease, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure
- Discounts on fitness center memberships
- Reduced fees for alternative medicine services such as massage therapy and acupuncture
- Newsletters, educational information and online courses on health, and prevention topics for all areas of life
- Prescriptions for Healthy Living, which may reduce your cost for certain diabetes medications
- On-site annual flu shots and wellness fairs throughout the year
- Weight Watchers® reimbursement to encourage healthier living

Learn more about Miami-Dade County's WellnessWorks and how you can earn incentives by visiting www.AvMed.org/MDC/WellnessWorks.



WELLNESSWORKS
MIAMI-DADE COUNTY



Embrace better health.®

WHEN IS IT AN EMERGENCY?

Urgent Care, Emergency Care...which one, when?

Accidents happen. Understanding what choices you have and creating a personal emergency care plan are the keys to getting the most appropriate treatment, in the best setting, with the least hassle. Knowing when to go to an urgent care center or an emergency room can save you time, money and stress.

LEVEL 1: SELF CARE

Have our AvMed Nurse On Call number (1-888-866-5432) handy and call us first for non life-threatening and non-urgent concerns. You may save time and money and feel better faster.

Examples: bee sting; minor cut; upset stomach; head cold

LEVEL 2 - DOCTOR

Have your doctor's phone numbers on hand.

Examples: fever; non-life-threatening illnesses; vomiting; skin rash; diarrhea; dehydration

LEVEL 3 - URGENT CARE CENTER

Know where our in-network Urgent Care Centers are located.*

Examples (if your doctor is unavailable): ear infection; bronchitis; allergic reaction; sprain or suspected fracture; general wound care

LEVEL 4 - EMERGENCY ROOM

If you have a reasonable belief that your condition is life threatening, **call 911**.

Examples: chest pain, difficulty breathing, suspected heart attack or stroke, sudden sharp abdominal pain or uncontrolled bleeding.

*To find a listing of Urgent Care Centers look in your AvMed Provider Directory, call AvMed's Member Engagement Center or visit AvMed's website at AvMed.org. At the website, select "Find An Urgent Care Center" to the left side of the home page.

IMPORTANT NUMBERS

- Member Engagement Center: Call the number listed on your AvMed Member ID Card
- TTY assistance is available: (TTY 711)
- AvMed's Nurse On Call: 1-888-866-5432
24 hours a day, 7 days a week



Embrace better health.®

JANUARY 2021

Benefit Summary

Miami-Dade County First Choice Advantage HMO

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

www.AvMed.org/MDC





Miami-Dade County First Choice Advantage HMO

Coverage for: Individual or Individual + Family| Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-682-8633 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual/ \$0 family	See the Common Medical Event chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	This plan has no deductible in the Jackson First Network.	This plan covers some items and services if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 individual/ \$5,000 dependent coverage	The out-of-pocket limit is the most you could pay covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, prescription drug brand additional charges, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use Jackson First Network and UM Network Providers and must reside in Miami-Dade, Broward, or Palm Beach County.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a First Choice Advantage Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 copay/ visit for PCP; \$10 copay/ visit for allergy injections; \$10 copay/ visit for chiropractic services; \$10 copay/ podiatry services; \$10 copay/ visit for Virtual Visits	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	<u>Specialist visit</u>	\$30 copay/ visit for specialist; \$30 copay/ visit for allergy treatment and skin testing; \$30 copay/ visit for infertility treatment	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office. Infertility coverage is limited to diagnostic testing and procedures performed specifically to determine the cause of infertility. Infertility treatment is limited to one sequence per participant lifetime for the following: sperm count, endometrial biopsy, hysterosalpingography (HSG), and diagnostic laparoscopy. Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a First Choice Advantage Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$50 copay/ test; No charge for lab work at In-Network participating lab	Not Covered	Charges for office visits may apply if services are performed in a Physician's office (x-ray, ultrasound and mammograms are included in this category).
	Imaging (CT/PET scans, MRIs)	\$50 copay/ test at Jackson Health System facilities	Not Covered	Charges for office visits or Physician/professional services may also apply depending where services are received. Not covered at hospital-affiliated facilities, except at Jackson Health System facilities.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply. Non-Maintenance generic & brand drugs: Covers up to 90-day supply at retail pharmacies; and 90-day mail order or 90-day at limited retail pharmacy network is required for maintenance drugs used for long term treatment.
	Preferred brand drugs (Tier 2)	\$25 copay/ prescription (retail); \$50 copay/ prescription (mail order)	Not Covered	
	Non-Preferred brand drugs (Tier 3)	\$35 copay/ prescription (retail); \$70 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization. Brand additional charges may apply.
	Specialty drugs (Tier 4)	\$50 copay/ prescription (retail)	Not Covered	Specialty drugs available in 30-day supply only; not available via mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 copay/ visit	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a First Choice Advantage Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$100 copay/ visit (waived if admitted)	\$100 copay/ visit (waived if admitted)	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible. Charges are waived if admitted.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$15 copay/ visit at JHS urgent care; \$25 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	\$15 copay/ visit at JHS urgent care; \$25 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 copay/ admission	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10 copay/ visit	Not Covered	-----None-----
	Inpatient services	Hospital stay: \$100 copay/ admission; Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 60 days per calendar year.
If you are pregnant	Office visits	Routine OB & Midwife services: \$30 copay/ 1st visit only; subsequent visits at no charge when performed In-Network	Not Covered	-----None-----
	Childbirth/delivery professional services	No additional charge when performed In-Network	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: \$100 copay/ admission; No charge at Jackson Health System Birthing center: Same as Routine OB	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a First Choice Advantage Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	Approved treatment plan required.
	<u>Rehabilitation services</u>	\$20 copay/ visit	Not Covered	Limited to 60 visits per calendar year for rehabilitative physical, occupational, speech & respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation.
	<u>Habilitation services</u>	\$15 copay/ visit	Not Covered	Habilitative physical, occupational & speech therapy services, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	Not Covered	Limited to 60 days post-hospitalization per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	\$50 copay/ episode of illness for DME and orthotic appliances; No charge/ device for prosthetic devices	Not Covered	Some limitations apply. Please see your Summary Plan Description for details.
	<u>Hospice services</u>	No Charge	Not Covered	Limited to 360 day per participant lifetime maximum. Physician certification required.
If your child needs dental or eye care	Children's eye exam	\$15 copay/ visit	Not Covered	Limited to 1 eye exam per year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Acupuncture	• Long-Term Care	• Routine Eye Care (Adult)
• Cosmetic Surgery	• Non-Emergency Care When Traveling Outside the U.S.	• Routine Foot Care
• Dental Care (Adult)	• Out of Network Retail Pharmacy for Maintenance Drugs	• Weight Loss Programs
• Hearing Aids	• Private-Duty Nursing	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Bariatric Surgery (limited to JHS Centers of Excellence)	• Chiropractic Care	• Infertility Treatment (limited to 1 sequence per participant lifetime)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.florir.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a **claim**, **appeal**, or a **grievance** for any reason to your plan. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-682-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.florir.com/consumers.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-682-8633.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/delivery professional services
Childbirth/delivery facility services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$260

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$920

Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$700

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary

Miami-Dade County Select Advantage HMO

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

www.AvMed.org/MDC





Miami-Dade County Select Advantage HMO

Coverage for: Individual or Individual + Family| Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-682-8633 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0 individual/ \$0 family	See the Common Medical Event chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	This <u>plan</u> has no <u>deductible</u> in the MDC Select HMO Network.	This <u>plan</u> covers some items and services if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$2,500 individual/ \$5,000 dependent coverage	The <u>out-of-pocket limit</u> is the most you could pay covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, prescription drug brand additional charges, and services this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use the MDC Select Network Providers and must reside in Miami-Dade, Broward, or Palm Beach County.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; \$15 copay/ visit for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ podiatry services; \$10 copay/ Virtual Visits	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	<u>Specialist visit</u>	\$30 copay/ visit for specialist; \$30 copay/ visit for allergy skin testing; \$30 copay/ visit for infertility treatment	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office. Infertility coverage is limited to diagnostic testing and procedures performed specifically to determine the cause of infertility. Infertility treatment is limited to one sequence per participant lifetime for the following: sperm count, endometrial biopsy, hysterosalpingography (HSG), and diagnostic laparoscopy. Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	<u>Diagnostic test</u> (x-ray, blood work)	\$50 copay/ test; No charge at Jackson Health System; No charge for lab work at In-Network participating lab	Not Covered	Charges for office visits may apply if services are performed in a Physician's office (x-ray, ultrasound, and mammograms are included in this category).
If you have a test	Imaging (CT/PET scans, MRIs)	\$50 copay/ test at independent/non-hospital affiliated facilities. No charge at Jackson Health System	Not Covered	Charge for office visits or Physician/professional services may also apply depending where services are received. Not covered at hospital-affiliated facilities except Jackson Health System.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply. Non-Maintenance generic & brand drugs: Covers up to 90-day supply at retail pharmacies; and 90-day mail order or 90-day at limited retail pharmacy network is required for maintenance drugs used for long term treatment.
	Preferred brand drugs (Tier 2)	\$25 copay/ prescription (retail); \$50 copay/ prescription (mail order)	Not Covered	
	Non-Preferred brand drugs (Tier 3)	\$35 copay/ prescription (retail); \$70 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization. Brand additional charges may apply.
	Specialty drugs (Tier 4)	\$50 copay/ prescription (retail only)	Not Covered	Specialty drugs available in 30-day supply only; not available via mail order.
	Facility fee (e.g., ambulatory surgery center)	\$50 copay/ visit: No charge at Jackson Health System	Not Covered	Prior authorization required.
If you have outpatient surgery	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
	<u>Emergency room care</u>	\$100 copay/ visit (waived if admitted)	\$100 copay/ visit (waived if admitted)	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible. Charges are waived if admitted.
If you need immediate medical attention	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$15 copay/ visit at JHS urgent care; \$25 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	\$15 copay/ visit at JHS urgent care; \$25 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	-----None-----
	Facility fee (e.g., hospital room)	\$100 copay/ admission; No charge at Jackson Health System	Not Covered	Prior authorization required.
If you have a hospital stay	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 copay/ office visit	Not Covered	-----None-----
	Inpatient services	Hospital stay: \$100 copay/ admission; Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 60 days per calendar year.
If you are pregnant	Office visits	Routine OB & Midwife services: \$30 copay/ 1st visit only; subsequent visits at no charge when performed In-Network	Not Covered	-----None-----
	Childbirth/delivery professional services	No additional charge when performed In-Network	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: \$100 copay/ admission; No charge at Jackson Health System Birthing center: Same as Routine OB	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	Approved treatment plan required.
	<u>Rehabilitation services</u>	\$25 copay/ visit	Not Covered	Limited to 60 visits per calendar year for rehabilitative physical, occupational, speech & respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation.
	<u>Habilitation services</u>	\$15 copay/ visit	Not Covered	Habilitative physical, occupational & speech therapy services, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	Not Covered	Limited to 60 days post-hospitalization per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	\$50 copay/ episode of illness for DME and orthotic appliances; No charge/ device for prosthetic devices	Not Covered	Some limitations apply. Please see your Summary Plan Description for details.
	<u>Hospice services</u>	No Charge	Not Covered	Limited to 360 day per participant lifetime maximum. Physician certification required.
If your child needs dental or eye care	Children's eye exam	\$15 copay/ visit	Not Covered	Limited to 1 eye exam per year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Acupuncture	• Long-Term Care	• Routine Eye Care (Adult)
• Cosmetic Surgery	• Non-Emergency Care When Traveling Outside the U.S.	• Routine Foot Care
• Dental Care (Adult)	• Out of Network Retail Pharmacy for Maintenance Drugs	• Weight Loss Programs
• Hearing Aids	• Private-Duty Nursing	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Bariatric Surgery (limited to JHS Centers of Excellence)	• Chiropractic Care	• Infertility Treatment (limited to 1 sequence per participant lifetime)

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Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a **claim**, **appeal**, or a **grievance** for any reason to your plan. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-682-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.florir.com/consumers.

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To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0
- Specialist copayment \$30
- Hospital (facility) copayment \$0
- Other coinsurance N/A

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/delivery professional services
Childbirth/delivery facility services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$69
The total Peg would pay is	\$260

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$30
- Hospital (facility) copayment \$0
- Other coinsurance N/A

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0
- Specialist copayment \$30
- Hospital (facility) copayment \$0
- Other coinsurance N/A

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$500

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary

Miami-Dade County HMO Advantage

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

www.AvMed.org/MDC





Miami-Dade County HMO Advantage

Coverage for: Individual or Individual + Family| Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-682-8633 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual/ \$0 family	See the Common Medical Event chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	This plan has no deductible <u>In-Network</u> .	This plan covers some items and services if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$3,000 individual/ \$6,000 dependent coverage	The <u>out-of-pocket limit</u> is the most you could pay covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, prescription drug brand additional charges, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use the AvMed Network Providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; \$15 copay/ visit for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ podiatry services; \$10 copay/ visit for Virtual Visits	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	<u>Specialist visit</u>	\$40 copay/ visit for specialist; \$40 copay/ visit for allergy treatment and skin testing; \$40 copay/ visit for infertility treatment	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office. Infertility coverage is limited to diagnostic testing and procedures performed specifically to determine the cause of infertility. Infertility treatment is limited to one sequence per participant lifetime for the following: sperm count, endometrial biopsy, hysterosalpingography (HSG), and diagnostic laparoscopy. Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	<u>Diagnostic test</u> (x-ray, blood work)	\$100 copay/ test; No charge at Jackson Health System; No charge for lab work at In-Network participating lab	Not Covered	Charges for office visits may apply if services are performed in a Physician's office (x-ray, ultrasound, and mammograms are included in this category).
If you have a test	Imaging (CT/PET scans, MRIs)	\$100 copay/ test at independent non-hospital affiliated facility; No charge at Jackson Health System	Not Covered	Charges for office visits or Physician/professional services may also apply depending where services are received. Not covered at hospital-affiliated facilities except Jackson Health System.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply.
	Preferred brand drugs (Tier 2)	\$40 copay/ prescription (retail); \$80 copay/ prescription (mail order)	Not Covered	Non-Maintenance generic & brand drugs: Covers up to 90-day supply at retail pharmacies; and 90-day mail order or 90-day at limited retail pharmacy network is required for maintenance drugs used for long term treatment.
	Non-Preferred brand drugs (Tier 3)	\$55 copay/ prescription (retail); \$110 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization.
	Specialty drugs (Tier 4)	\$150 copay/ prescription (retail)	Not Covered	Brand additional charges may apply.
				Specialty drugs available in 30-day supply only; not available via mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay/ visit at hospital affiliated facility; No charge at Jackson Health System or independent/non-hospital affiliated facility	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need immediate medical attention	<u>Emergency room care</u>	\$150 copay/ visit (waived if admitted)	\$150 copay/ visit (waived if admitted)	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible. Charges are waived if admitted.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$15 copay/ visit at JHS urgent care; \$25 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	\$15 copay/ visit at JHS urgent care; \$25 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	-----None-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 copay/ admission; No charge at Jackson Health System	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
	Outpatient services	\$15 copay/ visit	Not Covered	-----None-----
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 60 days per calendar year.
	Office visits	Routine OB & Midwife services: \$50 copay/ 1st visit only; subsequent visits at no charge when performed In-Network	Not Covered	-----None-----
If you are pregnant	Childbirth/delivery professional services	No additional charge when performed In-Network	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Birthing center: Same as Routine OB	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	Approved treatment plan required.
	<u>Rehabilitation services</u>	\$30 copay/ visit	Not Covered	Limited to 60 visits per calendar year for rehabilitative physical, occupational, speech & respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation.
	<u>Habilitation services</u>	\$15 copay/ visit	Not Covered	Habilitative physical, occupational & speech therapy services, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	Not Covered	Limited to 60 days post-hospitalization per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	\$50 copay/ episode of illness for DME and orthotic appliances; No charge/ device for prosthetic devices	Not Covered	Some limitations apply. Please see your Summary Plan Description for details.
	<u>Hospice services</u>	No Charge	Not Covered	Limited to 360 day per participant lifetime maximum. Physician certification required.
If your child needs dental or eye care	Children's eye exam	\$15 copay/ visit	Not Covered	Limited to 1 eye exam per year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Acupuncture	• Long-Term Care	• Routine Eye Care (Adult)
• Cosmetic Surgery	• Non-Emergency Care When Traveling Outside the U.S.	• Routine Foot Care
• Dental Care (Adult)	• Out of Network Retail Pharmacy for Maintenance Drugs	• Weight Loss Programs
• Hearing Aids	• Private-Duty Nursing	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Bariatric Surgery (limited to JHS Centers of Excellence)	• Chiropractic Care	• Infertility Treatment (limited to 1 sequence per participant lifetime)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.florir.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a **claim**, **appeal**, or a **grievance** for any reason to your plan. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-682-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.florir.com/consumers.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-682-8633.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200
■ Other payment	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/delivery professional services
Childbirth/delivery facility services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$560

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200
■ Other payment	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,220

Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200
■ Other copayment	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$700

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary

Miami-Dade County POS Advantage


Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:
1-800-682-8633
www.AvMed.org/MDC






Miami-Dade County POS Advantage

Coverage for: Individual or Individual + Family| Plan Type: POS

<p> The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined terms</u> see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-682-8633 to request a copy.</p>		
Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$0 individual/ \$0 dependent coverage Out-of-Network: \$200 individual/ \$500 dependent coverage Applies to <u>Out-of-Network</u> services only.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	This plan has no deductible <u>In-Network</u> .	This plan covers some items and services if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$200 individual for external Prosthetics (see DME benefits). Doesn't apply to overall deductible . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,000 individual/ \$6,000 dependent coverage Out-of-Network: \$3,000 individual/ \$6,000 dependent coverage	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, out-of-network prescription drug cost sharing, prescription drug brand additional charges, out-of-network balance billed charges, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use the AvMed Network Providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a <u>health care provider's office</u> or <u>clinic</u>	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; No additional charge for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ visit for podiatry services; \$10 copay/ Virtual Visits	30% coinsurance after deductible; 30% coinsurance after deductible for acupuncture	Additional charges may apply for non-preventive services performed in the Physician's office. Chiropractic services has a combined limit of 60 days per calendar year with rehabilitative services.
	<u>Specialist</u> visit	\$40 copay/ visit for specialist; \$40 copay/ visit for allergy treatment and skin testing; \$40 copay/ visit for infertility treatment	30% coinsurance after deductible	Additional charges may apply for non-preventive services performed in the Physician's office. Coverage for infertility treatment is limited to testing and treatment for services performed in conjunction with an underlying medical condition, testing performed exclusively to determine the cause of infertility, and treatment and/or procedures exclusively to restore fertility (e.g. procedures to correct infertility condition). Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	30% coinsurance after deductible	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$100 copay/ test; No charge at Jackson Health System; No charge for lab work at In-Network lab	30% coinsurance after deductible	Charges for office visits may apply if services are performed in a Physician's office (x-ray, ultrasound, and mammograms are included in this category).
	Imaging (CT/PET scans, MRIs)	\$100 copay/ test at independent non-hospital affiliated facilities; No charge at Jackson Health System	30% coinsurance after deductible for non-emergency imaging (CT/PET/MRI) at hospital based facility	Charges for office visits or Physician/professional services may also apply depending where services are received. In-Network: Not covered at hospital affiliated facilities other than Jackson Health Systems.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	30% coinsurance, not subject to deductible	Retail charge applies per 30-day supply. Non-Maintenance generic and brand drugs: Covers up to 90-day supply at retail pharmacies; and 90-day mail order or 90-day at limited retail pharmacy network is required for maintenance drugs used for long term treatment.
	Preferred brand drugs (Tier 2)	\$40 copay/ prescription (retail); \$80 copay/ prescription (mail order)	30% coinsurance, not subject to deductible	
	Non-preferred brand drugs (Tier 3)	\$55 copay/ prescription (retail); \$110 copay/ prescription (mail order)	30% coinsurance, not subject to deductible	Certain drugs in all tiers require prior authorization.
	Specialty Drugs (Tier 4)	\$200 copay/ prescription (retail only)	30% coinsurance, not subject to deductible	Brand additional charges may apply. Specialty drugs available in 30-day supply only; not available via mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit at hospital affiliated facility; No charge at Jackson Health System or at independent/non-hospital affiliated facility	30% coinsurance after deductible	Prior authorization required.
	Physician/surgeon fees	No charge, except \$200 surgical copay applies for infertility surgery	30% coinsurance after deductible	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$200 copay/ visit; waived if admitted	\$200 copay/ visit; waived if admitted	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$25 copay/ visit at JHS urgent care; \$50 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	\$25 copay/ visit at JHS urgent care; \$50 copay/ visit at all other facilities; \$15 copay/ visit at retail clinics	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 copay/ admission; No charge at Jackson Health System	30% coinsurance after deductible	Prior authorization required.
	Physician/surgeon fees	No charge, except \$200 surgical copay applies for infertility surgery	30% coinsurance after deductible	Prior authorization required.
	Outpatient services	\$15 copay/ visit	30% coinsurance after deductible	-----None-----
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Residential stay: No Charge	30% coinsurance after deductible	Prior authorization required. Residential stay is limited to 60 days per calendar year.
	Office visits	Routine OB & Midwife services: \$50 copay/ 1st visit only; subsequent visits at no charge when performed In-Network	30% coinsurance after deductible	-----None-----
	Childbirth/delivery professional services	No additional charge when performed In-Network	30% coinsurance after deductible	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
If you are pregnant	Childbirth/delivery facility services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Birthing center: Same as Routine OB	30% coinsurance after deductible	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	30% coinsurance after deductible	Out-of-Network home health care limited to 60 skilled visits maximum per calendar year. Approved treatment plan required.
	<u>Rehabilitation services</u>	\$30 copay/ visit	30% coinsurance after deductible	Limited to 60 visits per calendar year for chiropractic services, rehabilitative pulmonary, physical, speech, occupational, cognitive and respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation. Cardiac rehabilitation requires prior authorization.
	<u>Habilitation services</u>	\$15 copay/ visit	30% coinsurance after deductible	Habilitative physical, occupational, & speech therapies, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	30% coinsurance after deductible	Limited to 60 days post-hospitalization care per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	No charge/ device for DME and orthotics; No charge for external prosthetic appliances, after \$200 calendar year deductible	30% coinsurance after deductible for DME and orthotics	Some limitations apply. Please see your Summary Plan Description for details. External prosthetic appliances are not covered Out-of-Network.
	<u>Hospice services</u>	No Charge	30% coinsurance after deductible	Limited to 360 days per member lifetime maximum. Physician certification required.
If your child needs dental or eye care	Children's eye exam	\$15 copay/ exam	30% coinsurance after deductible	Limited to 1 exam per calendar year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Cosmetic Surgery	• Long-Term Care	• Routine Eye Care (Adult)
• Dental Care (Adult)	• Non-Emergency Care When Traveling Outside the U.S.	• Routine Foot Care
• Hearing Aids	• Private-Duty Nursing	• Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Acupuncture (limited to out-of-network)	• Chiropractic Care (visit limit combined with rehabilitation svc)	• Infertility Treatment (limited to testing and treatment)
• Bariatric Surgery (for morbid obesity)		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.florir.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-682-8633.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0
■ Specialist copayment	\$40	■ Specialist copayment	\$40	■ Specialist copayment	\$40
■ Hospital (facility) copayment	\$200	■ Hospital (facility) copayment	\$200	■ Hospital (facility) copayment	\$200
■ Other payment	\$0	■ Other payment	\$0	■ Other copayment	\$0
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/delivery professional services Childbirth/delivery facility services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$500	Copayments	\$1,200	Copayments	\$600
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$560	The total Joe would pay is	\$1,220	The total Mia would pay is	\$600

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary

Miami-Dade County Jackson First HMO

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

www.AvMed.org/MDC





MDC Jackson First HMO

Coverage for: Individual or Individual + Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-682-8633 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual/ \$0 family	See the Common Medical Event chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	This plan has no deductible in the Jackson First Network.	This plan covers some items and services if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 individual/ \$5,000 dependent coverage	The out-of-pocket limit is the most you could pay covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, prescription drug brand additional charges, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use Jackson First Network Providers and must reside in Miami-Dade, Broward, or Palm Beach County.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a Jackson First Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; \$15 copay/ visit for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ visit for podiatry services	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	<u>Specialist visit</u>	\$30 copay/ visit for specialist; \$30 copay/ visit for allergy skin testing; \$30 copay/ visit for infertility treatment	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office. Infertility coverage is limited to diagnostic testing and procedures performed specifically to determine the cause of infertility. Infertility treatment is limited to one sequence per participant lifetime for the following: sperm count, endometrial biopsy, hysterosalpingography (HSG), and diagnostic laparoscopy. Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	Not Covered	Charges for office visits may apply if services are performed in a Physician's office.
If you have a test	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Charge for office visits or Physician/professional services may also apply depending where services are received.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a Jackson First Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply.
	Preferred brand drugs (Tier 2)	\$25 copay/ prescription (retail); \$50 copay/ prescription (mail order)	Not Covered	Generic & brand drugs: covers up to a 90-day supply at retail pharmacies; and 60-90 day supply via mail order.
	Non-preferred brand drugs (Tier 3)	\$35 copay/ prescription (retail); \$70 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization.
	Specialty Drugs (Tier 4)	Copays for Generic, Preferred brand and Non-preferred brand drugs also apply to Specialty drugs	Not Covered	Brand additional charges may apply.
				Specialty and cost-sharing drugs available in 30-day supply only; not available via mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need immediate medical attention	<u>Emergency room care</u>	\$50 copay/ visit; waived if admitted	\$50 copay/ visit; waived if admitted	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$25 copay/ visit at urgent care facility; \$15 copay/ visit at retail clinic	\$25 copay/ visit at urgent care facility; \$15 copay/ visit at retail clinic	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 copay/ visit	Not Covered	-----None-----
	Inpatient services	Hospital stay: No Charge; Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 60 days per calendar year.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a Jackson First Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you are pregnant	Office visits	Routine OB: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	-----None-----
	Childbirth/delivery professional services	Routine OB & Midwife services: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: No Charge; Birthing center: same as routine OB	Not Covered	Prior authorization required.
	<u>Home health care</u>	No Charge	Not Covered	Approved treatment plan required.
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	\$30 copay/ visit	Not Covered	Limited to 60 visits per calendar year for rehabilitative physical, occupational, speech & respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation.
	<u>Habilitation services</u>	\$15 copay/ visit	Not Covered	Habilitative physical, occupational & speech therapy services, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	Not Covered	Limited to 60 days per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	\$50 copay/ episode of illness for DME and orthotic appliances; No charge/ device for prosthetic devices	Not Covered	Some limitations apply. Please see your Summary Plan Description for details.
	<u>Hospice services</u>	No Charge	Not Covered	Limited to 360 day per participant lifetime maximum. Physician certification required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a Jackson First Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$15 copay/ visit	Not Covered	Limited to 1 eye exam per year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
• Acupuncture	• Long-Term Care
• Cosmetic Surgery	• Non-Emergency Care When Traveling Outside the U.S.
• Dental Care (Adult)	• Private-Duty Nursing
• Hearing Aids	• Weight Loss Programs
	• Routine Eye Care (Adult)
	• Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Bariatric Surgery (limited to JHS Centers of Excellence)	• Chiropractic Care	• Infertility Treatment (limited to 1 sequence per participant lifetime)
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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.florir.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information on how to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-682-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.florir.com/consumers.

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-682-8633.

To see examples of how this **plan** might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0
■ Specialist copayment	\$30	■ Specialist copayment	\$30	■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0	■ Hospital (facility) copayment	\$0	■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A	■ Other coinsurance	N/A	■ Other coinsurance	N/A
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/delivery professional services Childbirth/delivery facility services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,700
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$40	Copayments	\$1,000	Copayments	\$400
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$100	The total Joe would pay is	\$1,020	The total Mia would pay is	\$400

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary


Miami-Dade County Select HMO

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

www.AvMed.org/MDC



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Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual/ \$0 family	See the Common Medical Event chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your deductible?	This <u>plan</u> has no deductible in the MDC Select HMO Network.	This <u>plan</u> covers some items and services if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 individual/ \$5,000 dependent coverage	The <u>out-of-pocket limit</u> is the most you could pay covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, prescription drug brand additional charges, and services this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use the MDC Select Network Providers and must reside in Miami-Dade, Broward, or Palm Beach County.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; \$15 copay/ visit for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ visit for podiatry services	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	<u>Specialist visit</u>	\$30 copay/ visit for specialist; \$30 copay/ visit for allergy skin testing; \$30 copay/ visit for infertility treatment	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office. Infertility coverage is limited to diagnostic testing and procedures performed specifically to determine the cause of infertility. Infertility treatment is limited to one sequence per participant lifetime for the following: sperm count, endometrial biopsy, hysterosalpingography (HSG), and diagnostic laparoscopy. Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	Not Covered	Charges for office visits may apply if services are performed in a Physician's office.
If you have a test	Imaging (CT/PET scans, MRIs)	No Charge	Not Covered	Charge for office visits or Physician/professional services may also apply depending where services are received.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply.
	Preferred brand drugs (Tier 2)	\$25 copay/ prescription (retail); \$50 copay/ prescription (mail order)	Not Covered	Generic & brand drugs: covers up to a 90-day supply at retail pharmacies; and 60-90 day supply via mail order.
	Non-preferred brand drugs (Tier 3)	\$35 copay/ prescription (retail); \$70 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization.
	Specialty Drugs (Tier 4)	Copays for Generic, Preferred brand and Non-preferred brand drugs also apply to Specialty drugs	Not Covered	Brand additional charges may apply.
				Specialty and cost-sharing drugs available in 30-day supply only; not available via mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need immediate medical attention	<u>Emergency room care</u>	\$50 copay/ visit (waived if admitted)	\$50 copay/ visit (waived if admitted)	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$25 copay/ visit at urgent care facilities; \$15 copay/ visit at retail clinics	\$25 copay/ visit at urgent care facilities; \$15 copay/ visit at retail clinics	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 copay/ visit	Not Covered	-----None-----
	Inpatient services	Hospital stay: No Charge; Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 60 days per calendar year.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you are pregnant	Office visits	Routine OB: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	-----None-----
	Childbirth/delivery professional services	Routine OB & Midwife services: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: No Charge; Birthing center: same as routine OB	Not Covered	Prior authorization required.
	<u>Home health care</u>	No Charge	Not Covered	Approved treatment plan required.
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	\$30 copay/ visit	Not Covered	Limited to 60 visits per calendar year for rehabilitative physical, occupational, speech & respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation.
	<u>Habilitation services</u>	\$15 copay/ visit	Not Covered	Habilitative physical, occupational & speech therapy services, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	Not Covered	Limited to 60 days per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	\$50 copay/ episode of illness for DME and orthotic appliances; No charge/ device for prosthetic devices	Not Covered	Some limitations apply. Please see your Summary Plan Description for details.
	<u>Hospice services</u>	No Charge	Not Covered	Limited to 360 day per participant lifetime maximum. Physician certification required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		a MDC Select Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$15 copay/ visit	Not Covered	Limited to 1 eye exam per year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
• Acupuncture	• Long-Term Care
• Cosmetic Surgery	• Non-Emergency Care When Traveling Outside the U.S.
• Dental Care (Adult)	• Private-Duty Nursing
• Hearing Aids	• Weight Loss Programs
	• Routine Eye Care (Adult)
	• Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Bariatric Surgery (limited to JHS Centers of Excellence)	• Chiropractic Care	• Infertility Treatment (limited to 1 sequence per participant lifetime)
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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.florir.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit www.HealthCare.gov or call 1-800-318-2596.

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Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**

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To see examples of how this **plan** might cover costs for a sample medical situation, see the next section.

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/delivery professional services
Childbirth/delivery facility services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$40
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$100

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$0
■ Other coinsurance	N/A

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$400

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary

Miami-Dade County High Option HMO

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:
1-800-682-8633
www.AvMed.org/MDC





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-682-8633 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual/ \$0 family	See the Common Medical Event chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	This plan has no deductible In-Network.	This plan covers some items and services if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$3,000 individual/ \$6,000 dependent coverage	The out-of-pocket limit is the most you could pay covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, prescription drug brand additional charges, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use the Elite Network Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; \$15 copay/ visit for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ visit for podiatry services	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	<u>Specialist</u> visit	\$30 copay/ visit for specialist; \$30 copay/ visit for allergy treatment and skin testing; \$30 copay/ visit for infertility treatment	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office. Infertility coverage is limited to diagnostic testing and procedures performed specifically to determine the cause of infertility. Infertility treatment is limited to one sequence per participant lifetime for the following: sperm count, endometrial biopsy, hysterosalpingography (HSG), and diagnostic laparoscopy. Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$100 copay/ test at hospital based facility; No charge at Jackson Health system or independent/non-hospital based facility; No charge for lab work at capitated lab	Not Covered	Charges for office visits may apply if services are performed in a Physician's office. Charges for certain other labs and Specialty labs will be higher.
	Imaging (CT/PET scans, MRIs)	\$100 copay/ test at hospital based facility; No charge at Jackson Health System or independent/non-hospital based facility	Not Covered	Charges for office visits or Physician/professional services may also apply depending where services are received.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply. Generic & brand drugs: covers up to a 90-day supply at retail pharmacies and a 60-90 day supply via mail order.
	Preferred brand drugs (Tier 2)	\$40 copay/ prescription (retail); \$80 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization.
	Non-preferred brand drugs (Tier 3)	\$55 copay/ prescription (retail); \$110 copay/ prescription (mail order)	Not Covered	Brand additional charges may apply.
	Specialty drugs (Tier 4)	\$100 copay/ prescription (retail)	Not Covered	Specialty and cost-sharing drugs available in 30-day supply only; not available via mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay/ visit at hospital based facility; No charge at Jackson Health System or independent/non-hospital based facility	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need immediate medical attention	<u>Emergency room care</u>	\$100 copay/ visit; waived if admitted	\$100 copay/ visit; waived if admitted	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$25 copay/ visit at urgent care facility; \$15 copay/ visit at retail clinic	\$25 copay/ visit at urgent care facility; \$15 copay/ visit at retail clinic	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 copay/ admission; No charge at Jackson Health System	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 copay/ visit	Not Covered	-----None-----
	Inpatient services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 60 days per calendar year.
If you are pregnant	Office visits	Routine OB: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	-----None-----
	Childbirth/delivery professional services	Routine OB & Midwife services: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Birthing center: Same as Routine OB	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	Not Covered	Approved treatment plan required.
	<u>Rehabilitation services</u>	\$30 copay/ visit	Not Covered	Limited to 60 visits per calendar year for rehabilitative physical, occupational, speech & respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation.
	<u>Habilitation services</u>	\$15 copay/ visit	Not Covered	Habilitative physical, occupational & speech therapy services, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	Not Covered	Limited to 60 days per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	\$50 copay/ episode of illness for DME and orthotic appliances; No charge/ device for prosthetic devices	Not Covered	Some limitations apply. Please see your Summary Plan Description for details.
	<u>Hospice services</u>	No Charge	Not Covered	Limited to 360 day per participant lifetime maximum. Physician certification required.
If your child needs dental or eye care	Children's eye exam	\$15 copay/ visit	Not Covered	Limited to 1 eye exam per year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-----------------------|--|----------------------------|
| • Acupuncture | • Long-Term Care | • Routine Eye Care (Adult) |
| • Cosmetic Surgery | • Non-Emergency Care When Traveling Outside the U.S. | • Routine Foot Care |
| • Dental Care (Adult) | • Private-Duty Nursing | • Weight Loss Programs |
| • Hearing Aids | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|---------------------|--|
| • Bariatric Surgery (limited to JHS Centers of Excellence) | • Chiropractic Care | • Infertility Treatment (limited to 1 sequence per participant lifetime) |
|--|---------------------|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.flor.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a **claim**, **appeal**, or a **grievance** for any reason to your plan. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-682-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.flor.com/consumers.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-682-8633.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0
■ Specialist copayment	\$30	■ Specialist copayment	\$30	■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$200	■ Hospital (facility) copayment	\$200	■ Hospital (facility) copayment	\$200
■ Other payment	\$0	■ Other payment	\$0	■ Other copayment	\$0
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/delivery professional services Childbirth/delivery facility services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$400	Copayments	\$1,200	Copayments	\$600
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$0	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$460	The total Joe would pay is	\$1,220	The total Mia would pay is	\$600

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Benefit Summary

Miami-Dade County POS

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

www.AvMed.org/MDC





MDC POS Option


Coverage for: Individual or Individual + Family| Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-682-8633 or visit www.avmed.org/mdc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-682-8633 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: \$0 individual/ \$0 dependent coverage Out-of-Network: \$200 individual/ \$500 dependent coverage Applies to <u>Out-of-Network</u> services only.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	This plan has no deductible <u>In-Network</u> .	This plan covers some items and services if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$200 individual for external Prosthetics (see DME benefits). Doesn't apply to overall deductible . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In-Network: \$3,000 individual/ \$6,000 dependent coverage Out-of-Network: \$3,000 individual/ \$6,000 dependent coverage	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, out-of-network prescription drug cost sharing, prescription drug brand additional charges, out-of-network balance billed charges, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.avmed.org/mdc or call 1-800-682-8633 for a list of participating providers. Participants must use the Elite Network Providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay/ visit for PCP; No additional charge for allergy injections; \$15 copay/ visit for chiropractic services; \$15 copay/ visit for podiatry services	30% coinsurance after deductible; 30% coinsurance after deductible for acupuncture	Additional charges may apply for non-preventive services performed in the Physician's office. Chiropractic services has a combined limit of 60 days per calendar year with rehabilitative services.
	Specialist visit	\$30 copay/ visit for specialist; \$30 copay/ visit for allergy treatment and skin testing; \$30 copay/ visit for infertility treatment	30% coinsurance after deductible	Additional charges may apply for non-preventive services performed in the Physician's office. Coverage for infertility treatment is limited to testing and treatment for services performed in conjunction with an underlying medical condition, testing performed exclusively to determine the cause of infertility, and treatment and/or procedures exclusively to restore fertility (e.g. procedures to correct infertility condition). Artificial insemination, In-vitro fertilizations, GIFT, ZIFT, and other infertility treatments are not covered.
	Preventive care/screening/immunization	No Charge	30% coinsurance after deductible	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$100 copay/ test at hospital based facility; No charge at Jackson Health System or at independent/non-hospital based facility; No charge for lab work at In-Network lab	30% coinsurance after deductible	Charges for office visits may apply if services are performed in a Physician's office.
	Imaging (CT/PET scans, MRIs)	\$100 copay/ test at hospital based facility; No charge at Jackson Health System or at independent/non-hospital based facility	30% coinsurance after deductible	Charges for office visits or Physician/professional services may also apply depending where services are received.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.avmed.org/mdc	Generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$30 copay/ prescription (mail order)	30% coinsurance, not subject to deductible	Retail charge applies per 30-day supply. Generic & brand drugs: covers up to a 90-day supply at retail pharmacies; and 60-90 day supply via mail order.
	Preferred brand drugs (Tier 2)	\$40 copay/ prescription (retail); \$80 copay/ prescription (mail order)	30% coinsurance, not subject to deductible	Certain drugs in all tiers require prior authorization.
	Non-preferred brand drugs (Tier 3)	\$55 copay/ prescription (retail); \$110 copay/ prescription (mail order)	30% coinsurance, not subject to deductible	Brand additional charges may apply.
	Specialty Drugs (Tier 4)	\$100 copay/ prescription (retail only)	30% coinsurance, not subject to deductible	Specialty drugs available in 30-day supply only; not available via mail order.
	Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit at hospital based facility; No charge at Jackson Health System or at independent/non-hospital based facility	30% coinsurance after deductible	Prior authorization required.
If you have outpatient surgery	Physician/surgeon fees	No charge, except \$200 surgical copay applies for infertility surgery	30% coinsurance after deductible	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$100 copay/ visit; waived if admitted	\$100 copay/ visit; waived if admitted	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible.
	<u>Emergency medical transportation</u>	No Charge	No Charge	When pre-authorized or in the case of emergency.
	<u>Urgent care</u>	\$50 copay/ visit at urgent care facility; \$15 copay/ visit at retail clinic	\$50 copay/ visit at urgent care facility; \$15 copay/ visit at retail clinic	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 copay/ admission; No charge at Jackson Health System	30% coinsurance after deductible	Prior authorization required.
	Physician/surgeon fees	No charge, except \$200 surgical copay applies for infertility surgery	30% coinsurance after deductible	Prior authorization required.
	Outpatient services	\$15 copay/ visit	30% coinsurance after deductible	-----None-----
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Residential stay: No Charge	30% coinsurance after deductible	Prior authorization required. Residential stay is limited to 60 days per calendar year.
	Office visits	Routine OB: \$30 copay/ 1st visit only; subsequent visits at no charge when performed In-Network.	30% coinsurance after deductible	-----None-----
	Childbirth/delivery professional services	Routine OB & Midwife services: \$30 copay/ 1st visit only; subsequent visits at no charge when performed In-Network.	30% coinsurance after deductible	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
If you are pregnant	Childbirth/delivery facility services	Hospital stay: \$200 copay/ admission; No charge at Jackson Health System Birthing Center: Same as Routine OB	30% coinsurance after deductible	Prior authorization may be required. Please see your contract for details.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	30% coinsurance after deductible	Out-of-Network home health care limited to 60 skilled visits maximum per calendar year. Approved treatment plan required.
	<u>Rehabilitation services</u>	\$30 copay/ visit	30% coinsurance after deductible	Limited to 60 visits per calendar year for chiropractic services, rehabilitative pulmonary, physical, speech, occupational, cognitive and respiratory therapies combined; 36 visits per calendar year for cardiac rehabilitation. Cardiac rehabilitation requires prior authorization.
	<u>Habilitation services</u>	\$15 copay/ visit	30% coinsurance after deductible	Habilitative physical, occupational, & speech therapies, when provided for the treatment of autism spectrum disorder and Down syndrome, are covered to a combined maximum of 100 visits per calendar year.
	<u>Skilled nursing care</u>	No Charge	30% coinsurance after deductible	Limited to 60 days post-hospitalization care per calendar year. Prior authorization required.
	<u>Durable medical equipment</u>	No charge/ device for DME and orthotics; No charge for external prosthetic appliances, after \$200 calendar year deductible	30% coinsurance after deductible for DME and orthotics	Some limitations apply. Please see your Summary Plan Description for details. External prosthetic appliances are not covered Out-of-Network.
If your child needs dental or eye care	<u>Hospice services</u>	No Charge	30% coinsurance after deductible	Limited to 360 days per member lifetime maximum. Physician certification required.
	Children's eye exam	\$15 copay/ exam	30% coinsurance after deductible	Limited to 1 exam per calendar year to determine the need for sight correction.
	Children's glasses	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.
	Children's dental check-up	Not Covered	Not Covered	Not covered under this medical and pharmacy benefits plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
• Cosmetic Surgery	• Long-Term Care	• Routine Eye Care (Adult)	
• Dental Care (Adult)	• Non-Emergency Care When Traveling Outside the U.S.	• Routine Foot Care	
• Hearing Aids	• Private-Duty Nursing	• Weight Loss Programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• Acupuncture (limited to out-of-network)	• Chiropractic Care (visit limit combined with rehabilitation svc)	• Infertility Treatment (limited to testing and treatment)
• Bariatric Surgery (for morbid obesity)		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.florir.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccoio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information on how to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-682-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.florir.com/consumers.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-682-8633.

To see examples of how this **plan** might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0	■ The plan's overall deductible	\$0
■ Specialist copayment	\$30	■ Specialist copayment	\$30	■ Specialist copayment	\$30
■ Hospital (facility) copayment	\$200	■ Hospital (facility) copayment	\$200	■ Hospital (facility) copayment	\$200
■ Other payment	\$0	■ Other payment	\$0	■ Other copayment	\$0
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/delivery professional services Childbirth/delivery facility services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$0	Deductibles	\$0	Deductibles	\$0
Copayments	\$400	Copayments	\$1,200	Copayments	\$500
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$460	The total Joe would pay is	\$1,220	The total Mia would pay is	\$500

The plan would be responsible for the other costs of these EXAMPLE covered services.

JANUARY 2021

Pre-Enrollment

The following information is intended to provide a summary of services and programs offered by AvMed. The Benefit Guide is not a contract. For specific information on benefits, exclusions and limitations, please consult the Miami-Dade County Summary Plan Description or Summary of Benefits and Coverage (SBC).

Miami-Dade County
Dedicated Member Engagement Center, Live 24/7:
1-800-682-8633
www.AvMed.org/MDC



Welcome to AvMed

AvMed provides its Members with personalized service and flexibility when choosing healthcare services. Our benefit plans are designed with you in mind. AvMed believes in maximizing access to care by providing you with a robust Provider Network (in some cases, nationwide), lower out-of-pocket costs for in-network services, a simplified claims process, plus wellness and preventive care.

You also get these programs and services:

- MDC Dedicated Member Engagement Center, Live 24/7
- 24-hour, toll-free Nurse On Call program staffed by AvMed registered nurses
- Savings on alternative health services
- AvMed SmartShopper™, a powerful, free shopping tool that sends cash back when you choose the best value for your care
- MDC WellnessWorks to keep you healthier and reduce your overall healthcare costs
- Discounts on eyeglasses and contact lenses
- Dedicated MDC website, your online resource for health and benefits information
- MDC Online Provider directories based on your chosen plan's network
- AvMed Virtual Visits - you can access a doctor from your home, office or on the go-24/7/365
- Decision Support Tools, your comprehensive set of resources designed to help you become a more informed healthcare consumer

Medical Excellence

AvMed Virtual Visits powered by MDLive

AvMed Virtual Visits provide anytime remote access to Board-Certified doctors from your home, your office or on the go. Just 15 minutes after a simple sign-up, Members can speak with a doctor about non-emergency medical issues by phone or by secure video using a computer, tablet, or smartphone. It's healthcare that works for AvMed Members, wherever and whenever they need it.

AvMed Physicians

AvMed is committed to quality healthcare. We have a broad network of physicians who also work hard to keep you healthy. AvMed contracts with physicians who are in private practice and see AvMed Members within certain time frames, depending upon the Member's condition. They also agree to certain standards of care for our Members with regard to wait times and accessibility. To find a participating provider, visit **www.AvMed.org/MDC** and click on your plan's network.

AvMed considers Board Certification a significant credential in evaluating physicians. Our network physicians have completed advanced training in an approved hospital residency and/or fellowship program. Requirements for physicians to become Board Certified are established by each specialty Board. Our network physicians are identified within this online directory with a star for 'Board Certified.'

Hospitals, Facilities & Allied Services

AvMed Members have access to one of the most versatile facility networks in the state, made up of hospitals, skilled nursing facilities, diagnostic centers, laboratories, ambulatory surgical centers, home health, urgent care centers, pharmacies, vision companies, durable medical equipment providers and much, much more. To be a participating Provider for AvMed, healthcare facilities must meet rigorous credentialing standards based on quality. Quality of care standards are developed from those of nationally recognized professional organizations and are monitored for all providers. AvMed supports our Providers in their efforts to meet or exceed quality standards.

How AvMed Chooses Providers

We carefully assess the need for particular specialties in each of our service areas to make sure we have enough physicians to meet the medical needs of our Members. To be a participating AvMed Provider, medical professionals and healthcare facilities must meet thorough credentialing standards. This includes the examination of practice experience, licenses, certifications, hospital privileges, education and medical record keeping.

Accessing Care

In an effort to keep you informed, we are providing you with this general information about accessing care and terms you should know. Your plan's Benefit Summary, at the beginning of this guide, details a summary of the covered benefits and the out-of-pocket costs associated with each of those services. For specific exclusions and limitations about your plan, please refer to your Summary Plan Description or Summary of Benefits and Coverage. In general, you will receive care from AvMed participating providers. Emergency and urgently needed care is always covered in or outside the AvMed Network or service areas. If your plan provides out-of-network coverage, you can also receive routine care from non-participating providers. In this case, higher out-of-network expenses may apply.

If you have any questions, please call the Miami-Dade County Dedicated Member Engagement Center, Live 24/7, at **1-800-682-8633**, or visit us at **www.AvMed.org/MDC**. Our representatives are available to assist you 24 hours a day, 7 days a week.

The Role of Primary Care Physician (PCP)

The role of a PCP is to provide routine and preventive care as well as to assist you in making important medical decisions. Your PCP should know your medical history and can be a valuable resource for information and treatment. Your plan may not require you to designate a PCP, but AvMed encourages you to choose a physician in this role so that he or she can take the time to know you and your health issues and coordinate your care.

Choosing and Changing a PCP

Primary Care Physicians (PCPs) can perform physicals, see you for most of your healthcare needs and help coordinate your care if you need to see specialists or access behavioral healthcare. Each covered member of your family may select the same or different PCP. You can find a list of doctors in the Provider Directory or on AvMed's website at **www.AvMed.org/MDC**.

Visits to Specialist Providers

PCPs know your medical history and are best qualified to determine if a specialist's care is needed, and if so, which specialist would be best for you. In most instances, AvMed does not require a referral for a visit to specialists. However, depending on your plan, certain services require prior authorization from AvMed or a referral from your PCP.

What is an authorization?

An authorization is coordinated through your physician and your health plan. It is a formal process requiring a provider to obtain prior approval from the patient's health plan before providing a particular service or procedure.

The following require prior authorization from your health plan:

- CT, MRI, MRA and PET scans
- Dialysis
- Inpatient care
- Nuclear cardiac imaging
- Observation
- Outpatient surgical procedures
- Select medications, including injectable medications
- Transplant services

Please note: POS and Choice plans may have different authorization rules for out-of-network services. Please refer to your Summary Plan Description or Summary of Benefits and Coverage.

Behavioral Health Services

AvMed provides its Members with a high-quality behavioral health program. Depending on your plan, you may have direct access to behavioral health providers throughout the state without having to contact your PCP. Behavioral health diagnosis and treatment services are covered on an outpatient basis. Additional behavioral health services or substance abuse services may be available. For more detailed information about your coverage, please refer to your Benefit Summary and Amendment. Members must use AvMed's participating providers for all inpatient and outpatient services. Choice and POS Members may utilize out-of-network benefits. Please refer to your Summary Plan Description or Summary of Benefits and Coverage.

Emergency, Urgent Care and Retail Clinic Options

Talk to your doctor about what to do if you need immediate medical care. Be sure to discuss after-hours care and weekend accessibility, and if there is another number you can call. If your doctor isn't available, or if an accident or injury calls for immediate attention, you should know your options. Knowing the difference can save you time, money and stress.

- **When is it an emergency?**

If you have an emergency (your condition is life-threatening; loss of consciousness; sudden, sharp abdominal pain; uncontrolled bleeding; complicated fractures) you should go to the nearest hospital or call 911 for emergency medical assistance. You may be responsible for a portion of the cost and non-covered supplies or services (refer to your Benefit Summary for more information). For a detailed definition of an emergency, please refer to your Summary Plan Description or Summary of Benefits and Coverage.

Urgent Care Center Know where they are	Emergency Room Know how to get there fast	Ambulance Call 911	Retail Clinic Basic medical care
<ul style="list-style-type: none">• Ear Infections• Minor cuts• Fever	<ul style="list-style-type: none">• Sudden, sharp abdominal pain• Uncontrolled bleeding	<ul style="list-style-type: none">• Chest pain• Difficulty breathing• Loss of consciousness	<ul style="list-style-type: none">• After hours and weekends, when the doctor can't fit you in.

- **Urgent Care Center**

If you encounter a minor medical emergency (sprained ankle, minor cuts or high fever), an urgent care center (UCC) may be a more convenient, and often a more cost-effective alternative to the emergency room. The facilities handle non-emergency visits during and after regular physician office hours. Most are open seven days a week, with extended hours, and do not require an appointment. They are staffed with qualified physicians and offer a wide array of healthcare services, including radiology, laboratory, pharmacy and procedure rooms for lacerations and fracture care. AvMed currently contracts with a number of UCCs throughout the state. For a complete list of urgent care centers in your area, you can refer to the Provider Directory or visit our website at **www.AvMed.org/MDC**.

- **Retail Clinic Care**

Another option is retail clinic care, staffed by Board-Certified practitioners (nurse practitioners and/or physician assistants); a clinic can be a convenient and affordable choice. Clinics offer quality, basic medical care after hours, on weekends and when your doctor's office can't get you in.

- No appointment needed
- Open seven days a week
- Pay your applicable PCP copayment, coinsurance or deductible*

Pharmacy Information

If you have prescription drug coverage through AvMed, you must purchase your prescriptions through our nationwide network of participating pharmacies. Please refer to your Provider Directory or visit our website at **www.AvMed.org/MDC** for the participating pharmacies in your service area and for the latest list of covered drugs. For participating pharmacies outside your local service area, contact our Member Engagement Center. You must present your AvMed Member ID Card at the pharmacy in order for your prescription to be processed correctly.

If you need a prescription filled before you receive your identification card, you may take your enrollment form to the pharmacy, as it contains the required information, or you may print a temporary ID Card by going to our website. For complete information regarding your pharmacy benefits, please refer to your Summary Plan Description or Summary of Benefits and Coverage.

Generics... Real Savings

One of the easiest ways to keep prescription drug expense down is to choose generic medications. Generic drugs are typically sold at substantial discounts. Most people believe that if something costs more, it has to be of better quality. The standards of quality are the same for generics and brand name. The Food and Drug Administration (FDA) requires that all drugs be safe and effective. When a generic drug product is approved and on the market, it has met the rigorous standards established by the FDA with respect to identity, strength, quality, purity and potency. Generics provide high quality and cost savings to you. For a list of generic medications, go to AvMed's website at **www.AvMed.org/MDC**. Click on Preferred Medication Lists at the left side of the home page.

For a complete list of:

- **Participating pharmacies**
- **Retail clinics**
- **Urgent Care Centers in your area**

visit www.AvMed.org/MDC and click on your plan's network

Services and Programs

AvMed adds value to your membership by providing the following services:

Dedicated Member Engagement Center, Live 24/7

AvMed's Member Engagement Representatives are available to you to answer questions regarding benefits, claims, changing physicians or anything involving your AvMed membership. AvMed takes pride in providing excellent customer service.

You can call the Miami-Dade County Dedicated Member Engagement Center, Live 24/7, at 1-800-682-8633 (TTY 711), or you may also visit our website at **www.AvMed.org/MDC**.

With Language Line Services, we have the ability to speak 140 languages. If you need to speak with a Member Services Representative in another language, AvMed accesses Language Line Services and connects you with a translator who relays your questions or concerns back to AvMed. There is no charge to you.

Medical Technology

AvMed keeps pace with changes that provide Members with new developments in technology through our Medical Technology Assessment Committee (MTAC). The technologies presented are composed of medical and behavioral health procedures, pharmaceuticals, devices, and new applications of existing technologies for inclusion in benefit plans. The MTAC includes Board-Certified physicians with varied specialties. A new technology or a new development in technology is presented to the MTAC by unbiased Specialists who are experienced in the technology. Prior technology determinations are also revisited as the scientific evidence and/or the medical literature change. In addition, the MTAC is provided with information for review from appropriate government regulatory bodies, such as the FDA and CMS. Relevant scientific evidence from varied sources and professional organizations such as the American Medical Association and scientific journals, such as PubMed are also used to assist in making a determination on the technology.

The variables used to make a determination for approval include:

- A safe and efficient technology
- An improvement of health outcomes
- Potential benefits outweigh potential negative effects and
- The technology's comparison to those of established alternatives

The coverage guidelines can be found on AvMed's website at www.AvMed.org/MDC under "About Us." At any time, Members may ask for consideration of a new technology. For these requests or any other question regarding medical technologies, please contact AvMed's Member Engagement Center.

Our medical directors work with practicing physician-consultants to continuously review and evaluate published medical scientific studies and information from the U.S. Food and Drug Administration and other federal agencies to ensure safe and effective treatment. By carefully assessing new approaches in medicine, we live up to our commitment of improving our Members' health.

AvMed's Nurse On Call – 24 Hours a Day, 7 Days a Week

At AvMed, we continue to build on our long tradition of service to keep you engaged with your healthcare. Our priority is to help you live healthier. And with Nurse On Call, you'll get expert confidential advice and live-healthy support 24 hours a day, 7 days a week.

Members can choose to speak to a registered nurse or listen to pre-recorded health information from AvMed's Audio Healthy Library on more than 500 topics. Each topic includes information on symptoms, self-care, home treatments and prevention on AvMed's website at www.AvMed.org/MDC.

Utilization Management

The goal of AvMed's Utilization Management (UM) program is to validate the medical appropriateness and to coordinate covered services for our Members. Utilization Management has several comprehensive components which include, but are not limited to:

- Prior-authorization requests from Providers prior to providing covered services.
- Concurrent review of all patients hospitalized in acute care, psychiatric, rehabilitation and skilled nursing facilities, including on-site review when appropriate.
- Case management and discharge planning for all inpatients and those requiring continued care in an alternative setting (such as home care or a skilled care facility) and for outpatients when deemed appropriate; and
- The Benefit Coordination Program, which is designed to conduct prospective reviews for select medical services to ensure that these are covered and medically necessary. The Benefit Coordination Program may also advocate alternative cost-effective settings for the delivery of prescribed care and may identify other options for non-covered healthcare needs.

MDC WellnessWorks

The Power of One

"Healthy" is not one and done. It's a journey.

Wherever you find yourself on the health continuum – taking a walk in the neighborhood or signing up for a marathon - choosing the stairs over the elevator or the carrot instead of the cookie - it's about taking that next step, that one step to creating YOU, *improved*.

The journey to a healthy lifestyle begins with ONE step. Change starts with ONE decision. Get started with ONE program. Get on the road to YOU, *improved*.

Learn more about Miami-Dade County's WellnessWorks and how you can earn incentives by visiting www.AvMed.org/MDC/WellnessWorks.

Discounts on Eye Exams, Glasses, Lenses and Contacts

Discounts on eye exams, glasses, lenses and contacts are available through some of AvMed's vision partners. For more information, call the MDC Dedicated Member Engagement Center at 1-800-682-8633.

AvMed's Website

Your Best Source for Fast Information on Your Health Plan

Visit our website, **www.AvMed.org/MDC** to access valuable information about which hospitals rate best for care, treatment options for a variety of conditions, and even what to expect after surgery. You can even find healthy recipes and coupons for savings! Visit the website and click on "Recipes & Coupons" to learn more! Our Member portal puts you in control of many of your benefits, within an at-a-glance dashboard view for easy review of your AvMed account and benefits, a secure message center, a "Show Me the Math" tool that helps you easily review your claim details, and so much more. By registering for full access to the website, you can view and do so much more. With Your user ID and password, you're able to obtain your personal health information and interact with AvMed in the following areas:

- Benefits
- Request an AvMed Member ID Card or temporary ID
- Eligibility
- Information on copayment, deductible and/or coinsurance accumulations
- Status changes
- Change PCP, address, phone
- Authorization inquiries
- Medical and pharmacy claims inquiries

You can also submit Coordination of Benefits (COB) information and any personal information changes. Our website's extensive Provider Directory offers the names of participating PCPs, hospitals and ancillary facilities, as well as every type of specialist physician. Updated weekly, the online directory contains information on our contracted doctors' backgrounds, office hours, office locations, languages spoken and more. The AvMed website also includes health information and current press releases on company developments and achievements.

Online Consumer Tools

Research shows that health plan Members who are engaged in choosing and using their health benefits become informed, cost-conscious consumers. AvMed's Online Consumer Tools are available at **www.AvMed.org/MDC** to help you make effective decisions about your healthcare. These resources can assist you in choosing and determining what prescription drugs, physicians and hospitals best meet your needs. Stay connected to stay healthy!

AvMed SmartShopper™

Members can become smarter healthcare consumers by taking advantage of AvMed SmartShopper™, a powerful, free shopping tool that sends you cash back when you choose the best values for your care. Live healthier, save money, and earn cash for your smart choices. AvMed SmartShopper puts you in control. AvMed SmartShopper goes further for Members, with:

- A toll-free, call-center concierge
- 24/7 service, online, with quick and easy registration
- Mobile-enabled shopping
- Total costs for services, plus Member out-of-pocket costs
- Helpful, online Member alerts and messaging

For more details visit AvMed.VitalsSmartShopper.com anytime or call 1-855-869-2133 Monday-Thursday, 8:30 am-8 pm and Friday, 8:30 am-5 pm.

AvMed's Cost Calculator

Our Cost Calculator allows you to see the total cost of a procedure before you schedule an appointment. This unique tool helps AvMed Members evaluate Providers and prices in advance to determine the best value. It allows you to search for specific medical procedures and compiles a comprehensive list of available doctors, locations, coverage and out-of-pocket costs.

To get started:

- 1 - Log into your AvMed Account
- 2 - Select "Cost Calculator" under "Tools & Resources"
- 3 - Click "View Calculator"

Learn About Your Health.

AvMed's online medical encyclopedia is a valuable reference tool containing comprehensive medical information designed to keep you informed and proactive in your health decisions. Find out how common your condition is among people in your age group. Learn about treatment options and find out how quickly you can expect to recover.

Find a High-Quality Physician.

Search for physicians by name, location and specialty. Physician profiles include such useful details as education, board certification, sanctions and malpractice issues. You also can learn about estimated treatment costs and view affiliated hospitals and patient satisfaction survey results. With this information, you'll be able to compare doctors and find the one who's right for you.

Find a High-Quality Hospital.

Search hospitals by name, location, procedure/condition or overall quality. Ratings and cost estimates are easy to understand, with side-by-side comparisons and detailed profiles. This tool can help you manage your healthcare costs and avoid complications associated with poor care.

Members' Rights and Responsibilities

Members have a right to:

- Considerate, courteous and dignified treatment by all participating providers without regard to race, religion, gender, national origin, or disability and a reasonable response to a request for services, evaluation and/or referral for specialty care.
- Receive information about AvMed, our products and services, our contracted practitioners and providers, and Members' rights and responsibilities.
- Be informed of the health services covered and available to them or excluded from coverage, including a clear explanation of how to obtain services and applicable charges.
- Access quality care, receive preventive health services and know the identity and professional status of individuals providing services to them.
- The right to be treated with respect and recognition of your dignity and your right to privacy.
- To participate in making decisions about your healthcare with practitioners or other healthcare professionals.
- Participate in a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage. To refuse medical treatment, including treatment considered experimental, and to be informed of the medical consequences of this decision.
- Have available and reasonable access to service during regular hours and to after-hours and emergency coverage, including how to obtain out-of-area coverage.
- To voice complaints or appeals about the organization or the care it provides.
- To make recommendations regarding the plan's Members' rights and responsibilities policies.

Members have the responsibility to:

- Choose an AvMed participating Primary Care Physician and establish themselves with this physician.*
- Become knowledgeable about your health plan coverage including covered benefits, limitations and exclusions, procedures regarding use of participating providers and referrals.
- Take part in improving your health by maximizing healthy habits.
- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Participate in understanding your health problems and in developing mutually agreed-upon treatment goals, to the degree possible.
- Follow any plans and instructions for care that you have agreed to with your practitioners.
- Keep appointments reliably, and promptly notify the provider when unable to do so.
- Fulfill financial obligations for receiving care, as required by your health plan agreement, in a timely manner.
- Show consideration and respect to providers and provider staff.

*Certain AvMed Plans do not require that you choose a Primary Care Physician. However, AvMed encourages all Members to establish a relationship with a Primary Care Physician to help coordinate your care.

Member Inquires and Concerns

We want to ensure that your concerns are addressed promptly. If at any time you have complaints, you may call the Miami-Dade County Dedicated Member Engagement Center, Live 24/7, at **1-800-682-8633** or visit our website at **www.AvMed.org/MDC**. If you have a concern regarding the quality of medical care or service you are receiving, we encourage you to first discuss it directly with your Provider. For complete information regarding AvMed's grievance procedure, please refer to your Summary Plan Description or Summary of Benefits and Coverage.

Claims

In most cases, Providers will file claims directly with AvMed. However, if you feel that you have incurred charges that should be considered for payment or reimbursement, you will need to submit an itemized statement of charges, date(s) of service, including diagnostic and procedure codes, together with proof of payment to the AvMed Claims Center at:

P.O. Box 569000
Miami, Florida 33256-9000

Please note: For specific claim filing requirements, please refer to your Group Medical and Hospital Service Contract (Certificate of Coverage) or Summary Plan Description.

Advance Directives

Your Rights

AvMed wishes to inform you of the Florida law regarding Living Wills and Advance Directives. Under Florida law, every adult has the right to make certain decisions concerning his or her medical treatment. The law also allows for your rights and personal wishes to be respected even if you are too sick to make decisions yourself.

You have the right, under certain conditions, to decide whether to accept or reject medical treatment, including whether to continue medical treatment and other procedures that would prolong your life artificially.

You may also designate another person, or surrogate, who may make decisions for you if you become mentally or physically unable to do so. This surrogate may function on your behalf for a brief time longer, for a life-threatening or a non-life-threatening illness. Any limits to the power of the surrogate in making decisions for you should be clearly expressed.

Your healthcare provider will furnish you with written information about its policy regarding Advance Directives.

The legal basis for these rights can be found in the Florida Statutes: Healthcare Advance Directives, Chapter 765; Durable Power of Attorney Section 709.08; and guardianship, Chapter 744; and in the Florida Supreme Court decision on the constitutional right of privacy, *Guardianship of Estelle Browning*, 1990.

What is an Advance Directive?

An Advance Directive is a "written instruction, such as a Living Will or Durable Power of Attorney for healthcare, recognized under State law (whether statutory or as recognized by the courts of the state) and relating to the provision of such care when the individual is incapacitated."

Florida law provides three ways to express your *written desires*, in advance, so your doctor and family will know how you want to be treated in the event you become unable to tell them.

Living Will

A Living Will is a written personal statement made by you that lets others know your wishes for medical care at the end of life. You must be 18 years of age and of sound mind to write a Living Will. Most Living Wills direct physicians to limit or forego certain treatments, for example, connecting a person to a respirator/breathing machine. The Living Will is used only in situations where you are both terminally ill and unable to take part in mental decisions. A Living Will does not cover all situations that may present themselves, so you may want to have other documents prepared.

Healthcare Surrogate

A Healthcare Surrogate is a person you choose to make healthcare decisions for you when you are no longer able to do so. Your surrogate should be someone who knows your wishes and will make decisions based on what he/she believes you would want. A Healthcare Surrogate is usually a family member or close friend who can be readily available to your physician. You are encouraged to appoint a Healthcare Surrogate even if you have made other written expressions of your wishes, since it is difficult to address every possible situation in a Living Will.

Durable Power of Attorney

A Power of Attorney is a document by which you give another person – your “agent” – the authority to make decisions about the financial aspects of your life. In Florida, you can also give your agent the authority to make decisions about your medical treatment. A Durable Power of Attorney remains in effect even if you become incapacitated. For example, you can authorize your agent to consent to medical and surgical procedures for you under certain circumstances (*usually* when you are unable to make these decisions). You must be 18 years old and you can revoke or change your power of attorney at any time before you become incompetent.

Common Questions:

Q. Are Living Wills, Healthcare Surrogates and Durable Powers of Attorney just for senior citizens?

A. No. A severe illness or serious accident can happen to any person at any age. If you have strong feelings about what choices you would want in such a situation, regardless of your age, you are encouraged to consider an Advance Directive. However, parents of minors under the age of 18 will be responsible for the healthcare decisions of their children (unless special facts apply).

Q. May I change my Living Will, name a different Healthcare Surrogate or Durable Power of Attorney?

A. Yes, you may make changes at any time. If you do make changes to your Living Will, name a new Healthcare Surrogate or Durable Power of Attorney be sure to destroy all of the outdated copies and provide copies of the updated information to your physician, family members and others whom you think need to know your wishes.

Q. May I request that I not be given food or water artificially (tube feedings, IVs)?

A. Yes. Florida law gives you the right to refuse food and water. A Living Will usually allows you to do this when your medical condition is terminal and such efforts only serve to prolong the process of dying. A Healthcare Surrogate or Durable Power of Attorney, appointed independent of your Living Will, is able to direct that IVs and tube feedings be discontinued in situations where no recovery is deemed possible.

Q. Are there any limitations on carrying out my instructions?

A. No. The document need only be signed in the presence of two witnesses. One of the witnesses must be someone who is not your spouse, blood relative, heir or person responsible for paying your medical bills.

Q. What do I do after I complete a Living Will, appoint a Healthcare Surrogate and/or Durable Power of Attorney?

A. Once you have completed a Living Will, appointed a Healthcare Surrogate and/or Durable Power of Attorney, you should give a copy to your physician, minister, family members, close friends and your Healthcare Surrogate or Durable Power of Attorney. Discuss with them the details of your Advance Directive and ask that they keep a copy to make available if and when needed.

Q. Is it necessary to state my wishes in writing?

A. It is probably best to put your wishes in writing. There is authority for oral declarations but if you have stated your desires in writing, misunderstandings can be avoided.

Remember...

- It may be best to sign multiple documents because the appointment of a Healthcare Surrogate and Durable Power of Attorney are more flexible and apply to more than just end of life situations.
- An Advance Directive that is valid in another state may not be valid in Florida.
- If you have a healthcare Power of Attorney that you signed in another state you should probably have a local attorney review it to assure its validity.
- Update your document regularly.

JANUARY 2021

Notice of Privacy Practice

Miami-Dade County

Dedicated Member Engagement Center, Live 24/7:

1-800-682-8633

WWW.AvMed.org/MDC





MIAMI-DADE COUNTY HEALTH BENEFITS NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes how Miami-Dade County's (the "County's") medical and flexible spending account benefits programs, collectively referred to as the "Plans," may use and disclose Protected Health Information ("PHI" or "health information"). Protected Health Information is individually identifiable information about your past, present or future health or condition, health care

services provided to you, or the payment for health services, whether that information is written, electronic or oral. This notice also describes your rights under federal law relating to that information. It does not address medical information relating to disability, workers' compensation or life insurance programs, or any other health information not created or received by the Plans.

How The Plans May Use or Disclose Your Health Information

For Treatment. While the Plans generally do not use or disclose your PHI for treatment, the Plans are permitted to do so if necessary. For example, the Plans may disclose PHI if your doctor asks for preauthorization for a medical procedure, the Plan may provide PHI about you to the company that provides preauthorization services to the Plan.

For Payment. The Plans may use and disclose your health information for payment of claims. Such purposes include, but are not limited to, eligibility, claims management, pre-certification or pre-authorization, medical review, utilization review, adjustment of payments, billing, and subrogation. For example, a detailed bill or an "Explanation of Benefits" may be sent to you or to the primary insured or "subscriber" by a third-party payor that may typically include information that identifies you, your diagnosis, and the procedures you received.

For Health Care Operations. The Plans may use and disclose health information about you regarding day-to-day Plan operations. Such purposes include, but are not limited to, business management and administration, business planning and development, cost management, customer service, enrollment, premium rating, care management, case management, audit functions, fraud and abuse detection, performance evaluation, professional training, provider credentialing, formulary development, and quality assurance or other quality initiatives. For example, the Plans may use or disclose information about your claims history for your referral for case management services, project future benefit costs, handle claims appeals or audit the accuracy of the claims processing performed by a third-party payor.

To the Plan Sponsor. The Plans may disclose health information to specifically designated employees of the County, but the County has put protections in place to assure that the information will only be used for plan administration purposes, and never for employment purposes without your express authorization. For example, the County may become involved in resolving claim disputes or customer service issues.

As Required by Law. The Plan may use or disclose health information about you as required by state and federal law. For example, the Plan may disclose information for the following

purposes:

- for judicial and administrative proceedings;
- to report information regarding victims of abuse, neglect, or domestic violence; and
- to assist law enforcement officials in the performance of their law enforcement duties.

To Business Associates. There are some services the Plan provides through contracts with business associates. We may disclose your health information to our business associates so that they can perform the jobs we have asked them to do, for example, claims payment or appeals on behalf of the County by a third-party payor and claims audits by third-party firms to assure contract compliance. To protect the privacy of your health information, we contractually require business associates to appropriately safeguard that information.

For Health-Related Products and Services. The Plans may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities in the prevention or control of disease, injury, or disability, or for other activities relating to public health.

For Health Oversight. We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee benefit programs, other government regulatory programs and civil rights laws.

For Research. We may disclose your confidential information for research purposes, subject to strict legal restrictions.

To Personal Representatives and Some Relatives. We may use or disclose your information to a personal representative formally designated by you or designated by law or, under circumstances, to a close relative such as the subscriber primarily responsible for your coverage or the parent of a minor child.

For Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or another person pursuant to applicable law.

For Governmental Functions. Specialized governmental functions such as the protection of public officials or reporting to various branches of the armed services may require the use or disclosure of your health information.

For Workers Compensation. We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws and regulations relating to workers compensation or other similar programs established by law.

Prohibition on Use or Disclosure of Genetic Information. The Plan is prohibited from using or disclosing your genetic information for underwriting purposes.

No Other Uses. Other uses and disclosures will be made only with your prior written authorization. You may revoke this authorization in writing except to the extent a Plan has already made a disclosure in reliance on such authorization.

Your Legal Rights

The federal privacy regulations give you the right to make certain requests regarding health information about you:

Right to Request Restrictions. You have the right to request that the Plan restrict its uses and disclosures of PHI in relation to treatment, payment, and health care operations. Any such request must be made in writing and must state the specific restriction requested and to whom that restriction would apply. The Plan is not required to agree to a restriction that you request. We are not required to agree to a requested restriction or limitation, unless your request is made to restrict disclosure to an insurance carrier for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid the healthcare provider out of pocket in full. If we do agree to a restriction or limitation, we must abide by it unless you revoke it in writing.

Right to Request Confidential Communications. You have the right to request that communications involving your PHI be provided to you at a certain location or in a certain way. Any such request must be made in writing. The Plans will accommodate any reasonable request if the normal method of communication would place you in danger.

Right To Access Your Protected Health Information. You have the right to inspect and copy your PHI maintained in a "designated record set" by the Plan. The designated record set consists of records used in making payment, claims adjudication, medical management and other decisions. The

Plan may ask that such requests be made in writing and may charge reasonable fees for producing and mailing the copies. The Plan may deny such requests in certain cases.

Right to Request Amendment. You have the right to request that your PHI created by the Plan and maintained in a

designated record set be amended, if that information is in error. Any such request must be made in writing and must include the reason for the request. If the Plan denies your request for amendment, you may file a written statement of disagreement. The Plan has the right to issue a rebuttal to your statement, in which case, a copy will be provided to you.

Right to Receive An Accounting of Disclosures. You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, if any. This accounting does not include disclosures for payment, health care operations or certain other purposes, or disclosures to you or with your authorization, to friends or family in your presence or due to an emergency, for national security purposes, or incidental to an otherwise permissible use or disclosure. Any such request must be made in writing and must include a time period, not to exceed six (6) years. The Plan is only required to provide an accounting of disclosures made on or after April 14, 2003. If you request an accounting more than once in a 12-month period, the Plan may charge you a reasonable fee. Your request should indicate in what form you want the accounting (for example, paper or electronic).

Right to be Notified of a Breach. You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of your unsecured protected health information. Business Associates include the Business Associates themselves and their subcontractors.

All requests listed above should be submitted in writing to the County's Chief Privacy Officer (see Contact Information below).

The Plans' Obligations

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

This Notice is Subject To Change

We may change the terms of this Notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future. Revised Notices will be made available to you in writing as required.

Complaints

You have a right to file a complaint if you believe your privacy rights have been violated. You may file a complaint by writing to the County's Chief Privacy Officer (see Contact Information below). You may also file a complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information - For any questions or complaints, please contact:

Chief Privacy Officer, Human Resources Department
Stephen P. Clark Center, 111 NW 1st Street, 21st Floor, Miami, FL 33128

Updated 10/2014

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.

AvMed complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AvMed does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AvMed:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact AvMed Member Engagement, P.O. Box 749, Gainesville, FL 32627, by phone 1-800-882-8633 (TTY 711), by fax 1-352-337-8612, or by email to members@avmed.org.

If you believe that AvMed has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with AvMed's Regulatory Correspondence Coordinator, P.O. Box 749, Gainesville, FL 32627, by phone 1-800-346-0231 (TTY 711), by fax 1-352-337-8780, or by email to regulatory.correspondence@avmed.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Regulatory Correspondence Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-882-8633 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-882-8633 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-882-8633 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-882-8633 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-882-8633 (TTY: 711)。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-882-8633 (ATS: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-882-8633 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-882-8633 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-882-8633 (رقم هاتف الصم والبكم: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-882-8633 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-882-8633 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-882-8633 (TTY: 711)번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-882-8633 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-882-8633 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-882-8633 (TTY: 711).

Count on AvMed
to help you
**live healthier
at every stage
of life!**

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call the Miami-Dade County
Member Engagement Center,
Live 24/7 at **1-800-682-8633**.

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