

**BROWARD**

# New Plans for your New Chapter

**AVMED MEDICARE CIRCLE (HMO)  
AVMED MEDICARE CHOICE (HMO)  
AVMED MEDICARE ACCESS (HMO-POS)  
AVMED MEDICARE ONE (HMO)**

At AvMed, our focus is on helping you live a WELLfluent™ life. That's a life rich in the things that really matter: health and happiness.

That's why we offer you four plans to choose from, with additional services like transportation and nutritious meals, plus access to South Florida's top healthcare providers, including specialists. These are the professionals we also trust for our own families, by the way. Because AvMed is Florida-based, just like you.

So read through this brochure, learn more about AvMed Medicare, then join us. And live a WELLfluent™ life.



**Embrace better health.®**

# Take a look at what our comprehensive plans offer



**NEW!** AvMed Assist offers personalized service to help you navigate your health plan\*



Flex card helps you pay for up to \$1,100 of eligible expenses annually\*



\$0 monthly plan premium (you must continue to pay your Part B premium)



Prescription drug coverage, including RX Savings Solutions, a new tool to help you easily find the lowest price for your prescription drugs



Vision, hearing, dental and OTC allowance\*



Healthyperks<sup>SM</sup> lets you earn up to \$125 in gift card rewards just for maintaining your health



SilverSneakers<sup>®</sup> Fitness program membership included at no extra cost



Door-to-door private car transportation to plan-approved locations\*



AvMed's Virtual Visits provides free access to board-certified physicians from your computer or smartphone\*\*

...and much more!

## Compare your plan

It's easy  
to get  
the help  
you need.

- AvMed has been Florida's trusted partner in health for more than 50 years. And because we're based right here in Florida, we deliver excellent, personalized customer service.
- Choose more support when you need it. We have care management programs for chronic conditions including asthma, diabetes and congestive heart failure.
- Choose to speak with an AvMed Registered Nurse at any time. With Nurse On Call you can reach out when questions arise, 24 hours a day, 7 days a week.
- For more information, call AvMed's Member Sales and Retention Center at 888-635-3639 (TTY 711). Licensed representatives are available October 1-March 31, 7 days a week, 8 am-8 pm, and April 1-September 30, Monday - Friday, 8 am-8 pm.

\*Benefits vary by plan \*\*AvMed Virtual Visits handles only non-emergency medical issues. If you are experiencing a medical emergency, you should not use AvMed Virtual Visits and should dial 911 immediately. AvMed Virtual Visits should not replace your PCP's care for common or chronic conditions.

# AVMED MEDICARE 2024 BENEFITS: Broward

| BENEFIT  | NEW! ONE HMO  | CIRCLE HMO  | CHOICE HMO  | ACCESS HMO-POS  |
|--|---|---|---|---|
| <b>Primary Care</b>  | \$0   | \$0   | \$0   | \$0   |
| <b>Specialist</b>  | \$0<br>NO Referral Required                           | \$0<br>Referral Required                              | \$10<br>Referral Required                               | \$10<br>NO Referral Required  |
| <b>Papa Pals companion care service</b>                            | 10 hours per month/<br>120 hours per year             | N/A   | N/A   | N/A   |
| <b>Acupuncture</b><br>(up to 20 treatments)                        | \$10<br>\$0 after 20 visits<br>up to 25/year          | \$10  | \$10  | \$10  |
| <b>Physical, Speech and Occupational Therapy</b>                   | Physical and Speech<br>\$0<br><br>Occupational<br>\$0 | Physical and Speech<br>\$0<br><br>Occupational<br>\$0 | Physical and Speech<br>\$20<br><br>Occupational<br>\$15 | Physical and Speech<br>\$20<br><br>Occupational<br>\$15                     |
| <b>Urgent Care and Emergency room (ER)</b>                         | \$10  | \$10  | \$10  | \$0 in-network<br>\$25 out-of-network                                       |
| <b>Inpatient Hospital</b>  | \$0 per day   | \$0 per day   | \$0 per day   | \$0 per day, days 1-5<br>\$40 per day, days 6-20<br>\$0 per day, days 21-90 |
| <b>Basic Diagnostic Imaging (X-ray)</b>                            | \$0-\$25  | \$0-\$25  | \$5-\$25  | \$5-\$25  |
| <b>Diagnostic Procedures and Tests</b>                             | \$0-\$25  | \$0-\$25  | \$5-\$25  | \$5-\$25  |
| <b>Complex Diagnostic Radiology and Imaging</b><br>(CT, MRI, etc.) | \$25-\$50   | \$25-\$50   | \$75-\$100  | \$50-\$100  |

| BENEFIT   | NEW! ONE HMO   | CIRCLE HMO   | CHOICE HMO  | ACCESS HMO-POS                                    |
|---|--|--|---|---|
| <b>Over-the-Counter Allowance</b>   | \$50 monthly   | \$50 monthly   | \$25 monthly                                      | \$25 quarterly                                    |
| <b>Transportation</b>   | Unlimited trips  | Unlimited trips  | 8 one-way trips                                   | 8 one-way trips                                   |
| <b>Vision Services</b>  | \$450 eyewear allowance<br>\$0 copay                             | \$450 eyewear allowance<br>\$0 copay                             | \$350 eyewear allowance<br>\$0 copay              | \$350 eyewear allowance<br>\$0 copay              |
| <b>Hearing Exams</b>  | \$0 copay  | \$0 copay  | \$5 copay   | \$5 copay   |
| <b>Hearing Aid Allowance</b>  | \$1,500 per ear<br>every 2 years                                 | \$1,500 per ear<br>every 2 years                                 | \$1,200 per ear<br>every 2 years                  | \$1,000 per ear<br>every 2 years                  |
| <b>Dental Services</b>  | \$0 for exams, cleaning<br>and x-rays<br>2 implants and 2 crowns | \$0 for exams, cleaning<br>and x-rays<br>2 implants and 2 crowns | \$0 for exams, cleaning<br>and x-rays<br>2 crowns | \$0 for exams, cleaning<br>and x-rays<br>2 crowns |
| <b>Healthyperks<sup>SM</sup><br/>Rewards program</b>                        | Up to \$125  | Up to \$125  | Up to \$125                                       | Up to \$125                                       |
| <b>SilverSneakers<sup>®</sup><br/>Fitness program</b>                       | \$0  | \$0  | \$0   | \$0   |
| <b>Flex Debit Card<br/>Allowance</b> for Dental,<br>Vision, Hearing and OTC | \$275 quarterly  | \$250 quarterly  | \$175 quarterly                                   | \$115 quarterly                                   |

# PRESCRIPTION DRUG COVERAGE

|   | ONE HMO | CIRCLE HMO | CHOICE HMO | ACCESS HMO-POS |
|---|---------|------------|------------|----------------|
| <b>Initial Coverage Limit</b>                     | \$6,000 | \$6,000    | \$5,030    | \$5,030        |
| <b>Preferred Retail Network<br/>30 day supply</b> |         |            |            |                |
| Rx - Tier 1 - Preferred Generic                   | \$0     | \$0        | \$0        | \$0            |
| Rx - Tier 2 - Generic                             | \$0     | \$0        | \$0        | \$0            |
| Rx - Tier 3 - Preferred Brand                     | \$10    | \$10       | \$30       | \$30           |
| Rx - Tier 4 - Non-Preferred                       | \$65    | \$65       | \$65       | \$75           |
| Rx - Tier 5 -Specialty                            | 33%     | 33%        | 33%        | 33%            |
| <b>Standard Retail Network<br/>30 day supply</b>  |         |            |            |                |
| Rx - Tier 1 - Preferred Generic                   | \$0     | \$0        | \$0        | \$0            |
| Rx - Tier 2 - Generic                             | \$10    | \$10       | \$10       | \$10           |
| Rx - Tier 3 - Preferred Brand                     | \$30    | \$30       | \$40       | \$40           |
| Rx - Tier 4 - Non-Preferred                       | \$100   | \$100      | \$100      | \$100          |
| Rx - Tier 5 -Specialty                            | 33%     | 33%        | 33%        | 33%            |

Cost savings available for 3 month supply at any retail location and on mail-order.

Except in an emergency, you must use AvMed Network pharmacies and mail order to get your prescription drugs. Specialty medications are not available via mail order. Outpatient prescription drugs are not covered outside the United States.

# For more information or to enroll, please call 888-635-3639

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If you have questions regarding AvMed Medicare or if you are ready to enroll, please contact your licensed agent or our Member Sales and Retention Center at **888-635-3639** (TTY 711). Our hours are as follows: October 1–March 31, 7 days a week, 8 am-8 pm, and April 1–September 30, Monday – Friday, 8 am-8 pm. Or visit us anytime at **AvMed.org/Medicare**.

With AvMed Medicare HMO, you must receive routine care from plan Providers. If you obtain routine care from out-of-network plan providers, neither Medicare nor AvMed will be responsible for the costs.

AvMed Medicare is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare depends on contract renewal. You must be enrolled in Medicare Part B and entitled to Medicare Part A. You must continue to pay your Part B premium. This information is not a complete description of benefits. Benefits, premiums, copays or coinsurance may change January 1 of each year. The formulary, pharmacy and provider network may change at any time. You will receive notice when necessary.

AvMed complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, disability, or age, in its programs and activities, including in admission or access to, or treatment or employment in, its programs and activities. The following person has been designated to handle inquiries regarding AvMed's nondiscrimination policies:  
AvMed's Regulatory Correspondence Coordinator,  
P.O. Box 569008, Miami, FL 33256, by phone 1-800-882-8633 (TTY 711),  
or by email to [regulatory.correspondence@avmed.org](mailto:regulatory.correspondence@avmed.org)

