AvMed’s mission is to improve the health of our members, which is why we pride ourselves in being the health plan with your health in mind. We provide members with quality, cost-effective plans and excellent member services. Our vision is to be the health plan of choice.

As an AvMed member, you are also offered additional benefits such as: Dental Plan and Silver Sneakers gym membership.

### At a Glance

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Medicare HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Service Area</td>
<td>Miami-Dade and Broward Counties - Florida</td>
</tr>
<tr>
<td>Contact Information</td>
<td>For more details about AvMed Medicare Plans, you should write or call: AvMed Health Plans 9400 South Dadeland Blvd. Miami, Florida 33156 1-800-782-8633</td>
</tr>
<tr>
<td>Web Site</td>
<td><a href="http://www.avmed.org">www.avmed.org</a></td>
</tr>
</tbody>
</table>

**Health Management Programs:** Disease Management Programs, Medication Therapy Management Program.

**Miami-Dade and Broward Counties:**

Visits to your PCP are $0 per visit; visits to Specialists range from $0 to $25 copay for each specialist visit for Medicare covered benefits.

**Inpatient Hospital:** Days 1-5 $0 copay per day; Days 6-20 $75 copay per day; Days 21-90 $0 copay per day

**Diagnostic tests, x-rays, lab services and radiology services copays and/or coinsurance:**

- $0 Lab services
- $25 copay for Medicare covered x-rays
- 20% PET Scans
- $25 - $60 copay for Medicare covered therapeutic radiology services
- $50 - $175 Complex outpatient diagnostic tests (CT, MRI, MRA and nuclear cardiac imaging studies)

**PRESCRIPTION DRUG COVERAGE**

- **Retail:** $0/$0/$25/$50/33%
- **Preferred Generic/Non Preferred Generic/Preferred Brand/Non Preferred Brand/Specialty Mail Order** is available 3 X the co-pay for 90 day supply

**Initial coverage:** $4,000

After member reaches $4,000 – Plan covers all generics through gap.

Member pays 47.5% of cost for Brand name drugs until member’s yearly out-of-pocket costs reaches $4,750. Member then pays the greater of $2.65 for generic and $6.60 copay for brand or 5% coinsurance (whichever is greater).