

2020 Medicare Advantage Plans Comparison Chart

This comparison chart is a side-by-side representation of services offered through the AvMed, Cigna, UHC, and Humana Medicare Advantage Plans for both in-network and out-of-network providers.

Service	AvMed Medicare Choice (Broward)	AvMed Medicare Choice (Miami-Dade)	AvMed Medicare Circle (Broward)	AvMed Medicare Circle (Miami-Dade)	Cigna Leon Cares	Humana Comprehensive (National)		Humana Traditional (National)		Humana \$0 Premium \$85 Part B Giveback	UnitedHealthcare Passive		UnitedHealthcare Differential	
	Broward	Miami-Dade	Broward	Miami-Dade	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost		Retiree Cost		Retiree Cost	Retiree Cost		Retiree Cost	
Medical Plan Type	HMO	HMO	HMO	HMO	HMO	PPO		PPO		HMO	PPO		PPO	
Drug Plan Type	100% Part D	100% Part D	100% Part D	100% Part D	100% Part D	100% Part D		100% Part D		100% Part D	100% Part D		100% Part D	
PCP Required	Yes	Yes	Yes	Yes	Yes	No		No		Yes	No		No	
Annual Deductible	\$0	\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$3,400	\$3,400	\$6,700	\$6,700	\$3,400	\$2,500		\$4,500		\$3,400	\$2,500		\$4,500	\$10,000
OOP Exclusions	Dental and Part D Medication	Dental and Part D Medication	Dental and Part D Medication	Dental and Part D Medication	Part D Medication	Part D Drugs and the Plan Premium		Part D Drugs and the Plan Premium		Part D Drugs	Prescription Drugs and the Plan Premium		Prescription Drugs and the Plan Premium	
Medical Benefits														
Inpatient Hospital Care	\$0/Day 1-5 \$40/Day 6-20 \$0/Day 21 and beyond	\$0/Day 1-5 \$55/Day 6-20 \$0/Day 21 and beyond	\$0	\$0	\$0	\$175 copay per Admission	\$175 copay per Admission	\$275 copay per day (days 1-6)	40% per admission	\$0 copay per day (days 1-5); \$40 copay per day (days 6-20)	\$175 copay per admission	\$175 copay per admission	\$275/Day for Days 1-6; \$0/Day for Days 7 and Beyond	40%
Inpatient Mental Health Care	\$150/Day 1-9 \$0/Day 10-90 (190 Days lifetime limit)	\$150/Day 1-9 \$0/Day 10-90 (190 Days lifetime limit)	\$150/Day 1-9 \$0/Day 10-90 (190 Days lifetime limit)	\$150/Day 1-9 \$0/Day 10-90 (190 Days lifetime limit)	\$0 (190 Days lifetime limit)	\$175 copay per Admission (190 Days lifetime limit)	\$175 copay per Admission (190 Days lifetime limit)	\$175 copay per Day (days 1-8) (190 Days lifetime limit)	60% per admission	\$150 copay/day (days 1-9) (190 Days lifetime limit)	\$175 copay per admission (190 days lifetime maximum)	\$175 copay per admission (190 days lifetime maximum)	\$175/Day for Days 1-8; \$0/Day for Days 9-190 (190 days lifetime limit)	40%
Skilled Nursing Facility (SNF)	\$0/Day 1-20 \$135/Day 21-100	\$0/Day 1-20 \$160/Day 21-100	\$0/Day 1-20 \$135/Day 21-62 \$0/Day 63-100	\$0/Day 1-20 \$160/Day 21-62 \$0/Day 63-100	\$0 for 1-100 days	\$0 copay days 1-20; \$50 copay days 21-100; plan pays \$0 after day 100	\$0 copay days 1-20; \$50 copay days 21-100; plan pays \$0 after day 100	\$0 copay days 1-20; \$172 copay days 21-100; plan pays \$0 after day 100	\$0 copay days 1-20; \$175 copay days 21-100; plan pays \$0 after day 100	\$0 copay (days 1-20); \$135 copay per day (days 21-100); plan pays \$0 after day 100	\$0/Day for Days 1-20; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$50/Day for Days 21-100	\$0/Day for Days 1-20; \$172/Day for Days 21-100	\$175/Day for Days 1-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$0	\$0	\$5	\$5	\$10	\$35	\$0	\$5	\$5	\$10	\$35
Doctor Office Visits - Specialist	\$10-\$20	\$0-\$25	\$10	\$0	\$0	\$15	\$15	\$40	\$60	\$15	\$15	\$15	\$40	\$60
Emergency Care	\$120 copay; waived if admitted within 24 hours	\$120 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$50 copay; waived if admitted within 24 hours	\$65 copay; waived if admitted within 24 hours	\$65 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$90 copay; waived if admitted within 24 hours	\$120 copay; waived if admitted within 24 hours	\$65 copay (waived if admitted)	\$65 copay (waived if admitted)	\$90 copay (waived if admitted)	\$90 copay (waived if admitted)
Urgently Needed Care	\$20	\$20	\$10	\$10	\$0	\$35	\$35	\$35	\$35	\$20 copay	\$35	\$35	\$35	\$35
Chiropractic Services	\$5	\$5	\$5	\$5	\$0	\$10 for Medicare Covered and Routine Services	\$10 for Medicare Covered and Routine Services	\$10 for Medicare Covered and Routine Services	\$15 for Medicare Covered and Routine Services	\$5 for Medicare Covered and Routine Services	\$15	\$15	\$10	\$15
Podiatry Services	\$5	\$5	\$5	\$5	\$0	\$15 for Medicare Covered and Routine Services	\$15 for Medicare Covered and Routine Services	\$40 for Medicare Covered and Routine Services	\$60 for Medicare Covered and Routine Services	\$5 for Medicare Covered and Routine Services	\$15 copay (No visits limit)	\$15 copay (No visits limit)	\$40 (No visits limit)	\$60 (No visits limit)
Outpatient Mental Health Care	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$15	\$15	\$40	\$60	\$15	\$15	\$15	"Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day"	"Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp-\$55/ Day"

Service	AvMed Medicare Choice (Broward)	AvMed Medicare Choice (Miami-Dade)	AvMed Medicare Circle (Broward)	AvMed Medicare Circle (Miami-Dade)	Cigna Leon Cares	Humana Comprehensive (National)		Humana Traditional (National)		Humana \$0 Premium \$85 Part B Giveback	UnitedHealthcare Passive		UnitedHealthcare Differential		
Outpatient Substance Abuse	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$0	\$15	\$15	\$40	\$60	\$15	\$15	\$15	\$15	"Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day"	"Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp-\$55/ Day"
Outpatient Surgery - Outpatient Hospital	\$200	\$175	\$175	\$175	\$0	\$50	\$50	20%	40%	\$200	\$50	\$50	20%	40%	
Outpatient Surgery - Ambulatory Surgical Center	\$75	\$50	\$75	\$50	\$0	\$25	\$25	20%	40%	\$75	\$25	\$25	20%	40%	
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10%	40%	\$0	included in \$50 copay	Included in \$50 copay	Included in 20%	Included in 40%	
Ambulance Services	\$180	\$165	\$180	\$145	\$0	\$50 for Medicare covered services	\$50 for Medicare covered services	\$150 for Medicare covered services	\$150 for Medicare covered services	\$200 for Medicare-covered services	\$50	\$50	\$150	\$150	
Outpatient Rehabilitation	\$15/visit	\$10/visit	\$15/visit	\$10/visit	\$0	\$20	\$20	10%	40%	\$15	\$20	\$20	10%	40%	
Durable Medical Equipment	20%	20%	10%	10%	\$0	20%	20%	20%	40%	20%	20%	20%	20%	20%	40%
Prosthetic Devices	\$0	\$0	\$0	\$0	\$0	20%	20%	20%	40%	\$0	20%	20%	20%	40%	
Diabetes Monitoring Supplies	\$0	\$0	\$0	\$0	\$0	20%	20%	20%	40%	20%	\$0	\$0	\$0	\$0	
Diagnostic - Outpatient Hospital	\$225	\$200	\$100	\$0	\$0	\$20	\$20	10%	40%	\$50	\$20	\$20	10%	10%	
Diagnostic - Freestanding Facility	\$75	\$50	\$100	\$0	\$0	\$20	\$20	10%	40%	\$50	\$20	\$20	10%	10%	
Diagnostic Radiology Services	\$35-\$60	\$35-\$60	\$60	20%	\$0	\$15	\$15	10%	40%	\$15	\$20	\$20	10%	40%	
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13	\$13	\$0	\$0	\$0	\$13	\$13	
Medicare Part B Drugs	10-20%	10-20%	10-20%	10-20%	0-20%	20%	20%	20%	40%	20%	20%	20%	20%	40%	
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40% / Immunizations \$0/ Smoking Cessation \$60	
Wellness Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40%	
Wellness Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40%	
Dental Services (Medicare Covered Services)					\$0	\$15	\$15	\$40	\$60	\$5	\$15	\$15	\$40	\$60	
- Exam	\$0-\$25	\$0-\$25	\$0-\$25	\$0-\$25	Preventive Dental Services: \$0 Service Limit: Up to 2 Cleanings, 1 Oral exam, 1 Fluoride treatment, and 1 Dental x-ray.	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
- Cleaning	\$0-\$45	\$0-\$45	\$0-\$45	\$0-\$45		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
- X-Ray	\$0-\$35	\$0-\$35	\$0-\$35	\$0-\$35		Comprehensive Dental Services: \$0 (Endodontics and Periodontics covered)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
					Annual Max (Preventive & Comprehensive combined): \$2,300										
Hearing Services (Hearing Loss Exam)	\$5 Medicare covered hearing exam \$500/ear hearing aid allowance	\$5 Medicare covered hearing exam \$500/ear hearing aid allowance	\$0 for exam. \$600/ear hearing aid allowance	\$0 for exam. \$600/ear hearing aid allowance	\$0 Up to \$1,050 per ear per hearing aid for up to 2 hearing aids every three years for a total allowance of \$2,100.	\$15 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$15 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$40 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$60 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$5; see Humana plan benefit grid for routine hearing coverage.	\$15	\$15	\$40	\$60	
Vision Services (Medicare Covered Eye Exam)	\$0 exam; \$200 eye wear/contacts allowance	\$0 exam; \$200 eye wear/contacts allowance	\$0 exam; \$300 eye wear/contacts allowance	\$0 exam; \$350 eye wear/contacts allowance	\$0 Up to \$350 every year for eye glasses (frames and lenses). Up to \$140 every year for soft contact lenses.	\$15 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$15 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$40 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$60 copay Medicare-covered; see Humana plan benefit grid for routine hearing coverage.	\$5; see Humana plan benefit grid for routine vision coverage.	\$15	\$15	\$40	\$60	

Service	AvMed Medicare Choice (Broward)		AvMed Medicare Choice (Miami-Dade)		AvMed Medicare Circle (Broward)		AvMed Medicare Circle (Miami-Dade)		Cigna Leon Cares		Humana Comprehensive (National)		Humana Traditional (National)		Humana \$0 Premium \$85 Part B Giveback	UnitedHealthcare Passive		UnitedHealthcare Differential	
Pharmacy Benefits																			
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy
Deductible	\$0		\$0		\$0		\$0		\$0		n/a	n/a	n/a	n/a	N/A	N/A	N/A	\$0	N/A
Network	Major Chains		Major Chains		Major Chains		Major Chains		Leon Medical Center Pharmacies	Local and Chain Pharmacies	Local and Chain Pharmacies	n/a	Local and Chain Pharmacies	n/a	Local and Chain Pharmacies	Major Chains	N/A	Major Chains	N/A
Drug Usage Management	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes				
Initial Coverage Period																			
Initial Coverage Limit	\$4,020		\$4,020		\$4,500		\$4,500		\$7,000		\$4,020	N/A	\$4,020	N/A	\$4,020	\$4,020		\$4,020	
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$5	N/A	\$0	N/A	\$0	\$5	N/A	\$0	N/A
Tier 2	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$30	N/A	\$47	N/A	\$40	\$30	N/A	\$15	N/A
Tier 3	\$30	\$40	\$25	\$35	\$20	\$30	\$15	\$25	\$40	\$50	\$60	N/A	\$100	N/A	\$75	\$60	N/A	\$47	N/A
Tier 4	\$75	\$100	\$70	\$85	\$75	\$100	\$65	\$85	33%	33%	\$80	N/A	\$100	N/A	33%	\$80	N/A	\$100	N/A
Tier 5	33%	33%	33%	33%	33%	33%	33%	33%	N/A	N/A	n/a	N/A	N/A	N/A	N/A	N/A	N/A	\$100	N/A
Tier 6											n/a	N/A	N/A	N/A	N/A			N/A	N/A
Gap																			
Tier 1	\$0		\$0		\$0		\$0		\$0	\$5	\$5	N/A	25%	N/A	25%	\$5	N/A	25%	N/A
Tier 2	\$0 Preferred \$10 copay Standard		\$0 Preferred \$10 copay Standard		\$0 Preferred \$10 copay Standard		\$0 Preferred \$10 copay Standard		25% (Standard Medicare)		\$30	N/A	25%	N/A	25%	\$30	N/A	25%	N/A
Tier 3	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% (Standard Medicare)		\$60	N/A	25%	N/A	25%	\$60	N/A	25%	N/A
Tier 4	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		N/A		\$80	N/A	25%	N/A	25%	\$80	N/A	25%	N/A
Tier 5	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%	N/A
Catastrophic																			
Catastrophic Coverage Limit	\$6,350		\$6,350		\$6,350		\$6,350		\$6,350		\$6,350		\$6,350		\$6,350		\$6,350		
Tier 1	Greater of \$3.60 generics or 5%		Greater of \$3.60 generics or 5%		Greater of \$3.60 generics or 5%		Greater of \$3.60 generics or 5%		Greater of \$3.60 or 5%		Greater of \$3.60 or 5%	N/A	Greater of \$3.60 or 5%	N/A	Greater of \$3.60 or 5%	Greater of \$3.60 or 5%	N/A	Greater of \$3.60 or 5%	N/A
Tier 2	Greater of \$3.60 generics or 5%		Greater of \$3.60 generics or 5%		Greater of \$3.60 generics or 5%		Greater of \$3.60 generics or 5%		Greater of \$8.95 or 5%		Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	N/A	Greater of \$3.50 or 5%	N/A
Tier 3	Greater of \$8.95 or 5%		Greater of \$8.95 or 5%		Greater of \$8.95 or 5%		Greater of \$8.95 or 5%		5%		Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	N/A
Tier 4	Greater of \$8.95 or 5%		Greater of \$8.95 or 5%		Greater of \$8.95 or 5%		Greater of \$8.95 or 5%		N/A		Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	Greater of \$8.95 or 5%	N/A	Greater of \$8.95 or 5%	N/A
Tier 5											N/A				N/A	N/A	N/A	Greater of \$8.95 or 5%	N/A
Mail Order (90 Day Supply)																			
Tier 1	Standard: \$0 Preferred MO: \$0		Standard: \$0 Preferred MO: \$0		Standard: \$0 Preferred MO: \$0		Standard: \$0 Preferred MO: \$0		Prescription drugs may be obtained at all LMC Pharmacies or retiree may ask to have them delivered to their home.		\$10	N/A	\$0	N/A	\$0	\$0	N/A	\$0	N/A
Tier 2	Standard: \$30 Preferred MO: \$0		Standard: \$30 Preferred MO: \$0		Standard: \$30 Preferred MO: \$0		Standard: \$30 Preferred MO: \$0				\$60	N/A	\$94	N/A	\$100	\$60	N/A	\$30	N/A
Tier 3	Standard: \$120 Preferred MO: \$75		Standard: \$105 Preferred MO: \$62.50		Standard: \$90 Preferred MO: \$50		Standard: \$75 Preferred MO: \$37.50				\$120	N/A	\$200	N/A	\$187.50	\$120	N/A	\$94	N/A
Tier 4	Standard: \$300 Preferred MO: \$187.50		Standard: \$255 Preferred MO: \$175		Standard: \$300 Preferred MO: \$187.50		Standard: \$255 Preferred MO: \$162.50				N/A	N/A	N/A	N/A	N/A	\$160	N/A	\$200	N/A
Tier 5																N/A	N/A	\$200	N/A
Premium																			
Monthly Premium	\$0		\$0		\$0		\$0		\$0		\$469.43		\$296.97		\$0	\$312.38		\$187.53	

Humana HMO is available in Miami-Dade, Broward & Palm Beach Counties. It includes \$85 Part B Giveback.