

2023 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 Circle (Miami-Dade)	AvMed Medicare Circle (Broward)	AvMed Medicare Choice (Miami-Dade)	AvMed Medicare Choice (Broward)	AvMed Medicare Access (Miami-Dade)	AvMed Medicare Access (Broward)	AvMed Medicare Premium Saver (Broward)		Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential	
	Miami-Dade	Broward	Miami-Dade	Broward	Miami-Dade	Broward	Broward		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	Retiree Cost		Retiree Cost	
Medical Plan Type	HMO	HMO	HMO	HMO	HMO-POS	HMO-POS	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	100% Part D		100% Part D	
PCP Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes		No		No		Yes	No		No	
Annual Deductible	0	0	\$0	\$0	\$0	\$0	\$0		\$0		\$0		\$0	\$0		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$2,500	\$2,500	\$3,000	\$3,400	\$3,400	\$3,400	\$3,400		\$2,500		\$4,500	\$10,000	\$500	\$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	Dental and Part D Medication	Dental and Part D Medication	Dental and 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	\$0	\$0	\$0	\$0 days 1 to 5 \$40 days 6 to 20 \$0 days 21 to 90	\$0 days 1 to 5 \$40 days 6 to 20 \$0 days 21 to 90	\$200 days 1 to 5 \$0 days 6 to 90		\$175 copay per Admission	\$175 copay per Admission	\$275 copay per day (days 1-6)	40% per admission	\$0 copay per admission	\$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 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$150 days 1 to 9 \$0 days 10 to 90	\$200 days 1 to 9 \$0 days 10 to 90		\$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)	40% per admission	\$0 copay per admission (190 Days lifetime limit in psychiatric facility)	\$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 days 1 to 20 \$160 days 21 to 62 \$0 days 63 to 100	\$0 days 1 to 20 \$135 days 21 to 62 \$0 days 63 to 100	\$0 days 1 to 20 \$160 days 21 to 100	\$0 days 1 to 20 \$135 days 21 to 100	\$0 days 1 to 20 \$135 days 21 to 100	\$0 days 1 to 20 \$135 days 21 to 100	\$0 days 1 to 20 \$60 days 21 to 100		\$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	\$175 copay days 1-100; \$0 after day 100	\$0 copay (days 1-20); \$50 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	\$0	\$0	20%
Doctor Office Visits - Primary Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$5	\$5	\$10	\$35	\$0	\$5	\$5	\$10	\$35
Doctor Office Visits - Specialist	\$0	\$0	\$0	\$10	\$10 No Referral	\$10 No Referral	\$25		\$15	\$15	\$40	\$60	\$0	\$15	\$15	\$40	\$60
Emergency Care	\$75	\$75	\$100	\$100	\$120	\$120	\$120		\$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	\$50 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	\$10	\$10	\$10	\$10	\$0-\$25	\$0-\$25	\$0-\$25		\$35	\$35	\$35	\$35	\$0 copay	\$35	\$35	\$35	\$35
Chiropractic Services	\$5	\$5	\$5	\$5	\$5	\$5	\$5		\$15 for Medicare Covered and \$10 Routine Services	\$15 for Medicare Covered and \$10 Routine Services	\$10 for Medicare Covered and Routine Services	\$15 for Medicare Covered and \$10 Routine Services	\$0 for Medicare Covered Services	\$15	\$15	\$10	\$15

Service	AvMed Medicare Circle (Miami-Dade)	AvMed Medicare Circle (Broward)	AvMed Medicare Choice (Miami-Dade)	AvMed Medicare Choice (Broward)	AvMed Medicare Access (Miami-Dade)	AvMed Medicare Access (Broward)	AvMed Medicare Premium Saver (Broward)		Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential	
Podiatry Services	\$5	\$5	\$5	\$5	\$5	\$5	\$5		\$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 \$40 Routine Services	\$0 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 vist Group or Individual Therapy	\$15 vist Group or Individual Therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy		\$15	\$15	\$40	\$60	\$0	\$15	\$15	"Indiv-\$40/ Visit; Group-\$10/ Visit; Partial Hosp-\$55/ Day"	"Indiv-\$60/ Visit; Group-\$35/ Visit; Partial Hosp-\$55/ Day"
Outpatient Substance Abuse	\$15 vist Group or Individual Therapy	\$15 vist Group or Individual Therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy	\$15/visit Group or Individual therapy		\$15	\$15	\$40	\$60	\$0	\$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	\$100	\$100	\$175	\$200	\$175	\$175	\$175		\$50	\$50	20%	40%	\$25	\$50	\$50	20%	40%
Outpatient Surgery - Ambulatory Surgical Center	\$50	\$75	\$50	\$75	\$75	\$75	\$75		\$25	\$25	20%	40%	\$0	\$50	\$50	20%	40%
Professional Fees for Outpatient Surgeries - Outpatient Hospital	\$0	\$0	\$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	\$145	\$180	\$165	\$180	\$165	\$165	\$200		\$50 for Medicare covered services	\$50 for Medicare covered services	\$150 for Medicare covered services	\$150 for Medicare covered services	\$75 for Medicare-covered services	\$50	\$50	\$150	\$150
Outpatient Rehabilitation	\$10/visit	\$15/visit	\$10/visit	\$15/visit	\$15/visit	\$15/visit	\$15/visit		\$20	\$20	10%	40%	\$0	\$20	\$20	10%	40%
Durable Medical Equipment	10%	10%	20%	20%	20%	20%	20%		20%	20%	20%	40%	\$0	20%	20%	20%	40%
Prosthetic Devices	\$0	\$0	\$0	\$0	\$0	\$0	\$0		20%	20%	20%	40%	\$0	20%	20%	20%	40%
Diabetes Monitoring Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0		20%	20%	20%	40%	\$0	\$0	\$0	\$0	\$0
Diagnostic - Outpatient Hospital	\$0	\$25	\$200	\$100	\$100	\$100	\$125		\$20	\$20	10%	40%	\$0	\$50	\$50	20%	40%
Diagnostic - Freestanding Facility	\$0	\$0	\$50	\$75	\$50	\$50	\$0		\$20	\$20	10%	40%	\$0	\$50	\$50	20%	40%
Diagnostic Radiology Services	\$0	\$25-\$50	\$50-\$200 or 20%	\$75-\$100	\$50-\$100	\$50-\$100	\$0-\$125		\$20	\$20	10%	40%	\$25	\$20	\$20	10%	40%
Lab Services	\$0	\$0	\$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%	10-20%	10-20%	10%-20%		20%	20%	20%	40%	\$0	20%	20%	20%	40%
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	40% / Immunizations \$0/ Smoking Cessation \$0

Service	AvMed Medicare Circle (Miami-Dade)		AvMed Medicare Circle (Broward)		AvMed Medicare Choice (Miami-Dade)		AvMed Medicare Choice (Broward)		AvMed Medicare Access (Miami-Dade)		AvMed Medicare Access (Broward)		AvMed Medicare Premium Saver (Broward)		Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Miami/Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	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
Wellness Visits	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Wellness Services	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental Services (Medicare Covered Services)	\$0-\$175		\$0-\$175		\$0-\$175		\$10-\$200		\$10-\$175		\$0-\$175		\$25-\$175		\$15	\$15	\$40	\$60	\$20	\$15	\$15	\$40	\$60
- Exam	\$0		\$0		\$0		\$0		\$0-\$25		\$0-\$25		\$0-\$25		N/A	N/A	N/A	N/A	\$0" for exam (2 per year), "\$0" for cleaning (2 per year), \$0 for bitewing x-rays (up to 2 per year)	N/A	N/A	N/A	N/A
- Cleaning	\$0		\$0		\$0		\$0		\$0		\$0		\$0		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
- X-Ray	\$0		\$0		\$0		\$0		\$0-\$35		\$0-\$35		\$0-\$35		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
Hearing Services (Hearing Loss Exam)	\$0 Hearing Exam \$1,500 Hearing Aid allowance per ear every two years		\$0 Hearing Exam \$1,500 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,200 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,200 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,000 Hearing Aid allowance per ear every two years		\$5 Hearing Exam \$1,000 Hearing Aid allowance per ear every two years		\$5 Hearing Exam		\$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.	\$20; see Humana plan benefit grid for routine hearing coverage.	\$15	\$15	\$40	\$60
Vision Services (Medicare Covered Eye Exam)	\$0 Vision exam \$450 eyewear/ contacts allowance		\$0 Vision exam \$450 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$15 copay Medicare-covered; see Humana plan benefit grid for routine vision coverage.	\$15 copay Medicare-covered; see Humana plan benefit grid for routine vision coverage.	\$40 copay Medicare-covered; see Humana plan benefit grid for routine vision coverage.	\$60 copay Medicare-covered; see Humana plan benefit grid for routine vision coverage.	\$0; see Humana plan benefit grid for routine vision coverage.	\$15	\$15	\$40	\$60
Pharmacy Benefits																							
Deductible	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	n/a	\$0	n/a	N/A	N/A	N/A	\$0	N/A
Network	Major Chains		Major Chains		Major Chains		Major Chains		Major Chains		Major Chains		Major Chains		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		Yes		Yes				
Initial Coverage Period																							
Initial Coverage Limit	\$8,000		\$6,000		\$4,660		\$4,660		\$4,660		\$4,660		\$4,660		\$4,660	N/A	\$4,660	N/A	\$4,660	\$4,660		\$4,660	
Tier 1	\$0	\$0	\$0	\$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	\$0	\$10	\$0	\$20	\$30	N/A	\$47	N/A	\$0	\$30	N/A	\$15	N/A
Tier 3	\$0	\$25	\$10	\$30	\$25	\$35	\$30	\$40	\$30	\$40	\$30	\$40	\$40	\$47	\$60	N/A	\$100	N/A	\$5	\$60	N/A	\$47	N/A
Tier 4	\$35	\$85	\$65	\$100	\$35	\$85	\$65	\$100	\$75	\$100	\$75	\$100	\$80	\$100	\$80	N/A	\$100	N/A	33%	\$80	N/A	\$100	N/A
Tier 5	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gap																							
Tier 1	\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$5	\$5	N/A	25%	N/A	\$0	\$5	N/A	25%	N/A
Tier 2	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$20	\$30	N/A	25%	N/A	25%	\$30	N/A	25%	N/A

Service	AvMed Medicare Circle (Miami-Dade)		AvMed Medicare Circle (Broward)		AvMed Medicare Choice (Miami-Dade)		AvMed Medicare Choice (Broward)		AvMed Medicare Access (Miami-Dade)		AvMed Medicare Access (Broward)		AvMed Medicare Premium Saver (Broward)		Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Miami/Dade)		UnitedHealthcare Passive		UnitedHealthcare Differential		
Tier 3	25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		\$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		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		\$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		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	25%	N/A		
Catastrophic																									
Catastrophic Coverage Limit	\$7,400		\$7,400		\$7,400		\$7,400		\$7,400		\$7,400		\$7,400		\$7,400		\$7,400		\$7,400		\$7,400				
Tier 1	Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 or 5% with \$5 max	N/A	Greater of \$4.15 or 5%	N/A	Greater of \$4.15 or 5%	Lesser of \$4.15 or 5%	N/A	Greater of \$4.15 or 5%	N/A		
Tier 2	Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$4.15 generics or 5%		Greater of \$10.35 or 5% with \$30 max	N/A	Greater of \$10.35 or 5%	N/A	Greater of \$10.35 or 5%	Lesser of \$10.35 or 5%	N/A	Greater of \$4.15 or 5%	N/A		
Tier 3	Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5% with \$60 max	N/A	Greater of \$10.35 or 5%	N/A	Greater of \$10.35 or 5%	Lesser of \$10.35 or 5%	N/A	Greater of \$10.35 or 5%	N/A		
Tier 4	Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5%		Greater of \$10.35 or 5% with \$80 max	N/A	Greater of \$10.35 or 5%	N/A	Greater of \$10.35 or 5%	Lesser of \$10.35 or 5%	N/A	Greater of \$10.35 or 5%	N/A		
Tier 5	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	Greater of \$10.35 or 5%	N/A		
Mail Order	100 day supply		100 day supply		100 day supply		100 day supply		100 day supply		100 day supply		100 day supply			90 day supply	90 day supply	90 day supply	90 day supply	90 day supply					
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15		\$10	N/A	\$0	N/A	\$0	\$10	N/A	\$0	N/A	
Tier 2	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$30	\$0	\$60		\$60	N/A	\$94	N/A	\$0	\$60	N/A	\$30	N/A	
Tier 3	\$0	\$75	\$25	\$90	\$62.50	\$105	\$75	\$120	\$75	\$120	\$75	\$120	\$100	\$141		\$120	N/A	\$200	N/A	\$5	\$120	N/A	\$94	N/A	
Tier 4	\$87.50	\$87.50	\$162.50	\$162.50	\$87.50	\$87.50	\$162.50	\$162.50	\$187.50	\$300	\$187.50	\$300	\$200	\$300		N/A	N/A	N/A	N/A	N/A	\$160	N/A	\$200	N/A	
Tier 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$200	N/A	
Premium																									
Monthly Premium	\$0		\$0		\$0		\$0		\$0		\$0		\$0			\$401.35		\$261.35		\$0		\$312.38		\$187.53	