

2022 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)	Leon Medicare (Miami-Dade)	Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential	
	Miami-Dade	Broward	Miami-Dade	Broward	Miami-Dade	Broward	Broward	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		Retiree Cost		Retiree Cost	Retiree Cost		Retiree Cost	
Medical Plan Type	HMO	HMO	HMO	HMO	HMO-POS	HMO-POS	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		100% Part D	100% Part D		100% Part D	
PCP Required	Yes	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		\$0	
Annual Maximum Out-of-Pocket (OOP)	\$2,500	\$2,500	\$3,400	\$3,400	\$3,400	\$3,400	\$3,400	\$1,000	\$2,500		\$4,500	\$10,000	\$1,000	\$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 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	Prescription Drugs and the Plan Premium	Prescription Drugs and the Plan Premium	Prescription Drugs and the Plan Premium
Medical Benefits																	
Inpatient Hospital Care	\$0	\$0	\$0 days 1 to 5 \$55 days 6 to 20 \$0 days 21 to 90	\$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	\$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	\$0	\$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	\$0 copay for Days 1-190	\$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 for Days 1-100	\$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; plan pays \$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	\$0	20%
Doctor Office Visits - Primary Care	\$0	\$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	\$0	\$15	\$15	\$40	\$60	\$0	\$15	\$15	\$40	\$60
Emergency Care	\$75	\$75	\$100	\$100	\$120	\$120	\$120	\$50 copay; waived if admitted immediately after ER visit	\$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	\$0	\$35	\$35	\$35	\$35	\$0 copay	\$35	\$35	\$35	\$35
Chiropractic Services	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$0	\$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)	Leon Medicare (Miami-Dade)	Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential	
Podiatry Services	\$5	\$5	\$5	\$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 \$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	\$0	\$15	\$15	\$40	\$60	\$12	\$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	\$0	\$15	\$15	\$40	\$60	\$12	\$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	\$0	\$50	\$50	20%	40%	\$25	\$50	\$50	20%	40%
Outpatient Surgery - Ambulatory Surgical Center	\$50	\$75	\$50	\$75	\$75	\$75	\$75	\$0	\$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	\$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	\$0	\$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	\$0	\$20	\$20	10%	40%	\$12	\$20	\$20	10%	40%
Durable Medical Equipment	10%	10%	20%	20%	20%	20%	20%	\$0	20%	20%	20%	40%	\$0	20%	20%	20%	40%
Prosthetic Devices	\$0	\$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	\$0	20%	20%	20%	40%	\$0	\$0	\$0	\$0	\$0
Diagnostic - Outpatient Hospital	\$0	\$50	\$200	\$100	\$100	\$100	\$125	\$0	\$20	\$20	10%	40%	\$12	\$50	\$50	20%	40%
Diagnostic - Freestanding Facility	\$0	\$25	\$50	\$75	\$50	\$50	\$0	\$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	\$0	\$15	\$15	10%	40%	\$25	\$20	\$20	10%	40%
Lab Services	\$0	\$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%	0-20%	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	\$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)		Leon Medicare (Miami-Dade)		Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (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	Standard Pharmacy	Preferred Pharmacy	Non- Preferred Pharmacy	Preferred Pharmacy	Non- Preferred Pharmacy	Preferred Pharmacy	Non-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	\$0	\$0
Wellness Services	\$0		\$0		\$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		\$0 copay for covered dental services \$2,300 maximum benefit		\$15	\$15	\$40	\$60	\$20	\$15	\$15	\$40	\$60	
- Exam	\$0		\$0		\$0		\$0		\$0-\$25		\$0-\$25		N/A				N/A	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-\$45		\$0-\$45		N/A				N/A	N/A	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		N/A				N/A	N/A	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		\$0 copay hearing exam; \$2,100 maximum benefit (\$1,050 per ear) every three years		\$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 \$350 eyewear/ contacts allowance		\$0 Vision exam \$350 eyewear/ contacts allowance		\$0 Vision exam \$200 eyewear/contacts allowance		\$0 Vision exam \$200 eyewear/contacts allowance		\$0 Vision exam \$200 eyewear/contacts allowance		\$0 Vision exam \$200 eyewear/contacts allowance		\$0 Vision exam		\$0 copay vision exam; \$350 maximum benefit for eyewear (\$175 per pair of glasses); \$140 maximum benefit for 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.	\$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	n/a	n/a	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		Leon Medical Centers 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		Yes		Yes		Yes					
Initial Coverage Period																										
Initial Coverage Limit	\$8,000		\$6,000		\$4,500		\$4,500		\$4,500		\$4,500		\$4,430		\$4,430		\$4,430	N/A	\$4,430	N/A	\$4,430	\$4,430		\$4,430		
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$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	\$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	\$50	\$60	N/A	\$100	N/A	\$5	\$60	N/A	\$47	N/A		
Tier 4	\$60	\$85	\$75	\$100	\$70	\$85	\$75	\$100	\$75	\$100	\$75	\$100	\$80	\$100	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%	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	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	\$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	25%		\$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)		Leon Medicare (Miami-Dade)	Humana Passive (National)		Humana Traditional (National)		Humana \$0 Premium (Dade)	UnitedHealthcare Passive		UnitedHealthcare Differential		
	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		25%	\$60	N/A	25%	N/A	25%	\$60	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% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25% Covered Brand 25% Generic		25%	\$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		25%	\$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	N/A	N/A	25%	N/A
Catastrophic																									
Catastrophic Coverage Limit	\$7050		\$7050		\$7050		\$7050		\$7050		\$7050		\$7050		\$7,050	\$7,050		\$7,050		\$7,050	\$7,050		\$7,050		
Tier 1	Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 or 5%	Greater of \$3.95 or 5%	N/A	Greater of \$3.95 or 5%	N/A	Greater of \$3.95 or 5%	Lesser of \$3.95 or 5%	N/A	Greater of \$3.95 or 5%	N/A	
Tier 2	Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$3.95 generics or 5%		Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	N/A	Greater of \$9.85 or 5%	N/A	Greater of \$9.85 or 5%	Lesser of \$9.85 or 5%	N/A	Greater of \$3.95 or 5%	N/A	
Tier 3	Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	N/A	Greater of \$9.85 or 5%	N/A	Greater of \$9.85 or 5%	Lesser of \$9.85 or 5%	N/A	Lesser of \$9.85 or 5%	N/A	
Tier 4	Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%		Greater of \$9.85 or 5%	Greater of \$9.85 or 5%	N/A	Greater of \$9.85 or 5%	N/A	Greater of \$9.85 or 5%	Lesser of \$9.85 or 5%	N/A	Lesser of \$9.85 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	N/A	Lesser of \$9.85 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	Leon Medical Centers offers personal home-delivery at the same preferred pharmacy cost share.	\$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	\$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	\$150	\$255	\$187.50	\$300	\$175	\$255	\$187.50	\$300	\$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	N/A	\$200	N/A
Premium																									
Monthly Premium	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$388.14		\$252.75		\$0	\$312.38		\$187.53		