



Embrace better health.®



Medicare  
Uncomplicated  
**AvMed**  
makes  
it easy



# Get the most out of Medicare.

Turn your 65th birthday into a celebration of living well and keep living a life rich in what really matters: health and happiness. It's easy with a little help from AvMed.

At AvMed, we understand there's no one-size-fits-all health plan and that you have many choices. So we're here to show you how Medicare works, what it covers, and how to make it work for you. We've been helping Floridians make informed decisions about their health coverage for more than 50 years.

Of course, you can always rely on us to sit down with you to understand your needs and help you find what's best for you. We'll show you how a Medicare Advantage HMO plan works and make sure you don't miss important deadlines. And, of course, we'll be there to answer your questions in the way that's most comfortable for you — face-to-face, online, or on the phone with a real person.

So don't let Medicare overwhelm you. Count on AvMed to be with you every step of the way.

# What is Medicare?

In its simplest terms, Medicare is a federal health insurance program for people 65 and over, and those who qualify due to a disability. There are four parts of Medicare to cover different services. Parts A and B make up Original Medicare, which is provided by the federal government. Parts C and D are offered by private insurers.

## Understanding Medicare



### Part A Hospital Insurance

Helps cover:

- Inpatient stays
- Skilled Nursing Care (not long-term care)
- Nursing Home, Hospice, and some Home Healthcare

*\*Most people won't pay for Part A*

### Part B Medical Coverage

Helps cover:

- Most doctor visits
- Outpatient medical, surgical services, and durable medical equipment
- Preventive services
- Physical and occupational therapy
- Outpatient mental health care services

*\*You will pay a monthly premium for Part B. The premium is usually deducted from your social security check*

### Part C Medicare Advantage

- An alternative to original Medicare
- Covers all the services included in Medicare Parts A and B
- May cover prescription drug coverage
- May have lower out-of-pocket costs than Original Medicare
- May also offer extra benefits that Original Medicare doesn't cover – like vision, hearing, dental, fitness membership and more

*\*You must continue to pay for your Part B*

### Part D Prescription Drug Coverage



- You must have Medicare Part A and/or Part B
- Some Part C plans can also include coverage for prescription drugs
- Original Medicare does not include coverage for prescription drugs

*\*You pay a monthly premium for standalone Part D plans.*

Original Medicare

Offered by private insurers

# Original Medicare vs. Medicare Advantage

<b>Original Medicare (Part A and B)</b> 	<b>vs.</b>	<b>AvMed Medicare Advantage (MA-PD)</b> 
Includes hospital and medical coverage		
✗	Drug coverage	✓
✗	Additional health benefits	✓
✗	Annual cap on out-of-pocket for Part A & B services	✓

## Here are some of the benefits of choosing an AvMed Medicare Advantage plan:

- ✓ No additional monthly premium\*
- ✓ Primary care and specialist visits have no or low copays.
- ✓ Once you reach your annual out-of-pocket expenses, you will not pay for services covered by Part A and B for the remainder of the calendar year.
- ✓ You will have Part D prescription drug coverage.
- ✓ You will have extra benefits including dental, vision, and more.

\*You must continue to pay for Part B.

# Extra Benefits

Our AvMed Medicare Advantage plans are designed to provide an enhanced Member experience — from healthcare access to guidance & support for a life rich in the things that matter — health and happiness.

## OUR MEMBERS CHOOSE AVMED MEDICARE BECAUSE WE OFFER...

- **NEW! AvMed Assist** offers personalized service to help you navigate your health plan\*
- **More ways to help keep money** in your pocket:
  - **Flex card** helps you pay for eligible expenses
  - **Prescription savings** tool via Rx Savings® Solutions
  - **Healthyperks<sup>SM</sup>** gives you up to \$125 in rewards for healthy behaviors
  - **Extra Benefits** such as over-the-counter items, hearing aids, and vision
  - **\$0 Premium**
  - **\$0 Primary Care Provider** office visits
  - **\$0 Telemedicine** visits
- **Comprehensive dental coverage** with a \$0 copay for crowns\*
- **Comprehensive network** of doctors and hospitals
- **Private Transportation** door-to-door to approved health care providers\*
- **Fresh meal delivery program via NationsMarket** after an overnight stay in the hospital\*
- **SilverSneakers® Fitness Program** attend classes in person or receive in-home kits and exercise at home
- **Trusted service** with more than 50 years serving Floridians

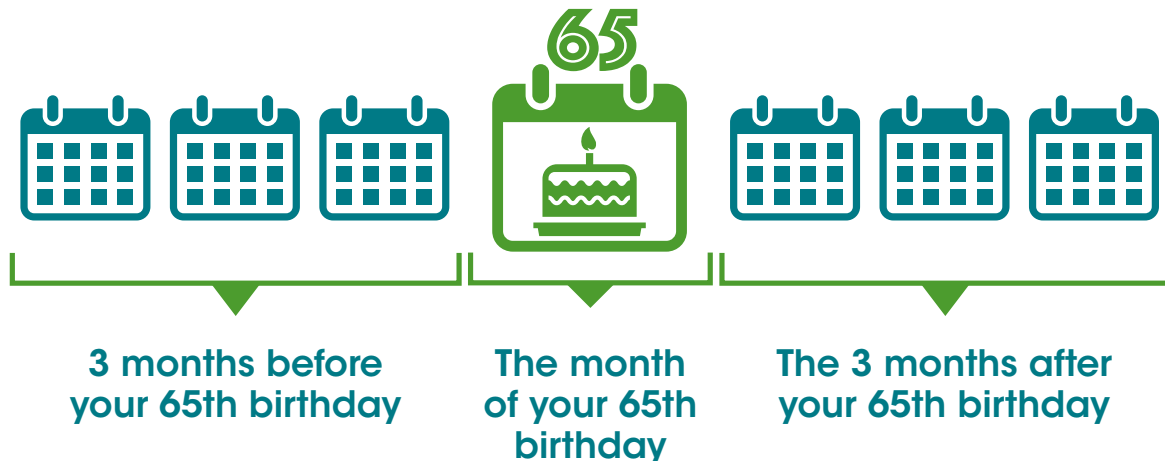
To make sure AvMed Medicare is the right plan for you, be sure to review the plan details, check our expansive Provider directory and look over our prescription drug coverage and medication list, all available online at [AvMed.org/Medicare](https://www.avmed.org/medicare).

\*Benefits may vary by plan. This information is not a complete description of benefits. Call 1-800-535-9355 (TTY 711) for more information.



# When Can I Enroll?

Your initial coverage period (IEP) is when you are first eligible to enroll in Medicare. This period begins three months before the month of your 65th birthday, includes the month of your birthday, and ends three months after the month of your birthday.



## MEDICARE ENROLLMENT PERIODS

### Initial Enrollment Period

**3 months before the month you turn 65 and 3 months after**

You have 7 months to enroll in Medicare for the first time when you turn 65.

### Annual Enrollment Period (AEP):

This is the time when you're able to choose or change the type of Medicare coverage you would like to have beginning in January of the following year. AEP is from October 15th through December 7th.

### Open Enrollment Period (OEP):

If you're enrolled in a Medicare Advantage plan, you can disenroll and return to Original Medicare or make a one-time change to a different Medicare Advantage plan. OEP is from January 1st through March 31st.

### Special Enrollment Period (SEP):

This period allows for people with special circumstances to enroll in a Medicare Advantage plan outside of the regular enrollment periods. Some of the circumstances include:

- ✓ If you have both Medicare and Medicaid
- ✓ If you receive Extra Help, also known as low-income subsidy (LIS)
- ✓ If you move to a new area or your current plan was terminated
- ✓ If you lose coverage through an employer-based group health plan.

**AEP**

OCT 15 - DEC 7

**OEP**

JAN 1 - MAR 31

**SEP**

A QUALIFYING  
EVENT



## YOU CAN CHANGE YOUR CHOICES WHEN YOUR NEEDS CHANGE.

Let's say your healthcare needs change over time and you want to choose a different plan. No problem. You'll be able to change plans at least once a year during the Medicare Annual Enrollment Period — **October 15 through December 7.**

## WHAT HAPPENS IF YOU CHOOSE TO KEEP WORKING?

Today, 65 isn't what it used to be. More and more, people are choosing to work past age 65. It's important to know you have choices when it comes to Medicare.

You may choose to enroll in Part A (inpatient hospital care), but may delay your Part B (medical expenses) enrollment without penalty if you have healthcare coverage through your employer group.

Check with your employer or AvMed to understand how Medicare would work with the coverage you have today.

## OUR PROMISE TO YOU.

At AvMed, we're committed to always going the extra mile for you. Our promise to you is to do whatever it takes to help you be healthy, stay healthy and live well. To provide the coverage you need when you need it most. To prove, every day, that we'll always be there for you with the care and respect you deserve.

That's the AvMed promise to you because our goal is to be your lifelong partner in health.

## Still have questions you want answered? AvMed's here to help.

- Call us at **1-888-841-4093** (TTY 711)  
October 1 - March 31, 7 days a week, 8 am - 8 pm  
April 1 - September 30, Monday - Friday, 8 am - 8 pm and  
Saturday from 8 am - 1 pm
- Visit us online at **[AvMed.org/Medicare](https://www.avmed.org/medicare)**

# Key Terms

**Authorization:** Before you receive certain health services, your Primary Care Physician (PCP) and AvMed work together to make sure you're getting the best available option for your care. Your doctor will likely know which services require this step, and will often handle it behind the scenes on your behalf. This is different than a referral, which is purely a physician to physician transaction without AvMed's involvement.

**Coinsurance:** An amount you may be required to pay as your share of the cost for service after you pay any deductibles.

**Copay:** A specific, fixed dollar amount that you pay each time you use a covered service or buy a covered product. Different services/products require different copays.

**Deductible:** The amount you must pay for healthcare or prescriptions before Original Medicare or your other insurance begins to pay.

**Network:** A contracted group of physicians and hospitals working with AvMed to provide services that cost our Members less than those found outside the group.

**Out-of-Network:** Members in the AvMed Medicare Access HMO-POS plan may choose to go to a doctor outside of AvMed's Provider Network; members enrolled in any of our other plans will be responsible for the cost of those services, except in limited situations like emergency care.

**Pharmacy Prescription Limits:** AvMed Medicare has no maximum pharmacy benefit limit for a calendar year. AvMed Medicare Advantage plans have an Initial Coverage (IC) stage limit. These limits are calculated using the actual cost of the medication and your copay/coinsurance amount. After reaching the initial coverage limit, you may see an increase in the cost of some of your prescription medications. This stage is called the Coverage Gap stage or more commonly referred to as the "donut hole."

**Premium:** A regular payment to cover your healthcare and prescription drug coverage. Medicare recipients enrolled in any Medicare Advantage plan must continue to pay their Part B premium. Join AvMed and enjoy all the benefits with no additional monthly plan premium.

**Primary Care Physician (PCP):** Your PCP is the central figure in your healthcare universe. While specialists focus on treating specific components of your health, PCPs have the benefit of overseeing your overall care. Diseases and conditions are often first diagnosed by PCPs through routine checkups and regular screenings. When a specialist is needed, your PCP can help identify the best doctor for your condition.

**Referral:** With the exception of the Medicare Access HMO-POS plan, AvMed Medicare requires a PCP referral for any decision to add a specialist to your care team. A referral is purely a physician to physician transaction. AvMed serves only as a record-keeper after your PCP informs us that your care has taken a specific direction.







Embrace better health.®

**OUR OFFICES:**

**Miami-Dade**

3470 NW 82nd Ave.  
Suite 1100  
Doral, FL 33122

**Gainesville**

4300 NW 89th Blvd.  
Gainesville, FL 32606

**AVMED MEMBER SALES AND RETENTION CENTER:**

1-888-841-4093 (TTY 711)

October 1 - March 31, 7 days a week, 8 am - 8 pm;  
April 1 - September 30, Monday - Friday, 8 am - 8 pm  
and Saturday from 8 am - 1 pm

**[AvMed.org/Medicare](https://www.avmed.org/Medicare)**

If you prefer these materials in an alternate format, please contact us using the numbers listed inside.

Esta información está disponible en otros idiomas de forma gratuita. Por favor llame a nuestro Centro de Ventas y Retención al número que aparece arriba. También contamos con un servicio gratuito de intérpretes.

AvMed Medicare is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare depends on contract renewal. AvMed Medicare is available to all Medicare beneficiaries residing in an AvMed service area. You must be enrolled in Medicare Part B and entitled to Medicare Part A. Premiums and benefits may vary by county. Limitations, copayments and restrictions may apply. The formulary, pharmacy and provider network may change at any time. You will receive notice when necessary. If you obtain routine care from out-of-plan providers, neither Medicare nor AvMed will be responsible for the costs.

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)

