

2011 Benefit Comparison

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2011 Prescription Drug Benefits for HMO MAPD Plans

	HMO (FL)	HMO (S. FL)	HMO-POS & PPO	IP & DP HMO SNPs	HMO Premier & Chronic HMO SNPs
Annual Deductible	\$0	\$0	\$0	\$310	\$0
Coverage					
Tier 1 - Value Generics	\$0	\$0	\$4	25%	\$0
Tier 2 - Generics	\$4	\$0	\$15	25%	\$0
Tier 3 - Preferred Brands	\$39	\$30	\$45	25%	\$20
Tier 4 - Nonpreferred Brands	\$69	\$60	\$79	25%	\$50
Tier 5 - Specialty Drugs	33%	33%	33%	25%	33%
Mail Order Tier 1/2/3/4	90-day \$0/\$8/\$100/\$175	90-day \$0/\$0/\$75/\$150	90-day \$8/\$30/\$110/\$200	25%	90-day \$0/\$0/\$50/\$125
Drugs Covered Under Medicare Part B	23%	23%	23%	\$0	23%
Initial Coverage Limit	Member pays the above co-pay amounts until the total yearly drug costs (both what the Member and the Plan paid) reach \$2840.				
Coverage Gap/Donut Hole	Member pays 93% of generic drug costs and 50% of brand drug costs until the yearly out-of-pocket drug costs reach \$4550.			Member pays \$5 for Tier 1 and \$10 for Tier 2 drugs.	
Catastrophic Coverage	Then, the Member will pay the greater of \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 5% co-insurance for the rest of the year.				

Dental X-Ray Co-pays

HMO, HMO SNPs, PPO, and HMO Premier

Radiographs: limit of 1 radiograph service (complete series or intraoral periapicals or panoramic or bitewing) per year.

	Frequency	Co-Pay
Intraoral - Complete Series (including Bitewings)	1 per 3 yrs	\$25
Intraoral - Periapical First Film	1	\$0
Intraoral - Periapical Each Additional Film (up to 7)	1	\$5
Intraoral - Occlusal Film	2	\$10
Bitewing - Single Film	1	\$0
Bitewings - Two Films	1	\$5
Bitewings - Four Films	1	\$10
Panoramic Film	1 per 3 yrs	\$25
Temporomandibular Joint Film	1	\$75

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Labs and Diagnostics

	HMO-POS and PPO		HMO Premier and HMO C-SNP	
	Physician Office/ Freestanding Center	Hospital	Physician Office/ Freestanding Center	Hospital
Bone Density	\$0	\$0	\$0	\$0
Simple X-Rays	\$5	25%	\$0	\$50
Ultrasonography	\$10	25%	\$10	\$100
Echocardiogram/ Echo Doppler	\$25	25%	\$25	\$200
CT Scans	\$25	25%	\$50	\$200
Nuclear Medicine	\$25	25%	\$50	\$200
Nuclear Stress Test	\$50	25%	\$25	\$200
MRI	10%	25%	\$100	\$200
MRA	10%	25%	\$100	\$200
PET Scan	10%	25%	\$100	\$200

	HMO	
	Physician Office/ Freestanding Center	Hospital
Bone Density	\$0	\$0
Simple X-Rays	\$5	25%
Ultrasonography	\$10	25%
Echocardiogram/ Echo Doppler	\$25	25%
CT Scans	\$25	25%
Nuclear Medicine	\$50	25%
Nuclear Stress Test	\$50	25%
MRI	\$100	25%
MRA	\$100	25%
PET Scan	\$100	25%

Lab Services for Medicare Masterpiece® Plus (HMO-POS) ONLY:

5% cost sharing for routine blood tests

25% cost sharing for cytological (cancer-related) tests



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