

HMO-style plans

COMPANY AND PLAN NAME	2013 MONTHLY PREMIUM (MEDICAL AND DRUGS)	DOCTOR, HOSPITAL CO-PAYMENTS	YOUR PRESCRIPTION DRUG CO-PAYMENTS (\$0 TO \$2,970 OF TOTAL DRUG COSTS) *	YOUR PRESCRIPTION DRUG CO-PAYMENTS (\$2,971 TO \$6,733.75 OF TOTAL DRUG COSTS) **	RATING 1-5 STARS
<b>United Healthcare AARP Complete HMO 44</b> , Lake only	Medicare Part B only	Doctors: \$0 primary, \$30 specialist. Hospitals: \$195 each days 1-7. Your maximum annual co-pay limit: \$3,900. Dental: 2 free exams. Vision: \$30 co-pay for exam.	\$0 for all generics, \$5 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3
<b>United Healthcare Nursing Home Plan</b> , for institution residents, Orange, Osceola, Seminole	\$23.80 plus Medicare Part B, depending on income	Doctors: \$0 primary, 0-20 percent specialist. Hospitals: \$1,188 copay for each hospital stay. Your maximum annual co-pay limit: \$5,000. Dental: 2 free exams. Vision: 1 free exam.	\$325 deductible, then 25 percent.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
<b>United Healthcare Dual Complete Regional PPO 3</b> , for low income*	\$28.40 plus Medicare Part B	Doctors: \$0 primary, 0-20 percent specialist. Hospitals: \$1,188 copay for each hospital stay. Your maximum annual co-pay limit: \$6,700. Dental, 2 free exams. Vision: 1 free exam every 2 years.	\$0-\$2.65 co-pay for generics, \$0-\$6.60 co-pay for brands.	\$0-\$2.65 co-pay for generics, \$0-\$6.60 co-pay for brands.	NA
<b>Universal Health Masterpiece HMO 01</b> (800-965-7034, univhc.com)	Medicare Part B only	Doctors: \$0 primary, \$10 specialist. Hospitals: \$50 each days 1-5. Your maximum annual co-pay limit: \$2,450. Dental, vision: 1 free exam.	\$0 for generics, \$15 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	\$0 for generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	2.5!
<b>Universal Health Masterpiece Plus HMO 86</b>	\$29 plus Medicare Part B	Doctors: \$15 primary, \$45 specialist. Hospitals: \$300 each days 1-7. Your maximum annual co-pay limit: \$3,400. No dental. Vision: 1 free exam.	\$6 for preferred generics, \$15 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	2.5!
<b>Universal Health Safeguard HMO 144</b>	Plan pays up to \$99.90 of your Medicare Part B	Doctors: \$15 primary, \$40 specialist. Hospitals: \$215 each days 1-8. Your maximum annual co-pay limit: \$5,000. Dental, vision: 1 free exam.	\$4 for preferred generics, \$15 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	2.5!
<b>Universal Health Any Any Any MA Only 03</b> fee for service, all but Lake	\$29 plus Medicare Part B	Doctors: \$20 primary, \$50 specialist. Hospitals: \$322 each days 1-5. Your maximum annual co-pay limit: \$6,700. Dental: 1 free exam. Vision: \$0 - \$50 exam.	No drug coverage.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	2
<b>Universal Health Any Any Any 01</b> fee for service plan, all but Lake	\$34 plus Medicare Part B only	Doctors: \$15 primary, \$40 specialist. Hospitals: \$322 each days 1-5. Your maximum annual co-pay limit: \$6,700. Dental: 1 free exam. Vision: \$10 co-pay for exam.	\$6 for preferred generics, \$15 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	2
<b>Universal Health Hassle-Free MA Only PPO 02</b> , all but Lake	Medicare Part B only	Doctors: \$10 primary, \$50 specialist. Hospitals: \$395 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental: 1 free exam. Vision: \$50 co-pay for exam.	No drug coverage.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	NA
<b>Universal Health Hassle-Free PPO 01</b> , all but Lake	Medicare Part B only	Doctors: \$20 primary, \$50 specialist. Hospitals: \$395 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental: 1 free exam. Vision: \$10 co-pay for exam.	\$3 for preferred generics, \$10 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	NA
<b>Universal Healthy Living</b> , for chronically ill, all but Lake	Plan will pay up to 99.90 of Medicare Part B	Doctors: \$0 primary, \$20 specialist. Hospitals: \$75 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for all generics, \$20 for preferred brands, \$50 for other brands, 33 percent for specialty drugs.	\$0 for all generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	2.5!
<b>Universal Secure Choice</b> , for chronically ill, all but Lake	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$100 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	\$0 for all generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	2.5!
<b>Universal Smart Choice 137</b> , for chronically ill, all but Lake	Medicare Part B only	Doctors: \$0 primary, \$10 specialist. Hospitals: \$75 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental: 2 free exams. Vision: 1 free exam.	\$0 for generics, \$20 for preferred brands, \$50 for other brands, 33 percent for specialty drugs.	\$0 for generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	2.5
<b>WellCare Essential HMO 173</b> , Orange, Osceola, Seminole only (877-232-7119, wellcare.com)	Medicare Part B only	Doctors: \$0 primary, \$10 specialist. Hospitals: \$50 each days 1-8. Your maximum annual co-pay limit: \$3,400. Dental: 2 free exams. Vision: 1 free exam.	\$0 for generics, \$35 for preferred brands, \$75 for other brands, 33 percent for specialty drugs.	\$3 co-pay for all generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	3
<b>WellCare Essential HMO 133</b> , Lake only	Medicare Part B only	Doctors: \$0 primary, \$25 specialist. Hospitals: \$125 each days 1-6. Your maximum annual co-pay limit: \$3,400. No routine dental. Vision: 1 free exam.	\$0 for generics, \$39 for preferred brands, \$79 for other brands, 33 percent for specialty drugs.	\$3 co-pay for all generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	3
<b>WellCare Dividend HMO 179</b>	Plan pays up to \$99.90 Medicare Part B	Doctors: \$0 primary, \$35 specialist. Hospitals: \$250 each days 1-5. Your maximum annual co-pay limit: \$5,500. No routine dental. Vision: 1 free exam.	\$3 for all generics, \$39 for preferred brands, \$75 for other brands, 33 percent for specialty drugs.	\$3 co-pay for all generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	3
<b>WellCare Advance HMO 37</b>	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$150 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental: 2 free exams. Vision: 1 free exam.	No drug coverage.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3
<b>WellCare Choice HMO-POS 02</b> , all but Volusia	\$40.60 plus Medicare Part B	Doctors: \$0 primary, \$20 specialist. Hospitals: \$50 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental: 2 free exams. Vision: 1 free exam.	\$0 for all generics, \$25 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	\$3 co-pay for all generics. Otherwise, Medicare requires that you pay 47.5 percent for brands, specialty drugs.	3
<b>WellCare Value HMO-POS 91</b> , all but Volusia; <b>WellCare Value HMO-POS 177</b> , Volusia only	Medicare Part B only	Doctors: \$0 primary, \$25 specialist. Hospitals: \$75 each days 1-8. Your maximum annual co-pay limit: \$3,400. No routine dental for plan 91. Dental: 2 free exams for plan 177. Vision: 1 free exam.	\$0 for covered generics, \$25 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3



# STOP THE PAIN

## FEET, LEGS & HANDS

### DUE TO

# NEUROPATHY

**NEUROPATHY AFFECTS OVER 20 MILLION AMERICANS AND IS OFTEN MIS-DIAGNOSED**

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- NUMBNESS
- BURNING PAIN
- LEG CRAMPING
- SHARP ELECTRICAL-LIKE PAIN
- PAIN WHEN WALKING
- PRICKLING OR TINGLING FEET OR HANDS
- DIFFICULTY SLEEPING FROM LEG & FOOT DISCOMFORT

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