

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
Florida Healthcare Plus Clear Skies HMO , for chronically ill, Orange, Seminole, Volusia	\$18.80 plus Medicare Part B	Doctors: \$0 primary, \$15 specialist. Hospitals: \$100 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 2 free exams.	\$0 for covered generics, \$10 for preferred brands, \$40 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.	NA
Florida Healthcare Plus Day Light HMO , Orange, Seminole, Volusia	Plan pays up to \$70 of your Medicare Part B	Doctors: \$0 primary, \$10 specialist. Hospitals: \$50 each days 1-5. Your maximum annual co-pay limit: \$3,400. Dental, vision: 2 free exams.	No drug coverage.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	NA
Freedom Savings HMO 52 (800-401-2740, freedom-health.com)	Plan pays up to \$99.90 of your Medicare Part B	Doctors: \$0 primary, \$45 specialist. Hospitals: \$335 each days 1-6. Your maximum annual co-pay limit: \$3,400. Dental, 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.	3.5
Freedom Medicare Rx HMO 59 , Volusia only	Medicare Part B only	Doctors: \$0 primary, \$30 specialist. Hospitals: \$195 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$20 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	\$5 co-pay for most generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
Freedom Medicare Rx HMO 60 , all but Volusia	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$135 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$20 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	\$0 for most generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
Freedom Savings Rx HMO 54 , all but Volusia	Plan pays up to \$51 of Medicare Part B	Doctors: \$0 primary, \$30 specialist. Hospitals: \$225 each days 1-8. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$25 for preferred brands, \$65 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.	3.5
Freedom Savings Rx HMO 53 , Volusia only	Plan pays up to \$35.50 of your Medicare Part B	Doctors: \$0 primary, \$35 specialist. Hospitals: \$275 each days 1-8. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$25 for preferred brands, \$65 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.	3.5
Freedom VIP Care HMO 70 , for chronically ill; VIP Care COPD HMO 76 , for lung patients; all but Volusia	Medicare Part B only	Doctors: \$0 primary, \$20 specialist; hospitals: \$95 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$5 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	\$0 for most generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
Freedom VIP Savings HMO 72 , for chronically ill; VIP Savings COPD HMO 77 , for lung patients; all but Volusia	Plan pays up to \$96 of Medicare Part B	Doctors: \$0 primary, \$25 specialist. Hospitals: \$150 each days 1-10. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$20 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.	3.5
Freedom Medi-Medi Partial HMO 78/ Freedom Medi-Medi Full HMO 87 , for low income*****	\$0 to \$24.70 for Partial, \$0 to 23.10 for Full plus Medicare Part B	Doctors: \$0 primary, specialist. Hospitals: \$0. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$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
Freedom VIP Care HMO 82 , for chronically ill; VIP Savings COPD HMO 83 , for lung patients; Volusia only	Plan pays up to \$96 of Medicare Part B	Doctors: \$0 primary, \$30 specialist. Hospitals: \$225 each days 1-8. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for preferred generics, \$20 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.	3.5
Humana Choice Regional PPO 18 (800-833-2364, humana-medical-care.com)	Medicare Part B only	Doctors: \$10 primary, \$35 specialist. Hospitals: \$150 each days 1-10. Your maximum annual co-pay limit: \$4,000. No routine dental. 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.	3.5
Humana Reader's Digest Healthy Living PPO 74	Medicare Part B only	Doctors: \$15 primary, \$40 specialist. Hospitals: \$300 each days 1-5. Your maximum annual co-pay limit: \$4,950. Dental: 2 free exams. 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.	\$6 for preferred generics, \$15 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	3.5
Humana Choice PPO 5	\$85 plus Medicare Part B	Doctors: \$5 primary, \$30 specialist. Hospitals: \$225 each days 1-7. Your maximum annual co-pay limit: \$4,750. Dental: 2 free exams. Vision: 1 free exam.	\$3 for preferred generics, \$8 for other generics, \$40 for preferred brands, \$85 for other brands, 33 percent for specialty drugs.	\$3 for preferred generics, \$8 for other generics, \$40 for preferred brands, \$85 for other brands, 33 percent for specialty drugs.	3.5
Humana Choice PPO 66 , Volusia only	\$132 plus Medicare Part B	Doctors: \$0 primary, specialist. Hospitals: \$25 each days 1-5. Your maximum annual co-pay limit: \$3,400. No dental. Vision: 1 free exam.	\$7 for preferred generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	\$7 for preferred generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	3.5
Humana Gold Choice fee for service plan 61 , all but Lake	\$102 plus Medicare Part B only	Doctors: \$10 primary, \$35 specialist. Hospitals: \$290 each days 1-5. Your maximum annual co-pay limit: \$6,700. 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.	\$6 for preferred generics, \$15 for other generics, \$45 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	3.5
Humana Gold Plus HMO 44 , Volusia only	Medicare Part B only	Doctors: \$0 primary, \$21 specialist. Hospitals: \$100 each days 1-10. Your maximum annual co-pay limit: \$3,400. No dental. Vision: 1 free visit.	\$0 for all generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	\$0 for all generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	4.5
Humana Gold Plus HMO 56 , Volusia only	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$100 each days 1-10. Your maximum annual co-pay limit: \$4,000. No dental. Vision: 1 free visit.	No drug coverage.	No gap coverage. Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	4.5
Humana Gold Plus HMO 156 for chronically ill, Volusia only	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$100 each days 1-10. Your maximum annual co-pay limit: \$4,000. No routine dental. Vision: 1 free exam.	\$0 for all generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	\$0 for all generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	4.5
Humana Gold Plus HMO 146 , Orange, Osceola, Seminole only	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$50 each days 1-10. Your maximum annual co-pay limit: \$3,950. Dental, vision: 1 free exam.	\$0 for all generics, \$20 for preferred brands, \$80 other brands, 33 percent for specialty drugs.	\$0 for all generics, \$20 preferred brands, \$80 other brands, 33 percent for specialty drugs.	4.5
Humana Gold Plus HMO 8 , Lake only	Plan pays up to \$25 of your Medicare Part B	Doctors: \$5 primary, \$40 specialist. Hospitals: \$255 each days 1-7. Your maximum annual co-pay limit: \$6,700. No routine dental. Vision: 1 free exam.	\$4 for preferred generics, \$8 for other generics, \$43 for preferred brands, \$86 for other brands, 33 percent for specialty drugs.	\$4 for preferred generics, \$8 for other generics, \$43 for preferred brands, \$86 for other brands, 33 percent for specialty drugs.	3
Humana Gold Plus HMO 19 , Lake only	Medicare Part B only	Doctors: \$7 primary, \$45 specialist. Hospitals: \$195 each days 1-8. Your maximum annual co-pay limit: \$6,700. Dental, vision: 1 free exam.	\$0 for preferred generics, \$10 for other generics, \$36 for preferred brands, \$79 for other brands, 33 percent for specialty drugs.	\$0 for preferred generics, \$10 for other generics, \$36 for preferred brands, \$79 for other brands, 33 percent for specialty drugs.	3
Humana Gold Plus HMO 157 , Volusia only	Plan pays up to \$97 Medicare Part B	Doctors: \$5 primary, \$35 specialist. Hospitals: \$175 each days 1-10. Your maximum annual co-pay limit: \$6,700. No routine dental. Vision: 1 free exam.	\$3 for preferred generics, \$9 for other generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	\$3 for preferred generics, \$9 for other generics, \$40 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	4.5
Humana Gold Plus HMO 193 , for low-income, Orange, Osceola, Seminole only	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$95 each days 1-10. Your maximum annual co-pay limit: \$3,950. Dental, vision: 1 free exam.	\$0 for all generics, \$20 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	\$0 for all generics, \$20 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	4.5
Optimum Gold Rewards HMO-POS 26 , Lake only (866-245-5360, youroptimumhealthcare.com)	Plan pays up to \$71.50 of your Medicare Part B	Doctors: \$0 primary, \$25 specialist. Hospitals: \$175 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$35 for preferred brands, \$69 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.	3.5
Optimum Gold Rewards HMO-POS 22 , all but Lake	Plan pays up to \$71.50 of your Medicare Part B	Doctors: \$0 primary, \$25 specialist. Hospitals: \$175 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$35 for preferred brands, \$69 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.	3.5
Optimum Platinum HMO 27 , Lake only	Medicare Part B only	Doctors: \$0 primary, \$20 specialist. Hospitals: \$50 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$10 for preferred brands, \$65 for other brands, 33 percent for specialty drugs.	\$0 for preferred generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
Optimum Platinum HMO 23 , all but Lake	Medicare Part B only	Doctors: \$0 primary, \$15 specialist. Hospitals: \$50 each days 1-7. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$0 for covered generics, \$10 for preferred brands, \$65 for other brands, 33 percent for specialty drugs.	\$0 for preferred generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
Optimum Diamond Rewards HMO-POS 30 , for chronically ill; Diamond Rewards COPD 31 , for lung patients	Plan pays up to \$97.10 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 covered generics, \$20 for preferred brands, \$50 for other brands, 33 percent for specialty drugs.	\$0 for preferred generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3.5
Optimum Emerald Partial 16/Optimum Emerald Full 17 , for low income*****	Medicare Part B only/\$1.10 plus Medicare Part B for Plan 17	Doctors: \$0 primary, specialist. Hospitals: \$0. Your maximum annual co-pay limit: \$3,400. Dental, vision: 1 free exam.	\$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
Physicians United Plan PUP Simple HMO 33 , all but Volusia (888-827-5787, uaskpup.com)	Medicare Part B only	Doctors: \$0 primary, \$5 specialist. Hospitals: \$0 each days 1-10. Your maximum annual co-pay limit: \$4,200. Dental: 2 free exams. Vision: 1 free exam.	\$0 for covered generics, \$20 for preferred brands, \$80 for other brands, 33 percent for specialty drugs.	\$0 for preferred generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	3
PUP Rewards HMO 4 , all but Volusia	Plan pays up to \$65 of your Medicare Part B	Doctors: \$0 primary, \$20 specialist. Hospitals: \$150 each days 1-7. Your maximum annual co-pay limit: \$4,300. Dental: 2 free exams. Vision: \$20 co-pay for exam.	\$0 for covered generics, \$35 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
PUP Plus HMO 34 , all but Volusia	Plan pays up to \$99.90 of your Medicare Part B	Doctors: \$0 primary, \$30 specialist. Hospitals: \$175 each days 1-5. Your maximum annual co-pay limit: \$6,700. Dental: 2 free exams. Vision: \$30 co-pay for exam.	\$3 for covered generics, \$35 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
Preferred Care Preferred Secure Option HMO 23 (866-473-0218, mypreferredcare.com)	Plan pays up to \$99.90 of your Medicare Part B	Doctors: \$0 primary, \$25 specialists. Hospitals: \$225 each days 1-7. Your maximum annual co-pay limit: \$6,700. Dental: 2 free exams. Vision: 1 free exam.	\$0 for covered generics, \$40 for preferred brands, \$95 for other brands, 33 percent for specialty drugs.	\$0 for covered generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	4
Preferred Care Preferred Select HMO 22 , for chronically ill	Plan pays up to \$40 of your Medicare Part B	Doctors: \$0 primary, \$25 specialist. Hospitals: \$225 each days 1-7. Your maximum annual co-pay limit: \$5,400. Dental: 2 free exams. Vision: 1 free exam.	\$0 for preferred generics, \$20 for preferred brands, \$60 for other brands, 33 percent for specialty drugs.	\$0 for covered generics. Otherwise, Medicare requires that you pay 79 percent for generics, 47.5 percent for brands, specialty drugs.	4
United Healthcare AARP Complete Choice Plan 2 Regional PPO 01 (877-699-5710, aarpmedicarecomplete.com)	Medicare Part B only	Doctors: \$0 primary, \$35 specialist. Hospitals: \$295 each days 1-5. Your maximum annual co-pay limit: \$4,900. Dental: 2 free exams. Vision: \$35 co-pay for exam.	\$0 for preferred generics, \$6 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
United Healthcare AARP Complete Choice Essential PPO	Medicare Part B only	Doctors: \$0 primary, \$35 specialist. Hospitals: \$295 each days 1-5. Your maximum annual co-pay limit: \$3,500. Dental: 2 free exams. Vision: \$35 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.	3
United Healthcare AARP Complete HMO 43 , Orange, Osceola, Seminole 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 preferred generics, \$6 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