

Standard (HMO) Chart



Smartshopper benefits are available. Visit our website at www.avmed.org/jhs.

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COVERAGE PLAN DESCRIPTION	AvMed offers Jackson Health System employees, covered dependents and retirees under age 65 “no referral” access to an expanded network of providers in the state of Florida. In addition, AvMed offers a nationwide network for those residing outside of the service area. The plan provides 100% benefits for covered charges, after applicable copayments. Members are required, to select a primary care physician. AvMed offers Member Service, Nurse on Call hot lines, discounted health and wellness programs, discounted Mail Order Prescriptions and more.	
DEDUCTIBLES/COPAYMENTS	SELECT IN NETWORK COPAYS	REDUCED COPAYS AT JHS PROVIDERS
	\$15 Primary Care Physician Office Visit Office Visit /Services. \$30 Specialist Office Visit/Services. \$100 Copayment For Outpatient Surgery. \$200 Copayment For Inpatient Facility Services. \$100 Copayment Emergency Room (Waived If Admitted). \$25/\$50 Urgent Care. \$15/\$40/\$55 Prescription For 30-Day Supply Based On Formulary. \$30/\$80/\$110 Mail Order Prescription Available For 90-Day Supply.	\$5 Primary Care Physician Office Visit /Services. \$15 Specialty Office Visit/Services. \$0 Copayment For Outpatient Surgery. \$0 Copayment For Inpatient Facility Services.
PHYSICIANS	Access any primary care physician or specialist from the Elite Access Network. Members are required to select a primary care physician. Covered family members may choose their own primary care physician.	
A. IN-HOSPITAL PHYSICIAN SERVICES Surgery/Visits and Consultations Anesthesiologist	Benefits payable at 100% when received at participating hospitals and rendered by participating physicians.	
B. OUTPATIENT PHYSICIAN SERVICES PCP Office Visits Specialist Office Visits Preventive Services Pediatrician Routine Physical Obstetrical/Gynecological Maternity Preventive Services Mammogram/Pap Smears	SELECT IN NETWORK COPAYS	REDUCED COPAYS AT JHS PROVIDERS
	\$15 Copayment/Visit \$30 Copayment/Visit No Charge \$15 Copayment/Visit No Charge \$30 Copayment/Visit \$30 Copayment/Visit; Subsequent Visits No Charge No Charge	\$5 Copayment/Visit \$15 Copayment/Visit No Charge \$5 Copayment/Visit No Charge \$15 Copayment/Visit \$15 Copayment/Visit; Subsequent Visits No Charge No Charge
HOSPITALIZATION	Benefits payable at 100% after \$200 copayment. \$0 copayment if admitted at Jackson.	
HOSPITAL/SURGICAL REQUIREMENTS Pre-certification of hospital confinements	Handled by admitting physician.	
DRUG & ALCOHOL TREATMENT Inpatient Outpatient	\$200; \$0 for Inpatient at Jackson \$15 Per Visit; \$5 Per Visit Copay At JHS Providers	
MENTAL & NERVOUS DISORDERS Inpatient Outpatient	\$200; \$0 for Inpatient at Jackson \$15 Per Visit; \$5 Per Visit Copay At JHS Providers	
OTHER SERVICES Ambulance Vision	No charge when pre-authorized or in case of emergency. Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams for children under age 18 covered 100%, after \$15 copayment. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory. Eye exams, glasses, contact lenses not covered.	
PRESCRIPTION DRUGS	\$15 Generic/\$40 Brand/\$55 Non-Preferred for 30 day supply, including prescription contraceptives, at participating pharmacies nationwide. If member/physician select Brand when Generic is available, member pays difference in cost plus Brand copayment. See plan literature for other participating pharmacies. Mail order: 2x copay for 90-day supply. Generic contraceptives will be no charge. \$100 Specialty RX for 30-day supply through Specialty Pharmacy.	
DURABLE MEDICAL EQUIPMENT (DME)	\$50 copayment per episode of illness. Please refer to brochure for limitations and restrictions.	
OUT-OF-AREA 1) Emergency 2) Non-Emergency	\$100 copayment, waived if admitted, \$25 participating urgent care, \$50 non-participating urgent care, 100% thereafter. Not covered if provider is out-of-network.	

* This comparison is not a contract. For specific information on benefits, exclusions and limitations, please see the Summary of Benefits & Coverage (SBC). Maximum lifetime benefits is unlimited in-network.