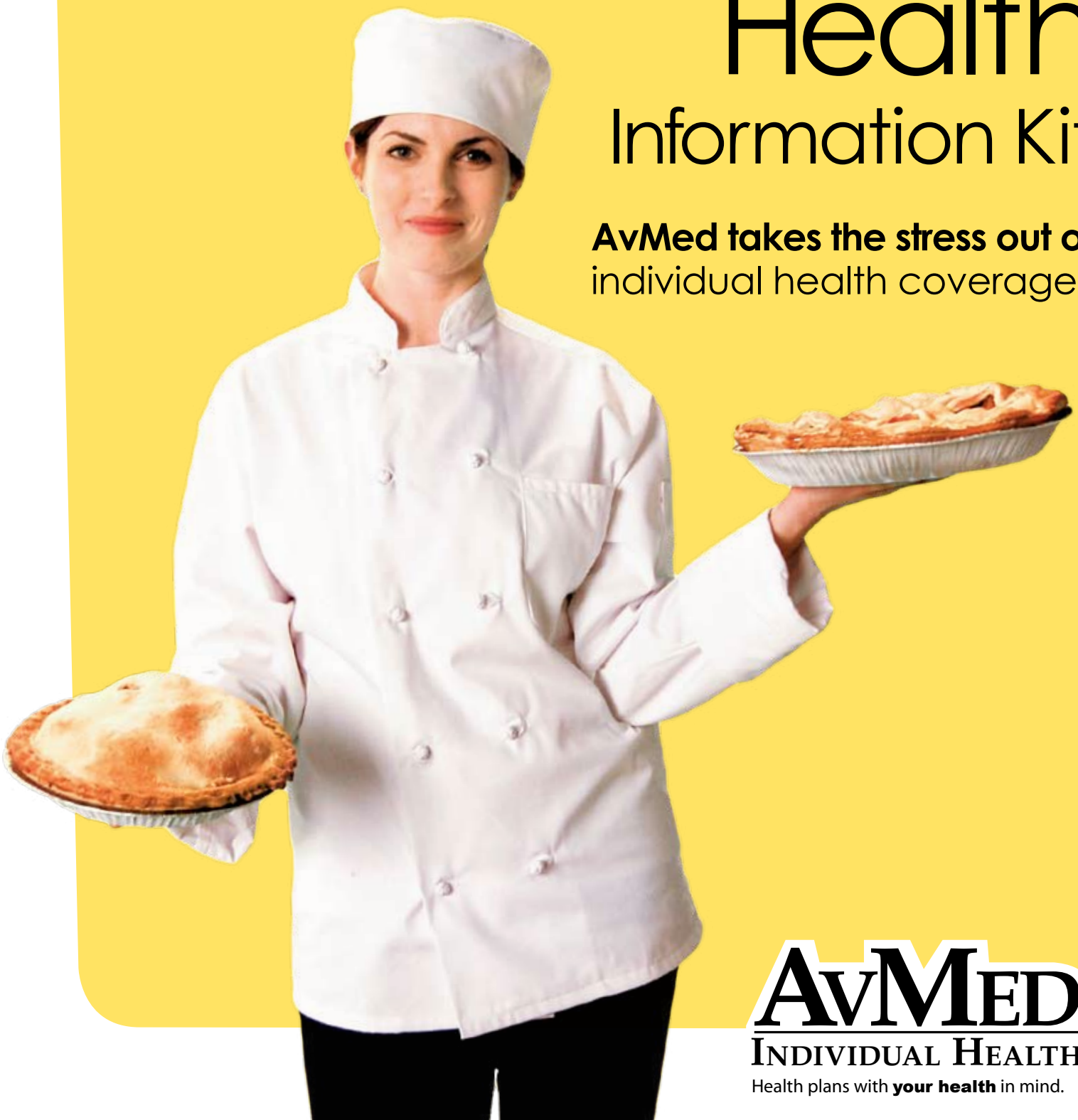


AvMed

Individual Health Information Kit

AvMed takes the stress out of
individual health coverage



AvMED
INDIVIDUAL HEALTH
Health plans with **your health** in mind.

AvMed Individual Health

A name you can trust

AvMed Health Plans has been serving Floridians for over 35 years. AvMed provides you with the personalized service and support you need to take the stress out of health care coverage.

Now AvMed Individual Health offers single and family health benefits flexible enough to fit your specific needs, including competitively priced options and easy access to a large network of doctors and hospitals. In addition, our prevention and education tools can help you manage your future health goals.

AvMed Individual Health Fits Your Budget and Your Lifestyle

Choose from a variety of price options to find the right plan at the right price. Our hassle-free online application is easy and quick. Contact your Independent Agent to see if AvMed is right for you.

Everything we do is backed by our trademark service. AvMed offers you the personalized service to take the stress out of health care coverage.



Hassle-free Coverage

At a price you can afford

A variety of plans and options makes it easy for individuals and families to select a plan according to their own personal needs, preferences, lifestyles and budgets. AvMed Individual Health plans are designed especially for students, families, the self-employed, part-time workers and early retirees.

AvMed Individual Health plans offer you:

More Value for Your Health Care Dollars

- \$5 million lifetime maximum
- A 12-month initial rate guarantee
- Save money with a three-month deductible carry-over, where medical expenses paid in the last three months of the year are applied to the following calendar year deductible
- Vast network of providers

Predictability and Control

- Predictable co-pays for in-network preventive services
- Easy access to specialists
- Pharmacy and/or maternity benefits may be available
- In-network and out-of-network service

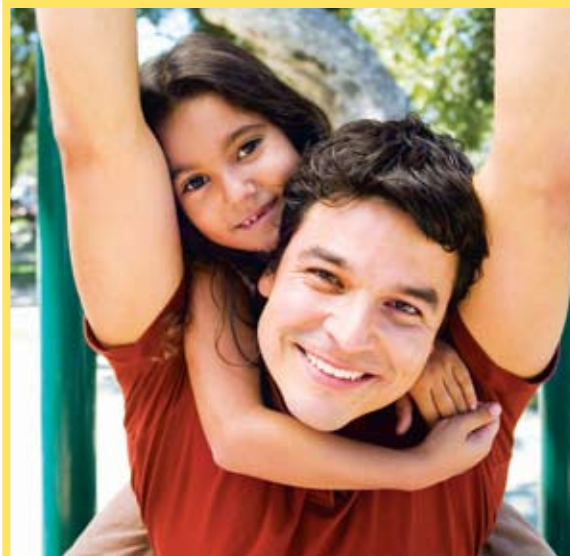
Easy-to-Use Service

- Simplified online application
- Free personalized no-obligation online quote
- Paperless process
- Fast response
- 24-hour online member support

Preventive Care

- Adult and well-child care benefits
- Immunizations
- Periodic routine checkups
- No deductible for in-network services

Get a FREE personalized quote.
Contact your independent Agent
to learn more about our low
premiums and flexible coverage.



AvMed Individual Health

Just what you're looking for

At AvMed, we understand that no matter what life stage you're in – opening a business, starting a family or sending kids off to college – you want the security of knowing you will always have access to the quality care you deserve.

Even if you're healthy today, an accident or medical emergency can drain your finances. Put your mind at ease with AvMed Individual Health. It's the coverage you need at prices you can afford.

Starting Out

Whether you are a recent graduate or just moved out on your own, AvMed has plans that provide you real coverage at an affordable price.

Newlyweds

AvMed has plans to fit the health care needs of both of you.

Raising a Family

AvMed has plans that offer peace of mind, freeing you to focus on raising a healthy and happy family.

Self-employed

Whether you own your own business or are a freelancer, AvMed has options that provide the health care security you need.

Between Jobs

When you're between jobs, value is even more important. AvMed's premiums may be lower than COBRA premiums.

Empty Nesters/Retiring Early

Explore AvMed's affordable options for health care coverage.



You're busy living your life. Just call your Independent Agent, who will help you select a plan designed to best fit your needs. AvMed has plan designs for all life stages.

Individual coverage is available for persons 18-64 years of age who are not eligible for Medicare and who live in Miami-Dade or Broward counties. Child(ren)-only coverage is offered for children 2-17 years of age who live in Miami-Dade or Broward counties. A select number of AvMed Individual Health plans are available with access to nationwide coverage. For questions on eligibility call your Independent Agent.

Plan Features

AvMed Value Plan

AvMed Value Plan allows you to see any AvMed physician. Co-payments, deductibles and coinsurance vary depending on the network selected.

Features:

- Preventive care is not subject to your in-network calendar year deductible (CYD)
- First four visits per family to Primary Care Provider (PCP) require only a co-payment; subsequent visits are subject to your CYD and coinsurance
- Two deductible options
- You choose in-network or out-of-network providers
- 30 percent in-network and 50 percent out-of-network coinsurance
- \$5 million lifetime maximum

AvMed Plus Plan

With the AvMed Plus Plan, you can see any doctor or visit any hospital, anywhere in the United States. Co-payments, deductibles and coinsurance vary depending on the network selected.

Features:

- Preventive care (in-network) is not subject to your calendar year deductible (CYD)
- Visits to in-network PCP and Specialist require only a co-payment
- Several deductible options
- Mental health benefits are included
- You choose in-network or out-of-network providers
- 20 percent in-network and 40 percent out-of-network coinsurance
- \$5 million lifetime maximum



Plan Features

AvMed HSA-Qualified

The AvMed HSA-Qualified Plan is a High-Deductible Health Plan (HDHP) that can be paired with a Health Savings Account (HSA). An HSA is a tax-free account that you can use as a long-term savings fund for health care expenses. The AvMed HSA-Qualified Plan provides you with lower monthly premiums and with referral-free access to the doctors and hospitals of your choosing. The AvMed HSA-Qualified Plan puts you in control. Use AvMed's easy Online Consumer Tools to make informed and cost-conscious health care decisions.

Features:

- Preventive care (in-network) is not subject to your calendar year deductible (CYD)
- Visits to PCP and Specialist subject to your CYD and coinsurance
- Two deductible options
- You choose in-network or out-of-network providers
- Prescription drugs are included
- \$5 million lifetime maximum

For more information about our plan options, please contact your Independent Agent.

AvMed Consumer HSA makes it easy and convenient

The AvMed Consumer HSA is our completely integrated approach to managing your medical and financial needs. The HSA account is offered through our partnership with HealthEquity, a leader in HSA administration.

Features:

- Triple-tax advantaged HSA account
- Quick and easy access to HSA funds
- Flexible and convenient contribution process that allows contributions to your FDIC-insured HSA via check or direct deposit
- HSA Visa® debit cards
- Access to live 24/7 HealthEquity consultants
- Investment options in mutual funds are available with no transaction fees once account balance reaches \$2,000
- Simplified record keeping for medical expenses with monthly statements and tax reporting



Plan Comparison

AvMed Value 2,500/5,000

	In-Network	Out-of-Network
Calendar Year Deductible (CYD)		
Single	\$2,500/\$5,000	\$5,000/\$10,000
Family	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-Pocket Max (excludes deductible and co-payments)		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Coinsurance	30%	50%
Lifetime Max	\$5,000,000	\$5,000,000
Office Services		
Primary Care Physician	\$35 first 4 visits per family, additional visits CYD and coinsurance	CYD and coinsurance*
Specialist	CYD and coinsurance	CYD and coinsurance*
Preventive Care (\$300 Max Adult Benefit)	Co-payments not subject to deductible	CYD and coinsurance*
Mammograms	0%	0%
Emergency Medical Care		
Urgent Care Centers	CYD and coinsurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + coinsurance	Same as in-network
Injury	CYD and coinsurance	Same as in-network
Prescription Drug Rider	Not available, discount only	
Preventive Care		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/ \$50 SPC CYD & coinsurance	\$35 PCP/ \$50 SPC CYD & coinsurance
Well Woman Exam	\$35 PCP/ \$50 SPC CYD & coinsurance	\$35 PCP/ \$50 SPC CYD & coinsurance
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC Coinsurance	\$35 PCP/\$50 SPC Coinsurance
Outpatient Services		
Office Diagnostic Services	CYD & coinsurance	CYD & coinsurance
Independent Diagnostic Testing Facility	CYD & coinsurance	CYD & coinsurance
Independent Clinical Lab	CYD & coinsurance	CYD & coinsurance

*Out-of-network "Well Child" not subject to CYD

For more information about our plan options, please contact your Independent Agent.

Plan Comparison

AvMed Plus 500/1,000/2,500/5,000

	In-Network	Out-of-Network
Calendar Year Deductible (CYD)		
Single	\$500/\$1,000/\$2,500/\$5,000	\$1,000/\$2,000/\$5,000/\$10,000
Family	\$1,000/\$2,000/\$5,000/\$10,000	\$2,000/\$4,000/\$10,000/\$20,000
Out-of-Pocket Max (excludes deductible and co-payments)		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance	20%	40%
Lifetime Max	\$5,000,000	\$5,000,000
Office Services		
Primary Care Physician	\$35	CYD and coinsurance*
Specialist	\$50	CYD and coinsurance*
Preventive Care (\$300 Max Adult Benefit)	Co-payments not subject to deductible	CYD and coinsurance*
Mammograms	0%	0%
Emergency Medical Care		
Urgent Care Centers	CYD and coinsurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + coinsurance	Same as in-network
Injury	CYD and coinsurance	Same as in-network
Prescription Drug Rider	Several options available	
Preventive Care		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	CYD & coinsurance
Well Woman Exam	\$35 PCP/\$50 SPC	CYD & coinsurance
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	Coinsurance
Outpatient Diagnostic Services		
Office Diagnostic Services	CYD & coinsurance	CYD & coinsurance
Independent Diagnostic Testing Facility	CYD & coinsurance	CYD & coinsurance
Independent Clinical Lab	CYD & coinsurance	CYD & coinsurance

*Out-of-network "Well Child" not subject to CYD

For more information about our plan options, please contact your Independent Agent.

AvMed HSA-Qualified 2,500/5,000

	In-Network	Out-of-Network
Calendar Year Deductible (CYD)		
Single	\$2,500/\$5,000	\$5,000/\$10,000
Family**	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-Pocket Max (includes deductible, co-payments and coinsurance)		
Single	\$5,000	\$10,000
Family**	\$10,000	\$20,000
Coinsurance	20%/0%	40%/20%
Lifetime Max	\$5,000,000	\$5,000,000
Office Services		
Primary Care Physician	CYD and coinsurance	CYD and coinsurance*
Specialist	CYD and coinsurance	CYD and coinsurance*
Preventive Care (\$300 Max Adult Benefit)	Co-payments not subject to deductible	CYD and coinsurance*
Mammograms	0%	0%
Emergency Medical Care		
Urgent Care Centers	CYD and coinsurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + coinsurance	Same as in-network
Injury	CYD and coinsurance	Same as in-network
Prescription Drug Rider	Included at the in-network benefit level	
Preventive Care		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	Coinsurance
Well Woman Exam	\$35 PCP/\$50 SPC	Coinsurance
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	Coinsurance
Outpatient Diagnostic Services		
Office Diagnostic services	CYD & coinsurance/ No charge after deductible	CYD & coinsurance
Independent diagnostic testing facility	CYD & coinsurance / No charge after deductible	CYD & coinsurance
Independent clinical lab	CYD & coinsurance / No charge after ceductible	CYD & coinsurance

For more information about our plan options, please contact your Independent Agent.

Plan Comparison

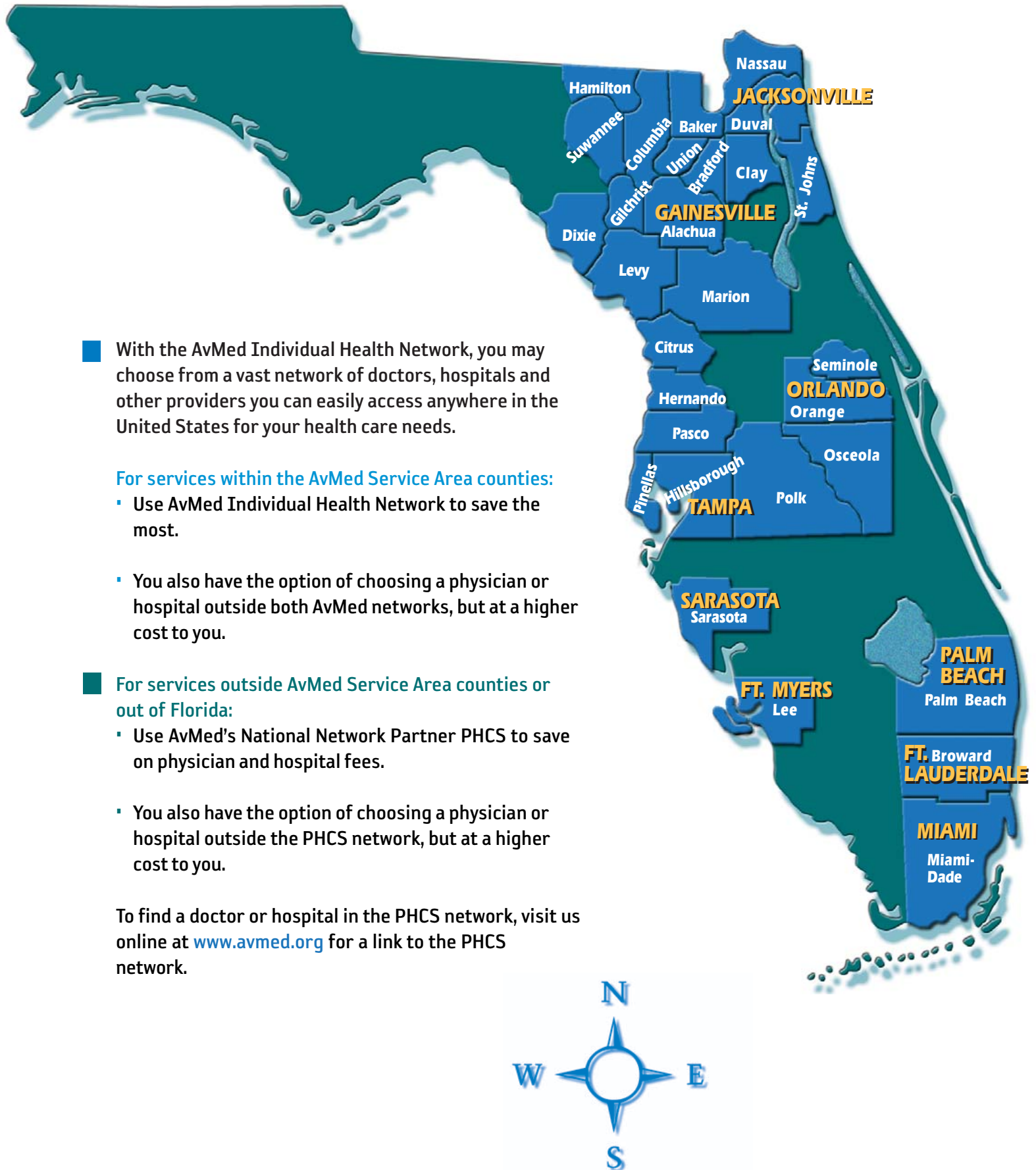
Optional benefits

Riders Available	Benefit Details	Notes
Prescription Drugs		
\$250 Deductible	Tier 1: \$20 not subject to deductible Tier 2: Rx Deductible + \$40 Tier 3: Rx Deductible + \$60 Tier 4: Rx Deductible + 25% Mail Order: Co-pays double	Oral Contraceptives covered – Retail 30-day limit, mail order 90-day limit
\$500 Deductible	Tier 1: \$20 not subject to deductible Tier 2: Rx Deductible + \$40 Tier 3: Rx Deductible + \$60 Tier 4: Rx Deductible + 25% Mail Order: Co-pays double	Oral Contraceptives covered – Retail 30-day limit, mail order 90-day limit
\$1,000 Deductible	Tier 1: \$20 not subject to deductible Tier 2: Rx Deductible + \$40 Tier 3: Rx Deductible + \$60 Tier 4: Rx Deductible + 25% Mail Order: Co-pays double	Oral Contraceptives covered – Retail 30-day limit, mail order 90-day limit
Maternity	Available to all females on policy over age 17	AvMed Plus – 12-month waiting period, 100% up to \$5,000 per pregnancy includes nursery charges AvMed Value – 12-month waiting period, 100% up to \$5,000 per pregnancy includes nursery charges

*Out-of-network "Well Child" not subject to CYD

**The Family Deductible and Out-of-Pocket Maximum are non-embedded, meaning no individual in the family has satisfied the Deductible or Out-of-Pocket Maximum until the entire family amount has been satisfied.

AvMed Service Area Map



With the AvMed Individual Health Network, you may choose from a vast network of doctors, hospitals and other providers you can easily access anywhere in the United States for your health care needs.

For services within the AvMed Service Area counties:

- Use AvMed Individual Health Network to save the most.
- You also have the option of choosing a physician or hospital outside both AvMed networks, but at a higher cost to you.

For services outside AvMed Service Area counties or out of Florida:

- Use AvMed's National Network Partner PHCS to save on physician and hospital fees.
- You also have the option of choosing a physician or hospital outside the PHCS network, but at a higher cost to you.

To find a doctor or hospital in the PHCS network, visit us online at www.avmed.org for a link to the PHCS network.

General Exclusions

These medical plans expressly excludes expenses for the following health care services. This is only a partial list of the Exclusions for health care services. No benefits are payable for expenses which:

- Are received prior to your Effective Date or after the date your coverage terminates;
- Are not within the service categories described in the "What Is Covered?" section, any Amendment, unless such Services are specifically required to be covered by applicable law;
- Are provided by a Physician or other health care Provider related to you by blood or marriage;
- Are which is not Medically Necessary as defined in the Contract and determined by AvMed;
- Are rendered at no charge;
- Are for Adult Wellness, including routine or preventive care unless provided for in the policy;
- Are for Anesthesia Administration Services;
- Are for Foot Care, including non-surgical treatment of foot-related ailments, shoe inserts designed to effect conformational changes in the foot or foot alignment;
- Are for Materinty/Obstetrical Care, including inpatient and outpatient maternity/obstetrical care, prenatal care, delivery, or routine newborn care (unless optional coverage is selected, if available);
- Are for Assisted Reproductive Therapy (Infertility); including any drug treatment or procedure that promotes conception.
- Are for Contraceptive medications, including injections, devices, or other health care services, when provided for contraception unless medically necessary;
- Are for Behavioral Health Services;
- Are incurred for Cosmetic Services or aesthetic reasons, such as weight modification or surgical treatment of obesity;
- Are incurred for Eye Care, including eye surgery to correct nearsightedness, farsightedness, or astigmatism;
- Are for Complementary or Alternative Medicine services, including Nutritional therapy;
- Are for modification of the physical body, including breast reduction or augmentation, and gender reassignment surgery;
- Are for Weight Control services, including gastric surgeries and other procedures for the treatment of obesity or morbid obesity, as well as any related evaluations or diagnostic tests;
- Are in relation to, or incurred in conjunction with, investigational treatment.
- Are for exercise programs, including gym memberships or exercise equipment of any kind;
- Are for Dental expenses or oral surgery
- Are in relation to Hearing Aides (external or implantable) and services related to the fitting or provision of hearing aids, including tinnitus maskers, batteries and cost of repair;
- Are in relation to Transplant Services;
- Are in relation to Skilled Nursing Facilities;
- Are for Rehabilitative Therapies;
- Are for Autopsy or postmortem examination services;

AvMed Individual Health

Service Areas

Miami

Ft. Lauderdale

Tampa Bay

Orlando

Jacksonville

Gainesville

This is only a partial description of the many benefits and services provided or authorized by AvMed Individual Health, the brand name used by AvMed, Inc. These products are medically underwritten and have exclusions and limitations. The amount of benefits provided depends upon the plan selected and premiums will vary. A 12/24-month pre-existing condition limitation applies to all services.

AvMed Individual Health is offered only in Miami-Dade and Broward counties. You must live in either of these counties at least 6 months out of the year in order to qualify.



Health plans with **your health** in mind.