

2010 Benefits



Medicare Advantage Plans from Vista Healthplan of South Florida, Inc.

Benefits	VISTA Platinum (HMO)	VISTA Platinum Select (HMOPOS)	VISTA Platinum Choice (HMO)
Contract Number/PBP Number	H1013-011	H1013-021	H1013-024
Plan Type	HMO	HMOPOS	HMO - SNP
Premium	\$0	\$0	\$0
MOOP	Unlimited	Unlimited	Unlimited
Medical:			
Inpatient-Medical	\$0	1-7:\$75 8-90: \$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$0	\$15 POS 20%	\$0
Outpatient	\$100	\$150	\$0
Out of Network	none	POS/20%	none
Rx:			
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$20	\$40
Tier 3	\$30	\$50	\$77
Tier 4	33%	33%	25%
Gap	Tier 1 Preferred Generics	Tier 1 Preferred Generics	Tier 1 Preferred Generics
Value Adds:			
Dental	Included - Basic Fee Schedule	Included - Basic Fee Schedule	Included - Complete Dental Schedule- Max Coverage Limit \$2,000.00
Fitness	Included	Included	Included
OTC	\$25 per mo	\$10 per mo	\$28 per mo
Eyewear	\$100	\$100	\$100
Transportation	50 one way trips	50 one way trips	100 One way trips
Hearing Aids	Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year.	Not Covered	Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year.
Meal Plan	Not Covered	Not Covered	Not covered

Availability

Current Service Area

- Broward, Miami-Dade, Martin and St. Lucie counties

