

2010 Benefits



Medicare Advantage Plans from Vista Healthplan, Inc.

Benefits	VISTA Platinum Select (HMO)	VISTA Platinum Value (HMO)	VISTA Platinum Choice (HMO)	VISTA Platinum Prime (HMO)
Contract Number/PBP Number	H1076-003	H1076-010	H1076-11	H1076-016
Plan Type	HMO	HMO - MA-Only / PGB	HMO - SNP	HMO
Premium	\$0	Reduce Part B \$96.40	\$0	\$0
MOOP	Unlimited	Unlimited	Unlimited	Unlimited
Medical:				
Inpatient-Medical	1-5: \$150 6-90: \$0	1-7: \$150 8-90: \$0	\$0	1-7: \$150 8-90: \$0
PCP	\$0	\$0	\$0	\$0
Specialist	\$15	\$20	\$0	\$25
Outpatient	\$150	\$100	\$0	\$300
Out of Network	none	none	none	none
Rx:				
Tier 1	\$0	Not Covered	\$0	\$0
Tier 2	\$20	Not Covered	\$40	\$35
Tier 3	\$50	Not Covered	\$76	\$65
Tier 4	33%	Not Covered	25%	33%
Gap	Tier 1 Preferred Generics	Not Covered	Not Covered	Tier 1 Preferred Generics
Value Adds:				
Dental	Included - Basic Fee Schedule	Included - Basic Fee Schedule	Included - Enhanced Fee Schedule	Included - Basic Fee Schedule
Fitness	Included	Included	Included	Included
OTC	\$10 per mo	NC	\$43 per mo	\$10
Eyewear	\$100	\$100	\$200	\$100
Transportation	50 one way trips	Not Covered	100 one way trips	Not Covered
Hearing Aids	Not Covered	Not Covered	Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year.	Not Covered
Meal Plan	Not Covered	Not Covered	Partial Meals (traumatic illness)	Not Covered

Availability

Current Service Area

- Broward, Miami-Dade and Palm Beach counties

