



IT'S ALL ABOUT
YOU!

PORQUE SE TRATA DE
¡USTED!



IT'S ALL ABOUT THE SERVICE

WHEN IT COMES TO OBTAINING QUALITY HEALTHCARE,
NOTHING IS MORE IMPORTANT THAN THE QUALITY
OF CARE AND THE SERVICE YOU RECEIVE.

Preferred Medical Plan provides you with
everything you need and more:

- Three Member Service Center locations in Miami-Dade:
Coral Gables, Downtown Miami and Miami Lakes
- A wider network of healthcare providers with more
than 10 accredited hospitals
- Urgent care facilities conveniently located throughout
Miami-Dade

EL SERVICIO ES LO MÁS IMPORTANTE

CUANDO SE TRATA DE OBTENER ATENCIÓN MÉDICA DE
CALIDAD, NADA ES MÁS IMPORTANTE QUE LA CALIDAD
DE LA ATENCIÓN Y EL SERVICIO QUE USTED RECIBE.

Preferred Medical Plan le ofrece
todo lo que usted necesita y más:

- Tres Centros de Servicio al Cliente en Miami-Dade:
Coral Gables, Downtown Miami y Miami Lakes
- Una red más amplia de proveedores de cuidados médicos
con más de 10 hospitales acreditados
- Centros de atención médica inmediata convenientemente
ubicados en todo Miami-Dade





2015 MARKETPLACE CONTRACTED HOSPITALS, PHARMACIES AND CENTERS

PHARMACIES	HOSPITALS		
<p>Cardenas Pharmacies Community Health of South Florida, Inc. CVS Pharmacies Farmacia Julia Discount, Inc. Good Neighbor Pharmacy Kmart Pharmacies Martin Luther Clinica Campesina Naranja Health Center Navarro Discount Pharmacies Publix Pharmacies Rapid Scripts Pharmacies Rosel Pharmacy RX Pride LLC Sam's Club Pharmacies Sedanos Pharmacies Target Pharmacies Walgreens Pharmacies Wal-Mart Pharmacies Winn-Dixie Pharmacies</p>	<p>Aventura Hospital & Medical Center 20900 Biscayne Blvd. Aventura, FL 33180 (305) 682-7000</p> <p>Coral Gables Hospital 3100 Douglas Road Miami, FL 33134 (305) 445-8461</p> <p>Hialeah Hospital 651 E 25th Street Hialeah, FL 33013 (305) 693-6100</p> <p>Jackson North Medical Center 160 NW 170th Street Miami, FL 33169 (305) 651-1106</p>	<p>Jackson South Community Hospital 9333 SW 152nd Street Miami, FL 33157 (305) 251-2500</p> <p>Kendall Regional Medical Center 11750 SW 40th Street Miami, FL 33175 (305) 284-7500</p> <p>Larkin Community Hospital 7031 SW 62nd Avenue Miami, FL 33143 (305) 284-7585</p> <p>Mercy Hospital, Inc. 3663 South Miami Avenue Miami, FL 33133 (305) 854-4400</p>	<p>North Shore Medical Center 1100 NW 95th Street Miami, FL 33150 (305) 835-6000</p> <p>Palmetto General Hospital 2001 W 68th Street Hialeah, FL 33016 (305) 823-5000</p> <p>Westchester General Hospital 2500 SW 75th Avenue Miami, FL 33155 (305) 264-5252</p>

URGENT CARE CENTERS

<p>Campbell Urgent Care 1855 NE 8th Street Homestead, FL 33033 (305) 242-8025</p> <p>Clinica Campesina CHI – Community Health of South Florida 810 West Mowry Street Homestead, FL 33030 (305) 248-4334</p> <p>Comprehensive Urgent Care 671 NW 119th Street Miami, FL 33168 (305) 688-7416</p> <p>Concentra Urgent Care 10205 South Dixie Hwy, Ste. 102 Pinecrest, FL 33156 (305) 666-5971</p> <p>Concentra Urgent Care 7800 NW 25th Street, Ste. 4 Miami, FL 33122 (305) 593-2174</p>	<p>Concentra Urgent Care 17601 NW 2nd Avenue, Ste. S Miami, FL 33169 (305) 770-4500</p> <p>Doctors After Hours Urgent Care 11479 SW 40th Street Miami, FL 33165 (305) 228-1414</p> <p>Doris Ison South Dade CHI – Community Health of South Florida 10300 SW 216th Street Miami, FL 33190 (305) 253-5100</p> <p>FastCare, LLC 20601 East Dixie Hwy, Ste. 340 Aventura, FL 33180 (786) 923-4000</p> <p>Felicidad Medical Center 4410 W 16th Avenue Hialeah, FL 33012 (305) 824-8559</p>	<p>Med Clinic, Inc. 10800 NW 58 Street Doral, FL 33178 (305) 477-4475</p> <p>Miami Children's Hospital - Doral Center 3601 NW 107th Avenue Doral, FL 33178 (786) 624-3672</p> <p>Miami Children's Hospital Miami Lakes Urgent Care Center 15025 NW 77th Avenue Miami Lakes, FL 33014 (786) 313-7800</p> <p>Miami Children's Hospital Midtown Urgent Care Center 3915 Biscayne Boulevard Miami, FL 33137 (786) 624-6000</p> <p>Miami Children's Hospital Palmetto Bay Center 17615 SW 97th Avenue Miami, FL 33157 (786) 268-1777</p>	<p>Miami Children's Hospital West Kendall Outpatient Center 13400 SW 120th Street Suites 100 & 200 Miami, FL 33186 (786) 624-5363</p> <p>Miami Urgent Care, PA 2645 SW 37TH AVE Miami, FL 3313 305-448-5704</p> <p>MJ Medical & Dental Group 1470 NW 107th Avenue, Ste. G Miami, FL 33172 (305) 594-8666</p> <p>North Miami Medical & Rehab, Inc. 823 NE 125th Street North Miami, FL 33161 (305) 895-7840</p> <p>Samoho Healthcare South Beach 1355 Alton Road Miami Beach, FL 33139 (305) 672-0777</p>
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For more information, you can visit our website at www.pmphmo.com or contact us by dialing 1.855.PLAN.PMP (1.855.752.6767).



HOSPITALES, FARMACIAS Y CENTROS DE ATENCIÓN CONTRATADOS PARA EL MERCADO DE SEGUROS 2015

FARMACIAS	HOSPITALES		
<p>Cardenas Pharmacies Community Health of South Florida, Inc. CVS Pharmacies Farmacia Julia Discount, Inc. Good Neighbor Pharmacy Kmart Pharmacies Martin Luther Clinica Campesina Naranja Health Center Navarro Discount Pharmacies Publix Pharmacies Rapid Scripts Pharmacies Rosel Pharmacy RX Pride LLC Sam's Club Pharmacies Sedanos Pharmacies Target Pharmacies Walgreens Pharmacies Wal-Mart Pharmacies Winn-Dixie Pharmacies</p>	<p>Aventura Hospital & Medical Center 20900 Biscayne Blvd. Aventura, FL 33180 (305) 682-7000</p> <p>Coral Gables Hospital 3100 Douglas Road Miami, FL 33134 (305) 445-8461</p> <p>Hialeah Hospital 651 E 25th Street Hialeah, FL 33013 (305) 693-6100</p> <p>Jackson North Medical Center 160 NW 170th Street Miami, FL 33169 (305) 651-1106</p>	<p>Jackson South Community Hospital 9333 SW 152nd Street Miami, FL 33157 (305) 251-2500</p> <p>Kendall Regional Medical Center 11750 SW 40th Street Miami, FL 33175 (305) 284-7500</p> <p>Larkin Community Hospital 7031 SW 62nd Avenue Miami, FL 33143 (305) 284-7585</p> <p>Mercy Hospital, Inc. 3663 South Miami Avenue Miami, FL 33133 (305) 854-4400</p>	<p>North Shore Medical Center 1100 NW 95th Street Miami, FL 33150 (305) 835-6000</p> <p>Palmetto General Hospital 2001 W 68th Street Hialeah, FL 33016 (305) 823-5000</p> <p>Westchester General Hospital 2500 SW 75th Avenue Miami, FL 33155 (305) 264-5252</p>

CENTROS DE ATENCIÓN MÉDICA INMEDIATA

<p>Campbell Urgent Care 1855 NE 8th Street Homestead, FL 33033 (305) 242-8025</p> <p>Clinica Campesina CHI – Community Health of South Florida 810 West Mowry Street Homestead, FL 33030 (305) 248-4334</p> <p>Comprehensive Urgent Care 671 NW 119th Street Miami, FL 33168 (305) 688-7416</p> <p>Concentra Urgent Care 10205 South Dixie Hwy, Ste. 102 Pinecrest, FL 33156 (305) 666-5971</p> <p>Concentra Urgent Care 7800 NW 25th Street, Ste. 4 Miami, FL 33122 (305) 593-2174</p>	<p>Concentra Urgent Care 17601 NW 2nd Avenue, Ste. S Miami, FL 33169 (305) 770-4500</p> <p>Doctors After Hours Urgent Care 11479 SW 40th Street Miami, FL 33165 (305) 228-1414</p> <p>Doris Ison South Dade CHI – Community Health of South Florida 10300 SW 216th Street Miami, FL 33190 (305) 253-5100</p> <p>FastCare, LLC 20601 East Dixie Hwy, Ste. 340 Aventura, FL 33180 (786) 923-4000</p> <p>Felicidad Medical Center 4410 W 16th Avenue Hialeah, FL 33012 (305) 824-8559</p>	<p>Med Clinic, Inc. 10800 NW 58 Street Doral, FL 33178 (305) 477-4475</p> <p>Miami Children's Hospital - Doral Center 3601 NW 107th Avenue Doral, FL 33178 (786) 624-3672</p> <p>Miami Children's Hospital Miami Lakes Urgent Care Center 15025 NW 77th Avenue Miami Lakes, FL 33014 (786) 313-7800</p> <p>Miami Children's Hospital Midtown Urgent Care Center 3915 Biscayne Boulevard Miami, FL 33137 (786) 624-6000</p> <p>Miami Children's Hospital Palmetto Bay Center 17615 SW 97th Avenue Miami, FL 33157 (786) 268-1777</p>	<p>Miami Children's Hospital West Kendall Outpatient Center 13400 SW 120th Street Suites 100 & 200 Miami, FL 33186 (786) 624-5363</p> <p>Miami Urgent Care, PA 2645 SW 37TH AVE Miami, FL 3313 305-448-5704</p> <p>MJ Medical & Dental Group 1470 NW 107th Avenue, Ste. G Miami, FL 33172 (305) 594-8666</p> <p>North Miami Medical & Rehab, Inc. 823 NE 125th Street North Miami, FL 33161 (305) 895-7840</p> <p>Samoho Healthcare South Beach 1355 Alton Road Miami Beach, FL 33139 (305) 672-0777</p>
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Para más información, puede visitar nuestro sitio web en www.pmphmo.com o contáctenos llamando al 1.855.PLAN.PMP (1.855.752.6767).



2015 METAL HEALTH PLANS COMPARISON

	GOLD PREMIER BX DADE	SILVER DELUXE AX DADE	SILVER DELUXE CX DADE	BRONZE SELECT AX DADE
PRODUCT TYPE	HMO	HMO	HMO	HMO
PRODUCT NAME	Gold Premier BX Dade	Silver Deluxe AX Dade	Silver Deluxe CX Dade	Bronze Select AX Dade
NUMBER OF HOSPITALS	11	11	11	11
ANNUAL DEDUCTIBLE	\$0	\$4,600 (Medical) \$2,000 (Pharmacy)	\$5,000 (Medical) \$1,500 (Pharmacy)	\$6,600
OUT-OF-POCKET MAXIMUMS	\$6,250	\$6,600	\$6,600	\$6,600
PCP CO-PAY	\$10 co-pay	\$20 co-pay	\$20 co-pay	\$30 co-pay
SPECIALIST CO-PAY	\$35 co-pay	\$50 co-pay	\$50 co-pay	No charge after deductible
URGENT CARE	\$50 co-pay per visit	\$60 co-pay per visit	\$50 co-pay per visit	\$80 co-pay per visit
EMERGENCY CARE SERVICES	Tier 1: \$100 co-pay + 18% Tier 2: \$100 co-pay + 25%	Tier 1: \$100 co-pay + 18% Tier 2: \$100 co-pay + 25%	Tier 1: \$300 co-pay Tier 2: \$500 co-pay	Tier 1: no charge after deductible Tier 2: no charge after deductible
INPATIENT HOSPITALIZATION	Tier 1: \$300 co-pay/day for the first 5 days Tier 2: \$500 co-pay/day for the first 5 days	After Deductible: Tier 1: \$300 co-pay/day for the first 5 days Tier 2: \$500 co-pay/day for the first 5 days	After Deductible: Tier 1: \$0 - \$500 co-pay/day for the first 5 days Tier 2: \$500 co-pay/day for the first 5 days	Tier 1: no charge after deductible Tier 2: no charge after deductible
OUTPATIENT FACILITY & PHYSICIAN SERVICES	\$250 - \$750 co-pay per visit for freestanding facility; \$500 - \$1,500 co-pay per visit for hospital (physician/surgeon fees: no charge)	\$500 - \$1,000 co-pay per visit for freestanding facility; \$1,000 - \$1,500 co-pay per visit for hospital after deductible (physician/surgeon fees: no charge for freestanding; no charge after deductible for hospital facilities)	\$250 - \$750 co-pay per visit for freestanding facility; \$500 - \$1,500 co-pay per visit for hospital after deductible (physician/surgeon fees: no charge for freestanding; no charge after deductible for hospital facilities)	Hospital: no charge after deductible; freestanding facility: \$500 - \$1,000 co-pay per visit (physician/surgeon fees: no charge for freestanding; no charge after deductible for hospital facilities)
HOME HEALTH CARE	\$50 co-pay per visit	\$50 co-pay per visit after deductible	\$50 co-pay per visit after deductible	No charge after deductible
REHAB SERVICES	\$50 co-pay per visit	\$50 co-pay per visit	\$50 co-pay per visit	No charge after deductible
SKILLED NURSING FACILITY	25% co-insurance	25% co-insurance after deductible	25% co-insurance after deductible	No charge after deductible
TIER 1: PREFERRED GENERIC DRUGS	\$10 co-pay/retail prescription	\$10 co-pay/retail prescription	\$10 co-pay/retail prescription	\$20 co-pay/retail prescription
TIER 2: NON-PREFERRED GENERIC DRUGS	\$50 co-pay/retail prescription	\$50 co-pay/retail prescription	\$50 co-pay/retail prescription	\$50 co-pay/retail prescription
TIER 3: PREFERRED BRAND DRUGS	\$55 co-pay/retail prescription	\$60 co-pay/retail prescription after deductible	\$60 co-pay/retail prescription after deductible	No charge after deductible
TIER 4: NON-PREFERRED BRAND DRUGS	50% co-insurance	50% co-insurance after deductible	50% co-insurance after deductible	No charge after deductible
TIER 5: SPECIALTY DRUGS	50% co-insurance	50% co-insurance after deductible	50% co-insurance after deductible	No charge after deductible



COMPARACIÓN DE PLANES DE SALUD DE NIVELES "METAL" PARA EL 2015

	GOLD PREMIER BX DADE	SILVER DELUXE AX DADE	SILVER DELUXE CX DADE	BRONZE SELECT AX DADE
TIPO DE PRODUCTO	HMO	HMO	HMO	HMO
NOMBRE DEL PRODUCTO	Gold Premier BX Dade	Silver Deluxe AX Dade	Silver Deluxe CX Dade	Bronze Select AX Dade
NÚMERO DE HOSPITALES	11	11	11	11
DEDUCIBLE ANUAL	\$0	\$4,600 (Médicos) \$2,000 (Farmacia)	\$5,000 (Médicos) \$1,500 (Farmacia)	\$6,600
PAGOS MÁXIMOS DE SU BOLSILLO	\$6,250	\$6,600	\$6,600	\$6,600
COPAGO PCP	\$10 de copago	\$20 de copago	\$20 de copago	\$30 de copago
COPAGO PARA VER UN ESPECIALISTA	\$35 de copago	\$50 de copago	\$50 de copago	Sin cargo después del deducible
ATENCIÓN DE EMERGENCIA	\$50 de copago por visita	\$60 de copago por visita	\$50 de copago por visita	\$80 de copago por visita
SERVICIOS DE ATENCIÓN DE EMERGENCIA	Nivel 1: \$100 de copago + 18% Nivel 2: \$100 de copago + 25%	Nivel 1: \$100 de copago + 18% Nivel 2: \$100 de copago + 25%	Nivel 1: \$300 de copago Nivel 2: \$500 de copago	Nivel 1: Sin cargo después del deducible Nivel 2: Sin cargo después del deducible
HOSPITALIZACIÓN	Nivel 1: \$300 de copago al día por los primeros 5 días Nivel 2: \$500 de copago al día por los primeros 5 días	Después del Deducible: Nivel 1: \$300 de copago al día por los primeros 5 días Nivel 2: \$500 de copago al día por los primeros 5 días	Después del Deducible: Nivel 1: \$0 - \$500 de copago al día por los primeros 5 días Nivel 2: \$500 de copago al día por los primeros 5 días	Nivel 1: Sin cargo después del deducible Nivel 2: Sin cargo después del deducible
ATENCIÓN AMBULATORIA Y SERVICIOS MÉDICOS	\$250 - \$750 de copago por visita a centro de atención independiente; \$500 - \$1,500 de copago por visita a hospital (cargos por médico y/o cirujano: Sin cargo)	\$500 - \$1,000 de copago por visita a un centro de atención independiente; \$1,000 - \$1,500 de copago por visita a un hospital después del deducible (cargos por médico y/o cirujano: Sin cargo por visita a un centro de atención independiente; Sin cargo después del deducible por visita a un hospital)	\$250 - \$750 de copago por visita a centro de atención independiente; \$500 - \$1,500 de copago por visita a un hospital después del deducible (cargos por médico y/o cirujano: Sin cargo por visita a un centro de atención independiente; Sin cargo después del deducible por visita a un hospital)	Hospital: Sin cargo después del deducible; centro de atención independiente: \$500 - \$1,000 de copago por visita (cargos por médico y/o cirujano: Sin cargo por visita a un centro de atención independiente; Sin cargo después del deducible por visita a un hospital)
CUIDADOS MÉDICOS EN EL HOGAR	\$50 de copago por visita	\$50 de copago por visita después del deducible	\$50 de copago por visita después del deducible	Sin cargo después del deducible
SERVICIOS DE REHABILITACIÓN	\$50 de copago por visita	\$50 de copago por visita	\$50 de copago por visita	Sin cargo después del deducible
CENTRO DE ENFERMERÍA ESPECIALIZADA	25% de coseguro	25% de coseguro después del deducible	25% de coseguro después del deducible	Sin cargo después del deducible
NIVEL 1: MEDICAMENTOS GENÉRICOS PREFERIDOS	\$10 de copago por receta al detal	\$10 de copago por receta al detal	\$10 de copago por receta al detal	\$20 de copago por receta al detal
NIVEL 2: MEDICAMENTOS GENÉRICOS NO PREFERIDOS	\$50 de copago por receta al detal	\$50 de copago por receta al detal	\$50 de copago/receta al detal	\$50 de copago por receta al detal
NIVEL 3: MEDICAMENTOS PREFERIDOS DE MARCA	\$55 de copago por receta al detal	\$60 de copago por receta al detal después del deducible	\$60 de copago por receta al detal después del deducible	Sin cargo después del deducible
NIVEL 4: MEDICAMENTOS NO PREFERIDOS DE MARCA	50% de coseguro	50% de coseguro después del deducible	50% de coseguro después del deducible	Sin cargo después del deducible
NIVEL 5: MEDICAMENTOS ESPECIALES	50% de coseguro	50% de coseguro después del deducible	50% de coseguro después del deducible	Sin cargo después del deducible

IT'S ALL ABOUT
THE PLANS



2015 METAL HEALTH PLANS COMPARISON (CSR)

	SILVER DELUXE AX/CX DADE CSR 73%	SILVER DELUXE AX/CX DADE CSR 87%	SILVER DELUXE AX/CX DADE CSR 94%
PRODUCT TYPE	HMO	HMO	HMO
PRODUCT NAME	Silver Deluxe AX/CX Dade CSR 73%	Silver Deluxe AX/CX Dade CSR 87%	Silver Deluxe AX/CX Dade CSR 94%
NUMBER OF HOSPITALS	11	11	11
ANNUAL DEDUCTIBLE	\$1,500 (Medical) \$1,500 (Pharmacy)	\$0	\$0
OUT-OF-POCKET MAXIMUMS	\$3,200	\$2,100	\$1,000
PCP CO-PAY	\$15 co-pay	\$15 co-pay	\$5 co-pay
SPECIALIST CO-PAY	\$30 co-pay	\$30 co-pay	\$15 co-pay
URGENT CARE	\$50 co-pay per visit	\$40 co-pay per visit	\$30 co-pay per visit
EMERGENCY CARE SERVICES	Tier 1: \$100 co-pay Tier 2: \$100 co-pay	Tier 1: \$50 co-pay Tier 2: \$100 co-pay	Tier 1: \$50 co-pay Tier 2: \$50 co-pay
INPATIENT HOSPITALIZATION	After Deductible: Tier 1: \$0 - \$500 co-pay/ day for the first 5 days Tier 2: \$500 co-pay/ day for the first 5 days	Tier 1: \$0 - \$200 co-pay/ day for the first 5 days Tier 2: \$200 co-pay/ day for the first 5 days	Tier 1: \$0 co-pay/ day for the first 5 days Tier 2: \$100 co-pay/ day for the first 5 days
OUTPATIENT FACILITY & PHYSICIAN SERVICES	\$250 - \$750 co-pay per visit for freestanding facility; \$500 - \$1500 co-pay per visit for hospital after deductible (physician/surgeon fees: no charge for freestanding; no charge after deductible for hospital facilities)	\$100 co-pay per visit for freestanding facility and hospital (physician/surgeon fees: no charge)	\$50 co-pay per visit for freestanding facility and hospital (physician/surgeon fees: no charge)
HOME HEALTH CARE	\$50 co-pay per visit after deductible	\$40 co-pay per visit	\$20 co-pay per visit
REHAB SERVICES	\$50 co-pay per visit	\$40 co-pay per visit	\$20 co-pay per visit
SKILLED NURSING FACILITY	25% co-insurance after deductible	20% co-insurance	20% co-insurance
TIER 1: PREFERRED GENERIC DRUGS	\$10 co-pay/retail prescription	\$5 co-pay/retail prescription	\$5 co-pay/retail prescription
TIER 2: NON-PREFERRED GENERIC DRUGS	\$50 co-pay/retail prescription	\$40 co-pay/retail prescription	\$30 co-pay/retail prescription
TIER 3: PREFERRED BRAND DRUGS	\$60 co-pay/retail prescription after deductible	\$50 co-pay/retail prescription	\$25 co-pay/retail prescription
TIER 4: NON-PREFERRED BRAND DRUGS	50% co-insurance after deductible	50% co-insurance	25% co-insurance
TIER 5: SPECIALTY DRUGS	50% co-insurance after deductible	50% co-insurance	25% co-insurance

SE TRATA DE
LOS PLANES



COMPARACIÓN DE PLANES DE SALUD DE NIVELES "METAL" PARA EL 2015 (CSR)

	SILVER DELUXE AX/CX DADE CSR 73%	SILVER DELUXE AX/CX DADE CSR 87%	SILVER DELUXE AX/CX DADE CSR 94%
TIPO DE PRODUCTO	HMO	HMO	HMO
NOMBRE DEL PRODUCTO	Silver Deluxe AX/CX Dade CSR 73%	Silver Deluxe AX/CX Dade CSR 87%	Silver Deluxe AX/CX Dade CSR 94%
NÚMERO DE HOSPITALES	11	11	11
DEDUCIBLE ANUAL	\$1,500 (Médicos) \$1,500 (Farmacia)	\$0	\$0
PAGOS MÁXIMOS DE SU BOLSILLO	\$3,200	\$2,100	\$1,000
COPAGO PCP	\$15 de copago	\$15 de copago	\$5 de copago
COPAGO PARA VER UN ESPECIALISTA	\$30 de copago	\$30 de copago	\$15 de copago
ATENCIÓN DE EMERGENCIA	\$50 de copago por visita	\$40 de copago por visita	\$30 de copago por visita
SERVICIOS DE ATENCIÓN DE EMERGENCIA	Nivel 1: \$100 de copago Nivel 2: \$100 de copago	Nivel 1: \$50 de copago Nivel 2: \$100 de copago	Nivel 1: \$50 de copago Nivel 2: \$50 de copago
HOSPITALIZACIÓN	Después del Deductible: Nivel 1: \$0 - \$500 de copago al día por los primeros 5 días Nivel 2: \$500 de copago al día por los primeros 5 días	Nivel 1: \$0 - \$200 de copago al día por los primeros 5 días Nivel 2: \$200 de copago al día por los primeros 5 días	Nivel 1: \$0 de copago al día por los primeros 5 días Nivel 2: \$100 de copago al día por los primeros 5 días
ATENCIÓN AMBULATORIA Y SERVICIOS MÉDICOS	\$250 - \$750 de copago por visita a centro de atención independiente; \$500 - \$1500 de copago por visita al hospital después del deducible (cargos por médico y/o cirujano: Sin cargo por visita a centro de atención independiente; Sin cargo después del deducible por visita a un hospital)	\$100 de copago por visita a centro de atención independiente y hospital (cargos por médico y/o cirujano: Sin cargo)	\$50 de copago por visita a centro de atención independiente y hospital (cargos por médico y/o cirujano: Sin cargo)
CUIDADOS MÉDICOS EN EL HOGAR	\$50 de copago por visita después del deducible	\$40 de copago por visita	\$20 de copago por visita
SERVICIOS DE REHABILITACIÓN	\$50 de copago por visita	\$40 de copago por visita	\$20 de copago por visita
CENTRO DE ENFERMERÍA ESPECIALIZADA	25% coseguro después del deducible	20% de coseguro	20% de coseguro
NIVEL 1: MEDICAMENTOS GENÉRICOS PREFERIDOS	\$10 de copago por receta al detal	\$5 de copago por receta al detal	\$5 de copago por receta al detal
NIVEL 2: MEDICAMENTOS GENÉRICOS NO PREFERIDOS	\$50 de copago por receta al detal	\$40 de copago por receta al detal	\$30 de copago por receta al detal
NIVEL 3: MEDICAMENTOS PREFERIDOS DE MARCA	\$60 de copago por receta al detal después del deducible	\$50 de copago por receta al detal	\$25 de copago por receta al detal
NIVEL 4: MEDICAMENTOS NO PREFERIDOS DE MARCA	50% de coseguro después del deducible	50% de coseguro	25% de coseguro
NIVEL 5: MEDICAMENTOS ESPECIALES	50% de coseguro después del deducible	50% de coseguro	25% de coseguro

 **IMPORTANT
PHONE NUMBERS**

MEMBER SERVICES

305.648.4039
Monday - Friday 8AM - 7PM
Saturday 8AM - 2PM

ACCOUNTS RECEIVABLE

305.648.4022
Monday - Friday 8AM - 7PM
Saturday 10AM - 2PM

APPEALS AND GRIEVANCES

305.447.8373
4950 SW 8th Street
Coral Gables, FL 33134

**PREFERRED MEDICAL PLAN
(MAIN)**

305.447.8373
Monday - Friday 8AM - 5:30PM

MARKETING/SALES

305.648.4006

HEARING IMPAIRED

TTY/TDD: 1.800.955.8771

MENTAL/BEHAVIORAL HEALTH BENEFITS

Psychcare: 1.800.221.5487

PRESCRIPTION FORMULARY

www.pmpmarketplace.com/formulary

PROVIDER DIRECTORIES

www.pmpmarketplace.com/providers

 **TELÉFONOS
IMPORTANTES**

SERVICIO DE ATENCIÓN

305.648.4039
Lunes - Viernes 8AM - 7PM
Sábado 8AM - 2PM

PAGOS DE CUENTA

305.648.4022
Lunes - Viernes 8AM - 7PM
Sábado 10AM - 2PM

APELACIONES Y RECLAMOS

305.447.8373
4950 SW 8th Street
Coral Gables, FL 33134

**PREFERRED MEDICAL PLAN
(NÚMERO PRINCIPAL)**

305.447.8373
Lunes - Viernes 8AM - 5:30PM

MERCADEO/VENTAS

305.648.4006

PERSONAS CON PROBLEMAS AUDITIVOS

TTY/TDD: 1.800.955.8771

**BENEFICIOS SOBRE SALUD MENTAL
Y DE LA CONDUCTA**

Psychcare: 1.800.221.5487

FORMULARIO DE MEDICAMENTOS

www.pmpmarketplace.com/formulary

DIRECTORIO DE PROVEEDORES

www.pmpmarketplace.com/providers

 **LOCATIONS**

CORAL GABLES

4950 SW 8th Street
Coral Gables, FL 33134

DOWNTOWN MIAMI

634 West Flagler Street
Miami, FL 33130

MIAMI LAKES

14505 Commerce Parkway
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