

PREFERRED
M-E-D-I-C-A-L P-L-A-N

SUMMARY OF BENEFITS AND COPAYMENTS FOR PLAN A AND B

| OUTPATIENT SERVICES | COPAYMENTS PLAN A | COPAYMENTS PLAN B |
|---|--|--|
| Primary Care Physician Services | \$5 per visit | \$ 10 per visit |
| Specialist Physician Services | \$ 10 per visit | \$ 10 per visit |
| Sub-Specialist Physician Services | \$50 per visit | \$50 per visit |
| Surgical Services | No Charge | No Charge |
| Treatment rooms and all appropriate equipment | No Charge | No Charge |
| Application, changes, removal of dressings, splints, plaster cast and removal of sutures | No Charge | No Charge |
| Medical supplies for use at Provider's Office/Facility | No Charge | No Charge |
| Laboratory examinations and services | No Charge | No Charge |
| Periodic physical examinations | No Charge | No Charge |
| Well child care and pediatric services | No Charge | No Charge |
| Health Education | No Charge | No Charge |
| Immunizations | No Charge | No Charge |
| Allergy testing | \$50 per visit | \$50 per visit |
| Allergy Visits & Immunotherapy | \$10 per visit | \$10 per visit |
| Podiatry services | \$10 per visit | \$10 per visit |
| Chiropractic Services | \$10 per visit | \$10 per visit |
| Routine Vision and Hearing Examinations | \$5 per visit | \$ 5 per visit |
| Therapeutic and Diagnostic Services | *Copayment | *Copayment |
| Major Procedures and Surgeries | *Copayment | *Copayment |
| INPATIENT HOSPITAL SERVICES | | |
| Semi-private room, board, nursing care, and meals | No Charge | No Charge |
| Intensive, critical, special and coronary care units | *Copayment | *Copayment |
| Operating, treatment and recovery rooms | No Charge | No Charge |
| Application, change and, removal of dressings, splints, plaster casts and removal of sutures | No Charge | No Charge |
| Drugs, medicine, intravenous injections and solutions prescribed by attending Physician for use in the hospital | No Charge | No Charge |
| Medical supplies for use in the hospital | No Charge | No Charge |
| Oxygen and its administration | No Charge | No Charge |
| Laboratory examinations, electrocardiograms and inhalation therapy | No Charge | No Charge |
| MATERNITY | | |
| | *Copayment | *Copayment |
| URGENT SERVICES AND CARE, after regular Office hours | \$40.00 per visit | \$40.00 per visit |
| EMERGENCY SERVICES AND CARE, and Hospital Stays initiated through the emergency room, Including Emergency Ambulance Services | \$100 per Emergency plus 25% of charges above \$100.00 | \$100 per Emergency plus 25% of charges above \$100.00 |
| PRESCRIPTIONS | | |
| Generic Prescription Drugs except non-generic, non-prescriptions and contraceptives. | \$10/\$15/\$20/\$30 or 50% Per prescription at contracted Plan A PCP Offices | \$10/\$15/\$20/\$30 or 50% Per prescription at contracted Pharmacies |
| OPTIONAL RIDERS AVAILABLE | | |
| Coverage for Eyeglasses | \$10 Copayment | \$10 Copayment |
| Dental | See Dental Brochure | See Dental Brochure |

*The sum of all co-payments will not exceed \$3,000.00 per member or \$6,000.00 per family per calendar year, except these limits are not applicable to co-payments for Emergency Care Services and Second Medical Opinions. This is not a contract. All services must be pre-authorized by the Health Plan, except for emergency care. For specific benefits, exclusions, copayment and limitations, see the appropriate medical and hospital services contract offered by Preferred Medical Plan, Inc., 4950 SW 8 ST., Miami, FL 33134.. Above benefits are based on PMP FORM # PMP HOSP.12-05, AT1-A-8/05 ETAL. Prices subject to change. You may contact a PMP representative at 305-388-4048 if you have questions..

SUMARIO DE BENEFICIOS Y COPAGOS PARA PLANES A Y B

| SERVICIOS EXTERNOS | COPAGOS Plan A | COPAGOS Plan B |
|---|---|--|
| Servicios Médicos del proveedor primario | \$5 por visita | \$ 10 por visita |
| Servicios de médicos especialistas | \$ 10 por visita | \$ 10 por visita |
| Servicios de médicos sub-especialistas | \$50 por visita | \$50 por visita |
| Servicios de cirugía | Sin Costo | Sin Costo |
| Sala de tratamientos y equipos necesarios | Sin Costo | Sin Costo |
| Aplicación, cambios, remoción de vendajes, tablillas, yesos y suturas | Sin Costo | Sin Costo |
| Provisiones médicas para uso del centro de salud del plan medico | Sin Costo | Sin Costo |
| Exámenes y servicios de laboratorio | Sin Costo | Sin Costo |
| Exámenes físicos periódicos | Sin Costo | Sin Costo |
| Exámenes de rutina del niño y servicios pediátricos | Sin Costo | Sin Costo |
| Educación para la salud | Sin Costo | Sin Costo |
| Inmunizaciones | Sin Costo | Sin Costo |
| Pruebas de alergia | \$50 por visita | \$50 por visita |
| Visitas de alergia | \$10 por visita | \$10 por visita |
| Servicios de Quiropráctico | \$10 por visita | \$10 por visita |
| Servicios de Podiatra | \$10 por visita | \$10 por visita |
| Exámenes de visión y audición | \$5 por visita | \$ 5 por visita |
| Servicios Terapéuticos y de Diagnóstico | *Copagos | *Copagos |
| Procedimientos Mayores y de Cirugía | *Copagos | *Copagos |
| SERVICIOS HOSPITALARIOS-INTERNOS | | |
| Cuarto semi-privado, comidas, y cuidado de enfermeras | Sin Costo | Sin Costo |
| Cuidados intensivos, críticos, especial y servicios coronarios | *Copago | *Copago |
| Salas de cirugía, tratamiento y recuperación | Sin costo | Sin Costo |
| Aplicación, cambios y remoción de vendaje, tablillas, enyesado y suturas | Sin Costo | Sin Costo |
| Drogas, medicinas, inyecciones intravenosas y soluciones recetadas por el médico para uso del paciente en el hospital | Sin Costo | Sin Costo |
| Material médico para uso en el hospital | Sin Costo | Sin Costo |
| Oxígeno y su administración | Sin Costo | Sin Costo |
| Exámenes de laboratorio, electrocardiogramas y terapia por inhalación | Sin Costo | Sin Costo |
| MATERNIDAD | *Copago | *Copago |
| SERVICIOS Y CUIDADO URGENTE –Después del horario regular de oficina | \$40 por visita | \$40 por visita |
| SERVICIOS DE EMERGENCIA – Admisión y estancia de Hospital iniciada por la sala de emergencia, incluyendo Servicios de Emergencia y Servicios de Ambulancia | \$100 por Emergencia más 25 por ciento de costos sobre \$100 | \$100 por Emergencia más 25 por ciento de costos sobre \$100 |
| PRESCRIPCIONES Prescripción de medicinas genericas, excepto no genéricos, medicinas sin receta y anticonceptivos | \$10/\$15/\$20/\$30 o 50% por prescripción en los centros contratados en el plan A | \$10/\$15/\$20/\$30 or 50% por prescripción en farmacias contratadas en el plan B |
| SERVICIOS OPCIONALES | | |
| Cobertura de Espejuelos | \$10 Copago | \$10 Copago |
| Servicios Dentales | Refiérase al Folleto Dental | Refiérase al Folleto Dental |

La suma de todos los copagos no excederá la cantidad de \$3.000.00 por asociado o \$6.000.00 por familia por año civil, excepto que este limite no es aplicable a copagos por servicios de emergencia, o segundas opiniones médicas. Esto no es un contrato. Todos los servicios deben ser pre-autorizados por el Plan de Salud, con la excepción de cuidados de emergencia. Para beneficios específicos, copagos, limitaciones y exclusiones, refiérase al contrato de Servicios Médicos y Hospitalarios de Preferred Medical Plan, Inc. 4950 SW 8 ST., Miami, FL 33134. Los beneficios mencionados anteriormente estan basados en el contrato de Hospital de PMP - # PMP HOSP. 1/2-05, 1/7-98, ATT-A- 8/05 y otros. Precios sujetos a cambio. Si tiene alguna pregunta llame al 305-388-4048

Consumer Reports Insurance

Behind the Ratings

To use these ratings as a starting point for shopping for your own health-insurance policy first determine whether you live in a higher- or lower- cost area. If you live in or near a large urban area, the ratings of higher-cost cities (right) represent what you are likely to find in your own locale. If you live in a small city or town, or in a rural area, those for the lower-cost cities (below) are more representative. CONSUMER REPORTS evaluated 63 individual and family policies sold in a low-and a high –cost area in three states. Companies in the high range of coverage or cost in one state will frequently be in the high range in other states, including yours. Note, however, that not all companies do business in all states.

Our coverage index shows the extent of coverage offered by each policy, in relation to a hypothetical benchmark benefits package based on the most extensive set of benefits offered anywhere in our six sample areas. A policy that provides three-quarters of the benefits provided by the benchmark benefits package has a coverage index of 75 percent. Our coverage index calculation is based on the use of services by a typical individual. The index reflects both the scope of coverage (including any limitations) and the out-of-pocket costs, including deductibles, co-insurance (a percentage of expenses you must pay), and co-payments (a set fee you pay per service) We show the estimated **annual premium** for two different applicants: an individual (male, age 42) and a family of four (husband and wife, both age 42, and two children, 12 and 10). Our premium estimates are based on information from state insurance departments, companies rate filings, and internet sites as of January 2002. Your premium will vary based on your age, gender, health status, and where you live.

Overall Ratings Higher-cost cities in performance order

| COMPANY & POLICY NAME | PLAN TYPE | COVERAGE INDEX | ANNUAL PREMIUM | |
|--|-----------|--------------------|---------------------|-----------------|
| | | | INDIVIDUAL COVERAGE | FAMILY COVERAGE |
| MIAMI | | | | |
| Preferred Medical / Plan A | HMO | xxxxxxxx 87 | 995 | 3.173 |
| United Healthcare / Supreme Plan | HMO | xxxxxxxx 86 | 2.530 | 7.921 |
| Preferred Medical / Plan B | HMO | xxxxxxx 85 | 1.206 | 3.922 |
| Foundation / Plan E | HMO | xxxxxxx 84 | 1.704 | 5.752 |
| Foundation / Plan C | HMO | xxxxxxx 83 | 1.691 | 5.780 |
| Total Healthchoice / \$10 Copay Plan | HMO | xxxxxxx 77 | 1.810 | 7.221 |
| CeltiCare / Selected PPO 80/20 - \$500 | PPO | xxxxxxx 74 | 4.178 | 13.364 |
| Blue Cross Blue Shield FL / | | | | |
| BlueChoice Plan 1 | PPO | xxxxx 69 | 2.189 | 7.961 |
| CeltiCare / Selected PPO 80/20-\$1.000 | PPO | xxxxx 69 | 3.620 | 11.634 |
| United healthcare / Superior Plan | HMO | xxxxx 67 | 1.815 | 5.669 |
| Golden Rule / Plan 80 | PPO | xxxxx 65 | 3.239 | 10.757 |
| Golden Rule /Copay 25 Plan-\$500 | PPO | xxxx 63 | 3.804 | 16.314 |
| Blue Cross Blue Shield FL/ | | | | |
| BlueChoice Plan 2 | PPO | xxxx 61 | 1.850 | 6.708 |
| Blue Cross Blue Shield FL/ | | | | |
| Dimension IV | PPO | xxx 48 | 1.012 | 3.521 |

Shopping for your own policy

When you pay more for a health-insurance policy, do you get more? That's a key concern of Steve Lakatos, a 43-year-old freelance photographer in Bloomfield, Conn, and thousands of other people who are in the market for individual or family health-insurance policies. Lakatos also wonders how to evaluate the coverage an individual policy offers, and how to anticipate rate increases.

Answers to those questions are not easy to come by, since there is no national standard for coverage and premiums vary widely in the individual market. Most states impose only minimal regulation on benefits and premiums. Individual policies are also underwritten, meaning that premiums vary according to an applicant's health status, age, and gender.

Our evaluation of 63 policies, supported by The Commonwealth Fund, a New York-based philanthropic organization, presents a troubling picture of what consumers will find as they venture into this market. Here's what we discovered:

- Premiums are very high, especially in communities where medical costs are high. But within communities where medical costs are high. But within communities, you will also find significant premium variation.
- Exclusions and limitations are common in individual policies. Most policies offer no coverage for prescription drugs. Many do not cover Maternity care, Mental-health conditions, or Substance abuse.

Some policies require large amounts of cost sharing: high deductibles, co-insurance, and co-payments

- Paying more doesn't always buy more. Some very expensive policies had far lower coverage indexes than those with cheaper premiums (see Ratings).
- HMO's are often the better deals. They tend to offer the most coverage for the premium you will pay.
- Premiums go up as you get older because medical costs tend to increase as you age.

P R E F E R R E D

M . E . D . I . C . A . L P . L . A . N

4950 S.W. 8th Street * Coral Gables, FL 33134
Marketing: 305-388-4048

Medical Centers For Plan A and Initial Tests

| Primary care locations | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|---------|---------|-----------|----------|---------|----------|--------|
| Westchester Center 6090 SW 40 th Street Miami, FL 33155 305-661-6336 | 9am-5pm | 9am-5pm | 9am-5pm | 9am-5pm | 9am-3pm | 8am-11am | CLOSED |
| Downtown Medical Center 606 West Flagler Street Miami, FL 33130 305-545-9292 | 9am-7pm | 9am-5pm | 9am-7pm | 9am-1pm | 9am-3pm | 8am-11am | CLOSED |
| Hialeah Medical Plaza 2801 West 12 th Avenue Hialeah, FL 33010 305-595-1300 | 9am-7pm | 9am-5pm | 9am-7pm | 9am-1pm | 9am-5pm | 8am-11am | CLOSED |
| Kendall Medical Plaza 10860 s.w. 88 Street Miami, FL 33176 (305)595-1300 | 9am-6pm | 9am-5pm | 9am-6pm | 9am-5pm | 9am-3pm | 8am-11am | CLOSED |

(Days and hours subject to change)

Health Plan does not directly provide Covered Services to its members. Preferred Medical Plan does not own or operate any medical center or facilities, but arranges for the provisions of covered services to its Members through a network of contracted, independent physicians and or independent health care providers, who are not agents or employees of Health Plan. These independent physicians and other independent healthcare providers render medical care to Health Members based upon their own knowledge and expertise in the areas of practice for which they are licensed and/or trained and maintain the physician/patient relationship with members and are solely responsible for all health services which they render to Members.

El Plan de Salud no prove e los Servicios Cubiertos directamente a sus Asociados. Preferred Medical Plan no es propietario ni opera ninguna clínica o institución médica, sino que hace arreglos para la provision de los mismos a través de una red de médicos y otros proveedores de servicios de salud independientes contratados por el Plan de Salud, los cuales no son agentes ni empleados del Plan. Estos médicos y proveedores de servicios de salud independientes prestan servicios médicos a los asociados del Plan de Salud basados en sus propios conocimientos y experiencia en las areas de la práctica en que han sido facultados o entrenados, manteniendo una relación de medico a paciente con los asociados, siendo ellos los únicos responsables por todos los servicios de salud que prestan a los Asociados del Plan.

Form No.: PMP/MK/PCP/LOCPLANA (05/06)

PRESENTED BY:
 CAPITOL GROUP INSURANCE SERVICES INC.
 305-388-4048

PREFERRED **MEDICAL PLAN**

PARTICIPATING HOSPITALS AND PHARMACIES Miami Dade and Broward Counties

BROWARD COUNTY HOSPITALS

Florida Medical Center
5000 W. Oakland Park Blvd
Fort Lauderdale, Florida 33133
Phone Number (954)735-6000

Hollywood Medical Center
3600 Washington Street
Hollywood, Florida 33021
Phone Number (954) 966-4500

Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024
Phone Number (954)962-9650

Memorial Hospital West
703 N. Flamingo Road
Pembroke Pines, Florida 33028
Phone Number (954) 436-5000

**Memorial Regional Hospital
And
Joe DiMaggio Children's Memorial
Hospital**

3501 Johnson Street
Hollywood, Florida 33021
Phone Number (954) 987-2000

Northwest Regional Medical
2701 N. State Road 7
Margate, Florida 33063
Phone Number (954) 974-0400

Plantation General Hospital
401 N.W. 42nd Avenue
Plantation, Florida 33317
Phone Number (954) 587-5010

University Hospital
7201 N. University Drive
Tamarac, Florida, 33321
Phone Number (954)721-2200

Westside Regional Medical Center
8201 W. Broward Blvd.
Plantation Florida, 33324
Phone Number (954) 473-6600

Northridge Medical Center

MIAMI-DADE COUNTY HOSPITALS

Ann Bates Leach Eye Hospital
900 N.W. 17th Street
Miami, Florida 33136
Phone Number (305)326-6000

Aventura Hospital Medical Center
Miami Beach Health Care Center
20900 Biscayne Blvd.
Aventura, Florida 33180
Phone Number (305) 682-7000

Cedars Medical Center
1400 N.W. 12th Avenue
Miami, Florida 33136
Phone Number (305)325-5511

Coral Gables Hospital
3100 South Douglas Road
Coral Gables, Florida 33134
Phone Number (305) 445-8461

Jackson South Community Hospital
9333 S.W. 152nd Street
Miami, Florida 33157
Phone Number (305)251-2500

**HealthSouth Hospital of South
Miami**
5000 University Drive
Coral Gables, Florida 33146
Phone Number (305) 666-2111

Hialeah Hospital
651 East 25th Street
Hialeah, Florida 33013
Phone Number (305) 693-6100

Homestead Hospital
160 N.W. 13th Street
Homestead, Florida 33030
Phone Number (786) 243-8000

Jackson Memorial Hospital
1611 N.W. 12 Avenue
Miami, Florida 33136
Phone Number (305) 585-1111

Jackson North Maternity Center
14701 N.W. 27 Avenue
Miami, Florida 33054
Phone Number (305) 688-3800

MIAMI DADE COUNTY HOSPITALS

Kendall Regional Medical Center
11750 Bird Road
Miami, Florida 33175
Phone Number (305) 223-3000

Miami Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33143
Phone Number (305) 666-6511

Miami Heart Institute
4701 N. Meridian Avenue
Miami Beach, Florida 33140
Phone Number (305) 672-1111

Mount Sinai Medical Center
4300 Alton Road
Miami Beach, FL 33140
Phone Number (305) 674-2121

North Shore Medical Center
1100 N.W. 95th Street
Miami, Florida 33150
Phone Number (305) 836-6000

Palmetto General Hospital
2001 W. 68th Street
Miami, Florida 33016
Phone Number (305) 823-5000

Parkway Regional Medical Center
160 N.W. 170th Street
Miami, Florida 33169
Phone Number (305) 651-1100

South Miami Hospital
6200 S.W. 73rd Street
South Miami, Florida 33143
Phone Number (786) 662-4000

Southern Winds Hospital
4225 W. 20th Avenue
Hialeah, Florida 33012
Phone Number (305) 558-9700

**University of Miami Hospital &
Clinics**
1475 N.W. 12th Avenue
Miami, Florida 33136
Phone Number (305) 284-2111

Westchester General Hospital
2500 S.W. 75th Avenue
Miami, Florida 33155
Phone Number (305) 264-5252

Contracted Pharmacy Network

(Miami- Dade & Broward Counties)

- AIMS Rx Corp.
- Cardenas Pharmacies
- Center for Minority study
- Dania Discount Drugs
- Coral West Pharmacy
- CVS Pharmacies
- Gaby Pharmacies
- Madel Pharmacies
- Martinez Drug Store
- Medical III Pharmacy
- Morrison's Rx, Inc.
- Navarro Discount Pharmacies
- Nu-Mart Discount
- OTI Pharmacy
- Publix pharmacies
- Sedanos Pharmacies
- Target Pharmacies
- Walgreens Pharmacies
- Winn Dixie Pharmacies

“AAAHC”

“PMP is accredited by the Accreditation Association for Ambulatory Health Care, Inc. As a PMP Member, you can rest assured that you belong to a Health care organization that is meeting the standards set forth by AAAHC and is doing all it can to arrange for the provision of health care services.”

For additional questions regarding your pharmacy benefits, you may call PMP's Member Services Department at 305-648-4011

For questions while you are at the pharmacy call MedImpact HealthCare Systems, Inc. at 1-800-788-2949

Preferred Medical Plan (PMP) in consideration of the monthly prepayment fees to be paid to PMP by your or on your behalf, agrees to arrange for the delivery of health care services in accordance with and subject to the terms of the individual Medical and Hospital Services Contract or the Medicaid Member Handbook, as applicable. PMP, in so arranging for the delivery of health care services and supplies, does not directly provide these services or supplies. Rather, Independent Contractors provide these services and supplies to you. The health care providers listed in the provider directory are not the employees or agents of PMP. PMP shall not be liable for any negligent act or omission committed by any of the providers listed in this directory, or any of their employees or agents who may, from time to time provide medical services to you, PMP expressly disclaims any agency relationship, actual or implied, with any health care provider. Any decisions made by PMP concerning appropriateness of setting, whether any service or supply is medically necessary, pursuant to either the Individual Medical and Hospital Services Contract or the Medicaid Member Handbook shall be deemed to be made solely for the purposes of determining whether benefits are due under the Individual Medical and Hospital Services Contract or the Medical Member Handbook, as applicable, and not for the purposes of recommending any medical treatment or non-treatment. PMP does not exercise any control or direction over the medical judgment or a clinical decision of any health care provider listed in this brochure and does not interfere with the physician patient relationship between you and any health care provider.

Medicaid Pharmacy Flyer
FORM NO. PMPRXFIYERCAIDO15-1106