



AMERICAN
HEALTH
MEDICARE

2010 Summary of Benefits
AHM_Basic (HMO)
January 1, 2010 to December 31, 2010

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CMS Approval Date: 10/29/2009

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in AHM_Basic (HMO). Our plan is offered by AMERICAN HEALTH, INC./American Health Medicare, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call AHM_Basic (HMO) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like AHM_Basic (HMO). You may have other options too.

You make the choice. No matter what you decide, you are still in the Medicare Program. You may join or leave a plan only at certain times. Please call AHM_Basic (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare AHM_Basic (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS AHM Basic (HMO) AVAILABLE?

The service area for this plan includes: Adjuntas, Aguada, Aguadilla, Aguas Buenas, Aibonito, Añasco, Arecibo, Arroyo, Barceloneta, Barranquitas, Bayamón, Cabo Rojo, Caguas, Camuy, Canóvanas, Carolina, Cataño, Cayey, Ceiba, Ciales, Cidra, Coamo, Comerio, Corozal, Culebra, Dorado, Fajardo, Florida, Guánica, Guayama, Guayanilla, Guaynabo, Gurabo, Hatillo, Hormigueros, Humacao, Isabela, Jayuya, Juana Díaz, Juncos, Lajas, Lares, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Maricao, Maunabo, Mayagüez, Moca, Morovis, Naguabo, Naranjito, Orocovis, Patillas, Peñuelas, Ponce, Quebradillas, Rincón, Río Grande, Sabana Grande, Salinas, San Germán, San Juan, San Lorenzo, San Sebastián, Santa Isabel, Toa Alta, Toa Baja, Trujillo Alto, Utuado, Vega Alta, Vega Baja, Vieques, Villalba, Yabucoa, Yauco Counties in PR. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN AHM Basic (HMO)?

You can join AHM_Basic (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in AHM_Basic (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

AHM_Basic (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.ahmpr.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither AHM_Basic (HMO) nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

AHM_Basic (HMO) does cover Medicare Part B prescription drugs. AHM_Basic (HMO) does NOT cover Medicare Part D prescription drugs.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact AHM_Basic (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-888-620-1919 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-620-2520.

Please call **American Health Medicare** for more information about
AHM_Basic (HMO)

Visit us at www.ahmpr.com or call us:

Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m.
Atlantic (PR, VI)

Current members should call toll free (888)-620-1919 for questions related to the
Medicare Advantage program
TTY/TDD (866)-620-2520

Prospective members should call toll free (866)-620-2420 for questions related to the
Medicare Advantage program
TTY/TDD (866)-620-2520

Current members should call locally 787-620-1919 for questions related to the Medicare
Advantage program
TTY/TDD (866)-620-2520

Prospective members should call locally (866)-620-2420 for questions related to the
Medicare Advantage program TTY/TDD (866)-620-2520

For more information about Medicare, please call **Medicare** at 1-800-MEDICARE (1-
800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7
days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

AHM_Basic (HMO)

If you have any questions about this plan's benefits or costs, please contact American Health Medicare Toll Free at 1-888-620-1919, hearing impaired users (TTY) call 1-866-620-2420.

SECTION II- SUMMARY OF BENEFITS		
Benefit	Original Medicare	AHM Basic (HMO)
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	<p>In 2009 the monthly Part B Premium was \$0 or \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$0 or \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, <u>which means you pay more.</u></p> <p>Most people will pay the Basic monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p>
	2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>

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Benefit	Original Medicare	AHM_Basic (HMO)
		No referral required for network doctors, specialists, and hospitals.
INPATIENT CARE		
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1068 deductible* Days 61 - 90: \$267 per day* Days 91 - 150: \$534 per lifetime reserve day* These amounts will change for 2010.	In-Network \$0 copay No limit to the number of days covered by the plan each benefit period.
	Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4 - Inpatient Mental Health Care	Same deductible and copay as	In-Network

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SECTION II- SUMMARY OF BENEFITS		
Benefit	Original Medicare	AHM_Basic (HMO)
	<p>inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>\$0 copay</p> <p>You get up to 190 days in a Psychiatric Hospital in a Lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day These amounts will change for 2010.</p>	<p>General Authorization rules may apply</p> <p>In-Network \$0 copay for SNF services</p>
	<p>100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>Plan covers up to 100 days each benefit period. 3-day prior hospital stay is required.</p>

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Benefit	Original Medicare	AHM_Basic (HMO)
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	General Authorization rules may apply. In-Network \$0 copay for each Medicare-covered home health visits.
	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance	In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.
		\$5 copay for the cost of each in-area, network urgent care Medicare-covered visit. \$0 copay for each specialist doctor visit for Medicare-covered benefits.
9 - Chiropractic Services	Routine care not covered	General Authorization rules may apply.

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SECTION II- SUMMARY OF BENEFITS	
Benefit	AHM_Basic (HMO)
	<p>Original Medicare</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
	<p>In-Network</p> <p>\$0 copay for Medicare-covered visit.</p> <p>Up to 5 routine visit(s) every year</p>
	<p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10 - Podiatry Services	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for each Medicare-covered podiatry benefits.</p> <p>up to 4 routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

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Benefit	Original Medicare	AHM_Basic (HMO)
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network \$0 copay for Medicare-covered Mental Health visits.
12 - Outpatient Substance Abuse Care	20% coinsurance.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered visits.
13 - Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	General Authorization rules may apply.
		In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.
14- Ambulance Services (medically necessary ambulance services)	20% coinsurance.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered ambulance benefits.
15 - Emergency Care	20% coinsurance for the doctor.	General

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SECTION II- SUMMARY OF BENEFITS		
Benefit	Original Medicare	AHM Basic (HMO)
(You may go to any emergency room if you reasonably believe you need emergency care.)	20% of facility charge or a set copay per emergency room visit.	\$25 copay for Medicare-covered emergency room visits.
	You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.	Worldwide coverage
	NOT covered outside the U.S. except under limited circumstances.	
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance.	General \$25 copay for Medicare-covered urgently needed care visits.
	NOT covered outside the U.S. except under limited circumstances.	If you are admitted to the hospital within 1-day for the same condition, you pay \$0 for the emergency room visit.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered Occupational Therapy visits.
		\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

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SECTION II- SUMMARY OF BENEFITS		
Benefit	Original Medicare	AHM_Basic (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered items.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance.	General Authorization rules may apply.
		In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, and Lab Services and Radiology Services	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. 20% coinsurance for diagnostic tests and x-rays. \$0 copay for Medicare-covered lab services.	General Authorization rules may apply.
		In-Network \$0 copay for Medicare-covered:

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SECTION II- SUMMARY OF BENEFITS	
Benefit	AHM_Basic (HMO)
<p>Original Medicare</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<ul style="list-style-type: none"> - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services(not including X-rays) - Therapeutic radiology services
PREVENTIVE SERVICES	
<p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered bone mass measurement</p>
<p>23 - Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>
<p>24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people</p>	<p>General Authorization rules may apply.</p>

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SECTION II- SUMMARY OF BENEFITS		
Benefit	Original Medicare	AHM_Basic (HMO)
with Medicare who are at risk, Pneumonia vaccine)	20% coinsurance for Hepatitis B vaccine.	In-Network \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine
	You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	No referral needed for Flu and Pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance	In-Network \$0 copay for Medicare-covered screening mammograms.
	No referral needed.	
	Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	
26 - Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.
	Covered once every 2 years. Covered once a year for women with Medicare at high risk.	
	20% coinsurance for Pelvic Exams	
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered prostate cancer screening.
	\$0 for the PSA test; 0% or 20% coinsurance for other related services.	
	Covered once a year for all men with Medicare over age 50.	

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SECTION II- SUMMARY OF BENEFITS		
Benefit	AHM_Basic (HMO)	
28 – End-Stage Renal Disease	<p>Original Medicare</p> <p>20% coinsurance for renal dialysis</p>	<p>General</p> <p>Authorization rules may apply.</p>
	<p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>Most drugs not covered.</p> <p>\$0 copay for Part B-covered drugs.</p>
	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This Plan does not offer prescription drug coverage.</p>
30 – Dental Services	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General</p> <p>Authorization rules may apply.</p>

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SECTION II- SUMMARY OF BENEFITS	
Benefit	AHM_Basic (HMO)
Original Medicare	<p>In- Network \$0 copay for Medicare covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - Up to 2 oral exam(s) every year - Up to 2 cleaning(s) every year - Up to 2 fluoride treatment(s) every year - Up to 2 dental x-ray(s) every year. <p>Plan offers additional comprehensive dental benefits every year</p> <p>\$750 limit for comprehensive dental benefits every year.</p>
31 - Hearing Services	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 routine hearing test(s) every year - up to 1 fitting-evaluation(s) for a hearing aid every year <p>\$0 copay for up to 1 hearing aid(s) every year.</p>

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SECTION II- SUMMARY OF BENEFITS		
Benefit	AHM_Basic (HMO)	
32 - Vision Services	Original Medicare	\$300 limit for hearing aids every three years.
	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.	General Authorization rules may apply.
	Routine eye exams and glasses not covered.	In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye
	Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	- and up to 1 routine eye exam(s) every year
	Annual glaucoma screenings covered for people at risk.	\$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every year - up to 1 pair(s) of contacts every year - up to 1 pair(s) of lenses every year - up to 1 frame(s) every year \$100 limit for eye wear every year.
33 - Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.	In-Network When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.
	When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	Routine exams not covered.

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SECTION II- SUMMARY OF BENEFITS		
Benefit	Original Medicare	AHM_Basic (HMO)
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking- related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>General Authorization rules may apply.</p> <p>Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p> <p>In-Network The Plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> - Additional Smoking Cessation - Health Club Membership/Fitness Classes - Other Wellness Benefits </p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	Not Covered	<p>In-Network This plan does not cover routine transportation</p>
Acupuncture	Not Covered	<p>In-Network \$5 copay per visit up to 6 visits every year.</p>

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SECTION III- ADDITIONAL BENEFITS		
Benefit Category	Original Medicare	AHM_Opal (HMO)
Nutritional Oral Supplements	Not Covered	For individuals with a medical necessity to take oral feeding supplements, the plan will pay for up to 3 units per day for 4 consecutive weeks out of the year. This benefit requires the approval of the members Primary Care Physician as well as the plan.
Diapers	Not Covered	Plan provides coverage for Adult Diapers where medically necessary. Benefit is limited to 3 diapers per day and is subject to authorization and review for medical necessity.