

October 31, 2009

Dear Member:

Here are 2 documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2010**. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2010.
  - Please take a moment very soon to look through this summary and see how the changes might affect you.
  - If you decide to stay with AHM\_Basic 2(HMO) for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of AHM\_Basic 2(HMO).
  - If you decide to leave AHM\_Basic 2(HMO), you can switch to a different Medicare Advantage Plan or to Original Medicare from November 15 through December 31 each year. The Annual Notice of Changes tells you more.
  
2. We're including a copy of next year's **Evidence of Coverage**. It's the legal, detailed description of your benefits and costs for 2010 if you stay enrolled as a member of AHM\_Basic 2(HMO). It also explains your rights and rules you need to follow when using your coverage for medical care. Please look through this document so you know what's in it, then keep it handy for reference.

If you have questions, we're here to help. Please call Customer Services at 1-888-620-1919 (TTY only, call 1-866-620-2520). Hours are from Monday to Sunday from 8:00am to 8:00pm and calls to these numbers are free. You can also visit our website, [www.ahmpr.com](http://www.ahmpr.com).

We value your membership and hope to continue to serve you next year.

Sincerely,

American Health Medicare

## **AHM\_Basic 2(HMO) Annual Notice of Changes for 2010**

This booklet tells you how your benefits and costs as a member of AHM\_Basic 2(HMO) will change next year from your current benefits. The changes take effect on January 1, 2010.

To decide what's best for you, compare this information we're sending with the benefits and costs of other Medicare Advantage plans in your area, as well as the benefits and costs of Original Medicare.

### **AHM\_Basic 2(HMO) Customer Services:**

For help or information, please call Customer Services or go to our plan website at [www.ahmpr.com](http://www.ahmpr.com).

1-888-620-1919 (Calls to these numbers are free.)

TTY users call: 1-866-620-2520

### **Hours of Operation:**

Hours are from Monday to Sunday from 8:00am to 8:00pm

This plan is offered by American Health Medicare, referred throughout the Annual Notice of Changes as "we," "us," or "our." AHM\_Basic 2(HMO) is referred to as "plan" or "our plan."

American Health Medicare is a Medicare Advantage Organization that has a contract with Medicare and the Government of Puerto Rico.

This information may be available in a different format, including Spanish and large print. Please call Customer Services at the number listed above if you need plan information in another format or language.

Esta información puede estar disponible en diferentes formatos incluyendo español y letra grande. Favor de llamar a Servicios al Cliente al número mencionado arriba si usted necesita la información del plan en otro formato y/o idioma.

H5774\_1027\_10\_05\_E

F&U: 10/27/2009

**If you remain enrolled in AHM\_Basic 2(HMO) for 2010, there will be some changes to your benefits and what you pay.**

You are currently enrolled as a member of **AHM\_Basic 2(HMO)**. We are pleased to be providing your Medicare health care coverage. We also want to let you know that we have changed our plan name from **AHM\_Basic 2(HMO)** to **AHM\_Basic (HMO)** for the upcoming year. As we have explained, if you do not choose another plan, or choose to enroll in Original Medicare, you will be enrolled in **AHM\_Basic (HMO)**. This notice describes changes in benefits from **AHM\_Basic 2(HMO)** to **AHM\_Basic (HMO)** next year.

We're sending you this *Annual Notice of Changes* to tell you how your benefits and costs as a member of **AHM\_Basic (HMO)** will change next year from your current benefits. The changes take effect on January 1, 2010. Medicare has approved these changes.

**What should you do?**

We want you to know what's ahead for next year, so **please read this document very soon to see how the changes in benefits and costs will affect you if you stay enrolled in AHM\_Basic (HMO) for 2010.**

To decide what's best for you, compare this information we're sending with the benefits and costs of other Medicare Advantage plans in your area as well as the benefits and costs of Original Medicare.

You can find information about plans available in your area by visiting the Medicare website (<http://www.medicare.gov>). The Medicare website includes information about plans' benefits and costs, as well as information about how Medicare rates the plans 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 <http://www.medicare.gov> by selecting either "Compare Health Plans and Medigap Policies in Your Area" or "Compare Medicare Prescription Drug Plans." 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.

We hope to keep you as a member of *AHM\_Basic (HMO)*. But if you want to make a change for 2010, see "*When can you change*" in Section 6 for time periods when you can make a change.

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## **Section 1. Important things to know**

### **This *Annual Notice of Changes* is only a summary (see your *Evidence of Coverage* for the details)**

This *Annual Notice of Changes* gives you a summary of the changes in your benefits and what you will pay for these services in 2010.

- To get the details, you can look in the 2010 *Evidence of Coverage* for *AHM\_Basic (HMO)*. The *Evidence of Coverage* is the legal, detailed description of your benefits and costs for 2010. It explains your rights and the rules you need to follow to get your covered services. (We have included a copy of the *Evidence of Coverage* in the same envelope with this *Annual Notice of Changes*. If you do not have this copy, call Member Services.
- If you have questions or need more information, you can always call Customer Services at 1-888-620-1919 (TTY only, call 1-866-620-2520). Hours are *from Monday to Sunday from 8:00am to 8:00pm* and calls to these numbers free.

## **Section 2. Changes to your monthly premium**

	<b>2009 (this year)</b>	<b>2010 (next year)</b>
<b>Monthly premium</b>	\$0.00	\$0.00
<b>Medicare Part B Reduction</b>	\$96.40	\$0.00

## **Section 3. Medical services: Changes to your benefits and what you pay**

### **Changes to your benefits**

As shown below, *AHM\_Basic (HMO)* is adding new benefits for next year.

	<b>2009 (this year)</b>	<b>2010 (next year)</b>
<b>Nutritional Oral Supplements</b>	<b>Not Covered</b>	<p><b>Covered</b></p> <p>3 units a day for 4 consecutive weeks a year.</p>
<b>Diapers</b>	<b>Not Covered</b>	<p><b>Covered</b></p> <p>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.</p>
<b>Health and wellness education programs</b>	<b>Not Covered</b>	<p><b>Covered</b></p> <p>The Plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Additional Smoking Cessation</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Other Wellness Benefits</li> </ul> <p>The Plan will also offer general wellness programs.</p> <p>This benefit includes</p>

Fitness Club \$50/Smoking Cessation/Other Wellness Programs and is limited to \$50.00 per month.

This benefit is not cumulative and the member cannot carry forward the benefit to other months. Smoking Cessation is limited to 2 sessions per year.

### Changes to what you pay

The chart below summarizes changes to what you will pay as your share of the cost of covered medical services. For details, see Chapter 4 in your *Evidence of Coverage*.

	2009 (this year)	2010 (next year)
Inpatient Hospital Care	\$200 copayment	\$0 copayment
Inpatient Mental Health	\$200 copayment	\$0 copayment
PCP-Specialists Visits	\$5/\$15 copayment	\$0 copayment

	<b>2009 (this year)</b>	<b>2010 (next year)</b>
Chiropractor	\$15 copayment	\$0 copayment
Podiatry	\$15 copayment	\$0 copayment
Outpatient Mental Health	\$10 copayment	\$0 copayment
Ambulance	\$25 copayment	\$0 copayment
Outpatient Rehabilitation	\$10 copayment	\$0 copayment
Prosthetics	15% of the cost	\$0 copayment
Dental	\$15 copayment 2 visits a year	\$0 copayment 2 visits a year

#### **Section 4. What about changes to the plan's network of providers?**

##### **Will your doctors and other providers still be in the plan's network next year?**

There are a few changes to the network of providers for 2010. In addition, it's possible for the network of plan providers to change at any time during the year.

- **Please check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for *AHM\_Basic (HMO)* in 2010.
- For the most up-to-date information on the network of providers, check our website ([www.ahmpr.com](http://www.ahmpr.com)) or call Customer Services (see phone numbers on the front cover).

### **Section 5. Do you want to stay in the plan or make a change?**

#### **Do you want to stay with *AHM\_Basic (HMO)*?**

If you want to keep your membership in *AHM\_Basic (HMO)* for 2010, it's easy. You don't need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member.**

#### **Do you want to make a change?**

If you decide to leave *AHM\_Basic (HMO)*, you can switch to a different Medicare Advantage plan or to Original Medicare (either with or without a separate Medicare prescription drug plan).

If you want to change to a different plan, there are many choices. As a reminder, *American Health Medicare* offers other Medicare Advantage plans *AND/OR* Medicare prescription drug plans in addition to the plan you are now enrolled in. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

#### *When can you change?*

- During the **yearly enrollment period (called the “annual coordinated election period”) from November 15 through December 31, 2009**, you can change to any other Medicare Advantage plan or to Original Medicare (either with or without a separate Medicare prescription drug plan). Your new coverage will begin on January 1, 2010.
- You also have **another, more limited enrollment period from January 1 through March 31, 2010**. During this period (called the “open enrollment period”), you could switch to a different Medicare Advantage Plan without Part D prescription drug coverage or switch to Original Medicare plus a Medicare Prescription Drug Plan.

*Are these the only times of the year to choose a different plan?*

For most people, yes. Certain individuals, such as those with Medicaid, those who get Extra Help paying for their drugs, or those who move out of the geographic service area, can make changes at other times.

*How do you make a change?*

See Chapter 10 of the enclosed *Evidence of Coverage* document. It tells what you need to do to make a change from *AHM\_Basic (HMO)* to another plan.

*Things to check on before you make a change*

- **Are you a member of an employer or retiree group?** If you are, please check with the benefits administrator of your employer or retiree group before you switch to another way of getting medical care.

**Section 6. Do you need some help? Would you like more information?**

**We have information and answers for you**

To learn more, read the information we sent in the same package with this *Annual Notice of Changes*. This includes a copy of the *Summary of Benefits*.

If you have any questions, we are here to help. Please call us at *AHM\_Basic (HMO)* Customer Services. We are available for phone calls *Monday to Sunday from 8:00am to 8:00pm*. Calls to these numbers are free: *1-888-620-1919* (TTY only, call *1-866-620-2520*).

**You can get help and information from your State Health Insurance Assistance Program**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Puerto Rico, the State Health Insurance Assistance Program is called *Oficina de la Procuradora de las Personas de Edad Avanzada*.

*Oficina de la Procuradora de las Personas de Edad Avanzada* is independent (not connected with any insurance company or health plan). *Oficina de la Procuradora de las Personas de Edad Avanzada* counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call *Oficina de la Procuradora de las Personas de Edad Avanzada* at (787) 721-6121.

## **You can get help and information from Medicare**

Here are three ways to get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- **Visit the Medicare website** (<http://www.medicare.gov>).
- **Read *Medicare & You 2010 Handbook***. Every year in October, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227).