

October 31, 2009

Dear Member:

Here are three 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\_Classic Plus (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\_Classic Plus (HMO).
  - If you decide to leave AHM\_Classic Plus (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\_Classic Plus (HMO). It also explains your rights and rules you need to follow when using your coverage for medical care and prescription drugs. Please look through this document so you know what's in it, then keep it handy for reference.
3. We're also including a copy of the AHM\_Classic Plus (HMO) plan's **List of Covered Drugs (Formulary)**, effective in January 2010.

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\_Classic Plus (HMO) Annual Notice of Changes for 2010**

This booklet tells you how your benefits and costs as a member of AHM\_Classic Plus (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\_Classic Plus (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\_Classic Plus (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.

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F&U: 10/14/2009

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

You are currently enrolled as a member of *AHM\_Classic Plus (HMO)*. We are pleased to be providing your Medicare health care coverage, including your prescription drug coverage. We're sending you this *Annual Notice of Changes* to tell you how your benefits and costs as a member of *AHM\_Classic Plus (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\_Classic Plus (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\_Classic Plus (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.

## Table of Contents

<b>Section 1. Important things to know.....</b>	<b>5</b>
This <i>Annual Notice of Changes</i> is only a summary (see your <i>Evidence of Coverage</i> for the details) .....	5
There are programs to help people with limited resources pay for their prescription drugs.....	5
<b>Section 2. Changes to your monthly premium .....</b>	<b>5</b>
<b>Section 3. Medical services: Changes to your benefits and what you pay.....</b>	<b>6</b>
Changes to your <u>benefits</u> .....	6
Changes to <u>what you pay</u> .....	6
<b>Section 4. Part D prescription drugs: Changes to your benefits and what you pay .....</b>	<b>8</b>
Changes to your <u>benefits</u> .....	8
Changes to <u>what you pay</u> .....	9
What if changes for 2010 affect drugs you are taking now? .....	11
<b>Section 5. What about changes to the plan’s network of providers?.....</b>	<b>11</b>
Will your doctors and other providers still be in the plan’s network next year? .....	11
<b>Section 6. Do you want to stay in the plan or make a change? .....</b>	<b>12</b>
Do you want to stay with <i>AHM_Classic Plus (HMO)</i> ? .....	12
Do you want to make a change? .....	12
<b>Section 7. Do you need some help? Would you like more information? .....</b>	<b>13</b>
We have information and answers for you .....	13
You can get help and information from your State Health Insurance Assistance Program.....	13
You can get help and information from Medicare.....	14

## **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\_Classic Plus (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 and prescription drugs. (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.

### **There are programs to help people with limited resources pay for their prescription drugs**

You might qualify to get help in paying for your drugs. There is one basic kind of help:

- **“Extra Help” from Medicare.** This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. See Section III of the new *Medicare & You 2010 Handbook* or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## **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

*Exception:* If you are required to pay a late enrollment penalty (because you did not join a Medicare drug plan when you first became eligible), your monthly premium for

2010 will be *\$0.00 plus* the amount of your late enrollment penalty. For more information about this penalty, see Chapter 6 of your *Evidence of Coverage*.

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

#### **Changes to your benefits**

As shown below, *AHM\_Classic Plus (HMO)* is changing benefits for next year.

	<b>2009 (this year)</b>	<b>2010 (next year)</b>
<b>Nutritional Oral Supplements</b>	<b>Covered</b>  2 units a day all year.	<b>Changed</b>  3 units a day for 4 consecutive weeks of the 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*.

	<b>2009 (this year)</b>	<b>2010 (next year)</b>
<b>Inpatient Hospital Care</b>	\$0 co-payment for Inpatient Hospital services received at a network hospital.	\$100 co-payment for Inpatient Hospital services received at a network hospital.
<b>Inpatient Mental Health Care</b>	\$0 co-payment for services received at a network hospital.	\$100 co-payment for services received at a network hospital.

	<b>2009 (this year)</b>	<b>2010 (next year)</b>
<b>PCP/Specialists Visits</b>	<p>\$0 co-payment for each primary care physician's office visit for Medicare-covered services received from a Plan network provider.</p> <p>You pay \$0 for each Specialist visit for Medicare-covered services received from a Plan network provider.</p>	<p>\$0 co-payment for each primary care physician's office visit for Medicare-covered services received from a Plan network provider.</p> <p>You pay \$5 for each Specialist visit for Medicare-covered services received from a Plan network provider.</p>
<b>Emergencies</b>	<p>\$25 co-payment for Medicare-covered emergency room visits in Puerto Rico.</p> <p>\$50 co-payment for Medicare-covered emergency room visits out of Puerto Rico.</p>	<p>\$50 co-payment for Medicare-covered emergency room visits in Puerto Rico.</p> <p>\$50 co-payment for Medicare-covered emergency room visits out of Puerto Rico.</p>

	2009 (this year)	2010 (next year)
<b>Outpatient Rehabilitation Service</b>	<p>\$0 co-payment for Medicare-covered Occupational visits to an in-network provider.</p> <p>\$0 co-payment for Medicare-covered Physical and/or Speech/Language Therapy visits to an in-network provider.</p>	<p>\$5 co-payment for Medicare-covered Occupational visits to an in-network provider.</p> <p>\$5 co-payment for Medicare-covered Physical and/or Speech/Language Therapy visits to an in-network provider.</p>
<b>Durable Medical Equipment</b>	\$0 co-payment for Medicare-covered items received from an in-network provider.	20% of the cost for Medicare-covered items received from an in-network provider.
<b>Prosthetics</b>	\$0 co-payment for Medicare-covered items received from an in-network provider.	20% of the cost for Medicare-covered items received from an in-network provider.

#### **Section 4. Part D prescription drugs: Changes to your benefits and what you pay**

##### **Changes to your benefits**

*AHM\_Classic Plus (HMO)* has a “*List of Covered Drugs (Formulary)*” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan. It tells which

Part D prescription drugs are covered by the plan. (Chapter 5, Section 1.1 of your *Evidence of Coverage* explains about Part D drugs.)

We may make changes to the plan's Drug List from time to time throughout the year. In addition, there are a number of changes to the Drug List that will take effect on January 1, 2010. Changes to the plan's Drug List have been approved by Medicare.

- **We have added some new drugs to the list and removed others. We have added some new drugs that became available. We have replaced some brand-name drugs with new generic drugs. We have replaced some expensive drugs with less costly drugs that have been shown to work just as well or better.**
- **We have added some new restrictions to certain drugs, and reduced the restrictions on others. Restrictions can include a requirement to get plan approval in advance or to try a different drug first to see how well it works. Restrictions can also include limits on quantity of the drug.**

**Please check to see if any of these changes to drug coverage affect the drugs you use.**

- You can look for your drugs on the Drug List we sent with this *Annual Notice of Changes*.
- The Drug List we sent includes many of the drugs that we cover, but it does not include all of our covered drugs. If you can't find some of your drugs on this Drug List, you may find them on a complete Drug List, which includes all the drugs we cover. You can get the complete Drug List by calling Customer Services or visiting our website ([www.ahmpr.com](http://www.ahmpr.com)).

### **Changes to what you pay**

The chart below summarizes changes to what you will pay as your share of the cost of covered prescription drugs. These changes affect Part D prescription drugs only.

- Every drug on the plan's Drug List is in one of 5 cost-sharing tiers. Medicare allows us to **change what you pay for a drug in each cost-sharing tier** only once a year. The changes shown below will take effect on January 1, 2010, and stay the same for the entire plan year.
- Besides the changes to copayment and coinsurance you see below, there is another change that could affect what you pay for your drugs next year. **We have moved some of the drugs on the Drug List to a different cost-sharing tier.** Some drugs will be in a lower cost-sharing tier, others will be in a higher cost-sharing tier. To see if any of your drugs have been moved to a different cost-sharing tier, look them up on the Drug List.

	2009 (this year)	2010 (next year)
<p><b>Drugs in Cost-Sharing Tier 1</b></p> <p>Preferred Generics</p> <p>For a one-month (30 day) supply of a drug in cost-sharing tier 1 that is filled at a network pharmacy</p>	<p>For copayments: You pay \$5 per prescription.</p> <p>In 2009 Tier 1 is called Generic</p>	<p>For copayments: You pay \$5 per prescription.</p> <p>In 2010 Tier 1 is called Preferred Generic</p>
<p><b>Drugs in Cost-Sharing Tier 2</b></p> <p>Non Preferred Generics</p> <p>For a one-month (30 day) supply of a drug in cost-sharing tier 2 that is filled at a network pharmacy</p>	<p>For copayments: You pay \$20 per prescription.</p> <p>In 2009 Tier 2 is called Preferred Brand</p>	<p>For copayments: You pay \$10 per prescription.</p> <p>In 2010 Tier 2 is called Non Preferred Generics</p>
<p><b>Drugs in Cost-Sharing Tier 3</b></p> <p>Preferred Brand</p> <p>For a one-month (30 day) supply of a drug in cost-sharing tier 3 that is filled at a network pharmacy</p>	<p>For copayments: You pay \$35 per prescription.</p> <p>In 2009 Tier 3 is called Non Preferred Brand</p>	<p>For copayments: You pay \$25 per prescription.</p> <p>In 2010 Tier 3 is called Preferred Brand</p>
<p><b>Drugs in Cost-Sharing Tier 4</b></p> <p>Non Preferred Brand</p> <p>For a one-month (30 day) supply of a drug in cost-sharing tier 4 that is filled at a network pharmacy</p>	<p>For coinsurance: You pay 25% of the total cost</p> <p>In 2009 Tier 4 is called Specialty</p>	<p>For copayments: You pay \$40 per prescription.</p> <p>In 2010 Tier 4 is called Non Preferred Brand</p>

<b>Drugs in Cost-Sharing Tier 5</b>	In 2009 you do not have Tier 5	For coinsurance: You pay 33% of the total cost.
Specialty		
For a one-month (30 day) supply of a drug in cost-sharing tier 5 that is filled at a network pharmacy		In 2010 Tier 5 is called Specialty

### **What if changes for 2010 affect drugs you are taking now?**

What if a drug you are taking now is not on the Drug List for 2010? What if it has been moved to a higher cost-sharing tier? If you are in any of these situations, here's what you can do:

- In some situations, the plan will cover a **one-time, temporary supply** of your drug when your current supply runs out. This temporary supply will be for a maximum of 30 days, or less if your prescription is written for fewer days. Chapter 5, Section 6.2 explains when you can get a temporary supply and how to ask for one.

Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. You can call Customer Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor to find a covered drug that might work for you.
- You and your doctor can ask the plan to make an exception for you and cover the drug. To learn what you must do to ask for an exception, see the *Evidence of Coverage* that was included in the mailing with this *Annual Notice of Changes*. Look for Chapter 9 (*What to do if you have a problem or complaint*).

### **Section 5. 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\_Classic Plus (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 6. Do you want to stay in the plan or make a change?**

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

If you want to keep your membership in *AHM\_Classic Plus (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\_Classic Plus (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 with 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. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

*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\_Classic Plus (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 7. 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* and of the *List of Covered Drugs (Formulary)*.

If you have any questions, we are here to help. Please call us at *AHM\_Classic Plus (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).