

**Introduction to the Summary of Benefits Report  
for AVMED MEDICARE CHOICE (HMO)  
January 1, 2011 - December 31, 2011  
MIAMI-DADE COUNTY and BROWARD COUNTY**

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Thank you for your interest in AvMed Medicare Choice (HMO). Our plan is offered by AVMED, INC/AvMed 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 AvMed Medicare Choice (HMO) and ask for the "Evidence of Coverage".

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

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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 AvMed Medicare Choice (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 AvMed Medicare Choice (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?**

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You can compare AvMed Medicare Choice (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 AVMED MEDICARE CHOICE (HMO) AVAILABLE?**

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The service areas for these plans include: Miami-Dade County, FL and Broward County, FL.

You must live in Miami-Dade County to join the AvMed Medicare Choice (HMO) Miami-Dade County plan.

You must live in Broward County to join the AvMed Medicare Choice (HMO) Broward County plan.

If you move out of the county where you currently live to a county listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from AvMed Medicare Choice (HMO). If you move to a county not listed above, please call Customer Service to find out if AvMed Medicare Choice (HMO) has a plan in your new county.

**WHO IS ELIGIBLE TO JOIN AVMED MEDICARE CHOICE (HMO)?**

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

**CAN I CHOOSE MY DOCTORS?**

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AvMed Medicare Choice (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.avmed.org](http://www.avmed.org).

Our customer service number is listed at the end of this introduction.

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

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If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

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### **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

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AvMed Medicare Choice (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.avmed.org](http://www.avmed.org). Our customer service number is listed at the end of this introduction.

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

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AvMed Medicare Choice (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

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AvMed Medicare Choice (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.avmed.org/medicare/drug-list.asp>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

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### **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

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You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

\* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

\* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

\* Your State Medicaid Office.

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### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

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All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of AvMed Medicare Choice (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of AvMed Medicare Choice (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact AvMed Medicare Choice (HMO) for more details.

### **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 AvMed Medicare Choice (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.

## **WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

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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](http://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 to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call AvMed Medicare for more information about AvMed Medicare Choice (HMO).

Visit us at [www.avmed.org](http://www.avmed.org) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Current members should call toll-free (800)-782-8633 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (877)-442-8633 )

Prospective members should call toll-free (800)-535-9355 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (877)-442-8633 )

Current members should call locally (305)-671-5437 22147 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (877)-442-8633 )

Prospective members should call locally (305)-671-5437 21003 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. (TTY/TDD (877)-442-8633 )

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](http://www.medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

Este documento esta disponible en un formato o idiomas diferentes. Para información adicional, llame a el departamento de service a los afiliados en el número de teléfono que aparece arriba.

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

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
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**IMPORTANT INFORMATION**

**1 - Premium and Other Important Information**

In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income. (over \$85,000 for singles, \$170,000 for married couples.) For more information about Part B premiums based on income, Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**General**

\$0 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

This plan covers all Medicare-covered preventive services with zero cost sharing.

**In-Network**

\$3,400 out-of-pocket limit.

This limit includes only Medicare-covered services.

**2 - Doctor and Hospital Choice**

(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)

You may go to any doctor, specialist or hospital that accepts Medicare.

**In-Network**

You must go to network doctors, specialists, and hospitals.

Referral required for network hospitals and specialists (for certain benefits).

**SUMMARY OF BENEFITS**

**INPATIENT CARE**

**3 - Inpatient Hospital Care**  
(includes Substance Abuse and Rehabilitation Services)

In 2010 the amounts for each benefit period were:

Days 1 - 60: \$1100 deductible  
Days 61 - 90: \$275 per day  
Days 91 - 150: \$550 per lifetime reserve day

These amounts will change for 2011.

**In-Network**

No limit to the number of days covered by the plan each benefit period.

For Medicare-covered hospital stays:

Days 1 – 5: \$0 copay per day  
Days 6 – 23: \$100 copay per day  
Days 24 – 90: \$0 copay per day

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>3 - Inpatient Hospital Care, continued</b>	<p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods you can have.</p>	<p>\$0 copay for each additional hospital day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<b>4 - Inpatient Mental Health Care</b>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b></p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime</p> <p>For Medicare-covered hospital stays: Days 1 – 10: \$150 copay per day Days 11 – 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 – 10: \$150 copay per day Days 11 – 60: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5 - Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 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: \$137.50 per day</p> <p>These amounts will change for 2011.</p> <p>100 days for each benefit period.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>5 - Skilled Nursing Facility (SNF), continued</b>	<p>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.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>For Medicare-covered SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$135 copay per day</p>
<p><b>6 - Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>
<b>7 - Hospice</b>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>
<b>OUTPATIENT CARE</b>		
<b>8 - Doctor Office Visits</b>	<p>20% coinsurance</p>	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit" for more information.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$0 to \$5 copay for each specialist visit for Medicare-covered benefits.</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>AvMed Medicare Choice (HMO)</b>
<b>9 - Chiropractic Services</b>	Routine care not covered.  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.	<b>In-Network</b>  \$5 copay for each Medicare-covered visit.  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.
<b>10 - Podiatry Services</b>	Routine care not covered.  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b>  \$5 copay for each Medicare-covered visit.  \$5 copay for up to 1 routine visit(s)  Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 - Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$15 copay for each Medicare-covered individual or group therapy visit
<b>12 - Outpatient Substance Abuse Care</b>	20% coinsurance	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$15 copay for Medicare-covered individual or group visits.
<b>13 - Outpatient Services/ Surgery</b>	20% coinsurance for the doctor  Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.  20% copayment for ambulatory surgical center facility charges	<b>General</b>  Authorization rules may apply.  <b>In-Network</b>  \$25 to \$100 copay for each Medicare-covered ambulatory surgical center visit.  \$25 to \$100 copay for each Medicare-covered outpatient hospital facility visit.

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

<b>Benefit Category</b>	<b>Original Medicare</b>	<b>AvMed Medicare Choice (HMO)</b>
<p><b>14 - Ambulance Services</b> (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>
<p><b>15 - Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER Copay cannot exceed Part A inpatient hospital deductible.</p> <p>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</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p><b>16 - Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$25 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the urgently-needed care visit.</p>
<p><b>17 - Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$5 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$5 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>\$5 copay for Medicare-covered Cardiac Rehab services.</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance	<b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>19 - Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<b>In-Network</b> \$0 copay for Medicare-covered items.
<b>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)	20% coinsurance 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.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of \$0 to \$5 may apply.
<b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab Services 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.	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered lab services. \$0 to \$100 copay for Medicare-covered diagnostic procedures and tests. \$25 copay for Medicare-covered X-rays. \$25 to \$100 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). \$50 copay for Medicare-covered therapeutic radiology services.

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Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services, continued</b>	<p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months of up to three times during a pregnancy</p>	<p>Separate Office Visit cost sharing of \$0 to \$5 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.</p> <p>Separate Office Visit cost sharing of \$0 to \$5 may apply for Outpatient Diagnostic and Therapeutic Radiological Services.</p>
<p><b>22 - Bone Mass Measurement</b> (for people with Medicare who are at risk)</p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement</p> <p>Separate Office Visit cost sharing of \$0 to \$5 may apply.</p>
<p><b>23 - Colorectal Screening Exams</b> (for people with Medicare age 50 and older)</p>	<p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>- Medicare-covered colorectal screenings</li> <li>- up to 1 additional screening (s) every year</li> </ul> <p>Separate Office Visit cost sharing of \$0 to \$5 may apply.</p>
<p><b>24 – Immunizations</b> (Flu vaccine, Hepatitis B vaccine -for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu, Pneumonia and Hepatitis B Vaccines</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p>
<p><b>25 - Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment or deductible</p> <p>No referral needed.</p> <p>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.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered screening mammograms</p> <p>\$0 copay for up to 1 additional screening mammogram(s) every year</p> <p>Separate Office Visit cost sharing of \$0 to \$5 may apply.</p>

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<b>Benefit Category</b>	<b>Original Medicare</b>	<b>AvMed Medicare Choice (HMO)</b>
<p><b>26 - Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>No coinsurance, copayment, or deductible for Pap smears</p> <p>No coinsurance, copayment, or deductible for Pelvic and clinical breast exams</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams</p> <p>- up to 1 additional pap smear (s) and pelvic exam(s) every year</p> <p>Separate Office Visit cost sharing of \$0 to \$5 may apply.</p>
<p><b>27 - Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <p>- Medicare-covered prostate cancer screening</p> <p>Separate Office Visit cost sharing of \$0 to \$5 may apply.</p>
<p><b>28 - End-Stage Renal Disease</b></p>	<p>20% coinsurance for renal dialysis</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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>
<p><b>29 - Prescription Drugs</b></p>	<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><b>Drugs covered under Medicare Part B General</b></p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.avmed.org/preferredmedicationlists.aspx">http://www.avmed.org/preferredmedicationlists.aspx</a> on the web.</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>29 - Prescription Drugs, continued</b>		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AvMed Medicare Choice (HMO) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AvMed Medicare Choice (HMO) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b></p> <p>\$0 deductible.</p> <p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p>

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**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

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Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>29 - Prescription Drugs, continued</b>		<p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$4,000:</p> <p><b>Retail Pharmacy</b></p> <p><u>Tier 1: Generic Drugs</u> - \$0 copay for a one-month (30-day) supply of drugs in this tier - \$0 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$20 copay for a one-month (30-day) supply of drugs in this tier - \$60 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$50 copay for a one-month (30-day) supply of drugs in this tier - \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b></p> <p><u>Tier 1: Generic Drugs</u> - \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 2: Preferred Brand Drugs</u> - \$20 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u> - \$50 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 4: Specialty Tier Drugs</u> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b></p> <p><u>Tier 1: Generic Drugs</u> - \$0 copay for a three-month (90-day) supply of drugs in this tier</p>

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**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
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Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>29 - Prescription Drugs, continued</b>		<p data-bbox="976 254 1357 285"><u>Tier 2: Preferred Brand Drugs</u></p> <p data-bbox="976 300 1471 367">- \$60 copay for a three-month (90-day) supply of drugs in this tier</p> <p data-bbox="976 390 1422 422"><u>Tier 3: Non-Preferred Brand Drugs</u></p> <p data-bbox="976 436 1487 504">- \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p data-bbox="976 527 1321 558"><b>Additional Coverage Gap</b></p> <p data-bbox="976 573 1560 709">The plan covers many formulary generics (65%-99% of formulary generic drugs), few formulary brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p data-bbox="976 724 1268 756">You pay the following:</p> <p data-bbox="976 779 1203 810"><b>Retail Pharmacy</b></p> <p data-bbox="976 825 1252 856"><u>Tier 1: Generic Drugs</u></p> <p data-bbox="976 871 1536 938">- \$0 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p data-bbox="976 953 1552 1020">- \$0 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p data-bbox="976 1043 1349 1075"><b>Long Term Care Pharmacy</b></p> <p data-bbox="976 1089 1252 1121"><u>Tier 1: Generic Drugs</u></p> <p data-bbox="976 1136 1536 1203">- \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p data-bbox="976 1226 1130 1257"><b>Mail Order</b></p> <p data-bbox="976 1272 1252 1304"><u>Tier 1: Generic Drugs</u></p> <p data-bbox="976 1318 1552 1386">- \$0 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p data-bbox="976 1400 1568 1644">After your yearly drug costs reach \$4,000, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p> <p data-bbox="976 1667 1289 1698"><b>Catastrophic Coverage</b></p> <p data-bbox="976 1713 1520 1780">After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <p data-bbox="976 1795 1552 1921">- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</p> <p data-bbox="976 1902 1203 1934">- 5% coinsurance.</p>

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**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
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Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>29 - Prescription Drugs, continued</b>		<p data-bbox="972 254 1195 285"><b>Out-of-Network</b></p> <p data-bbox="972 300 1565 695">Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AvMed Medicare Choice (HMO).</p> <p data-bbox="972 709 1422 741"><b>Out-of-Network Initial Coverage</b></p> <p data-bbox="972 756 1544 894">You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$4,000:</p> <p data-bbox="972 909 1255 940"><u>Tier 1: Generic Drugs</u></p> <p data-bbox="972 955 1533 1022">- \$0 copay for a one-month (30-day) supply of drugs in this tier</p> <p data-bbox="972 1037 1357 1068"><u>Tier 2: Preferred Brand Drugs</u></p> <p data-bbox="972 1083 1549 1150">- \$20 copay for a one-month (30-day) supply of drugs in this tier</p> <p data-bbox="972 1165 1422 1197"><u>Tier 3: Non-Preferred Brand Drugs</u></p> <p data-bbox="972 1211 1549 1278">- \$50 copay for a one-month (30-day) supply of drugs in this tier</p> <p data-bbox="972 1293 1333 1325"><u>Tier 4: Specialty Tier Drugs</u></p> <p data-bbox="972 1339 1544 1407">- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p data-bbox="972 1421 1555 1549">You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p data-bbox="972 1564 1549 1596"><b>Additional Out-of-Network Coverage Gap</b></p> <p data-bbox="972 1610 1539 1715">You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p data-bbox="972 1730 1255 1761"><u>Tier 1: Generic Drugs</u></p> <p data-bbox="972 1776 1533 1843">- \$0 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p data-bbox="972 1858 1357 1890"><u>Tier 2: Preferred Brand Drugs</u></p> <p data-bbox="972 1904 1565 1971">- You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
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Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>29 - Prescription Drugs, continued</b>		<p>out-of network until total yearly out-of pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p><u>Tier 3: Non-Preferred Brand Drugs</u></p> <p>- You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of network until total yearly out-of pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p><u>Tier 4: Specialty Tier Drugs</u></p> <p>- You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of network until total yearly out-of pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>- A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
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Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>30 - Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b></p> <p>\$5 copay for Medicare-covered dental benefits.</p> <ul style="list-style-type: none"> <li>- \$0 to \$20 for oral exams</li> <li>- \$0 to \$45 copay for cleanings</li> <li>- \$0 to \$35 copay for up to 1 dental x-ray(s)</li> </ul> <p>Separate Office Visit cost sharing of \$6 may apply.</p> <p>Plan offers additional comprehensive dental benefits.</p>
<b>31 - Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> <li>- \$5 copay for Medicare-covered diagnostic hearing exams</li> </ul>
<b>32 - Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>- \$10 copay for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>- \$0 to \$5 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>- \$0 to \$5 copay for routine eye exams</li> <li>- \$10 copay for up to 1 pair(s) of glasses every year</li> </ul>
<b>33 - Welcome to Medicare; and Annual Wellness Visit</b>	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p>	<p><b>In-Network</b></p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p> <p>No plan coverage limit on the number of covered exams.</p>

**Summary of Benefits for AvMed Medicare Choice (HMO) 2011  
Miami-Dade County and Broward County**

Benefit Category	Original Medicare	AvMed Medicare Choice (HMO)
<b>33 - Welcome to Medicare; and Annual Wellness Visit, continued</b>	<p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	
<b>34 - Health/Wellness Education</b>	<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>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months of up to three times during a pregnancy.</p>	<p><b>In-Network</b></p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Health Club Membership/Fitness Classes</li> <li>- Nursing Hotline</li> <li>- \$0 copay for each Medicare-covered smoking cessation counseling session.</li> <li>- \$0 copay for each Medicare-covered HIV screening.</li> </ul> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
<b>Transportation</b> (Routine)	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover routine transportation.</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover Acupuncture.</p>