Benefit **Guide**

Freedom to choose...
No Need to Designate a PCP... No Referrals

State of Florida
HMO Health Plan

Health plans with **your health** in mind.

AvMed
HEALTH PLANS

STATE OF FLORIDA

HMO
HEALTH PLAN

BENEFIT GUIDE
JANUARY 2011

AvMed
HEALTH PLANS

Benefit Summary

AvMed Health Plans

STATE OF FLORIDA	SCHEDULE OF COPAYMENTS	COST TO MEMBER
OUT-OF-POCKET MAXIMUM		$1,500 INDIVIDUAL $3,000 FAMILY
PREVENTIVE CARE **NOT SUBJECT TO DEDUCTIBLE**	Preventive care services include, but are not limited to: ▪ Well-woman examinations, including Pap smears ▪ Annual physical examinations ▪ Immunizations ▪ Well-child care and immunizations, including routine vision and hearing screenings by a pediatrician for children under 18 ▪ Screening mammograms ▪ Colorectal cancer screening, including colonoscopies ▪ HIV screening	**NO CHARGE**
AVMED PRIMARY CARE PHYSICIAN	Services at participating doctors' offices include, but are not limited to: ▪ Routine office visits ▪ Minor surgical procedures ▪ Hearing examinations	$20 per visit
AVMED SPECIALIST'S SERVICES	No referral or Pre-Authorization required for: ▪ Office visits, consultation, diagnosis, and treatment	$40 per visit
HOSPITAL	Pre-Authorization required for Inpatient care. Inpatient care at participating hospitals includes: ▪ Room and board - unlimited days (semi-private) ▪ Physician's, specialist's and surgeon's services ▪ Anesthesia, use of operating and recovery rooms, oxygen, drugs and medication ▪ Intensive care unit and other special units, general and special duty nursing ▪ Laboratory and diagnostic imaging ▪ Required special diets ▪ Radiation and inhalation therapies	$250 per admission; 100% coverage thereafter
SURGERY	▪ Outpatient ▪ Inpatient	**NO CHARGE** $250 per admission; 100% coverage thereafter
VISION BENEFITS	▪ Routine annual eye exam ▪ Primary Care Physician Services ▪ Specialist Services	 $20 Co-payment $40 Co-payment
OUTPATIENT LAB AND X-RAY	▪ Diagnostic tests	**NO CHARGE**
EMERGENCY SERVICES	An emergency is the sudden and unexpected onset of a condition requiring immediate medical or surgical care. (Copayment waived if admitted.) ▪ Emergency room at participating hospitals and non-participating hospitals, facilities and/or Physicians Plan must be notified within 24 hours of emergency admission or as soon as reasonably possible.	$100 Co-payment
URGENT/IMMEDIATE CARE	▪ Medical Services at a participating Urgent/Immediate Care facility or services rendered after hours in your Primary Care Physician's office ▪ Medical Services at a participating retail clinic ▪ Medical Services at a non-participating Urgent/Immediate Care facility or non-participating retail clinic	$25 Co-payment

Benefit Summary

AvMed Health Plans

MENTAL HEALTH	▪ Inpatient	$250 per admission; 100% coverage thereafter
	▪ Outpatient	$20 per visit
ALCOHOL / DRUG TREATMENT	▪ Inpatient	$250 per admission; 100% coverage thereafter
	▪ Outpatient	$20 per visit
FAMILY PLANNING	▪ Family planning services	
	▪ Primary Care Physician services	$20 per visit
	▪ Specialist services	$40 per visit
	▪ Maternity care	
	▪ Outpatient	**NO CHARGE**
	▪ Inpatient	$250 per admission; 100% coverage thereafter
ALLERGY TREATMENTS	▪ Injections	
	▪ Primary Care Physician services	$20 per visit
	▪ Specialist services	$40 per visit
	▪ Skin testing	
	▪ Primary Care Physician services	$20 per course of testing
	▪ Specialist services	$40 per course of testing
AMBULANCE	▪ When pre-authorized or in the case of emergency	**NO CHARGE**
DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDER	▪ Applied Behavior Analysis services ▪ Physical, speech or occupational therapy Coverage for all services related to Autism Spectrum Disorder is limited to $36,000 annually and may not exceed $200,000 in total benefits.	$40 per visit
HOME HEALTH CARE	▪ Per occurrence	**NO CHARGE**
DURABLE MEDICAL EQUIPMENT	▪ Per device	**NO CHARGE**
REHABILITATIVE SERVICES	▪ Outpatient services limited to 60 visits per injury	$40 per visit
SKILLED NURSING FACILITIES	Pre-Authorization required. ▪ Up to 60 days maximum per calendar year	**NO CHARGE**
PROSTHETIC OR ORTHOTIC DEVICES	▪ Per device	**NO CHARGE**

FOR FURTHER INFORMATION, PLEASE CALL: 1-888-762-8633

This Schedule of Copayments is not a contract.
For specific information on benefits, exclusions and limitations, please see your State of Florida Employees' Group Insurance Policy.

Prescription Medication Benefits

AvMED HEALTH PLANS

$7/30/50 CO-PAYMENT with Contraceptives

DEFINITIONS

Brand medication means a Prescription Drug that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer or a medication that is identified as a Brand medication by AvMed. AvMed delegates determination of Generic/Brand status to our Pharmacy Benefits Manager.

Brand Additional Charge means the additional charge that must be paid if you choose a Brand medication when a Generic equivalent is available. The charge is the difference between the cost of the Brand medication and the Generic medication. This charge must be paid in addition to the applicable Non-Preferred Brand Co-payment. However, if the prescribing physician or other Participating Provider authorized to prescribe medications within the scope of his or her license indicates on the prescription "Brand medically necessary" or "dispense as written" for a medication for which there is a generic equivalent, the Brand medication shall be dispensed for the applicable Non-Preferred Brand Co-payment only.

Dental-specific Medication is medication used for dental-specific purposes, including but not limited to fluoride medications and medications packaged and labeled for dental-specific purposes.

Formulary List means the listing of preferred and non-preferred medications as determined by AvMed's Pharmacy and Therapeutics Committee based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of Co-payment for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by AvMed's Pharmacy and Therapeutics Committee.

Generic medication means a medication that has the same active ingredient as a Brand medication or is identified as a Generic medication by AvMed's Pharmacy Benefits Manager.

Injectable Medication is a medication that has been approved by the Food and Drug Administration (FDA) for administration by one or more of the following routes: intramuscular injection, intravenous injection, intravenous infusion, subcutaneous injection, intrathecal injection, intrarticular injection, intracavernous injection or intraocular injection. Prior Authorization is required for all Injectable Medications.

Maintenance Medication is a medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy means a pharmacy (retail, mail order or specialty pharmacy) that has entered into an agreement with AvMed to provide Prescription Drugs to AvMed Members and has been designated by AvMed as a Participating Pharmacy.

Prescription Drug means a medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization means the process of obtaining approval for certain Prescription Drugs (prior to dispensing) according to AvMed's guidelines. The prescribing physician must obtain approval from AvMed. The list of Prescription Drugs requiring Prior Authorization is subject to periodic review and modification by AvMed. A copy of the list of medications requiring Prior Authorization and the applicable criteria are available from Member Services or from the AvMed website.

HOW DOES YOUR RETAIL PRESCRIPTION COVERAGE WORK?

To obtain your Prescription Drug, take your prescription to, or have your physician call, an AvMed Participating Pharmacy. Your physician should submit prescriptions for Injectable Medications to AvMed's specialty pharmacy. Present your prescription along with your AvMed identification card. Pay the following Co-payment (as well as the Brand Additional Charge if you choose a Brand product when a Generic equivalent is available).

Tier 1	Generic Medications:	$ 7.00	Co-payment
Tier 2	Preferred Brand Medications (including Injectable Medications):	$ 30.00	Co-payment
Tier 3	Non-Preferred Brand Medications:	$ 50.00	Co-payment

ORDERING YOUR PRESCRIPTIONS THROUGH THE MAIL

Mail service is a benefit option for maintenance medications needed for chronic or long-term health conditions. It is best to get an initial prescription filled at your retail pharmacy. Ask your physician for an additional prescription for up to a 90-day supply of your medication to be ordered through mail service. Up to 3 refills are allowed per prescription. Pay the following Co-payment (as well as the Brand Additional Charge if you choose a Brand product when a Generic equivalent is available).

Tier 1	Preferred Generic Medications:	$ 14.00	Co-payment
Tier 2	Preferred Brand Medications: (Injectable Medications are not available through mail service)	$ 60.00	Co-payment
Tier 3	Non-Preferred Brand or Generic Medications:	$ 100.00	Co-payment

Prescription Medication Benefits, continued

WHAT IS COVERED?

- Your Prescription Drug coverage includes outpatient medications (including contraceptives) that require a prescription and are prescribed by your AvMed physician in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.
- Your Prescription Drug coverage may require Prior Authorization, including the Progressive Medication Program, for certain covered medications. The Progressive Medication Program encourages the use of therapeutically-equivalent lower-cost medications by requiring certain medications to be utilized to treat a medical condition prior to approving another medication for that condition. This includes the first-line use of preferred medications that are proven to be safe and effective for a given condition and can provide the same health benefit as more expensive non-preferred medications at a lower cost.
- Your retail Prescription Drug coverage includes up to a 30-day supply of a medication for the listed Co-payment. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been used and subject to a maximum of 13 refills per year. You also have the opportunity to obtain a 90-day supply of medications used for chronic conditions including, but not limited to asthma, cardiovascular disease and diabetes from the retail pharmacy for the applicable Co-payment per 30-day supply. However, Prior Authorization may be required for covered medications.
- Your mail-order Prescription Drug coverage includes up to a 90-day supply of a routine maintenance medication for the listed Co-payment. If the amount of medication is less than a 90-day supply, you will still be charged the listed mail order Co-payment.
- Your Injectable Medication coverage extends to many injectable medications approved by the FDA. These medications must be prescribed by a physician and dispensed by a retail or specialty pharmacy. The Co-payment levels for Injectable Medications apply regardless of provider. This means that you are responsible for the appropriate Co-payment whether you receive your Injectable Medication from the pharmacy, at the physician's office or during home health visits. Injectable Medications are limited to a 30-day supply.
- Your Prescription Drug coverage includes coverage for injectable contraceptives. There is a Co-payment of $30 for each injection. If there is an office visit associated with the injection, there will be an additional Co-payment required for the office visit.
- Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid clinical studies without published conflicting data. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a Member to experience an adverse effect at higher doses.
- Coverage is provided for smoking cessation prescription medications subject to the appropriate Co-payment. Benefit is limited up to a six month supply within any plan year and a maximum lifetime benefit of no more than nine months supplied.

QUESTIONS? Call your AvMed Member Services Department at: 1-800-88-AvMed (1-800-882-8633)

EXCLUSIONS AND LIMITATIONS

- Medications which do not require a prescription (i.e. over-the-counter medications) or when a non-prescription alternative is available, unless otherwise indicated on AvMed's Formulary List.
- Medications not included on AvMed's Formulary List.
- Medical supplies, including therapeutic devices, dressings, appliances and support garments
- Replacement Prescription Drug products resulting from a lost, stolen, expired, broken or destroyed prescription order or refill
- Diaphragms and other contraceptive devices
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific Medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals except prenatal vitamins
- Nutritional supplements
- Immunizations
- Allergy serums, medications administered by the Attending Physician to treat the acute phase of an illness and chemotherapy for cancer patients are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to Co-payments or Co-insurance as outlined on the Schedule of Benefits
- Investigational and experimental drugs (except as required by Florida statute)
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Medications and immunizations for non-business related travel, including Transdermal Scopolamine

Filling a prescription at a pharmacy is not a claim for benefits and is not subject to the Claims and Appeals procedures under ERISA. However, any medicines that require Prior Authorization will be treated as a claim for benefits subject to the Claims and Appeals Procedures, as outlined in the Group Medical and Hospital Service Contract.

The following information is intended to provide a summary of services and programs offered by AvMed Health Plans. This Benefit Guide is not a contract. For specific information on benefits, exclusions and limitations, please consult your AvMed Group Medical and Hospital Service Contract or Summary Plan Description.

Welcome to AvMed

AvMed Health Plans provides its members with personalized service and flexibility when choosing health care. Our benefit plans are designed with you in mind. AvMed believes in maximizing access to care by providing you with a robust provider network (in some cases, nationwide), lower out-of-pocket costs for in-network services, a simplified claims process, plus wellness and preventive care.

You also get these programs and services:

- 24-hour, toll-free Member Services
- 24-hour, toll-free Nurse On Call program staffed by AvMed registered nurses
- Savings on alternative health services
- Discounts on eyeglasses and contact lenses
- AvMed's Web site, your online resource for health and benefits information
- AvMed's Online Provider Directory
- AvMed's Decision Support Tools, your comprehensive set of tools designed to help you become a more informed health care consumer
- Disease and Complex Case Management programs for high-risk and chronic conditions

Medical Excellence

AvMed Physicians
AvMed is committed to quality health care. We have a broad network of physicians who also work hard to keep you healthy. AvMed contracts with physicians who are in private practice and see AvMed members within certain time frames, depending upon the member's condition. They also agree to certain standards of care for our members with regard to wait times and accessibility. To view AvMed's standards, go to the AvMed Web site at **www.avmed.org** and click on ***Find a Doctor***.

AvMed considers board certification a significant credential in evaluating physicians. Our network physicians have completed advanced training in an approved hospital residency and/or fellowship program. Requirements for physicians to become board certified are established by each specialty board. Our network physicians are identified within this online directory with a star for 'Board Certified.'

Hospitals, Facilities & Allied Services
AvMed members have access to one of the most versatile facility networks in the state, made up of hospitals, skilled nursing facilities, diagnostic centers, laboratories, ambulatory surgical centers, home health, urgent care centers, pharmacies, vision companies, durable medical equipment providers and much, much more. To be a participating provider for AvMed, health care facilities must meet rigorous credentialing standards based on quality. Quality of care standards are developed from those of nationally recognized professional organizations, and are monitored for all providers. AvMed supports our providers in their efforts to meet or exceed quality standards.

How AvMed Chooses Providers
We carefully assess the need for particular specialties in each of our service areas to make sure we have enough physicians to meet the medical needs of our members. To be a participating AvMed provider, medical professionals and health care facilities must meet thorough credentialing standards. This includes the examination of practice experience, licenses, certifications, hospital privileges, education and medical record keeping.

Accessing Care

In an effort to keep you informed, we are providing you with this general information about accessing care, and terms you should know. Your plan's Benefit Summary, at the beginning of this guide, details a summary of the covered benefits and the out of pocket costs associated with each of those services. For specific exclusions and limitations about your plan, please refer to your Certificate of Coverage or Summary Plan Description.

In general, you will receive care from AvMed participating providers. Emergency and Urgently needed care is always covered; in or outside the AvMed network or service areas. If your plan provides out of network coverage, you can also receive routine care from non-participating providers. In this case, higher out of pocket expenses may apply.

If you have any questions, please call our Member Services Department at the number listed on your AvMed ID card. You may also e-mail us at **members@avmed.org**. Our representatives are available to assist you 24 hours a day, 7 days a week.

The Role of Primary Care Physician (PCP)
The role of a PCP is to provide routine and preventive care as well as to assist you in making important medical decisions. Your PCP should know your medical history and can be a valuable resource for information and treatment. Your plan may not require you to designate a PCP, but AvMed encourages you to choose a physician in this role so that he or she can take the time to know you and your health issues well, and coordinate your care.

Choosing a PCP and Changing a PCP
Primary care physicians can perform physicals, see you for most of your health care needs and help coordinate your care if you need to see specialists or access behavioral health care. Each covered member of your family may select the same or different primary care physician. You can find a list of doctors in the Provider Directory or on AvMed's Web site at **www.avmed.org.**

Visits to Specialist Providers
Primary care physicians know your medical history and are best qualified to determine if a specialist's care is needed, and if so, which specialist would be best for you. In most instances, AvMed does not require a referral for a visit to specialists. However, depending on your plan, certain services require prior authorization from AvMed or a referral from your PCP.

What is an authorization?
An authorization is coordinated through your physician and your health plan. It is a formal process requiring a provider to obtain prior approval from the patient's health plan before providing a particular service or procedure.

The following require prior authorization from your health plan:

- Inpatient care
- Observation
- Outpatient surgical procedures
- CT, MRI, MRA and PET scans
- Nuclear cardiac imaging
- Dialysis
- Transplant services
- Select medications, including injectable medications

Please note: *POS and Choice plans may have different authorization rules for out-of-network services. Please refer to your Certificate of Coverage for specific plan information.*

Behavioral Health Services
AvMed provides its members with a high quality mental health program. Depending on your plan, you may have direct access to mental health providers throughout the state without having to contact your PCP. Mental health diagnosis and treatment services are covered on an outpatient basis. Additional mental health services or substance abuse services may be available. For more detailed information about your coverage, please refer to your Benefit Summary and Amendment. Members must use AvMed's participating providers for all inpatient and outpatient services. Choice and POS members may utilize out-of-network benefits. Please refer to your Certificate of Coverage or Summary Plan Description for specific plan information.

Emergency, Urgent Care and Retail Clinic Options
Talk to your doctor about what to do if you need immediate medical care. Be sure to discuss after-hours care and weekend accessibility, and if there is another number you can call. If your doctor isn't available or if an accident or injury calls for immediate attention, you should know your options. Knowing the difference can save you time, money and stress.

- **When is it an emergency?**
  If you have an emergency (your condition is life-threatening; loss of consciousness; sudden, sharp abdominal pain; uncontrolled bleeding; complicated fractures) you should go to the nearest hospital or call 911 for emergency medical assistance. You may be responsible for a portion of the cost and non-covered supplies or services (refer to your Benefit Summary for more information). For a detailed definition of an emergency, please refer to your Group Medical and Hospital Service Contract (Certificate of Coverage) or Summary Plan Description.

Urgent Care Center Know where they are	**Emergency Room** Know how to get there fast	**Ambulance** Call 911	**Retail Clinic** Basic medical care
• Ear Infections • Minor cuts • Fever	• Sudden, sharp, abdominal pain • Uncontrolled bleeding	• Chest Pain • Difficulty breathing • Loss of consciousness	• After hours and weekends, when the doctor can't fit you in.

- **Urgent Care Center**
  If you encounter a minor medical emergency (sprained ankle, minor cuts or high fever), an urgent care center (UCC) may be a more convenient, and often a more cost-effective, alternative to the emergency room. The facilities handle non-emergency visits during and after regular physician office hours. Most are open seven days a week, with extended hours and do not require an appointment. They are staffed with qualified physicians and offer a wide array of health care services, including radiology, laboratory, pharmacy and procedure rooms for lacerations and fracture care. AvMed Health Plans currently contracts with a number of UCCs throughout the state. For a complete list of urgent care centers in your area, you can refer to the Provider Directory or visit our Web site at **www.avmed.org.**

- **Retail Clinic Care**
  Another option is retail clinic care, staffed by board-certified practitioners (nurse practitioners and/or physician assistants); a clinic can be a convenient and affordable choice. Clinics offer quality, basic medical care after hours, on weekends and when your doctor's office can't get you in.

  - No appointment needed
  - Open seven days a week
  - Pay your applicable PCP co-payment, co-insurance or deductible*

  To find a participating clinic near you, access AvMed's Web site at **www.avmed.org.** Follow the instructions under ***Find a Doctor*** on the home page. AvMed's Member Services is always available to help you. Call them at the toll-free number listed on the back of your AvMed ID card or e-mail us at **members@avmed.org.** *You must choose a retail clinic that is an AvMed-participating clinic in Florida. Otherwise, you will pay your urgent care co-payment, co-insurance or deductible.

Pharmacy Information
If you have prescription drug coverage through AvMed, you must purchase your prescriptions through our nationwide network of participating pharmacies. Please refer to your Provider Directory or visit our Web site at **www.avmed.org** for the participating pharmacies in your service area and for the latest list of covered drugs. For participating pharmacies outside your local service area, contact Member Services. You must present your AvMed ID card at the pharmacy in order for your prescription to be processed correctly. If you need a prescription filled before you receive your identification card, you may take your enrollment form to the pharmacy, as it contains the required information, or you may print a temporary ID card by going to our Web site. For complete information regarding your pharmacy benefits, please refer to your Certificate of Coverage or Summary Plan Description and Prescription Drug Benefits Rider or Amendment.

Generics…Real Savings
One of the easiest ways to keep prescription drug expense down is to choose generic medications. Generic drugs are typically sold at substantial discounts. Most people believe that if something costs more, it has to be of better quality. The standards of quality are the same for generics and brand name. The Food and Drug Administration (FDA) requires that all drugs be safe and effective. When a generic drug product is approved and on the market, it has met the rigorous standards established by the FDA with respect to identity, strength, quality, purity and potency. Generics provide high quality and cost savings to you. For a list of generic medications, go to AvMed's Web site at **www.avmed.org**. Click on ***Medication Lists*** at the right side of the home page.

For a complete list of:

- **Participating pharmacies**
- **Retail clinics**
- **Urgent Care Centers in your area,**

Visit www.avmed.org and click on *Find a Doctor.*

Terms You Should Know

Co-payment
A fixed fee paid by the member to the provider for covered medical services.

Co-insurance
A percentage a member must pay toward the cost of covered services once the deductible has been met. The co-insurance amount will vary depending on the network selected.

Deductible
An annual dollar amount that you must pay for covered services before AvMed begins paying for eligible expenses. Your plan may or may not have a deductible. Please refer to your Summary of Benefits for more details.

Out-of-Pocket Maximum
The maximum dollar amount of co-payments and co-insurance the member will have to pay in a calendar year, not including the deductible. Once the out-of-pocket maximum has been met, AvMed pays 100 percent of covered expenses for the remainder of that calendar year.

Services and Programs

AvMed adds value to your membership by providing the following services.

Member Services – 24 Hours a Day, 7 Days a Week

AvMed's Member Services representatives are available to you to answer questions regarding benefits, claims, changing physicians or anything involving your AvMed membership. AvMed takes pride in providing excellent customer service.

You can call the Member Services Department toll-free from anywhere, any time. TTY users should call 1-877-442-8633 for assistance, Monday through Friday, 24 hours a day. You may also visit our Web site at **www.avmed.org** or e-mail Member Services at **members@avmed.org**.

With Language Line Services, we have the ability to speak 140 languages. If you need to speak with a Member Services representative in another language, AvMed accesses Language Line Services and connects you with a translator who relays your questions or concerns back to AvMed. There is no charge to you.

Medical Technology

AvMed's Medical Technology Assessment program is designed to evaluate and assess new and existing technologies for the purpose of safe and effective health care. If you have questions regarding medical technologies, including procedures, medications, or devices, please contact your primary care physician or call **AvMed's Nurse On Call at 1-888-866-5432**, 24 hours a day, seven days a week.

Our medical directors work with practicing physician-consultants to continuously review and evaluate published medical scientific studies and information from the U.S. Food and Drug Administration and other federal agencies to ensure safe and effective treatment. By carefully assessing new approaches in medicine, we live up to our commitment of improving our members' health.

AvMed's Nurse On Call – 24 Hours a Day, 7 Days a Week

By calling AvMed's Nurse On Call, you can speak confidentially with an AvMed registered nurse about health concerns any time you need to. Our nurses can help you make an informed decision about an appropriate course of action related to an illness or injury, including when to call your physician.

You also have the option to listen to pre-recorded health information from AvMed's Audio Health Library on more than 500 health topics. Each topic includes information on symptoms, self-care, home treatment and prevention. You can find this health information on AvMed's Web site at **www.avmed.org**.

Utilization Management

The goal of AvMed's Utilization Management (UM) program is to validate the medical appropriateness and to coordinate covered services for our members. Utilization Management has several comprehensive components which include, but are not limited to:

- Prior-authorization requests from providers prior to providing covered services.
- Concurrent review of all patients hospitalized in acute-care, psychiatric, rehabilitation, and skilled nursing facilities, including on-site review when appropriate.
- Case management and discharge planning for all inpatients and those requiring continued care in an alternative setting (such as home care or a skilled care facility) and for outpatients when deemed appropriate; and
- The Benefit Coordination Program which is designed to conduct prospective reviews for select medical services to ensure that these are covered and medically necessary. The Benefit Coordination Program may also advocate alternative cost-effective settings for the delivery of prescribed care and may identify other options for non-covered health care needs.

AvMed's Heath Report Card
AvMed's Health Report Card is a user-friendly, interactive and confidential personal health assessment which will help you to identify health risks and set goals based on your health needs. Log on to AvMed's Web site at **www.avmed.org**.

Once logged in, click on:

- ***'My Account'*, then *'My Health Tools.'***
- **Scroll down to find the *Health Report Card* link.**

Healthy Living Programs
At AvMed, we're constantly exploring ways to help you maintain good health. To that end, we offer a variety of wellness strategies and programs that can enhance both your well-being and your quality of life, putting you on the road to better health and keeping you there.

If you want to maintain your good health we give you many options to help you become more proactive and prevent illness. Plus, plenty of support and motivation with programs such as:

- Weight Watchers™ Reimbursement program
- Discounts on fitness centers
- Nutrition counseling
- Yoga and other alternative health services

To find a practitioner in your area, go to AvMed's Web site at **www.avmed.org**. Log in to click on "*Health and Wellness*" from the list at the left of the screen. When you enter through our Web site, the information you receive is customized for AvMed members. If you don't have Internet access, call AvMed Member Services for assistance.

AvMed's Healthy Living and Case Management Programs
When you are facing chronic illness, our disease management philosophy is to provide you access to high-tech, high-touch, personalized service that is coordinated to ease your concerns. AvMed's highly trained care team works closely with your doctor and family to answer health-related questions consider treatment options and assist in coordinating your care. You will receive periodic calls to help you manage your condition

AvMed's Healthy Living offers you support to deal with the following conditions:

- Asthma
- CAD – coronary artery disease
- COPD – chronic obstructive pulmonary disease
- Congestive heart failure
- Diabetes

An acute condition is an injury or illness that requires short-term, sometimes intensive, therapy. AvMed's Case Management Program can work closely with you, your doctor and family to address these complex health issues:

- Organ transplant
- High-risk maternity care
- Cancer
- Kidney disease
- Wound care

For more information, call AvMed Member Services at the number listed on your AvMed ID card.

Discounts on Eye Exams, Glasses, Lenses and Contacts
Discounts on eye exams, glasses, lenses and contacts are available through some of AvMed's vision partners. For more information, call AvMed Member Services at the number listed on your AvMed ID card.

AvMed's Web Site

Your Best Source for Fast Information on Your Health Plan

Visit our Web site at **www.avmed.org** to access a vast amount of information and a great number of resources that are available to you as an AvMed member. Some areas are immediately accessible, such as Online Consumer Tools, AvMed's Provider Directory and AvMed's Preferred Medication List. You can view and do so much more, however, by registering for full access to the Web site. With your user ID and password, you're able to obtain your personal health information and interact with AvMed in the following areas:

- Benefits
- Request an AvMed ID card or a temporary ID card
- Eligibility
- Information on co-payment, deductible and/or co-insurance accumulations
- Status changes
- Change PCP, address, phone
- Authorization inquiries
- Medical and pharmacy claims inquiries

You can also submit Coordination of Benefits (COB) information and any personal information changes. Our Web site's extensive provider directory offers the names of participating PCPs, hospitals and ancillary facilities, as well as every type of specialist physician. Updated weekly, the online directory contains information on our contracted doctors' backgrounds, office hours, office locations, languages spoken and more. The AvMed Web site also includes health information and current press releases on company developments and achievements.

Online Consumer Tools

Research shows that health plan members who are engaged in choosing and using their health benefits become informed, cost-conscious consumers. AvMed's Online Consumer Tools are available at **www.avmed.org** to help you make effective decisions about your health care. These resources can assist you in choosing and determining what prescription drugs, physicians and hospitals best meet your needs. Stay connected to stay healthy!

Learn About Your Health.
AvMed's online medical encyclopedia is a valuable reference tool containing comprehensive medical information designed to keep you informed and proactive in your health decisions. Find out how common your condition is among people your age group. Learn about treatment options and find out how quickly you can expect to recover.

Find a High-Quality Physician.
Search for physicians by name, location and specialty. Physician profiles include such useful details as education, board certification, sanctions and malpractice issues. You also can learn about estimated treatment costs and view affiliated hospitals and patient satisfaction survey results. With this information, you'll be able to compare doctors and find the one who's right for you.

Find a High-Quality Hospital.
Search hospitals by name, location, procedure/condition or overall quality. Ratings and cost estimates are easy to understand, with side-by-side comparisons and detailed profiles. This tool can help you manage your health care costs and avoid complications associated with poor care.

Estimate Health Care Costs.
Research and approximate the total cost of the most common inpatient, outpatient and diagnostic testing procedures. The treatment cost calculator helps you understand and manage costs as well as plan for future healthcare expenses. Compare costs through searching by gender, region and age. When finished, you'll receive a summary of anticipated costs.

Things You Should Know

Members' Rights and Responsibilities

Members have a right to:

- Considerate, courteous, and dignified treatment by all participating providers without regard to race, religion, gender, national origin, or disability and a reasonable response to a request for services, evaluation and/or referral for specialty care.
- Receive information about AvMed Health Plans, our products and services, our contracted practitioners and providers, and members' rights and responsibilities.
- Be informed of the health services covered and available to them or excluded from coverage, including a clear explanation of how to obtain services and applicable charges.
- Access quality care, receive preventative health services and know the identity and professional status of individuals providing services to them.
- The confidentiality of information about their medical health condition being maintained by the Plan and the right to approve or refuse the release of member specific information including medical records, by AvMed, except when the release is required by law.
- Participate in decisions involving their health care and to give informed consent for any procedure after receiving information about risk, length of inactivity, and choices of alternative treatment plans available regardless of cost or benefit coverage.
- To refuse medical treatment, including treatment considered experimental, and to be informed of the medical consequences of this decision.
- Have available and reasonable access to service during regular hours and to after-hours and emergency coverage, including how to obtain out-of-area coverage.
- A second opinion from another participating physician or non-participating consultant in the AvMed Health Plans' service area.*****
- Know about any transfer to another hospital, including information about why the transfer is necessary and any alternatives available.
- Be fully informed of the complaint, and grievance processes and use them without fear of interruption of health services.
- To make recommendations regarding the Plan's members' rights and responsibilities policies.
- Written notice of any termination or change in benefits, services or the member's providers.

** A portion of the cost of a non-participating consultant will be the responsibility of the member. This benefit includes consultation only and does not guarantee continued care with consulting provider.*

Members have the responsibility to:

- Choose an AvMed participating Primary Care Physician and establish themselves with this physician.******
- Become knowledgeable about their health plan coverage including covered benefits, limitations and exclusions, procedures regarding use of participating providers and referrals.
- Take part in improving their health by maximizing healthy habits.
- Provide accurate and complete information about their health.
- Ask any questions and seek any clarification necessary to adequately understand their illness and/or treatment. Follow the recommended and mutually agreed upon treatment plan.
- Keep appointments reliably, and promptly notify the provider when unable to so.
- Fulfill financial obligations for receiving care, as required by their health plan agreement, in a timely manner.
- Show consideration and respect to providers and provider staff.

***Certain AvMed Plans do not require that you choose a Primary Care Physician. However, AvMed encourages all members to establish a relationship with a Primary Care Physician, to help coordinate your care.*

Member Inquires and Concerns
We want to ensure that your concerns are addressed promptly. If at any time you have complaints, you may call AvMed Member Services at the number listed on your AvMed ID card. Representatives are available to assist you 24 hours a day, 7 days a week. You may also contact Member Services by writing us at **members@avmed.org**. If you have a concern regarding the quality of medical care or service you are receiving, we encourage you to first discuss it directly with your provider.

For complete information regarding AvMed's grievance procedure, please refer to your Group Medical and Hospital Service Contract (Certificate of Coverage) or Summary Plan Description.

Claims
In most cases, providers will file claims directly with AvMed Health Plans. However, if you feel that you have incurred charges that should be considered for payment or reimbursement, you will need to submit an itemized statement of charges, date(s) of service, including diagnostic and procedure codes, together with proof of payment to the AvMed Claims Center at:

P.O. Box 569000
Miami, Florida 33256-9000

Please note: For specific claim filing requirements, please refer to your Group Medical and Hospital Service Contract (Certificate of Coverage) or Summary Plan Description.

Advance Directives

Your Rights

AvMed wishes to inform you of Florida law regarding Living Wills and Advance Directives. Under Florida law, every adult has the right to make certain decisions concerning his or her medical treatment. The law also allows for your rights and personal wishes to be respected even if you are too sick to make decisions yourself.

You have the right, under certain conditions, to decide whether to accept or reject medical treatment, including whether to continue medical treatment and other procedures that would prolong your life artificially.

You may also designate another person, or surrogate, who may make decisions for you if you become mentally or physically unable to do so. This surrogate may function on your behalf for a brief time longer, for a life-threatening or a non-life-threatening illness. Any limits to the power of the surrogate in making decisions for you should be clearly expressed.

Your health care provider will furnish you written information about its policy regarding Advance Directives.

The legal basis for these rights can be found in the Florida Statutes: Health Care Advance Directives, Chapter 765; Durable Power of Attorney Section 709.08; and guardianship, Chapter 744; and in the Florida Supreme Court decision on the constitutional right of privacy, *Guardianship of Estelle Browning, 1990.*

What is an Advance Directive?

An Advance Directive is a "written instruction, such as a Living Will or Durable Power of Attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the state) and relating to the provision of such care when the individual is incapacitated."

The law of Florida provides three ways to express your *written desires,* in advance, so your doctor and family will know how you want to be treated in the event you become unable to tell them.

Living Will
A Living Will is a written personal statement made by you that lets others know your wishes for medical care at the end of life. You must be 18 years of age and of sound mind to write a Living Will. Most Living Wills direct physicians to limit or forego certain treatments, for example, connecting a person to a respirator/breathing machine. The Living Will is used only in situations where you are both terminally ill and unable to take part in mental decisions. A Living Will does not cover all situations that may present themselves, so you may want to have other documents prepared.

Health Care Surrogate
A Health Care Surrogate is a person you choose to make health care decisions for you when you are no longer able to do so. Your surrogate should be someone who knows your wishes and will make decisions based on what he/she believes you would want. A Health Care Surrogate is usually a family member or close friend who can be readily available to your physician. You are encouraged to appoint a Health Care Surrogate even if you have made other written expressions of your wishes, since it is difficult to address every possible situation in a Living Will.

Durable Power of Attorney
A Power of Attorney is a document by which you give another person – your "agent" – the authority to make decisions about the financial aspects of your life. In Florida, you can also give your agent the authority to make decisions about your medical treatment. A Durable Power of Attorney remains in effect even if you become incapacitated. For example, you can authorize your agent to consent to medical and surgical procedures for you under certain circumstances (*usually* when you are unable to make these decisions). You must be 18 years old and you can revoke or change your power of attorney at any time before you become incompetent.

Common Questions:

Q. Are Living Wills, HealthCare Surrogates and Durable Powers of Attorney just for senior citizens?

A. No. A severe illness or serious accident can happen to any person at any age. If you have strong feelings about what choices you would want in such a situation, regardless of your age, you are encouraged to consider an Advance Directive. However, parents of minors under the age of 18 will be responsible for the health care decisions of their children (unless special facts apply).

Q. May I change my Living Will, name a different Health Care Surrogate or Durable Power of Attorney?

A. Yes, you may make changes at any time. If you do make changes to your Living Will, name a new Health Care Surrogate or Durable Power of Attorney be sure to destroy all of the outdated copies and provide copies of the updated information to your physician, family members and others whom you think need to know your wishes.

Q. May I request that I not be given food or water artificially (tube feedings, IVs)?

A. Yes. Florida law gives you the right to refuse food and water. A Living Will usually allows you to do this when you medical condition is terminal and such efforts only serve to prolong the process of dying. A Health Care Surrogate or Durable Power of Attorney, appointed independent of your Living Will, is able to direct that IVs and tube feedings be discontinued in situations where no recovery is deemed possible.

Q. Are there any limitations on carrying out my instructions?

A. No. The document need only be signed in the presence of two witnesses. One of the witnesses must be someone who is not your spouse, blood relative, heir or person responsible for paying your medical bills.

Q. What do I do after I complete a Living Will, appoint a Health Care Surrogate and/or Durable Power of Attorney?

A. Once you have completed a Living Will, appointed a Health Care Surrogate and/or Durable Power of Attorney, you should give a copy to your physician, minister, family members, close friends and your Health Care Surrogate or Durable Power of Attorney. Discuss with them the details of your Advance Directive and ask that they keep a copy to make available if and when needed.

Q. Is it necessary to state my wishes in writing?

A. It is probably best to put your wishes in writing. There is authority for oral declarations but if you have stated your desires in writing, misunderstandings can be avoided.

Remember…

- It may be best to sign multiple documents because the appointment of a Health Care Surrogate and Durable Power of Attorney are more flexible and apply to more than just end of life situations.
- An Advance Directive that is valid in another state may not be valid in Florida.
- If you have a health care Power of Attorney that you signed in another state you should probably have a local attorney review it to assure its validity.
- Update your document regularly.

For more information about
AvMed Health Plans, call
Member Services at the number
listed on your AvMed ID card.

www.avmed.org

AvMed
HEALTH PLANS

MP-5051(8/10)