

Changes to the
AvMed Medicare Choice Broward County
2021
Annual Notice of Change

[Insert date]

Dear Member, Dear Mrs. [insert name].

This is important information on changes in your AvMed Medicare Choice coverage.

We previously sent you the Annual Notice of Change (ANOC) which provided information about changes to your coverage as an enrollee in our plan. This notice is to let you know there are errors in your ANOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct ANOC can be found on our website at www.avmed.org/medicare.

Changes to your ANOC

Where you can find the error in your 2021 ANOC	Original Information	Corrected Information	What does this mean for you?
On Page 6, Section 1.5 Changes to Benefits and Costs for Medical Services, the following items were not included in the original ANOC you may have received:	Dental Care	You pay a maximum copay of \$200 for Medicare-covered dental services	Your maximum copay <i>increased</i> from \$175 in 2020 to \$200 in 2021.
	Emergency Care, including worldwide emergency care	You pay a \$100 copay for each Medicare-covered emergency room visit or worldwide emergency visit.	Your copay <i>decreased</i> from \$120 to \$100.
	In-home Support Services	In-home support services, provided by Papa Pals, provides 120 hours of custodial and home-based services.	This is a new benefit for 2021 providing 120 hours of in-home care.

Where you can find the error in your 2021 ANOC	Original Information	Corrected Information	What does this mean for you?
On Page 6, Section 1.5 Changes to Benefits and Costs for Medical Services, the following items were not included in the original ANOC you may have received (<i>continued</i>):	Outpatient Diagnostic and Therapeutic Radiological Services	You pay a \$75 copay for diagnostic radiological services performed in-office or at non-hospital affiliated facilities or a \$100 for diagnostic radiological services at hospital-affiliated facilities.	Your copay <i>is the same</i> for diagnostic radiology services in-office or at a non-hospital affiliated facility. Your copay <i>decreased</i> from \$225 to \$100 for services at hospital-affiliated facilities.
	Part B Rx Drugs and Home Infusion Drugs	You pay 10%-20% coinsurance for Medicare Part B chemotherapy, radiation and other Part B drugs	Radiation therapy-related drugs are included under Part B drug coverage.
	Physician Specialist Services, excluding psychiatric services	You pay a \$10 copay for all physician specialists, excluding psychiatric services. There is no High Performance Network in 2021.	Your maximum copay <i>decreased</i> from \$20 to \$10 for all physician specialists, excluding psychiatric services. Because there is no High Performance Network, all physician specialists have the same copay.
	Urgently Needed Services, including worldwide urgently-needed services	You pay a \$10 copay for each Medicare-covered urgently needed service or worldwide urgently needed service	Your copay <i>decreased</i> from \$20 to \$10.
On Page 12, Section 2, Administrative Changes, the following item was not included in the original ANOC you may have received:	High Performance Provider Network (HPN) providers are identified in the provider directory as such. Also, HPN providers have a lower copay.	There is no High Performance Network in 2021.	All specialists will have the same copay in 2021. You should confirm that your Primary Care Physician (PCP) will refer to specific specialists. Please see the 2021 <i>Evidence of Coverage</i> for additional details.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at 1-800-782-8633 for additional information. (TTY users should call 711.) Hours are October 1-March 31, 8 am-8pm, 7 days a week; April 1-September 30, 8 am-8pm, Monday-Friday, 9 am-1 pm, Saturday.

We apologize for any inconvenience this may have caused, and we remain fully committed to you and your health. We appreciate the opportunity to serve you.

AvMed Medicare is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-782-8633 (TTY 711)