



2007 Benefits and Plan Choices

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MedicareRx
Prescription Drug Coverage



A plan for Medicare beneficiaries in Burlington, Camden, Cumberland, Gloucester and Salem counties.

Our recommended plan includes comprehensive medical AND prescription drug benefits for just \$124.80 a month!

Service Category	AmeriHealth 65 [®] Plus Medical Only	AmeriHealth 65 [®] Plus Rx Option II
Monthly Plan Premium	\$86.00	\$124.80
Out-of-Network Deductible	None	None
Out-of-Network Coinsurance	30%	30%
Out-of-Network Out-of-Pocket Maximum	\$3,000	\$3,000
Primary Care Office Visit	\$15 copay	\$15 copay
Specialist Visit	\$25 copay	\$25 copay
Emergency Room	\$50 copay*	\$50 copay*
Ambulance	\$50 copay	\$50 copay
Urgent Care	\$15-\$25 copay	\$15-\$25 copay
Inpatient Hospital**	<p>Tier 1 hospitals: \$100/day copay; \$500/stay maximum</p> <p>Tier 2 hospitals: \$200/day copay; \$1,000/stay maximum</p>	<p>Tier 1 hospitals: \$100/day copay; \$500/stay maximum</p> <p>Tier 2 hospitals: \$200/day copay; \$1,000/stay maximum</p>
Outpatient Surgery/Services***	<p>Tier 1 hospitals: \$75 per visit</p> <p>Tier 2 hospitals: \$150 per visit</p>	<p>Tier 1 hospitals: \$75 per visit</p> <p>Tier 2 hospitals: \$150 per visit</p>
Health/Wellness	Fitness program, smoking cessation, weight management, disease management, other wellness services	Fitness program, smoking cessation, weight management, disease management, other wellness services
Eyewear	\$100 reimbursement every 2 years	\$100 reimbursement every 2 years
Hearing Aids	\$500 reimbursement every 3 years	\$500 reimbursement every 3 years
Prescription Drugs	Not covered	NO deductible; for the first \$2,200 in total drug costs, you pay \$5/generic, \$30/preferred brand and \$50/non-preferred brand drugs on the formulary; you pay 100% at discounted prices after yearly drug costs reach \$2,200; once your out-of-pocket costs reach \$3,850 you pay the greater of \$2.15/generic and \$5.35/brand OR 5% coinsurance

Please see the Summary of Benefits for more details.

* Copay not waived if admitted.

** If you are admitted to a Tier 1 or Tier 2 hospital due to an emergency, you are responsible for the applicable cost-sharing level of that hospital.

*** Outpatient surgery at all free-standing surgical clinics, ambulatory surgical centers and other non-hospital outpatient facilities is subject to Tier 1 outpatient surgery copay.



With AmeriHealth 65[®] Plus, you can get doctor, hospital and Medicare Part D prescription drug coverage all in one easy-to-use plan.

AmeriHealth 65 Plus provides:

- Comprehensive medical coverage
- Medicare Part D prescription drug option
- In- and out-of-network benefits
- No referrals required
- Local service and convenience

Plan Choices and Costs:

AmeriHealth 65 Plus (Medical Only)

\$86.00 Monthly Plan Premium

AmeriHealth 65 Plus Rx Option II

\$124.80 Monthly Plan Premium

With both plans, you must continue to pay your Medicare Part A, if applicable, and Part B premiums.

Part D Reminder

All people with Medicare are entitled and encouraged to take advantage of the new Medicare Part D prescription drug coverage that began on January 1, 2006. Coverage is available only through private insurance plans that have been approved by Medicare. There are two types of plans you can join if you want Medicare Part D prescription drug coverage:

- A Medicare Part D Prescription Drug Plan (which covers drugs only), or
- A Medicare Advantage with Prescription Drug Plan (like *AmeriHealth 65 Plus* with Rx Option II, which includes medical and prescription drug coverage).

To get all the benefits of Original Medicare and much, much more — including Medicare Part D prescription drug coverage — choose **AmeriHealth 65 Plus with Rx Option II.**

Because *AmeriHealth 65 Plus* provides all the benefits of Medicare and more, it eliminates the need for Medicare supplement health insurance coverage. Better yet, joining *AmeriHealth 65 Plus* eliminates the need for a separate Part D drug plan. It also eliminates the extra cost: With *AmeriHealth 65 Plus*, you pay one monthly premium for both your medical and drug coverage.

IMPORTANT:

AmeriHealth 65 Plus also offers a medical-only option plan. However, if you join *AmeriHealth 65 Plus* (either plan option, excluding medical-only), you must receive your Medicare Part D prescription drug coverage through the plan. If you choose the medical-only coverage option, you will not be able to join a separate Part D plan that provides drug coverage only.

Questions? Don't hesitate to call. We're here to help.

Call toll FREE 1-800-898-3492

TDD users should call 1-877-219-5457

Monday – Sunday, 8:00 a.m. to 8:00 p.m.

Eligibility and Service Area:

To enroll in *AmeriHealth 65 Plus*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in one of the following counties: Burlington, Camden, Cumberland, Gloucester or Salem. The federal government will not allow us to accept people with End-Stage Renal Disease (ESRD) unless converting from AmeriHealth employer group coverage during your initial election period, or if your current plan stops providing coverage in your area. However, should you develop ESRD while a member of *AmeriHealth 65 Plus*, you cannot be disenrolled for that reason.

Open access to doctors, specialists and hospitals throughout New Jersey and Pennsylvania with **NO REFERRALS** required.

One plan for both your medical and your Medicare Part D prescription drug coverage means more convenience for you

If you want to sign up for Medicare Part D prescription drug coverage, it's easy when you join the *AmeriHealth 65 Plus* plan with Rx Option II — because your Part D coverage is built in! There's one enrollment form to complete and one monthly bill. What could be easier?

Freedom to use the doctors, specialists and hospitals you want

Flexibility is an important feature of new *AmeriHealth 65 Plus*. Since the plan pays benefits for both in- and out-of-network care, this gives you the freedom to use any provider you want — even those who are not part of the *AmeriHealth 65 Plus* network.

No referrals ever

When you join *AmeriHealth 65 Plus* you choose a Primary Care Physician — the doctor you'll probably see most often for routine care. However, you have the freedom to obtain care from ANY physician in-network with **NO REFERRAL REQUIRED**.

Use network health care providers for maximum savings

The *AmeriHealth 65 Plus* network is extensive — with doctors, specialists, hospitals and pharmacies throughout Southern New Jersey and Pennsylvania — so it's easy to stay "in-network" for your care. A low, fixed amount is all you pay for most in-network covered services.

Hospital tiering helps you control costs

As an *AmeriHealth 65 Plus* member, you will have access to all hospitals in our provider network. However, you can significantly lower your out-of-pocket costs for inpatient hospital stays and outpatient surgery by choosing one of our Tier 1 hospitals.

An emphasis on preventive care

We're committed to keeping you healthy. That's why *AmeriHealth 65 Plus* plans include numerous preventive care benefits — most with **NO** copayments required.

Travel with confidence

With *AmeriHealth 65 Plus*, you have in- and out-of-network coverage. That means you can travel anywhere in the country and your coverage goes with you.

Virtually no paperwork

In most cases, when you receive care from network providers there are no claim forms to file. You pay a fixed amount, right then and there. For most out-of-network covered services, claims will be filed for you automatically — saving you the time and trouble.

AmeriHealth Healthy LifestylesSM Programs

- Fitness Reimbursement
- Smoking Cessation
- Weight Management
- Safety Program
- ConnectionsSM Health Management Programs



Answers to Questions You May Have About AmeriHealth 65[®] Plus



Q. How is *AmeriHealth 65 Plus* different from an HMO?

A. With an HMO, all your care must be provided, arranged or authorized by your Primary Care Physician, and you must use plan providers except in a few emergency situations. *AmeriHealth 65 Plus* gives you the freedom to go to doctors, specialists or hospitals in- or out-of-network. You may have to pay more for the services you receive outside the network.

Q. Do I need a referral to see a specialist?

A. No, you do NOT need a referral from your Primary Care Physician in order to see a specialist. You are free to see the doctors you want (either in or outside of the *AmeriHealth 65 Plus* network), when you want.

Q. If I choose the medical-only option, can I join a different Medicare drug plan?

A. No. If you enroll in a Medicare Advantage plan with prescription drug coverage (like *AmeriHealth 65 Plus*) you must get your Medicare Part D prescription drug coverage through the plan.

Q. I travel a lot. What if I have an emergency?

A. You may travel throughout the United States and use your *AmeriHealth 65 Plus* benefits. For emergencies and out-of-area urgent care/renal dialysis, you're covered as if you were at home (in-network benefits). Not an emergency? Don't forget you can also use non-network doctors and hospitals at any time.

Q. Does *AmeriHealth 65 Plus* cover dental visits?

A. Yes, you'll be eligible for benefits to pay for routine dental exams and cleanings. Be sure to indicate your choice of primary dental office on the enclosed enrollment form.

Q. I've heard some people can get extra help from Medicare to pay for prescription drugs. How do I know if I qualify?

A. Extra help is available for people with limited income and resources. You are eligible if your income and resources fall below specific amounts set by Medicare. In most cases, you must apply for extra help and you will need to enroll in a drug plan. Please see the Summary of Benefits for more information.

Q. How do I know if your plan covers the medications I take?

A. A formulary — the list of drugs covered by the plan — is included. We've been able to negotiate special prices with the drug companies for the medications in our formulary. Savings are passed on to you when your prescriptions are filled at network pharmacies.



If you'd like to meet with one of our sales representatives personally, why not come to one of our FREE Informational Meetings?

Or if you prefer, we'll come to your home.

This package includes everything you need to join *AmeriHealth 65[®] Plus*, but we understand that people may feel more comfortable speaking with someone face-to-face before making a purchase decision. If you're one of these people, just give us a call!

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The following is a partial list of general items that are not covered by AmeriHealth 65 Plus:

Acupuncture • Cosmetic surgery or procedures, *unless* it is needed because of accidental injury or to improve the function of a malformed part of the body • Custodial care • Routine foot care, unless associated with disease affecting the lower limbs which requires the care of a podiatrist or physician • Homemaker services • Wigs • Immunizations required for travel • Coverage out of the country • Meals delivered to the home • Naturopath services • Personal convenience items • Services that are not covered under Original Medicare • Experimental or investigational medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under an approved clinical trial • Private duty nurses • Nursing care on a full-time basis in your home • Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids and services • Self-administered prescription medication for the treatment of sexual dysfunction • Private hospital room unless medically necessary • Services performed by immediate relatives or household members • Services and equipment that are not reasonable and necessary under Medicare standards.

Prior authorization (pre-approval) is required for certain services.

AmeriHealth 65 Plus is a Medicare Advantage Open Access Point-of-Service (POS) plan approved by Medicare to cover prescription drugs. AmeriHealth HMO, Inc. is a Medicare Advantage Organization contracted with the Centers for Medicare and Medicaid Services. Benefits are underwritten or administered by AmeriHealth HMO, Inc.

Limitations and restrictions apply. Some benefits are available from in-network providers only. Formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs will be removed from the formulary.

To join an *AmeriHealth 65 Plus* plan, you must be entitled to Medicare Part A and enrolled in Part B. Benefits, premiums and cost sharing may change on January 1, 2008. Please contact AmeriHealth HMO, Inc. for details. If you have special needs, this document may be available in other formats.

This brochure is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations and rulings.