

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

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 • Homemaker services • Immunizations required for travel • Coverage when residing permanently out of the service area or out of the country • Meals delivered to the home • Private duty nurses • 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 room in a hospital, *unless* medically necessary • 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 • Services performed by immediate relatives or household members • Services and equipment that are not reasonable and necessary under Medicare standards • Wigs

NOTE: You are required to use *AmeriHealth 65 Basic* plan providers. All health care must be provided or referred by your Primary Care Physician except for emergencies, urgent situations or for out-of-area dialysis services within the United States. The use of non-plan providers, except for emergencies, urgent situations or for out-of-area dialysis services received within the United States, will result in your obligation to pay for the services rendered. NEITHER AMERIHEALTH HMO, INC. NOR MEDICARE WILL PAY FOR THESE SERVICES.

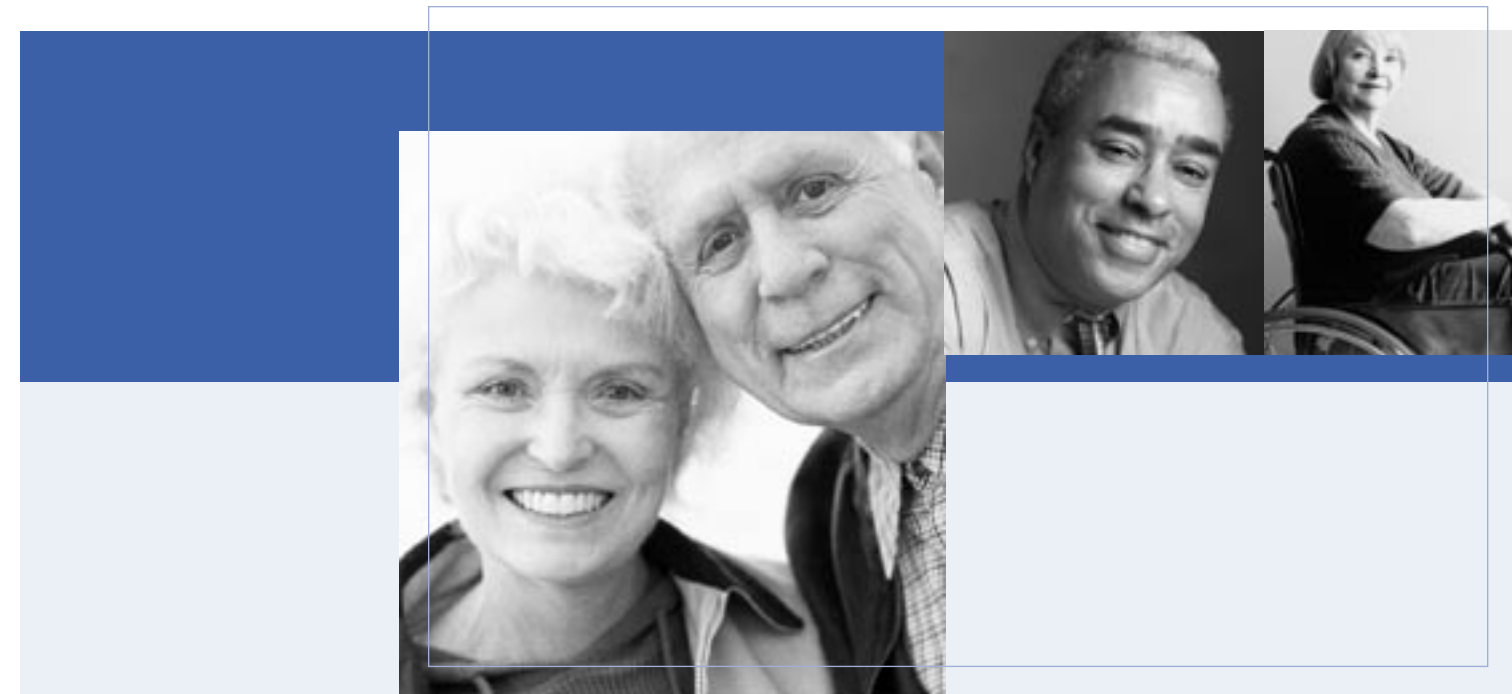
AmeriHealth 65 Basic is a Medicare Advantage Special Needs HMO Plan with a Medicare contract. Benefits underwritten or administered by AmeriHealth HMO, Inc.

Please note: 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 coverage election period, or if your current plan stops providing coverage in your area. However, should you develop ESRD while a member of *AmeriHealth 65 Basic*, you cannot be disenrolled for that reason.

To join *AmeriHealth 65 Basic*, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be enrolled with the state and federally funded Medicare Savings Programs (MSP), such as Healthy Horizons. Medicare Savings Programs, such as Healthy Horizons, are programs designed to help Medicare beneficiaries with the Medicare Parts A and B cost sharing and Medicare Part B premium. Based on the program in which a member is enrolled, they may have their Medicare Part B premium paid for or, at a higher benefit level, they may be eligible for all Medicare out-of-pocket costs to be covered by assistance dollars. *AmeriHealth 65 Basic* is designed for people who have all their Medicare out-of-pocket costs covered by MSP, or Healthy Horizons. It has high out-of-pocket costs, which are offset by these assistance programs. Therefore, those members who have all their Medicare out-of-pocket costs covered by MSP or Healthy Horizons generally choose this plan.

You must continue to pay your Medicare Part A (if applicable) and Part B premiums. Benefits, premiums and cost sharing may change on January 1, 2008. Please contact *AmeriHealth 65 Basic* for details. If you have special needs, this document may be available in other formats.

Si necesita esta información en español, llame al 1-866-282-3235.
Equipo de telecomunicación para sordos (TDD, por sus siglas en inglés): 1-877-219-5457.
Lunes – Domingo, 8:00 a.m. – 8:00 p.m.



More benefits than original Medicare.
More Medicare Part D prescription drug coverage.
No monthly plan premium to pay.

See for yourself why AmeriHealth 65® Basic may be the right plan for you!

Here's a quick review of benefits ... along with answers to questions you may have.

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AmeriHealth 65 Basic — a \$0 premium Medicare Advantage Special Needs HMO plan for people in Berks, Lancaster, Lehigh, Northampton and York counties who are eligible for both Medicare and Medicaid.

Here's a quick look at some AmeriHealth 65® Basic benefits.

Please see the enclosed Summary of Benefits for more details.

Monthly Plan Premium:

You pay NOTHING.
There is NO plan premium.

Eyewear (eyeglasses/contact lenses):

You get reimbursed up to \$150 for glasses or contact lenses every year.

Podiatry Services (footcare):

You pay NOTHING for routine visits — up to four each year.

Transportation:

You pay NOTHING for up to 12 roundtrip visits to Plan-approved providers (including doctors and specialists) each year.

Prescription Drugs:

You pay \$1 for generics and \$3 for brand name drugs — or \$2.15 for generics and \$5.35 for brand, depending on your income. You can also save money on many over-the-counter drugs.

Ambulance:

You pay NOTHING for round-trip ambulance transportation to plan-approved providers for medical tests if you are in a wheelchair and can't sit without falling, or if you are restricted to your bed.

Hearing Aids:

You get reimbursed for up to two hearing aids every three years.

Mammograms:

You pay NOTHING for Medicare-covered mammography screenings.

Prostate Cancer Screenings:

You pay NOTHING for Medicare-covered prostate cancer screening exams.

Health/Wellness Education:

You are covered for health education, nutritional training, smoking cessation and fitness reimbursements, weight management and more. If you qualify, you could get up to \$150 per year for your fitness club membership ... up to \$200 per year for programs and products that can help you stop smoking ... and up to \$200 per year for programs to help you lose weight.

Primary Care Physician Visits:

You pay \$0 to the doctor.

Here are answers to questions you may have about AmeriHealth 65 Basic.

Q. Can anybody who's on Medicare join AmeriHealth 65 Basic?

A. Yes, if you live in Berks, Lancaster, Lehigh, Northampton or York county. You must be entitled to Medicare Part A and enrolled in Medicare Part B. And you must be enrolled in a Medicaid program, including Healthy Horizons. *AmeriHealth 65 Basic* is designed for people who have all or some of their Medicare out-of-pocket costs covered by Medicaid and Healthy Horizons.

Q. How much does AmeriHealth 65 Basic cost?

A. If you are eligible to enroll, there is NO ADDITIONAL COST to you. It has a \$0 monthly premium. You have to be enrolled in Medicare Part A and Part B, but you don't have to pay anything extra in plan premiums.

Q. I already have Healthy Horizons. Why join AmeriHealth 65 Basic, too?

A. Because you'll have coverage under both plans for no extra plan premium. Plus, with *AmeriHealth 65 Basic*, you'll get more benefits and services than you have now with original Medicare. And you still get to keep your Medicaid coverage.

Q. Why do I have to pick a Primary Care Physician?

A. *AmeriHealth 65 Basic* is a managed care plan. That means all your health care goes through one main doctor that you pick when you join. You'll see this doctor for most things. If you need to go to a specialist or to the hospital, your primary care doctor must coordinate it. This doctor also helps make sure that it's safe to take different medications at the same time. There's a good chance your doctor is already in the network.

Q. I'd like to quit smoking. Can AmeriHealth 65 Basic help?

A. Yes. There is a smoking cessation program. If you qualify, we'll reimburse you up to \$200 a year toward education programs and nicotine replacement products (like the nicotine patch) designed to help you stop smoking. Ask about other Healthy LifestylesSM programs available.

Q. If I don't join AmeriHealth 65 Basic, will Medicaid pay for my prescriptions?

A. No. As of January 1, 2006, Medicaid stopped paying for prescription drugs for people who have both Medicare and Medicaid. Now Medicare pays instead, but only if you are in a Medicare-approved plan like *AmeriHealth 65 Basic*. You pay just a couple of dollars for generic and brand name drugs. Plus, now you can save money on a lot of over-the-counter drugs.

Q. The government picked my drug plan for me. Can I switch to AmeriHealth 65 Basic?

A. Yes. Even if the government sent you a letter and told you what drug plan you are in, you don't have to stay in it. You can switch to *AmeriHealth 65 Basic* and get drug coverage plus a lot more health benefits than you have now. You pay \$0 a month. We'll make sure the switch happens. All you need to do is send in your enrollment form.

Q. If I join AmeriHealth 65 Basic, do I still have Medicare?

A. Yes. When you join a Medicare health plan like *AmeriHealth 65 Basic*, you are still in the Medicare program.

Q. Where do I go to see the doctor?

A. You can see your doctor in the privacy of his or her office, like you do now. And you can get 12 free transportation trips there and back. *AmeriHealth 65 Basic* has a network of doctors, specialists and hospitals. You can use any doctor who is part of our network.

Q. Do I have to send in my bills?

A. No. In most cases you just show your *AmeriHealth 65 Basic* ID card and your Healthy Horizons card or Medicaid ACCESS card. We take care of the rest.

Don't let an unanswered question keep you from joining AmeriHealth 65 Basic today.

Call 1-866-282-3235 (TDD: 1-877-219-5457)

Monday through Sunday, 8:00 a.m. to 8:00 p.m. This is a toll-free call.

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