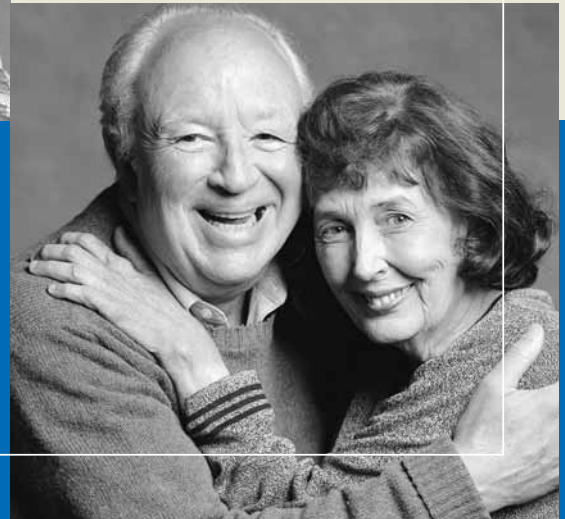
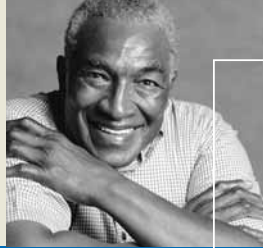


2007



See for yourself why AmeriHealth 65 Basic is a great way to get more from the Medicare benefits you have coming to you.

Summary of Benefits

Berks, Lancaster, Lehigh, Northampton, and York Counties

H3112

Effective January 1, 2007
through December 31, 2007

Introduction to the Summary of Benefits for AmeriHealth 65 Basic

January 1, 2007 - December 31, 2007

Berks, Lancaster, Lehigh, Northampton, and York Counties

Thank you for your interest in AmeriHealth 65 Basic. Our plan is offered by AmeriHealth HMO Inc, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. Please call AmeriHealth 65 to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call AmeriHealth 65 and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

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 AmeriHealth 65 Basic. 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 this plan at any time. Please call AmeriHealth 65 at the telephone number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY 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?

You can compare AmeriHealth 65 Basic 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 AMERIHEALTH 65 BASIC AVAILABLE?

The service area for this plan includes the following counties: Berks, Lancaster, Lehigh, Northampton, and York, PA. You must live in one of these places to join the plan.

WHO IS ELIGIBLE TO JOIN AMERIHEALTH 65 BASIC?

You can join AmeriHealth 65 Basic if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

CAN I CHOOSE MY DOCTORS?

AmeriHealth 65 Basic 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 for an up-to-date list or visit us at www.amerihealth65.com. Our Member Services number is listed at the end of this introduction.

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

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither AmeriHealth 65 nor the Original Medicare Plan will pay for these services.

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

AmeriHealth 65 Basic does cover both Medicare Part B and Medicare Part D prescription drugs.

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

AmeriHealth 65 Basic 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 current Pharmacy Network List or visit us at www.amerihealth65.com. Our Member Services number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

AmeriHealth 65 Basic uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 www.amerihealth65.com.

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.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join AmeriHealth 65 Basic, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling **1-800-MEDICARE (1-800-633-4227)**, TTY users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

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 AmeriHealth 65 Basic, 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.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 AmeriHealth 65 for more details.

Please call AmeriHealth 65 for more information about this plan.

Visit us at www.amerihealth65.com or, call us:

Member Services Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m., Eastern Standard Time

Current members should call **1-888-457-3018** for questions related to the Medicare Advantage program. **(TTY/TDD 1-888-857-4816)**

Prospective members should call **1-866-282-3235** for questions related to the Medicare Advantage program. **(TTY/TDD 1-877-219-5457)**

Current members should call **1-888-457-3018** for questions related to the Medicare Part D Prescription Drug program. **(TTY/TDD 1-888-857-4816)**

Prospective members should call **1-866-282-3235** for questions related to the Medicare Part D Prescription Drug program. **(TTY/TDD 1-877-219-5457)**

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 on the Web.

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

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Premium and Other Important Information</p>	<p>You pay the Medicare Part B premium of \$93.50 each month.</p>	<p>You pay no additional premium for your plan benefits and your Medicare Part D prescription benefits.</p> <p>Medicaid continues to pay the Medicare Part B premium of \$93.50 each month.</p> <p>Because you are eligible for benefits from Medicaid, the state is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. The cost-sharing amounts you will pay are listed below. In addition, you will have to pay the copayment amounts listed below for Part D drug coverage. Contact your plan for additional information.</p> <p>See page 17 for additional information.</p>
<p>Doctor and Hospital Choice (For more information, see Emergency and Urgently Needed Care.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You must go to network doctors, specialists, and hospitals.</p> <p>You need a referral to go to network specialists for certain services.</p> <p>A separate doctor office visit copayment may apply for certain services.</p>

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<i>Inpatient Care</i>		
<p>Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period (3):</p> <ul style="list-style-type: none"> • Days 1-60: an initial deductible of \$992 • Days 61-90: \$248 each day • Days 91-150: \$496 each lifetime reserve day. (4) <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)</p>	<p>You pay no deductible for services received at a network hospital.</p> <p>You pay:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1-150 for a Medicare covered stay at a network hospital. <p>You are covered for 150 days each benefit period. (3)</p> <p>Except in an emergency, your provider must obtain authorization from AmeriHealth 65.</p>
<p>Inpatient Mental Health Care</p>	<p>You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>There is no copayment for services received at a network hospital.</p> <p>There is a \$100 maximum out of pocket limit every year.</p> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your provider must obtain authorization from AmeriHealth 65.</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

(4) Lifetime reserve days can only be used once.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay for each benefit period (3), following at least a 3-day covered hospital stay.</p> <ul style="list-style-type: none"> • Days 1-20: \$0 for each day. • Days 21-100: \$124 for each day. <p>There is a limit of 100 days for each benefit period. (3)</p>	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1-100 for a stay at a Skilled Nursing Facility. <p>No prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period. (3)</p> <p>Authorization rules may apply for services.</p> <p>Contact plan for details.</p>
<p>Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>There is no copayment for all covered home health visits.</p>	<p>There is no copayment for Medicare-covered home health visits.</p> <p>Authorization rules may apply for services.</p> <p>Contact plan for details.</p>
<p>Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
Outpatient Care		
Doctor Office Visits	You pay 20% of Medicare-approved amounts. (1)(2)	<p>There is no copayment for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay nothing for each specialist visit for Medicare-covered services.</p> <p>See Physical Exams for more information.</p>
Chiropractic Services	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	You pay nothing for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).
Podiatry Services	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay:</p> <ul style="list-style-type: none"> • Nothing for each Medicare-covered visit (medically necessary foot care). • Nothing for each routine visit up to 4 visit(s) every year.
Outpatient Mental Health Care	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)	<p>For Medicare-covered Mental Health services, you pay nothing for each individual/group therapy visit.</p> <p>Authorization rules may apply for services.</p> <p>Contact plan for details.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	For Medicare-covered services, you pay nothing for each individual/group visit. Except in an emergency, your provider must obtain authorization from AmeriHealth 65 Basic.
Outpatient Services/Surgery	You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2)	You pay nothing for each Medicare-covered visit to an ambulatory surgical center. You pay nothing for each Medicare-covered visit to an outpatient hospital facility. Authorization rules may apply for services. Contact plan for details.
Ambulance Services (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay nothing for Medicare-covered ambulance services. Authorization rules may apply for services. Contact plan for details.
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) You pay 20% of doctor charges. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay nothing for each Medicare-covered emergency room visit. NOT covered outside the U.S. except under limited circumstances.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>You pay 20% of Medicare-approved amounts or applicable copayment. (1)(2) NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay nothing for each Medicare-covered urgently needed care visit. NOT covered outside the U.S. except under limited circumstances.</p>
<p>Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay nothing for each Medicare-covered Occupational Therapy visit. You pay nothing for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit. Authorization rules may apply for services. Contact plan for details. See page 18 for additional information.</p>

Outpatient Medical Services and Supplies

<p>Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay nothing for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.</p>
<p>Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay nothing for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay nothing for Medicare-covered Diabetes Self-Monitoring Training. You pay nothing for each Medicare-covered Diabetes Supply item.</p>
<p>Diagnostic Tests, X-Rays, and Lab Services</p>	<p>You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2) There is no copayment for Medicare-approved lab services.</p>	<p>You pay:</p> <ul style="list-style-type: none"> • Nothing for each Medicare-covered clinical/diagnostic lab service. • Nothing for each Medicare-covered radiation therapy service. • Nothing for each Medicare-covered X-ray visit. <p>Authorization rules may apply for services. Contact plan for details.</p>
<p>Preventive Services</p>		
<p>Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>There is no copayment for each Medicare-covered Bone Mass Measurement. Authorization rules may apply for services. Contact plan for details.</p>
<p>Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>There is no copayment for Medicare-covered Colorectal Screening Exams.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>There is no copayment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2)</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for Medicare-covered influenza and pneumonia vaccines.</p> <p>There is no copayment for the Hepatitis B vaccine.</p> <p>See page 18 for additional information.</p>
<p>Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>You pay 20% of Medicare-approved amounts. (2)</p> <p>No referral necessary for Medicare-covered screenings.</p>	<p>There is no copayment for Medicare-covered Screening Mammograms.</p> <p>No referral necessary for Medicare-covered screenings.</p>
<p>Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2)</p> <p>You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)</p>	<p>You pay:</p> <ul style="list-style-type: none"> • Nothing for each Medicare-covered Pap Smear and Pelvic Exam. • Nothing for each additional Pap Smear and Pelvic Exam up to 1 Pap Smear(s) and Pelvic Exam(s) every year.
<p>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2)</p>	<p>There is no copayment for Medicare-covered Prostate Cancer Screening Exams.</p>
<p>Prescription Drugs</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program</p>	
<p>Drugs covered under Medicare Part B (Original Medicare)</p>		<p>You pay nothing for Part B-covered drugs.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>		<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 www.amerihealth65.com.</p> <p>People who have low incomes who live in long term care facilities or who have access to Indian/Tribal/Urban (Indian Health Services) facilities may have different out-of pocket drug costs. Contact the plan for details.</p> <p>Depending on your income:</p> <ul style="list-style-type: none"> • You pay \$0 for generic drugs (including brand drugs treated as generic). • You pay \$3.10 or \$5.35 for brand name drugs.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
In-Network Retail Pharmacy		You may receive drugs from an In-network pharmacy for a one-month (31-day) supply and a three month (90-day) supply.
Mail Order		You may receive drugs from a mail-order pharmacy for a one-month (31-day) supply.
Catastrophic Coverage		<p>After your yearly out of pocket drug costs reach \$3,850 you pay the following for your drugs:</p> <ul style="list-style-type: none"> • \$0 for any drugs
General Information		<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from AmeriHealth 65 for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy.</p> <p>To learn more about what your costs will be, please contact AmeriHealth 65 for more information.</p> <p>See page 18 for additional information.</p>

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
Dental Services	In general, you pay 100% for preventive dental services.	In general, you pay 100% for preventive dental services.
Hearing Services	<p>You pay 100% for routine hearing exams and hearing aids.</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)</p>	<p>There is no cost for hearing aids up to 2 aid(s) every three years.</p> <p>You pay:</p> <ul style="list-style-type: none"> • Nothing for each Medicare-covered hearing exam (diagnostic hearing exams). • Nothing for each routine hearing test up to 1 test(s) every three years. • Nothing for each fitting-evaluation for a hearing aid up to 1 fitting(s)-evaluation(s) every three years.
Vision Services	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>There is no cost for the following items:</p> <ul style="list-style-type: none"> • Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery). • Glasses, limited to 1 pair(s) of glasses every year or contacts, limited to 1 pair(s) of contacts every year. • Lenses, limited to 1 pair(s) of lenses every year or frames, limited to 1 frame(s) every year.

(continued)

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
<p>Vision Services (continued)</p>		<p>You pay:</p> <ul style="list-style-type: none"> • Nothing for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). • Nothing for each Routine eye exam, limited to 1 exam(s) every year. <p>You are covered up to \$150 for eye wear every year.</p>
<p>Physical Exams</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount.(1)(2)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>There is no copayment for routine physical exams.</p> <p>You are covered up to 1 exam(s) every year.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact AmeriHealth 65 Basic.

Benefit Category	Original Medicare	AmeriHealth 65 Basic
Health/Wellness Education	You pay 100%.	<p>You are covered for the following:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletter • Nutritional Training • Smoking Cessation • Health Club Membership/Fitness Classes • Other Wellness Services <p>Authorization rules may apply for services. Contact plan for details. See page 19 for additional information.</p>
Transportation (Routine)	You pay 100%.	<p>There is no copayment for each round trip up to 12 trip(s) to Plan-approved location every year.</p> <p>Authorization rules may apply for services. Contact plan for details. See page 19 for additional information.</p>

I. WHAT IS AMERIHEALTH 65 BASIC?

AmeriHealth 65 Basic is a Medicare Advantage Special Needs Plan with a federal contract. You get extra benefits from this plan that you may not get from Medicare, Medicaid, or a Medicare Savings Program (MSP) alone.

II. HOW CAN I JOIN?

You can join AmeriHealth 65 Basic as long as you're:

- enrolled with the state and federally funded Medical Assistance program (including Healthy Horizons). This plan is for people who are full dual eligibles (Medicare and Medicaid); Categorically Needy Qualified Medicare Beneficiaries (Healthy Horizons); and Qualified Medicare Beneficiaries;
- the owner of a Medicaid ACCESS card (please see page 21 of this book for a picture of the card);
- living in Berks, Lancaster, Lehigh, Northampton, or York counties;
- able to get Medicare Part A (hospital insurance) and enrolled in Medicare Part B (doctors' services and outpatient care); and
- paying your Medicare Part A (if applicable) and Part B premiums (If you get Medicaid, you don't have to pay Part B.)

III. HOW MUCH IS IT?

Because you are eligible for full Medicare and Medicaid you are not responsible for cost sharing. Medicaid will also pay for your Medicare Part B premium. To have these costs paid for, you should always show **both** of your ID cards when you see doctors or go to the hospital. Your two cards are: AmeriHealth 65 Basic and Medicaid ACCESS. Please see page 21 of this book for pictures of these two cards.

Please note: Doctors and other people who give you health care can't balance bill (they can't get more money from you after Medicaid pays them for your costs).

Additional Information on Premium and Other Important Information (...from page 4)

As we said in the first section of this booklet, you don't pay for your premium, copayments, or coinsurance. In fact, your doctors can't bill you for any of these costs. These costs get passed on to your Medical Assistance program for possible payment. If your doctors ask you for payment, you should call your plan right away. You can reach our Member Services Department at 1-888-457-3018 (TTY/TDD: 1-888-857-4816), Monday–Sunday from 8 a.m.–8 p.m.

Please know that, to get all of your benefits, you must follow the rules of your plan. These rules include:

- Choosing one primary care physician (PCP), who is a plan (in-network) doctor;
- Getting referrals from your PCP for any specialist care;
- Always using plan (in-network) providers; except for emergencies.
- Making sure you have prior authorization (approval in advance) for certain services.

Here is an example of when you need prior authorization (approval in advance): If you get inpatient care (if you have surgery scheduled, for instance), your doctor should contact your plan for prior authorization. If he or she does not, you won't be able to get all your benefits.

Keep in mind that your PCP is the key to your care. He or she should manage your referrals and help you with all of your medical care.

PAYING FOR MEDICARE PART D

Medicare Part D is prescription drug coverage. **As a member of AmeriHealth 65 Basic, you get this prescription drug coverage already. Part D is included in your plan, and you don't have to join another prescription drug plan. You're covered!**

If you need help paying for Part D, the government provides assistance. In order to be eligible for this plan you must meet the below requirements. Find out more by calling the Social Security Administration, at 1-800-772-1213 (TTY/TDD: 1-800-325-0778) 7 days a week, 24 hours a day. You can also visit www.socialsecurity.gov on the Web. Or you can apply for this extra help through your State Medical Assistance Office.

This extra help is called the low-income subsidy, and here's how it works:

Costs	AmeriHealth 65 Basic Members	
Income (single)	Less than \$9,570 ^A	Greater than \$9,570 ^B
Income (married)	Less than \$12,830 ^A	Greater than \$12,830 ^B
Premium	\$0	\$0
Deductible	\$0	\$0
Cost-sharing – up to \$3,850 out-of-pocket (no gap in coverage)	\$0/\$3.10*	\$0/\$5.35*
After member spends \$3,850 out-of-pocket (catastrophic coverage)	\$0	\$0

^A Income less than or equal to 100% FPL (Federal Poverty Level). Income limits are subject to change)

^B Income greater than 100% FPL

*Cost for generic/brand-name drugs

IV. BENEFITS INFORMATION

Additional Information on Inpatient Hospital Care and Inpatient Mental Health Care (...from pages 5)

Treatment in a Substance Abuse Treatment Facility: A 90-day lifetime maximum applies to inpatient substance abuse treatment received in a substance abuse treatment facility. This benefit is separate from any inpatient substance abuse hospital care.

Treatment in a Psychiatric Hospital: A 190-day lifetime maximum for substance abuse treatment received in a psychiatric hospital is combined with inpatient mental health.

Additional Information on Outpatient Rehabilitation Services (...from page 9)

Physical and occupational therapy only require prior authorization (approval in advance) if not performed at a designated site.

Cardiac rehabilitation therapy is covered for patients who have had a heart attack in the last 12 months, have had coronary bypass surgery, and/or have stable angina pectoris.

Speech therapy and cardiac rehabilitation require prior authorization (approval in advance) to be covered.

Additional Information on Immunizations (...from page 11)

Immunizations are not covered for the purpose of travel.

Additional Information on Outpatient Prescription Drugs (...from pages 11-13)

Over-the-Counter (OTC) Drugs

There is a \$100 annual maximum on a defined list of OTC drugs. Please call the numbers on page 3 of this booklet if you have any questions about these drugs.

Also please note that the OTC drug you are using must have an NDC (National Drug Code) number.

Additional Information on Transportation (...from page 16)

Your 12 round-trip visits each year to your doctors, specialists, and hospitals do not include non-emergent ambulance services. For non-emergency ambulance services, the member must meet medical criteria (bed and wheelchair-bound). The benefit requires prior authorization (approval in advance).

MEDICARE PART D

Medicare Part D officially began on January 1, 2006. Part D is Medicare's way of guaranteeing that every beneficiary has access to prescription drug coverage. AmeriHealth 65 Basic includes prescription drug coverage.

Part D also gives low-income beneficiaries access to comprehensive coverage with low cost sharing. See page 17 for more information about this extra help, which is called the low-income subsidy.

Please note: If you visit an out-of-network pharmacy when filling prescriptions, you'll need to pay the entire cost of the drug and then AmeriHealth 65 Basic will reimburse you the full amount minus any applicable copayments.

For more information please call the numbers on page 3 of this booklet.

INFORMATION ABOUT THE MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM

We offer medication therapy management programs at no additional cost for members who have multiple medical conditions, who are taking many prescription drugs, or who have high drug costs. These programs were developed for us by a team of pharmacists and doctors. We use these medication therapy management programs to help us provide better coverage for our members. For example, these programs help us try to make sure that our members are using appropriate drugs to treat their medical conditions and help us try to identify possible medication errors.

V. HEALTH AND WELLNESS

Additional Information on Health and Wellness Education (...from page 16)

HEALTHY LIFESTYLESSM

Live Healthy!

As a member of AmeriHealth 65 Basic, you can use the following programs to keep you and your family healthy.

Healthy Lifestyles can help you make smart changes to your life and your health! We'll even give you some of your money back when you finish any or all of the following Healthy Lifestyles programs:

Fitness Program*: Get up to \$150 of your fitness center fees when you complete 120 workouts within a year.

Stop Smoking*: If you smoke, quitting is great for your health. And, when you kick the habit, we'll help pay the bill! You can get up to \$200 back when you finish a smoking cessation program. If you choose one that costs less than \$200, you can use that money toward a nicotine replacement product or other prescription smoking cessation aids.

Weight Management*: We'll pay you back up to \$200 for the cost of Weight Watchers^{®1} or any network hospital weight management program.

*These programs require enrollment.

^{®1} Weight Watchers is a registered trademark of Weight Watchers International, Inc.

Mammography and Pap Test Screening

Breast cancer and cervical cancer are most treatable when detected early. That's why we've sent over 2 million educational reminders to our female members, supporting prevention, early detection, and treatment. You can also get reminders through our Web site.

STAY HEALTHY!

Care Management and Coordination

It's hard to find your way around the health care system. If you're having surgery, or are trying to get home health care, our nurses will work with your doctors to help with your care.

Support from the ConnectionsSM Health Management Program

If you have diabetes, lung or breathing problems, heart conditions, or other health concerns, Connections can help you lead a healthier life. It can also help if you're deciding on treatment for back pain, breast or prostate cancer, or surgery.

Connections gives you:

- A Health Coach to talk to anytime, day or night, 24 hours a day, 7 days a week.
- Check-in calls from your Health Coach about your health.
- Educational materials mailed to your home.
- Reminders about important tests.
- Access to health information—our Healthwise[®] Knowledgebase gives you information on the Web, on audiotape, or by mail.

Connections is free. The program helps you work with your health care provider for the support you need. Call a Connections Health Coach at **1-800-275-2583** to see how we can help you.

VI. HELPFUL DEFINITIONS

HMO—a type of Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to people with Medicare. In return, they get a set amount of money from Medicare every month. When you have an HMO, you usually have to get your care from the providers in the plan.

Medicaid—a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare—a health insurance program for people 65 years and older, people under age 65 with certain disabilities, or people of all ages with end-stage renal disease (ESRD).

Medicare Part A—health insurance that helps to cover inpatient care in hospitals and skilled nursing care. It also helps to cover some home health care.

Medicare Part B—health insurance that helps to cover doctors' services and outpatient care.

Medicare Part D—drug coverage under Medicare that is available to people who have either Medicare Part A or Medicare Part B.

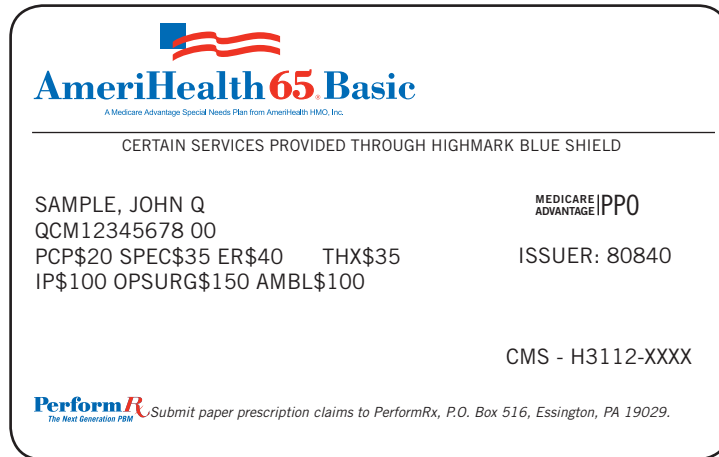
Special Needs Plan (SNP)—An HMO for people who get both Medicare and Medicaid.

CALL US!

Thanks for reading this booklet. It's a lot of information, so please feel free to call our Member Services Department if you have questions. You can reach us Monday–Sunday, 8 a.m. to 8 p.m., at **1-888-457-3018 (TTY/TDD: 1-888-857-4816)**.

Thanks for being a member of AmeriHealth 65 Basic.

SAMPLE AmeriHealth 65 Basic ID Card & Medicaid ACCESS Card



Your ACCESS Card may not look exactly like this picture. It may be green or yellow. Just make sure you show your ACCESS card, along with your AmeriHealth 65 Basic ID Card, every time you see your doctor or any health care provider.



If you are a **member** and have questions,
please call **1-888-457-3018 (TTY/TDD: 1-888-857-4816)**
Monday—Sunday 8:00am to 8:00pm.

If you are **not yet a member** and have questions,
please call **1-866-282-3235 (TTY/TDD: 1-877-219-5457)**
Monday—Sunday 8:00am to 8:00pm.



1901 Market Street • Philadelphia, PA • 19103-1480

www.amerihealth65.com

AmeriHealth HMO, Inc.