

Leaving Plan and Your Choices for Continuing Prescription Drug Coverage after You Leave

What Is “Disenrollment”?

“Disenrollment” from Plan means ending your membership with us.

Disenrollment can be voluntary ((your own choice) or involuntary (not your own choice):

- You might leave an AmeriHealth 65 plan because you have decided that you want to leave. You can decide to leave for any reason during specified times
- There are also a few situations where you would be required to leave. For example, you would have to leave AmeriHealth 65 if you move out of our geographic service area or if AmeriHealth 65 no longer offers prescription drug coverage. We are not allowed to ask you to leave AmeriHealth 65 because of your health.

Until Your Prescription Drug Coverage With Plan Ends, Use Our Network Pharmacies To Fill Your Rx

If you leave an AmeriHealth 65 plan, it takes some time for your prescription drug coverage to end and your new prescription drug coverage to begin. You can choose to disenroll from your current plan from November 15 through December 31 of every year. Enrollment is generally for the calendar year. In certain cases, such as if you move or enter a nursing home, you can disenroll from your plan at other times. After you request to disenroll, AmeriHealth 65 will let you know, in writing, the date your coverage ends. If you don’t get a letter, call the plan and ask for the date.

While you are waiting for your membership to end, you are still a member and must continue to get your prescription drugs as usual through Plan’s network pharmacies. In most cases, your prescriptions are covered only if they are filled at a network pharmacy, are listed on our formulary, and follow other plan rules.

What Are Your Options For Obtaining Prescription Drug Coverage If You Leave Plan?

If you leave Plan, one choice for obtaining prescription drug coverage is to join another Medicare Prescription Drug Plan. You also have the choice of joining a Medicare Advantage Plan with prescription drug coverage if this type of plan is available in your area, they are accepting new members, and you meet the eligibility requirements of the plan.

Medicare Prescription Drug Plan. You may choose to join another Prescription Drug Plan that adds prescription drug benefits to your regular Medicare coverage. To enroll in another Prescription Drug Plan in your area, you must be entitled to Medicare benefits under Part A and/or currently enrolled in Part B, and reside in the service area of the Prescription Drug Plan.

Medicare Advantage Prescription Drug Plan (MA-PD). If you choose to join a Medicare Advantage Plan that offers prescription drug coverage, then you must obtain your Medicare prescription drug cover through that Medicare Advantage Plan. For more

information on joining a Medicare Advantage Plan in your area, please contact 1-800-MEDICARE (TTY/TDD users call 1-877-486-2048) 24 hours a day/7days a week or visit www.medicare.gov .

You may also be able to get back the prescription drug coverage you had before you enrolled in Plan. Please contact your previous Prescription Drug Plan for more information.

When Can You Disenroll / Switch Prescription Drug Plans?

In general, you may only disenroll or switch prescription drug plans under certain circumstances. You can switch your Prescription Drug Plan during the following periods:

If you join a Prescription Drug Plan after January 1, 2006, your coverage will be effective on the first day of the month after the month in which you join. For example, if you join on April 10th, your effective coverage date will be May 1st.

You will have to pay a late enrollment fee if your initial enrollment period ends, and for a period of 63 days or longer if you:

- were eligible for prescription drug coverage,
- did not have credible prescription drug coverage, and
- were not enrolled in a Prescription Drug Plan or Medicare Advantage Prescription Drug Plan.

Annual Coordinated Election Period During the Annual Coordinated Election Period, anyone with prescription drug coverage may disenroll from any Prescription Drug Plan and join another Prescription Drug Plan, or join a Medicare Advantage Plan with prescription drug coverage, or choose not to have any Medicare prescription drug coverage.

For coverage beginning in 2007 and afterwards, the annual coordinated election goes from November 15 through December 31 of each year. Please remember, if during this election period you disenroll from Plan and do not enroll in another Prescription Drug Plan or Medicare Advantage Plan with prescription drug coverage during this election period, you may have to pay a higher premium for Medicare prescription drug coverage in the future. If you join another Prescription Drug Plan during the Annual Coordinated Election Period, your enrollment in Plan will end on December 31 and your enrollment in the new Plan will be effective on January 1st of the following year.

Special Enrollment Period Generally, you may not disenroll from an AmeriHealth 65 plan and enroll in a new Prescription Drug Plan during other times of the year unless you qualify for a Special Enrollment Period. In order to qualify for a Special Enrollment Period, one of the following must apply to you:

- Your plan no longer offers prescription drug coverage in the area where you live.
- You decide to move outside your plan's service area.
- You have an involuntary loss of prescription drug coverage. Please note that failure to pay your premium does not qualify as an involuntary loss of prescription drug coverage.
- You were not adequately informed about your loss of credible prescription drug

coverage, or you were not adequately informed that you never had credible prescription drug coverage.

- Your enrollment in your plan was unintentional, inadvertent, or a mistake, because of the error, misrepresentation or inaction of a Federal employee, or a person acting upon the Federal government's behalf.
- You receive benefits from both Medicare and Medicaid programs.
- Your plan's contract with the Centers for Medicare & Medicaid Services is terminated.
- You were a member of a Medicare Advantage Plan with prescription drug coverage and decided join a Prescription Drug Plan during the Medicare Advantage Plan's Open Election Period.
- You are able to demonstrate that your plan has substantially violated a material provision in its contract. This includes, but is not limited to:
 - If your plan failed to provide you with prescription drug coverage in a timely manner.
 - If your plan failed to provide your prescription drug coverage with applicable quality standards.
- You are able to demonstrate that your plan misrepresented itself in its marketing.

In the event that you are eligible for a Special Enrollment Period, the Centers for Medicare & Medicaid Services will determine the time frame for you to enroll in another plan. If you feel you qualify for a Special Enrollment Period, please call the Member Services Department and we will assist you.

How Do You Disenroll?

If you wish to leave your plan, and you are not enrolling in another Prescription Drug Plan, you will need to submit a disenrollment request.

You may only disenroll during the Annual Coordinated Election Period unless you qualify for a Special Enrollment Period. If you are joining another Prescription Drug Plan, you must contact that plan to request enrollment information. Once you are enrolled in your new plan, your membership in AmeriHealth 65's plan will automatically end with no action required on your part. Your new plan will tell you, in writing, the date when your prescription drug coverage in that plan begins. Your prescription drug coverage with AmeriHealth 65 will end on that same day (this will be your "disenrollment date"). Remember, you are still a member of AmeriHealth 65's plan until your disenrollment date, and must continue to get your prescription drug coverage, as usual, through Plan until the date your membership ends.

When Can Plan Disenroll You?

Plan can disenroll you for the following reasons:

- You are no longer eligible for Medicare prescription drug coverage.
- If your AmeriHealth 65 plan is no longer contracting with Medicare or leaves your service area.
- When you move out of AmeriHealth 65's service area.
- You materially misrepresent third-party reimbursement.

- You fail to pay your Plan premium.
- You engage in disruptive behavior, provided fraudulent information when you enrolled or abuse your enrollment card.
- If You Are No Longer Eligible For Medicare Prescription Drug Coverage
- If you lose your eligibility for Medicare prescription drug coverage, Plan can no longer offer you prescription drug coverage. In order to be eligible for prescription drug coverage under Medicare, you must have Part A and/or Part B, and reside in Plan's service area.
- When Plan Is No Longer Contracting With Medicare Or Leaves Your Service Area

If your AmeriHealth 65 plan leaves the Medicare program or no longer offer prescription drug coverage in the service area where you live, we will notify you in writing. If this happens, your membership in your AmeriHealth 65 plan will end, and you will have to enroll in another Medicare Prescription Drug Plan to continue your prescription drug coverage.

Your choices include joining another Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage if these plans are available in your area and are accepting new members. Once we have notified you in writing that we are leaving the Medicare program or the area where you live, you may enroll in another plan.

AmeriHealth 65 has a contract with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract may be renewed each year. However, AmeriHealth 65 or CMS can decide to end the contract at any time. You will generally be notified 90 days in advance if this situation occurs. However, your advance notice may be as little as 30 days or even fewer days if CMS must end our contract in the middle of the year.

When You Move Out Of Plan's Service Area

If you plan to move, please call the Member Services Department at 1-800-645-3965 (TTY/TDD: 1-888-857-4816) 8:00 am to 8:00 pm seven days a week to find out if the place you are moving to is in AmeriHealth 65's service area. If you move permanently out of our service area, you will need to leave ("disenroll" from) your AmeriHealth 65 plan.

You Materially Misrepresent Third-Party Reimbursement

If you intentionally withhold or falsify information about third-party reimbursement coverage, CMS requires AmeriHealth 65 to disenroll you. In addition, if you are disenrolled from an AmeriHealth 65 plan for misrepresentation of third party reimbursement, AmeriHealth 65 has the right to decline you future enrollment in our Prescription Drug Plan.

You Fail to Pay Plan's Premium If you fail to pay your plan premium, AmeriHealth 65 has the right to disenroll you. AmeriHealth 65 will send you a written notice in an effort to collect the unpaid premium(s). Failure to comply with payment will result in disenrollment from your AmeriHealth 65 plan.

In addition, if you are disenrolled from an AmeriHealth 65 plan for failure to pay your

premium, AmeriHealth 65 has the right to decline your future enrollment in our Prescription Drug Plan.

If you are disenrolled due to not paying your premium and you do not have drug coverage that, on average, is at least as good as standard Medicare prescription drug coverage for 63 days or longer, then you will pay a continuous period of higher premium the next time you enroll in a Prescription Drug Plan.

You Engage in Disruptive Behavior, Provide Fraudulent Information

When You Enrolled, or Abuse Your Enrollment Card

You may be asked to leave your AmeriHealth 65 plan in the following circumstances:

- If you behave in a way that seriously affects our ability to arrange or provide prescription drugs for you or for others who are members of AmeriHealth 65. We cannot make you leave (i.e., disenroll from) AmeriHealth 65 for this reason unless we get permission first from the Centers for Medicare & Medicaid Services, the government agency that runs Medicare.
- If you give us information on your enrollment form that you know is false or deliberately misleading, and it affects whether or not you can enroll in an AmeriHealth 65 plan.
- If you let someone else use your AmeriHealth 65 membership card to get prescription drugs for themselves or for others. Before we ask you to leave (i.e., disenroll from) your AmeriHealth 65 plan for this reason, we must refer your case to the Inspector General, and this may result in criminal prosecution.

We Cannot Ask You To Leave The AmeriHealth 65 Because Of Your Health No member of any Medicare Prescription Drug Plan can be asked to leave the AmeriHealth 65 plan for any health-related reasons or the number of prescriptions a member takes. If you ever feel that you are being encouraged or asked to leave the AmeriHealth 65 plan because of your health, you should call 1- 800-MEDICARE (1-800-633-4227; TTY/TDD 1-877-486-2048), the national Medicare help line.

You Have The Right To Make A Complaint If We Ask You To Leave AmeriHealth 65 If we ask you to leave AmeriHealth 65, we will tell you our reasons in writing and explain how you can file a complaint against us if you want.