

2008



AmeriHealth[®]Rx

A Medicare-Approved Prescription Drug Plan



Effective
January 1, 2008
through
December 31, 2008

Summary of Benefits

AmeriHealth Rx

Pennsylvania and West Virginia

S2321

Introduction to the Summary of Benefits for AmeriHealth Rx

January 1, 2008 - December 31, 2008

Pennsylvania and West Virginia

Thank you for your interest in AmeriHealth Rx. Our plan is offered by QCC Ins Co D/B/A AmeriHealth Ins Co, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call AmeriHealth Rx and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like AmeriHealth Rx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by AmeriHealth Rx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS AMERIHEALTH RX AVAILABLE?

The service area for this plan includes: Pennsylvania, West Virginia. You must live in one of these areas to join this plan.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan.

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

AmeriHealth Rx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHERE CAN I GET MY PRESCRIPTIONS?

AmeriHealth Rx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will 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 Pharmacy Directory or call Member Services for an up-to-date list.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

AmeriHealth Rx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join AmeriHealth Rx. Get this information before you decide to enroll in this plan.

HOW CAN I GET HELP WITH MY 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 Rx, 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/TDD users should call 1-877-486-2048.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug 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 Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug 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 Rx, 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.

Please call AmeriHealth Rx 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

Current members should call **1-888-678-7007 (TTY/TDD: 1-888-457-3002)**

Prospective members should call **1-800-898-3492 (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 these plans' benefits or costs, please contact AmeriHealth Rx.

Benefit Category	AmeriHealth Rx Option I	AmeriHealth Rx Option II
Prescription Drugs	<p><i>Drugs Covered under Medicare Part D</i></p> <p>You pay \$39.80 each month for your prescription drug benefits.</p> <p><i>General</i></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.amerihealth65.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AmeriHealth Rx for certain drugs.</p>	<p><i>Drugs Covered under Medicare Part D</i></p> <p>You pay \$51.50 each month for your prescription drug benefits.</p> <p><i>General</i></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.amerihealth65.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AmeriHealth Rx for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>
	<p><i>In-Network</i></p> <p>\$275 yearly deductible.</p>	<p><i>In-Network</i></p> <p>\$0 deductible.</p>
	<p><i>Initial Coverage</i></p> <p>After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,510.</p>	<p><i>Initial Coverage</i></p> <p>You pay the following until total yearly drug costs reach \$2,350:</p>

If you have any questions about these plans' benefits or costs, please contact AmeriHealth Rx.

Benefit Category	AmeriHealth Rx Option I	AmeriHealth Rx Option II
Prescription Drugs <i>(continued)</i>	<i>Retail Pharmacy</i> You can get drugs the following way(s): - one-month (30-day) supply - three-month (90-day) supply	<i>Retail Pharmacy</i> Generic - \$10 copay for a one-month (30-day) supply of drugs - \$30 copay for a three-month (90-day) supply of drugs Preferred Brand - \$30 copay for a one-month (30-day) supply of drugs - \$90 copay for a three-month (90-day) supply of drugs Non-Preferred Brand - \$50 copay for a one-month (30-day) supply of drugs - \$150 copay for a three-month (90-day) supply of drugs
	<i>Long Term Care Pharmacy</i> You can get drugs the following way(s): - one-month (31-day) supply	<i>Long Term Care Pharmacy</i> Generic - \$10 copay for a one-month (31-day) supply of drugs Preferred Brand - \$30 copay for a one-month (31-day) supply of drugs Non-Preferred Brand - \$50 copay for a one-month (31-day) supply of drugs
	<i>Mail Order</i> You can get drugs the following way(s): - one-month (30-day) supply - three-month (90-day) supply	<i>Mail Order</i> Generic - \$10 copay for a one-month (30-day) supply of drugs - \$20 copay for a three-month (90-day) supply of drugs

(continued on next page)

Summary of Benefits

If you have any questions about these plans' benefits or costs, please contact AmeriHealth Rx.

Benefit Category	AmeriHealth Rx Option I	AmeriHealth Rx Option II
Prescription Drugs <i>(continued)</i>		Preferred Brand - \$30 copay for a one-month (30-day) supply of drugs - \$60 copay for a three-month (90-day) supply of drugs Non-Preferred Brand - \$50 copay for a one-month (30-day) supply of drugs - \$100 copay for a three-month (90-day) supply of drugs
	<i>Coverage Gap</i> After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	<i>Coverage Gap</i> After your total yearly drug costs reach \$2,350, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.
	<i>Catastrophic Coverage</i> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.	<i>Catastrophic Coverage</i> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.
	<i>Out-of-Network</i> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.	<i>Out-of-Network</i> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.
	<i>Out-of-Network Initial Coverage</i> After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,510.	<i>Out-of-Network Initial Coverage</i> You pay the following until total yearly drug costs reach \$2,350:

If you have any questions about these plans' benefits or costs, please contact AmeriHealth Rx.

Benefit Category	AmeriHealth Rx Option I	AmeriHealth Rx Option II
Prescription Drugs <i>(continued)</i>	<p><i>Out-of-Network Pharmacy</i></p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply 	<p><i>Out-of-Network Pharmacy</i></p> <p><i>Generic</i></p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$30 copay for a one-month (30-day) supply of drugs <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs
		<p><i>Out-of-Network Coverage Gap</i></p> <p>After your total yearly drug costs reach \$2,350, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>
	<p><i>Out-of-Network Catastrophic Coverage</i></p> <p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance. 	<p><i>Out-of-Network Catastrophic Coverage</i></p> <p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or - 5% coinsurance.

Here's what you'll find in the following sections:

- *Easy-to-understand details about Part D, Medicare's prescription drug benefit*
- *Information about the Low-Income Subsidy for beneficiaries who qualify*
- *Drug information*

I. 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.

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

If you are a member and have questions, please call Member Services at **1-888-678-7007 (TTY/TDD: 1-888-457-3002)** seven days a week, from 8 a.m. to 8 p.m.

If you are not yet a member and would like to enroll and/or have additional questions, please call **1-800-898-3492 (TTY/TDD: 1-877-219-5457)** seven days a week, from 8 a.m. to 8 p.m.

WHAT IS 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 make sure that our members are using appropriate drugs to treat their medical conditions and help us identify possible medication errors.

II. LOW-INCOME SUBSIDY: EXTRA HELP IS AVAILABLE FOR THOSE WHO NEED IT MOST

If you have qualified for additional assistance for your Medicare prescription drug plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have enrolled in AmeriHealth Rx, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week (TTY/TDD users should call **1-877-486-2048**); your State Medicaid Office; or the Social Security Administration at **1-800-772-1213 (TTY/TDD: 1-800-325-0778)**, Monday–Friday, from 7 a.m. to 7 p.m., to see if you qualify.

III. SOME HELPFUL INFORMATION ABOUT PRESCRIPTION DRUGS

Drug Formulary – A formulary is a list of U.S. Food and Drug Administration (FDA)-approved prescription medications selected by AmeriHealth in consultation with a team of health care providers (the Pharmacy and Therapeutics Committee), that represents the prescription therapies believed to be a necessary part of a quality treatment program. AmeriHealth will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AmeriHealth network pharmacy, and other plan rules are followed.

If you enroll in a drug program that uses AmeriHealth's drug formulary, you should discuss your medications with your doctor. If you are prescribed a drug that is not on the formulary, your doctor may be able to change your prescription to a similar drug (such as a preferred drug).

If you use a preferred drug listed on the formulary, you will pay a lower copayment.

Brand-Name Drugs – Brand-name drugs are patented, FDA-approved drugs that are normally produced by a single manufacturer and are advertised and sold under a product name. After the original patent expires, a brand-name drug may have a generic equivalent.

Generic Drugs – Generic drugs usually cost less than brand-name drugs, but they are rated by the FDA to be as safe and effective as their brand-name counterparts. All generic drugs are available at a lower copayment. For individuals who must take several medications regularly, generic drugs offer the advantage of being comparable to brand names at a more affordable cost.

Preferred Drugs – Drugs that are included on our formulary at a favorable cost-sharing.

Non-Preferred Drugs – These are drugs that are included on our formulary but not at the best possible cost-sharing.

Pharmacy Network – Our retail pharmacy network includes national chain pharmacies as well as independent pharmacies under local ownership. These include retail, home-infusion, long-term care, and Indian health service/tribal pharmacies.

Our long-term care pharmacy network comprises suppliers to nursing homes and other residential facilities, including group homes for people with mental retardation.

Our home-infusion pharmacy network includes suppliers that provide some Part D or Part B infusion drugs to members in their homes.

IV. ENROLLMENT DATES

There are limits to when and how often you can change the way you get your Medicare prescription drug coverage and what choices you can make. You can change plans from **November 15, 2007**, through **December 31, 2007**, and coverage in your new plan will begin on January 1, 2008. This time period includes switching to another plan we offer or to a plan offered by a different organization. You can't make any other changes during the year unless you meet special exceptions, such as if you move or if you have both Medicare and Medicaid coverage.

CALL US!

Thank you for taking the time to read this Summary of Benefits carefully. We've given you a lot of information at once, so please feel free to call our Member Services Department if you have questions. You can reach us seven days a week, from 8 a.m. to 8 p.m., at **1-888-678-7007 (TTY/TDD: 1-888-457-3002)**.

We are pleased to provide your prescription drug coverage. We value your membership in AmeriHealth Rx and look forward to serving you now and in the future!



A Medicare-Approved Prescription Drug Plan

P.O. Box 41535
Philadelphia, PA 19103

www.amerihealth65.com



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