2009 Benefits and Plan Choices

For Medicare-eligible residents of Burlington, Camden, Cumberland, Gloucester, and Salem counties

simply, nicer

ahhh AmeriHealth NEW JERSEY

Broad coverage with low, fixed costs — including a $0 premium option. Just a few of the features you'll enjoy with New Jersey's top-ranked Medicare plan![†]

A range of plan options to fit your needs

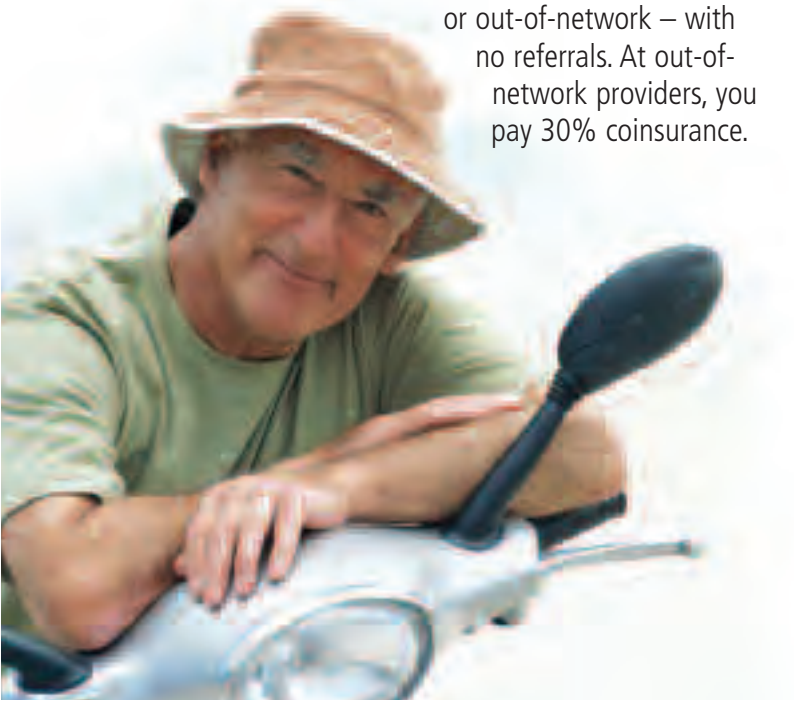
Choose from our *Value*, *Preferred*, and *Plus* plans. Inside you'll find a chart that provides a side-by-side comparison of key benefits and features, including monthly plan premiums starting at $0.

Get doctor, hospital, and prescription drug coverage in one easy-to-use plan

If you want to sign up for prescription drug coverage, join *AmeriHealth 65 NJ Value Rx*, *AmeriHealth 65 NJ Preferred Rx*, or *AmeriHealth 65 NJ Plus Rx*. There's one enrollment form to complete and one monthly bill. What could be easier?

Choose your doctors, hospitals, and pharmacies from an extensive provider network

The goal of every health care provider in our network is to provide the proper care in the right setting for our members. When you join *AmeriHealth 65*, you choose a primary care physician who becomes your "lead doctor." The *AmeriHealth 65* network includes over 3,000 primary care physicians and over 50,000 specialists. *AmeriHealth 65 NJ Plus* gives you the added freedom of using any provider you want – in- or out-of-network – with no referrals. At out-of-network providers, you pay 30% coinsurance.



Live healthy — stay healthy

We're committed to helping you stay healthy. That's why all *AmeriHealth 65* plans include benefits for preventive services, most with NO copayments required. And, through our AmeriHealth Healthy Lifestyles℠ programs, you have access to resources to help keep you healthy — including smoking cessation, weight management, and the Connections℠ Health Management Program.

The SilverSneakers® Fitness Program

When you join *AmeriHealth 65* you will receive the SilverSneakers® Fitness Program at no additional cost. Join SilverSneakers and receive free access to amenities such as treadmills, weights, heated pools, and fitness classes that are included with a basic fitness center membership. To view lists of over 2,500 participating fitness centers, log onto www.silversneakers.com. Once you've enrolled in SilverSneakers you can use any participating location across the nation. Designed for members at all fitness levels, the program promotes better health, greater independence, and a more fulfilling life.

Talk to a person, not a plan

Our Medicare members enjoy local, personal service from friendly, knowledgeable representatives on the phone and out in your communities.

A name you can trust

You'll rest easier knowing you're protected by *AmeriHealth 65*. We're a rock-solid, local company with years of experience serving the health care needs of South Jersey residents. We're here for you today and in the future.

Which *AmeriHealth 65*® plan is best for you?

Here's a quick comparison of just some of the benefits, depending on the *AmeriHealth 65* plan you choose. For more details, see the Summary of Benefits.

Service category	*AmeriHealth 65* Plan Choices	
	AmeriHealth 65 NJ Value	*AmeriHealth 65 NJ Preferred*
Monthly plan premium	**Medical only: $0** **With Rx: $36.10**	**Medical only: $35** **With Rx: $70.80**
Annual deductible	**$1,500**	**$0**
	In-network only	In-network only
Primary care physician visit	$10 copay	$15 copay
Specialist visit	$40 copay	$40 copay
Emergency room**	$50 copay*	$50 copay*
Ambulance	Covered in full after annual deductible	$100 copay
Urgent care**	$10-$40 copay	$15-$40 copay
Inpatient hospital	Covered in full after deductible	TIER I: $200/day for days 1-10 ($2,000 annual maximum) TIER II: $375/day for days 1-10 ($3,750 annual maximum)
Outpatient surgery†	Covered in full after annual deductible	$175 - $325 copay for each Medicare-covered outpatient facility visit; $175 copay for each Medicare-covered ambulatory surgical center visit
Preventive services	$0 copay for allergy testing, outpatient lab work, and most cancer screenings	$0 copay for allergy testing, outpatient lab work, and most cancer screenings
Preventive dental	$10 copay for routine visits every 6 months	$10 copay for routine visits every 6 months
Eyewear	$100 reimbursement every 2 years	$100 reimbursement every 2 years
Hearing aids	Up to $500 for hearing aids (one aid) every 3 years	Up to $500 for hearing aids (one aid) every 3 years
Prescription drugs	With Rx: $160 deductible $5/generic, $35/preferred brand, $65/non-preferred brand, and 25% coinsurance/specialty drug up to $2,700 in total drug costs No coverage in gap (you pay 100%) Once your out-of-pocket costs reach $4,350 you pay the greater of $2.40/generic and $6/brand OR 5% coinsurance	With Rx: $50 deductible $10/generic, $35/preferred brand, $62/non-preferred brand, and 25% coinsurance/specialty drug up to $2,700 in total drug costs No coverage in gap (you pay 100%) Once your out-of-pocket costs reach $4,350 you pay the greater of $2.40/generic and $6/brand OR 5% coinsurance

* Copay not waived if admitted. If you are admitted to a Tier I or Tier II plan hospital due to an emergency, you are responsible for the applicable cost-sharing level of that hospital.

** Emergency Room and Urgent Care are not covered worldwide.

† Per date of service at Ambulatory Surgical Center.

Service category	*AmeriHealth 65* Plan Choices *AmeriHealth 65 NJ Plus*	
Monthly plan premium	**Medical only: $135** **With Rx: $174**	
Annual deductible	**$0**	
	In-network benefits	Out-of-network benefits
Primary care physician visit	$25 copay	30% coinsurance
Specialist visit	$40 copay	30% coinsurance
Emergency room**	$50 copay*	$50 copay*
Ambulance	$50 copay	$50 copay
Urgent care**	$25-$40 copay	$25-$40 copay
Inpatient hospital	TIER I: $250/day for days 1-10 ($2,500 annual maximum) TIER II: $400/day for days 1-10 ($4,000 annual maximum)	30% coinsurance
Outpatient surgery†	$200 - $350 copay for each Medicare-covered outpatient facility visit; $200 copay for each Medicare-covered ambulatory surgical center visit	30% coinsurance
Preventive services	$0 copay for allergy testing, outpatient lab work, and most cancer screenings	30% coinsurance
Preventive dental	$10 copay for routine visits every 6 months	NA
Eyewear	$100 reimbursement every 2 years	30% coinsurance
Hearing aids	Up to $500 for hearing aids (one aid) every 3 years	30% coinsurance
Prescription drugs	With Rx: NO deductible $10/generic, $35/preferred brand, $65/non-preferred brand, and 33% coinsurance/specialty drug up to $2,700 in total drug costs No coverage in gap (you pay 100%) Once your out-of-pocket costs reach $4,350 you pay the greater of $2.40/generic and $6/brand OR 5% coinsurance	With Rx: NO deductible $10/generic, $35/preferred brand, $65/non-preferred brand, and 33% coinsurance/specialty drug up to $2,700 in total drug costs No coverage in gap (you pay 100%) Once your out-of-pocket costs reach $4,350 you pay the greater of $2.40/generic and $6/brand OR 5% coinsurance

Answers to questions you may have about *AmeriHealth 65*®

Q. How does AmeriHealth 65 compare with a Medicare supplement?

A. An *AmeriHealth 65* plan provides more coverage than a typical Medicare supplement and Original Medicare combined — often at a much lower monthly premium. There's an emphasis on preventive care — with many services covered at no cost to you. What's more, with *AmeriHealth 65* you can have added convenience — a plan that includes your medical *and* your Medicare prescription drug coverage.

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

A. No. If you enroll in *AmeriHealth 65*, you must get 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* benefits for emergencies and out-of-area urgent care and renal dialysis.

Not an emergency? *AmeriHealth 65 NJ Plus* members can use non-network doctors and hospitals *at any time* — you just pay a little more than you would if you used a network provider.

Q. Does AmeriHealth 65 cover dental visits?

A. You'll be eligible for benefits to pay for routine dental exams and cleanings. You're also covered for vision and hearing services — and can get reimbursements for eyewear and hearing aids.

Q. How do I know if the medications I take are covered?

A. A formulary — the list of drugs covered by the plan — is included. We've negotiated special prices with drug companies for the medications in our formulary.

Q. Do I have to choose a primary care physician when I enroll?

A. *AmeriHealth 65 NJ Value* and *Preferred* are HMO managed care plans. You must choose a primary care physician who will provide, arrange, or authorize all your health care.

AmeriHealth 65 NJ Plus is a Point-of-Service (POS) plan. You still choose a primary care physician, *but you can use in- or out-of-network providers without a referral*. You may have to pay more for services you receive outside the network.

Q. What resources do you have for managing health conditions like asthma?

A. If you have asthma, diabetes, or another chronic condition, you can get the one-on-one support you need to manage your health through Connections℠ Health Management Programs. You'll have access to a Health Coach you can talk to anytime day or night, seven days a week.

Q. Do I have to file claims?

A. No! With our automatic claims filing, there is virtually no paperwork (some services provided outside the local service area may require minimal paperwork). You simply present your *AmeriHealth 65* ID card and we take care of the rest.

Q. I have another company's Medicare Advantage plan. How do I switch to AmeriHealth 65?

A. It's easy. Select the plan you want, complete the enrollment form, and mail it in the postage-paid envelope provided. By signing up for *AmeriHealth 65*, you will be disenrolled from any current Medicare Advantage or Medicare prescription drug plan when your *AmeriHealth 65* coverage begins.

Questions?
Don't hesitate to call. We're here for you!

Call toll-free **1-800-898-3492**
TTY/TDD users should call toll-free **1-877-219-5457**
Seven days a week, 8 a.m. to 8 p.m.
www.amerihealth65.com

This package includes everything you need to join *AmeriHealth 65*®, but we understand that many people feel more comfortable speaking with someone face-to-face before making a decision. If you'd like to meet with one of our sales representatives, consider joining us at a *free* informational meeting. Or if you prefer, we can come to your home and meet with you one-on-one. Just give us a call and tell us which is most convenient for you.

†As ranked in *U.S.News and World Report* magazine, Nov. 5, 2007 issue, America's Best Health Plans 2007.

AmeriHealth 65 is a Medicare Advantage Organization with a federal contract. Limitations and restrictions apply. To join *AmeriHealth 65*, you must be entitled to Medicare Part A, be enrolled in Part B, and live in the service area. The federal government will not allow us to accept people with End-Stage Renal Disease (ESRD) unless converting from AmeriHealth individual or 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*, you cannot be disenrolled for that reason. Members must continue to pay Medicare Part A, if applicable, and Part B premiums. If you join *AmeriHealth 65*, you must receive your Medicare Part D prescription drug coverage through the plan. 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.

Benefits, premiums, and cost-sharing may change on January 1, 2010. Please contact AmeriHealth HMO, Inc. for details. If you have special needs, this document may be available in other formats.

AmeriHealth 65 NJ Value and *Preferred*: Enrolled members must also use *AmeriHealth 65* plan providers except for in- or out-of-network emergency care or for out-of-area urgent care and renal dialysis within the United States.

AmeriHealth 65 NJ Plus: If you choose to see a physician or obtain services outside the *AmeriHealth 65* network, you will be subject to coinsurance. Prior authorization (approval in advance) is recommended for certain services.

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

In most cases, members may enroll in *AmeriHealth 65* only during certain times of the year. For more information about enrollment periods, please contact us at 1-800-898-3492 (TTY/TDD users should call 1-877-219-5457), seven days a week, 8 a.m. to 8 p.m.

Benefits underwritten or administered by AmeriHealth HMO, Inc.

www.amerihealth65.com

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