# 2009 Medicare Part D Prescription Drug Plan Options

AmeriHealth Rx
A Medicare-Approved Prescription Drug Plan

www.amerihealth65.com

Pennsylvania and West Virginia

## *AmeriHealth® Rx* offers two Medicare Part D prescription drug coverage options

*This handy side-by-side comparison can help you choose the AmeriHealth Rx plan that best fits your personal needs. Please see the enclosed Summary of Benefits for more details.*

| STEPS: | ***AmeriHealth Rx*** **Option I** Monthly premium:* PA/WV: $54.30 | ***AmeriHealth Rx*** **Option II** Monthly premium:* PA/WV: $58.90 |
|---|---|---|
| **DEDUCTIBLE** *(what you pay before the plan starts to pay)* | **$295** | **$0** |
| **COST-SHARING** *(what you and the plan pay in total covered prescription drug costs up to a certain level — the Initial Coverage Limit)* | You pay **25% coinsurance per prescription** up to **$2,700** in total drug costs. | For the first **$2,700** in total drug costs, you pay **$7 per generic, $30 per preferred brand, $70 per non-preferred brand, and 33% coinsurance per specialty** drugs on the formulary. |
| **COVERAGE GAP** *(when you pay all drug costs until reaching the catastrophic "trigger")* | You pay **100%** at discounted prices after yearly drug costs reach **$2,700**. | You pay **100%** at discounted prices after yearly drug costs reach **$2,700**. |
| **CATASTROPHIC COVERAGE** *(starts after you have paid $4,350 out-of-pocket for covered drugs in a year)* | You pay the greater of **$2.40 per generic/$6 per brand-name drug** OR **5% coinsurance per prescription** for the rest of the year. The plan pays the rest. | You pay the greater of **$2.40 per generic/$6 per brand-name drug** OR **5% coinsurance per prescription** for the rest of the year. The plan pays the rest. |

## *AmeriHealth Rx* plans use a formulary — a list of drugs the plan covers.

Formularies are based on federal guidelines — which means safe and effective drugs will always be available, including generic and brand-name drugs. There may be different cost-sharing depending on the particular drug. The plan has negotiated special prices with drug companies, which means discount prices apply to most drugs in the formulary. Please see the enclosed Drug Formulary Guide for more details.

*You must continue to pay your Medicare Part A and/or Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Part D premium is $0.

## Answers to questions you may have

**Q. Can I enroll in *AmeriHealth Rx* if I don't have a Medicare supplement plan?**

**A.** Yes. If you are enrolled in Medicare's traditional Fee-for-Service program, you can enroll in *AmeriHealth Rx* for your Medicare Part D prescription drug coverage. Keep in mind that *AmeriHealth Rx* provides prescription drug coverage only.

**Q. I take several prescription medicines right now. Can I find out if *AmeriHealth Rx* covers them?**

**A.** Absolutely. A formulary is included in this package. You can also go to our website: **www.amerihealth65.com**

**Q. Is mail order available?**

**A.** Yes, a mail-order pharmacy is available for up to a 90-day supply.

**Q. I'm in a Medicare HMO but took the medical-only option. Can I join *AmeriHealth Rx* for Medicare Part D prescription drug coverage?**

**A.** You cannot. If you are enrolled in a Medicare Advantage plan (your HMO is one), you must get your Medicare Part D prescription drug coverage through that plan. If you sign up for *AmeriHealth Rx*, you will be disenrolled from your current plan and you may lose your doctor and hospital coverage. You may also have to pay a late-enrollment penalty if you were eligible for Medicare Part D prescription drug benefits but delayed enrollment.

**Q. How do I know if I am eligible for extra help from Medicare?**

**A.** Medicare gives extra help with drug plan costs to people with limited income and resources. You will have to meet both an income and an asset test to receive assistance. There are three categories for assistance, and what you get may vary by category:

- Individuals with yearly income below $10,210 and married couples with yearly income below $13,690.
- Individuals with yearly income below $13,783 and assets less than $7,620 (not counting house and car) and married couples with yearly income below $18,481 and assets less than $12,190 (not counting house and car).
- Individuals with yearly income below $15,315 and assets less than $11,710 (not counting house and car) and married couples with yearly income below $20,535 and assets less than $23,410 (not counting house and car).

If you think you meet the requirements and you have not already been notified by the Centers for Medicare & Medicaid Services or the Social Security Administration, contact your local Social Security Administration or Medicaid office. They can help you apply and submit your application. If you have Medicare and full Medicaid, you will be assigned to a Medicare Part D prescription drug plan. If you are assigned to a different plan, you can switch to *AmeriHealth Rx*.

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This brochure provides a description of your *AmeriHealth Rx* options. It is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings. Please refer to the enclosed Summary of Benefits for an introduction to *AmeriHealth Rx,* beneficiary information, a benefit comparison of your two Rx options, and other important information.

When you're ready to enroll, please use the enrollment form and postage-paid envelope provided.

**If you have questions, call toll-free 1-800-898-3492**
**TTY/TDD users should call 1-877-219-5457**
Seven days a week, 8 a.m. to 8 p.m.

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## IMPORTANT:

***AmeriHealth® Rx* covers prescription drugs only. It does not include medical coverage.**
If you are currently in a Medicare Advantage plan — with or without Medicare Part D prescription drug coverage — and sign up for *AmeriHealth Rx*, you may lose your doctor and hospital coverage.

***AmeriHealth Rx* is not a drug discount card**. It is an insurance plan that offers savings on your existing and future covered medications. When you join *AmeriHealth Rx*, you get Medicare Part D prescription drug coverage.

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, 2008* through *December 31, 2008*, and coverage in your new plan will begin on January 1, 2009. 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. For more information about enrollment periods, please contact us at the number below.

## Don't let an unanswered question keep you from enrolling in *AmeriHealth Rx* today.

If you need assistance with your enrollment form, are not sure if you should apply for extra help from the government, or have any questions about enrollment, we're here for you every step of the way!

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

### General questions about Medicare Part D?

Call **1-800-MEDICARE (1-800-633-4227);** TTY/TDD users should call **1-877-486-2048**
(Both lines are open 24 hours a day, 7 days a week.)
Or go to the Medicare website: **www.medicare.gov**

*AmeriHealth Rx* is a Medicare Part D prescription drug plan contracted with the Centers for Medicare & Medicaid Services. To join *AmeriHealth Rx* you must be entitled to Medicare Part A or enrolled in Part B. You must continue to pay your Medicare Part A and/or Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Part D premium is $0. You must live in the *AmeriHealth Rx* service area. If you are enrolled in a Medicare Advantage plan, you may not join *AmeriHealth Rx* unless you are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare Part D prescription drug coverage, a Medicare Savings Account MA Plan (MSA), or a 1876 Cost Plan.

Benefits, premiums, and cost-sharing may change on January 1, 2010. Limitations may apply.

If you have qualified for additional assistance for Medicare Part D 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 additional assistance (which is based on income and resources) and want to see if you qualify, call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. You can also contact your state Medicaid office, or the Social Security Administration at 1-800-772-1213 (TTY/TDD: 1-800-325-0778) between 7:00 a.m. and 7:00 p.m., Monday through Friday.

You must use network pharmacies to access Medicare Part D prescription drug benefits, except under non-routine circumstances when you cannot reasonably use network pharmacies. If you use pharmacies outside the network, you may be required to pay the full cost of the drug and *AmeriHealth Rx* will reimburse you less the applicable cost-share.

Benefits underwritten by QCC Insurance Company.

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