AmeriHealth NEW JERSEY

Prior Carrier Credit and Fourth Quarter Carryover

Prior Carrier Credit

If an AmeriHealth New Jersey member incurred expenses that were applied to his or her deductible under a previous carrier's plan, he or she may be eligible for a deductible credit toward the AmeriHealth New Jersey plan.

In order for the member to take advantage of this credit, he or she must provide AmeriHealth New Jersey with the required documentation (Prior Carrier Credit form and EOBs from prior carrier indicating credit to be applied for each family member) as soon as possible or no longer than 90 days after his or her enrollment date to receive full credit.

Fourth Quarter Carryover

If an AmeriHealth New Jersey member incurs expenses in the last three months of a calendar year that are applied to that calendar year's deductible, a credit may be applied to the member's deductible for the next calendar year.

The following table illustrates which AmeriHealth New Jersey plans are eligible for Prior Carrier Credit and Fourth Quarter Carryover:

	Product	Prior Carrier Credit	Fourth Quarter Carryover
51+ Company 03 (AmeriHealth HMO, Inc.)	HMO HMO Plus HMO Split POS HMO Coinsurance HMO Plus Coinsurance	No No No Yes Yes Yes	No No No Yes Yes Yes
51+ Company 07 (AmeriHealth Insurance Company of New Jersey)	POS Coinsurance POS Split POS Plus PPO Traditional Medical PPO (HSA)	Yes Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes No
SEH Company 03 (AmeriHealth HMO, Inc.)	HMO HMO Plus HMO Split POS HMO Coinsurance HMO Plus Coinsurance	No No No Yes* Yes* Yes*	No No No No No Yes*
SEH Company 07 (AmeriHealth Insurance Company of New Jersey)	POS Coinsurance POS Split POS Plus PPO (HSA EPO	Yes Yes Yes Yes Yes	Yes Yes Yes No Yes

*As of 2013

Note: This document is not a statement of benefits. To confirm eligibility, please contact your AmeriHealth New Jersey broker representative.

AmeriHealth NEW JERSEY

Please Mail To:
AmeriHealth Insurance Company
P.O. BOX 41574
Philidelphia, PA 19101-1574

Prior Carrier Credit Information Form

Prior Carrier Credit Checklist

- Prior Carrier Credit completed form (below)
- Prior Carrier Credit EOB (please retain a copy for your records)
- EOBs indicating credit to be applied for each family member
- Mail this Prior Carrier Credit form and EOBs to the address provided below

PRIOR CARRIER CREDIT INFORMATION	
Member Social Security Number: _____	
Group Name: _____	
Date Completed: _____	
MEMBER INFORMATION	Individual Deductible Amount Satisfied
Name: _____ Date of Birth: _____	
DEPENDENT INFORMATION	Individual Deductible Amount Satisfied
Name: _____ Date of Birth: _____ Sex/Relationship: _____	
Name: _____ Date of Birth: _____ Sex/Relationship: _____	
Name: _____ Date of Birth: _____ Sex/Relationship: _____	