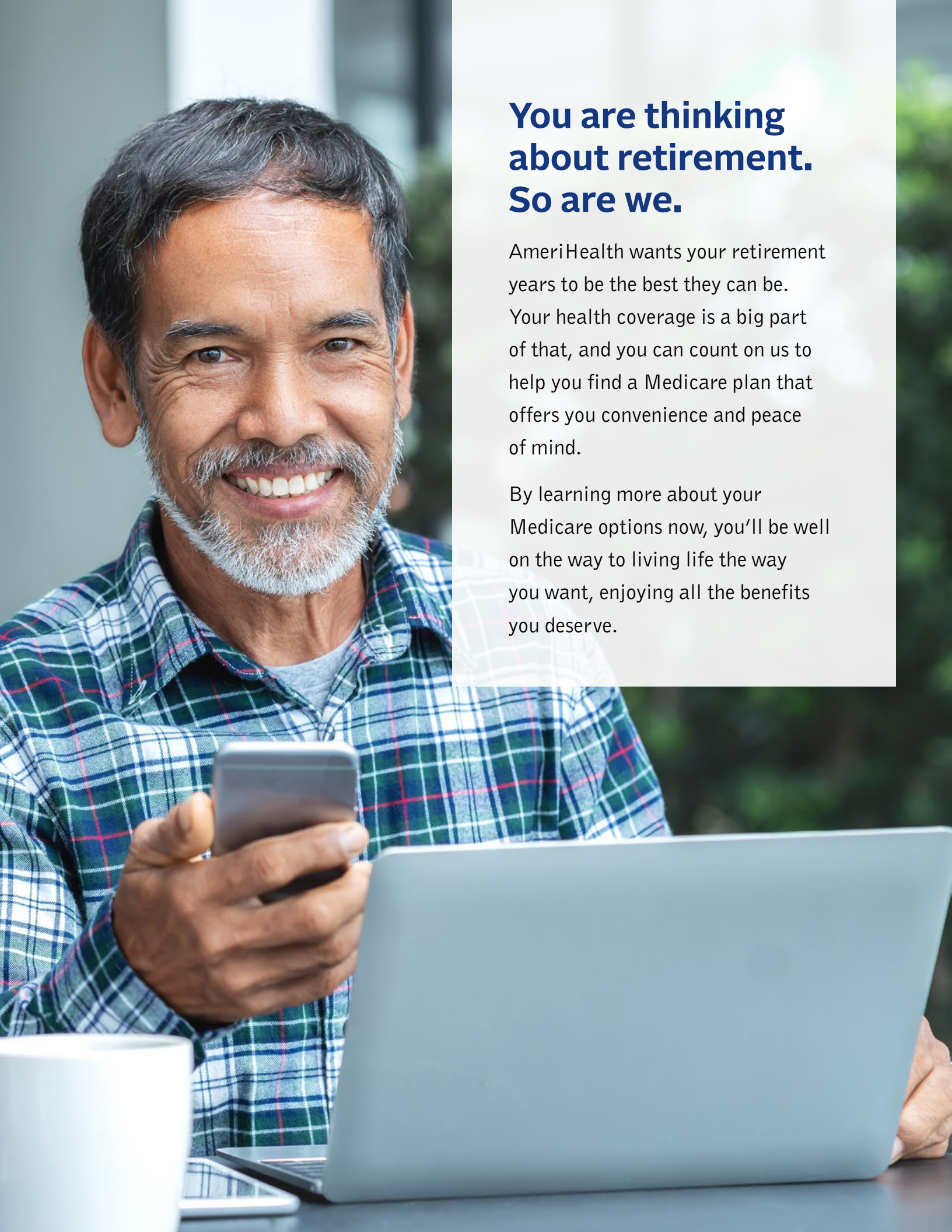




Welcome to Medicare

An educational Medicare Guide from AmeriHealth





You are thinking about retirement. So are we.

AmeriHealth wants your retirement years to be the best they can be. Your health coverage is a big part of that, and you can count on us to help you find a Medicare plan that offers you convenience and peace of mind.

By learning more about your Medicare options now, you'll be well on the way to living life the way you want, enjoying all the benefits you deserve.

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Check out our most frequently asked questions (FAQs) on page 22.



This quick list of Medicare-related terms will help you better understand the information in this Medicare Guide.

Primary Care Physician (PCP):

This is the doctor you go to for all your preventive health services. If you need to see a specialist, your PCP may need to give you a referral.

Premium:

The periodic payment you make to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

Copay:

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is usually a set amount rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

Coinsurance:

An amount you may be required to pay as your share of the cost for services or prescription drugs after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Providers:

The general term we use for doctors, other health care professionals, hospitals, and other health care facilities that are licensed or certified by Medicare and by the state to provide health care services.

Network Providers:

Providers that have an agreement with our plan to accept our payment as payment in full, and in some cases to coordinate and provide covered services to members of our plan. Network providers may also be referred to as "plan providers."



Notes

As you read through this Medicare Guide, write down your notes and questions. Reference this sheet when you have your in-home meeting, or discuss it over the phone with one of our friendly and knowledgeable Medicare experts.



Questions? Call 1-844-604-5415 (TTY/TDD: 711) seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 to September 30, your call may be sent to voicemail. Visit www.amerihhealthmedicare.com for more information.

What is Medicare?

MEDICARE is a federal program that provides health insurance for those 65 and older, or for younger individuals who qualify under special circumstances (such as a disability).

ORIGINAL MEDICARE consists of two parts — A and B. Original Medicare may not cover all your health care needs (such as some dental and vision), so you have the option to purchase additional coverage through a private insurance company. The additional coverage consists of Medicare Parts C and D, and Medicare Supplement.



Contact Social Security toll-free at 1-800-772-1213 (TTY/TDD: 1-800-325-0778) for more information about Medicare Part A and Part B premiums.

Understand the four parts of Medicare

The labels for the four parts of Medicare are A, B, C, and D. Each part covers different health care costs.



Part A: Hospital Insurance

Helps cover: Inpatient care in hospitals and skilled nursing facilities, nursing home care, hospice, and home health visits.

You're eligible if: You or your spouse paid into Social Security for at least ten years through employment, you are a citizen or permanent resident of the United States, and you qualify for Medicare.

Your cost: Free for most people who paid Medicare taxes while working.



Part B: Medical Insurance

Helps cover: Doctor visits, lab tests, outpatient services, and surgeries that don't require an overnight hospital stay, plus some preventive services like annual checkups. It also covers some medical supplies like wheelchairs and walkers.

You're eligible if: You or your spouse paid into Social Security for at least ten years through employment, you are a citizen or permanent resident of the United States, and you qualify for Medicare.

Your cost: You must elect and purchase Medicare Part B for a monthly premium. You may choose for your premium to be paid through your Social Security check or your Railroad Retirement benefit. Most people will pay the standard cost for Part B, but others may not. If your modified adjusted gross income noted on your IRS tax return two years ago is above a certain amount, you may pay a higher Part B monthly premium. This is called an Income Related Monthly Adjustment Amount (IRMAA).



Part C: Medicare Advantage

Includes: The combined coverage of Medicare parts A and B, plus added benefits such as fitness programs; routine vision, hearing, and dental care; and other wellness discounts. Plans may also include Medicare Part D Prescription Drug coverage. Medicare Advantage plans are offered by private insurance companies and are contracted by Medicare. If you join a Medicare Advantage plan, you still have Original Medicare. **It's important to know that a Medicare Advantage plan is not a Medicare Supplement plan.**

You're eligible if: You have both Part A and Part B, continue to pay the Medicare Part B premium and reside in the health plan's service area.

Your cost: Your monthly premium is dependent on the Medicare Advantage plan you choose. Your Medicare Part B premium must also continue to be paid.

Medicare Advantage plans can take several different forms:

- **Health Maintenance Organization (HMO):**
HMOs use a network of doctors, hospitals, and other health care providers to offer you the most care at the lowest possible cost. You'll choose an in-network primary care provider (PCP), will usually need a referral from your PCP to see a specialist, and will be able to use only specialists who are in-network.
- **Preferred Provider Organization (PPO):**
PPOs allow you to see any doctor you wish, whenever you wish. However, you may pay more to see doctors outside the plan's network.
- **Point-of-Service (POS):**
A POS plan combines the characteristics of HMOs and PPOs. It allows you to see providers outside of the network, but you may need a referral and your care may need to be coordinated through a primary care physician.

Part D: Prescription Drug Plan (PDP)



Helps cover: Your costs for prescription drugs.

You're eligible if: You are entitled to Medicare benefits under Part A or are enrolled in Part B and reside in the health plan's service area, or have VA or TRICARE benefits.

Your cost: Depending on the plan you choose, you may have a monthly premium and other cost-sharing, like copayments and/or deductibles. You must also continue to pay your Medicare Part B premium.

Many Medicare Advantage plans include Part D prescription drug coverage.



Medicare Supplement Insurance Plans (Medigap)

Medigap plans help with the costs you're left with after Original Medicare (Parts A and B) pays its share.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

Generally, Medigap policies don't cover long-term care (like care in a nursing home), vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

Medigap plans are provided by a private insurer and do not include prescription drug coverage. So it's best to purchase a PDP in addition to a Medigap plan.

Medigap plans are identified by the letters A through N, and each one has a distinct set of benefits. **It's important to know you cannot have Medigap and Medicare Advantage at the same time.**

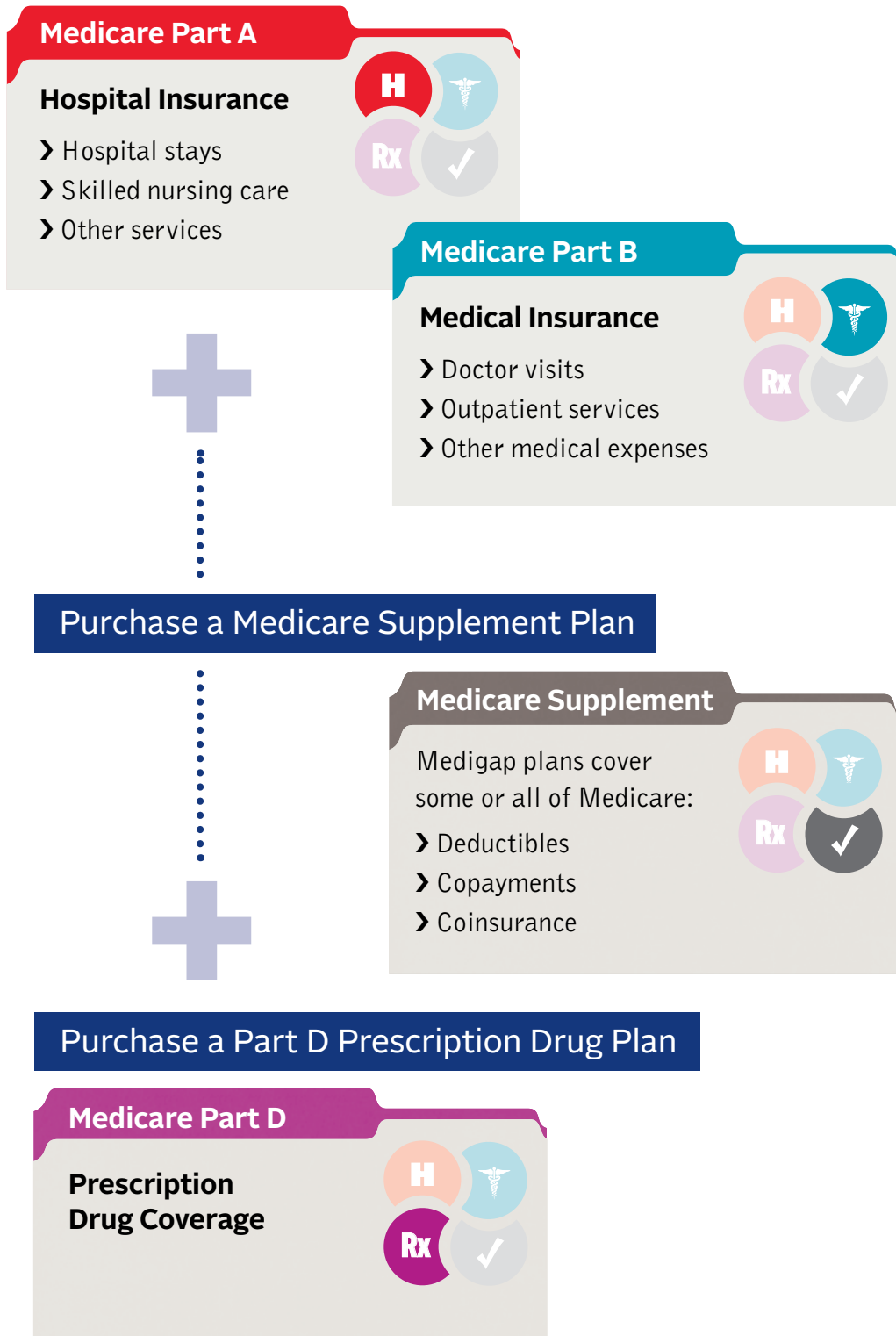
Now it's time to see how the parts come together.



The choice is yours.

There are two ways to get your Medicare coverage:

1. Build your coverage piece by piece: **OR**




2. Choose an all-in-one Medicare Advantage Plan:

Medicare Advantage : Part C

Available through a private insurance company, Medicare Advantage plans include:

- › **Part A and B benefits**
- › **May include extras such as:**
 - Vision
 - Dental
 - Hearing
 - Gym memberships
- › **Medicare Advantage plan types include:**
 - HMO plans
 - PPO plans
 - POS plans
 - Private Fee-for-Service plans



May include prescription drug coverage!

Medicare Advantage plans conveniently combine Part A, Part B, and sometimes Part D into one cohesive plan. Some perks of having a Medicare Advantage plan include: one bill to pay each month, dedicated customer service representatives, and added benefits like fitness and wellness programs.

Now you know how the parts of Medicare work, but how will it work for YOU? Let's assess your needs. 

Here is where you can begin your Medicare journey.

The following questions can help you build a foundation for choosing coverage that's right for you and your retirement.

Ask yourself...

Can I afford to pay the health care costs Original Medicare doesn't cover?

Do I live out of state for part of the year?

Do I want coverage for hearing aids, routine eye exams, and dental services?

Am I willing to pay more so that I can receive care from any provider?

If YES...

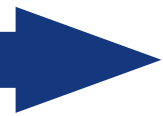
If NO...



You will be responsible for:

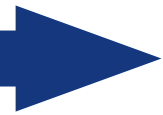
- Part A and Part B deductibles
- A monthly premium for Part B
- **20%** of the amount Medicare approves for the medical services it covers
- **100%** of the cost for services not covered by Medicare

Your options include staying with Original Medicare and purchasing a Medicare Supplement plan and stand-alone Medicare Part D plan, or purchasing a Medicare Advantage plan.



Choosing Original Medicare and purchasing Medigap is a good option, which would provide coverage anywhere in the United States.

You would be covered by Original Medicare, Medicare Supplement or a Medicare Advantage plan.



You may want to choose a Medicare Advantage plan that offers these additional benefits.

Consider staying with Original Medicare and purchasing Medigap.



Consider getting a Medigap or Medicare Advantage PPO plan and enjoy greater flexibility in your choice of providers.

Consider a Medicare Advantage HMO plan, which keeps costs down by requiring you to stay in network.

Now is the time to learn about your initial Medicare enrollment.

Here's what you need to know:

Initial Enrollment Period

You have a seven-month time window to enroll in Medicare. It begins three months before you turn 65, continues through the month of your birthday, and ends three months after the month you turn 65.

If you sign up prior to your birthday, in most cases, your coverage starts the first day of the month of your birthday. However, if your birthday is on the first of the month, your coverage will start the first day of the month before your birthday.



Helpful Tip:

Missing your Initial Enrollment Period (IEP) can be costly. Medicare Part A, Part B, and Part D all may charge late enrollment penalties if you delay and miss your initial dates to enroll. These penalties will be added to your monthly premium for the duration of your Medicare membership.

Annual Election Period

You may enroll in a Medicare plan or change plans each year between October 15 and December 7 after you become eligible for Medicare.

General Enrollment Period

If you didn't sign up for Part A and/or Part B when you first became eligible, you can sign up between January 1 and March 31 each year. Your coverage will begin July 1 of that year.

Please see [Medicare.gov](https://www.medicare.gov) for coverage exceptions.

IMPORTANT DATES TO REMEMBER:

October 15 –
December 7

Annual Election Period (AEP):

- Anyone Medicare-eligible can join or switch to a Medicare Advantage plan, Medigap policy, or Part D plan.
- Anyone Medicare-eligible can change from a plan that includes Part D to one that does not.

January 1 –
March 31

Medicare Advantage Open Enrollment Period (OEP):

During this period, you can:

- Switch to a different Medicare Advantage plan.
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B.
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare). Most Medicare Advantage plans include prescription drug coverage already. You can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan. Call your Medicare Advantage plan if you have questions.
- Drop your stand-alone Medicare Part D Prescription Drug Plan.

Working past 65?

Your coverage options will change depending on whether you're retired or still working. Read through these different scenarios and see which one best applies to you.



1. Are you eligible for Medicare and still working?

- If you are still working and have employer-provided coverage, you should contact your benefits administrator to determine if you need to enroll in Medicare Part A or Part B.

2. What if you have health coverage through your spouse?

- You can delay enrollment in Medicare if you're covered by a qualified health plan through your spouse, and if your spouse's employer has more than 20 people. Should you drop that coverage in favor of Medicare? That depends. You should discuss your situation with the benefits administrator at your spouse's employer and determine what works better for you in terms of coverage and cost.

3. Are you eligible for Medicare and retiring soon or about to lose your health insurance coverage?

- Talk with your benefits administrator to find out how Medicare might work with your possible retiree benefits.
- If retiree coverage isn't available to you, review the Medicare plan choices in your area.
- If your family is currently on your employer-sponsored plan and not yet eligible for Medicare, advise them to consider signing up for COBRA or an individual plan.
- Don't delay signing up for Medicare Part B if you are on COBRA, because you could face a possible penalty and a possible gap in coverage. COBRA may end once you sign up for Medicare; however, you will be eligible to purchase COBRA if you enroll in Medicare first.
- Remember — there is a limited amount of time for you to sign up without being penalized.

Take into consideration the information above as you learn about enrollment in the next section.



It's easy to enroll — and we can help!

The enrollment process will differ depending on what type of Medicare plan you choose.



Enroll in Parts A and B

Call **1-800-MEDICARE (1-800-633-4227)**
(TTY/TDD: 1-877-486-2048) 24 hours a day,
seven days a week to enroll over the phone.

Go online at [medicare.gov](https://www.medicare.gov) to enroll.

Visit your local Social Security office. Don't forget to bring:

- Your birth certificate (original or certified copy only)
- W-2 for the past two years
- Social Security number



Enroll in a Medicare plan option like Medicare Advantage or Medicare Supplement

- Call **1-844-604-5415 (TTY/TDD: 711)**
seven days a week, 8 a.m. to 8 p.m.
- Visit www.amerhealthmedicare.com
for more information.



Enroll in Medicare Part D

- Call **1-844-604-5415 (TTY/TDD: 711)**
seven days a week, 8 a.m. to 8 p.m.
- Visit www.amerhealthmedicare.com
for more information.

Helpful Tip:

If you enroll in a Medicare Advantage plan that includes a Part D drug plan (even if you don't take the coverage), you cannot also enroll in a stand-alone Part D plan. You must have your medical and prescription drug coverage from the same insurance plan unless you have VA or TRICARE benefits.



Notes



Questions? Call 1-844-604-5415 (TTY/TDD: 711) seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 to September 30, your call may be sent to voicemail. Visit www.amerihealthmedicare.com for more information.



Why AmeriHealth?

Our story

AmeriHealth, originally known as Delaware Valley HMO, was established in 1995 to provide health coverage to Pennsylvania employers and their staff living in Burlington, Camden, Gloucester, and Salem counties.

Over time, we expanded our coverage and plans and now represent over 265,000 members in New Jersey, Pennsylvania, and nearby areas.

Here to help the Garden State flourish

Today, AmeriHealth offers coverage to the entire state of New Jersey and select Pennsylvania-based employer plans, and our commitment shows. We offer one of the largest networks, a wide range of affordable health plans, and robust wellness programs.

Technology, innovation, and humanity work as one

Making health care more understandable and accessible requires innovative thinking and state-of-the-art technology, as well as a more flexible, personalized approach. Because AmeriHealth sees the whole picture, we offer solutions with greater insight and impact.

An unwavering focus on equitable health

We are well aware that not all the communities we serve have the same access to, experiences with, and perceptions of health care. AmeriHealth is committed to addressing health equity and the social determinants of health. We are working to promote health equity and reduce barriers to good health with culturally appropriate, community-based interventions.

Through our policies, programs, and partnerships, we help ensure that underserved communities have access to primary and specialty care and that everyone has the same opportunity to live a healthy life.



FAQ: Here are some of our most frequently asked questions.

Q: Do I receive a notice about Medicare when I turn 65?

A: If you are already receiving Social Security benefits, you will get information about Medicare in the mail three months before you turn 65. If you are not receiving Social Security benefits, you must actively enroll in Medicare yourself by contacting your local Social Security office. See the opposite page for contact information.

Q: Will I face a penalty if I wait to enroll in Medicare Part D?

A: Yes. You may have to pay an additional Late Enrollment Penalty if, at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Before your initial enrollment period begins, check with your benefits administrator to determine if your current prescription drug coverage is considered creditable coverage.

Q: Will money be taken out of my Social Security check for Medicare?

A: Part A is free for most people. You only have to pay a premium for Part A if you or your spouse have not worked and contributed to Social Security for 40 work quarters (10 years). Most people pay a monthly premium for Part B. You can either write a check to Social Security or have the Part B premium automatically taken out of your Social Security check or Railroad Retirement Benefit.

Q: My income is low. Are there programs that can help me afford my Medicare premiums?

A: Yes. Every state has Medicare Savings Programs (MSPs) that can help pay your Part B premium. A Medicare Savings Program may also pay Medicare copays and deductibles. You can also see if you are eligible for Extra Help. Extra Help is a federal program that can help pay your Part D prescription drug costs.

Q: I'm 63 and I just lost my job. Can I get Medicare early?

A: Unlike Social Security retirement benefits, you cannot enroll in Medicare early. Unless you have been receiving Social Security Disability Insurance benefits (SSDI) for 24 months or have ESRD or ALS, you must wait until you are 65 to receive Medicare.

Q: Where can I get help in choosing coverage?

A: There are government-supported resources that you can visit, including [medicare.gov](https://www.medicare.gov), which provides information about plans. You can also contact AmeriHealth to speak with one of our Medicare experts. We will gladly walk you through your decisions and help you determine if a Medicare Advantage plan or a Medicare Supplement plan (Medigap) is right for you.

Q: I have individual health insurance through the Affordable Care Act (ACA), also known as Obamacare. Can I keep that coverage instead of switching to Medicare?

A: It's a much better idea to switch to Medicare as soon as you become eligible. If you stay on your ACA plan, you will lose any government subsidies that had been keeping your insurance premiums low. You may also face late enrollment penalties.



Important Phone Numbers

Centers for Medicare & Medicaid Services**1-800-MEDICARE (1-800-633-4227)****(TTY/TDD: 1-877-486-2048) [medicare.gov](https://www.medicare.gov)**

Available 24 hours a day, seven days a week.

Social Security Administration**1-800-772-1213 (TTY/TDD: 1-800-325-0778)****[ssa.gov](https://www.ssa.gov)**

Call or go online 24 hours a day, seven days a week. You can speak directly with a representative Monday through Friday from 7 a.m. to 7 p.m.

Coverage issued by AmeriHealth Insurance Company of New Jersey.

