

ENROLL NOW

2026 SMART SOLUTIONS




AmeriHealth[®]

 **2026 MEDICARE
ADVANTAGE PLANS**



Thank you for considering AmeriHealth.

At AmeriHealth, we've been proudly serving New Jersey for over 30 years — and we're just getting started. With three Medicare Advantage plans packed with valuable benefits, we're here to help you get the most from your Medicare coverage — **without breaking your budget.**

Discover Medicare plans that deliver more:

- **Low or \$0 monthly premiums and copays**
- **Dental, vision, and hearing** coverage on every plan
- Access to a **large network of doctors, hospitals, and pharmacies** in your area
- **Extra benefits** like fitness, wellness programs
- Real support from real people — your **dedicated, local member help team.**

Ready to enroll? It's quick and easy — just pick what works best for you:



- 1. Call us at 1-844-629-0974 (TTY/TDD: 711)** seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.



- 2. Enroll online at amerihealthmedicare.com/2026plans.**



- 3. Mail your application to:**

AmeriHealth
1901 Market Street
Philadelphia, PA 19103-1480

Let's make your health — and savings — a priority.

When you join AmeriHealth, you're choosing **a trusted partner** who makes Medicare simple, local, and personal. We'll help you understand your benefits, get the care you need, and always feel supported.

Don't settle. Choose a plan with the service, support, and savings you deserve. Let's get started today.

With care,

Member Help Team

AmeriHealth Medicare coverage issued by AmeriHealth Insurance Company of New Jersey. AmeriHealth offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth PPO Medicare Advantage plans depends on contract renewal.

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¿Habla español?

Si quiere hablar con alguien en español, llame al **844-629-0974** o visite amerihealthmedicare.com/2026plans.

Benefits at a glance

There are many reasons you'll feel good having an AmeriHealth Medicare Advantage plan.

You can choose from three different AmeriHealth PPO Medicare Advantage plans. They come with a range of monthly premiums, out-of-pocket costs, and covered services. Depending on which plan you choose, here are some of the benefits we think you'll love:



Monthly premiums starting at \$0



Dental, vision, and hearing coverage

included in all plans



Prescription drug coverage included in all plans



A free fitness membership through One Pass®



Access to 47,000 providers and 103 hospitals

— including the Hospital of the University of Pennsylvania, Thomas Jefferson University Hospital, and the Rothman Orthopaedic Institute



Medicare Part B Giveback

\$95 giveback with AmeriHealth Medicare Ultimate PPO



No referrals needed

to see specialists, and the flexibility to go out of network to see any provider that accepts Medicare

You get all that, plus the confidence of knowing you're covered by a health care company with over 30 years of experience caring for New Jersey residents. AmeriHealth has a Medicare Advantage plan for everyone!

2026 health plans — benefit and cost comparison

- **AmeriHealth Medicare Ultimate PPO**
- **AmeriHealth Medicare Core PPO**
- **AmeriHealth Medicare Enhanced PPO**

In the pages that follow, you'll see how these plans differ in terms of premiums, copays, coinsurance, deductibles, and other details.

If you need any help deciding which plan makes the most sense for your personal health care needs and budget, just call **1-844-629-0974** (TTY/TDD: 711) seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. We look forward to helping you.



AMERIHEALTH MEDICARE ULTIMATE PPO

HEALTH PLAN

SERVICE CATEGORY	COST
Monthly Plan Premium	\$0
Part B Premium Giveback	\$95 giveback on each monthly Medicare Part B premium payment
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits*	\$55 copay
Out-of-Network Coinsurance	50% coinsurance when not in the network
Maximum Out of Pocket	\$9,250 in network \$13,900 combined in and out of network
Inpatient Hospital	\$400 copay per day for days 1 – 6 No copay for additional days per admission \$2,400 maximum per admission
Annual Allowance for Comprehensive Dental Services	\$500
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$45 or \$475 copay, depending on the service
Outpatient Routine X-rays	\$45 copay for routine radiology service
Ambulatory Surgical Center	\$425 copay
Outpatient Hospital Services	\$550 copay
Emergency Care	\$115 copay per visit Copay is not waived if admitted to inpatient hospital

* This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits, including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's Evidence of Coverage for a complete listing of benefits.

AMERIHEALTH MEDICARE CORE PPO HEALTH PLAN

SERVICE CATEGORY	COST
Monthly Plan Premium	\$0
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits*	\$55 copay
Out-of-Network Coinsurance	50% coinsurance when not in the network
Maximum Out of Pocket	\$9,250 in network \$13,900 combined in and out of network
Inpatient Hospital	\$350 copay per day for days 1 – 6 No copay for additional days per admission \$2,100 maximum per admission
Annual Allowance for Comprehensive Dental Services	\$500
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$25 or \$475 copay, depending on the service
Outpatient Routine X-rays	\$25 copay for routine radiology service
Ambulatory Surgical Center	\$430 copay
Outpatient Hospital Services	\$520 copay
Emergency Care	\$115 copay per visit Copay is not waived if admitted to inpatient hospital

* This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits, including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's Evidence of Coverage for a complete listing of benefits.

AMERIHEALTH MEDICARE ENHANCED PPO

HEALTH PLAN

SERVICE CATEGORY	COST
Monthly Plan Premium	\$36
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits*	\$15 copay
Out-of-Network Coinsurance	50% coinsurance when not in the network
Maximum Out of Pocket	\$7,550 in network \$12,000 combined in and out of network
Inpatient Hospital	\$390 copay per day for days 1 – 6 No copay for additional days per admission \$2,340 maximum per admission
Annual Allowance for Comprehensive Dental Services	\$1,500
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$25 or \$350 copay, depending on the service
Outpatient Routine X-rays	\$25 copay for routine radiology service
Ambulatory Surgical Center	\$325 copay
Outpatient Hospital Services	\$415 copay
Emergency Care	\$115 copay per visit Copay is not waived if admitted to inpatient hospital

* This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits, including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's Evidence of Coverage for a complete listing of benefits.

DENTAL, VISION, AND HEARING CARE

DENTAL SERVICES

Use an **AmeriHealth Medicare Dental Network** dentist for in-network coverage. Visit amerihealthmedicare.com/findadentist for a list of participating providers.

PREVENTIVE AND DIAGNOSTIC DENTAL CARE	IN-NETWORK COPAY	OUT-OF-NETWORK COINSURANCE
One oral exam and cleaning every 6 months	\$0 copay	80% coinsurance
One fluoride treatment and two dental consultations every 12 months	\$0 copay	80% coinsurance
One bitewing X-ray every 12 months	\$0 copay	80% coinsurance
One set of periapical, panoramic, and full-mouth X-rays once every 36 months	\$0 copay	80% coinsurance
COMPREHENSIVE DENTAL SERVICES	ANNUAL ALLOWANCE	

Annual allowance to pay for select dental services, including implants, fillings, root canals, crowns, partial bridges, dentures, anesthesia during oral surgery, and more

AmeriHealth Medicare Ultimate PPO	\$500 in or out of network
AmeriHealth Medicare Core PPO	\$500 in or out of network
AmeriHealth Medicare Enhanced PPO	\$1,500 in or out of network

DENTAL, VISION, AND HEARING CARE

VISION SERVICES

Use a **Davis Vision** provider for in-network coverage.
Visit amerihealthmedicare.com/davisvision for a list of participating providers.

Routine Eye Exam (one per year) **\$0** copay

EYEWEAR: One pair of eyeglass frames and lenses (eyewear) or one pair of contact lenses covered each year.

Eyeglass frames and lenses (benefit doesn't include tints, progressives, Transitions® lenses, polish, or insurance)

Purchased from the Davis Vision Collection Covered in full

Purchased from Visionworks® **\$200** allowance per year

Purchased at a Davis Vision network provider **\$100** allowance per year

Contact lenses purchased instead of eyewear **\$100** allowance per year

HEARING SERVICES

Provided by TruHearing® . To find a TruHearing provider or schedule an appointment, call **1-833-414-9748** (TTY/TDD: **711**) Monday through Friday, 8 a.m. to 8 p.m., or visit amerihealthmedicare.com/hearing.

Routine Hearing Exam (one per year) **\$0** copay

Hearing Aid Fittings and Evaluations (unlimited for the first year) **\$0** copay

HEARING AIDS — Up to two hearing aids every year, one hearing aid per ear

ADVANCED DIGITAL HEARING AID

PREMIUM DIGITAL HEARING AID

AmeriHealth Medicare Ultimate PPO

\$699 copay

\$999 copay

AmeriHealth Medicare Core PPO

\$699 copay

\$999 copay

AmeriHealth Medicare Enhanced PPO

\$499 copay

\$799 copay




AmeriHealth

Stay active with a free fitness membership through One Pass!



One Pass® fitness membership

Stay active with a free fitness membership through One Pass, which gives you access to a variety of physical, social, and mental fitness programs. Find your fit at the gym, at home, with friends, or in the kitchen!

Supporting you, every step of the way

Personal health visits

As an AmeriHealth Medicare Advantage member, you can schedule in-home personal health visits from a licensed health professional. These visits last about an hour and include a brief health assessment. They're a helpful and convenient way to get health advice in the comfort of your home, and they're offered to you at **no extra cost**.

AmeriHealth rewards

AmeriHealth Medicare Advantage members are able to earn gift cards as a reward for completing certain tests or screenings that can improve your health or prevent illness.

You can earn up to **\$300** in gift cards.

Staying healthy deserves recognition. Think of AmeriHealth rewards as a bonus gift for making smart choices.



Save time and money with telemedicine

It's not always easy or convenient to go to a health appointment. With Teladoc Health, you can get virtual care from wherever you are...with a \$0 copay!



General medical care

You have 24/7 access to board-certified doctors who can diagnose and treat non-emergency conditions such as sinus infections, flu, sore throats, allergies, pink eye, and more.



Mental health care

Schedule visits with a licensed therapist, psychologist, or psychiatrist and get support for depression, anxiety, stress, grief, and more.



Dermatology

Connect online with a board-certified dermatologist who can provide timely answers to questions about new or chronic skin conditions like rashes, acne, eczema, and rosacea.

Get care from the comfort of your home via your computer, tablet, or smartphone. Visits are available in several languages through an interpreter, including American Sign Language (ASL)

Get something back with a Part B Premium Giveback

AmeriHealth Medicare Ultimate PPO plan members have access to the Part B Premium Giveback, which provides a monthly credit on either your Social Security check or your Medicare Part B premium statement, depending on how you pay your Part B premium.

- AmeriHealth Medicare Ultimate PPO: \$95 monthly premium giveback



Prescription drug benefits

All our Medicare Advantage plans include prescription drug coverage, giving you safe, affordable access to covered medications.

Understand how your prescriptions are covered

Knowing which tier a drug is on will help you understand how much you will have to pay for it. The Formulary can also help you and your doctor find lower-cost alternatives. View your Formulary online at [amerhealthmedicare.com/formulary](https://www.amerhealthmedicare.com/formulary). Preferred pharmacies include ShopRite, Sam's Club, CVS, Giant, Target, Wegmans, and more.



PRESCRIPTION COST-SHARING

Our drug formulary includes five tiers of cost-sharing for prescription drugs. Tier 1 and 2 prescriptions have \$0 copays when purchased at preferred pharmacies or through mail order. Preferred pharmacies include ShopRite, Sam’s Club, CVS, Giant, Target, Wegmans, and more.

You'll pay less for a 90-day supply when you use mail order / home delivery (only includes Tier 1 and Tier 2 drugs and insulin). Standard shipping is always free!

PLAN NAME	DRUG TIER	DEDUCTIBLE
AmeriHealth Medicare Ultimate PPO	Tiers 3, 4, and 5	\$125
AmeriHealth Medicare Core PPO	N/A	\$0
AmeriHealth Medicare Enhanced PPO	Tiers 3, 4, and 5	\$150
PREFERRED RETAIL PHARMACY AND MAIL-ORDER COST-SHARING (90-DAY SUPPLY FOR A 2-MONTH COPAY)	DRUG TIER	OUT-OF-POCKET COST
All plans	Tier 1 Preferred Generic	\$0 copay
	Tier 2 Generic	\$0 copay
	Tier 3 Preferred Brand	25% coinsurance
PREFERRED RETAIL PHARMACY AND MAIL-ORDER COST-SHARING — 90-DAY SUPPLY	DRUG TIER	OUT-OF-POCKET COST
AmeriHealth Medicare Ultimate PPO	Tier 4 Non-Preferred Brand	30% coinsurance
	Tier 5 Specialty Drug	31% coinsurance
AmeriHealth Medicare Core PPO	Tier 4 Non-Preferred Brand	37% coinsurance
	Tier 5 Specialty Drug	33% coinsurance
AmeriHealth Medicare Enhanced PPO	Tier 4 Non-Preferred Brand	30% coinsurance
	Tier 5 Specialty Drug	31% coinsurance

PREFERRED RETAIL PHARMACY COST-SHARING (30-DAY SUPPLY)	DRUG TIER	OUT-OF-POCKET COST
All plans	Tier 1 Preferred Generic	\$0 copay
	Tier 2 Generic	\$0 copay
	Tier 3 Preferred Brand	25% coinsurance
	Covered Insulin, Tiers 3 - 5	\$35 copay
AmeriHealth Medicare Ultimate PPO	Tier 4 Non-Preferred Brand	30% coinsurance
	Tier 5 Specialty Drug	31% coinsurance
AmeriHealth Medicare Core PPO	Tier 4 Non-Preferred Brand	37% coinsurance
	Tier 5 Specialty Drug	33% coinsurance
AmeriHealth Medicare Enhanced PPO	Tier 4 Non-Preferred Brand	30% coinsurance
	Tier 5 Specialty Drug	31% coinsurance
STANDARD RETAIL COST-SHARING (30-DAY SUPPLY)	DRUG TIER	OUT-OF-POCKET COST
All plans	Tier 1 Preferred Generic	\$9 copay for Ultimate and Core; \$7 copay for Enhanced
	Tier 2 Generic	\$20 copay for Core and Ultimate; \$8 copay for Enhanced
	Tier 3 Preferred Brand	25% coinsurance
	Covered Insulin, Tiers 3 – 5	\$35 copay
AmeriHealth Medicare Ultimate PPO	Tier 4 Non-Preferred Drug	30% coinsurance
	Tier 5 Specialty Drug	31% coinsurance
AmeriHealth Medicare Core PPO	Tier 4 Non-Preferred Drug	37% coinsurance
	Tier 5 Specialty Drug	33% coinsurance
AmeriHealth Medicare Enhanced PPO	Tier 4 Non-Preferred Drug	30% coinsurance
	Tier 5 Specialty Drug	31% coinsurance
TRUE OUT-OF-POCKET LIMIT	An annual maximum of \$2,100 in out-of-pocket costs for covered drugs (Medicare Part B drugs and your monthly plan premium are not included)	
CATASTROPHIC	After reaching a maximum of \$2,100 , you pay \$0 for covered drugs until the next calendar year.	

Affordability resources

As a Medicare beneficiary, you may be eligible for a variety of public benefits and other assistance programs to help you manage your health care expenses. These resources are a small way to help you feel more financially secure.

Medicare Prescription Payment Program

This program can help Medicare beneficiaries with high drug costs, or who are likely to reach the **\$2,100** annual maximum out-of-pocket threshold, manage their prescription costs over the course of the plan year (January – December). Instead of paying for prescriptions at the point of sale (i.e., pharmacy), beneficiaries can opt to make monthly payments spread out over the course of the year. This program is voluntary and does not help you save money or reduce drug costs.

For more information, visit amerihealthmedicare.com/2026plans.

Low Income Subsidy (LIS) or “Extra Help”

LIS helps people with limited income and assets pay for monthly premiums, annual deductibles, and prescription copays related to their Medicare Part D prescription drug coverage plan.

How to apply:

- Online at ssa.gov/prescriptionhelp
- Call Social Security at **1-800-772-1213** (TTY/TDD: **1-800-325-0778**)

New Jersey Pharmaceutical Assistance to the Aged and Disabled (PAAD)

PAAD provides coverage for prescribed drugs, insulin, and insulin supplies.

How to apply:

- Online at nj.gov/humanservices/doas/services/l-p/paad and fill out the NJSave application.
- Call PAAD at **1-800-792-9745**

To learn more about resources to help you feel more financially secure, request our *Guide to Savings* at amerihealthmedicare.com/2026plans.



How to enroll in a plan

When you're enrolling in a Medicare Advantage plan, it's important to check the plan's network and formulary to see if your doctor or drug is covered.



How to find a network provider

1. Go to [amerihealthmedicare.com/providerfinder](https://www.amerihealthmedicare.com/providerfinder).
2. Search for providers by health plan, location, specialty, name, type, and more.



How to find a network pharmacy

1. Go to [amerihealthmedicare.com/pharmacyfinder](https://www.amerihealthmedicare.com/pharmacyfinder).
2. Search for pharmacies by health plan, location, name, and more.
3. Preferred pharmacies include a Preferred label.



How to find out if a drug is on the formulary

1. Go to [amerihealthmedicare.com/formulary](https://www.amerihealthmedicare.com/formulary).
2. Search by health plan, drug name, therapeutic class, or browse drugs alphabetically.



Enrollment checklist

After you enroll, use this checklist to keep track of your new plan.

Plan confirmation/ acceptance letter	We will send you a plan confirmation/acceptance letter after the Centers for Medicare & Medicaid Services approves your enrollment.	<input type="checkbox"/>
Enrollment verification letter	This letter is required if your enrollment was assisted by an independent or employed agent/broker who has provided you with plan-specific information.	<input type="checkbox"/>
Welcome kit	This kit contains your information on how to find the plan's drug formulary and other important forms, such as electronic billing and mail-order sign-up.	<input type="checkbox"/>
Your bill	<p>We generate premium bills each month. If your plan has a premium, and you signed up for the plan early in the month, you may get your first bill before your plan's start date.</p> <p>If you sign up later in the month, your first bill may include two months of premiums. (Our billing cycle factors in one month's premium in advance).</p> <p>To join one of our plans, you'll need to continue paying your Medicare Part A and/or Part B premiums (if not otherwise paid for under Medicaid or another third party). This is in addition to your AmeriHealth Medicare plan premium, if any.</p>	<input type="checkbox"/>

Member ID card	Use your AmeriHealth Medicare member ID card (not your Medicare card) every time you visit a doctor, hospital, or pharmacy.	<input type="checkbox"/>
Personalized health visit	This service is optional, and the visit will not affect your current health insurance benefits or premiums. You will receive a call from one of our health care partners to see if you're interested in scheduling a visit.	<input type="checkbox"/>
Doctor visit	Take advantage of your annual wellness visit, which is covered by Medicare without a copay or coinsurance. It's a great opportunity for you and your doctor to review your medical history, identify risk factors to your health, and discuss a plan to prevent illness and improve your health.	<input type="checkbox"/>
Get connected	Receive health screening reminders, important plan notifications, and cost savings alerts delivered directly and securely to you via email or text message. Visit amerihealthmedicare.com/2026plans today to sign up!	<input type="checkbox"/>

Common health insurance terms

Coinsurance:

A percentage of the cost that you pay for certain covered services.

Example: If your coinsurance is 20 percent, your health plan will pay 80 percent of the cost of covered services, and you will pay the remaining 20 percent.

Copay or copayment:

The flat fee you pay when you see a doctor or receive other services.

Example: A plan's copay to see a primary care physician could be \$20.

Cost-sharing:

The amount you pay for your health care costs beyond your premium. This includes your copayments, coinsurance fees, and deductible.

Deductible:

The amount you pay before your health plan starts paying for covered services.

Example: If your plan has a \$1,000 deductible, you'll pay the first \$1,000 for covered services you receive. Once you pay this amount, your insurance will pay for a portion or all of your covered services, depending on the plan.

In network:

Doctors or health care facilities that have a contract with your health plan to provide services.

Out of network:

Doctors or health care facilities not included in your health plan's provider network.

Out-of-pocket maximum:

The most you will have to pay for your health care expenses during a plan period (usually a calendar year). Once you meet your out-of-pocket maximum for the plan period, your health plan will pay for all covered services you receive.

Premium:

The amount you pay to your insurance company each month for coverage under your health plan. Your premium is separate from the out-of-pocket costs you pay when you use your benefits to receive covered services.

Exclusions

Medical Exclusions

By law, the following expenses are not covered by Medicare plans:

- Personal items for your room at a hospital or skilled nursing facility
- Full-time nursing care in your home
- Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care
- Homemaker services, including housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Home-delivered meals
- Reversal of sterilization procedures and/or non-prescription contraceptive supplies
- Naturopath services (natural or alternative treatments)

Part D Exclusions

These categories of drugs are also not covered by Medicare drug plans:

- Drugs used to promote fertility
- Drugs used for the relief of cough or cold symptoms
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs used for the treatment of sexual or erectile dysfunction
- Drugs used for the treatment of anorexia, weight loss, or weight gain
- Outpatient drugs for which associated tests or monitoring services must be purchased exclusively from the manufacturer as a condition of sale

This is a partial list of exclusions.

Visit [amerihhealth.com/eoc](https://www.amerihhealth.com/eoc) for a complete listing of benefits and exclusions.



Disclaimers and disclosures

AmeriHealth Medicare Dental Network administered by Dominion Dental Services, Inc., an independent company. Vision benefits are offered by AmeriHealth Insurance Company of New Jersey and administered by Davis Vision, an independent company.

An affiliate of AmeriHealth has a financial interest in Visionworks, an independent company.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company.

One Pass is a voluntary program offered by an independent company. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with AmeriHealth. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth PPO members, except in emergency situations. Please call our Member Help Team number, see your Evidence of Coverage, or visit amerihealthmedicare.com/eoc for more information, including the cost-sharing that applies to out-of-network services.

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

The Part B Premium Giveback is set up by Medicare and administered through the Social Security Administration (SSA). The Giveback incentive only participates with Social Security. There are no direct payments made to beneficiaries by AmeriHealth. Beneficiaries who pay their own Part B premium are eligible for the Giveback. This means beneficiaries cannot receive Medicaid or any other assistance from a health program that could potentially pay their Part B premium. The monthly credit is applied on either the beneficiary's Social Security check or Medicare Part B statement, depending on how they pay their Part B premium. It can take a few months for this Giveback to be processed, so the beneficiary may receive it as a lump sum.

AmeriHealth Insurance Company of New Jersey offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth PPO Medicare Advantage plans depends on contract renewal.

AmeriHealth Medicare coverage issued by AmeriHealth Insurance Company of New Jersey.

2026 SMART SOLUTIONS

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