



AmeriHealth Medicare Core (PPO) offered by AmeriHealth Insurance Company of New Jersey ("AmeriHealth")

Annual Notice of Change for 2027

You're enrolled as a member of AmeriHealth Medicare Core PPO.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in AmeriHealth Medicare Core PPO.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.amerhealthmedicare.com or call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) to get a copy by mail. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.

More Resources

- This document is available for free in Spanish.
- Call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711). Hours are 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This call is free.

To receive this document in an alternate format such as Braille, large print or audio, please contact our Member Help Team.

About AmeriHealth Medicare Core PPO

- AmeriHealth offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth PPO Medicare Advantage plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means AmeriHealth Insurance Company of New Jersey. When it says “plan” or “our plan,” it means AmeriHealth Medicare Core PPO.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in AmeriHealth Medicare Core PPO.** Starting January 1, 2027, you'll get your medical and drug coverage through AmeriHealth Medicare Core PPO. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$0	\$18
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$9,250 From network and out-of-network providers combined: \$13,900	From network providers: \$9,850 From network and out-of-network providers combined: \$14,800
Primary care office visits	\$0 copayment per visit	\$0 copayment per visit
Specialist office visits	\$55 copayment per visit	\$55 copayment per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and	Inpatient hospital stay – acute: \$350 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission	Inpatient hospital stay – acute: \$420 copayment per day for days 1-5 per admission \$0 copayment per day for additional days per admission

	2026 (this year)	2027 (next year)
ends the day before you're discharged.	\$2,100 maximum copayment per admission Inpatient hospital stay – mental health: \$345 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$2,070 maximum copayment per admission	\$2,100 maximum copayment per admission Inpatient hospital stay – mental health: \$410 copayment per day for days 1-5 per admission \$0 copayment per day for additional days per admission \$2,050 maximum copayment per admission
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage at a standard pharmacy: Drug Tier 1: \$9 Drug Tier 2: \$20 Drug Tier 3: 25% You pay up to \$35 per month supply of each covered insulin product on this tier.	Part D drug coverage deductible Deductible: \$700 for Tier 3, Tier 4, and Tier 5 drugs except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage at a standard pharmacy: Drug Tier 1: \$9 Drug Tier 2: \$20 Drug Tier 3: 24% You pay up to \$35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
	Drug Tier 4: 37% You pay up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% You pay up to \$35 per month supply of each covered insulin product on this tier. Copayment/Coinsurance during the Initial Coverage Stage at a preferred pharmacy: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: 25% You pay up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 37% You pay up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33%	Drug Tier 4: 25% You pay up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% You pay up to \$35 per month supply of each covered insulin product on this tier. Copayment/Coinsurance during the Initial Coverage Stage at a preferred pharmacy: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: 24% You pay up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 25% You pay up to \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25%

	2026 (this year)	2027 (next year)
	You pay up to \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	You pay up to \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$18

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,250	\$9,850 Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$13,900	\$14,800 Once you've paid \$14,800 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider/Pharmacy Directory* www.amerihealthmedicare.com/directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.amerihealthmedicare.com/directory.
- Call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Provider/Pharmacy Directory* www.amerihealthmedicare.com/directory to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.amerihealthmedicare.com/directory
- Call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) to get current pharmacy information or to ask us to mail you a *Provider/Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Additional Telehealth	\$35 copayment per Physical Therapy, Occupational Therapy, and Speech Therapy visit.	\$55 copayment per Physical Therapy and Speech Therapy visit. \$35 copayment per Occupational Therapy visit.
Ambulance Services	\$310 copayment for this benefit.	\$335 copayment for this benefit.
Ambulatory Surgical Services (ASC)	\$430 copayment for this benefit.	\$525 copayment for this benefit.
Dental Services	Non-Medicare-Covered Dental Services: Dental Implants are covered at the plan specified amount. 20% coinsurance in-network for restorative services, endodontics, periodontics and extractions. 40% coinsurance in-network for prosthodontics and other oral/maxillofacial surgery.	Non-Medicare-Covered Dental Services: Restorative services, endodontics, periodontics and extractions is <u>not</u> covered. Prosthodontics and other oral/maxillofacial surgery is <u>not</u> covered. Dental Implants are <u>not</u> covered. Dental coverage is preventative only. 80% coinsurance for out-of-network routine dental services.
Diabetic Supplies	40% of the total cost of out-of-network Diabetic Supplies.	20% of the total cost of out-of-network Diabetic Supplies.
Diabetic Therapeutic Shoes/Inserts	40% of the total cost of out-of-network Diabetic Therapeutic Shoes/Inserts.	20% of the total cost of out-of-network Diabetic Therapeutic Shoes/Inserts.

	2026 (this year)	2027 (next year)
Durable Medical Equipment	40% of the total cost of out-of-network Durable Medical Equipment and related supplies.	20% of the total cost of out-of-network Durable Medical Equipment and related supplies.
Fitness Benefit	Fitness Benefit is covered.	Fitness Benefit is <u>not</u> covered.
Hearing Services	Non-Medicare-Covered Hearing Services: Routine hearing services are <u>not</u> applicable out-of-network	Non-Medicare-Covered Hearing Services: 95% of the total cost of out-of-network Hearing Services
Inpatient Hospital Care	\$350 copayment per day for days 1-6. \$0 copayment per day for additional days per admission. \$2,100 maximum copayment per admission.	\$420 copayment per day for days 1-5. \$0 copayment per day for additional days per admission. \$2,100 maximum copayment per admission.
Inpatient Mental Health Care	\$345 copayment per day for days 1-6. \$0 copayment per day for additional days per admission. \$2,070 maximum copayment per admission.	\$410 copayment per day for days 1-5. \$0 copayment per day for additional days per admission. \$2,050 maximum copayment per admission.
Intensive Outpatient Program Services	\$40 copayment for this benefit.	\$55 copayment for this benefit.
Outpatient Diagnostic Radiology Services	\$475 copayment for complex radiology services (e.g., CT scans, MRI, MRA, Nuclear Cardiology Studies).	\$500 copayment for complex radiology services (e.g., CT scans, MRI, MRA, Nuclear Cardiology Studies).
Outpatient Hospital Services	\$520 copayment for this benefit.	\$595 copayment for this benefit.
Outpatient Mental Health Care	\$30 copayment for each group therapy session.	\$20 copayment for each group therapy session.
Outpatient Observation Stays	\$350 copayment for this benefit.	\$420 copayment for this benefit.

	2026 (this year)	2027 (next year)
Outpatient Routine Radiology Services	\$25 copayment for lower tech radiology services (e.g., ultrasounds, doppler studies).	\$40 copayment for lower tech radiology services (e.g., ultrasounds, doppler studies).
Outpatient Substance Abuse Care	\$30 copayment for each group therapy session.	\$20 copayment for each group therapy session.
Outpatient Therapeutic Radiology (Radiation Services)	\$75 copayment for this benefit.	\$80 copayment for this benefit.
Palliative Care	Palliative care is <u>not</u> applicable out-of-network	50% of the total cost of out-of-network Palliative Care services
Partial Hospitalization	\$40 copayment for this benefit.	\$55 copayment for this benefit.
Podiatry Visits	\$15 copayment for this benefit.	\$20 copayment for this benefit.
Prosthetic Devices	40% of the total cost of out-of-network Prosthetic Devices and related supplies.	20% of the total cost of out-of-network Prosthetic Devices and related supplies.
Skilled Nursing Facility (SNF) Care	\$0 copayment per day for days 1-20. \$218 copayment per day for days 21-100. 50% of the total cost of out-of-network SNF services.	\$0 copayment per day for days 1-20. \$221 copayment per day for days 21-100. 30% of the total cost of out-of-network SNF services.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call our Member Help Team 1-866-569-5190 (TTY/TDD users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	\$700 During this stage, you pay \$9 copayment per month supply at a standard pharmacy, and you pay \$0 copayment at a preferred or mail-order pharmacy for drugs on Preferred Generic Tier (Tier 1); you pay \$20 copayment per month supply at a standard pharmacy, and you pay \$0 copayment at a preferred or mail-order pharmacy for drugs on Generic Tier (Tier 2); and the full cost of drugs on Preferred Brand Tier (Tier 3), Non-Preferred Drug Tier (Tier 4), Specialty Tier (Tier 5) until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost

to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay \$9 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.	<i>Standard cost sharing:</i> You pay \$9 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.
Tier 2 – Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.	<i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.

	2026 (this year)	2027 (next year)
Tier 3 – Preferred Brand: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25% of the total cost.	<i>Standard cost sharing:</i> You pay 24% of the total cost. <i>Preferred cost sharing:</i> You pay 24% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 24% of the total cost.
Tier 4 – Non-Preferred Drug: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay 37% of the total cost. <i>Preferred cost sharing:</i> You pay 37% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 37% of the total cost.	<i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25% of the total cost.

	2026 (this year)	2027 (next year)
Tier 5 – Specialty Tier: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 33% of the total cost.	<i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25% of the total cost.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Continuous Glucose Monitor Change	Freestyle Libre is the only plan-specified continuous glucose monitoring device	Dexcom and Freestyle Libre are the plan-specified continuous glucose monitoring devices
Exceptions – Prescription Drug Coverage	If we approve your request for an exception, our approval is valid until the end of the following plan year.	If we approve your request for an exception, our approval is valid until the end of the plan year.
Geographic/Service Area	Service area consists of Atlantic, Burlington, Camden, Gloucester, Mercer,	Service area consists of Camden county.

	2026 (this year)	2027 (next year)
	Middlesex, and Ocean counties.	
Tier 1 – Three-Month Supply Change	Tier 1 drugs for a three-month supply are covered for a 90-day fill	Tier 1 drugs for a three-month supply are covered for a 100-day fill
Tier 5 – Two-Month & Three-Month Supply Change	Tier 5 drugs for a two-month supply or three-month supply are covered	Tier 5 drugs for a two-month supply or three-month supply are <u>not</u> covered Tier 5 drugs are only covered for a one-month supply

SECTION 3 How to Change Plans

To stay in AmeriHealth Medicare Core PPO, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our AmeriHealth Medicare Core PPO.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from AmeriHealth Medicare Core PPO. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from AmeriHealth Medicare Core PPO.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call our Member Help Team at 1-866-569-5190 (TTY/TDD users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, AmeriHealth Insurance Company of New Jersey offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday-Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New Jersey has a program called Pharmaceutical Assistance to the Aged and Disabled (PAAD) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through New Jersey AIDS Drug Distribution Program

(ADDP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the New Jersey AIDS Drug Distribution Program (ADDP) at 1-877-613-4533. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-866-406-5967 (TTY/TDD users should call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from AmeriHealth Medicare Core PPO

- **Call our Member Help Team at 1-866-569-5190. (TTY/TDD users call 711.)**

We're available for phone calls seven days a week from 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. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for AmeriHealth Medicare Core PPO. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at

www.amerihealthmedicare.com/eoc or call our Member Help Team 1-866-569-5190 (TTY/TDD users call 711) to ask us to mail you a copy.

- **Visit** www.amerihealthmedicare.com

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New Jersey, the SHIP is called NJ SHIP.

Call NJ SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call NJ SHIP at 1-800-792-8820. Learn more about NJ SHIP by visiting website (<https://www.nj.gov/humanservices/doas/>).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** [Medicare.gov](https://www.medicare.gov)

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit** [Medicare.gov](https://www.medicare.gov)

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

The *Medicare & You* 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Benefits underwritten by AmeriHealth Insurance Company of New Jersey.

AmeriHealth Medicare Dental Network administered by Dominion Dental Services, Inc., an independent company.

AmeriHealth offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth PPO Medicare Advantage plans depends on contract renewal.

Empassion is an independent company.

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