

2027 SMART SOLUTIONS





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 two 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:

- **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 and 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 1-833-857-7697** (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/2027plans.**



- 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

Benefits underwritten by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey. AmeriHealth offers HMO and PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth HMO and PPO Medicare Advantage plans depends on contract renewal.

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¿Habla español?

Si quiere hablar con alguien en español, llame al **1-833-857-7697** (TTY/TDD: **711**)
o visite **[amerihealthmedicare.com](https://www.amerihealthmedicare.com)**.

Benefits at a glance

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

You can choose from two different 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



No referrals needed to see specialists



Prescription drug coverage included in both plans



Dental, vision, and hearing coverage included in both plans



\$30 every quarter to spend on approved over-the-counter (OTC) items

at participating retailers and online with our HMO plan



A no-cost fitness membership through One Pass®

with our HMO plan

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!

2027 health plans — benefit and cost comparison

- **NEW! AmeriHealth Medicare Classic HMO**
- **AmeriHealth Medicare Core 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 **1-833-857-7697** (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 CLASSIC HMO

Atlantic, Burlington, Camden, Gloucester, Mercer, Middlesex, & Ocean County

SERVICE CATEGORY	COST
Monthly Plan Premium	\$0
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits*	\$35 copay
Maximum Out of Pocket	\$9,850 in network
Inpatient Hospital	\$435 copay per day for days 1 – 5 No copay for additional days per admission \$2,175 maximum per admission
OTC Allowance	\$30 quarterly allowance
Annual Allowance for Comprehensive Dental Services	\$1,000
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$40 or \$450 copay, depending on the service
Outpatient Routine X-rays	\$40 copay for routine radiology
Ambulatory Surgical Center	\$385 copay
Outpatient Hospital Services	\$500 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 (EOC)* for a complete listing of benefits.

AMERIHEALTH MEDICARE CORE PPO

Camden County

SERVICE CATEGORY	COST
Monthly Plan Premium	\$18
PCP Visits	\$0 copay
Specialist Visits*	\$55 copay
Out-of-Network Coinsurance	50% coinsurance (certain benefits may differ)
Maximum Out of Pocket	\$9,850 in network \$14,800 combined in and out of network
Inpatient Hospital	\$420 copay per day for days 1 – 5 No copay for additional days per admission \$2,100 maximum per admission
Annual Allowance for Comprehensive Dental Services	N/A
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$40 or \$500 copay, depending on the service
Outpatient Routine X-rays	\$40 copay for routine radiology
Ambulatory Surgical Center	\$525 copay
Outpatient Hospital Services	\$595 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 EOC 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 Available on both plans	IN-NETWORK COPAY
One oral exam and cleaning every 6 months	\$0 copay
One fluoride treatment and two dental consultations every 12 months	\$0 copay
One bitewing X-ray every 12 months	\$0 copay
One set of periapical, panoramic, and full-mouth X-rays once every 36 months	\$0 copay

COMPREHENSIVE DENTAL SERVICES Available on the AmeriHealth Medicare Classic HMO plan	ANNUAL ALLOWANCE
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Annual allowance to pay for select dental services, including fillings, root canals, crowns, partial bridges, dentures, anesthesia during oral surgery, and more

AmeriHealth Medicare Classic HMO	\$1,000 in-network
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*AmeriHealth Medicare Core PPO: There is an 80% coinsurance for out-of-network dental and vision services and a 95% coinsurance for out-of-network hearing services.

DENTAL, VISION, AND HEARING CARE*

VISION SERVICES

Use a **Davis Vision** provider for in-network coverage.
Visit [amerihealthmedicare.com/davisvision](https://www.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
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Purchased from Visionworks®	\$200 allowance per year
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Purchased at a Davis Vision network provider	\$100 allowance per year
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Contact lenses purchased instead of eyewear	\$100 allowance per year
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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](https://www.amerihealthmedicare.com/hearing).

Routine hearing exam (one per year)	\$0 copay
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Hearing aid fittings and evaluations (unlimited for the first year)	\$0 copay
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HEARING AIDS — Up to two hearing aids every year, one hearing aid per ear	ADVANCED DIGITAL HEARING AID	PREMIUM DIGITAL HEARING AID
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Both plans	\$699 copay	\$999 copay
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*AmeriHealth Medicare Core PPO: There is an 80% coinsurance for out-of-network dental and vision services and a 95% coinsurance for out-of-network hearing services.




AmeriHealth®

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 24/7 Care Visits

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, and pink eye.



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).



Stay active with a no-cost fitness membership



One Pass fitness membership

With our AmeriHealth Medicare Classic HMO plan, you get access to a variety of physical, social, and mental fitness programs through One Pass.

Resources to support your health

Personal health visits

With an AmeriHealth Medicare Advantage plan, 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

You can earn cash rewards via debit card as a reward for completing certain preventive tests or screenings that can improve your health or prevent illness.

You can earn up to **\$300** in health rewards with AmeriHealth Medicare Classic HMO and up to **\$250** in health rewards with AmeriHealth Medicare Core PPO.

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



Resources to support your health

With our **AmeriHealth Medicare Classic HMO** plan, you get a **\$30 quarterly allowance** to spend on everyday health items — all at no extra cost to you.



Your allowance is accessible through your AmeriHealth Care Card.



Use your AmeriHealth Care Card to buy approved OTC items like bandages, cold medicine, toothpaste, and vitamins at a participating store or online.



Participating retail stores include CVS, ShopRite, Walgreens, Walmart, and more.



Your AmeriHealth Care Card automatically reloads every three months with your allowance.



Prescription drug benefits

Both of 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 amerihealthmedicare.com/formulary.

Spread out your Rx costs with the Medicare Prescription Payment Plan

You can choose to sign up for the Medicare Prescription Payment Plan. With this option, you won't pay at the pharmacy or for mail-order drugs. Instead, your health plan will bill you monthly. This option doesn't lower your total drug costs, but it spreads your payments over the rest of the year.

For more information, visit amerihealthmedicare.com/ira.



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 CVS, Giant, Sam's Club, Shoprite, Wegmans, and more.

PLAN NAME	DRUG TIER	DEDUCTIBLE
Both plans	Tiers 3, 4, and 5	\$700
PREFERRED RETAIL PHARMACY AND MAIL-ORDER COST-SHARING	DRUG TIER	OUT-OF-POCKET COST
60-day and 90-day supply	Tier 1 Preferred Generic	\$0 copay
	Tier 2 Generic	\$0 copay
	Tier 3 Preferred Brand	24% coinsurance
	Tier 4 Non-Preferred	25% coinsurance
60-day supply Insulin	Tier 3 Preferred Brand	\$70 copay
	Tier 4 Non-Preferred	\$70 copay
90-day supply Insulin	Tier 3 Preferred Brand	\$105 copay at preferred pharmacy or \$70 copay through mail order
	Tier 4 Non-Preferred	\$105 copay at preferred pharmacy or \$70 copay through mail order

New for 2027! You can get a **100-day supply** of Tier 1 preferred generic drugs for a **\$0 copay** at a preferred pharmacy or through mail order.

PREFERRED RETAIL PHARMACY AND MAIL-ORDER COST-SHARING		DRUG TIER	OUT-OF-POCKET COST
30-day supply		Tier 1 Preferred Generic	\$0 copay
		Tier 2 Generic	\$0 copay
		Tier 3 Preferred Brand	24% coinsurance
		Tier 4 Non-Preferred	25% coinsurance
		Tier 5 Specialty Drug	25% coinsurance
		Covered Insulin (Tiers 3 - 5)	\$35 copay
STANDARD RETAIL PHARMACY COST-SHARING		DRUG TIER	OUT-OF-POCKET COST
30-day supply		Tier 1 Preferred Generic	\$9 copay
		Tier 2 Generic	\$20 copay
		Tier 3 Preferred Brand	24% coinsurance
		Tier 4 Non-Preferred	25% coinsurance
		Tier 5 Specialty Drug	25% coinsurance
		Covered Insulin (Tiers 3 - 5)	\$35 copay
TRUE OUT-OF-POCKET LIMIT		An annual maximum of \$2,400 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 \$2,400 , 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 Plan

This program can help Medicare beneficiaries with high drug costs, or those who are likely to reach the **\$2,400** 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/ira.

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/guidetosavings.



What to look for in a health 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.
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.
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.
2. Search by health plan, drug name, therapeutic class, or browse drugs alphabetically.



How to find a network dentist

1. Visit dominiondentists.com/amerihealth.
2. Enter your zip code or address.
3. Choose a specialty.
4. Select "AmeriHealth Medicare Dental Network."



How to find a network vision provider

Visit amerihealthmedicare.com/davisvision.



How to find an in-network behavioral health provider

Visit amerihealth.com/medicare/stay-healthy/behavioral-health.html.

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.	☐
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.	☐
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.	☐
Your bill	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. 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). 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.	☐

Member ID card	Use your AmeriHealth Medicare member ID card (not your Medicare card) every time you visit a doctor, hospital, or pharmacy.	☐
AmeriHealth Care Card	Use your AmeriHealth Care Card to access earned AmeriHealth rewards and, for AmeriHealth Medicare Classic HMO members, your quarterly OTC allowance.	☐
Personal 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.	☐
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.	☐
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 today to sign up!	☐

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 amerihealthmedicare.com/eoc for a complete listing of benefits and exclusions.



Disclaimers and disclosures

Dental benefits underwritten by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey.

Vision benefits are underwritten by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey and administered by Davis Vision, 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.

AmeriHealth has contracted with InComm Healthcare & Affinity, Inc., an independent company, to manage the AmeriHealth Care Card program for AmeriHealth members. When using the AmeriHealth Care Card, if the member exceeds the benefit/rewards amount, alternative payment will be required for the remaining balance due. Members should ask the retailers if they accept split payment methods prior to receiving services. Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. In order to purchase these items, a personal physician must recommend them to for a specific diagnosed condition. Please speak to a physician before ordering these items. Items include, but are not limited to, vitamins and minerals, home monitoring and testing, and weight loss items. Members should retain the AmeriHealth Care Card through the expiration date. InComm, at its discretion, may substitute retailers and products. Terms and conditions may apply for the AmeriHealth Care Card. To learn more, visit mybenefitscenter.com. Products not covered under rewards include, but are not limited to, stamps, lottery, alcohol, firearms, and tobacco. The AmeriHealth rewards are available only to eligible Medicare Advantage beneficiaries who complete a health care activity. Rewards may not be redeemed for cash (unless required by law).

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.

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

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