



# A health plan for everyone

2024 Medicare Advantage PPO plans



**SMART SOLUTIONS**

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## ¿Habla español?

Si quiere hablar con alguien en español, llame al **1-833-255-3062**,  
o visite **[amerihealthmedicare.com](http://amerihealthmedicare.com)**.





# Why choose an AmeriHealth Medicare Advantage plan?

Finding a Medicare Advantage plan that's right for you is important. AmeriHealth is here to help you choose the plan that best fits your needs.

We offer four Preferred Provider Organization (PPO) plans, all of which include coverage for prescription drugs; dental, vision, and hearing care; and a lot of other great benefits. You're sure to find one that offers the right balance of premiums, copays, coinsurance, and other details for your situation.

When you sign up for an AmeriHealth Medicare Advantage plan, you'll have the peace of mind of knowing that we care, we're here to answer your questions quickly, and our solutions work. You can also have confidence that everything we do is backed by the technology necessary to handle your health care needs.

## Access one of the region's largest networks

AmeriHealth has one of the largest networks of health care providers in our region. So, no matter where you live, the providers and pharmacies that you've already been using are probably in our network.

It's important to us that you get high-quality health care at an affordable price. That's why we carefully review providers' performance and quality data before they join our network.

You can see any provider in New Jersey that accepts Medicare, as well as world-class hospitals in Philadelphia — including the Hospital of the University of Pennsylvania, Thomas Jefferson University Hospital, and the Rothman Orthopaedic Institute. With our PPO plans, you may see either in-network or out-of-network providers, but you may pay more using out-of-network providers.

# Choosing a plan

Choosing a health plan is a big decision, but you don't have to make it alone. We're here for you, whether it's explaining your options or helping you figure out which health plan is the right fit.

## How to get started

- Use this book to compare health plans side by side. You can review how much you'll pay for covered services and see everything AmeriHealth has to offer. We've got you covered!
- If you're ready to enroll, call **1-800-898-3492** (TTY/TDD: **711**) or visit [amerihealthmedicare.com/2024plans](https://amerihealthmedicare.com/2024plans). You can also contact your broker.

## Key enrollment dates

- **Annual Election Period (AEP):** Annually from October 15 – December 7.
- **Initial Election Period (IEP):** The month in which you turn 65 plus the three months before and after your birthday month.
- **Medicare Advantage Open Enrollment Period (OEP):** Annually from January 1 – March 31.
- **Special Election Period (SEP):** Special exceptions to the IEP, AEP, or OEP, such as enrolling in a 5-Star plan, losing employer coverage, or moving to a new service area.



## We're here to help

What makes AmeriHealth different is the people who work here. We've been taking care of New Jersey residents for nearly 30 years. Our dedicated team will help you find a health insurance plan that meets your unique needs.

To talk to a real person at AmeriHealth, just call us at **1-833-255-3062** (TTY/TDD: **711**) seven days a week, 8 a.m. to 8 p.m. We look forward to helping you.

# Benefits at a Glance

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

You can choose from four different AmeriHealth Preferred Provider Organization (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**
-  **Prescription drug coverage included** in all plans
-  Access to one of New Jersey's **largest health care provider networks**
-  **No referrals needed** to see specialists
-  **Dental, vision, and hearing coverage** included in all plans
-  A **quarterly** allowance you can use for eligible **over-the-counter** health items (available to AmeriHealth Medicare Core, Secure, and Enhanced PPO plan members)
-  An **annual allowance** to use towards **dental, vision, and hearing** services and supplies (available to AmeriHealth Medicare Core, Secure, and Enhanced PPO plan members)
-  A **free fitness membership**
-  **Transportation to/from health appointments** on two plans — 24 one-way trips or 12 round trips (available to AmeriHealth Medicare Core and Enhanced PPO plan members)
-  **Medicare Part B Giveback** on two plans — \$57 & \$117

You get all that, plus the confidence of knowing you're covered by a health care company with nearly 30 years of experience caring for New Jersey residents. It's great to be a member!

# Save time and money with telemedicine through Teladoc Health

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, earaches, 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).

Telemedicine is provided by Teladoc Health, an independent company



## 2024 health plans — benefit and cost comparison

We offer four different Medicare Advantage PPO plans:

- AmeriHealth Medicare Enhanced PPO
- AmeriHealth Medicare Core PPO
- AmeriHealth Medicare Secure PPO
- AmeriHealth Medicare Ultimate 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 **1-833-255-3062**, and someone will assist you.

AMERIHEALTH MEDICARE ENHANCED PPO	COST
SERVICE CATEGORY	
Monthly Plan Premium	\$37.30
Part B Premium Giveback	Not included
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits	\$5 copay
Over-the-Counter Allowance	\$100 quarterly allowance
Outpatient Hospital Services	\$190 copay
Ambulatory Surgical Center	\$190 copay
Emergency Care	\$120 copay per visit Copay is not waived if admitted to inpatient hospital
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$20 or \$160 copay depending on the service
Outpatient Routine X-Rays	\$20 copay for routine radiology service
Inpatient Hospital	\$300 copay per day for days 1 – 4 No copay for additional days per admission \$1,200 maximum per admission
Maximum Out of Pocket	\$6,000 in network \$9,550 combined in and out of network
Out-of-Network Coinsurance	20% coinsurance when not in the network

AMERIHEALTH MEDICARE CORE PPO	COST
SERVICE CATEGORY	
Monthly Plan Premium	\$0
Part B Premium Giveback	Not included
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits	\$20 copay
Over-the-Counter Allowance	\$50 quarterly allowance
Outpatient Hospital Services	\$225 copay
Ambulatory Surgical Center	\$225 copay
Emergency Care	\$100 copay per visit
	Copay is not waived if admitted to inpatient hospital
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests
	\$20 or \$200 copay depending on the service
Outpatient Routine X-Rays	\$20 copay for routine radiology service
Inpatient Hospital	\$300 copay per day for days 1 – 5
	No copay for additional days per admission
	\$1,500 maximum per admission
Maximum Out of Pocket	\$8,100 in network
	\$11,300 combined in and out of network
Out-of-Network Coinsurance	20% coinsurance when not in the network

AMERIHEALTH MEDICARE SECURE PPO	COST
SERVICE CATEGORY	
Monthly Plan Premium	\$0
Part B Premium Giveback	\$57 giveback on each monthly Medicare Part B premium payment
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits	\$40 copay
Over-the-Counter Allowance	\$30 quarterly allowance
Outpatient Hospital Services	\$300 copay
Ambulatory Surgical Center	\$300 copay
Emergency Care	\$100 copay per visit Copay is not waived if admitted to inpatient hospital
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests \$40 or \$275 copay depending on the service
Outpatient Routine X-Rays	\$40 copay for routine radiology service
Inpatient Hospital	\$350 copay per day for days 1 – 5 No copay for additional days per admission \$1,750 maximum per admission
Maximum Out of Pocket	\$7,550 in network \$11,300 combined in and out of network
Out-of-Network Coinsurance	40% coinsurance when not in the network

AMERIHEALTH MEDICARE ULTIMATE PPO	COST
SERVICE CATEGORY	
Monthly Plan Premium	\$0
Part B Premium Giveback	\$117 giveback on each monthly Medicare Part B premium payment
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits	\$50 copay
Over-the-Counter Allowance	Not included
Outpatient Hospital Services	\$350 copay
Ambulatory Surgical Center	\$350 copay
Emergency Care	\$100 copay per visit
	Copay is not waived if admitted to inpatient hospital
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests
	\$40 or \$300 copay depending on the service
Outpatient Routine X-Rays	\$40 copay for routine radiology service
Inpatient Hospital	\$385 copay per day for days 1 – 5
	No copay for additional days per admission
	\$1,925 maximum per admission
Maximum Out of Pocket	\$8,850 in network
	\$11,300 combined in and out of network
Out-of-Network Coinsurance	40% coinsurance when not in the network

## DENTAL, VISION, AND HEARING CARE

### Dental Services\*

Provider Network	Use a <b>Dominion Medicare Dental Network</b> dentist for in-network coverage. Visit <a href="https://www.amerihealthmedicare.com/findadentist">amerihealthmedicare.com/findadentist</a> for a list of participating providers.
Routine Exams/Cleaning	\$0 copay; one exam and cleaning once every six months
Routine Dental X-Rays	\$0 copay; one set bitewing X-rays every 12 months, one periapical X-ray every 36 months, one full-mouth/panoramic X-ray every 36 months
Comprehensive Dental	20% coinsurance for fillings, root canals, crowns, and extractions 40% coinsurance for dentures, partials, and some oral surgery
Allowance Every Year for Comprehensive Dental Services	<p>Combined in- and out-of-network annual allowance:</p> <ul style="list-style-type: none"> <li>• AmeriHealth Medicare Core PPO: \$1,500</li> <li>• AmeriHealth Medicare Enhanced PPO: \$2,000</li> <li>• AmeriHealth Medicare Secure PPO: \$1,000</li> <li>• AmeriHealth Medicare Ultimate PPO: \$1,000</li> </ul> <p>Out-of-network 80% coinsurance for routine and comprehensive dental services.</p>

### Vision Services

Provider Network	Use a <b>Davis Vision</b> provider for in-network coverage. Visit <a href="https://www.amerihealthmedicare.com/davisvision">amerihealthmedicare.com/davisvision</a> for a list of participating providers.
Routine Eye Exam	\$0 copay; one routine eye exam every year
Eyeglass Frames, Lenses, and Contact Lenses  <i>Eyewear benefit doesn't include tints, progressives, Transitions® lenses, polish, or insurance</i>	<p>One pair of eyeglass frames and lenses (eyewear) or one pair of contact lenses covered each year.</p> <p><b>Eyewear:</b></p> <ul style="list-style-type: none"> <li>• No cost for eyewear purchased from the Davis Vision Collection</li> <li>• \$200 allowance per year for eyewear purchased from Visionworks®</li> <li>• \$100 allowance per year for all other eyewear purchased at a Davis Vision network provider</li> </ul> <p>If eyewear is purchased from the Davis Vision Collection, the eyeglass frames and lenses are covered in full.</p> <p><b>Contact lenses:</b></p> <ul style="list-style-type: none"> <li>• \$100 allowance per year for contact lenses purchased instead of eyewear</li> </ul>

## DENTAL, VISION, AND HEARING CARE

### Hearing Services

Provider Network	Provided by <b>TruHearing®</b> . To find a TruHearing provider or schedule an appointment, call <b>1-833-414-9748</b> (TTY/TDD: <b>711</b> ) Monday through Friday, 8 a.m. to 8 p.m.
Routine Hearing Exam	\$0 copay; one routine hearing exam per year
Hearing Aid Fittings and Evaluations	\$0 copay; unlimited hearing aid fittings and evaluations per year
AmeriHealth Medicare Enhanced	\$499 copay for an advanced digital hearing aid
	\$799 copay for a premium digital hearing aid
	Up to two hearing aids every year, one hearing aid per ear
AmeriHealth Medicare Core, AmeriHealth Medicare Secure, and AmeriHealth Medicare Ultimate	\$699 copay for an advanced digital hearing aid
	\$999 copay for a premium digital hearing aid
	Up to two hearing aids every year, one hearing aid per ear

\*See your EOC for additional routine and comprehensive dental services/frequency limits.

# Prescription drug benefits

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

## Save with lower-cost alternatives

You'll pay less when your doctor prescribes generic medicines and lower-cost brand alternatives. We also make it easier for your doctors to select more affordable medications. They can see how much you'd pay for each medication option while they're choosing which one to prescribe for you.

Our drug formulary includes five tiers of cost-sharing for prescription drugs, with generic drugs being the most affordable. **Preferred generics drugs** purchased at a **preferred pharmacy** have a **\$0 copay**. Preferred pharmacies include CVS, Stop and Shop, Rite Aid, ShopRite, Target, Wegmans, Medicine Shoppe, and other independent pharmacies.

Tier	Cost
<b>Tier 1:</b> Preferred Generic Drugs	\$0
<b>Tier 2:</b> Generic Drugs	\$
<b>Tier 3:</b> Preferred Brand-Name Drugs	\$\$
<b>Tier 4:</b> Non-Preferred Brand-Name Drugs	\$\$\$
<b>Tier 5:</b> Specialty Drugs	\$\$\$\$

## Easily manage your medications with our user-friendly online and mobile tools



Log in at [amerhealthmedicare.com/pharmacyfinder](https://www.amerhealthmedicare.com/pharmacyfinder) to find an in-network pharmacy, estimate your drug costs, review your claims, and submit mail-order requests.

## Mail-order convenience



Sign up to have the medications you take regularly delivered by mail. Standard shipping is always free! You'll pay less for a 90-day supply when you use mail order/home delivery.

## PRESCRIPTION COST-SHARING

### Preferred retail pharmacy and mail-order cost-sharing (90-day supply for a 2-month copay)

All plans	Tier 1 Preferred Generic Drugs	\$0 copay
	Tier 2 Generic Drugs	\$16 copay
	Tier 3 Preferred Brand Drugs	\$141 copay
	Tier 4 Non-Preferred Brand Drugs	\$300 copay
AmeriHealth Medicare Enhanced	Tier 5 Specialty Drugs	28% coinsurance
AmeriHealth Medicare Core	Tier 5 Specialty Drugs	33% coinsurance
AmeriHealth Medicare Secure	Tier 5 Specialty Drugs	30% coinsurance
AmeriHealth Medicare Ultimate	Tier 5 Specialty Drugs	25% coinsurance

### Preferred retail pharmacy cost-sharing (30-day supply)

All plans	Tier 1 Preferred Generic Drugs	\$0 copay
	Tier 2 Generic Drugs	\$8 copay
	Tier 3 Preferred Brand Drugs	\$47 copay
	Tier 4 Non-Preferred Brand Drugs	\$100 copay
	Covered Insulin, Tiers 3 – 5	\$35 copay
AmeriHealth Medicare Enhanced	Tier 5 Specialty Drugs	28% coinsurance
AmeriHealth Medicare Core	Tier 5 Specialty Drugs	33% coinsurance
AmeriHealth Medicare Secure	Tier 5 Specialty Drugs	30% coinsurance
AmeriHealth Medicare Ultimate	Tier 5 Specialty Drugs	25% coinsurance

### Standard retail cost-sharing (30-day supply)

All plans	Tier 1 Preferred Generic Drugs	\$9 copay
	Tier 2 Generic Drugs	\$20 copay
	Tier 3 Preferred Brand Drugs	\$47 copay
	Tier 4 Non-Preferred Brand Drugs	\$100 copay
	Covered Insulin, Tiers 3 – 5	\$35 copay
AmeriHealth Medicare Enhanced	Tier 5 Specialty Drugs	28% coinsurance
AmeriHealth Medicare Core	Tier 5 Specialty Drugs	33% coinsurance
AmeriHealth Medicare Secure	Tier 5 Specialty Drugs	30% coinsurance
AmeriHealth Medicare Ultimate	Tier 5 Specialty Drugs	25% coinsurance

### Deductible

AmeriHealth Medicare Enhanced	Tiers 3, 4, and 5	\$300
AmeriHealth Medicare Core	N/A	No Part D deductible
AmeriHealth Medicare Secure	Tiers 3, 4, and 5	\$200
AmeriHealth Medicare Ultimate	Tiers 3, 4, and 5	\$545

### Initial coverage limit

A maximum of \$5,030 in total drug costs

### Coverage gap

You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$8,000 total drug costs.

### Catastrophic

After reaching a maximum of \$8,000, you pay \$0 for your drugs.

# How to enroll

## Choosing 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://amerihealthmedicare.com/providerfinder).
2. Search for a specific health plan by clicking the drop-down box under *Your Plan* and selecting *Medical*.
3. Select the health plan network you would like to search. You can narrow your search by typing in a location (i.e., city or ZIP code) as well as by searching for a specific doctor, hospital, specialty, or condition. You can easily sort and refine your results by:
  - Specialty
  - PCP
  - Quality recognitions
  - Languages spoken
  - Admitting privileges
  - Providers
  - Facilities
  - Board certifications
  - Gender



### How to find a network pharmacy

1. Go to [amerihealthmedicare.com/pharmacyfinder](https://amerihealthmedicare.com/pharmacyfinder).
2. Click *Find a Network Pharmacy* and select your plan from the drop-down menu.
3. Search by pharmacy name or location. You can refine your results by:
  - Preferred pharmacies
  - Home infusion services
  - Open 24 hours
  - Long-term care
  - Indian/Tribal/Urban services
4. Each pharmacy result is listed as a preferred or standard pharmacy.



### How to find out if a drug is on the formulary

1. Go to [amerihealthmedicare.com/formulary](https://amerihealthmedicare.com/formulary).
2. Once the tool opens, click on *Prescription Drug List* and select your plan from the drop-down menu.
3. Search by drug name, therapeutic class, or tier.



## Choose from these easy ways to enroll:

- **By Phone:** Call **1-833-255-3062** (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.
- **On the Web:** Enroll online at [amerihealthmedicare.com/2024plans](https://amerihealthmedicare.com/2024plans).
- **By Mail:** Return your completed application to:  
AmeriHealth 1901 Market Street, Philadelphia, PA 19103-1480

# After you enroll

After you enroll, use this checklist to keep track of your new plan. You will hear from us within approximately 30 days of your acceptance into the plan.



## Enrollment Checklist

What to expect from your plan

<b>Plan confirmation/ acceptance letter</b>	We will send you a plan confirmation/acceptance letter within ten days after the Centers for Medicare & Medicaid Services approves your enrollment.	<input type="checkbox"/>
<b>Enrollment verification letter</b>	An enrollment verification letter is required for enrollment requests received by an individual assisted by an independent or employed agent/broker who provided plan-specific information to the individual.	<input type="checkbox"/>
<b>Welcome kit</b>	This kit contains your <i>Evidence of Coverage</i> (EOC) — a complete description of your Medicare plan coverage and your rights as a member. It also contains 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"/>
<b>Your bill</b>	<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"/>

<p><b>Member ID card</b></p>	<p>Use your AmeriHealth Medicare member ID card (not your Medicare card) every time you visit a doctor, hospital, or pharmacy.</p>	<input type="checkbox"/>
<p><b>Personalized health visit</b></p>	<p>You may choose to be visited by a nurse practitioner in your home or at another location. This visit lasts about an hour and includes a brief health assessment. It's a helpful and convenient way to get personalized health advice in a relaxed setting and is offered to you at no extra cost.</p> <p>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.</p>	<input type="checkbox"/>
<p><b>Doctor visit</b></p>	<p>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.</p>	<input type="checkbox"/>
<p><b>Get connected</b></p>	<p>Receive health screening reminders, important plan notifications, and cost savings alerts delivered directly and securely to you via email or text message. Visit <a href="http://amerihealthmedicare.com">amerihealthmedicare.com</a> today to sign up!</p>	<input type="checkbox"/>
<p><b>AmeriHealth Care Card</b></p>	<p>Use your AmeriHealth Care Card to help pay for approved over-the-counter health items and (for Core, Enhanced, and Secure PPO plans only) dental/vision/hearing services and supplies.</p>	<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 [amerihealth.com/eoc](https://www.amerihealth.com/eoc) for a complete listing of benefits and exclusions.

# Disclaimers and disclosures

Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Service, Inc.

Vision benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Davis Vision.

An affiliate of AmeriHealth has a financial interest in Visionworks.

TruHearing is a registered trademark of TruHearing, Inc.

The One Pass fitness benefit is a program provided by Rally Health, Inc. ©2023 Rally Health, Inc. Rally, the Rally logo(s), and One Pass are trademarks of Rally Health, Inc. and/or its affiliates.

Telemedicine is provided by Teladoc Health.

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

The transportation benefit is administered by Roundtrip.

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](https://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 plans with a Medicare contract. Enrollment in AmeriHealth PPO plans depends on contract renewal.

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



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-2583. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-275-2583. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-275-2583。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-275-2583。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-275-2583. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-275-2583. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-275-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-275-2583. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-275-2583. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-275-2583. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-275-2583 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-275-2583. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-275-2583. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-275-2583. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-275-2583. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-275-2583にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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## Multi-language Interpreter Services

**Gujarati:** અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે નિ:શુલ્ક દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-800-275-2583 પર કોલ કરો. ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક નિ:શુલ્ક સેવા છે.

**Urdu:** آپ کی صحت یا دوا کے متعلق کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمانی کی خدمات دستیاب ہیں۔ مترجم کی سہولت کے لیے، 1-800-275-2583 پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔

**Khmer:** យើងមានផ្តល់សេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ភាសាខ្មែរ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកប្រហែលជាមានអំពើគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-800-275-2583 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអ្វីមួយផ្សេងទៀត ឬនេះគឺជាសេវាកម្មភាសាខ្មែរ។

**Telugu:** మా ఆరోగ్యం లేదా ఔషధ ప్రణాళిక గురించి మీకు ఏమైనా ప్రశ్నలకు సమాధానం ఇవ్వడానికి మాకు ఉచిత ఇంటర్ప్రెటర్ సర్వీసులు అందుబాటులో ఉన్నాయి. అనువాదకుడిని పొందడానికి, 1-800-275-2583 ద్వారా మాకు కాల్ చేయండి. తెలుగు మాట్లాడగలిగే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సర్వీస్.

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### Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

You can file a grievance in the following ways:

- In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103
- By phone: 1-888-377-3933 (TTY: 711)
- By fax: 215-761-0245
- By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com)

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





**SMART SOLUTIONS**

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AmeriHealth New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-888-968-7241 (TTY: 711). 注意: 如果您讲中文。您可以得到免费的语言协助服务。请致电 1-888-968-7241 (TTY: 711)。



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