

# AmeriHealth 65<sup>®</sup> HMO

## 2014 Community-Rated Plans for New Groups



**AmeriHealth 65<sup>®</sup> HMO**

A Medicare Advantage Plan from AmeriHealth HMO, Inc.

Medical Coverage	Value 1, T153	Value 2, T154	Standard 1, T155
Premium	\$120	\$105	\$248
Annual Member Maximum Out-of-Pocket Cost	\$6,700	\$6,700	\$6,700
Primary Care Physician Visits	\$25 copay	\$30 copay	\$15 copay
Specialist Visits	\$40 copay	\$50 copay	\$25 copay
Emergency Room	\$60 copay; copay not waived if admitted	\$60 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted
Inpatient Hospital Care	\$200 copay per day 1–8	\$225 copay per day 1–7	\$100 copay per day 1–8
Outpatient Surgery	\$150 copay for ambulatory surgical center; \$300 copay for hospital	\$175 copay for ambulatory surgical center; \$350 copay for hospital	\$100 copay for ambulatory surgical center; \$200 copay for hospital
Urgent Care	\$25-\$40 copay	\$30-\$50 copay	\$15-\$40 copay
Ambulance	\$100 copay	\$100 copay	\$100 copay
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance
Skilled Nursing Facility	\$25 copay days 1-30; \$130 copay days 31-100	\$25 copay days 1-30; \$130 copay days 31-100	\$0 copay days 1-30; \$110 copay days 31-100
Dialysis	20% coinsurance	20% coinsurance	\$15 copay
Radiation Therapy	\$0 copay	\$0 copay	\$0 copay
Part B Rx	20% coinsurance	20% coinsurance	20% coinsurance
Hearing	\$0 copay; \$500 maximum benefit every 3 years	\$0 copay; \$500 maximum benefit every 3 years	\$0 copay; \$500 maximum benefit every 3 years
Vision	\$40 copay; up to \$100 reimbursement for eye wear every 2 years	\$50 copay; up to \$100 reimbursement for eye wear every 2 years	\$25 copay; up to \$100 reimbursement for eye wear every 2 years
Preventive Dental	\$10 copay	\$10 copay	\$10 copay
Part D Drug Coverage	Value 1, #D5X	Value 2, #D5X	Standard 1, #D5Y
Premium <sup>1</sup>	\$50	\$50	\$116
Deductible	\$205	\$205	\$0
Generic	\$10 copay	\$10 copay	\$8 copay
Preferred Brand	\$40 copay	\$40 copay	\$35 copay
Non-Preferred Brand	\$80 copay	\$80 copay	\$70 copay
Specialty	25% coinsurance	25% coinsurance	33% coinsurance
Initial Coverage Limit	\$2,850 in total drug costs	\$2,850 in total drug costs	\$2,850 in total drug costs
Coverage gap	72% Generic/47.5% Brand	72% Generic/47.5% Brand	\$8 Generics/47.5% Brand
Catastrophic	You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger	You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger	You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger
Mail Order	\$20 generic/\$80 preferred brand/\$160 non-preferred brand/25% coinsurance specialty drug	\$20 generic/\$80 preferred brand/\$160 non-preferred brand/25% coinsurance specialty drug	\$16 generic/\$70 preferred brand/\$140 non-preferred brand/33% coinsurance specialty drug

<sup>1</sup>These rates do not reflect a late enrollment penalty that some members may incur if they are transferring from non-creditable prescription coverage, or “extra help” subsidy for which some members qualify.

This is a comparison. For additional details, please refer to the *Evidence of Coverage* (EOC).

Standard 2, T156	Enhanced 1, T157	Enhanced 2, T158
\$198	\$416	\$342
\$6,700	\$6,700	\$6,700
\$20 copay	\$10 copay	\$10 copay
\$30 copay	\$15 copay	\$20 copay
\$50 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted
\$150 copay per day 1–8	\$0 copay	\$250 copay per admission
\$125 copay for ambulatory surgical center; \$250 copay for hospital	\$0 copay for ambulatory surgical center; \$0 copay for hospital	\$50 copay for ambulatory surgical center; \$100 copay for hospital
\$20-\$40 copay	\$10-\$40 copay	\$10-\$40 copay
\$100 copay	\$0 copay	\$50 copay
10% coinsurance	\$0 copay	\$0 copay
\$25 copay days 1-30; \$110 copay days 31-100	\$0 copay days 1-100	\$25 copay days 1-100
\$20 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay
20% coinsurance	\$0 copay	\$0 copay
\$0 copay; \$500 maximum benefit every 3 years	\$0 copay; \$500 maximum benefit every 3 years	\$0 copay; \$500 maximum benefit every 3 years
\$30 copay; up to \$100 reimbursement for eye wear every 2 years	\$15 copay	\$20 copay; up to \$100 reimbursement for eye wear every 2 years
\$10 copay	\$10 copay	\$10 copay

Standard 2, #D5Y	Enhanced 1, #D6W	Enhanced 2, #D6W
\$116	\$315	\$315
\$0	\$0	\$0
\$8 copay	\$6 copay	\$6 copay
\$35 copay	\$30 copay	\$30 copay
\$70 copay	\$60 copay	\$60 copay
33% coinsurance		
\$2,850 in total drug costs	\$2,850 in total drug costs	\$2,850 in total drug costs
\$8 Generics/47.5% Brand	\$6 Generics/\$30/\$60 Brand	\$6 Generics/\$30/\$60 Brand
You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger	You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger	You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger
\$16 generic/\$70 preferred brand/\$140 non-preferred brand/33% coinsurance specialty drug	\$6 generic/\$30 preferred brand/\$60 non-preferred brand	\$6 generic/\$30 preferred brand/\$60 non-preferred brand



**To learn more about these options, contact your Independent Broker or your AmeriHealth Group Medicare Account Executive.**

If you do not work with a broker, and you want to make a plan change, fax the *Plan Change Form* to 215-761-0335.

All premium rates shown are pending approval from the Centers for Medicare & Medicaid Services (CMS). Premiums charged could be less due to member qualification for Low Income Subsidy, or more due to Part D Income Related Monthly Adjustment Amounts (Part D-IRMAA) or member Late Enrollment Penalty for Part D.

AmeriHealth HMO, Inc. is an HMO plan with a Medicare contract. Enrollment in AmeriHealth HMO, Inc. depends on contract renewal.

