

# AmeriHealth Medicare Group Options

2014

Medical Coverage	AmeriHealth 65® NJ HMO Value 1	AmeriHealth 65 NJ HMO Value 2	AmeriHealth 65 NJ HMO Standard 1
Plan Premium (Medical with Part D)	\$170	\$155	\$364
Deductible	N/A	N/A	N/A
Primary Care Physician Visits	\$25 copay	\$30 copay	\$15 copay
Specialist Visits	\$40 copay	\$50 copay	\$25 copay
Diagnostic Procedures/Lab	\$0 copay	\$0 copay	\$0 copay
Physical, Occupational, Speech Therapy	\$40 copay	\$50 copay	\$25 copay
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
Inpatient Hospital Care	\$200 copay per day for days 1-8	\$225 copay per day for days 1-7	\$100 copay per day for days 1-8
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
Ambulance	\$100 copay	\$100 copay	\$100 copay
Emergency Room (Worldwide Coverage)	\$60 copay; copay not waived if admitted	\$60 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance
Hearing Aid Reimbursement	\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years
Eyewear Reimbursement	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years
Dental	\$10 copay	\$10 copay	\$10 copay
Annual Member Maximum Out-of-Pocket Cost	\$6,700	\$6,700	\$6,700
Drug Coverage			
Formulary	4 Tier Closed	4 Tier Closed	4 Tier Closed
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	You pay 72% of the plan's cost for generic drugs and 47.5% of the plan's cost for brand-name drugs	You pay 72% of the plan's cost for generic drugs and 47.5% of the plan's cost for brand-name drugs	You pay \$8 for generic drugs and 47.5% of the plan's cost for brand-name drugs
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 (90-day supply)	\$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

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

AmeriHealth 65 NJ HMO Standard 2	AmeriHealth 65 NJ HMO Enhanced 1	AmeriHealth 65 NJ HMO Enhanced 2
\$314	\$731	\$657
N/A	N/A	N/A
\$20 copay	\$10 copay	\$10 copay
\$30 copay	\$15 copay	\$20 copay
\$0 copay	\$0 copay	\$0 copay
\$30 copay	\$15 copay	\$20 copay
\$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
\$150 copay per day for days 1-8	\$0 copay	\$250 copay per admission
\$25 copay days 1-30; \$110 copay days 31-100	\$0 copay days 1-100	\$25 copay days 1-100
\$100 copay	\$0 copay	\$50 copay
\$50 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted
10% coinsurance	\$0 copay	\$0 copay
\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years
Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years
\$10 copay	\$10 copay	\$10 copay
\$6,700	\$6,700	\$6,700

4 Tier Closed	3 Tier Open	3 Tier Open
\$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
You pay \$8 for generic drugs and 47.5% of the plan's cost for brand-name drugs	Generic and Brand	Generic and 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, please fax the *Plan Change Form* to 215-238-2315.

All premium rates shown are pending approval from the Centers for Medicare & Medicaid Services. 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 65<sup>®</sup> HMO Inc., is a Medicare Advantage organization with a Medicare contract. Benefits underwritten or administered by AmeriHealth HMO, Inc.

