

# 2015 AmeriHealth Medicare Group Options

Medical Coverage	AmeriHealth 65 <sup>®</sup> NJ HMO	
	Value 1	Standard 1
CovID	T171, #E7I, D01, Y	T172, #E7J, D01, Y
Plan premium	\$205.70	\$304.00
Primary care physician visits	\$20 copay	\$15 copay
Specialist visits	\$40 copay	\$35 copay
Diagnostic procedures/lab	\$0 copay	\$0 copay
Physical, occupational, speech therapy	\$40 copay	\$35 copay
Outpatient surgery	\$150 copay for ambulatory surgical center; \$300 copay for hospital	\$100 copay for ambulatory surgical center; \$200 copay for hospital
Inpatient hospital care	\$175 copay per day for days 1-10; \$1,750 max. per stay	\$150 copay per day for days 1-10; \$1,500 max. per stay
Skilled nursing facility	\$0 copay days 1-20; \$125 copay days 21-100	\$0 copay days 1-20; \$100 copay days 21-100
Ambulance	\$100 copay	\$100 copay
Emergency room (Worldwide coverage)	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted
Durable medical equipment	20% coinsurance	20% coinsurance
Hearing aid reimbursement	\$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
Dental	\$15 copay	\$15 copay
Annual member maximum out-of-pocket cost	\$6,700	\$6,700
Drug Coverage		
Formulary	5 Tier Closed	5 Tier Open
Deductible	\$280	\$0
Preferred generic	\$5 copay	\$5 copay
Non-preferred generic	\$12 copay	\$15 copay
Preferred brand	\$30 copay	\$35 copay
Non-preferred brand	\$70 copay	\$70 copay
Specialty	25% coinsurance	25% coinsurance
Initial coverage limit	\$2,960 in total drug costs	\$2,960 in total drug costs
Coverage gap	You pay 65% of the plan's cost for generic drugs and 45% of the plan's cost for brand-name drugs	You pay \$5 for preferred generic drugs and \$15 for non-preferred generic drugs and 45% of the plan's cost for brand-name drugs
Catastrophic	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold
Mail order (90-day supply)	\$10 preferred generic/\$24 non-preferred generic/\$60 preferred brand/ \$140 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$70 preferred brand/ \$140 non-preferred brand/ 25% coinsurance

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

## AmeriHealth 65 NJ HMO

Standard 2	Enhanced 1	Enhanced 2
T173, #E7K, D01, Y	T174, #E7L, D01, Y	T175, #E7M, D01, Y
\$358.00	\$674.60	\$783.30
\$15 copay	\$10 copay	\$5 copay
\$25 copay	\$15 copay	\$5 copay
\$0 copay	\$0 copay	\$0 copay
\$25 copay	\$15 copay	\$5 copay
\$100 copay for ambulatory surgical center; \$200 copay for hospital	\$0 copay for ambulatory surgical center; \$50 copay for hospital	\$0 copay for ambulatory surgical center; \$50 copay for hospital
\$50 copay per day for days 1-10	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
\$0 copay days 1-20; \$100 copay days 21-100	\$0 copay days 1-100	\$0 copay days 1-100
\$100 copay	\$100 copay	\$100 copay
\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted
20% 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
\$15 copay	\$15 copay	\$15 copay
\$6,700	\$6,700	\$6,700
5 Tier Open	5 Tier Open	5 Tier Open
\$0	\$0	\$0
\$5 copay	\$5 copay	\$5 copay
\$15 copay	\$15 copay	\$10 copay
\$30 copay	\$25 copay	\$15 copay
\$50 copay	\$50 copay	\$15 copay
25% coinsurance	25% coinsurance	25% coinsurance
\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs
You pay \$5 for preferred generic drugs and \$15 for non-preferred generic drugs and 45% of the plan's cost for brand-name drugs	Generic and Brand	Generic and Brand
You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold
\$10 preferred generic/\$30 non-preferred generic/\$60 preferred brand/ \$100 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$50 preferred brand/ \$100 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$20 non-preferred generic/\$30 preferred brand/ \$30 non-preferred brand/ 25% coinsurance



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

