



**Medicare Prescription Payment Plan
participation request form**

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

FIRST name: _____ LAST name: _____ MIDDLE initial (optional): _____

Medicare Number: _____

Birth date: (MM/DD/YYYY) _____ Phone number: _____
(/ /) ()

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness): _____

City: _____ County (optional): _____ State: _____ ZIP code: _____

Mailing address, if different from your permanent address (P.O. Box allowed):
Address: _____ City: _____ State: _____ ZIP code: _____

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. AmeriHealth will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- **AmeriHealth will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature: _____ **Date:** _____

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name: _____ Address (Street, City, State, ZIP code): _____

Phone number: () _____ Relationship to participant: _____

How to submit this form

Submit your completed form to:
AmeriHealth Medicare PPO

1901 Market Street
Philadelphia, PA 19103
215-761-0300

You can also complete the participation request form online at amerihealthmedicare.com/ira, or call us at 1-866-569-5190 to submit your request via telephone.

If you have questions or need help completing this form, call us at 1-866-569-5190, 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. TTY users can call 711.

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Medicare Prescription Payment Plan Terms and Conditions

The Medicare Prescription Payment Plan is a new payment option in the Inflation Reduction Act that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Your drug coverage offers this payment option and participation is voluntary. There's no additional cost to participate in the Medicare Prescription Payment Plan.

By opting in to the Medicare Prescription Payment Plan you agree to the following terms and conditions:

- You must have active Part D coverage.
- You understand that you have the option to leave the plan at any time but will still be responsible for any drug costs already incurred.
- You will be billed monthly. This payment is separate from any plan premiums (if applicable).
- Your payments may change each month if your prescriptions change month over month.
- You are responsible for paying your bill each month, on or before the due date.
- If you miss a payment, you will be sent a reminder to make payment. If you do not pay your bill by the due date listed in that reminder, you will be subject to removal from the Medicare Prescription Payment Plan.
- Removal from the Medicare Prescription Payment Plan does not impact your payment requirements. If terminated from the program, you remain obligated to pay past due amounts and may continue to receive bills for outstanding payments.
- Late payments made pursuant to the Medicare Prescription Payment Plan are not subject to interest or additional fees.
- If you are removed from the Medicare Prescription Payment Plan, this will not impact your current drug coverage.
- Removal from the Medicare Prescription Payment Plan may impact your eligibility to opt in in the program in the future.

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



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The Medicare Prescription Payment Plan Frequently Asked Questions (FAQs)

What is the Medicare Prescription Payment Plan?

Starting on January 1, 2025, the Medicare Prescription Payment Plan provides the option to people with Medicare prescription drug coverage to spread the costs of their prescription drugs over the calendar year rather than paying in full at the pharmacy counter or when they get a mail order delivery each time they fill a prescription.

How does the Medicare Prescription Payment Plan work?

Anyone with Medicare prescription drug coverage will have the option to opt in to the Medicare Prescription Payment Plan at any time during the calendar year. The opportunity to opt in is not based on income and is completely voluntary. Once you have out-of-pocket prescription drug costs, you will be billed on a monthly basis.

You will receive a monthly bill as long as you fill prescriptions while remaining a part of the Medicare Prescription Payment Plan. Opting in to this payment option means you will no longer pay when you pick up your prescriptions at the pharmacy counter or receive your mail-order delivery at home. If you want to know what your drug will cost before you pick it up or have it delivered, call our Member Help Team at the number on the back of your member ID card or ask your pharmacist.

How do I know if the Medicare Prescription Payment Plan will benefit me?

You are most likely to benefit from this payment option if you have high drug costs earlier in the year (January-September). "High drugs costs" can mean that you will spend more than \$600 out of pocket on a single prescription at the pharmacy counter or through mail order, or you will reach the 2025 Medicare annual out-of-pocket threshold of \$2,000.

This payment option **may not** be the best choice for you if:

- Your yearly drug costs are low or you are considering opting in later in the year (after September).
- You don't want to change how you pay for your drugs.
- You are enrolled in the Low-Income Subsidy ("Extra Help") program or the Medicare Savings Program from Medicare.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other prescription drug coverage.

Who can help me decide if I should participate in the Medicare Prescription Payment Plan?

If you are unsure if this payment option will benefit you, there are a few ways you can find out:

- **AmeriHealth:** Visit our website at amerihealthmedicare.com/ira, or call our Member Help Team at the number on the back of your member ID card for more information.
- **Medicare:** Visit medicare.gov/prescription-payment-plan to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit shiphelp.org to get the phone number for your local SHIP and get free, personalized health insurance counseling.

Do I have to participate in the Medicare Prescription Payment Plan?

No, you are not required to opt in to this new payment option. Participation is voluntary and available to anyone with Medicare prescription drug coverage, and there is no additional cost to participate.

How do I opt in to the Medicare Prescription Payment Plan?

To opt in, visit amerihealthmedicare.com/ira to fill out our online election request form or call our Member Help Team at the number on the back of your member ID card. You can also download our paper form and mail it to:

AmeriHealth Medicare PPO
1901 Market Street
Philadelphia, PA 19103

When can I opt in to the Medicare Prescription Payment Plan?

You can opt in at any time after October 15, 2024. However, starting earlier in the year is usually a better option. This is because as new out-of-pocket drug costs are added to your monthly payment, there are more months left in the year to spread out your payments.

What happens after I opt in?

Once we review your opt-in request, you will receive a call and/or letter confirming your participation in this payment option. We will automatically let the pharmacy know you are participating, and you will not pay the pharmacy for your prescription drugs. You will get a monthly bill with the amount you owe for your prescriptions, when it is due, and information on how to make a payment. This is a separate bill from your monthly plan premium (if you have one).



How do I know what my monthly payment will be?

Your monthly bill is based on what you would have paid for your prescriptions, plus your previous month's balance, divided by the number of months left in the year. Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription or refill an existing prescription because as new out-of-pocket costs get added, there are fewer months left in the year to spread out your remaining payments.

You will never pay more than the total amount you would have paid out of pocket at the pharmacy if you weren't participating in this payment option or the 2025 Medicare annual out-of-pocket threshold of \$2,000. Visit [amerihealthmedicare.com/ira](https://www.amerihealthmedicare.com/ira) for bill calculation examples. If you have billing questions, you can call our Member Help Team at the number on the back of your member ID card.

How do I pay my bill?

After we approve your participation in this payment option, you'll get a letter from us with information about how to pay your bill. You can pay your bill online and by mail.

- **Online:** Visit [amerihealthmedicare.com/ira](https://www.amerihealthmedicare.com/ira).
- **Mail:** Send you payment to:

Optum Rx MPPP
PO Box 67
Minneapolis, MN 55480-0067

What happens if I don't pay my bill?

You will get a reminder by mail from us if you miss a payment. If you do not pay your bill by the date listed in that reminder, you will be removed from the Medicare Prescription Payment Plan. You are required to pay only the amount you owe. You will not pay any interest or fees, even if your payment is late. You can choose to pay your balance all at once or monthly. If you are removed from the Medicare Prescription Payment Plan, you will remain enrolled in your AmeriHealth Medicare PPO plan. You may not be able to re-opt in to the Medicare Prescription Payment Plan again until your overdue balance is paid in full.

How do I opt out if I choose to no longer participate?

You can opt out of the Medicare Prescription Payment Plan at any time by contacting us. Opting out will not affect your Medicare Advantage plan. If you still owe a balance, you are required to pay the amount you owe, even though you are no longer participating in this the Medicare Prescription Payment Plan.



What happens if I change my Medicare Advantage plan?

If you leave your AmeriHealth Medicare PPO plan or change to a new Medicare Advantage plan with prescription drug coverage, your participation in the Medicare Prescription Payment Plan will end. You will need to contact your new plan to opt in to the Medicare Prescription Payment Plan through your new plan. You will still be responsible for any remaining balance due at the time of your disenrollment from AmeriHealth Medicare PPO.

Will the Medicare Prescription Payment Plan save me money or lower my prescription drug costs?

No. Participating in this payment option won't save you money or lower your prescription drug costs. You will never pay more than the total amount you would have paid out of pocket at the pharmacy counter or when you would have received your mail-order delivery if you weren't participating in this payment option or the Medicare annual out-of-pocket threshold of \$2,000 in 2025.

Where can I get more information on the Medicare Prescription Payment Plan?

There are a few ways you can get more information:

- **AmeriHealth:** Visit our website at amerihealthmedicare.com/ira, or call our Member Help Team at the number on the back of your member ID card.
- **Medicare:** Visit medicare.gov/prescription-payment-plan or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

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

