

## Guest Advantage™

### Medical coverage that travels with you.

Enjoy the peace of mind that comes from knowing you have reliable, comprehensive medical coverage when outside the AmeriHealth New Jersey service area\* for a prolonged period of time. Whether heading off to college or temporarily working outside the AmeriHealth New Jersey service area, with Guest Advantage you receive the same health plan benefits while traveling as you would at home.

### What is Guest Advantage?

Guest Advantage allows members to receive covered services outside the AmeriHealth New Jersey service area the same as they would when care is provided in the network by participating providers. A member that applies and is accepted into the Guest Advantage program has benefits for covered services received while temporarily outside the service area. Guest Advantage does not include coverage outside the continental United States.\*\* Care under the Guest Advantage program is obtained without requiring referrals from a primary care physician.\*\*\* The member will be required to obtain precertification for certain services. Covered Persons who enroll in the Guest Advantage Program must utilize Providers who are located within forty-five (45) miles of the temporary address supplied in the Guest Advantage application.



### How does Guest Advantage work?

To be eligible for the program the member can be:

- An employee temporarily working outside AmeriHealth New Jersey's service area for at least 90 days and no more than 180 days; or
- A dependent student attending a school outside the service area for more than 90 days and no more than one year.

A member may remain enrolled in Guest Advantage for no longer than one year. Any extensions will require re-application. Proof must be provided for all applicants.

Guest Advantage is not available to Individual Consumers, Government Markets, Self-Funded customers, or employees of a group offering a National Access plan.

### Precertification requirements

Guest Advantage is intended to address the need for care of ongoing chronic medical issues and acute care needs, not scheduled elective procedures. All non-emergent surgical procedures require precertification when performed under Guest Advantage.

If a procedure was precertified under a network provider in the service area, the authorization does not transfer to an alternate provider under Guest Advantage.

### Returns home

The member's coverage automatically reverts back to the AmeriHealth New Jersey service area on a pre-defined date set by the member and AmeriHealth New Jersey at the time of application/enrollment. It is the member's responsibility to notify AmeriHealth New Jersey if he/she returns home sooner than documented. If the member returns home temporarily, he/she must utilize AmeriHealth New Jersey service area providers. If a member has a plan with out-of-network benefits and wishes to use those benefits while under Guest Advantage, he/she must notify AmeriHealth New Jersey in advance.

## MultiPlan

While covered under Guest Advantage, members must utilize the MultiPlan network when outside the AmeriHealth New Jersey service area. MultiPlan is a network of providers with whom AmeriHealth New Jersey has contracted to provide out-of-area care. To find participating MultiPlan providers, members can visit <http://multiplan.com/search> and select the logo that appears on the back of their ID card. If a member requires out-of-area care and cannot locate a MultiPlan provider, the member should contact AmeriHealth New Jersey for assistance. Care from non-MultiPlan providers will require precertification.

## How do I apply for Guest Advantage?

Complete the Guest Advantage application, include any necessary supporting documentation, and return to AmeriHealth New Jersey using one of the following methods:

- Email a scanned copy to [guestadvantageahnj@amerihealth.com](mailto:guestadvantageahnj@amerihealth.com)
- Mail a paper copy to:

**AmeriHealth New Jersey**  
**259 Prospect Plains Road, Bldg M**  
**Cranbury, NJ 08512**

For more information about Guest Advantage, refer to your member handbook or call customer service at **1-888-YOUR-AH1 (1-888-968-7241)**.

\* The AmeriHealth New Jersey service area includes all New Jersey and Delaware counties, and nine Pennsylvania counties in the Philadelphia area including: Northampton, Lehigh, Bucks, Berks, Montgomery, Philadelphia, Delaware, Chester, and Lancaster Counties.

\*\*Emergencies may be covered outside the continental United States. Please refer to your benefits plan documents.

\*\*\*Because a member's primary care physician can give advice and provide recommendations about health care services that a member may need while traveling, the member is encouraged to receive routine or planned care prior to leaving home.

## Language Taglines and Nondiscrimination Notice

### Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية, فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíłnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

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# Language Taglines and Nondiscrimination Notice

## 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>.