

AmeriHealth PPO

Individual Summary of Benefits

IHC \$25/\$50/70%

Benefit	Network	Non network ¹
Benefit Period ⁺	Calendar year	Calendar year
Individual deductible (applies to single member policies only)	\$2,500	\$7,500
Family deductible (must be satisfied by at least two separate covered persons)	\$5,000	\$15,000
After deductible plan pays	70%	50%
Out-of-pocket maximum ²		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
Lifetime maximum	Unlimited	Unlimited
Physician visit	\$25 copay	50%, subject to deductible
Specialist visit	\$50 copay	50%, subject to deductible
Preventive Care: (exam, related tests and x-rays, immunizations, pap smears, mammography and screening tests)	Covered 100% No deductible	Covered 100% No deductible
Outpatient Diagnostic/Routine radiology	70%, subject to deductible	50%, subject to deductible
MRI/MRA, CT, PET scans	70%, subject to deductible	50%, subject to deductible
Laboratory	100%, no deductible (when provided by a network lab)	50%, subject to deductible
Maternity	\$25 copay first OB visit, Covered 100% after	50%, subject to deductible
Maternity - hospital	70%, subject to deductible	50%, subject to deductible
Hospital inpatient	70%, subject to deductible	50%, subject to deductible
Emergency room (copay waived if admitted)	\$100 copay	\$100 copay
Outpatient surgery	70%, subject to deductible	50%, subject to deductible
Spinal manipulation 30 visits per calendar year ³	\$50 copay	50%, subject to deductible
Physical occupational, speech, and cognitive therapy 30 visits per therapy, per calendar year ³	\$50 copay	50%, subject to deductible
Inpatient extended care or rehab center ⁴ Combined 120 days per calendar year ³	70%, subject to deductible	50%, subject to deductible
Home health care ⁴	70%, subject to deductible	50%, subject to deductible
Hospice care ³	70%, subject to deductible	50%, subject to deductible

1 Non network providers may bill you for differences between the plan allowance, which is the amount paid by AmeriHealth, and the provider's actual charge. This amount may be significant. It is important to note that all percentages for non network services are a percentage of the plan allowance, not the provider's actual charge.

2 Out-of-pocket maximum includes deductible, coinsurance, and copayments, when applicable.

3 Combined network/non network

4 Subject to preapproval

+ A calendar year benefit period begins on January 1 and ends on December 31.

This listing of benefits and services is only a summary. For a more detailed description of benefits, exclusions, and limitations, refer to the IHC contract. The benefits may be changed by Amerihealth to comply with applicable federal/state laws and regulations.



AmeriHealth Insurance Company of New Jersey
www.amerhealth.com

Benefit	Network	Non network ¹
Non-biologically based mental illness and drug abuse services		
Inpatient Combined 30 days per calendar year ³	70%, subject to deductible	50%, subject to deductible
Outpatient Combined 20 visits per calendar year ³	\$50 copay	50%, subject to deductible
Alcohol abuse⁴		
Inpatient	70%, subject to deductible	50%, subject to deductible
Outpatient	\$50 copay	50%, subject to deductible
Biologically based mental illness		
Inpatient	70%, subject to deductible	50%, subject to deductible
Outpatient	\$50 copay	50%, subject to deductible
Durable medical equipment⁴	70%, subject to deductible	50%, subject to deductible
Blood	70%, subject to deductible	50%, subject to deductible
Ambulance	100%, no deductible	50%, subject to deductible
Prescription drug	50%, no deductible	50%, no deductible

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PRE-EXISTING CONDITION LIMITATION

This limitation may apply to your policy if you are not transferring from another health insurance plan with a gap of less than 31 days between plans.

Should this limitation be applied, for the first 12 months following the effective date of coverage, we will not pay for:

- conditions for which medical advice, diagnosis, care or treatment was recommended or received during the six months before enrollment;
- conditions for which during the last six months there were symptoms that would cause a prudent person to seek medical advice, care, or treatment;
- pregnancy existing on the effective date of your policy.

For further information, please contact Customer Service at 1-800-275-2583.