

# AmeriHealth PPO

## Individual Summary of Benefits

IHC \$30/\$50/90%

Benefit	Network	Non network <sup>1</sup>
<b>Benefit Period<sup>+</sup></b>	Calendar year	Calendar year
<b>Individual deductible</b> (applies to single member policies only)	\$2,500	\$5,000
<b>Family deductible</b> (must be satisfied by at least two separate covered persons)	\$5,000	\$10,000
<b>After deductible plan pays</b>	90%	70%
<b>Out-of-pocket maximum<sup>2</sup></b> Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
<b>Out-of-pocket maximum<sup>2</sup></b> Individual	\$5,000	\$10,000
<b>Out-of-pocket maximum<sup>2</sup></b> Family	\$10,000	\$20,000
<b>Lifetime maximum</b>	Unlimited	Unlimited
<b>Physician visit</b>	\$30 copay	70%, subject to deductible
<b>Specialist visit</b>	\$50 copay	70%, subject to deductible
<b>Preventive Care:</b> (exam, related tests and x-rays, immunizations, pap smears, mammography and screening tests)	Covered 100% No deductible	Covered 100%, No deductible
<b>Outpatient Diagnostic/Routine radiology</b>	90%, subject to deductible	70%, subject to deductible
<b>MRI/MRA, CT, PET scans</b>	90%, subject to deductible	70%, subject to deductible
<b>Laboratory</b>	100%, no deductible (when provided by a network lab)	70%, subject to deductible
<b>Maternity</b>	\$30 copay for first OB visit, covered 100% after	70%, subject to deductible
<b>Maternity - hospital</b>	90%, subject to deductible	70%, subject to deductible
<b>Hospital inpatient</b>	90%, subject to deductible	70%, subject to deductible
<b>Emergency room</b> (copay waived if admitted)	\$100 copay	\$100 copay
<b>Outpatient surgery</b>	90%, subject to deductible	70%, subject to deductible
<b>Spinal manipulation</b> 30 visits per calendar year <sup>3</sup>	\$50 copay	70%, subject to deductible
<b>Physical occupational, speech, and cognitive therapy</b> 30 visits per therapy, per calendar year <sup>3</sup>	\$50 copay	70%, subject to deductible
<b>Inpatient extended care or rehab center<sup>4</sup></b> Combined 120 days per calendar year <sup>3</sup>	90%, subject to deductible	70%, 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**  
NEW JERSEY

AmeriHealth Insurance Company of New Jersey  
www.amerhealth.com

Benefit	Network	Non network <sup>1</sup>
<b>Home health care</b> <sup>4</sup>	90%, subject to deductible	70%, subject to deductible
<b>Hospice care</b> <sup>4</sup>	90%, subject to deductible	70%, subject to deductible
<b>Non-biologically based mental illness and drug abuse services</b>		
Inpatient Combined 30 days per calendar year <sup>3</sup>	90%, subject to deductible	70%, subject to deductible
Outpatient Combined 20 visits per calendar year <sup>3</sup>	\$50 copay	70%, subject to deductible
<b>Alcohol abuse</b> <sup>4</sup>		
Inpatient	90%, subject to deductible	70%, subject to deductible
Outpatient	\$50 copay	70%, subject to deductible
<b>Biologically based mental illness</b>		
Inpatient	90%, subject to deductible	70%, subject to deductible
Outpatient	\$50 copay	70%, subject to deductible
<b>Durable medical equipment</b> <sup>4</sup>	90%, subject to deductible	70%, subject to deductible
<b>Blood</b>	90%, subject to deductible	70%, subject to deductible
<b>Ambulance</b>	100%, no deductible	70%, subject to deductible
<b>Prescription drugs</b>	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.