Benefits at a Glance - 2016

Individual and Family Plans

Choose the best plan for you and your family.

Use this brochure to compare plans and cost-sharing.

AmeriHealth
NEW JERSEY

Choose the best health plan for you

Choosing a health plan is a big decision. But the good news is, you don't have to make it alone. We're here to help you — whether it's to explain the different types of health plans or to help you figure out which one makes the most sense for you.

Everything you need to get started is here.

1. With this booklet, you'll be able to look at health plans side by side, so you can see how much you'll pay when you receive covered services. You'll also find an overview of our networks.
2. Then, refer to our *Rate Card* to view and compare monthly premiums.
3. When you're ready to purchase or want to see if you qualify for a subsidy* visit **ahnj4u.com** or call **1-855-832-2009 (TTY:711).**

* If you require additional subsidy assistance, please visit **healthcare.gov.**

What's included?

We want to help you stay well, prevent illness, and benefit from healthy lifestyle choices. That's why no matter what health plan you choose, the following benefits are always included.

Ten Essential Health Benefits

1. Preventive, wellness, and disease management services
2. Emergency care
3. Ambulatory services
4. Hospitalization
5. Maternity and newborn services
6. Pediatric services, including dental and vision
7. Prescription drugs
8. Laboratory services
9. Mental health and substance abuse services, including behavioral health treatment
10. Rehabilitation and habilitation services

	PLATINUM BENEFITS	EPO **$15/$30**	HMO **$15/$30**	POS PLUS **$15/$25**	
	CHOOSE YOUR NETWORK	LOCAL VALUE[10]	LOCAL VALUE[10]	LOCAL VALUE[10]	
		REGIONAL PREFERRED	REGIONAL PREFERRED ✔	REGIONAL PREFERRED	
				NATIONAL ACCESS ✔	
		In Network	**In Network**	**In Network**	**Out of Network**
	DEDUCTIBLE INDIVIDUAL / FAMILY	$0 / $0	$0 / $0	$0 / $0	$3,000 / $6,000
	AFTER DEDUCTIBLE MEMBER PAYS	n/a	n/a	n/a	30%
	MAXIMUM OUT OF POCKET INDIVIDUAL / FAMILY	$3,500 / $7,000	$3,000 / $6,000	$4,000 / $8,000	$8,000 / $16,000
MEDICAL BENEFITS	**Primary Care Visits**	$15 copay	$15 copay	$15 copay	30% coinsurance, after deductible
	Specialist Visits	$30 copay	$30 copay	$25 copay	
	Urgent Care Services	$75 copay	$50 copay	$50 copay	
	Emergency Room	$100 copay[1]	$75 copay[1]	$100 copay[1]	
	Outpatient Surgery Ambulatory Surgical	no charge	$225 copay	$250 copay	30% coinsurance, after deductible
	Inpatient Hospital Services		$300 copay, up to 5 days[13]	$300 copay, up to 5 days[13]	
	X-rays & Diagnostic Imaging	$30 copay	$30 copay	$25 copay	30% coinsurance, after deductible
	Imaging CT/PT Scans, MRIs	$60 copay	$60 copay	$50 copay	
	Laboratory	no charge	no charge	no charge	30% coinsurance, after deductible
	Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	no charge	$300 copay, up to 5 days[13]	$300 copay, up to 5 days[13]	30% coinsurance, after deductible
	Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	$30 copay	$30 copay	$25 copay	
	Physical & Occupational Therapy 30 visits calendar year[2]	$30 copay	$30 copay	$25 copay	30% coinsurance, after deductible
	Speech & Cognitive Therapy 30 visits calendar year[2]				
	Chiropractic Care 30 visits calendar year[2]				
PRESCRIPTION BENEFITS	**Generic Rx** 30 Day Supply[3]	$10 copay	$10 copay	$10 copay	not covered
	Brand Rx 30 Day Supply[3]	$40 copay	$40 copay	$40 copay	
	Non-Preferred Brand Rx 30 Day Supply[3]	$60 copay	$60 copay	$60 copay	

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	GOLD BENEFITS	EPO $30/$50/80% COINS	EPO HSA 80%/80%	HMO $15/$30	EPO[6] $10/$20	
	CHOOSE YOUR NETWORK	LOCAL VALUE[10] REGIONAL PREFERRED ✔ NATIONAL ACCESS ✔	LOCAL VALUE[10] ✔ REGIONAL PREFERRED	LOCAL VALUE[10] ✔ REGIONAL PREFERRED ✔	COMMUNITY ADVANTAGE[4] ✔ AMERIHEALTH ADVANTAGE[5] ✔	
		In Network	**In Network**	**In Network**	**Tier 1**	**Tier 2**
	DEDUCTIBLE INDIVIDUAL / FAMILY	$1,000 / $2,000	$1,300 / $2,600	$2,000 / $4,000	$1,000 / $2,000[7]	
	AFTER DEDUCTIBLE MEMBER PAYS	20%	20%	40%	10%	50%
	MAXIMUM OUT OF POCKET INDIVIDUAL / FAMILY	$5,000 / $10,000	$2,500 / $5,000	$4,650 / $9,300	$4,250 / $8,500[8]	
MEDICAL BENEFITS	**Primary Care Visits**	$30 copay	20% coinsurance, after deductible	$15 copay	$10 copay	$50 copay
	Specialist Visits	$50 copay		$30 copay	$20 copay	$75 copay
	Urgent Care Services	$75 copay	20% coinsurance, after deductible	$85 copay	$35 copay	$85 copay
	Emergency Room	$100 copay[1]		$100 copay[1]	$50 copay[1]	$100 copay[1]
	Outpatient Surgery Ambulatory Surgical	20% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible	50% coinsurance, after deductible
	Inpatient Hospital Services					
	X-rays & Diagnostic Imaging	$50 copay	20% coinsurance, after deductible	$50 copay	$50 copay	
	Imaging CT/PT Scans, MRIs	$100 copay		$100 copay	$100 copay	
	Laboratory	no charge, no deductible	no charge, after deductible	no charge, no deductible	no charge, no deductible	
	Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	20% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible	50% coinsurance, after deductible
	Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	$50 copay		$30 copay	$20 copay	$60 copay
PRESCRIPTION BENEFITS	**Physical & Occupational Therapy** 30 visits calendar year[2]	$50 copay	20% coinsurance, after deductible	$30 copay	$20 copay	$50 copay
	Speech & Cognitive Therapy 30 visits calendar year[2]					
	Chiropractic Care 30 visits calendar year[2]					
	Generic Rx 30 Day Supply[3]	$10 copay	$10 copay, after deductible	$10 copay	$10 copay	
	Brand Rx 30 Day Supply[3]	$40 copay	$40 copay, after deductible	$40 copay	$40 copay	
	Non-Preferred Brand Rx 30 Day Supply[3]	$60 copay	$60 copay, after deductible	$60 copay	$60 copay	

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	SILVER BENEFITS	HMO **$50/$75**	EPO HSA **$50/$75**		HMO **$50/$75** Rx **$7/50%** UP TO $125 MAX
	CHOOSE YOUR NETWORK	LOCAL VALUE[10] ✔ REGIONAL PREFERRED ✔	LOCAL VALUE[10] ✔ REGIONAL PREFERRED	TIER 1 ADVANTAGE[12] ✔	LOCAL VALUE[10] REGIONAL PREFERRED ✔
		In Network	**In Network**	**Tier 1** / **Tier 2**	**In Network**
	DEDUCTIBLE INDIVIDUAL / FAMILY	$2,500 / $5,000	$1,800 / $3,600	$1,350 / $2,700[7]	$2,500 / $5,000
	AFTER DEDUCTIBLE MEMBER PAYS	50%	50%	50%	50%
	MAXIMUM OUT OF POCKET INDIVIDUAL / FAMILY	$6,350 / $12,700	$4,500 / $9,000	$5,750 / $11,500[8]	$6,850 / $13,700
MEDICAL BENEFITS	**Primary Care Visits**	$50 copay	$50 copay, after deductible	$50 copay, after deductible	$50 copay
MEDICAL BENEFITS	**Specialist Visits**	$75 copay	$75 copay, after deductible	$75 copay, after deductible	$75 copay
MEDICAL BENEFITS	**Urgent Care Services**	$85 copay	$85 copay, after deductible	$75 copay, after deductible	50% coinsurance, after deductible
MEDICAL BENEFITS	**Emergency Room**	$100 copay[1], after deductible	$100 copay[1], after deductible	$100 copay[1], after deductible / 50% coinsurance, after deductible	
MEDICAL BENEFITS	**Outpatient Surgery** Ambulatory Surgical	50% coinsurance, after deductible	30% coinsurance, after deductible	10% coinsurance, after deductible / 50% coinsurance, after deductible	50% coinsurance, after deductible
MEDICAL BENEFITS	**Inpatient Hospital Services**		$500 copay, after deductible, up to 5 days[13]		
MEDICAL BENEFITS	**X-rays & Diagnostic Imaging**	$50 copay	$50 copay, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
MEDICAL BENEFITS	**Imaging** CT/PT Scans, MRIs	$100 copay	$100 copay, after deductible		
MEDICAL BENEFITS	**Laboratory**	no charge, no deductible	no charge, after deductible	no charge, after deductible	no charge, no deductible
MEDICAL BENEFITS	**Inpatient Treatment** Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance, after deductible	$500 copay, after deductible, up to 5 days[13]	10% coinsurance, after deductible / 50% coinsurance, after deductible	50% coinsurance, after deductible
MEDICAL BENEFITS	**Outpatient Treatment** Mental Behavioral Health, Substance Abuse Disorder	$60 copay	$60 copay, after deductible	$60 copay, after deductible	$60 copay
MEDICAL BENEFITS	**Physical & Occupational Therapy** 30 visits calendar year[2]	$50 copay	$50 copay, after deductible	$50 copay, after deductible	$50 copay
MEDICAL BENEFITS	**Speech & Cognitive Therapy** 30 visits calendar year[2]				
MEDICAL BENEFITS	**Chiropractic Care** 30 visits calendar year[2]				
PRESCRIPTION BENEFITS	**Generic Rx** 30 Day Supply[3]	50% coinsurance, no deductible, up to $125 maximum	$7 copay, after deductible	$7 copay, after deductible	$7 copay
PRESCRIPTION BENEFITS	**Brand Rx** 30 Day Supply[3]		50% coinsurance, after deductible, up to $125 maximum	50% coinsurance, after deductible, up to $125 maximum	50% coinsurance, no deductible, up to $125 maximum
PRESCRIPTION BENEFITS	**Non-Preferred Brand Rx** 30 Day Supply[3]				
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SILVER BENEFITS	EPO $20/$40	EPO[6] $15/$35		EPO HSA 90%/90%	POS PLUS $40/$50	
CHOOSE YOUR NETWORK	LOCAL VALUE[10]	COMMUNITY ADVANTAGE[4] ✔		LOCAL VALUE[10]	LOCAL VALUE[10]	
	REGIONAL PREFERRED	AMERIHEALTH ADVANTAGE[5] ✔		REGIONAL PREFERRED	REGIONAL PREFERRED	
					NATIONAL ACCESS ✔	
	In Network	**Tier 1**	**Tier 2**	**In Network**	**In Network**	**Out of Network**
DEDUCTIBLE INDIVIDUAL / FAMILY	$2,500 / $5,000	$2,000 / $4,000[7]		$2,200 / $4,400	$2,500 / $5,000	$5,000 / $10,000
AFTER DEDUCTIBLE MEMBER PAYS	50%	20%	50%	10%	30%	50%
MAXIMUM OUT OF POCKET INDIVIDUAL / FAMILY	$6,850 / $13,700	$6,350 / $12,700[8]		$6,450 / $12,900	$6,350 / $12,700	$12,700 / $25,400
MEDICAL BENEFITS						
Primary Care Visits	$20 copay	$15 copay	$50 copay	10% coinsurance, after deductible	$40 copay	50% coinsurance, after deductible
Specialist Visits	$40 copay	$35 copay	$75 copay		$50 copay	
Urgent Care Services	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	10% coinsurance, after deductible	$85 copay	
Emergency Room					$100 copay[1], after deductible	
Outpatient Surgery Ambulatory Surgical	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	10% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient Hospital Services						
X-rays & Diagnostic Imaging	$50 copay	50% coinsurance, after deductible		10% coinsurance, after deductible	$50 copay	50% coinsurance, after deductible
Imaging CT/PT Scans, MRIs	$100 copay				$100 copay	
Laboratory	no charge, no deductible	no charge, no deductible		no charge, after deductible	no charge, no deductible	50% coinsurance, after deductible
Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	10% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	$40 copay	$35 copay	$60 copay		$50 copay	
Physical & Occupational Therapy 30 visits calendar year[2]	$40 copay	$35 copay	$50 copay	10% coinsurance, after deductible	$50 copay	50% coinsurance, after deductible
Speech & Cognitive Therapy 30 visits calendar year[2]						
Chiropractic Care 30 visits calendar year[2]						
PRESCRIPTION BENEFITS						
Generic Rx 30 Day Supply[3]	$7 copay	$7 copay		$10 copay, after deductible	50% coinsurance, no deductible, up to $125 maximum	not covered
Brand Rx 30 Day Supply[3]	50% coinsurance, no deductible, up to $125 maximum	50% coinsurance, no deductible, up to $125 maximum		$40 copay, after deductible		
Non-Preferred Brand Rx 30 Day Supply[3]				$60 copay, after deductible		
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	BRONZE BENEFITS	EPO HSA **$50/$75**	EPO **$50/$75**	EPO **$50/$75**		EPO[6] **$25/$50**		**CATASTROPHIC** SIMPLE SAVER[11]
	CHOOSE YOUR NETWORK	LOCAL VALUE[10] ✔ REGIONAL PREFERRED ✔ NATIONAL ACCESS ✔	LOCAL VALUE[10] REGIONAL PREFERRED	TIER 1 ADVANTAGE[12] ✔		COMMUNITY ADVANTAGE[4] ✔ AMERIHEALTH ADVANTAGE[5] ✔		LOCAL VALUE[10] ✔ REGIONAL PREFERRED ✔
		In Network	**In Network**	**Tier 1**	**Tier 2**	**Tier 1**	**Tier 2**	**In Network**
	DEDUCTIBLE INDIVIDUAL / FAMILY	$3,000 / $6,000	$3,000 / $6,000	$3,000 / $6,000[7]		$3,000 / $6,000[7]		$6,850 / $13,700
	AFTER DEDUCTIBLE MEMBER PAYS	50%	50%	50%		50%		n/a
	MAXIMUM OUT OF POCKET INDIVIDUAL / FAMILY	$6,450 / $12,900	$6,850 / $13,700	$6,850 / $13,700[8]		$6,850 / $13,700[8]		$6,850 / $13,700
MEDICAL BENEFITS	**Primary Care Visits**	$50 copay, after deductible	$50 copay, after deductible	$50 copay, after deductible		$25 copay, after deductible	$50 copay, after deductible	$30 copay[9]
	Specialist Visits	$75 copay, after deductible	$75 copay, after deductible	$75 copay, after deductible		$50 copay, after deductible	$75 copay, after deductible	no charge, after deductible
	Urgent Care Services	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible		30% coinsurance, after deductible	50% coinsurance, after deductible	no charge, after deductible
	Emergency Room							
	Outpatient Surgery Ambulatory Surgical	50% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible	no charge, after deductible
	Inpatient Hospital Services	$500 copay, after deductible, up to 5 days[13]	$500 copay, after deductible, up to 5 days[13]					
	X-rays & Diagnostic Imaging	50% coinsurance, after deductible	$50 copay, after deductible	50% coinsurance, after deductible		50% coinsurance, after deductible		no charge, after deductible
	Imaging CT/PT Scans, MRIs		$100 copay, after deductible					
	Laboratory	50% coinsurance, after deductible	no charge, no deductible	50% coinsurance, after deductible		50% coinsurance, after deductible		no charge, after deductible
	Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	$500 copay, after deductible, up to 5 days[13]	$500 copay, after deductible, up to 5 days[13]	20% coinsurance, after deductible	50% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible	no charge, after deductible
	Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	$60 copay, after deductible	$60 copay, after deductible	$60 copay, after deductible		$50 copay, after deductible	$60 copay, after deductible	
PRESCRIPTION BENEFITS	**Physical & Occupational Therapy** 30 visits calendar year[2]	$50 copay, after deductible	$50 copay, after deductible	$50 copay, after deductible		$50 copay, after deductible		no charge, after deductible
	Speech & Cognitive Therapy 30 visits calendar year[2]							
	Chiropractic Care 30 visits calendar year[2]							
	Generic Rx 30 Day Supply[3]	50% coinsurance, after deductible, up to $125 maximum	$7 copay, after deductible	50% coinsurance, after deductible, up to $125 maximum		50% coinsurance, after deductible, up to $125 maximum		no charge, after deductible
	Brand Rx 30 Day Supply[3]		50% coinsurance, after deductible, up to $125 maximum					
	Non-Preferred Brand Rx 30 Day Supply[3]							

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NETWORK OPTIONS

AmeriHealth New Jersey has a variety of networks – making health insurance more affordable for you and your family. Networks differ based on geography as well as participating doctors, hospitals, and other health care providers. To determine what network is best for you, visit **amerihealthnj.com/provider_finder.**

National Access

Available through the Multiplan PHCS National network for services obtained outside of the Regional Preferred service area.[14,15]

Regional Preferred

One of the largest network of doctors, hospitals, and labs in the state of New Jersey. Members have access to participating physicians and providers in New Jersey, Delaware, and Southeastern Pennsylvania.[15]

Local Value

The Local Value network currently represents 82% of the New Jersey-based Regional Preferred network, offering individuals and employers a more affordable rate.[10,16]

The following plans are a subset of the Local Value network and are designed to offer additional options focused on affordability, and high-quality health care coverage.

- **Tier 1 Advantage** plans allow members to pay lower out-of-pocket costs for hospital and facility services if they use a participating Tier 1 Advantage provider. Tier 2 providers are available through the AmeriHealth New Jersey Local Value network.[10,12]
- **Community Advantage** plans are offered in collaboration with Cooper University Health Care, Shore Medical Center and Cape Regional Medical Center to meet the needs of individuals based in Atlantic, Burlington, Camden, Cape May, and Gloucester counties.[4,6]
- **AmeriHealth Advantage** plans are offered in collaboration with Meridian Health to meet the needs of individuals based in Monmouth and Ocean counties.[5,6]

All plans within this brochure reflect member cost-sharing.

Important plan information

The benefits summaries in this brochure represent only a partial listing of benefits of the plans. Benefits and exclusions may be further defined by medical policy. These managed care plans may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, call **1-855-832-2009** for additional assistance.

For on-exchange members, abortions will be covered at the Federal Definition; abortions are covered in the case of rape or incest, or for a pregnancy which, as certified by a physician, places the woman in danger of death unless an abortion is performed.

For off-exchange members, elective abortions are covered.

Medical and Network Footnotes:

[1] Emergency room copay waived if admitted.
[2] Members can utilize 30 visits per therapy per calendar year.
[3] Prescription mail order benefit is available at 2x applicable cost-sharing for a 90 day supply.
[4] Community Advantage plans are only available to individuals based in Atlantic, Burlington, Camden, Cape May, and Gloucester Counties.
[5] AmeriHealth Advantage plans are only available to individuals based in Monmouth and Ocean Counties.
[6] Members with Community Advantage or AmeriHealth Advantage plans can obtain services at the Tier 1 level in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Ocean Counties. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.
[7] Deductible is combined for Tier 1 and Tier 2.
[8] Out-of-pocket maximum is combined for Tier 1 and Tier 2.
[9] $30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at 100%, after deductible.
[10] The Local Value network is not available in Hunterdon County.
[11] Catastrophic plans are only available for qualified individuals.
[12] Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.
[13] Copay is required per day, up to a maximum of 5 days per admission.
[14] Coverage provided by Multiplan PHCS National Network. AmeriHealth New Jersey members accessing care in the AmeriHealth New Jersey service area must use the Regional Preferred network.
[15] 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.
[16] Data derived from analysis of information provided by a third party vendor and is subject to change.

AmeriHealth NEW JERSEY

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amerihealthnj.com