

# 2018 Benefits at a Glance



**INDIVIDUAL & FAMILY PLANS**

**Choose the best health plan for you and your family.**  
Use this brochure to compare health plans and cost-sharing.



# 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 everything AmeriHealth New Jersey has to offer — from technology to network options — we've got you covered!
- 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 [amerihealthnj.com/enroll2018](http://amerihealthnj.com/enroll2018) or call 855-832-2009 (TTY: 711).

\* If you require additional subsidy assistance, please visit [healthcare.gov](http://healthcare.gov).

## Important dates for 2018 open enrollment

- **November 1, 2017.** Open Enrollment starts — first day you can enroll in a 2018 marketplace plan.
- **December 15, 2017.** Open Enrollment ends.
- **January 1, 2018.** First date 2018 coverage can start.

If you don't enroll in a 2018 plan by December 15, 2017, you can't enroll in a health insurance plan for 2018 unless you qualify for a special enrollment period. Learn more at [amerihealthnj.com/SEP](http://amerihealthnj.com/SEP).

 **Habla  
español?**

Si quiere hablar con alguien  
en español, llame al  
**888-879-4857**, o visite  
[amerihealthnj.com/espanol](http://amerihealthnj.com/espanol).

## Common health care terms

Here are simple definitions of some of the health insurance terms in this guide.

### Coinsurance

The percentage you pay for some covered services. If your coinsurance is 20%, your health insurance company will pay 80% of the cost of covered services, and you will pay the remaining 20%.

### Copay

The amount you pay when you see a doctor or get other services.

### Cost-sharing

The amount you pay for your health care costs beyond your premium. This includes your deductible, copayments, and coinsurance fees.

### Deductible

The amount you pay each year before you start to receive insurance benefits.

### Out-of-pocket costs

The amount you pay for your health care services. The health care law sets a limit on your out-of-pocket costs, called an out-of-pocket maximum. Once you pay this amount, your health plan will pay 100% of the additional covered services you receive.

### Premium

The amount you pay to your insurance company each month to pay your share of your health plan's costs. This is separate from the deductible, copayments, and coinsurance amounts you pay when you use your benefits to receive covered services.

### Referral

If you have an HMO plan, your family doctor (or primary care provider) will need to write you a referral before you see other network providers, such as a heart doctor (cardiologist).

### Subsidy

A subsidy is an amount of money that the government will pay towards your health insurance. But you have to qualify to receive one, and that depends on your income and the number of people in your household. You could receive tax credits, pay lower prices on health care services or both.

## Ten Essential Health Benefits

No matter what health plan you choose, the following benefits are always included.



Preventive, wellness, and disease management services



Emergency care



Ambulatory services



Hospitalization



Maternity and newborn services



Pediatric services, including dental and vision



Prescription drugs



Laboratory services



Mental health and substance abuse services, including behavioral health treatment



Rehabilitation and habilitation services

***Did you know?***

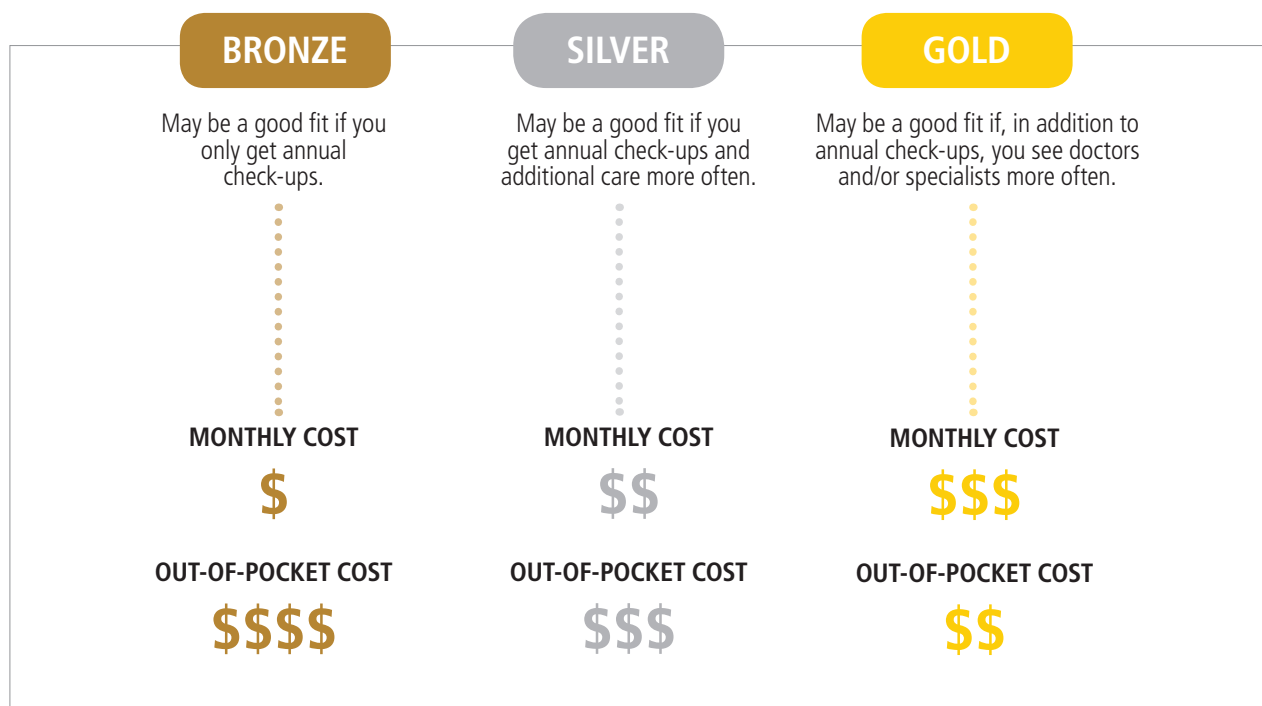
**3/4**

of AmeriHealth New Jersey members  
chose an **Advantage Plan** in 2017.

## Coverage options

All of our health plans are categorized by metallic tiers — Bronze, Silver, or Gold. The only exceptions are catastrophic plans, which are available for those under age 30 or those with an extreme financial hardship who qualify for an exemption.

You choose a health plan based on the cost of the plan and services it covers. For most health plans, you will pay a fixed amount each month, known as a **premium** or monthly rate. In addition to your premium, you may also pay each time you receive care from a doctor or hospital, have a prescription filled, or get some type of medical care. These payments are often called **cost-sharing** or **out-of-pocket costs**, and come in the following types: **deductible**, **copay**, and **coinsurance**.



As you can see, Bronze health plans generally have the lowest monthly fixed costs but likely have higher out-of-pocket costs when you get care. Gold health plans generally cost you the most each month, but your costs each time you need care will probably be lower. The Silver plans fall somewhere in the middle.

## Health plan options

We offer two types of health plans. The type of plan you choose will affect the process you'll follow to get care. Whether you have to select a primary care provider and whether you'll need a **referral** from that primary care provider are the biggest differences between the plans.

### Health maintenance organization (HMO)

Best if you have or want a primary care provider to coordinate your care and refer you to specialists who are within the network you choose. HMO plans offer coverage for network doctors only and require a referral. There is no **out-of-network** coverage.

### Exclusive provider organization (EPO)

Best if you want the freedom to see any doctor or specialist you want with **no referral**, as long as they're within the network you choose. There is no **out-of-network** coverage.

## Technology and resources

We know you don't always have the time or the resources to focus on your health. That's why we have online account management systems and personalized tools to help manage your health quickly and easily so you get the most out of your benefits.



### Health insurance that's mobile.

Manage your health online at [amerihealthexpress.com](http://amerihealthexpress.com) or download the free **AHNJ On the Go** app to help you make the most of your health plan. Streamlined navigation will make it easier than ever to find a participating provider, view your claims and benefit information, manage your spending account, download a temporary ID card, email, or fax one directly to your doctor, and so much more!



### Search Provider Finder.

Search for a participating doctor by name, location, or specialty. Find out where a doctor went to medical school, his or her board certification, and languages spoken. You can even view office hours and the hospitals to which a physician has admitting privileges.



### Stay connected.<sup>1</sup>

Want to receive updates about your health plan, important account information, benefit updates, and promotions from AmeriHealth New Jersey? Text **MyAHNJ** to **73529** to opt in.



### Start shopping. Start saving with the Insider Discount program.

Find great deals on a wide range of attractions and events, some are even FREE! Learn how to get discounted movie tickets, and so much more at [amerihealthnj.com/discounts](http://amerihealthnj.com/discounts).



### Live well. Be rewarded.

Our Commit2Wellness<sup>®</sup> program is designed to help you and your family live well and be rewarded. As you complete healthy activities, you'll earn Wellness Dollars, which can be redeemed for gift cards to New Jersey's most popular retailers or for a Visa<sup>®</sup> debit card. Get started today at [amerihealthexpress.com](http://amerihealthexpress.com).



### Virtual health care at your fingertips.<sup>2</sup>

Introducing telemedicine — the option to access non-emergency health care virtually. You can now visit with a doctor 24/7/365 from your home, office, or on-the-go in most states. Activate your account by calling **888-976-7405** or visit [MDLIVE.com/amerihealthnj](http://MDLIVE.com/amerihealthnj).

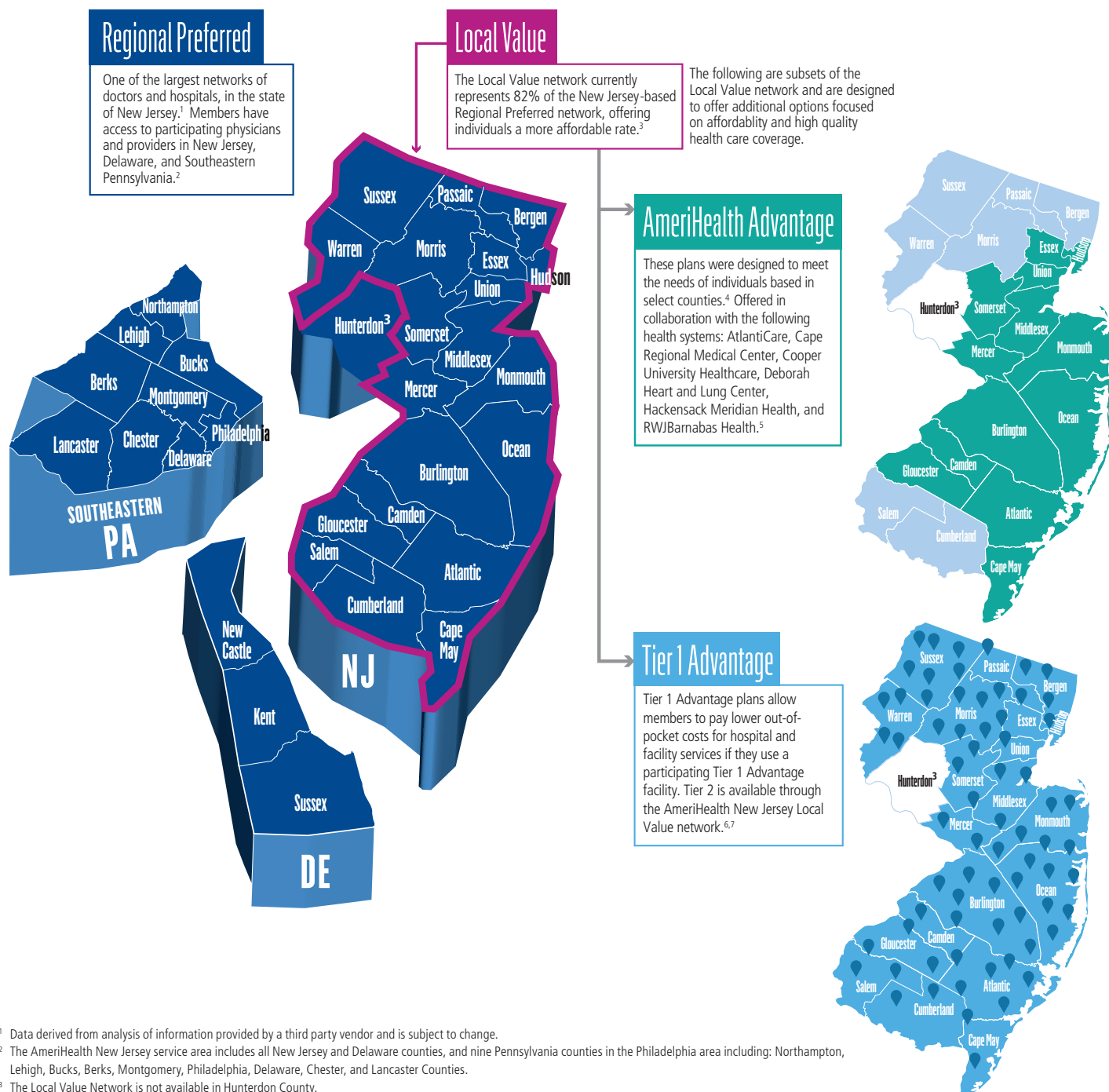
<sup>1</sup>Please have your member ID card ready when you text to sign up. Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and conditions available at [myhelpsite.net/amerihealth](http://myhelpsite.net/amerihealth). Notification messages within AmeriHealth New Jersey Wire are sent via automated SMS. Enrollment in AmeriHealth New Jersey Wire is not a requirement to purchase goods and services from AmeriHealth New Jersey. Wire is a trademark of Relay Network, LLC.

<sup>2</sup>MDLIVE does not replace the primary care physician. MDLIVE operates subject to state regulation and may not be available in certain states. \*MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. For complete terms of use visit <https://www.mdlive.com/consumer/terms.html>.



# 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/providerfinder](http://amerihealthnj.com/providerfinder).



<sup>1</sup> Data derived from analysis of information provided by a third party vendor and is subject to change.

<sup>2</sup> 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.

<sup>3</sup> The Local Value Network is not available in Hunterdon County.

<sup>4</sup> AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.

<sup>5</sup> The following hospitals are included in the AmeriHealth Advantage health systems: AtlantiCare Regional Medical Center - City Division, AtlantiCare Regional Medical Center - Mainland Division, Bayshore Community Hospital, Cape Regional Medical Center, Clara Maass Medical Center, Community Medical Center, Cooper University Hospital, Deborah Heart and Lung Center, Jersey City Medical Center, Jersey Shore University Medical Center, Monmouth Medical Center, Monmouth Medical Center - Southern Campus, Mountainside Medical Center, Newark Beth Israel Medical Center, Ocean Medical Center, Palisades Medical Center, Raritan Bay Medical Center - Old Bridge, Raritan Bay Medical Center - Perth Amboy, Riverview Medical Center, RWJ University Hospital at Hamilton, RWJ University Hospital at New Brunswick, RWJ University Hospital at Somerset, RWJ University Hospital at Rahway, Saint Barnabas Medical Center, and Southern Ocean Medical Center.

<sup>6</sup> Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.

<sup>7</sup> Pin drops are for illustrative purposes only. For a complete listing of Tier 1 providers and facilities, visit [amerihealthnj.com/tier1facilities](http://amerihealthnj.com/tier1facilities).

BRONZE BENEFITS		EPO HSA AMERIHEALTH ADVANTAGE \$25/\$50		EPO HSA TIER 1 ADVANTAGE \$50/\$75		CATASTROPHIC SIMPLE SAVER <sup>9</sup>
CHOOSE YOUR NETWORK		AMERIHEALTH ADVANTAGE <sup>4</sup>		TIER 1 ADVANTAGE <sup>10</sup>		LOCAL VALUE <sup>8</sup>
		Tier 1	Tier 2	Tier 1	Tier 2	In-network
DEDUCTIBLE INDIVIDUAL / FAMILY		\$3,000 <sup>13</sup> / \$6,000 <sup>5</sup>		\$3,000 <sup>13</sup> / \$6,000 <sup>5</sup>		\$7,350 / \$14,700
AFTER DEDUCTIBLE MEMBER PAYS		30%	50%	50%		n/a
MAXIMUM OUT-OF-POCKET INDIVIDUAL / FAMILY		\$6,550 / \$13,100 <sup>6</sup>		\$6,550 / \$13,100 <sup>6</sup>		\$7,350 / \$14,700
MEDICAL BENEFITS	Primary Care Visits	\$25 copay, after deductible	50% coinsurance, after deductible	\$50 copay, after deductible		\$30 copay <sup>7</sup>
	Specialist Visits	\$50 copay, after deductible	50% coinsurance, after deductible	\$75 copay, after deductible		no charge, after deductible
	Urgent Care Services	30% coinsurance, after deductible		50% coinsurance, after deductible		no charge, after deductible
	Emergency Room	30% coinsurance, after deductible	50% coinsurance, after deductible			
	Outpatient Surgery Ambulatory Surgical	30% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	no charge, after deductible
	Inpatient Hospital Services Including Maternity	30% coinsurance, after deductible	50% coinsurance, after deductible	\$500 copay per day, up to 5 days, after deductible <sup>11</sup>	50% coinsurance, after deductible	
	X-rays & Diagnostic Imaging	50% coinsurance, after deductible		50% coinsurance, after deductible		no charge, after deductible
	Imaging CT/PT Scans, MRIs					
	Laboratory	50% coinsurance, after deductible		50% coinsurance, after deductible		no charge, after deductible
	Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	30% coinsurance, after deductible	50% coinsurance, after deductible	\$500 copay per day, up to 5 days, after deductible <sup>11</sup>	50% coinsurance, after deductible	no charge, after deductible
	Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	\$50 copay, after deductible		\$60 copay, after deductible		
	Physical & Occupational Therapy <sup>2</sup>	30% coinsurance, after deductible		\$50 copay, after deductible		no charge, after deductible
	Speech & Cognitive Therapy <sup>2</sup>					
	Chiropractic Care 30 visits calendar year					
Durable Medical Equipment	50% coinsurance, after deductible		50% coinsurance, after deductible		no charge, after deductible	
PRESCRIPTION BENEFITS	30 DAY SUPPLY <sup>3</sup>	Generic Rx		50% coinsurance, up to \$125 max, after deductible		no charge, after deductible
		Brand Rx				
		Non-Preferred Brand Rx				
		POPULAR PLAN		POPULAR PLAN		

All plans are available on-and off-exchange. | \$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

\$

SILVER BENEFITS		EPO AMERIHEALTH ADVANTAGE \$15/\$35		EPO HSA TIER 1 ADVANTAGE \$50/\$75		HMO \$50/\$75 <sup>12</sup>
CHOOSE YOUR NETWORK		AMERIHEALTH ADVANTAGE <sup>4</sup>		TIER 1 ADVANTAGE <sup>10</sup>		LOCAL VALUE <sup>8</sup>
		Tier 1	Tier 2	Tier 1	Tier 2	REGIONAL PREFERRED
DEDUCTIBLE INDIVIDUAL / FAMILY		\$2,500 / \$5,000 <sup>5</sup>		\$1,500 <sup>13</sup> / \$3,000 <sup>5</sup>		\$2,500 / \$5,000
AFTER DEDUCTIBLE MEMBER PAYS		20%	50%	50%		50%
MAXIMUM OUT-OF-POCKET INDIVIDUAL / FAMILY		\$7,350 / \$14,700 <sup>6</sup>		\$6,500 / \$13,000 <sup>6</sup>		\$7,150 / \$14,300
MEDICAL BENEFITS	Primary Care Visits	\$15 copay	50% coinsurance, after deductible	\$50 copay, after deductible		\$50 copay
	Specialist Visits	\$35 copay	50% coinsurance, after deductible	\$75 copay, after deductible		\$75 copay
	Urgent Care Services	20% coinsurance, after deductible		\$75 copay, after deductible		\$75 copay
	Emergency Room	20% coinsurance, after deductible	50% coinsurance, after deductible	\$100 copay, after deductible <sup>1</sup>	50% coinsurance, after deductible	\$100 copay, after deductible <sup>1</sup>
	Outpatient Surgery Ambulatory Surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	Inpatient Hospital Services Including Maternity					
	X-rays & Diagnostic Imaging	50% coinsurance, after deductible		50% coinsurance, after deductible		\$50 copay
	Imaging CT/PT Scans, MRIs					\$100 copay
	Laboratory	no charge, no deductible		no charge, after deductible		no charge, no deductible
	Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	\$35 copay		\$60 copay, after deductible		\$60 copay
	Physical & Occupational Therapy <sup>2</sup>	20% coinsurance, after deductible		\$50 copay, after deductible		\$50 copay
	Speech & Cognitive Therapy <sup>2</sup>					
	Chiropractic Care 30 visits calendar year					
	Durable Medical Equipment	50% coinsurance, after deductible		50% coinsurance, after deductible		50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30 DAY SUPPLY <sup>9</sup>	Generic Rx	\$7 copay		\$7 copay, after deductible	
		Brand Rx	50% coinsurance, up to \$125 max, no deductible		50% coinsurance, up to \$125 max, after deductible	
		Non-Preferred Brand Rx				
				POPULAR PLAN		POPULAR PLAN

All plans are available on-and off-exchange. | \$ are a guide for plan costs within each metallic tier. Network variations may impact cost.



→ \$\$\$

EPO HSA \$50/\$75	EPO \$30/\$60
LOCAL VALUE <sup>8</sup>	REGIONAL PREFERRED
In-network	In-network
\$1,800 <sup>13</sup> / \$3,600	\$2,500 / \$5,000
50%	50%
\$5,000 / \$10,000	\$7,350 / \$14,700
\$50 copay, after deductible	\$30 copay
\$75 copay, after deductible	\$60 copay
\$75 copay, after deductible	50% coinsurance, after deductible
\$100 copay, after deductible <sup>1</sup>	
30% coinsurance, after deductible	50% coinsurance, after deductible
\$500 copay per day, up to 5 days, after deductible <sup>11</sup>	
\$50 copay, after deductible	50% coinsurance, after deductible
\$100 copay, after deductible	
no charge, after deductible	no charge, no deductible
\$500 copay per day, up to 5 days, after deductible <sup>11</sup>	50% coinsurance, after deductible
\$60 copay, after deductible	\$60 copay
\$50 copay, after deductible	\$50 copay
50% coinsurance, after deductible	50% coinsurance, after deductible
\$7 copay, after deductible	50% coinsurance, up to \$125 max, no deductible
50% coinsurance, up to \$125 max, after deductible	

\$ → \$\$\$

GOLD BENEFITS		HMO \$15/\$30 <sup>12</sup>	EPO \$30/\$50/80% COINS
CHOOSE YOUR NETWORK		REGIONAL PREFERRED	REGIONAL PREFERRED
		In-network	In-network
DEDUCTIBLE INDIVIDUAL / FAMILY		\$2,000 / \$4,000	\$1,000 / \$2,000
AFTER DEDUCTIBLE MEMBER PAYS		40%	20%
MAXIMUM OUT-OF-POCKET INDIVIDUAL / FAMILY		\$4,650 / \$9,300	\$5,000 / \$10,000
Primary Care Visits		\$15 copay	\$30 copay
Specialist Visits		\$30 copay	\$50 copay
Urgent Care Services		\$75 copay	\$75 copay
Emergency Room		\$100 copay <sup>1</sup>	\$100 copay <sup>1</sup>
Outpatient Surgery Ambulatory Surgical		40% coinsurance, after deductible	20% coinsurance, after deductible
Inpatient Hospital Services Including Maternity			
X-rays & Diagnostic Imaging		\$50 copay	\$50 copay
Imaging CT/PT Scans, MRIs		\$100 copay	\$100 copay
Laboratory		no charge, no deductible	no charge, no deductible
Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder		40% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder		\$30 copay	\$50 copay
Physical & Occupational Therapy <sup>2</sup>		\$30 copay	\$50 copay
Speech & Cognitive Therapy <sup>2</sup>			
Chiropractic Care 30 visits calendar year			
Durable Medical Equipment		50% coinsurance, after deductible	50% coinsurance, after deductible
30 DAY SUPPLY <sup>3</sup>	Generic Rx	\$7 copay	\$7 copay
	Brand Rx	50% coinsurance, up to \$125 max, no deductible	40% coinsurance, up to \$125 max, no deductible
	Non-Preferred Brand Rx		

All plans are available on-and off-exchange. | \$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

## Dental Plans

### Healthier mouth, healthier life.

Good oral health can have a direct impact on your overall health and wellness. That's why AmeriHealth New Jersey offers several dental plan options for you to pair with your medical benefits.<sup>1</sup>

You have the freedom to see any dentist but can save on out-of-pocket costs by choosing a dentist in the Advantage Plus 2.0 network. Plus, you'll never need a referral to visit a provider.

BENEFIT <sup>2</sup>	Pediatric Dental	Pediatric Dental with Adult Preventive	
	AGES 0-18 (Benefits through end of contract year in which member reaches age 19)	AGES 0-18 (Benefits through end of contract year in which member reaches age 19)	AGE 19+
DEDUCTIBLE	\$75 per member to age 19	\$75 per member to age 19	\$0
ANNUAL MAXIMUM	unlimited	unlimited	\$1,000
OUT-OF-POCKET MAXIMUM (IN-NETWORK BENEFIT <sup>4</sup> )	\$350 for 1 member \$700 for 2+ members	\$350 for 1 member \$700 for 2+ members	N/A
Preventive and Diagnostic	No charge, not subject to deductible for exams and cleanings, X-rays and fluoride, and sealants and space maintainers	No charge, not subject to deductible for exams and cleanings, X-rays and fluoride, and sealants and space maintainers	No charge, not subject to deductible for exams, cleanings, and X-rays
Basic	50%, after deductible	50%, after deductible	Not covered
Major			
Medically Necessary Orthodontia	50%, not subject to deductible	50%, not subject to deductible	Not covered

Per member per month			
RATES	Age 0-18 <sup>3</sup>	\$23.22	\$16.36
	All 19+	N/A	

To find a dental provider, visit [amerihealthnj.com/dental](https://www.amerihealthnj.com/dental).

**Important tip:** Since pediatric dental benefits only cover up to age 19, be sure to purchase a dental care plan that provides benefits for anyone age 19 and older in your family who needs coverage.

## Vision Plans

### The clear solution to your vision care needs

Choose AmeriHealth New Jersey Adult Vision Care<sup>1</sup> to save on out-of-pocket costs and get access to eye exams, eyeglasses, contacts, and value-added discounts. Routine eye exams help keep you seeing clearly and can help detect more serious medical conditions like diabetes, hypertension, and heart disease. That's why AmeriHealth New Jersey offers several vision plan options for you to pair with your medical benefits.

BENEFIT		Adult Vision Care 100	Adult Vision Care 150	Adult Vision Care 180
Eye Exam, once every calendar year		No charge, no deductible (in-network)	No charge, no deductible (in-network)	No charge, no deductible (in-network)
Eyeglasses		Standard lenses: fully covered	Standard lenses: fully covered	Standard lenses: fully covered
		Davis Vision frames: fashion - \$0 designer - \$15 premier - \$40	Davis Vision frames: fashion - \$0 designer - \$0 premier - \$0	Davis Vision frames: fashion - \$0 designer - \$0 premier - \$25
		Participating provider frame collection: up to \$100 allowance, plus a 20% discount on any overage	Participating provider frame collection: up to \$150 allowance, plus a 20% discount on any overage	Participating provider frame collection: up to \$130 allowance, plus a 20% discount on any overage
Contact lenses (instead of glasses)		Up to \$100 allowance, plus a 15% discount on any overage	Up to \$150 allowance, plus a 15% discount on any overage	Up to \$130 allowance, plus a 15% discount on any overage
Additional Visionworks frame option		N/A	N/A	Up to \$180 allowance, plus a 20% discount on any overage at Visionworks locations nationwide

RATES (MONTHLY)	Single	\$13.21	\$20.56	\$11.90
	Husband/Wife	\$26.41	\$41.12	\$23.80
	Parent w/Child	\$26.41	\$41.12	\$23.80
	Parent w/Children	\$26.41	\$41.12	\$23.80
	Family	\$39.62	\$61.68	\$35.70

### No matter which plan you choose, you'll get:

- Choose from the Exclusive Davis Collection for low or no cost frames available at most participating providers.
- Service at more than 60,000 access points, including ophthalmologists, optometrists and retail stores, including Visionworks<sup>2</sup>.
- Access to Visionworks, which offers over 2,000 frames, plus the convenience of on-site labs in most locations.
- Contact lenses available in lieu of glasses.
- One-year breakage warranty for glasses purchased at participating providers.
- Discounts on other services, such as laser vision correction.
- Davis Vision members also have access to a routine hearing test and brand-name hearing aid technology at reduced prices through EPIC Hearing, an industry leader.

**DAVIS VISION**  
EYECARE REFRAMED™

To find a vision provider, visit [amerihealthnj.com/vision](http://amerihealthnj.com/vision).

**Important tip:** Adult Vision Care plans cover members 19 and older, as well as child dependents age 19 to 26. Vision benefits for members under 19 are included in the medical plans.

## **All plans within this brochure reflect member cost-sharing.**

### **Important health plan information**

The benefits summaries in this brochure represent only a partial listing of benefits of the health 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 would like to view your complete benefit summary, visit [amerihealthnj.com/ihcbscs](http://amerihealthnj.com/ihcbscs) or if you need more information, call **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 Footnotes:**

- <sup>1</sup> Emergency room copay waived if admitted.
- <sup>2</sup> Members can utilize 30 visits per therapy per calendar year.
- <sup>3</sup> Prescription mail order benefit is available at 2x applicable cost-sharing for a 90 day supply.
- <sup>4</sup> AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- <sup>5</sup> Deductible is combined for Tier 1 and Tier 2.
- <sup>6</sup> Out-of-pocket maximum is combined for Tier 1 and Tier 2.
- <sup>7</sup> \$30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at 100%, after deductible.
- <sup>8</sup> The Local Value network is not available in Hunterdon County.
- <sup>9</sup> Catastrophic plans are only available for qualified individuals.
- <sup>10</sup> Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.
- <sup>11</sup> Copay is required per day, up to a maximum of 5 days per admission.
- <sup>12</sup> Certain services may require a referral from your primary care physician.
- <sup>13</sup> Individual deductible not applicable in policies covering 2 or more people.

#### **Dental Footnotes:**

- <sup>1</sup> AmeriHealth New Jersey dental plans are administered by United Concordia.
- <sup>2</sup> This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.
- <sup>3</sup> 0-18 rate capped at 3 members < 19.
- <sup>4</sup> If you choose to use a non-network dentist, you may pay the difference between the amount the plan pays and the amount charged by the non-network dentist.

#### **Vision Footnotes:**

- <sup>1</sup> Administered by Davis Vision.
- <sup>2</sup> An AmeriHealth New Jersey affiliate has a financial interest in Visionworks.

**AmeriHealth New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**

**ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-888-968-7241 TTY 711.**

**注意: 如果您讲中文, 您可以得到免费的语言协助服务。请致电1-888-968-7241。**



[amerihealthnj.com](http://amerihealthnj.com)



## 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 yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih koji' 1-800-275-2583.

### Urdu:

توجہ 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។

(OVER)

## 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>.