2019
Benefits at a Glance

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/enroll or call 855-832-2009 (TTY: 711).

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

2019 Open Enrollment Timeline

Open Enrollment starts — first day you can enroll in a 2019 marketplace plan.

Open Enrollment ends.

First date 2019 coverage can start.

If you don’t enroll in a 2019 plan by December 15, 2018, you can’t enroll in a health insurance plan for 2019 unless you qualify for a special enrollment period. Learn more at amerihealthnj.com/SEP.

Common health care terms

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

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.

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.

Premium

The amount you pay to your insurance company each month for your plan. 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.

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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Cost</th>
<th>Out-of-Pocket Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRONZE</td>
<td>$</td>
<td>$$</td>
</tr>
<tr>
<td>SILVER</td>
<td>$</td>
<td>$$$</td>
</tr>
<tr>
<td>GOLD</td>
<td>$$</td>
<td>$$$</td>
</tr>
</tbody>
</table>

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.

Did you know? More than 85% of AmeriHealth New Jersey members chose an Advantage Plan in 2018.
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.
### Silver Benefits

#### SELECT EPO
- **AmeriHealth Advantage**
  - **$25/$50**

#### SELECT EPO HSA
- **AmeriHealth Hospital Advantage**
  - **$50/$75**

#### SELECT HMO
- **$50/$75**

### Choose Your Network

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Individual / Family</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Individual / Family</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>In-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiv. / Family</td>
<td>$2,500 / $5,000</td>
<td>$2,500 / $5,000</td>
<td>$2,500 / $5,000</td>
<td>$2,500 / $5,000</td>
<td>$2,500 / $5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Pts.</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Maximum Out-Of-Pocket

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Individual / Family</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Individual / Family</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>In-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiv. / Family</td>
<td>$7,500 / $15,000</td>
<td>$6,750 / $13,500</td>
<td>$7,500 / $15,000</td>
<td>$6,750 / $13,500</td>
<td>$7,500 / $15,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Benefits

#### Primary Care Visits
- **$25**
- 50% coinsurance, after deductible
- **$50 copay, after deductible**

#### Specialist Visits
- **$50**
- 50% coinsurance, after deductible
- **$75 copay, after deductible**

#### Urgent Care Services
- 20% coinsurance, after deductible
- **$85 copay, after deductible**

#### Emergency Room
- 20% coinsurance, after deductible
- 50% coinsurance, after deductible
- **$100 copay, after deductible**
- **$100 copay, after deductible**

#### Outpatient Surgery Ambulatory Surgical
- 20% coinsurance, after deductible
- 50% coinsurance, after deductible
- 50% coinsurance, after deductible
- **$50 copay, after deductible**

#### Inpatient Hospital Services Including Maternity
- 20% coinsurance, after deductible
- 50% coinsurance, after deductible
- 50% coinsurance, after deductible
- **$50 copay, after deductible**

#### Imaging & Diagnostic Imaging
- 50% coinsurance, after deductible
- 50% coinsurance, after deductible
- **$50 copay**

#### Imaging CT/PT Scans, MRI's
- **$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
- 50% coinsurance, after deductible
- 50% coinsurance, after deductible

#### Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder
- **$50 copay**
- **$70 copay, after deductible**
- **$70 copay**

#### Rehabilitation Therapy Services
- **$60 copay**
- **$65 copay, after deductible**
- **$65 copay**

#### Chiropractic Care 30 visits calendar year
- **$10 copay**
- **$10 copay, after deductible**
- **$10 copay**

#### Durable Medical Equipment
- **$10 copay**
- **$10 copay, after deductible**
- **$10 copay**

#### Generic Rx
- **$10 copay**
- **$10 copay, after deductible**
- **$10 copay**

#### Non-Preferred Rx
- 50% coinsurance, up to $125 max, no deductible
- 50% coinsurance, up to $125 max, after deductible
- 50% coinsurance, up to $125 max, after deductible

### New! Off Exchange Only Plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Indiv. / Family</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>In-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiv. / Family</td>
<td>$2,500 / $5,000</td>
<td>$2,500 / $5,000</td>
<td><strong>$2,500</strong></td>
<td><strong>$2,500</strong></td>
<td><strong>$2,500</strong></td>
<td><strong>$2,500</strong></td>
<td><strong>$2,500</strong></td>
<td><strong>$2,500</strong></td>
</tr>
<tr>
<td>Member Pts.</td>
<td>20%</td>
<td>20%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Network Variations

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

### Footer

## GOLD BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCTIBLE</td>
<td>$15/$30</td>
<td>$30/$50/20%</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>$2,000 / $4,000</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>$0</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>NETWORK</td>
<td>$5,000 / $10,000</td>
<td>$5,000 / $10,000</td>
</tr>
</tbody>
</table>

## BENEFITS

<table>
<thead>
<tr>
<th>PRESCRIPTION BENEFITS</th>
<th>MEDICAL BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 DAY SUPPLY</td>
<td>REHABILITATION THERAPY SERVICES</td>
</tr>
<tr>
<td>30 DAYS</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHOOSE YOUR NETWORK</th>
<th>MEDICAL BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-NETWORK</td>
<td>HOSPITALIZATION</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>MATERNITY AND NEWBORN SERVICES</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>URGENT CARE SERVICES</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>PRIMARY CARE VISITS</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>CHIROPRACTIC CARE</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>OUTPATIENT SURGERY</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>INPATIENT HOSPITAL SERVICES</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>INPATIENT TREATMENT</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>OUTPATIENT TREATMENT</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>REHABILITATION THERAPY SERVICES</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>DURABLE MEDICAL EQUIPMENT</td>
</tr>
<tr>
<td>IN-NETWORK</td>
<td>GENERIC Rx</td>
</tr>
<tr>
<td>REGIONAL PREPARED</td>
<td>BRAND Rx</td>
</tr>
</tbody>
</table>

## TECHNOLOGY AND RESOURCES

- **Get Connected**
  - It pays to stay in the know with AmeriHealth New Jersey Wire® text messages.¹
  - Sign up at amerihealthnj.com/getwired.

## Did you know...

- Your yearly checkup is free? Find a provider at amerihealthnj.com/providerfinder.

## Ten Essential Health Benefits

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

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

## Health insurance that's mobile.

- Manage your health online at 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.

## 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.

## Virtual health care at your fingertips.²

- 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.

## Footnotes:

1. 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. 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. Wire is a trademark of Relay Network, LLC.

2. 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 Opioid 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.

All plans are available on- and off-exchange unless otherwise noted. 1 $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

---

855-832-2009 amerihealthnj.com/enroll

855-832-2009 amerihealthnj.com/enroll
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. 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. To find a dental provider, visit amerihealthnj.com/dental.

**Healthier mouth, healthier life.**

Choose AmeriHealth New Jersey Adult Vision Care 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. To find a vision provider, visit amerihealthnj.com/vision.

### Dental Plans

**BENEFIT**

<table>
<thead>
<tr>
<th>Pediatric Only</th>
<th>Pediatric with Adult Preventive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 6-18 (Benefits through end of contract year in which member reaches age 19)</td>
<td>All Family Members</td>
</tr>
</tbody>
</table>

**PEDiatric DEDuctible**

<table>
<thead>
<tr>
<th>Adult Deductible</th>
<th>Pediatric Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75 per member to age 19</td>
<td>$75</td>
</tr>
</tbody>
</table>

**Pediatric Annual Maximum**

<table>
<thead>
<tr>
<th>Adult Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlimited for individuals up to age 19 in-network and $1,000 out-of-network</td>
</tr>
</tbody>
</table>

**Adult Out-of-Pocket Maximum**

<table>
<thead>
<tr>
<th>Adult Out-of-Pocket Maximum (In-network benefit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Preventive Services**

- **Exams/Evaluations**
  - no charge, not subject to deductible
- **Cleaning**
  - no charge, not subject to deductible
- **X-rays**
  - covered only for children ages 0-18, no charge, not subject to deductible
- **Emergency/Palliative Treatment**
  - covered only for children ages 0-18, no charge, not subject to deductible
- **Fluoride Treatments, Sealants, Space Maintainers**
  - covered only for children ages 0-18, no charge, not subject to deductible
- **Fillings (Amalgam restorations - metal fillings-based composite restorations - white)**
  - covered only for children ages 0-18, 50% after deductible
- **Crown and Denture Repair**
  - covered only for children ages 0-18, 50% after deductible
- **Root Canals (Endodontic Therapy and services)**
  - covered only for children ages 0-18, 50% after deductible
- **Surgical and non-surgical periodontics and maintenance**
  - covered only for children ages 0-18, 50% after deductible
- **Oral Surgery**
  - covered only for children ages 0-18, 50% after deductible
- **General anesthesia, nitrous oxide, and/or IV sedation**
  - covered only for children ages 0-18, 50% after deductible
- **Major**
  - covered only for children ages 0-18, 50% after deductible
- **Orthodontia (Child only age 0-18)**
  - covered only for children ages 0-18, 50% after deductible
- **Cosmetic orthodontia**
  - covered only for children ages 0-18, 50% after deductible

**RATES**

<table>
<thead>
<tr>
<th>Per member per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-18</td>
</tr>
<tr>
<td>All 19+</td>
</tr>
</tbody>
</table>

### Vision Plans

**The clear solution to your vision care needs**

Choose AmeriHealth New Jersey Adult Vision Care 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. To find a vision provider, visit amerihealthnj.com/vision.

**BENEFIT**

<table>
<thead>
<tr>
<th>Adult Vision Care 100</th>
<th>Adult Vision Care 150</th>
<th>Adult Vision Care 180</th>
</tr>
</thead>
</table>

**Eye Exam, once every calendar year**

- no charge, no deductible (in-network)

**EYEGlasses**

- Davis Vision frames:
  - Fashion: $0
  - Designer: $15

**Contact lenses (instead of glasses)**

- up to $100 allowance, plus a 20% discount on any overage

**Additional Visiworks frame option**

- $39.62 | $41.12 | $23.80

**RATES**

<table>
<thead>
<tr>
<th>Single</th>
<th>Husband/Wife</th>
<th>Parent w/Child</th>
<th>Parent w/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13.21</td>
<td>$20.56</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$26.41</td>
<td>$41.12</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$26.41</td>
<td>$41.12</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$39.62</td>
<td>$61.68</td>
<td>$35.70</td>
<td></td>
</tr>
</tbody>
</table>

**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 Visiworks.
- Access to Visiworks, 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’s**

- Single
- Family
- Parent
- Husband/Wife
- Parent w/Child
- Parent w/Children
- Family

**Additional Visiworks frame option**

- $39.62 | $41.12 | $23.80

**RATES**

<table>
<thead>
<tr>
<th>Single</th>
<th>Husband/Wife</th>
<th>Parent w/Child</th>
<th>Parent w/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13.21</td>
<td>$20.56</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$26.41</td>
<td>$41.12</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$26.41</td>
<td>$41.12</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$39.62</td>
<td>$61.68</td>
<td>$35.70</td>
<td></td>
</tr>
</tbody>
</table>

**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 Visiworks.
- Access to Visiworks, 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**

- Single
- Family
- Parent
- Husband/Wife
- Parent w/Child
- Parent w/Children
- Family

**RATES**

<table>
<thead>
<tr>
<th>Single</th>
<th>Husband/Wife</th>
<th>Parent w/Child</th>
<th>Parent w/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13.21</td>
<td>$20.56</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$26.41</td>
<td>$41.12</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$26.41</td>
<td>$41.12</td>
<td>$23.80</td>
<td></td>
</tr>
<tr>
<td>$39.62</td>
<td>$61.68</td>
<td>$35.70</td>
<td></td>
</tr>
</tbody>
</table>

**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 Visiworks.
- Access to Visiworks, 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**

- Single
- Family
- Parent
- Husband/Wife
- Parent w/Child
- Parent w/Children
- Family
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/ihcsbcs](http://amerihealthnj.com/ihcsbcs) 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:**

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. 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.
5. Deductible is combined for tier 1 and tier 2.
6. Out-of-pocket maximum is combined for tier 1 and tier 2.
7. $30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at 100%, after deductible.
8. The Local Value network is not available in Hunterdon County.
9. Catastrophic plans are only available for qualified individuals.
10. AmeriHealth Hospital Advantage providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.
11. Copay is required per day, up to a maximum of 5 days per admission.
12. Certain services may require a referral from your primary care physician.
13. Individual deductible not applicable in policies covering 2 or more people.

**Dental Footnotes:**

1. AmeriHealth New Jersey dental plans are administered by United Concordia.
2. 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.
3. 0-18 rate capped at 3 members<19.
4. 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.
5. 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 Footnotes:**

1. Administered by Davis Vision.
2. An AmeriHealth New Jersey affiliate has a financial interest in Visionworks.
3. 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.

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)

© 2019 AmeriHealth | 18877 | 2018 October
AmeriHealth Insurance Company of New Jersey | AmeriHealth HMO, Inc.