Benefits at a Glance - 2017
Individual and Family Plans

Choose the best plan for you and your family.

Use this brochure to compare plans and cost-sharing.
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/enroll2017 or call 855-832-2009 (TTY:711).

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

Important dates for 2017 open enrollment

- November 1, 2016: Open Enrollment starts — first day you can enroll in a 2017 marketplace plan
- December 15, 2016: Last day to enroll in a 2017 marketplace plan for January 1 coverage
- January 1, 2017: First date 2017 coverage can start
- January 31, 2017: Open Enrollment ends

If you don’t enroll in a 2017 plan by January 31, 2017, you can’t enroll in a health insurance plan for 2017 unless you qualify for a special enrollment period. Learn more at amerihealthnj.com/SEP.

Choose the best health plan for you

Did you know?

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>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>May be a good fit if you only get annual check-ups.</td>
<td>May be a good fit if you get annual check-ups and additional care more often.</td>
<td>May be a good fit if, in addition to annual check-ups, you see doctors and/or specialists more often.</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.

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 amerihealthexplorer.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!

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 up to date on all things health insurance.

Want to find out more information about our health plans, networks, or wellness programs? Visit amerihealthnj.com.

Stay connected.

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.

Follow us on social media

Connect with us on Facebook and Twitter to receive daily wellness tips, important information, and much more.

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.

Live well. Be rewarded.

Our Commit2Wellness® 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® debit card. Get started today at amerihealthexplorer.com.

Virtual health care at your fingertips

Introducing telemedicine — the option to access non-emergency health care virtually — at no additional cost!* 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.

Shopping just got easier!

Visit amerihealthnj.com to view and compare health plans, check to see if you are eligible for a subsidy, or make your plan selection.

*Available to all fully-insured members and their dependents.
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.

### Network Options

#### Tier 1

Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.

#### Local Value

The Local Value network consists of 82% of the New Jersey-based Regional Preferred network, offering individuals a more affordable rate.

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

- The Local Value Network is not available in Hunterdon County.
- Pin drops are for illustrative purposes only. For a complete listing of Tier 1 providers and facilities, visit amerihealthnj.com/tier1facilities.

#### 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.

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#### Network Coverage

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#### Regional Preferred

One of the largest networks of doctors and hospitals, in the state of New Jersey. Members have access to participating physicians, hospitals, and other health care providers in all New Jersey and Delaware counties, and Southwestern Pennsylvania.

### Network Benefits

#### BRONZE BENEFITS

<table>
<thead>
<tr>
<th>EPO</th>
<th>AMERIHEALTH ADVANTAGE</th>
<th>$25/$50</th>
<th>EPO</th>
<th>AMERIHEALTH ADVANTAGE</th>
<th>$25/$50</th>
<th>EPO</th>
<th>AMERIHEALTH ADVANTAGE</th>
<th>$25/$50</th>
<th>EPO HSA</th>
<th>$50/$75</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIER 1 ADVANTAGE</td>
<td>$25/$75</td>
<td>$25/$75</td>
<td>TIER 1 ADVANTAGE</td>
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<td>$25/$75</td>
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<td>$25/$75</td>
<td>TIER 1 ADVANTAGE</td>
<td>$25/$75</td>
</tr>
</tbody>
</table>

#### AMERIHEALTH ADVANTAGE

- Tier 1: $7,150 / $14,300
- Tier 2: $13,310

### Network Coverage

- Members with AmeriHealth Advantage plans can obtain services at the Tier 1 level in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Middlesex counties.

#### Network Coverage

- The Regional Preferred network, offering individuals a more affordable rate.

### Network Coverage

- Members with AmeriHealth Advantage plans can obtain services at the Tier 1 level in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Middlesex counties.

### Network Coverage

- The Local Value network consists of 82% of the New Jersey-based Regional Preferred network, offering individuals a more affordable rate.

#### Pin Drops

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#### Network Coverage

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## PRESCRIPTION BENEFITS

### POPULAR PLAN

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 1</th>
<th>Tier 2</th>
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<tr>
<td>$2500 / $5000</td>
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<td>$1500 / $3000</td>
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<tr>
<td>$2900 / $5000</td>
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### MEDICAL BENEFITS

<table>
<thead>
<tr>
<th>NETWORK</th>
<th>TIER 1 ADVANTAGE</th>
<th>TIER 1 ADVANTAGE</th>
<th>LOCAL VALUE</th>
<th>REGIONAL PREFERRED</th>
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<tbody>
<tr>
<td>INDIVIDUAL / FAMILY</td>
<td>$6,600 / $13,200</td>
<td>$6,600 / $12,000</td>
<td>$6,600 / $13,200</td>
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### DEDUCTIBLE

<table>
<thead>
<tr>
<th>NETWORK</th>
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<tbody>
<tr>
<td>INDIVIDUAL / FAMILY</td>
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### AFTER DEDUCTIBLE

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<th>NETWORK</th>
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<tbody>
<tr>
<td>INDIVIDUAL / FAMILY</td>
<td>$30 copay, after deductible</td>
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</tbody>
</table>

### MAXIMUM OUT-OF-POCKET

<table>
<thead>
<tr>
<th>NETWORK</th>
<th>MAXIMUM OUT-OF-POCKET</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL / FAMILY</td>
<td>$6,600 / $13,200</td>
</tr>
</tbody>
</table>

### MEMBERSHIP BENEFITS

- **Primary Care Visits**
  - 30 visits calendar year
- **Specialist Visits**
  - 20% coinsurance, after deductible
- **Emergency Room**
  - 50% coinsurance, after deductible
- **Outpatient Surgery**
  - 30% coinsurance, after deductible
- **Inpatient Hospital Services Including Maternity**
  - $600 copay per day, up to 30 days, after deductible
- **Imaging CT/PT Scans, MRIs**
  - No charge, after deductible
- **Laboratory**
  - No charge, after deductible
- **Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Physical & Occupational Therapy**
  - 30 visits calendar year
- **Speech & Cognitive Therapy**
  - 30 visits calendar year
- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply

### TIER 1 BENEFITS

- **Physical & Occupational Therapy**
  - 30 visits calendar year
- **Speech & Cognitive Therapy**
  - 30 visits calendar year
- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply

### TIER 2 BENEFITS

- **Physical & Occupational Therapy**
  - 30 visits calendar year
- **Speech & Cognitive Therapy**
  - 30 visits calendar year
- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply

### POPULAR PLAN

- **Primary Care Visits**
  - 30 visits calendar year
- **Specialist Visits**
  - 20% coinsurance, after deductible
- **Emergency Room**
  - 50% coinsurance, after deductible
- **Outpatient Surgery**
  - 30% coinsurance, after deductible
- **Inpatient Hospital Services Including Maternity**
  - $600 copay per day, up to 30 days, after deductible
- **Imaging CT/PT Scans, MRIs**
  - No charge, after deductible
- **Laboratory**
  - No charge, after deductible
- **Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Physical & Occupational Therapy**
  - 30 visits calendar year
- **Speech & Cognitive Therapy**
  - 30 visits calendar year
- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply

### PRESCRIBED BENEFITS

- **Primary Care Visits**
  - 30 visits calendar year
- **Specialist Visits**
  - 20% coinsurance, after deductible
- **Emergency Room**
  - 50% coinsurance, after deductible
- **Outpatient Surgery**
  - 30% coinsurance, after deductible
- **Inpatient Hospital Services Including Maternity**
  - $600 copay per day, up to 30 days, after deductible
- **Imaging CT/PT Scans, MRIs**
  - No charge, after deductible
- **Laboratory**
  - No charge, after deductible
- **Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
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- **Physical & Occupational Therapy**
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- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply

### ENROLLMENT

- **Primary Care Visits**
  - 30 visits calendar year
- **Specialist Visits**
  - 20% coinsurance, after deductible
- **Emergency Room**
  - 50% coinsurance, after deductible
- **Outpatient Surgery**
  - 30% coinsurance, after deductible
- **Inpatient Hospital Services Including Maternity**
  - $600 copay per day, up to 30 days, after deductible
- **Imaging CT/PT Scans, MRIs**
  - No charge, after deductible
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- **Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
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- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply

### ON EXCHANGE

- **Primary Care Visits**
  - 30 visits calendar year
- **Specialist Visits**
  - 20% coinsurance, after deductible
- **Emergency Room**
  - 50% coinsurance, after deductible
- **Outpatient Surgery**
  - 30% coinsurance, after deductible
- **Inpatient Hospital Services Including Maternity**
  - $600 copay per day, up to 30 days, after deductible
- **Imaging CT/PT Scans, MRIs**
  - No charge, after deductible
- **Laboratory**
  - No charge, after deductible
- **Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder**
  - $50 copay, after deductible
- **Physical & Occupational Therapy**
  - 30 visits calendar year
- **Speech & Cognitive Therapy**
  - 30 visits calendar year
- **Chiropractic Care**
  - 30 visits calendar year
- **Generic Rx**
  - 30 Day Supply
- **Brand Rx**
  - 30 Day Supply
- **Non-Preferred Brand Rx**
  - 30 Day Supply
### GOLD BENEFITS

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>In Network</th>
<th>In Network</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPO AMERIHEALTH ADVANTAGE</td>
<td>$10/$20</td>
<td>$10/$20</td>
<td>$10/$20</td>
<td>$10/$20</td>
<td>$10/$20</td>
</tr>
<tr>
<td>HMO LOCAL VALUE</td>
<td>$15/$30</td>
<td>$15/$30</td>
<td>$15/$30</td>
<td>$15/$30</td>
<td>$15/$30</td>
</tr>
<tr>
<td>EPO HSA 80%/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
</tr>
<tr>
<td>EPO POPULAR PLAN</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
<td>$30/$50/80%</td>
</tr>
</tbody>
</table>

### MEDICAL BENEFITS

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Local Value</th>
<th>Regional Preferred</th>
<th>Regional Preferred</th>
<th>Regional Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Visits</td>
<td>$10 copay</td>
<td>$15 copay</td>
<td>$20 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Specialist Visits</td>
<td>$20 copay</td>
<td>$30 copay</td>
<td>$40 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>$75 copay</td>
<td>$95 copay</td>
<td>$105 copay</td>
<td>$125 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 copay</td>
<td>$125 copay</td>
<td>$150 copay</td>
<td>$175 copay</td>
</tr>
<tr>
<td>Outpatient Surgery Ambulatory Surgical</td>
<td>10% coinsurance, after deductible</td>
<td>10% coinsurance, after deductible</td>
<td>10% coinsurance, after deductible</td>
<td>10% coinsurance, after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Services Including Maternity</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
<td>0% coinsurance</td>
</tr>
<tr>
<td>X-rays &amp; Diagnostic Imaging</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Imaging CT/PT Scans, MRIs</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Laboratory</td>
<td>no charge</td>
<td>no charge</td>
<td>no charge</td>
<td>no charge</td>
</tr>
<tr>
<td>Inpatient Treatment Mental Behavioral Health, Substance Abuse Disorder</td>
<td>10% coinsurance, after deductible</td>
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<td>Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder</td>
<td>$20 copay</td>
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</tr>
<tr>
<td>Physical &amp; Occupational Therapy 30 visits calendar year</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Speech &amp; Cognitive Therapy 30 visits calendar year</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Chiropractic Care 30 visits calendar year</td>
<td>$7 copay</td>
<td>$7 copay</td>
<td>$7 copay</td>
<td>$7 copay</td>
</tr>
<tr>
<td>Generic Rx 30 Day Supply</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
</tr>
<tr>
<td>Brand Rx 30 Day Supply</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
<td>50% coinsurance, up to $125 max, no deductible</td>
</tr>
</tbody>
</table>

### MAXIMUM OUT OF POCKET INDIVIDUAL / FAMILY

- Tier 1: $4,250 / $8,500
- Tier 2: $4,650 / $9,300
- Out-of-pocket maximum is combined for Tier 1 and Tier 2.

### DEDUCTIBLE

- Tier 1: $1,200 / $2,400
- Tier 2: $2,000 / $4,000

### POPULAR PLAN

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 would like to view your complete benefit summary, visit 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.

**Footnotes:**

1. Emergency room copay waived if admitted.
2. Members can utilize 10 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 Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth and Ocean counties. Members with *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.
5. Deductible is combined for Tier 1 and Tier 2.
7. Tier 1 providers are an enhancement to your benefits. Tier 2 providers are *AmeriHealth New Jersey Local Value network providers.
8. Copay is required per day, up to a maximum of 5 days per admission.
9. Certain services may require a referral from your primary care physician.
10. Individual deductible not applicable in policies covering 2 or more people.

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.

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

**NOTICE:** If you speak Chinese, you can receive free language assistance services. Please call 1-888-968-7241.
Language Taglines and Nondiscrimination Notice

Language Access Services

If you, or someone you’re helping, has questions about AmeriHealth New Jersey, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-968-7241 TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de AmeriHealth New Jersey, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-968-7241 TTY 711.

AmeriHealth New Jersey와 관련하여 궁금한 사항이 있으신 경우 귀하 또는 귀하의 지원을 받는 사람은 관련 정보 및 지원을 해당 언어로 무료로 받으실 수 있습니다. 통역사와 상담하시려면 1-888-968-7241 로 전화해 주십시오.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o AmeriHealth New Jersey, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-888-968-7241.

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Nondiscrimination Notice & Notice of Availability of Auxiliary Aids & Services

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. AmeriHealth New Jersey does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth New Jersey:

- 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)
- Provides 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 AmeriHealth New Jersey 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 have five ways to file a grievance directly with AmeriHealth New Jersey: in person or by mail: AmeriHealth New Jersey, ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103; by phone: 888-377-3933 (TTY 711), by fax: 215-761-0245, or by email: civilrightscoordinator@amerihealth.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.


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