AmeriHealth New Jersey EPO

EPO $30/$50 $500/Day $250 Ded

AmeriHealth EPO, our popular Exclusive Provider Organization, gives you freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing care through AmeriHealth EPO's expansive network of hospitals, doctors and specialists.

With AmeriHealth EPO...

- You do not need to enroll with a primary care physician
- You never need a referral

Benefit	In-Network	Not Applicable
BENEFIT PERIOD[+]	Calendar Year	Calendar Year
DEDUCTIBLE		
Single	$250	Not Applicable
Family	$500	Not Applicable
AFTER DEDUCTIBLE, PLAN PAYS	90%	Not Applicable
OUT-OF-POCKET MAXIMUM[1]		
Single	$3,500	Not Applicable
Family	$7,000	Not Applicable
LIFETIME MAXIMUM	Unlimited	Not Applicable
DOCTOR'S OFFICE VISITS		
Primary Care Services	$30 Copay	Not Applicable
Specialist Services	$50 Copay	Not Applicable
TELEMEDICINE *(Vendor Program Only)*	100%, NO deductible	Not Applicable
PREVENTIVE CARE FOR ADULTS AND CHILDREN	100%, NO deductible	Not Applicable
PEDIATRIC IMMUNIZATIONS	100%, NO deductible	Not Applicable
ROUTINE GYNECOLOGICAL EXAM/PAP *1 per calendar year for women of any age*	100%, NO deductible	Not Applicable
MAMMOGRAM	100%, NO deductible	Not Applicable
OUTPATIENT LABORATORY/PATHOLOGY	100%, NO deductible	Not Applicable

\+ A calendar year benefit period begins on January 1 and ends on December 31.

1 Includes deductible, coinsurance, and copayments, when applicable.

The benefits may be changed by AmeriHealth to comply with applicable federal/state laws and regulations.

AmeriHealth NEW JERSEY

AmeriHealth Insurance Company of New Jersey

amerihealthnj.com

09/18 - NJ - 51+ EPO $30/$50 $500/Day $250 Ded $3,500/$7,000 OOPM
10014909

Benefit	In-Network	Not Applicable
MATERNITY		
First OB visit	$30 Copay	Not Applicable
Hospital	$500 Copay/per day; maximum of 5 days ($2,500)*	Not Applicable
INPATIENT HOSPITAL SERVICES		
Facility	$500 Copay/per day; maximum of 5 days ($2,500)*	Not Applicable
Physician/Surgeon	100%, NO deductible	Not Applicable
INPATIENT HOSPITAL DAYS	Unlimited	Not Applicable
OUTPATIENT SURGERY		
Facility	$300 Copay	Not Applicable
Physician/Surgeon	100%, NO deductible	Not Applicable
EMERGENCY ROOM	$100 Copay (copay not waived if admitted)	Covered at in-network level
URGENT CARE CENTER	$75 Copay	Covered at in-network level
AMBULANCE		
Emergency	90%, after deductible	Covered at In-network level
Non-emergency	90%, after deductible	Not Applicable
OUTPATIENT X-RAY/RADIOLOGY		
Routine Radiology/Diagnostic	90%, after deductible	Not Applicable
MRI/MRA/CT/PET Scans	90%, after deductible	Not Applicable
THERAPY SERVICES		
Physical, Occupational and Speech 60 visits per calendar year (combined)	$50 Copay	Not Applicable
Cardiac Rehabilitation 36 visits per calendar year	$50 Copay	Not Applicable
Pulmonary Rehabilitation 12 visits per calendar year	$50 Copay	Not Applicable
Orthoptic/Pleoptic 8 sessions lifetime maximum	$50 Copay	Not Applicable
CHIROPRACTIC CARE *30 visits per calendar year*	$50 Copay	Not Applicable
CHEMO/RADIATION/DIALYSIS THERAPY	90%, after deductible	Not Applicable
OUTPATIENT PRIVATE DUTY NURSING *360 hours per calendar year*	90%, after deductible	Not Applicable
SKILLED NURSING FACILITY *120 days per calendar year*	90%, after deductible	Not Applicable
HOSPICE AND HOME HEALTH CARE	90%, after deductible	Not Applicable
DURABLE MEDICAL EQUIPMENT	90%, after deductible	Not Applicable

* Copayment waived if readmitted within 10 days of discharge.

The benefits may be changed by AmeriHealth to comply with applicable federal/state laws and regulations.

Benefit	In-Network	Not Applicable
PROSTHETICS	90%, after deductible	Not Applicable
OUTPATIENT DIABETIC EDUCATION	90%, after deductible	Not Applicable
MENTAL ILLNESS CARE		
Outpatient	$50 Copay	Not Applicable
Inpatient	$500 Copay/per day; maximum of 5 days ($2,500)*	Not Applicable
TREATMENT FOR SUBSTANCE ABUSE		
Outpatient	$50 Copay	Not Applicable
Inpatient	$500 Copay/per day; maximum of 5 days ($2,500)*	Not Applicable

* Copayment waived if readmitted within 10 days of discharge.

The benefits may be changed by AmeriHealth to comply with applicable federal/state laws and regulations.

What Is Not Covered?

- Services not medically necessary
- Services or supplies which are experimental or investigative except routine costs associated with clinical trials
- Hearing aids, except as stated for dependent children, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-member recipients
- Alternative Therapies/complementary medicine
- Dental care, including dental implants or dentures, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotic appliances or as required for the prevention of complications associated with diabetes.
- Cranial prostheses including wigs intended to replace hair
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Service or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Vision care

This summary represents only a partial listing of the benefits and exclusions of the AmeriHealth EPO Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your benefit booklet carefully for a complete listing of the terms, limitations and exclusions of the program. If you need more information, please call **1-888-YOUR-AH1(1-888-968-7241)**.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to **http://www.amerihealthnj.com/precert** or call the phone number that is listed on the back of your identification card.