AmeriHealth New Jersey HMO Plus

AmeriHealth HMO Plus Coins Option 3 - OOPM 2015

AmeriHealth HMO Plus Coinsurance lets you maintain freedom of choice by allowing you to select your own doctors and hospitals within the AmeriHealth Network. Under this plan, you must select a primary care physician, but you can access care within the AmeriHealth Network without a referral.

This program may not cover all your health care services. Services may not be covered because they are:

- Not covered under your benefit contract
- Not medically necessary
- Limited by a benefit maximum (e.g., visit limit)

Your Member Handbook identifies details about your benefit program. It also includes information about exclusions and benefit limitations. After reviewing this information, please contact our Member Services department if you have additional questions.

Benefit	Coverage
Benefit period+	Calendar year
Deductible	
Individual	$1,500
Family	$3,000
Out-of-pocket limit *(includes copayment, coinsurance and deductible when applicable)*	
Individual	$3,000
Family	$6,000
Doctor visits	
Office visits to your primary care physician (non-routine)	$30 copayment
Home visits by your primary care physician	$50 copayment
Non-routine after-hours visits to your primary care physician	$50 copayment
Specialist services	$50 copayment
Preventive care for adults and children	Covered 100%, no deductible
Preventive health services	
Periodic health assessment	Covered 100%, no deductible
Immunizations (except for travel or employment)	Covered 100%, no deductible
Routine gynecological care	Covered 100%, no deductible
Routine mammogram (no referral required)	Covered 100%, no deductible
Well-baby/Well-child care	Covered 100%, no deductible

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

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

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Benefit	Coverage
Maternity	
Obstetrical care (including pre and postnatal care)	Covered with a $30 copayment for first visit. Subsequent visits to your OB/GYN covered 100%, no deductible
Newborn care (both doctor and hospital)	Covered at 100%
Inpatient hospital services	
Facility	Covered 70%, after deductible
Physician/Surgeon	Covered 70%, after deductible
Outpatient surgery	
Facility	Covered 70%, after deductible
Physician/Surgeon	Covered 70%, after deductible
Emergency care *Treatment in hospital emergency room*	Covered with a $100 copayment which is not waived if you are admitted to the hospital
Ambulance	
Emergency	Covered 70%, after deductible
Non-emergency	Covered 70%, after deductible
Urgent care center	Covered with a $75 copayment
Routine Eye Exam	$50 copayment (covered once every two calendar years)
Specialized services	
Laboratory and diagnostic services	Covered 100%, no deductible
Routine radiology/diagnostic services	$50 copayment
MRI/MRA, CT, PET Scans	$100 copayment
Physical and occupational therapies 30 visits per calendar year combined	$50 copayment
Speech therapy 20 visits per calendar year	$50 copayment
Chiropractic care 20 visits per calendar year	$50 copayment
Cardiac rehabilitation therapy 36 sessions per calendar year	$50 copayment
Pulmonary rehabilitation therapy 36 sessions per calendar year	$50 copayment
Orthoptic/pleoptic therapy 8 sessions/lifetime combined	$50 copayment
Chemotherapy Some drugs require precertification	Covered 70%, after deductible
Radiation therapy	Covered 70%, after deductible
Hearing screening	Covered 70%, after deductible
Skilled nursing facility services 120 days per calendar year	Covered 70%, after deductible
Durable medical equipment	All purchases and rentals (including repairs and replacements) are covered 50%, after deductible when authorized by your primary care physician
Prosthetic devices	All purchases (including repairs and replacements) are covered 50%, after deductible when authorized by your primary care physician
Home health care	Covered 70%, after deductible
Outpatient private duty nursing 360 hours/calendar year	Covered 70%, after deductible
Hospice (inpatient)	Covered 70%, after deductible
Dialysis	Covered 70%, after deductible
Lifetime maximum	Unlimited

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Benefit	Coverage
Mental illness care	
Outpatient	$50 copayment
Inpatient	Covered 70%, after deductible
Treatment for substance abuse	
Outpatient	$50 copayment
Inpatient	Covered 70%, after deductible

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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
- Acupuncture
- Dental care, including dental implants or dentures, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy and hippotherapy
- Treatment of obesity, except for surgical treatment of morbid obesity and weight loss programs provided through AmeriHealth Commit2Wellness℠ programs
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from an injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Cranial prostheses including wigs intended to replace hair
- Immunizations for travel or employment
- Services or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies

This summary represents only a partial listing of benefits and exclusions of the AmeriHealth 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. This managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. 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.