

2015 Small Group Defined Contribution Plan Packages

	Package 1	Package 2	Package 3	Package 4	Package 5
Plan 1	Silver EPO Community Advantage \$15/\$35 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Community Advantage) ¹	Bronze EPO HSA Tier 1 Advantage \$50/\$75 50% up to \$125 Rx, after deductible Deductible: \$2,500/\$5,000 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}	Silver EPO Community Advantage \$15/\$35 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Community Advantage) ¹	Bronze EPO HSA 50%/50% 50%, after deductible Rx 50%, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value ²)	Bronze EPO HSA 50%/50% 50%, after deductible Rx 50%, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value ²)
Plan 2	Bronze EPO HSA Tier 1 Advantage \$50/\$75 50% up to \$125 Rx, after deductible Deductible: \$2,500/\$5,000 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}	Bronze EPO HSA 50%/50% 50%, after deductible Rx 50%, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value ²)	Bronze EPO HSA 50%/50% 50%, after deductible Rx 50%, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value ² , Regional Preferred)	Silver HMO \$50/\$75 50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value ² , Regional Preferred)	Gold EPO \$30/\$50 \$10/\$40/\$60 Rx Deductible: \$1,000/\$2,000 Hospital: 20%, after deductible (Local Value ²)
Plan 3	Silver EPO HSA Tier 1 Advantage \$50/\$75 \$7/50% up to \$125 Rx, after deductible Deductible: \$1,350/\$2,700 Hospital: 10%, after deductible (Tier 1 Advantage) ^{2,3}	Silver EPO HSA 100% \$7/50% up to \$125 max Rx, after deductible Deductible: \$2,000/\$4,000 Hospital: no charge, after deductible (Local Value ²)	Gold HMO Plus \$30/\$50 50% up to \$125 Rx Deductible: \$1,500/\$3,000 Hospital: 30%, after deductible (Local Value ² , Regional Preferred)	Bronze EPO HSA Tier 1 Advantage \$50/\$75 50% up to \$125 Rx, after deductible Deductible: \$2,500/\$5,000 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}	Gold HMO Plus \$30/\$50 50% up to \$125 Rx Deductible: \$1,500/\$3,000 Hospital: 30%, after deductible (Local Value ² , Regional Preferred)
Plan 4	Silver HMO \$50/\$75 50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ²)	Silver POS Plus \$50/\$75 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ²)	Silver POS Plus \$50/\$75 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred)	Gold POS Plus \$30/\$60 \$10/\$40/\$60 Rx Deductible: \$1,500/\$3,000 Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Gold POS \$30/\$60 \$7/50% up to \$125 Rx Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)

¹ Community Advantage plans are only available to employers based in Atlantic, Burlington, Camden, Cape May, and Gloucester counties.

² The Local Value Network is not available in Hunterdon County.

³ Tier 1 facility providers are an enhancement to your benefits. Tier 2 facility providers are AmeriHealth New Jersey Local Value Network providers.

⁴ If Plan 4 is selected with the National Access Network, Plans 2 & 3 must be Regional Preferred.

2015 Small Group Defined Contribution Plan Packages (continued)

	Package 6	Package 7	Package 8	Package 9	Package 10
Plan 1	Silver EPO HSA Tier 1 Advantage \$50/\$75 \$7/50% up to \$125 Rx, after deductible Deductible: \$1,350/\$2,700 Hospital: 10%, after deductible (Tier 1 Advantage) ^{2,3}	Silver EPO HSA 100% \$7/50% up to \$125 max Rx, after deductible Deductible: \$2,000/\$4,000 Hospital: no charge, after deductible (Local Value ²)	Silver HMO \$50/\$75 50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Regional Preferred)	Silver HMO \$50/\$75 50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value ² , Regional Preferred)	Bronze EPO HSA Tier 1 Advantage \$50/\$75 50% up to \$125 Rx, after deductible Deductible: \$2,500/\$5,000 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}
Plan 2	Gold HMO \$30/\$60 \$7/50% up to \$125 Rx Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Gold HMO \$25/\$50 50% up to \$125 Rx Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Gold EPO \$30/\$50 \$10/\$40/\$60 Rx Deductible: \$1,000/\$2,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred, National Access)	Silver POS Plus \$50/\$75 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred)	Silver HMO \$50/\$75 50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value ²)
Plan 3	Silver POS Plus \$50/\$75 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred, National Access)	Silver POS Plus \$50/\$75 \$7/50% up to \$125 Rx Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred)	Platinum EPO \$15/\$30 \$10/\$40/\$60 Rx Hospital: No Charge (Local Value ² , Regional Preferred, National Access)	Bronze EPO HSA 50%/50% 50%, after deductible Rx 50%, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value ²)	Platinum POS Plus \$15/\$30 \$10/\$40/\$60 Rx Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred, National Access)
Plan 4	Gold POS \$30/\$60 \$7/50% up to \$125 Rx Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Gold EPO \$30/\$50 \$10/\$40/\$60 Rx Deductible: \$1,000/\$2,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred, National Access) ⁴	Platinum POS Plus \$10/\$25 \$10/\$40/\$60 Rx Hospital: \$300/day up to 5 days/admin (National Access)	Silver EPO HSA 100% \$7/50% up to \$125 max Rx, after deductible Deductible: \$2,000/\$4,000 Hospital: no charge, after deductible (National Access) ⁴	Gold EPO \$30/\$50 \$10/\$40/\$60 Rx Deductible: \$1,000/\$2,000 Hospital: 20%, after deductible (Regional Preferred)

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