



Your Guide to Health Insurance

Learn how to choose the best health plan



Welcome

Thank you for considering AmeriHealth New Jersey as your health insurer. We know the importance of having quality health insurance. That's why we want to help you understand your health plan options.

Important dates for 2016 open enrollment



- **November 1, 2015** Open Enrollment starts — first day you can enroll in a 2016 marketplace plan
- **January 1, 2016** First date 2016 coverage can start
- **January 31, 2016** Open Enrollment ends

If you don't enroll in a 2016 plan by January 31, 2016, you can't enroll in a health insurance plan for 2016 unless you qualify for a **special enrollment period**.

Special Enrollment Period

A time outside of the open enrollment period during which you have a right to sign up for health care coverage. You may qualify for a special enrollment period 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss of other health coverage. Job-based plans must provide a special enrollment period of 30 days.

How to enroll

AmeriHealth New Jersey makes applying and paying for health insurance easy.

Our product portfolio offers individuals and small businesses in New Jersey a variety of health plans both on and off the federally facilitated exchange. On Exchange refers to health plans offered on the Small Business Health Options Program (SHOP) or the Individual Marketplace. Off Exchange means you can purchase a health plan as you did before the Affordable Care Act (ACA), directly with an insurance company, or through a broker.

Individuals and Families

When you visit ahnj4u.com, it's easier than ever to find the best health plan for you. Our online shopping experience will help you compare health plans, monthly rates, and out-of-pocket costs. By answering just a few simple questions, you can see the health plans that are the best match and lowest cost for you. You can also check to see if you qualify for a **subsidy**.

Visit ahnj4u.com or call **1-855-832-2009 (TTY:711)**.

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

Small Employers

Businesses with 50 employees or fewer can offer SHOP health plans to their employees, starting any month of the year.

The SHOP provides employers with a comparison of health plans from participating insurance companies, offers assistance with modeling employee contributions, and provides real-time premium quotes.

If you are a small employer that qualifies for the small business health care tax credits available under the ACA, the only way to receive a tax credit is to buy a health plan through the SHOP.

For more information, **contact your broker**.

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 and products or both.

Why AmeriHealth New Jersey

AmeriHealth New Jersey is one of the only health insurers focused solely on the state of New Jersey. We live here. We work here. And we're involved in the communities here. Our mission is to help our members get access to quality health care coverage and help them to improve their overall health and wellness.

Let us help you meet your health insurance needs

- Get the most out of your health insurance with AmeriHealth New Jersey, featuring one of the largest network of doctors, hospitals, and labs in the state of New Jersey.¹
- All small group and individual health plans include ten essential health benefits so you can have peace of mind knowing that you are covered for emergency care, prescription drugs, and much more.
- Have access to a variety of wellness and rewards programs designed to help you make better choices and lead healthier lives, at home and at work.

The importance of having health insurance

Health insurance can help protect you from the potentially devastating personal and financial cost of illness and injury. Without health insurance, an ear infection can cost more than \$100 to treat, a broken leg can cost over \$5,000, and a heart attack can cost more than \$70,000.²

Health insurance is important because it helps you protect your health and well-being, primarily through its coverage of preventive care services. It also limits your risk of paying for very expensive illnesses and injuries by covering other services, such as hospitalization and surgery.

With the ACA, most people will be required to have health care coverage; those who remain uninsured may have to pay a tax penalty. Federal financial assistance may be available to those who qualify. Thanks to the ACA, you cannot be denied health care coverage due to pre-existing conditions. The ACA has also made it so that children and young adults under the age of 26 are able to stay on their parents' plan. There's never been a better time to sign up for health insurance with AmeriHealth New Jersey.

Please refer to our **Benefits at a Glance** booklet for a side by side comparison of the health plan options available to you.

What's included?

We want to help you stay well, prevent illness, and benefit from healthy lifestyle choices. That's why no matter what health plan you choose, the following health benefits are always included.



Preventive, Wellness, and Disease Management Services

Physical, flu shot, gynecological exam, birth control



Emergency care

Treatment for broken bones, heart attacks, and more at a hospital emergency room



Ambulatory services

Minor surgeries, blood tests, X-rays



Hospitalization

Treatment at a hospital for a condition that requires you to stay overnight or multiple days



Maternity and newborn services

Care through the course of a pregnancy, delivery of the baby, and checkups after the baby is born



Pediatric services, including dental and vision

Well visits, shots to prevent serious health conditions, teeth cleanings, braces, exams, glasses, and contact lenses



Prescription drugs

High blood pressure medicine, insulin, antibiotics, birth control pills



Laboratory services

Blood tests



Mental health and substance abuse services, including behavioral health treatment

Getting help to deal with conditions like depression, alcohol abuse, and drug abuse



Rehabilitation and habilitation services

Physical therapy, speech therapy, occupational therapy

In addition, we will cover 100 percent of the cost of many preventive services, such as wellness visits, immunizations, screenings for cancer, and other diseases. That means you will not pay any deductible, copayments, or coinsurance for many preventive services that can help you stay healthy.

Understanding your options

COVERAGE OPTIONS

All health plans are categorized by metallic tiers — platinum, gold, silver, or bronze. 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**.



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. Platinum health plans generally cost you the most each month, but your costs each time you need care will probably be lower. The gold and silver plans fall somewhere in the middle.

HEALTH PLAN OPTIONS

There are several types of health plans that you can choose from. Each plan works a little differently and is associated with a network of doctors, hospitals, and other health care providers.

The type of plan you choose will affect the process you'll follow to get care. Whether you have 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. If you select a Plus product, no referral is required.

Point-of-Service (POS)

Best if you have or want a primary care provider to coordinate your care, but still want the freedom to choose a particular doctor or hospital in- or out-of-network. POS plans offer the highest level of benefits when you visit providers that participate within the network, but the plans also provide the option of seeking care outside of your network, as well. If you select a Plus product, no referral is required.

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.

Exclusive Provider Organization with a Health Savings Account (EPO with HSA)

Adding an HSA can save you money if you choose a plan with a high deductible. You can put money into an HSA, and you won't get taxed for that part of your income. Then you can use that money to pay for approved health costs.

Referral

If you have an HMO or POS 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).

NETWORK OPTIONS

AmeriHealth New Jersey has a variety of networks — making health insurance more affordable for you, your family, or your business. 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/provider_finder](https://www.amerihealthnj.com/provider_finder).

National Access

Available through the Multiplan PHCS National network for services obtained outside of the Regional Preferred service area.^{3,4}

Regional Preferred

One of the largest networks of doctors, hospitals, and labs in the state of New Jersey.¹ Members have access to participating physicians and providers in New Jersey, Delaware, and Southeastern Pennsylvania.⁴

Local Value

The Local Value network currently represents 82% of the New Jersey-based Regional Preferred network, offering individuals and employers a more affordable rate.⁵

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

- **Tier 1 Advantage** plans allow members to pay lower out-of-pocket costs for hospital and facility services if they use a participating Tier 1 Advantage provider. Tier 2 providers are available through the AmeriHealth New Jersey Local Value network.⁶
- **Community Advantage** plans are offered in collaboration with Cooper University Health Care, Shore Medical Center, and Cape Regional Medical Center to meet the needs of individuals and employers based in Atlantic, Burlington, Camden, Cape May, and Gloucester counties.^{7,9}
- **AmeriHealth Advantage** plans are offered in collaboration with Meridian Health to meet the needs of individuals and employers based in Monmouth and Ocean counties.^{8,9}

COMMON HEALTH CARE TERMS

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

Premium

The amount you pay to your insurance company each month to pay your share of your health plan's costs. This is separate from the deductible, copayments, and coinsurance amounts you pay when you use your benefits to receive covered services.

Cost-sharing

The amount you pay for your health care costs beyond your premium. This includes your deductible, copayments, and coinsurance fees.

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%.

Out-of-pocket costs

The amount you pay for your health care services. The health care law sets a limit on your out-of-pocket costs, called an out-of-pocket maximum. Once you pay this amount, your health plan will pay 100% of the additional covered services you receive.

Deductible

The amount you pay each year before you start to receive insurance benefits.

Copay

The amount you pay when you see a doctor or get other services.

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.



Manage your account online

AmeriHealthExpress.com — helps keep all your benefits and claims information in one convenient location. It also allows easy access to billing information, plan details, and much more.

Bonus features include searching for an in-network provider or hospital by location, specialization, or region; health and wellness assessment tools; and additional useful resources about your healthcare.



Manage your health with your smartphone

Our mobile app, **AHNJ on the Go**, gives you easy access to your health care coverage 24/7, wherever you are. Download **AHNJ on the Go** on your smartphone to help you make the most of your health plan.

You can easily keep track of doctor's information, track health spending account balances, view claims, view health history, access temporary ID information if you lose your card, and much more.



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.

¹ Data derived from analysis of information provided by a third party vendor and is subject to change.

² Source: Fair Health

³ Coverage provided by Multiplan PHCS National Network. AmeriHealth New Jersey members accessing care in the AmeriHealth New Jersey service area must use the Regional Preferred network.

⁴ The AmeriHealth New Jersey service area includes all New Jersey and Delaware counties, and nine Pennsylvania counties in the Philadelphia area including: Northampton, Lehigh, Bucks, Berks, Montgomery, Philadelphia, Delaware, Chester, and Lancaster Counties.

⁵ The Local Value network is not available in Hunterdon County.

⁶ Tier 1 facility providers are an enhancement to your benefits. Tier 2 facility providers are AmeriHealth New Jersey Local Value network providers.

⁷ Community Advantage plans are only available to individuals and employers based in Atlantic, Burlington, Camden, Cape May, and Gloucester counties.

⁸ AmeriHealth Advantage plans are only available to individuals based in Monmouth and Ocean Counties.

⁹ Members with Community Advantage or 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.



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