

Cost-sharing plan changes for 2016

AmeriHealth New Jersey has refreshed its small group and consumer health plan portfolios for 2016. Changes in these plans' cost-sharing and HSA eligibility are detailed below:

Consumer Plans Changes for 2016

Plan Name	2015 Benefit	2016 Benefit
IHC Bronze EPO H.S.A \$50/\$75	Deductible: \$2,500 / \$5,000 Rx: 50%, after ded. Inpatient hospital services: 50%, after ded. PCP: 50%, after ded. / Specialist: 50%, after ded.	Deductible: \$3,000 / \$6,000 Rx: 50% to \$125, after ded. Inpatient hospital services: \$500 / day, up to 5 days, after ded. PCP: \$50, after ded. / Specialist: \$75, after ded.
IHC Bronze Tier 1 Advantage \$50/\$75	Deductible: \$2,500 / \$5,000 MOOP: \$6,450 / \$12,900 H.S.A: Yes	Deductible: \$3,000 / \$6,000 MOOP: \$6,850 / \$13,700 H.S.A: No
IHC Bronze Community Advantage \$25/\$50	Deductible: \$2,500 / \$5,000 MOOP: \$6,450 / \$12,900 H.S.A: Yes	Deductible: \$3,000 / \$6,000 MOOP: \$6,850 / \$13,700 H.S.A: No
IHC Silver EPO H.S.A \$50/\$75	Rx: 50%, to \$125, after ded.	Rx: \$7/50%, to \$125, after ded.
IHC Silver EPO H.S.A 90%/90%	Deductible: \$2,000 / \$4,000	Deductible: \$2,200 / \$4,400
IHC Gold EPO Community Advantage \$10/\$20	Deductible: \$500 / \$1,000	Deductible: \$1,000 / \$2,000
IHC Platinum HMO \$15/\$30	Inpatient hospital services: \$225 / day, up to 5 days	Inpatient hospital services: \$300 / day, up to 5 days
IHC Simple Saver	Deductible: \$6,600 / \$13,200 MOOP: \$6,600 / \$13,200	Deductible: \$6,850 / \$13,700 MOOP: \$6,850 / \$13,700

Small Group Plans Changes for 2016

Plan Name	2015 Benefit	2016 Benefit
SEH Bronze EPO H.S.A \$50/\$75	Deductible: \$2,500 / \$5,000 Rx: 50%, after ded. Inpatient hospital services: 50%, after ded. PCP: 50%, after ded. / Specialist: 50%, after ded.	Deductible: \$3,000 / \$6,000 Rx: 50% to \$125, after ded. Inpatient hospital services: \$500 / day, up to 5 days, after ded. PCP: \$50, after ded. / Specialist: \$75, after ded.
SEH Bronze Tier 1 Advantage \$50/\$75	Deductible: \$2,500 / \$5,000 MOOP: \$6,450 / \$12,900 H.S.A: Yes	Deductible: \$3,000 / \$6,000 MOOP: \$6,850 / \$13,700 H.S.A: No
SEH Bronze Community Advantage \$25/\$50	Deductible: \$2,500 / \$5,000 MOOP: \$6,450 / \$12,900 H.S.A: Yes	Deductible: \$3,000 / \$6,000 MOOP: \$6,850 / \$13,700 H.S.A: No
SEH Silver POS Plus \$50/\$75	In-Network MOOP: \$6,350 / \$12,700	In-Network MOOP: \$6,850 / \$13,700
SEH Silver HMO \$50/\$75	MOOP: \$6,350 / \$12,700	MOOP: \$6,850 / \$13,700
SEH Silver EPO H.S.A 90%/90%	Deductible: \$2,000 / \$4,000	Deductible: \$2,200 / \$4,400
SEH Silver EPO H.S.A 100%/100%	Deductible: \$2,000 / \$4,000	Deductible: \$2,350 / \$4,700
SEH Gold EPO Community Advantage \$10/\$20	Deductible: \$500 / \$1,000	Deductible: \$1,000 / \$2,000
SEH Gold HMO \$30/\$60	MOOP: \$6,350 / \$12,700	MOOP: \$6,600 / \$13,200
SEH Gold POS \$30/\$60	In-Network MOOP: \$6,350 / \$12,700	In-Network MOOP: \$6,600 / \$13,200
SEH Gold POS Plus \$30/\$50	In-Network Deductible: \$2,250 / \$4,500	In-Network Deductible: \$2,750 / \$5,500
SEH Platinum HMO \$15/\$30	Inpatient hospital services: \$225 / day, up to 5 days	Inpatient hospital services: \$300 / day, up to 5 days

Please note, the following services for 2016 plans will not exceed the dollar amount listed below:

- Mental/Behavioral Health Outpatient Services & Substance Abuse Disorder Outpatient Services = \$60 copay
- Rehabilitation Services, Habilitation Services, Chiropractic Care, Speech Therapy, Occupational and Physical Therapy, Autism Spectrum Disorders, Cognitive Therapy = \$50 copay