

# AmeriHealth EPO

## SEH EPO \$1,500/70% Summary of Benefits

Benefit	Network	Non-Network
<b>Benefit period<sup>+</sup></b>	Calendar year	Calendar year
<b>Individual deductible</b>	\$1,500	Not applicable
<b>Family deductible</b> (must be satisfied by two separate covered persons)	\$3,000	Not applicable
<b>After deductible plan pays</b>	70%	Not applicable
<b>Out-of-pocket maximum<sup>1</sup></b> Individual/Family	\$3,000/\$6,000	Not applicable
<b>Lifetime maximum</b>	Unlimited	Not applicable
<b>Physician visit</b>	70%, subject to deductible	Not applicable
<b>Specialist visit</b>	70%, subject to deductible	Not applicable
<b>Preventive care:</b> (exam, related tests and X-rays, immunizations, Pap smears, mammography, and screening tests)	100%, No deductible	Not applicable
<b>Outpatient diagnostic and X-ray services</b>	70%, subject to deductible	Not applicable
<b>Laboratory</b>	100%, No deductible	Not applicable
<b>Maternity</b>	70%, subject to deductible	Not applicable
<b>Maternity-hospital</b>	70%, subject to deductible	Not applicable
<b>Hospital inpatient</b>	70%, subject to deductible	Not applicable
<b>Emergency room</b>	70%, subject to deductible	Covered at in-network level
<b>Outpatient surgery</b>	70%, subject to deductible	Not applicable
<b>Assistant surgeon</b>	70%, subject to deductible	Not applicable
<b>Anesthesia</b>	70%, subject to deductible	Not applicable
<b>Chiropractic care</b>	70%, subject to deductible	Not applicable
<b>Speech and cognitive therapy</b> combined 30 visits per calendar year	70%, subject to deductible	Not applicable
<b>Occupational and physical therapy</b> combined 30 visits per calendar year	70%, subject to deductible	Not applicable

1 Includes deductible, coinsurance and copayments, when applicable.

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

A Small Employer Health Benefits Buyer's Guide is available to small employers and can be obtained free of charge from AmeriHealth upon request.

This summary is intended to highlight the benefits available to you. For your company plan description, including all benefits and exclusions and limitations, refer to your benefit booklet.



AmeriHealth Insurance Company of New Jersey  
[www.amerhealth.com](http://www.amerhealth.com)

<b>Benefit</b>	<b>Network</b>	<b>Non-Network</b>
<b>Inpatient extended care or rehab center</b> 120 days per calendar year	70%, subject to deductible	Not applicable
<b>Home health care</b>	70%, subject to deductible	Not applicable
<b>Hospice care</b>	70%, subject to deductible	Not applicable
<b>Treatment for mental illness or substance abuse (including alcohol abuse)</b>		
Inpatient	70%, subject to deductible	Not applicable
Outpatient	70%, subject to deductible	Not applicable
<b>Durable medical equipment</b>	70%, subject to deductible	Not applicable
<b>Blood</b>	70%, subject to deductible	Not applicable
<b>Ambulance</b>	70%, subject to deductible	Not applicable

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