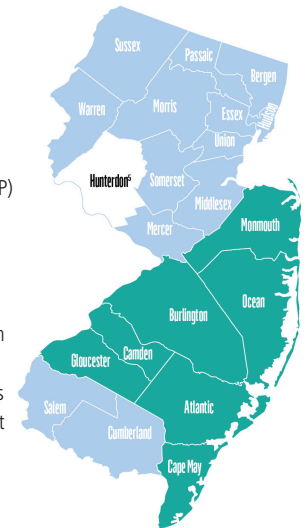


Large Group AmeriHealth Advantage Plans

BENEFIT PERIOD	AMERIHEALTH ADVANTAGE HIGH OPTION		AMERIHEALTH ADVANTAGE MEDIUM OPTION		AMERIHEALTH ADVANTAGE LOW OPTION		AMERIHEALTH ADVANTAGE ECONOMY		AMERIHEALTH ADVANTAGE ECONOMY HSA ¹	
	Calendar Year		Calendar Year		Calendar Year		Calendar Year		Calendar Year	
BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2
DEDUCTIBLE INDIVIDUAL / FAMILY	\$1,000 / \$2,000		\$2,000 / \$4,000		\$2,500 / \$5,000		\$2,500 / \$5,000		\$2,500 / \$5,000 ²	
OUT OF POCKET MAXIMUM INDIVIDUAL / FAMILY	\$4,000 / \$8,000		\$5,000 / \$10,000		\$6,600 / \$13,200		\$6,850 / \$13,700		\$6,550 / \$13,100	
OVERALL LIFETIME MAXIMUM	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
INPATIENT HOSPITAL DAYS	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
AFTER DEDUCTIBLE PLAN PAYS	50% (except where otherwise noted)		50% (except where otherwise noted)		50% (except where otherwise noted)		50% (except where otherwise noted)		50% (except where otherwise noted)	
Primary Care Visits	\$15, no deductible	\$50, no deductible	\$20, no deductible	\$50, no deductible	\$30, no deductible	\$50, no deductible	\$30, after deductible	\$50, after deductible	\$30, after deductible	\$50, after deductible
Specialist Visits	\$30, no deductible	\$75, no deductible	\$40, no deductible	\$75, no deductible	\$45, no deductible	\$75, no deductible	\$60, after deductible	\$75, after deductible	\$60, after deductible	\$75, after deductible
Preventive Care for Adults and Children <small>(exam, related tests, immunizations, pap smears, mammography, and screening tests)</small>	100%, no deductible		100%, no deductible		100%, no deductible		100%, no deductible		100%, no deductible	
Emergency Room <small>(copay not waived if admitted)</small>	\$100, no deductible		\$100, no deductible		\$100, no deductible		\$100, after deductible		\$100, after deductible	
Urgent Care Center	\$75, no deductible		\$75, no deductible		\$75, no deductible		\$75, after deductible		\$75, after deductible	
Inpatient Hospital Services <small>(Facility)</small>	\$100 / per day; maximum of 5 days (\$500), no deductible	\$300 / per day; maximum of 5 days (\$1,500), no deductible	80%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible
Maternity First OB Visit	\$15, no deductible	\$50, no deductible	\$20, no deductible	\$50, no deductible	\$30, no deductible	\$50, no deductible	\$30, after deductible	\$50, after deductible	\$30, after deductible	\$50, after deductible
Outpatient Surgery <small>(Facility)</small>	\$50, no deductible	\$100, no deductible	80%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible
Non-Routine Diagnostic/Radiology Services <small>(MRI, MRA, CT, PET) (Sleep Studies unlimited visits)</small>	\$100, no deductible		50%, after deductible		50%, after deductible		50%, after deductible		50%, after deductible	
Laboratory	100%, no deductible		100%, no deductible		100%, no deductible		50%, after deductible		50%, after deductible	
Inpatient Treatment <small>(Mental Illness or Substance Abuse)</small>	\$100 / per day; maximum of 5 days (\$500), no deductible		80%, after deductible		70%, after deductible		70%, after deductible		70%, after deductible	
Outpatient Treatment <small>(Mental Illness or Substance Abuse)</small>	\$30, no deductible		\$40, no deductible		\$45, no deductible		\$60, after deductible		\$60, after deductible	

AmeriHealth Advantage³ plans are offered in collaboration with Cooper University Hospital, Cape Regional Medical Center, Deborah Heart and Lung Center, Shore Medical Center, Jersey Shore University Medical Center, Ocean Medical Center, Riverview Medical Center, Southern Ocean Medical Center, and Bayshore Community Hospital to meet the needs of individuals and employers based in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Ocean counties.

Members may only use participating providers based in New Jersey. AmeriHealth Advantage plans don't require a Primary Care provider (PCP) or referral. AmeriHealth Advantage tiers most professional and facility services. Members must stay in-network aside from emergencies. Members may utilize Tier 1 providers with a lower out-of-pocket cost, or may utilize Tier 2 providers at a higher out-of-pocket cost.



RX PLAN DETAILS	
\$7 / \$35 / \$50	\$7 / 50% up to \$125 max ⁶
\$10 / \$40 / \$60	50% up to \$125 max
\$15 / \$35 / \$50	

¹ Effective 1/2017 plan year

² Aggregate family deductible applies for all policies, except individual.

³ AmeriHealth Advantage plans are only available to employers based in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth and Ocean counties. Members with 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. AmeriHealth Advantage Tier 1 hospitals are subject to change.

⁴ Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.

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

⁶ \$7 / 50% up to \$125 max is the only drug option for HSA plans