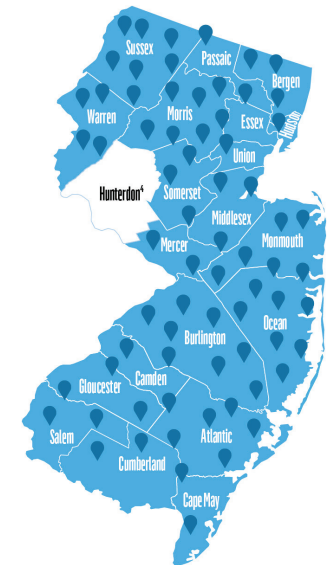


Large Group Tier 1 Advantage Plans

BENEFIT PERIOD	TIER 1 ADVANTAGE HIGH OPTION		TIER 1 ADVANTAGE LOW OPTION		TIER 1 ADVANTAGE LOW HSA OPTION ¹	
	Calendar Year		Calendar Year		Calendar Year	
BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2
DEDUCTIBLE INDIVIDUAL / FAMILY	\$1,500 / \$3,000		\$2,500 / \$5,000		\$2,500 / \$5,000 ²	
OUT OF POCKET MAXIMUM INDIVIDUAL / FAMILY	\$4,000 / \$8,000		\$6,850 / \$13,700		\$6,550 / \$13,100	
OVERALL LIFETIME MAXIMUM	Unlimited		Unlimited		Unlimited	
INPATIENT HOSPITAL DAYS	Unlimited		Unlimited		Unlimited	
AFTER DEDUCTIBLE PLAN PAYS	70% (except where otherwise noted)		50% (except where otherwise noted)		50% (except where otherwise noted)	
Primary Care Visits	\$30, no deductible		\$50, no deductible		\$50, after deductible	
Specialist Visits	\$50, no deductible		\$75, no deductible		\$75, after deductible	
Preventive Care for Adults and Children (exam, related tests, immunizations, pap smears, mammography, and screening tests)	100%, no deductible		100%, no deductible		100%, no deductible	
Emergency Room	90%, after deductible	60%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible
Urgent Care Center	\$75, after deductible		\$100, after deductible		\$100, after deductible	
Inpatient Hospital Services (Facility)	90%, after deductible	60%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible
Maternity First OB Visit	\$30, no deductible		\$50, no deductible		\$50, after deductible	
Outpatient Surgery (Facility)	90%, after deductible	60%, after deductible	70%, after deductible	50%, after deductible	70%, after deductible	50%, after deductible
Non-Routine Diagnostic/Radiology Services (MRI, MRA, CT, PET) (Sleep Studies unlimited visits)	70%, after deductible		50%, after deductible		50%, after deductible	
Laboratory	70%, after deductible		50%, after deductible		50%, after deductible	
Inpatient Treatment (Mental Illness or Substance Abuse)	90%, after deductible		70%, after deductible		70%, after deductible	
Outpatient Treatment (Mental Illness or Substance Abuse)	\$50, no deductible		\$60, no deductible		\$60, after deductible	

Tier 1 Advantage plans are offered in collaboration with facilities and hospital partners in all New Jersey counties, except Hunterdon County. 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 facility³. Tier 2 is available through the AmeriHealth New Jersey Local Value network. To view all participating providers, visit amerihealthnj.com/tier1facilities.



RX PLAN DETAILS	
\$7 / \$35 / \$50	\$7 / 50% up to \$125 max ⁵
\$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 Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.

⁴ The Local Value Network is not available in Hunterdon County.

⁵ \$7 / 50% up to \$125 max is the only drug option for HSA plans