

2014 Small Group Defined Contribution Plan Packages

	Package 1	Package 2	Package 3	Package 4	Package 5
Plan 1	Cooper Advantage Silver EPO \$7/ 50% up to \$125 Rx \$15/\$35 Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Cooper Advantage) ¹	Tier 1 Advantage Bronze EPO H.S.A \$7/ 50% up to \$125 Rx, after deductible \$50/\$75, after deductible Deductible: \$2,350/\$4,700 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}	Cooper Advantage \$7/ 50% up to \$125 Rx \$15/\$35 Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Cooper Advantage) ¹	Premium Bronze EPO H.S.A 50% Rx, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value) ²	Premium Bronze EPO H.S.A 50% Rx, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value) ²
Plan 2	Tier 1 Advantage Bronze EPO H.S.A 50% up to \$125 Rx, after deductible \$50/\$75, after deductible Deductible: \$2,350/\$4,700 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}	Premium Bronze EPO H.S.A 50%, after deductible Rx 50%, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value) ²	Premium Bronze EPO H.S.A 50% Rx, after deductible Deductible: \$2,350/\$4,700 Hospital: 50%, after deductible (Local Value ² , Regional Preferred)	Standard Silver EPO \$7/ 50% up to \$125 Rx 50%/50%, after deductible Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value ² , Regional Preferred)	Standard Gold EPO \$10/\$40/\$60 Rx \$15/\$30 Deductible: \$2,000/\$4,000 Hospital: 40%, after deductible (Local Value) ²
Plan 3	Tier 1 Advantage Silver EPO H.S.A \$7/ 50% up to \$125 Rx, after deductible \$50/\$75, after deductible Deductible: \$1,350/\$2,700 Hospital: 10%, after deductible (Tier 1 Advantage) ^{2,3}	Premium Silver EPO \$10/\$40/\$60 Rx 30%/ 30%, after deductible Deductible: \$1,500/\$3,000 Hospital: 30%, after deductible (Local Value) ²	Select Gold HMO Plus 50% up to \$125 Rx \$30/\$50 Deductible: \$1,500/\$3,000 Hospital: 30%, after deductible (Local Value ² , Regional Preferred)	Tier 1 Advantage Bronze EPO H.S.A 50% up to \$125 Rx \$50/\$75, after deductible Deductible: \$2,350/\$4,700 Hospital: 20% coinsurance, after deductible (Tier 1 Advantage) ^{2,3}	Select Gold HMO Plus 50% up to \$125 Rx \$30/\$50 Deductible: \$1,500/\$3,000 Hospital: 30%, after deductible (Local Value ² , Regional Preferred)
Plan 4	Select Silver HMO Coinsurance 50% up to \$125 Rx \$50/\$75 Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value) ²	Premium Silver POS Plus \$7/ 50% up to \$125 Rx \$50/\$75 Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value) ²	Premium Silver POS Plus \$7/ 50% up to \$125 Rx \$50/\$75 Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred)	Standard Gold POS Plus \$10/\$40/\$60 Rx \$30/\$60 Deductible: \$1,500/\$3,000 Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Premium Gold POS \$7/ 50% up to \$125 Rx \$30/\$60 Deductible: N/A Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)

¹ Plan 1 is only available to small employers based in Camden, Gloucester, and Burlington counties.

² The Local Value Network is not available in Hunterdon County.

³ Tier 1 is an enhancement to your benefits. All services not covered under Tier 1 will be covered under Tier 2 Local Value Network.

⁴ If Plan 4 is selected with the National Access Network, Plans 2 & 3 must be Regional Preferred.

2014 Small Group Defined Contribution Plan Packages (continued)

	Package 6	Package 7 ⁴	Package 8	Package 9	Package 10
Plan 1	Tier 1 Advantage Silver EPO H.S.A \$7/ 50% up to \$125 Rx, after deductible \$50/\$75, after deductible Deductible: \$1,350/\$2,700 Hospital: 10%, after deductible (Tier 1 Advantage) ^{2,3}	Standard Silver EPO H.S.A 50% up to \$125 Rx, after deductible \$50/\$75, after deductible Deductible: \$1,800/\$3,600 Hospital: \$500/day, after deductible (Local Value) ²	Standard Silver EPO \$7/ 50% up to \$125 Rx 50%/50%, after deductible Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Regional Preferred)	Standard Silver EPO \$7/ 50% up to \$125 Rx 50%/ 50%, after deductible Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value ² , Regional Preferred)	Tier 1 Advantage Bronze EPO H.S.A 50%, up to \$125, after deductible Rx \$50/\$75, after deductible Deductible: \$2,350/\$4,700 Hospital: 20%, after deductible (Tier 1 Advantage) ^{2,3}
Plan 2	Premium Gold HMO \$7/ 50% up to \$125 Rx \$30/\$60 Deductible: N/A Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Premium Gold HMO 50% up to \$125 Rx \$25/\$50 Deductible: N/A Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Select Gold EPO \$7/ 50% up to \$125 Rx \$25/\$50 Deductible: \$500/\$1,000 Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred, National Access)	Premium Silver EPO \$10/\$40/\$60 Rx 30%/30%, after deductible Deductible: \$1,500/\$3,000 Hospital: 30%, after deductible (Local Value ² , Regional Preferred)	Select Silver HMO Coinsurance 50%, up to \$125 Rx \$50/\$75 Deductible: \$2,000/\$4,000 Hospital: 50%, after deductible (Local Value ²)
Plan 3	Premium Silver POS Plus \$7/ 50% up to \$125 Rx \$50/\$75 Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred, National Access)	Premium Silver POS Plus \$7/ 50% up to \$125 Rx \$50/\$75 Deductible: \$2,000/\$4,000 Hospital: 20%, after deductible (Local Value ² , Regional Preferred)	Standard Platinum EPO \$10/\$40/\$60 Rx \$15/\$30 Deductible: N/A Hospital: No Charge (Local Value ² , Regional Preferred, National Access)	Standard Gold EPO H.S.A. \$10/\$40/\$60 Rx, after deductible 20%/20%, after deductible Deductible: \$1,250/\$2,500 Hospital: 20%, after deductible (Local Value ²)	Standard Platinum POS Plus \$10/\$40/\$60 Rx \$20/\$40 Deductible: N/A Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred, National Access)
Plan 4	Premium Gold POS \$7/ 50% up to \$125 Rx \$30/\$60 Deductible: N/A Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred)	Select Gold EPO \$7/ 50% up to \$125 Rx \$25/\$50 Deductible: \$500/\$1,000 Hospital: \$500/day up to 5 days/admin (Local Value ² , Regional Preferred, National Access)	Standard Platinum POS Plus \$10/\$40/\$60 Rx \$15/\$25 Deductible: N/A Hospital: \$300/day up to 5 days/admin (National Access)	Premium Silver POS Plus \$7/ 50% up to \$125 Rx \$40/\$60 Deductible: \$2,000/\$4,000 Hospital: 30%, after deductible (National Access)	Standard Gold EPO \$10/\$40/\$60 Rx \$30/\$50 Deductible: \$1,000/\$2,000 Hospital: 20%, after deductible (Regional Preferred)

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