AmeriHealth EPO

Individual Summary of Benefits

Value Network IHC EPO $30/50%

Benefit	Network	Non network
Benefit Period+	Calendar year	Not Applicable
Individual deductible	$2,500	Not Applicable
Family deductible	$5,000	Not Applicable
After deductible plan pays	50%	Not Applicable
Out-of-pocket maximum[1]		
Individual	$5,000	Not Applicable
Family	$10,000	Not Applicable
Lifetime maximum	Unlimited	Not Applicable
Physician visit	$30 copay	Not Applicable
Specialist visit	50% after deductible	Not Applicable
Preventive Care: (exam, related tests and x-rays, immunizations, pap smears, mammography and screening tests)	Covered 100% No deductible	Not Applicable
Outpatient Diagnostic/Routine radiology	50% after deductible	Not Applicable
MRI/MRA, CT, PET scans	50% after deductible	Not Applicable
Laboratory	100%, no deductible (when provided by a network lab)	Not Applicable
Maternity	$30 copay for first OB visit, covered 100% after	Not Applicable
Maternity - hospital	50% after deductible	Not Applicable
Inpatient Hospital Services		
Facility	50%, after deductible	Not Applicable
Physician/Surgeon	50%, after deductible	Not Applicable
Emergency room	50%, after deductible	Covered at in-network level
Urgent Care Center	50%, after deductible	Covered at in-network level
Outpatient Surgery		
Facility	50%, after deductible	Not Applicable
Physician/Surgeon	50%, after deductible	Not Applicable
Therapeutic Manipulations 30 visits per calendar year	50%, after deductible	Not Applicable
Physical occupational, speech, and cognitive therapy 30 visits per therapy, per calendar year	50%, after deductible	Not Applicable

1 Out-of-pocket maximum includes deductible, coinsurance, and copayments, when applicable.

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

This listing of benefits and services is only a summary. For a more detailed description of benefits, exclusions, and limitations, refer to the IHC contract. The benefits may be changed by Amerihealth to comply with applicable federal/state laws and regulations.

AmeriHealth NEW JERSEY

AmeriHealth Insurance Company of New Jersey

www.amerihealth.com

Benefit	Network	Non network
Inpatient extended care or rehab center[2] Combined 120 days per calendar year	50%, after deductible	Not Applicable
Home health care[2]	50%, after deductible	Not Applicable
Hospice care[2]	50%, after deductible	Not Applicable
Non-biologically based Mental Illness and Drug Abuse Services		
Inpatient 30 days per calendar year	50%, after deductible	Not Applicable
Outpatient 20 visits per calendar year	50%, after deductible	Not Applicable
Alcohol Abuse		
Inpatient	50%, after deductible	Not Applicable
Outpatient	50%, after deductible	Not Applicable
Biologically based Mental Illness		
Inpatient	50%, after deductible	Not Applicable
Outpatient	50%, after deductible	Not Applicable
Durable medical equipment[2]	50%, after deductible	Not Applicable
Blood	50%, after deductible	Not Applicable
Ambulance		
Emergency	50%, after deductible	Not Applicable
Non-emergency	50%, after deductible	Not Applicable
Prescription drugs	$7 copayment generic, 50% coinsurance brand, up to a maximum of $125, no deductible	Not Applicable

2 Subject to preapproval

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