

AmeriHealth Flex Programs



Health benefits **you design.**



AmeriHealth.

With AmeriHealth Flex Programs, selecting your benefits is easy.

1 Choose a product option.



AmeriHealth HMO

Members' Primary Care Physician coordinates all of their care.



AmeriHealth Point-of-Service

Members can receive care coordinated by their Primary Care Physician or access care directly.



AmeriHealth PPO

Members have the freedom to access care in or out-of-network without a referral.

2 Select copay option for doctor's office visits, therapies and diagnostic care.

Office/Outpatient Care

	C1	C2	C3
Doctor's Office Visits			
Primary and OB-GYN Care	\$10	\$20	\$30
Specialist	\$20	\$30	\$40
Physical/Occupational Therapy (30 visits per cal. year*)	\$20	\$30	\$40
Spinal Manipulations and Speech Therapy (20 visits each per cal. year*)	\$20	\$30	\$40
Cardiac and Pulmonary Rehabilitation (36 sessions each per cal. year*)	\$20	\$30	\$40
X-Ray/Radiology/Diagnostics			
Routine Radiology	\$20	\$30	\$40
MRI/MRA, CT Scans, PET Scans**	\$40	\$60	\$80
Injectable Medications			
Standard Injectables	\$0	\$0	\$0
Biotech/Specialty Injectables**	\$50	\$75	\$100
Lab/Pathology	\$0	\$0	\$0

* For AmeriHealth PPO and AmeriHealth Point-of-Service, combined in/out-of-network maximum.

** Pre-authorization required.



All enrollments subject to underwriting guidelines. The plans outlined represent only a partial listing of benefits. These managed care plans may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call 302-777-6400.

The percentage for in-network and out-of-network reimbursement shown represents a percentage of the Plan allowance, not the provider's actual charge. For more information about the Plan allowance in the AmeriHealth PPO and self-referred AmeriHealth Point-of-Service programs, see the definition of covered expense in your group contract. For AmeriHealth HMO, see definition of allowed amount in your group contract. Out-of-network providers may also bill a member for the difference between the Plan allowance, which is the amount paid by the Plan, and the provider's actual charge. This difference may be significant.

3 Pick cost-sharing schedule for facility and ancillary care.

Facility/Ancillary

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F1	F2	F3	F4
Hospital Services** (Unlimited inpatient days)	\$0	\$100/day Max 5 days (\$500)	\$150/day Max 5 days (\$750)	\$250/day Max 5 days (\$1,250)
Outpatient Surgery**	\$0	\$50	\$75	\$125
Skilled Nursing Facility** (120 days per cal. year*) (copay not waived if admitted from inpatient hospital stay)	\$0	\$50/day Max 5 days (\$250)	\$75/day Max 5 days (\$375)	\$125/day Max 5 days (\$625)
Emergency Room (Copay not waived if admitted)	\$100	\$100	\$100	\$100
Outpatient Private Duty Nursing** (360 hours per cal. year*)	90%	90%	85%	85%
Prosthetics and Durable Medical Equipment**	70%	70%	50%	50%

Coinsurance is based upon Plan allowance and reflects amount paid by the Plan.

4 Select out-of-network benefits. (AmeriHealth PPO and AmeriHealth Point-of-Service options only.)

Out-of-Network Benefits

	<input type="checkbox"/>	<input type="checkbox"/>
	01	02
Deductible Individual/Family	\$500/\$1,500	\$1,500/\$4,500
Coinsurance	70% of plan allowance [†]	50% of plan allowance
Out-of-Pocket Maximum Individual/Family	\$3,000/\$9,000	\$10,000/\$30,000
Overall Lifetime Maximum	\$1,000,000	\$1,000,000
OFFICE VISITS		
Doctor's Office Visits		
Primary and OB-GYN Care	70%	50%
Specialist	70%	50%
Physical/Occupational Therapy (30 visits per cal. year*)	70%	50%
Spinal Manipulations and Speech Therapy (20 visits each per cal. year*)	70%	50%
Cardiac and Pulmonary Rehabilitation (36 sessions each per cal. year*)	70%	50%
X-Ray/Radiology/Diagnostics**	70%	50%
Injectable Medications**	70%	50%
Lab/Pathology	70%	50%
FACILITY/ANCILLARY		
Hospital Inpatient** (70 days out-of-network/self-referred)	70%	50%
Outpatient Surgery**	70%	50%
Skilled Nursing Facility** (PPO: 120 days per cal. year*; POS: 60 days per cal. year)	70%	50%
Emergency Room (Copay not waived if admitted)	\$100	\$100
Outpatient Private Duty Nursing** (360 hours per cal. year*)	70%	50%
Prosthetics and Durable Medical Equipment (DME)** (DME \$2,500 maximum per cal. year)	50%	50%

* For AmeriHealth PPO and AmeriHealth POS, combined in/out-of-network maximum.

** Pre-authorization required for certain services.

[†] Prosthetics and DME are covered at a 50% coinsurance level.

Coinsurance is based upon Plan allowance and reflects amount paid by the Plan.

5 Choose prescription drug benefits. (optional)

With **AmeriHealth Flex Programs**, you can choose from one of seven Select Drug Program® options. The Select Drug Program uses a prescription drug formulary and provides coverage based on a three-tier copayment incentive (e.g. \$5 generic formulary/\$10 brand formulary/\$25 non-formulary). Members pay less when using formulary medications, but have access to covered non-formulary medications with a higher copayment.

Prescription Drug Coverages

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7
Retail—up to a 30-day supply***	\$5/\$10/\$25	\$5/\$15/\$25	\$5/\$20/\$35	\$10/\$20/\$35	\$10/\$30/\$50	\$15/\$35/\$50	\$20/\$40/\$60
Generic Formulary Copayment	\$5	\$5	\$5	\$10	\$10	\$15	\$20
Brand Formulary Copayment	\$10	\$15	\$20	\$20	\$30	\$35	\$40
Non-Formulary Copayment (brand or generic)	\$25	\$25	\$35	\$35	\$50	\$50	\$60

*** Mail order—up to a 90-day supply for two retail copayments.



Vision

Vision care is often one of the first benefits employees use. Our vision programs administered by Davis Vision provide comprehensive, low-cost vision care benefits for your employees. These benefits offset the rising cost of eye examinations, glasses, contact lenses and other vision care products and services.

Dental Products

Through our arrangement with United Concordia, AmeriHealth provides access to comprehensive benefits through a range of dental products for small groups.

Choose from one of these dental options:

Concordia Preferred—Dental Preferred Provider Organization (PPO) Program

- Freedom to choose in-network or out-of-network dentists
- No claim forms to complete and increased savings when using an in-network provider

Concordia Flex—Traditional Dental Fee-For-Service Program

- Freedom to use any provider
- No claim forms to complete when using an in-network provider and payment is based upon United Concordia's schedule of maximum allowances.

For more information about AmeriHealth Flex Programs, call 302-777-6400

or visit our Web site at: www.amerhealth.com



www.amerhealth.com



AmeriHealth Flex Programs— You Build a Benefit Plan That Fits Your Needs

One size doesn't fit all when it comes to health insurance. That's why we introduced our AmeriHealth Flex Programs that put the benefit program decisions in your hands. With AmeriHealth Flex Programs, you have:

Flexibility

You make the decisions on how members access providers and what member cost-sharing will be.

Consistency

Understanding and communicating benefits is easier since AmeriHealth HMO, AmeriHealth Point-of-Service and AmeriHealth PPO product lines have identical copayment structures.

Affordability

A broader range of price points let you balance the benefit needs of your employees while staying within your budget.

Building your AmeriHealth Flex Programs package is easy. Simply check the options that best meet your company's needs and your budget.

1. Choose a product option

- AmeriHealth HMO
- AmeriHealth Point-of-Service
- AmeriHealth PPO

2. Select copay options for doctor's office visits, therapies and diagnostic care

- PCP \$10—Specialist \$20 (C1)
- PCP \$20—Specialist \$30 (C2)
- PCP \$30—Specialist \$40 (C3)

3. Pick cost-sharing schedule for facility and ancillary care

- Hospital \$0/day—
Outpatient Surgery \$0 (F1)
- Hospital \$100/day*—
Outpatient Surgery \$50 (F2)
- Hospital \$150/day*—
Outpatient Surgery \$75 (F3)
- Hospital \$250/day*—
Outpatient Surgery \$125 (F4)

4. Select out-of-network benefits (AmeriHealth PPO and AmeriHealth Point-of-Service only)

- \$500/\$1,500 Deductible
70% Coinsurance (O1)
- \$1,500/\$4,500 Deductible
50% Coinsurance (O2)

5. Select prescription drug benefits (optional)

Look inside to see all the options AmeriHealth Flex Programs provide.

* Maximum of five copayments applied per hospital stay. Copay waived if readmitted within 90 days of prior admission.

Manage Your Benefit Program Online

Because we recognize the many constraints you have in managing your company's health care benefits, we created something just for you—*amerihealthexpress.com*. Our simple, convenient and secure web site can significantly reduce the work involved in administering your company's benefit program. With *amerihealthexpress.com*, you have the ability to:

- Enroll or terminate employees
- Order ID cards
- Check benefit information
- View monthly invoices online
- Make payments electronically

To find out how the **AmeriHealth Flex Programs** and *amerihealthexpress.com* can simplify your health benefits administration, call your Independent Broker or AmeriHealth at 302-777-6400 today.

For more information about AmeriHealth Flex Programs, call 302-777-6400

or visit our web site at: www.amerihealth.com



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