A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

Memorandum

TO: All AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: August 12, 2005

SUBJECT: AmeriHealth Individual Preferred Plan

AmeriHealth is pleased to introduce a new individual HMO program, **Individual Preferred Plan.** The Individual Preferred Plan is a new HMO plan designed to provide affordable healthcare for individuals who reside in New Jersey and who do not have a group coverage option.

Service	**Individual Preferred Plan Member Copayment Information**
PCP Visits (including preventive care)	$30 copayment per visit
Specialist Office Visits	$30 copayment per visit
Well Baby Care	$30 copayment per visit
Maternity (includes prenatal and post-natal care)	$50 copayment for initial visit $500 copayment per hospital stay
Emergency Room	$100 copayment (not credited to inpatient admission)
Outpatient and Ambulatory Surgery	$250 copayment per surgery
Inpatient Hospital	$500 copayment per hospital stay
Outpatient Diagnostic Tests including Outpatient Laboratory	100%
Outpatient Prescription Drugs	Covered 50% up to $1, 500 per member per calendar year

Like our existing HMO programs, the Individual Preferred Plan requires referrals. In addition there are some services that are not covered under the Individual Preferred Plan. Examples of these benefit exclusions include, but are not limited to:

- No coverage for non-biologically based mental illness.
- No coverage for routine vision
- No coverage for private duty nursing
- No coverage for ambulance fees.
- No coverage for therapeutic manipulation.
- No coverage for outpatient therapies (with the exception of Physical Therapy, which is covered for 30 visits per calendar year with a $20 copayment per visit)
  The Preferred Plan does cover Chemotherapy, Infusion Therapy and Radiation Therapy

For questions regarding specific member coverage, please call the phone number on the back of the member's ID card. Claim submission is the same as for any other AmeriHealth Commercial claim. Submit either via EDI, or via paper to the Claim Service Center/P.O. Box 41574/Philadelphia, PA 19101-1574. For questions regarding billing and claim, please call Provider Services at 800-227-3119.

Attachment: Preferred Plan ID Card