

AmeriHealth EPO

SEH EPO \$2,500/50% with HSA Summary of Benefits

Benefit	Network	Non-Network
Benefit period⁺	Calendar year	Calendar year
Deductible		
Single	\$2,500	Not applicable
Family	\$5,000	Not applicable
After deductible, plan pays	50%	Not applicable
Out-of-pocket maximum¹		
Single	\$5,000	Not applicable
Family	\$10,000	Not applicable
Lifetime maximum	Unlimited	Not applicable
Physician visit	50%, subject to deductible	Not applicable
Specialist visit	50%, subject to deductible	Not applicable
Preventive care (exam, related tests and X-rays, immunizations, Pap smears, mammography, and screening tests)	100%, No Deductible	Not applicable
Outpatient diagnostic and X-ray services	50%, subject to deductible	Not applicable
Laboratory	100%, after deductible	Not applicable
Maternity - 1st visit	50%, subject to deductible	Not applicable
Maternity-hospital	50%, subject to deductible	Not applicable
Hospital inpatient	50%, subject to deductible	Not applicable
Emergency room	50%, subject to deductible	Covered at in-network level
Outpatient surgery	50%, subject to deductible	Not applicable
Assistant surgeon	50%, subject to deductible	Not applicable
Anesthesia	50%, subject to deductible	Not applicable
Chiropractic care	50%, subject to deductible	Not applicable
Speech and cognitive therapy combined 30 visits per calendar year	50%, subject to deductible	Not applicable
Occupational and physical therapy combined 30 visits per calendar year	50%, subject to deductible	Not applicable
Inpatient extended care or rehab center 120 days per calendar year	50%, subject to deductible	Not applicable

¹ Includes deductible, copayments, and coinsurance, when applicable.

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

Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met. Deductible and out-of-pocket maximum may be adjusted annually for inflation.

This summary is intended to highlight the benefits available to you. For additional information, including all benefits, exclusions, and limitations, please refer to your benefit booklet.



AmeriHealth Insurance Company of New Jersey
www.amerhealth.com

Benefit	Network	Non-Network
Home health care	50%, subject to deductible	Not applicable
Hospice care	50%, subject to deductible	Not applicable
Treatment for mental illness or substance abuse (including alcohol abuse)		
Inpatient	50%, subject to deductible	Not applicable
Outpatient	50%, subject to deductible	Not applicable
Durable medical equipment	50%, subject to deductible	Not applicable
Blood	50%, subject to deductible	Not applicable
Ambulance	50%, subject to deductible	Not applicable
Prescription drugs	\$7 copayment generic, 50% coinsurance brand, up to a maximum of \$125, subject to deductible	Not applicable

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