AmeriHealth PPO

PPO 10 Summary of Benefits

AmeriHealth PPO, our popular Preferred Provider Organization (PPO), gives you freedom of choice by allowing you to choose your own doctors and hospitals. You maximize your coverage by having care provided by the area's hospitals and thousands of doctors and specialists who participate in the AmeriHealth PPO network. Of course, with AmeriHealth PPO, you have the freedom to select providers who do not participate in the AmeriHealth PPO network. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

With AmeriHealth PPO...

- You do not need to enroll with a primary care physician
- You never need a referral

Benefit	In-Network	Out-of-Network[1]
Benefit Period[+]	Calendar Year	Calendar Year
Deductible		
Individual	$0	$250
Family	$0	$500
After Deductible, Plan Pays	100%	80%
Out-of-Pocket Limit includes deductible, coinsurance and copayments, when applicable		
Individual	None	$1,000
Family	None	$2,000
Lifetime Maximum	Unlimited	Unlimited
Doctor's Office Visits		
Primary Care Services	$10 Copayment	80%, after deductible
Specialist Services	$10 Copayment	80%, after deductible
Preventive Care for Adults and Children	100%	80%, NO deductible
Pediatric Immunizations	100%	80%, NO deductible
Routine Gynecological Exam/Pap 1 per calendar year for women of any age[3]	100%	80%, NO deductible

1 Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by AmeriHealth, and the provider's actual charge. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the provider's actual charge.

3 Combined in/out-of-network.

For more information about AmeriHealth PPO please call our Customer Service Representatives at 1-800-275-2583, or visit the AmeriHealth website at www.amerihealth.com

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

09/11 - NJ - 51+ PPO 10 in Area
14903

Benefit	In-Network	Out-of-Network[1]
Mammogram	100%	80%, NO deductible
Maternity		
First OB Visit	$10 Copayment	80%, after deductible
Hospital	100%	80%, after deductible
Inpatient Hospital Services	100%	80%, after deductible
Inpatient Hospital Days	365	70
Outpatient Surgery	100%	80%, after deductible
Emergency Room	$25 Copayment (copayment waived if admitted)	$25 Copayment (copayment waived if admitted) NO deductible
Outpatient Laboratory	100%	80%, after deductible
Outpatient X-Ray/Radiology		
Routine Radiology/Diagnostic	100%	80%, after deductible
MRI/MRA/CT/PET Scans	100%	80%, after deductible
Therapy Services		
Physical, Speech and Occupational	$15 Copayment	80%, after deductible
Cardiac Rehabilitation 36 visits per calendar year[3]	$15 Copayment	80%, after deductible
Pulmonary Rehabilitation 12 visits per calendar year[3]	$15 Copayment	80%, after deductible
Respiratory Therapy	$15 Copayment	80%, after deductible
Orthoptic/Pleoptic 8 sessions lifetime maximum	$15 Copayment	80%, after deductible
Restorative Services, Including Chiropractic Care	$15 Copayment	80%, after deductible
Chemo/Radiation and Renal Dialysis Therapy	100%	80%, after deductible
Outpatient Private Duty Nursing	100%	80%, after deductible
Skilled Nursing Facility	100%	80%, after deductible
Hospice and Home Health Care	100%	80%, after deductible
Durable Medical Equipment and Prosthetics	100%	80%, after deductible
Outpatient Diabetic Education	100%	80%, after deductible

1 Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by AmeriHealth, and the provider's actual charge. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the provider's actual charge.

3 Combined in/out-of-network.

For more information about AmeriHealth PPO please call our Customer Service Representatives at 1-800-275-2583, or visit the AmeriHealth website at www.amerihealth.com

The benefits may be changed by Amerihealth to comply with applicable federal/state laws and regulations.

Benefit	In-Network	Out-of-Network[1]
Mental Illness Care (Other Than For Serious Mental Illness)		
Outpatient	$10 Copayment	80%, after deductible
Inpatient	100%	80%, after deductible
Serious Mental Illness Care/Treatment for Alcohol Abuse Treatment		
Outpatient	$10 Copayment	80%, after deductible
Inpatient	100%	80%, after deductible
Treatment for Drug Abuse and Dependency		
Outpatient	$10 Copayment	80%, after deductible
Inpatient	100%	80%, after deductible

1 Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by AmeriHealth, and the provider's actual charge. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the provider's actual charge.

For more information about AmeriHealth PPO please call our Customer Service Representatives at 1-800-275-2583, or visit the AmeriHealth website at www.amerihealth.com

The benefits may be changed by Amerihealth to comply with applicable federal/state laws and regulations.

What Is Not Covered?

- Services not medically necessary
- Services not billed and performed by a provider properly licensed and qualified to render the medically appropriate and/or necessary treatment, service or supply
- Cosmetic services/supplies
- Routine foot care
- Dental care, including dental implants, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Vision care
- Military or occupational injuries or illness
- Benefits payable by the government, Medicare or through motor vehicle insurance
- Charges in excess of benefit maximums or allowable charges as set forth in the group contract
- Services or supplies which are experimental or investigative except routine costs associated with qualifying clinical trials
- Inpatient private duty nursing
- Alternative Therapies/complementary medicine
- Hearing aids, except as stated for dependent children hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Immunizations required for employment or travel

This summary represents only a partial listing of the benefits and exclusions of the PPO program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your benefit booklet carefully to determine which health care services are covered. If you need more information please call 1-800-877-9829

For Care Provided Out-of-Network

Services That Require Pre-Authorization

- All Non-Emergency Inpatient Admissions
  (Except Maternity Admissions)
- Outpatient Surgical Procedures
  - Bunionectomy
  - Cataract Surgery
  - Laparoscopic Cholecystectomy
  - Hemorrhoidectomy
  - Hernia Repair
  - Arthroscopic Knee Surgery/Diagnostic Arthroscopy
  - Ligation and Stripping of Varicose Veins
  - Obesity Surgery
  - Orthognathic Surgery Procedures
  - Prostate Surgery
  - Spinal/Vertebral Surgery
  - Submucous Resection (nasal surgery)
  - Tonsillectomy and/or Adenoidectomy
- Transplants
- Operative and Diagnostic Endoscopies
- MRI/MRA
- CT Scans, PET Scans and Nuclear Cardiac Studies
- Outpatient Therapies:
  Speech, Cardiac Rehabilitation, Pulmonary Rehabilitation, Respiratory
- Outpatient Private Duty Nursing
- Other Facility Services:
  Skilled Nursing, Inpatient Hospice, Home Health and Birth Center
- Inpatient Psychiatric, Substance Abuse and Serious Mental Illness Treatment
- Non-Emergency Ambulance
- Prosthetics - Purchase items (including repairs and replacements) over $500 (excluding ostomy supplies and mandated Prosthetic and Orthotic appliances)
- Durable Medical Equipment - Purchase items (including repairs and replacements) over $500, and ALL Rentals (except oxygen, diabetic supplies and unit dose medication for nebulizer)
- Infusion Therapy in a Home Setting
- Infusion Therapy Drugs administered in an Outpatient Facility or in a Professional Provider's Office (see list included in your open enrollment packet)

AmeriHealth PPO network providers will obtain pre-authorization for you, if it is required for the service provided. You are not required to obtain pre-authorization when you are treated in an AmeriHealth PPO network hospital or facility, or by an AmeriHealth PPO network doctor. Members are not responsible for financial penalties because an AmeriHealth PPO network provider does not obtain prior approval.

When an AmeriHealth PPO member receives services outside of the network, the obligation to obtain pre-authorization is with the member. If the out-of-network provider recommends one of the services listed above, you must obtain pre-authorization by calling the precertification telephone number listed on the back of your ID card. For MRI/MRA, CT Scan, PET Scan and Nuclear Cardiac Studies, call AIM at the telephone number listed on the back of your ID card.

If services are received outside of the AmeriHealth PPO network without pre-authorization, benefits will be reduced by $1,000, but in no event more than 50% of the benefit amount for inpatient services or treatment and 20% for outpatient services or treatment.

Pre-authorization is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the pre-authorization is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request. If you need more information please call 1-800-877-9829.