

SUMMARY OF MATERIAL MODIFICATIONS TO THE PLAN

To the Revised April 1, 2015 Summary Plan Description of The Affiliated Physicians and Employers Health Plan

- I. Effective **January 1, 2016**, for all Enrolled Groups, the Summary Plan Description (SPD) has been amended as follows:

Section titled “Schedule of Benefits”, beginning after page 80, has been amended by changing the Emergency Room visit benefit as follows:

- a) Plan K: \$200 copay/visit, after deductible to \$100 copay/visit, after deductible
- b) Plan O: \$200 copay/visit to \$100 copay/visit
- c) Plan S: \$200 copay/visit, after deductible to \$100 copay/visit, after deductible

- II. Effective **January 1, 2016**, for all Enrolled Groups, the Summary Plan Description (SPD) has been amended as follows:

Section titled “What’s Not Covered? – Plan Exclusions”, beginning on page 38, has been amended as follows:

- a) Telephone Consultations has been removed from the Plan Exclusions.

Section titled “Medical Benefits What’s Covered?”, beginning on page 13, has been amended by adding the following:

- b) Telephone Consultations- The benefits are available through MDLive for non-emergency medical issues when Your primary care physician (PCP) is not available. The services are provided by board-certified primary-care doctors and pediatricians by secure video, phone or e-mail and are available 365 days a year, 24 hours a day while at home, traveling or at work. The cost for benefits will match Your PCP copay, deductible or coinsurance.

To register and make an appointment, call toll-free 1-877-540-2082 or visit mdlive.com/qualcare.

- III. Effective **July 1, 2016** for Enrolled Groups, the coinsurance for Plans M, N, O, and P will be increased as follows:

Section titled “Schedule of Benefits”, beginning after page 80, has been amended as follows:

Plan	Current (Tier 2) QualCare Regional HMO Network	New (Tier 2) QualCare Regional HMO Network
M: CentraState Community Health Plan-Network Only Plan	After deduct, Plan pays 60%	After deduct, Plan pays 70%
N: CentraState CHP High Deductible Plan-Network Only Plan	After deduct, Plan pays 60%	After deduct, Plan pays 70%
Plan	Current (In-Network Providers)	New (In-Network Providers)
O: Network Only 50% Plan	After deduct, Plan pays 50%	After deduct, Plan pays 70%
P: High Deductible 60% Plan	After deduct, Plan pays 60%	After deduct, Plan pays 70%

- IV. Effective **July 1, 2016** for all Enrolled Groups, the plan names for Plans O and P will be changed as follows:

Section titled “**Schedule of Benefits**”, beginning after page 80 for each respective plan, has been amended as follows:

- a) New Plan Name: O: Network Only 70% Plan
- b) New Plan Name: P: High Deductible 70% Plan

- V. Effective **July 1, 2016** for all enrolled Employers, the Plan will be changing its national network from the First Health Network to the Cigna Open Access Plus (OAP) Network.

Section titled “**Schedule of Benefits**”, beginning after page 80, any reference to the First Health Network will be replaced with the Cigna OAP Network.

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- VI. Effective **July 1, 2016** for all enrolled Employers, the GHI wrap around network option will no longer be available and coverage for this network will be terminated for each Member at their Employer’s next renewal with the Plan beginning on or after July 1, 2016.

Section titled “**Schedule of Benefits**”, beginning after page 80, for each individual benefit plan, under section “**How the Plan Works**”, subsection “**Network Providers**”, sub-subsections “**For out of area care**” and “**For those members that purchased the Wrap Around Network Option**”, shall be deleted in their entirety and replaced with the following:

- **For out of area care**- the Network consists of physicians, specialists, hospitals and facilities who participate in the QualCare Regional Open Access POS Network in NJ and the Cigna Open Access Plus (OAP) Network outside the state of New Jersey.
- **For those members that purchased the Wraparound Network Option** (refer to your ID Card for wraparound network information) - access to the GHI Network in New York will no longer be offered. Refer to the “**For out of area care**” section above to learn more about access to providers.

- VII. Effective **October 1, 2016** for all Enrolled Groups, the plan names for Plans M and N will be changed as follows:

Section titled “Schedule of Benefits”, beginning after page 80 for each respective plan, has been amended as follows:

- a) New Plan Name: M: Community Care Health Plan - Network Only (Gold)
- b) New Plan Name: N: Community Care Health Plan - High Deductible- Network Only (HSA Silver)

- VIII. Effective **October 1, 2016** for all Enrolled Groups, the Maximum Out-of-Pocket for Plan M will be decreased as follows:

Section titled “Schedule of Benefits”, beginning after page 80, has been amended as follows:

Plan	Current MOOP	New MOOP – Eff Oct 2016
M: Community Care Health Plan - Network Only (Gold)	Tier 1: \$6,850/ \$13,700 Tier 2: \$10,000/\$20,000	Tier 1: \$3,000/ \$6,000 Tier 2: \$6,000/ \$12,000

- IX. Effective **October 1, 2016** for all Enrolled Groups, the Tier 1 benefit for Office Visit to Primary Care Physician (PCP) for Plans M and N will be changed as follows:

Section titled “Schedule of Benefits”, beginning after page 80 for each respective plan, has been amended as follows:

Plan	Current OV to PCP	New OV to PCP – Eff Oct 2016
M: Community Care Health Plan - Network Only (Gold)	Tier 1: \$25 per visit	Tier 1: First 2 visits covered 100%. Subsequent visits, \$25 visit
N: Community Care Health Plan - High Deductible- Network Only (HSA Silver)	Tier 1: 90% after deductible	Tier 1: After deductible, first 2 visits covered 100%. Subsequent visits, 90% coverage.

- X. Effective **October 1, 2016** for all new business, and effective at each renewal, will be amended as follows:

Section titled “Schedule of Benefits”, beginning after page 80, has been amended by adding a new subsection title Plan X: Community Care Health Plan – NJ Network Only (Silver) and Plan Y: Community Care Health Plan - NJ Network Only (Bronze):

- a) Plan X: Community Care Health Plan – NJ Network Only (Silver) and said new subsection should read to reflect the attached corresponding Benefit Summary (attached).
- b) Plan Y: Community Care Health Plan - NJ Network Only (Bronze) and said new subsection should read to reflect the attached corresponding Benefit Summary (attached).

- XI. Effective **October 1, 2016** for all Enrolled Groups, the Tier 1 benefit for Plan M, N, X, & Y will be amended as follows:

Section titled “Schedule of Benefits”, beginning after page 80, has been amended as follows:

- a) The Tier 1 Network benefit that Plans M, N, X and Y will be accessing is being expanded from the CentraState Healthcare System and its physicians to include eleven additional hospitals (eight systems) and their providers. The network has been renamed the “Community Care Network” from the “CentraState Community Based Network”.