

SUMMARY OF MATERIAL MODIFICATIONS TO THE PLAN

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

Effective **July 1, 2016** for Enrolled Groups

- I. 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%

- II. 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:

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

Effective **July 1, 2016** for Enrolled Employers

- III. 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.

- IV. 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.

Effective **October 1, 2016** for all Enrolled Groups

- I. 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:

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

II. 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

III. 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.

IV. 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".

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

V. 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).

PLAN X: COMMUNITY CARE HEALTH PLAN - NJ NETWORK ONLY (SILVER)

COMMUNITY CARE NETWORK PLAN

Affiliated Physicians & Employers Health Plan

A NJ Self-Insured MEWA

BENEFIT SUMMARY

Benefit/Feature	Pre-authorization or Authorization Requirements	Tier 1 COMMUNITY CARE NETWORK (CCN) Providers & Facilities Online Search: www.apehp.com Call 1-888-670-8135	Tier 2 QUALCARE REGIONAL HMO NETWORK No access to Cigna OAP under this plan
Must select a Primary Care Physician in Premier			
Deductible (Embedded*) (every Calendar year)		None	\$2,500/Individual; \$5,000/Family
Out-of-Pocket Maximum (Embedded*) (every Calendar Year)		\$6,000/Individual; \$12,000/Family	\$6,600/Individual; \$13,200/Family
<i>(Out of Pocket Maximums are cumulative between Tier 1 and Tier 2 and includes deductible, coinsurance, medical copayments and prescription copay/coinsurance, but does not include non covered amounts above the plan's fee schedule or allowable charge, or pre-authorization penalties.)</i>			
Lifetime Maximum Benefit		Unlimited	Unlimited
PHYSICIAN SERVICES			
Office Visit to Primary Care Physician (PCP)		First 2 Visits ⁽³⁾ Covered 100%. Subsequent visits, You pay \$30 copay/visit	You pay \$50 copay/visit
Office Visit to Specialist		You pay \$50 copay/visit	Plan pays 50% after deductible
Routine Gynecological Care		Plan pays 100%	Plan pays 100%
Pre-Natal Care		\$30 copay (initial visit only), then plan pays 100%	Plan pays 50% after deductible
Preventive Services		Plan pays 100%	Plan pays 100%
Inpatient*/Outpatient*/Office Professional Services	Pre-authorization Required Inpatient & Outpatient	Plan pays 100%	Plan pays 50% after deductible
HOSPITAL SERVICES			
Inpatient Admission ⁽¹⁾	Pre-authorization Required	\$500 per day copay up to \$2,500 maximum per admit	Plan pays 50% after deductible
Outpatient Services	Pre-authorization Required	Plan pays 100% after \$50 copay	Plan pays 50% after deductible
Outpatient Ambulatory Surgery ⁽¹⁾ - Physician Charges - Hospital Charges - Free-standing Surgical Center	Pre-authorization Required	Plan pays 100% Plan pays 100% after \$50 copay Plan pays 100% after \$250 copay	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
Urgent Care Center		You pay \$50 copay/visit	You pay \$50 copay/visit
Emergency Room Services	Authorization required within 48 hours	\$100 copay/visit, then \$500 Emergency Room deductible, then 100% (copay waived if admitted)	\$100 copay/visit, then subject to deductible, then 100% (Copay waived if admitted)
(Emergency services outside of the COMMUNITY CARE NETWORK (CCN) and Services Not Available within the COMMUNITY CARE NETWORK (CCN) will be paid at the Tier 1 Benefit Level)			
Inpatient Rehab & Skilled Nursing ⁽¹⁾ Includes cognitive therapy	Pre-authorization Required	\$500 per day copay up to \$2,500 maximum per admit (60 days per incident maximum)	Plan pays 50% after deductible
OTHER SERVICES			
Outpatient Therapies ⁽¹⁾ Includes Physical, Occupational & Speech	Pre-authorization Required	You pay \$50 copay/visit All Therapies (60 visit combined limit, every plan year)	Plan pays 50% after deductible
Laboratory Services ⁽²⁾ - Inpatient - Outpatient Laboratory in CCN Only - Office Based or Freestanding Facility		Plan pays 100% at CCN Only Plan pays 100% at CCN Only 100% when administered in provider's office Plan pays 100% for all lab services NOT available through Quest	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
<i>Quest Diagnostics is QualCare's Exclusive Lab Provider for COMMUNITY CARE NETWORK (CCN) and QualCare in New Jersey. Inside New Jersey, you must use Quest Diagnostics for all laboratory services. Labs not sent to Quest Diagnostics, when services are rendered inside New Jersey, will be subject to the Out-of-Network benefit, should coverage apply.</i>			
Diagnostic Services ⁽¹⁾ X-Rays, MRIs, CT Scans, PET Scans etc		Plan pays 100%	Plan pays 50% after deductible
Durable Medical Equipment ⁽¹⁾	Pre-authorization Required	Plan pays 100%	Plan pays 50% after deductible
Home Health Care ⁽¹⁾	Pre-authorization Required	You pay \$50 copay/visit (60 visits per year/not to exceed 4 hrs per visit)	Plan pays 50% after deductible
Chiropractic Care Covered age 18 and older only		You pay \$50 copay/visit (30 visit maximum every plan year)	You pay \$50 copay/visit
Fertility Treatments/Services - refer to SPD section Medical Benefits, What's Covered beginning on page 17 for description of specific covered services - Hospital based - Freestanding - Office based	Pre-authorization Required	Plan pays 100% after \$50 copay Plan pays 100% after \$250 copay Plan pays 100%	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
MENTAL DISORDER & SUBSTANCE ABUSE SERVICES			
Inpatient Mental Disorder/Substance Abuse ⁽¹⁾	Pre-authorization Required	\$500 per day copay up to \$2,500 maximum per admit	Plan pays 50% after deductible
Outpatient Mental Disorder/Substance Abuse		You pay \$50 copay/visit	Plan pays 50% after deductible
<p>Note: There is No Out-of-Network benefit under PLAN X: COMMUNITY CARE HEALTH PLAN - NJ NETWORK ONLY (SILVER). If you choose to seek services outside of Tier 1 or Tier 2, you will be responsible for the full amount charged by the provider. For all Out-of-Network emergency hospital, physician and ancillary services the Plan will pay at the providers billed charges or a negotiated rate, whichever is less.</p> <p>⁽¹⁾ Some of these services require pre-authorization. For Network services, your physician should obtain pre-authorization for you, however, you are ultimately responsible for pre-authorization for all services (in or out-of-network), otherwise a penalty of 50% of the Plan's allowable amount, to a maximum of \$10,000 will be applied. Refer to www.apehp.com for a complete pre-authorization list.</p> <p>⁽²⁾ Laboratory services performed in an office setting must be sent to Quest Diagnostics for benefit to be covered 100%. Labs not sent to Quest Diagnostics will be subject to the Out-of-Network benefit or not covered at all if no Out-of-Network benefit is offered.</p> <p>⁽³⁾ Preventive office visits do not count toward the first 2 Office Visits covered at 100%.</p> <p>Note: This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.</p>			
<p>*Embedded means you can satisfy the Family "Deductible" or the Family "Maximum Out-of-pocket" by meeting the individual amount for any one (1) covered family Member and then any combination of family Members may satisfy the remaining amount. No more than the individual amount will be credited to the Family amount for any one Covered Person and no Covered Person will be required to meet more than the individual amount each Benefit Year.</p>			

PLAN Y: COMMUNITY CARE HEALTH PLAN - NJ NETWORK ONLY (BRONZE)

COMMUNITY CARE NETWORK PLAN

Affiliated Physicians & Employers Health Plan

A NJ Self-Insured MEWA

BENEFIT SUMMARY

Benefit/Feature		Tier 1	Tier 2
Must select a Primary Care Physician in Premier	Pre-authorization or Authorization Requirements	COMMUNITY CARE NETWORK (CCN) Providers & Facilities Online Search: www.apehp.com Call 1-888-670-8135	QUALCARE REGIONAL HMO NETWORK No access to Cigna OAP under this plan
Deductible (Embedded*) (every Calendar year)		\$3,000/Individual; \$6,000/Family	\$6,000/Individual; \$12,000/Family
Out-of-Pocket Maximum (Embedded*) (every Calendar Year)		\$6,850/Individual; \$13,700/Family	
<i>(Out of Pocket Maximums are cumulative between Tier 1 and Tier 2 and includes deductible, coinsurance, medical copayments and prescription copay/coinsurance, but does not include non covered amounts above the plan's fee schedule or allowable charge, or pre-authorization penalties.)</i>			
Lifetime Maximum Benefit		Unlimited	Unlimited
PHYSICIAN SERVICES			
Office Visit to Primary Care Physician (PCP)		First 2 Visits ⁽³⁾ Covered 100%. Subsequent visits, You pay \$30 copay/visit after deductible	Plan pays 50% after deductible
Office Visit to Specialist		You pay \$50 copay/visit after deductible	Plan pays 50% after deductible
Routine Gynecological Care		Plan pays 100%	Plan pays 100%
Pre-Natal Care		Plan pays 100%	Plan pays 100%
Preventive Services		Plan pays 100%	Plan pays 100%
Inpatient*/Outpatient*/Office Professional Services	Pre-authorization Required Inpatient & Outpatient	Plan pays 50% after deductible	Plan pays 50% after deductible
HOSPITAL SERVICES			
Inpatient Admission ⁽¹⁾	Pre-authorization Required	\$500 per day copay up to \$2,500 maximum per admit	Plan pays 50% after deductible
Outpatient Services	Pre-authorization Required	Plan pays 50% after \$50 copay after deductible	Plan pays 50% after deductible
Outpatient Ambulatory Surgery ⁽¹⁾ - Physician Charges - Hospital Charges - Free-standing Surgical Center	Pre-authorization Required	Plan pays 50% after deductible Plan pays 50% after \$50 copay after deductible Plan pays 50% after \$250 copay after deductible	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
Urgent Care Center		You pay \$50 copay/visit	Plan pays 50% after deductible
Emergency Room Services	Authorization required within 48 hours	You pay \$100 copay/visit, then subject to the deductible (Copay waived if admitted)	\$100 copay/visit, then subject to deductible, then 50% coinsurance (Copay waived if admitted)
(Emergency services outside of the COMMUNITY CARE NETWORK (CCN) and Services Not Available within the COMMUNITY CARE NETWORK (CCN) will be paid at the Tier 1 Benefit Level)			
Inpatient Rehab & Skilled Nursing ⁽¹⁾ Includes cognitive therapy	Pre-authorization Required	\$500 per day copay up to \$2,500 maximum per admit (60 days per incident maximum)	Plan pays 50% after deductible
OTHER SERVICES			
Outpatient Therapies ⁽¹⁾ Includes Physical, Occupational & Speech	Pre-authorization Required	You pay \$50 copay/visit after deductible All Therapies (60 visit combined limit, every plan year)	Plan pays 50% after deductible
Laboratory Services ⁽²⁾ - Inpatient - Outpatient Laboratory in CCN Only - Office Based or Freestanding Facility		Plan pays 100% at CCN Only Plan pays 100% at CCN Only 100% when administered in provider's office Plan pays 100% for all lab services NOT available through Quest	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
Quest Diagnostics is QualCare's Exclusive Lab Provider for COMMUNITY CARE NETWORK (CCN) and QualCare in New Jersey. Inside New Jersey, you must use Quest Diagnostics for all laboratory services. Labs not sent to Quest Diagnostics, when services are rendered inside New Jersey, will be subject to the Out-of-Network benefit, should coverage apply.			
Diagnostic Services ⁽¹⁾ X-Rays, MRIs, CT Scans, PET Scans etc		Plan pays 50% after deductible	Plan pays 50% after deductible
Durable Medical Equipment ⁽¹⁾	Pre-authorization Required	Plan pays 50% after deductible	Plan pays 50% after deductible
Home Health Care ⁽¹⁾	Pre-authorization Required	You pay \$50 copay/visit after deductible (60 visits per year/not to exceed 4 hrs per visit)	Plan pays 50% after deductible
Chiropractic Care Covered age 18 and older only		You pay \$50 copay/visit after deductible (30 visit maximum every plan year)	Plan pays 50% after deductible
Fertility Treatments/Services - refer to SPD section Medical Benefits, What's Covered beginning on page 17 for description of specific covered services - Hospital based - Freestanding - Office based	Pre-authorization Required	Plan pays 50% after \$50 copay after deductible Plan pays 50% after \$250 copay after deductible Plan pays 50% after deductible	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
MENTAL DISORDER & SUBSTANCE ABUSE SERVICES			
Inpatient Mental Disorder/Substance Abuse ⁽¹⁾	Pre-authorization Required	\$500 per day copay up to \$2,500 maximum per admit	Plan pays 50% after deductible
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<p>Note: There is No Out-of-Network benefit under PLAN Y: COMMUNITY CARE HEALTH PLAN - NJ NETWORK ONLY (BRONZE). If you choose to seek services outside of Tier 1 or Tier 2, you will be responsible for the full amount charged by the provider. For all Out-of-Network emergency hospital, physician and ancillary services the Plan will pay at the providers billed charges or a negotiated rate, whichever is less.</p> <p>(1) Some of these services require pre-authorization. For Network services, your physician should obtain pre-authorization for you, however, you are ultimately responsible for pre-authorization for all services (in or out-of-network), otherwise a penalty of 50% of the Plan's allowable amount, to a maximum of \$10,000 will be applied. Refer to www.apehp.com for a complete pre-authorization list.</p> <p>(2) Laboratory services performed in an office setting must be sent to Quest Diagnostics for benefit to be covered 100%. Labs not sent to Quest Diagnostics will be subject to the Out-of-Network benefit or not covered at all if no Out-of-Network benefit is offered.</p> <p>(3) Preventive office visits do not count toward the first 2 Office Visits covered at 100%.</p> <p>Note: This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.</p> <p>*Embedded means you can satisfy the Family "Deductible" or the Family "Maximum Out-of-pocket" by meeting the individual amount for any one (1) covered family Member and then any combination of family Members may satisfy the remaining amount. No more than the individual amount will be credited to the Family amount for any one Covered Person and no Covered Person will be required to meet more than the individual amount each Benefit Year.</p>			