PLAN B

OPEN ACCESS POS NETWORK PLAN

BENEFIT SUMMARY

Affiliated Physicians & Employers Health Plan
A NJ Self-Insured MEWA

Benefit/Feature No Referrals Required	In Network Providers QualCare Regional Open Access POS Network Cigna Open Access Plus (OAP) Network Providers & Facilities Online Search: www.apehp.com Call 1-888-670-8135	Out- of-Network Providers
Deductible (Embedded*) (every Calendar year)	$500/Individual; $1,000/Family	$1,500/Individual; $3,000/Family
Out-of-Pocket Maximum (Embedded*) (every Calendar Year)	(Combined In/Out) $6,850/Individual; $13,700/Family	
*(Out of Pocket Maximum is combined between In-Network and Out-of-Network and **includes deductible, coinsurance, medical copayments and prescription copays/coinsurance** but does not include non covered amounts above the plan's fee schedule or allowable charge, or pre-authorization penalties.)*		
Lifetime Maximum Benefit	Unlimited	Unlimited
PHYSICIAN SERVICES		
Office Visit to PCP/ Specialist	You pay $30 PCP/ $50 Spec. copay/visit	Plan pays 70% (1) after deductible
Routine Gynecological Care	Plan pays 100%	Not Covered
Pre-Natal Care	You pay $30 copay/initial visit only	Plan pays 70% (1) after deductible
Routine Physical	Plan pays 100%	Not Covered
Well-Child Care	Plan pays 100%	Not Covered
Professional Services, Inpatient/Outpatient/ Office	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
HOSPITAL SERVICES		
Inpatient Admission (2)	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
Outpatient Services	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
Outpatient Ambulatory Surgery (2)		
- Physician Charges	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Hospital Charges	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Free-standing Surgical Center	Plan pays 90% after deductible	Plan pays 70% (1) after deductible up to a maximum allowable of $1,000 per surgery
Urgent Care Center	You pay $50 copay/visit	You pay $50 copay/visit
Emergency Room Services	You pay $100 copay/visit (Copay waived if admitted) **(Out-of-Area True Emergency Admissions are subject to In Network Benefits)**	
Inpatient Rehab & Skilled Nursing (2)	Plan pays 90% after deductible **(60 days per incident maximum)**	Plan pays 70% (1) after deductible
OTHER SERVICES		
Outpatient Therapies (2) Includes Physical, Occupational & Speech	**All Therapies (60 visit combined limit, every plan year)**	
- Hospital Based	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Office Based or Freestanding Facility	You pay $50 copay/visit	
Laboratory Services(3)		
- Hospital Based	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Office Based or Freestanding Facility	100% when administered in provider's office** Plan pays 90% after deductible for all lab services **NOT** available through Quest or Cigna OAP**	Plan pays 70% (1) after deductible
Quest diagnostics is QualCare's Exclusive Lab Provider 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. When services are rendered outside of New Jersey, Cigna Open Access Plus (OAP) labs may be utilized.		
Diagnostic Services (2)	**X-Rays, MRIs, CT Scans, PET Scans etc.**	
- Hospital Based	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Office Based or Freestanding Facility	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
Durable Medical Equipment (2)	Plan pays 90% after deductible	Not Covered
Home Health Care (2)	Plan pays 90% after deductible **(60 visits per year/not to exceed 4 hrs per visit)**	Not Covered
Chiropractic Care Covered age 18 and older only	You pay $50 copay/visit **(30 visit maximum every plan year)**	Not Covered
Fertility Treatments/Services - refer to SPD section Summary of Covered Services and Supplies on page 28 for description of specific covered services		
- Hospital based	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Freestanding	Plan pays 90% after deductible	Plan pays 70% (1) after deductible up to a maximum allowable of $1,000 per surgery
- Office based	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Inpatient Mental Health/Substance Use Disorder (2)	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
Outpatient Mental Health/Substance Use Disorder		
- Hospital Based	Plan pays 90% after deductible	Plan pays 70% (1) after deductible
- Office Based or Freestanding Facility	You pay $50 copay/visit	Plan pays 70% (1) after deductible

(1) For all Out-of-Network elective and non-emergent services the Plan will not pay more than Plan's Allowable Charges which will be based on 140% of current year Medicare/RBRVS.

(2) 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.

(3) 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.

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.

*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.

This is self-insured plan administered by:
QUALCARE

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