

PLAN M: COMMUNITY CARE HEALTH PLAN - NETWORK ONLY (GOLD)

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 (Cigna Open Access Plus (OAP) Network for Out of Area Care- Outside of NJ) |
|---|--|--|---|
| Deductible (Embedded*) (every Calendar year) | | None | \$2,500/Individual; \$5,000/Family |
| Out-of-Pocket Maximum (Embedded*) (every Calendar Year) | | \$3,000/Individual; \$6,000/Family | \$6,000/Individual; \$12,000/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 Visit ⁽³⁾ Covered 100%. Subsequent visits, You pay \$25 copay/visit You pay \$50 copay/visit | Plan pays 70% after deductible |
| Office Visit to Specialist | | You pay \$50 copay/visit | Plan pays 70% after deductible |
| Gynecological Care (non-routine) | | You pay \$50 copay/visit | Plan pays 70% 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 70% after deductible |
| HOSPITAL SERVICES | | | |
| Inpatient Admission ⁽¹⁾ | Pre-authorization Required | Plan pays 100% after \$500 per admission | Plan pays 70% after deductible |
| Outpatient Services | Pre-authorization Required | Plan pays 100% after \$50 copay | Plan pays 70% 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 70% after deductible Plan pays 70% after deductible Plan pays 70% after deductible |
| Urgent Care Center | | You pay \$50 copay/visit | You pay \$50 copay/visit |
| Emergency Room Services | Authorization required within 48 hours | You pay \$100 copay/visit (Copay waived if admitted) | You pay \$100 copay/visit (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 | Plan pays 100%, after \$500 admission copay (60 days per incident maximum) | Plan pays 70% 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 70% 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 or Cigna OAP** | Plan pays 70% after deductible Plan pays 70% after deductible Plan pays 70% 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, and Labs not sent to Tier 2 providers will not be covered. When services are rendered outside of New Jersey, Cigna Open Access Plus (OAP) labs may be utilized. | | | |
| Diagnostic Services ⁽¹⁾ X-Rays, MRIs, CT Scans, PET Scans etc | | Plan pays 100% | Plan pays 70% after deductible |
| Durable Medical Equipment ⁽¹⁾ | Pre-authorization Required | Plan pays 100% | Not Covered |
| Home Health Care ⁽¹⁾ | Pre-authorization Required | You pay \$50 copay/visit (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) | You pay \$50 copay/visit |
| Fertility Treatments/Services - refer to SPD section Summary of Covered Services and Supplies on page 28 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 70% after deductible Plan pays 70% after deductible Plan pays 70% after deductible |
| MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES | | | |
| Inpatient Mental Health/Substance Use Disorder ⁽¹⁾ | Pre-authorization Required | Plan pays 100%, after \$500 per admission | Plan pays 70% after deductible |
| Outpatient Mental Health/Substance Use Disorder | | You pay \$50 copay/visit | Plan pays 70% after deductible |
| <p>Note: There is No Out-of-Network benefit under PLAN M: COMMUNITY CARE HEALTH PLAN - NETWORK ONLY (GOLD). 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. Emergency Care and Urgent Care provided by an Out-of-Network Provider will be reimbursed at the network level, subject to the following: 1) The covered person must call the Plan at 1-888-670-8135 within 48 hours, or as soon as reasonably possible after an Emergency Care and Urgent Care visit. 2) Follow-up care or treatment by an Out-of-Network Provider will be treated as network benefits only to the extent it is Medically Necessary and Appropriate care or treatment rendered before the covered person can continue care provided by Participating/Network Providers.</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-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) In NJ, 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, when services 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> | | | |