

PLAN N: COMMUNITY CARE HEALTH PLAN - HIGH DEDUCTIBLE-NETWORK ONLY (HSA SILVER)

COMMUNITY CARE NETWORK PLAN

(HSA compatible)

BENEFIT SUMMARY

Benefit/Feature	Pre-authorization or Authorization Requirements	Tier 1	Tier 2
		COMMUNITY CARE NETWORK (CCN) Providers & Facilities Online Search: www.apehp.com Call 1-888-670-8135	QUALCARE REGIONAL HMO NETWORK (Cigna Open Access Plus (OAP) Network for Out of Area Care- Outside of NJ)
Deductible (Non-Embedded*) (every Calendar year)		\$1,500/Individual; \$3,000/Family (combined between Tier 1 and Tier 2)	\$3,000/Individual; \$6,000/Family (combined between Tier 1 and Tier 2)
Out-of-Pocket Maximum (Embedded**) (every Calendar Year) <i>(Out of Pocket Maximums are combined between Tier 1 and Tier 2 and includes deductible, coinsurance and 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>		\$6,550/Individual; \$13,100/Family	
Lifetime Maximum Benefit		Unlimited	
PHYSICIAN SERVICES			
Office Visit to Primary Care Physician (PCP)		After deductible, first 2 Visits ⁽³⁾ Covered 100%. Subsequent visits, Plan pays 90% after deductible	Plan pays 70% after deductible
Office Visit to Specialist		Plan pays 90% after deductible	Plan pays 70% after deductible
Gynecological Care (non-routine)		Plan pays 90% after deductible	Plan pays 70% after deductible
Preventive Services		100%	100%
Inpatient*/Outpatient*/Office Professional Services	Pre-authorization Required Inpatient & Outpatient	Plan pays 90% after deductible	Plan pays 70% after deductible
HOSPITAL SERVICES			
Inpatient Admission ⁽¹⁾	Pre-authorization Required	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient Services	Pre-authorization Required	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient Ambulatory Surgery ⁽¹⁾ - Physician Charges - Hospital Charges - Free-standing Surgical Center	Pre-authorization Required	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	Plan pays 70% after deductible Plan pays 70% after deductible Plan pays 70% after deductible
Urgent Care Center		Plan pays 90% after deductible	Plan pays 90% after deductible
Emergency Room Services	Authorization required within 48 hours	Plan pays 90% after deductible	Plan pays 90% after deductible (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 90% after deductible <i>(60 days per incident maximum)</i>	Plan pays 70% after deductible
OTHER SERVICES			
Outpatient Therapies ⁽¹⁾ Includes Physical, Occupational & Speech	Pre-authorization Required	Plan pays 90% after deductible 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 90% after deductible Plan pays 90% after deductible COMMUNITY CARE NETWORK (CCN) only **Plan pays 100% after deductible** Plan pays 90% after deductible for all 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 90% after deductible	Plan pays 70% after deductible
Durable Medical Equipment ⁽¹⁾	Pre-authorization Required	Plan pays 90% after deductible	Plan pays 70% after deductible
Home Health Care ⁽¹⁾	Pre-authorization Required	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		Plan pays 90% after deductible (30 visit maximum every plan year)	Plan pays 70% after deductible
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 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	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 90% after deductible	Plan pays 70% after deductible
Outpatient Mental Health/Substance Use Disorder		Plan pays 90% after deductible	Plan pays 70% after deductible
Note: There is No Out-of-Network benefit under PLAN N: COMMUNITY CARE HEALTH PLAN - HIGH DEDUCTIBLE-NETWORK ONLY (HSA 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. 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.			
(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.			
(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.			
(3) Preventive office visits do not count toward the first 2 Office Visits covered at 100%.			
*Aggregating means you can only satisfy the Family "Deductible" or the Family "Maximum Out-of-pocket" by meeting the family amount if you have family, employee+child(ren), or employee+spouse coverage. The Plan doesn't begin paying for the health care expenses of anyone in the family until the entire family Deductible has been met. If you have individual coverage, the Plan doesn't begin paying for health care expenses until the individual Deductible has been met. Refer to the Schedule of Benefits for Individual and Family amounts.			
**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: