

## THE AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN PLAN AND RATE COMPARISON

	Plan M  Community Care Health Plan - Network Only (Gold)	Plan N  Community Care Health Plan - High Deductible- Network Only (H.S.A. Silver)	Plan X  Community Care Health Plan - NJ Network Only (Silver)	Plan Y  Community Care Network Plan - NJ Network Only (Bronze)
<b>TIER 1</b>	<b><u>Tier 1 - CCN</u></b>	<b><u>Tier 1 - CCN</u></b>	<b><u>Tier 1 - CCN</u></b>	<b><u>Tier 1 - CCN</u></b>
DEDUCTIBLE	None	\$1,500/\$3,000 (Aggregating)	None	\$3,000/\$6,000
COINSURANCE	100%	90%	100%	50%
HOSPITAL CO-PAY	\$500 Per Admit	90% after Ded	\$500/day; \$2,500 max/admit	\$500/day; \$2,500 max/admit
PHYSICIAN/SPECIALIST CO-PAY	1st 2 PCP free then \$25/\$50 Copay	Ded, then 1st 2 PCP free, then 90%	1st 2 PCP free then \$30/\$50 Copay	\$30 after Ded/\$50 after Ded (1st 2 free PCP Visits)
URGENT CARE CENTER	\$50 Copay	90% after Ded	\$50 Copay	\$50 Copay
EMERGENCY ROOM	\$100 Copay	90% after Ded	\$100 after \$500 Ded	\$100 copay, then subject to Ded
OUTPATIENT SURGERY	\$50 Copay Hospital \$250 Copay Freestanding	90% after Ded	\$50 Copay Hospital \$250 Copay Freestanding	50% after \$50 copay after Ded (Hosp) 50% after \$250 copay after Ded (Freestanding)
LAB	100%	90% after Ded	100%	100%
MOOP	\$3,000/\$6,000	\$6,550/\$13,100	\$6,000/\$12,000	\$6,850/\$13,700
REFERRALS REQUIRED	No	No	No	NO
<b>TIER 2</b>	<b><u>Tier 2 - In Network QC HMO</u></b>	<b><u>Tier 2 - In Network QC HMO</u></b>	<b><u>Tier 2 - In Network QC HMO/NO NATL WRAP</u></b>	<b><u>Tier 2 - In Network QC HMO/NO NATL WRAP</u></b>
DEDUCTIBLE	\$2,500/\$5,000	\$3,000/\$6,000	\$2,500/\$5,000	\$6,000/\$12,000
CO-INSURANCE %	70%	70%	50%	50%
OUT-OF-POCKET (IND)	\$6,000/\$12,000	\$6,550/\$13,100	\$6,600/\$13,200	\$6,850/\$13,700
RX CARD	Multiple Choices	Multiple Choices	Multiple Choices	Multiple Choices