

SCHOOLS HEALTH INSURANCE FUND	AmeriHealth PPO 10		AmeriHealth NJEHP		AmeriHealth PPO HDHP		AmeriHealth GSHP	
	Only Available to employees hired before 7/1/2020				Only Available to employees hired before 7/1/2020		THIS PLAN USES A RESTRICTED NEWTORK OUT OF STATE PROVIDERS ARE NOT COVERED	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	None	\$100	None	\$350	\$1,500	\$3,000	None	\$350
Family	None	\$250	None	\$700	\$3,000	\$6,000	None	\$700
<b>Out of Pocket Annual Limit</b>								
Individual	\$400	\$1,500	\$500	\$2,000	\$5,000	\$10,000	\$500	\$2,000
Family	\$800	\$3,000	\$1,000	\$5,000	\$10,000	\$20,000	\$1,000	\$5,000
<b>Out of Network Restrictions</b>	n/a	none	n/a	Chiropractic, Acupuncture & PT have Limited Fee Schedule***	n/a	none	n/a	Chiropractic, Acupuncture & PT have Limited Fee Schedule***
<b>Referral by Primary Care Physician Required</b>	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
<b>Preventive Care</b>								
Preventive Care/Screenings/Immunizations (as per ACA Guidelines)	No Charge	30%, NO Deductible	No Charge	30%, NO Deductible	No Charge	30%, NO Deductible	No Charge	30%, NO Deductible
<b>Physician's Office Visit</b>								
Primary Care Services	\$10 Copay	30% after Deductible	\$10 Copay	30% after Deductible	No Charge after Deductible	30%, after Deductible	\$10 Copay	30% after Deductible
Specialist Services	\$10 Copay	30% after Deductible	\$15 Copay	30% after Deductible	No Charge after Deductible	30%, after Deductible	\$15 Copay	30% after Deductible
Maternity OB Visit	\$10 Copay	30% after Deductible	\$15 Copay	30% after Deductible	No Charge after Deductible	30%, after Deductible	\$15 Copay	30% after Deductible
<b>Emergency Medical Care</b>								
Urgent Care	\$10 Copay	\$10 Copay, no Deductible	\$15 Copay	\$10 Copay, no Deductible	No Charge after Deductible	30%, after Deductible	\$15 Copay	\$10 Copay, no Deductible
Emergency Room (medical emergencies & accidents)	\$50	\$50	\$125	\$125	No Charge after Deductible	Covered at In Network Level	\$125	\$125
Emergency Medical Transport	No Charge	No Charge	10%	10%	No Charge after Deductible	Covered at In Network Level	10%	10%
<b>Hospital Care</b>								
Inpatient Coverage	No Charge	30%, after Deductible	No Charge	30%, after Deductible	No Charge after Deductible	30%, after Deductible	No Charge	30%, after Deductible
<b>Other Services</b>								
Durable Medical Equipment	No Charge	30%, after Deductible	10%	30%, after Deductible	No Charge after Deductible	30%, after Deductible	10%	30%, after Deductible
<b>PRESCRIPTION (PROVIDED THRU EXPRESS SCRIPTS)</b>								
Retail (30 day supply)	\$5 Generic / \$15 Brand		<b>RETAIL (30day supply):</b> \$5 Generic; \$10 Brand w/NO Generic available; For Brand name drugs that have a Generic Available member pays the Difference between Brand and Generic*		30%, after Deductible		<b>RETAIL (30day supply):</b> \$5 Generic; \$10 Brand w/NO Generic available; For Brand name drugs that have a Generic Available member pays the Difference between Brand and Generic*	
Mail Order (90 day supply)	\$10 Generic / \$30 Brand				30%, after Deductible			
			<b>MAIL ORDER (90day supply):</b> \$10 Generic; \$20 Brand w/NO Generic available; For Brand name drugs that have a Generic Available member pays the Difference between Brand and Generic*				<b>MAIL ORDER (90day supply):</b> \$10 Generic; \$20 Brand w/NO Generic available; For Brand name drugs that have a Generic Available member pays the Difference between Brand and Generic*	
			<b>Utilization Programs Required:</b> Mandatory Generic* Step Therapy* Closed Formulary*				<b>Utilization Programs Required:</b> Mandatory Generic* Step Therapy* Closed Formulary*	
			*Policy allows clinical review to access desired medication at corresponding cost share				*Policy allows clinical review to access desired medication at corresponding cost share	

\*\*\*Chiropractic, Acupuncture & Physical Therapy have a different fee schedule. Reimbursement will be capped as follows:  
**Chiropractic \$35; Acupuncture \$60; Physical Therapy \$52**