

Caring Inc. Health Insurance Renewal options eff. 10/1/2023

	AmeriHealth New Jersey Advantage EPO Economy HSA \$2,500 deductible	AmeriHealth New Jersey EPO HSA \$2,500 deductible	AmeriHealth New Jersey EPO \$30/\$50 \$500
In-Network Benefits			
Deductible (Individual/Family)	Tier 1 & Tier 2: \$2,500 / \$5,000	\$2,500 / \$5,000	\$0 / \$0
Coinsurance	50%	0%	0%
Out-of-Pocket Maximum (Ind/Family)	Tier 1 & Tier 2: \$6,550 / \$13,100	\$6,650 / \$13,300	\$3,000 / \$6,000
Physician Services			
Routine Office Visit	Tier 1: \$30 after deductible Tier 2: \$50 after deductible	\$30 after deductible	\$30
Specialist Office Visit	Tier 1: \$60 after deductible Tier 2: \$75 after deductible	\$50 after deductible	\$50
Diagnostic Services			
Outpatient Lab (Freestanding/Hospital-based)	Tier 1 & Tier 2: 50% after deductible	\$0 after deductible	\$0
Outpatient X-Ray (Freestanding/Hospital-based)	Tier 1 & Tier 2: 50% after deductible	\$0 after deductible	\$0
MRI,CT, Pet Scan (Freestanding/Hospital-based)	Tier 1 & Tier 2: 50% after deductible	\$0 after deductible (pre-approval required)	\$0
Emergency Services			
Urgent Care	Tier 1 & Tier 2: \$75 after deductible	\$75 after deductible	\$75
Emergency Room	Tier 1 & Tier 2: \$100 after deductible	\$100 after deductible	\$100
Hospital/Surgery			
Outpatient Surgery	Tier 1: 30% after deductible Tier 2: 50% after deductible	\$0 after deductible	Facility: \$0 / Physician: \$0
Inpatient Hospital Services	Tier 1: 30% after deductible Tier 2: 50% after deductible (pre-approval required)	Facility: \$0 after deductible / Physician: \$0 after deductible (pre-approval required)	Facility: \$500/day - \$2,500 max/admission / Physician: \$0 (pre-approval required)
Medical Devices			
Durable Medical Equipment	Tier 1 & Tier 2: 50% after deductible	\$0 after deductible	50%
Out-of-Network Benefits			
Deductible (Individual/Family)	N/A / N/A	N/A / N/A	N/A / N/A
Coinsurance	N/A	N/A	N/A
Out-of-Pocket Maximum (Ind/Family)	N/A / N/A	N/A / N/A	N/A / N/A
Prescription Drugs			
Rx Deductible	In Network: Integrated	In Network: Integrated	In Network: None
Copay 1	\$7 after deductible	\$25 after deductible	\$25
Copay 2	50% after deductible - \$125 max	50 after deductible	\$50
Copay 3	50% after deductible - \$125 max	\$75 after deductible	\$75
Copay 4	None	None	None
Specialty	50% - \$125 max/50% - \$250 max after deductible	\$75 after deductible	\$75
Mail Order	\$14/50% - \$250 max/50% - \$250 max after deductible	\$50/\$100/\$150 after deductible	90 days: \$75/\$150/\$225

Please print name below:

<u>Cost Per Pay</u>	<u>Cost Per Pay</u>	<u>Cost Per Pay</u>
Employee: \$55.00	Employee: \$173.85	Employee: \$216.97
Employee and Spouse: \$263.22	Employee and Spouse: \$415.51	Employee and Spouse: \$518.56
Employee and child(ren): \$216.32	Employee and child(ren): \$341.47	Employee and child(ren): \$426.17
Family: \$389.88	Family: \$615.44	Family: \$768.08

Please circle your plan selection and cost per pay and sign on the line below.

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