

### Union County Vo-Tech

You have enrolled in a Health Maintenance Organization (HMO). This is a managed care program. Your coverage is available when your care is provided by your AmeriHealth Primary Care Physician. Your AmeriHealth Primary Care Physician may also refer you to other AmeriHealth providers for care, if needed.

This program may not cover all your health care services. Services may not be covered because they are:

- Not covered under your benefit contract
- Not medically necessary
- Limited by a benefit maximum (e.g. visit limit)

Your Evidence of Coverage identifies details about your benefit program. It also includes information about exclusions and benefit limitations. After reviewing this information, please contact our Member Service department if you have additional questions.

Benefit	Benefits and Services	Coverage
<b>Benefit Period</b> <sup>+</sup>	Calendar Year	Calendar Year
<b>Doctor Visits</b>	Office visits to your primary care physician	\$10 Copayment
	Home visits by your primary care physician	\$10 Copayment
	Non-routine after-hours visits to your primary care physician	\$10 Copayment
	Office visits to referred specialists	\$10 Copayment
	Preventive care for adults and children	Covered 100%
<b>Preventive Health Services</b>	Periodic health assessment	Covered 100%
	Immunizations (except for travel or employment)	Covered 100%
	Routine gynecological care (no referral required)	Covered 100%
	Mammography (no referral required)	Covered 100%
<b>Maternity</b>	Obstetrical care (including pre- and postnatal care)	Covered with a \$10 copayment for first visit. Subsequent visits to your OB/GYN covered 100%.
	Newborn care (both doctor and hospital)	Covered 100%

<sup>+</sup> A benefit period begins January 1 and ends on December 31.

The benefits may be changed by AmeriHealth to comply with applicable federal/state laws and regulations.



<b>Benefit</b>	<b>Benefits and Services</b>	<b>Coverage</b>
<b>Inpatient Hospital Services</b>	Facility	Covered 100%
	Physician/Surgeon	Covered 100%
<b>Outpatient Surgery</b>	Facility	Covered 100%
	Physician/Surgeon	Covered 100%
<b>Emergency Care</b>	Treatment in hospital emergency room	Covered with a \$35 copayment, which is waived if you are admitted to the hospital
<b>Ambulance</b>	Emergency	Covered 100%
	Non-Emergency	Covered 100%
<b>Urgent Care Center</b>	Treatment received in urgent care facility	Covered with a \$10 copayment
<b>Specialized Services</b>	Allergy testing and treatment	Covered 100%**
	Routine Radiology/Diagnostic	Covered 100%
	MRI/MRA, CT, PET Scans	Covered 100%
	Short-term rehabilitation therapy (including speech, occupational and physical therapy)	Covered 100%
	Spinal Manipulation	Covered 100%. 20 visits per calendar year.
	Respiratory Therapy	Covered 100%
	Chemotherapy	Covered 100%
	Radiation Therapy	Covered 100%
	Vision Care, including screening, eye exams and refractions	\$10 copayment; once every calendar year.
	Skilled Nursing Facility Services <sup>1</sup>	Covered 100%, up to 120 days per calendar year
	Durable Medical Equipment	All purchases and rentals (including repairs and replacements) are covered 100% when authorized by your Primary Care Physician
	Prosthetics	All purchases (including repairs and replacements) are covered 100% when authorized by your Primary Care Physician
	Home Health Care	Covered 100%
	Hospice	Covered 100%
Dialysis	Covered 100%	
<b>Mental Illness Care</b>	Outpatient	\$10 Copayment
	Inpatient	Covered 100%
<b>Treatment for Substance Abuse</b>	Outpatient	\$10 Copayment
	Inpatient	Covered 100%
<b>Annual Out-of-Pocket Maximum<sup>***</sup></b>	Individual	\$5,280
	Family	\$10,560

\*\* Office visits subject to copay

<sup>1</sup> Inpatient hospital copay applies if admitted without prior hospital stay

\*\*\* Includes deductible, coinsurance and copayments, when applicable

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## Services and Benefits Not Covered

As with all health insurance plans, AmeriHealth's coverage excludes certain services. Those not covered by AmeriHealth include, but are not limited to, the following :

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- Services not medically necessary
- Services not provided or referred by your primary care physician, except in emergencies
- Experimental and investigational services or items
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Services or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- The cost of services for which another party has primary responsibility
- Long-term rehabilitative therapy (e.g. maintenance of chronic conditions)
- Hearing aids, except as stated for dependent children
- Hearing aids
- Radial keratotomy
- Weight loss programs, except when provided through AmeriHealth Healthy Lifestyles<sup>SM</sup> programs
- Personal or comfort items not medically necessary, such as air conditioners, humidifiers, telephones or similar items
- Reversal of voluntary sterilization
- Transsexual surgery
- Cosmetic surgery, except for those services which are performed to restore bodily function or correct deformity resulting from disease, recent trauma or previous therapeutic process
- Immunization for travel or employment
- Prescription drugs and medications, except as required by law or by additional rider
- Care of the feet, unless medically necessary
- Services required by a member who is an organ donor

This summary represents only a partial listing of the benefits and exclusions of the HMO program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call **1-888-YOUR-AH1(1-888-968-7241)**.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to <http://www.amerhealthnj.com/precert> or call the phone number that is listed on the back of your identification card.

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.