

New Jersey



New Jersey Market Highlights



Amerigroup continues to be competitive in 16 New Jersey counties, offering richer benefits in 2019, comprehensive product portfolio of DSNP, CSNP, LIS-focused HMO and our NEW \$0 HMO plans.



The DSNP provides a \$125/month OTC and NEW expanded supplemental benefits addressing Social Determinants of Health risks.

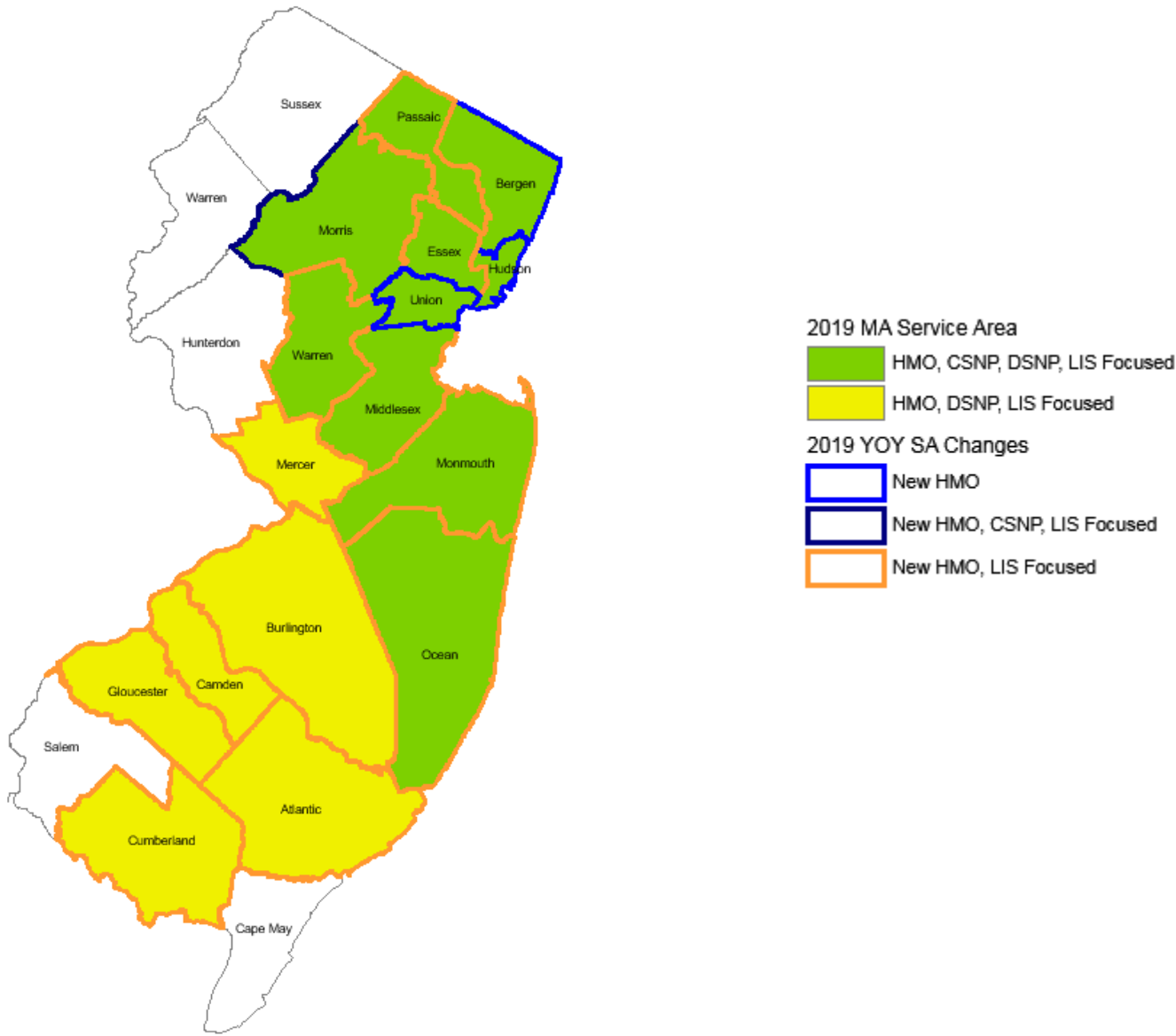


The NEW \$0 HMO covers 16 counties, includes market leading benefits and rich supplemental benefits, such as OTC allowance.

The provider network continues to grow, and includes the addition of Riverside Medical Group.

Part D benefits on the HMO MAPD plans include ED Rx and \$0 Tier 6 gap coverage at both preferred and non-preferred pharmacies. The new HMO also excludes Tiers 1 and 2 from the deductible and includes 90-days preferred mail-order for 60-day copayment.

New Jersey 2019 Service Area



New Jersey 2019 Plan Highlights

Amerivantage Balance (HMO)
H3240-021

Service Area **Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union**

LIS Eligibility	WITH MEDICARE AND				
	No LIS, You Pay	100% Subsidy, LIS 3 You Pay	75% Subsidy, LIS 2 You Pay	50% Subsidy, LIS 1 You Pay	25% Subsidy, LIS 4 You Pay
Monthly Premium	\$32.70	\$0	\$8.18	\$16.35	\$24.52
Max Out-of-Pocket	\$5,900				
Primary Care Physician	\$10 copay				
Specialist	\$45 copay				
Inpatient Hospital	\$325 (5 days)				
Rx Copays (preferred cost shares) T1/ T2 / T3 / T4 / T5 / T6	\$0 / \$14 / \$47 / \$95 / 25% / \$0	Tier 1 & 2 - \$0 Tier 3, 4, 5, & 6 - \$0	Tier 1 & 6 - \$0 Tier 2 - \$1.25 Tier 3, 4 & 5 - \$3.80	Tier 1 & 6 - \$0 Tier 2 - \$3.40 Tier 3, 4, & 5 - \$8.50	Tier 1 & 6 - \$0 Tier 2, 3, 4 & 5 – up to 15%
	(Erectile Dysfunction drugs covered)				
Rx Deductible	\$415 (Tiers 2-5)	\$0	\$0	\$0	\$85



New Jersey 2019 Plan Highlights

Amerivantage Balance (HMO) H3240-021	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 copay per day / Days 21 - 100: \$142 copay per day (Preferred) Days 1 - 20: \$0 copay per day / Days 21 - 100: \$172 copay per day (INN)
Outpatient Surgery Hospital	\$350 copay
Ambulatory Surgical Center	\$350 copay
Emergency Room	\$90 copay
Ambulance	\$350 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$65 copay
Diagnostic Radiologic Procedures	\$45 copay (doctor office) \$90 copay (outpatient facility)
Diagnostic Procedures/Tests	\$60 copay (doctor office) \$100 copay (outpatient facility)
X-rays	\$45 copay (doctor office) \$90 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 copay



New Jersey 2019 Plan Highlights

Amerivantage Balance (HMO) H3240-021

Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is an \$90 copay for emergency and urgent care services.
Routine Preventive Dental	\$0 copay for 1 oral exam(s) every year \$0 copay for 1 cleaning(s) every year Optional Supplemental Benefits are also available for an additional premium.
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year \$69 maximum eye exam coverage amount Optional Supplemental Benefits are also available for an additional premium.
Routine Eye Wear	\$125 allowance for eyewear per year
Routine Hearing Exams	\$0 copay for 1 hearing exam every year
Hearing Aids	\$0 copay for hearing aids fitting & evaluation \$2,000 maximum plan benefit for hearing aids every year
Transportation Benefit	40 one-waytrips per year
Over the Counter (OTC)	\$15 per month
Post Discharge Meals	12 meals (1 meal a day)
Live Health Online	Covered
Fitness	SilverSneakers®



New Jersey 2019 Plan Highlights

Amerivantage Dual Coordination (HMO SNP) H3240-013		Amerivantage Dual Coordination (HMO SNP) H3240-016
Service Area	Bergen, Burlington, Camden, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic, Somerset, Union	Atlantic, Cumberland, Gloucester, Mercer, Morris
Monthly Premium	\$0	
Dental	Covered under plan's Integrated Medicaid Benefit	
Vision	Covered under plan's Integrated Medicaid Benefit	
Hearing	Covered under plan's Integrated Medicaid Benefit	
Over the Counter (OTC)	\$125 a month (Catalog/Card)	\$125 a month (Catalog/Card)
Transportation	Covered under plan's Integrated Medicaid Benefit	
Fitness	SilverSneakers®	
Live Health Online	Covered	
Post Discharge	10 meals (1 meal a day)	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$16 / \$42 / \$92 / 25% / \$0	\$0 / \$12 / \$45 / \$93 / 25% / \$0
Rx Deductible	\$415 (Tiers 2-5)	
Medicare Community Resource Support	Covered	
Flex Benefits	Covered (Excludes Mobility benefit & Adult Day Center)	

New Jersey 2019 Plan Highlights

Amerivantage Classic (HMO) H3240-022	
Service Area	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union
Monthly Premium	\$0
Max Out-of-Pocket	\$6,700
Primary Care Physician	\$10 copay
Specialist	\$35 copay
Inpatient Hospital	\$350 copay (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$10 / \$42 / \$95 / 28% / \$0 (90 day mail-order savings on certain tiers / Erectile Dysfunction drugs covered)
Rx Deductible	\$250 (Tiers 3-5)



New Jersey 2019 Plan Highlights

Amerivantage Classic H3240-022	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 copay per day / Days 21 - 100: \$142 copay per day (Preferred) Days 1 - 20: \$0 copay per day / Days 21 - 100: \$172 copay per day (INN)
Outpatient Surgery Hospital	20% coinsurance
Ambulatory Surgical Center	20% coinsurance
Emergency Room	\$90 copay
Ambulance	\$300 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$65 copay
Diagnostic Radiologic Procedures	20% coinsurance
Diagnostic Procedures/Tests	\$35 copay (doctor office) \$90 copay (outpatient facility)
X-rays	\$20 (doctor office) \$30 copay (outpatient facility)
Outpatient Lab	\$0 copay

New Jersey 2019 Plan Highlights

Amerivantage Classic (HMO) H3240-022	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is an \$90 copay for emergency and urgent care services. Members access care through Blue Cross Blue Shield Global Core
Routine Preventive Dental	\$0 copay for 1 oral exam(s) every year \$0 copay for 1 cleaning(s) every year
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year
Routine Eye Wear	\$100 limit for eye glasses or contact lenses every year
Routine Hearing Exams	\$0 copay for 1 routine hearing exam(s) every year
Hearing Aids	\$0 copay for hearing aids \$2,000 maximum plan benefit for hearing aids every year
Transportation Benefit	N/A
Over the Counter (OTC)	\$50 per quarter
Live Health Online	Covered
Fitness	SilverSneakers®

New Jersey 2019 Plan Highlights

Amerivantage ESRD (HMO-POS SNP)* H3240-017	
Service Area	Bergen, Essex, Hudson, Middlesex, Monmouth, Morris , Ocean, Passaic, Somerset, Union
Monthly Premium	\$28**
Routine Preventive Dental	\$0 copay 2 exams, 2 cleanings, & 1 X-ray \$300 comprehensive***
Routine Eye Exam	\$0 per exam
Routine Hearing Exam/ Hearing Aids	\$0 copay for 1 hearing exam \$2,000 hearing aid limit per year
Routine Podiatry	\$0 copay unlimited visits per year
Transportation Benefit	Coverage for 52 one-way routine transportation services every year. Trips are limited to 60 miles.
Live Health Online	Covered
Out of Network	20% for most Medicare covered Part A and B Services. Not all services covered out of network

*Enrollment for this plan will be executed by Anthem Field Representatives only

**Plan premium is subject to LIS premium subsidy

***\$75 per quarter