Members HealthPlan NJ

Plan X: AWH Network Only High (Silver)

NO REFERRALS REQUIRED

BENEFIT FEATURES	TIER 1: MAXIMUM SAVINGS TIER 1 - (NJ) AETNA WHOLE HEALTH℠- NEW JERSEY-AETNA SELECT MULTI-TIER	TIER 2: STANDARD SAVINGS TIER 2 - OPEN ACCESS AETNA SELECT
Deductible and Maximum Out-of-Pocket are combined between Tier 1 and Tier 2. Maximum Out-of-Pocket includes any Deductible, Coinsurance, medical Copayments and prescription copay/Coinsurance but does not include non-covered amounts above the Plan's Allowable Charges, or Precertification penalties.		
Annual Deductible	None	$2,500/Individual; $5,000/Family (Embedded)
Annual Maximum Out-of-Pocket	$6,000/Individual; $12,000/Family (Embedded)	$6,000/Individual; $12,000/Family (Embedded)
Lifetime Maximum	Unlimited	Unlimited
Preventive Care screens		
Preventive Care (wellness office visit)	Plan pays 100%	Plan pays 100%
Preventive Care/screenings	Plan pays 100%	Plan pays 100%
Physician services		
Primary Care Provider	First 2 PCP visits covered at 100%; subsequent visits, You pay $30 copay/visit (Preventive office visits do not count toward the first 2 PCP office visits covered at 100%)	After Deductible, Plan pays 50%
Non - routine gynecological care	You pay $50 copay/visit	After Deductible, Plan pays 50%
Routine pre-natal care	You pay $30 copay (initial visit only)	After Deductible, Plan pays 50%
Specialist Physician	You pay $50 copay/visit	After Deductible, Plan pays 50%
Walk In clinic	You pay $30 copay/visit	After Deductible, Plan pays 50%
Telahealth services (TelaDoc)	General Medicine/Behavioral Health: You pay $30 copay/visit Dermatology: You pay $50 copay/visit	N/A
Hospital services		
Inpatient- Facility/Hospital charges(2)	$500 per day copay up to $2,500 maximum per admission, then Plan pays 100%	After Deductible, Plan pays 50%
Outpatient Ambulatory Surgery- Facility/Hospital charges(2)	$250 copay then plan pays 100%	After Deductible, Plan pays 50%
All other Outpatient Care- Facility/Hospital charges	$50 copay then Plan pays 100%	After Deductible, Plan pays 50%
Emergency care		
Urgent Care Center	You pay $50 copay/visit	You pay $50 copay/visit
Emergency admission	$500 per day copay up to $2,500 maximum per admission	$500 per day copay up to $2,500 maximum per admission
Emergency room services	$100 copay/visit, then Plan pays 100% (Copay waived if admitted)	$100 copay/visit, then Plan pays 100% (Copay waived if admitted)
Inpatient Mental Health and Substance Use Disorder(2)		
- Facility/Hospital based	$500 per day copay up to $2,500 maximum per admission	After Deductible, Plan pays 50%
- Physician/professional charges	Plan pays 100%	After Deductible, Plan pays 50%
Outpatient Mental Health and Substance Use Disorder		
- Office based	You pay $30 copay/visit	After Deductible, Plan pays 50%
- All other Outpatient (includes: Partial Hospitalization treatment, intensive outpatient program, skilled behavioral health services, electro-convulsive therapy (ECT), transcranial magnetic stimulation (TMS), psychological and neuropsychological testing, 23 hour observation, peer counseling support by a peer support specialist, outpatient and ambulatory detoxification)	You pay $50 copay/visit	After Deductible, Plan pays 50%
Laboratory services(2)		
- Facility/Hospital based	Plan pays 100%	After Deductible, Plan pays 50%
- Office based or free-standing lab	You pay $30 copay/visit	After Deductible, Plan pays 50%
Other Diagnostic Services (X-rays/MRIs/CT Scans/PET Scans/MRAs/mammography etc.)(2)		
- Facility/Hospital based	Plan pays 100%	After Deductible, Plan pays 50%
- Office based	Plan pays 100%	After Deductible, Plan pays 50%
Outpatient Therapy Services(2)		
- Facility/Hospital based	You pay $50 copay/visit	After Deductible, Plan pays 50%
- Office based or free-standing	You pay $50 copay/visit	After Deductible, Plan pays 50%
Plan notes/requirements:		
Embedded means you can satisfy the Family "Deductible" or the Family "Maximum Out-of-Pocket" with any combination of family members satisfying the amount. However, no one individual may meet more than the individual amount.		
For all Out-of-Network elective and Non-Emergent Services, there is no coverage.		
(2) Some services listed may require Precertification. Network Providers should obtain Precertification for you. You are responsible for Precertification for all services by Out-of-Network Providers. A penalty of 50% of the Plan's allowable amount, to a maximum of $10,000 will be applied if Precertification is not obtained. See the Plan's website at www.membershealthplannj.com for a complete Precertification list.		
Note: This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.		