Alternate Options
Moorestown Township

Quote Effective Date: 07/01/2019

Current Benefits

Products	One Adult	Child	Children	Two Adults	Family
Medical					
GS AH PPO 15/80% w/Modified Benefits	$1,241.53	$1,811.61	$1,811.61	$2,708.23	$3,165.66
GS AH HMO 10 w/Modified Benefits	$984.95	$1,453.85	$1,453.85	$2,192.55	$2,552.06
GS AH HMO 15 w/Modified Benefits	$982.88	$1,450.81	$1,450.81	$2,187.95	$2,546.70
Rx					
PPO Rx 8/15/15 VG w/OC MO	$245.22	$327.45	$327.45	$575.18	$588.61
Vision					
HMO/POS Vision Rider $35 Biennial	$1.39	$2.46	$2.46	$2.92	$4.12

Alternative Benefit Plan Options

Products					
Medical	**State Match Plans**				
PPO PS D ($15/$15/$0/70%) w/o Rx	$987.59	$1,441.06	$1,441.06	$2,154.30	$2,518.16
AH PPO 15/25/70%	$977.51	$1,426.36	$1,426.36	$2,132.31	$2,492.46
HMO Public Sector 10	$911.91	$1,330.64	$1,330.64	$1,989.22	$2,325.20
Rx					

7/11/19

QUOTE CONDITIONS

Rates are based on current enrollment and contract mix. If subsequent enrollment differs, a re-rate may be required.

The Alternative benefit plans are intended to replace your current benefit(s); they are not intended as additional offerings with your current benefits.

AmeriHealth's rates apply only to subscribers employed or residing within AmeriHealth's service area.

Not all plan combinations are saleable. Underwriting reserves the right to reject any particular combination of benefits.

75% participation is required for the following lines of business: PPO, Point of Service Plus, HMO Plus

Rates include broker commissions.

Please note that all benefit change requests must be received no later than fifteen (15) calendar days prior to the rate renewal date.

Rates assume Product Management approval of all benefit exceptions.

The Dependent to Age 30 rate is 67.4% of the single rate.

Rates for PPO/EPO/POS+ include National Access Rider.

Rates Prepared by AmeriHealth NJ Underwriting

Underwriter: NV

CID: 998595

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