

WHAT'S NEW?

We've been working on enhanced tools for you and thinking about how we can serve you better.

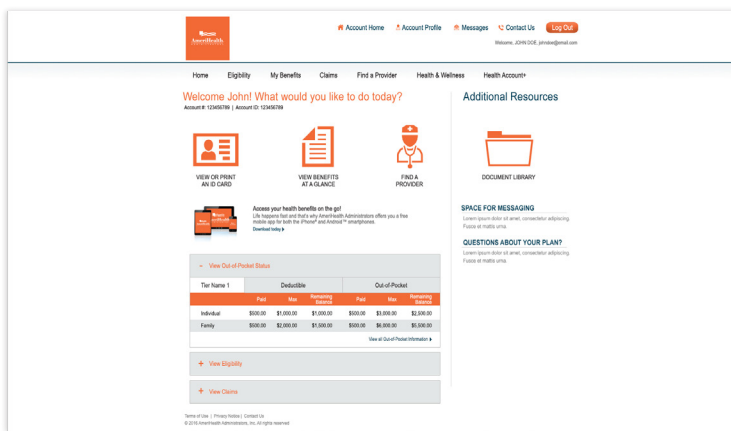
What does that mean for you? Some new and improved online and offline information and tools. Here is what you'll see now.

New ID card

You are getting a new ID card in the mail. Here's what's new on your ID card:

- **Member ID number** — Your eligibility information and claims history are carried over to your expanded member ID number.
- **New website address** — Access your new website at myahabenefits.com
- **New phone number** — A new phone number to reach the customer experience team if you want to ask a representative about your benefits.

New look for your secure plan member website at a new address – myahabenefits.com



The enrollment data, benefit information, and up to 18 months of claims history that appeared on your old website is moving to your new website. You'll find all of your information and resources to help you manage your health benefits at this new website.

- New out-of-pocket (OOP) feature shows how much you've met toward your annual OOP maximum and how much remains.
- New dashboard gives you quicker access to claims and enrollment information.

Please take these actions:

- Show your new ID card to your health care providers.
- Use the new address — myahabenefits.com — when you visit your new website.
- Search for myahabenefits on the App StoreSM or Google PlayTM for the new mobile app.
- Register on your first visit using your new member ID number, even if you registered on the old website or app.
- To talk with a representative, call the service number on your ID card.

Plain-language claim summary with every Explanation of Benefits (EOB)

| | | |
|---|----------|--|
| Summary of a claim for JANE DOE, claim number: 12345678901234 | | |
| For services on March 16, 2017 through March 16, 2017 For services provided by Your Doctor | | |
| Billed amount | \$421.00 | This is the amount that was billed for your health care services. |
| Allowed amount | \$62.08 | This is the billed amount less the amount you saved by using a network doctor or hospital . AmeriHealth Administrators negotiates lower rates with network doctors and hospitals to help you save money. |
| What your plan paid | \$42.08 | This is the amount your plan paid to Your Doctor. |
| Amount not covered | \$0.00 | This is the portion of the allowed amount that your plan did not pay. You may need to pay this amount. The Explanation of Benefits included with this summary gives more information. |
| What you owe or what you have paid | \$20.00 | This amount is your responsibility. It may include: your deductible, coinsurance, copayments; any amount over the maximum your plan pays, or fees for products or services that your plan does not cover.* |
| So far in this plan year, you have paid | | |
| For in-network/out-of-network services | | |
| • \$383.23 toward your \$1,500.00 in-network individual deductible | | |
| • \$517.00 toward your \$3,000.00 in-network individual out-of-pocket limit | | |
| • \$474.49 toward your \$3,000.00 in-network family deductible | | |
| • \$619.44 toward your \$6,000.00 in-network family out-of-pocket limit | | |

You'll get this new, easier-to-read claim summary with the EOB you receive for each of your claims. It shows how much you've met toward your deductible and out-of-pocket maximum at the time we processed your claim. And the new statement shows how much you may be responsible to pay your health care provider for the services included in the claim.

We look forward to continuing to serve you.

Nondiscrimination Notice and Language Access Services

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en su tarjeta de identificación (TTY: 711).

注意: 如果您使用简体中文, 您可以免费获得语言协助服务。请致电您ID卡上的电话号码。

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