



2024 Benefits at a Glance

Health plans designed for small employers



SMALL GROUP

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We are AmeriHealth



For nearly 30 years, AmeriHealth has offered affordable and comprehensive health insurance to small employers and their employees throughout New Jersey. We are here to help the Garden State flourish, and that includes your business!

When you choose AmeriHealth, you are choosing a company that is part of your community. We live here, work here, and rely on the quality and security of our AmeriHealth coverage to keep ourselves and our families safe and healthy.

We offer:



Affordable health plans

Small employers can choose from a variety of health plans to fit their needs.



Broad and flexible provider network

Multiple network options help small employers and their employees save on out-of-pocket costs.



Virtual care benefits

Members can talk to a board-certified doctor or behavioral health provider anytime.



Convenient online and mobile tools

Members can manage their benefits anytime and easily find providers.

AmeriHealth at a glance

- Headquartered in **Cranbury, NJ**
- **155** employees, and ranked one of the **Best Places to Work** by *NJBIZ* 12 years in a row
- Serving more than **200,000** members and **3,500** businesses in New Jersey
- One of the **largest provider networks** in the state, with doctors and hospitals in all **21** counties
- Passionate about **servicing our community** through volunteer work and donations

What's new in 2024

AmeriHealth can meet the unique needs of small employers and their employees with cost-effective plan designs, well-being programs, and value-added services. Each year, we review our portfolio to ensure that our small employers have options that make sense for their employees. We're pleased to offer the following enhancements for 2024:



Virtual care solutions through Teladoc™ Health

Members will have virtual care benefits for general medical, mental health, and dermatology through Teladoc Health (Teladoc). Teladoc's provider network is three times larger and more cost-effective than our previous virtual care vendor. That means shorter wait times for members and lower costs for employers. Members can also take advantage of more features, including the caregiver feature and third-party calling.

Learn more about virtual care benefits through Teladoc starting on page 11.



Enhanced behavioral health support

We offer several ways for members to access support for their mental health, including telebehavioral health services through Teladoc and complimentary support and guidance from Customer Care Advocates and behavioral health case managers. In addition, members now have access to **myStrength® Plus**. This digital platform offers self-guided tools and programs to support members' mental health. We've also included access to **ATLAS** (Addiction Treatment Locator, Assessment, and Standards) to help members find addiction treatment that will meet their needs.

Learn more about behavioral health support services on page 12.



New cancer support program

To help support and provide guidance to members with a cancer diagnosis, AmeriHealth now offers **Thyme Care** at no additional cost. Thyme Care provides cancer patients with personalized support and resources.

Learn more about Thyme Care on page 13.



Redesigned website

The AmeriHealth website recently underwent a makeover. Visit the updated website at [amerhealth.com](https://www.amerhealth.com) to see the exciting changes, including easier navigation, quick access to explore plans, find care, and stay healthy, and redesigned resources sections specific to members, clients, brokers, and providers.

Health plans for a variety of needs and budgets

We offer a variety of health plans so small employers can find the best fit for their business and employees.

Under the Affordable Care Act, we are required to use metallic tiers to organize all health plans by the level of coverage they offer.

Small employers can choose from health plans that offer access to high-quality care from an extensive network of doctors and hospitals. All our health plans cover the same essential health benefits, including doctor visits (in person and virtual), hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more.

Select EPO health plans offer savings and flexibility

Our suite of Select EPO health plans is competitively priced and combines the flexibility of an EPO with more cost-savings:

- Members are required to select a primary care physician (PCP). They can easily do so by logging in at [amerhealth.com](https://www.amerhealth.com).
- Once selected, a member's PCP will help coordinate their health care needs. This leads to better value-based deals, improved health outcomes, and lower premium costs.



Save time: Find the right provider

We make it easy for members to find in-network doctors and hospitals through our provider finder tool. Log in at [amerhealth.com](https://www.amerhealth.com).

Health plans that focus on affordability

With our AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans, small employers can offer options that focus on high-quality care and affordability. These plans have tiered benefits so members can save even more when they get care from Tier 1 providers.

Cost-saving tiered benefits

AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans have tiered benefits, which means members can save on care with certain providers.*

AmeriHealth Advantage¹

- Lowest out-of-pocket costs when members use Tier 1 doctors and hospitals
- Tier 2 available through the Local Value or Regional Preferred with NY network
- Combined deductible and maximum out-of-pocket

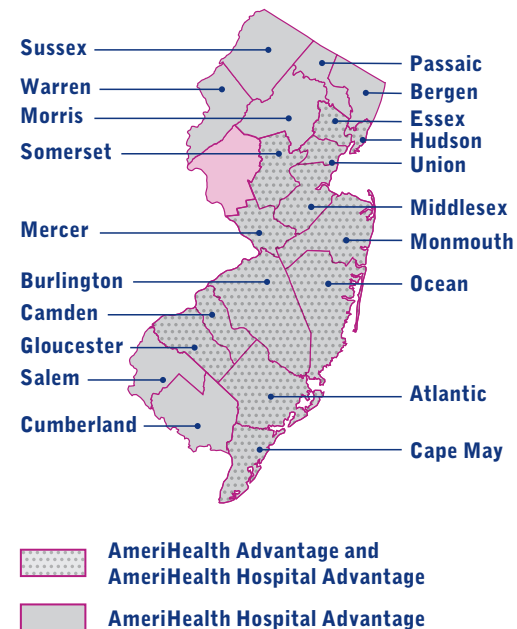
AmeriHealth Hospital Advantage²

- Lowest out-of-pocket costs when members use Tier 1 hospitals and facilities for hospital and facility services
- Tier 2 available through the Local Value network
- Combined deductible and maximum out-of-pocket

These products are only available in certain counties. Refer to the map to see if they are available where your small employer is headquartered.



Tier 1 Tier 2



Benefits of AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans

- Simple and easy to use
- Lower monthly premiums
- Lower deductibles and out-of-pocket costs
- No referrals needed

Please see page 42 for footnotes for AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans.

* Certain types of providers are not grouped into tiers. Rather than having a tier assignment in the Provider Finder, these providers will be listed as "Participating." If you receive covered services from a provider listed as "Participating," it may be processed at a Tier 2 cost-share.

Network options

AmeriHealth has a variety of networks so small employers can choose the one that best fits their needs and budget.

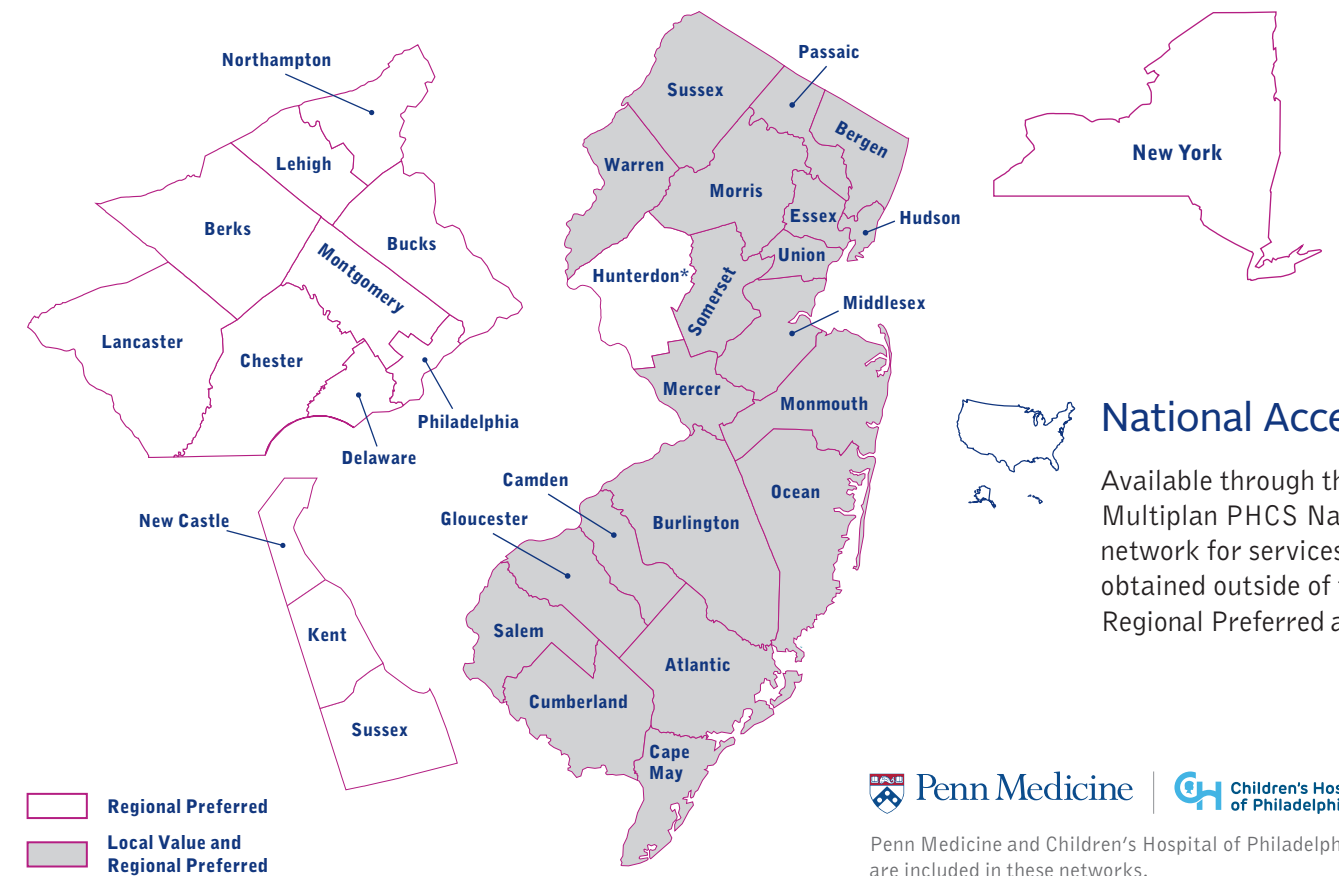
Our networks differ based on geography and which doctors, hospitals, and other health care providers participate in the network. No matter what network members have, they always have access to providers across the State of New Jersey. Members can search for in-network providers at amerihealth.com/providerfinder.

Regional Preferred

The Regional Preferred network is one of the largest networks of doctors and hospitals in the State of New Jersey.¹ Members have access to in-network health care providers in New Jersey, Southeastern Pennsylvania, Delaware, and New York.^{2,3}

Local Value

Health plans that use the Local Value network* offer a more affordable rate by providing access to a subset of the Regional Preferred network across the State of New Jersey.



National Access

Available through the Multiplan PHCS National network for services obtained outside of the Regional Preferred area.^{3,4}

Penn Medicine | **Children's Hospital of Philadelphia**
 Penn Medicine and Children's Hospital of Philadelphia are included in these networks.

Please see page 42 for Network options footnotes.

* Health plans that use the Local Value network are not available for purchase for employers headquartered in Hunterdon County.

Prescription drug benefits

Our medical plans include prescription drug coverage, so members get safe, affordable access to covered medications.

Members save with lower-cost alternatives

Members pay less when their doctor prescribes generic and lower-cost brand alternatives. We also make it easier for doctors to select more affordable medications. They can view how much a member will pay for a medication while they're choosing one to prescribe.

Convenient medication management



Easy-to-use online and mobile tools

Members can log in at [amihealth.com](https://www.amihealth.com) to find an in-network pharmacy, estimate drug costs, review claims, and submit mail order requests.



Mail order convenience

Members can sign up to have medications they take regularly delivered by mail. Standard shipping is always free! In most plans, they'll pay less for a 90-day supply when they use mail order/home delivery.

Choosing generics saves members money

Our drug formulary includes three tiers of cost-sharing for prescription drugs, with generic drugs being the most affordable.

\$	Generic Rx
\$\$	Brand Rx
\$\$\$	Non-preferred Brand Rx

Pharmacy network includes nearly

68,000 PHARMACIES
NATIONWIDE

Streamlined benefits administration

We provide small employers with superior service and tools for effective account management.

Employers can administer their health plan benefits efficiently and securely 24/7 through our employer portal at [amihealth.com](https://www.amihealth.com). They can log in for access to enrollment, billing, member ID cards, and more.



Pay invoices by eBill

Make one-time payments up until the premium due date, or set up recurring monthly payments from one or multiple bank accounts.



Manage an account

Add employees, change employee or dependent information, and administer spending accounts.



Get member ID cards

Request new ID cards for employees and their covered dependents.

Stay connected

Brokers

Brokers can stay in the know with timely updates by signing up for our bi-weekly broker communication, *Market Edge*. Critical and time-sensitive updates can be received via text by opting in to Broker Wire. Visit [amihealth.com/brokerwire](https://www.amihealth.com/brokerwire) to sign up.

Members

Members can text **MYAMERIHEALTH** to **77576** to sign up to receive personalized reminders about their health, important plan notifications, and money-saving tips by text message.



Members deserve a health plan that makes it easier to keep their body, mind, and even finances healthy. That's why small employers should choose AmeriHealth.

We see the big picture of health. In addition to ensuring that small employers and their employees have comprehensive benefits for their physical and mental health, we also provide programs and resources that help them stay healthy in all aspects of their life.

Taking care of members' overall health

Staying healthy goes beyond seeking care when a health issue arises. Our health plans make it easier for members to take care of themselves — physically, mentally, and even financially.

We are focused on whole-person health, which means helping members stay healthy in all aspects of their life. Our health plans offer members access to the care they need when they need it and personalized support and programs to help them make informed decisions. We reward our members for healthy habits and offer extra support for complex health challenges.

\$0 virtual care benefits

Our virtual care benefits through Teladoc make it easier and more affordable for members to take care of their health. Teladoc is quick, convenient, and affordable — members pay \$0* cost-sharing. They have access to board-certified doctors by phone, online, or through Teladoc's award-winning mobile app. Virtual visits are available in several languages through an interpreter, including American Sign Language (ASL).



Teladoc General Medical. Talk to a board-certified doctor 24/7 for non-emergency conditions, such as sinus pain, flu, earache, pink eye, and sore throat. Members get a diagnosis and prescription (if needed).



Teladoc Health Dermatology. Get convenient and reliable skincare from a licensed dermatologist for a wide range of conditions. Members can use their Teladoc account to request a dermatology consult, complete a short form, and upload images of their skin issue.

90% Nearly 90% of users report being highly satisfied with their Teladoc experience.

* HSA members are subject to the program allowance for consultations until their deductible has been met. Subject to change.

Focus on your mental health

Mental and physical health are important to overall well-being. Our approach integrates both, taking a member's whole health and equitable access to care into account. This helps improve outcomes and address gaps in care.

We offer many services to ensure that members can easily access affordable and personalized support and resources for their mental health.



Teladoc Mental Health Care. Talk to a board-certified psychiatrist, licensed psychologist, or licensed therapist from the Teladoc network by phone or video chat. Members pay \$0* cost-sharing. Teladoc's network of behavioral health professionals can help with concerns like anxiety, depression, grief, work pressures, and more, and members can build an ongoing relationship with a provider of their choice.

75% More than 75% of users with depression or anxiety reported improvement after their third or fourth Teladoc Mental Health Care visit.



Customer Care Advocates and behavioral health case managers.

Members can call the number on the back of their ID card under Mental Health/Substance Abuse to speak with specially trained Customer Care Advocates or behavioral health case managers. These professionals can screen members and help connect them to behavioral health care that suits their needs and preferences. Licensed clinical triage staff are also available for clinical assessment, in-the-moment support, crisis management, and connection to ongoing services.



Self-service tools and resources. Members can log in to their secure member account anytime for digital resources dedicated to improving their mental health. One new option is **myStrength Plus**†, which offers highly personalized, evidence-based programs and tools for mental health challenges.

Another resource is **Quartet**, which can help members find their match for an in-network mental health care provider who fits their needs and accepts their coverage.

53% Members using **myStrength Plus** have experienced a 53% reduction in depression scores.

Source: ncbi.nlm.nih.gov/pmc/articles/PMC5395692/



Addiction support and treatment. Members also have access to **ATLAS** (Addiction Treatment Locator, Assessment, and Standards), a free online tool created by Shatterproof that connects you or your loved ones with trustworthy, in-network addiction treatment, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services. It also supports efforts to improve overall treatment quality by setting a quality standard.

* HSA members are subject to the program allowance for consultations until their deductible has been met. Subject to change.
† myStrength Plus is available to members ages 18 and older.

Condition-specific support

Members don't have to manage challenging health issues alone. Our Registered Nurse Health Coaches offer extra support to members for chronic condition and disease management. Pregnant members can self enroll in our **Baby FootSteps® Maternity Program** for support from a Registered Nurse Health Coach and online educational resources.

Cancer support from Thyme Care. We understand how challenging cancer treatment can be, so we offer a cancer support team through Thyme Care to help give members peace of mind. With Thyme Care, members get 24/7 on-demand nurse support, advocates who can collaborate with their medical team and caregivers, and additional support that may include financial help, transportation, or community groups dedicated to supporting cancer patients.

Support to help members reach their health goals

Everyone's journey to well-being is different — we encourage members to embrace theirs! Whether they are generally healthy or need extra support, Embrace Well-being can help our members reach their personal goals.

Our members have access to personalized support, resources, and savings:



Extra support. Get complimentary 24/7 support from Registered Nurse Health Coaches, chronic condition and disease management, behavioral health guidance, and support during pregnancy.



Personalized online tools. We make it easy and fun to stay motivated on your well-being journey. Create an action plan and get reminders specific to your health goals. You can also sync up with fitness apps and devices to track your progress, create challenges, and invite friends.



Affordable workouts. Download the HUSK Movement app, which makes getting fit convenient and more affordable. Choose from a variety of on-demand content, pay-as-you-go discounted classes, virtual workouts, gym day passes, or personal training sessions. There are no class limits or cancellation fees.



Member-exclusive discounts. Save money on health-related products and services, entertainment, and events! We offer a wide range of discounts, from local and regional businesses to merchant gift certificates and online shopping.

Learn more at amerihealth.com/wellness.



Members can earn \$150

Health plan subscribers* can earn up to \$150 Embrace Well-being dollars for their healthy habits. Embrace Well-being dollars can be redeemed for gift cards to a variety of popular retailers.

To earn \$150, subscribers must complete eligible activities during the plan year:

- Complete any of the 13 activities
- Submit the Embrace Well-being verification form

Visit [amerihealth.com/wellness](https://www.amerihealth.com/wellness) to learn more.

* Embrace Well-being Rewards is only open to the health plan subscriber and spouses. Dependent children are not eligible to earn Embrace Well-being dollars.

Focus on financial well-being

Our health plans feature more than just medical and prescription drug benefits. Financial stress can impact overall well-being, so we offer ways to improve our members' financial health, too.

Paying for college and reducing student loan debt

GradFin* helps members find ways to save for college and reduce student loan debt. They offer:

- **Student Loan Financial Education.** Members can sign up for free consultations, live webinars, and "town hall" meetings to help reduce their debt.
- **Student Loan Solutions.** Get help with new or refinanced loans and consolidating loans.
- **Public Service Loan Forgiveness (PSLF) program.** GradFin helps members stay on track by auditing payments and certifying income and employment.

Advantages of a health savings account (HSA)

By offering one of our HSA-qualified EPO health plans, small employers pay lower premiums while giving their employees a way to save for qualified medical expenses, both now and in the future.

HSAs offer triple tax savings at the federal level: pre-tax or tax-deductible contributions; tax-free interest and investment earnings; and tax-free distributions for qualified medical expenses.

Employers get...

- Flexibility to choose plans that fit their budget
- Tax advantages and no administrative fees
- Convenient funding methods
- Seamless account management, reporting tools, and spending account resources at [amerihealth.com](https://www.amerihealth.com)

Employees get...

- Tax advantages and no monthly account fee[†]
- Access to their account at [amerihealth.com](https://www.amerihealth.com)
- Claims integration for streamlined payment from spending accounts
- Specialized customer service
- Easy access to funds via Mastercard[®] debit card

2024 HSA and High-Deductible Health Plan (HDHP) Limits

Contribution limits Self-only/Family	\$4,150/\$8,300
HDHP minimum deductible Self-only/Family	\$1,600/\$3,200
HDHP maximum out-of-pocket Self-only/Family	\$8,050/\$16,100

* Gradfin is a value-added program and not a benefit under an AmeriHealth plan and is, therefore, subject to change without notice. GradFin is not a debt relief services company, lender, loan broker, broker-dealer, registered investment adviser, or insurance agent. Information provided by GradFin does not constitute, nor does GradFin provide, tax, legal, financial, credit counseling, or accounting advice.

[†] Some banking fees and optional investment account fees may apply.



2024 HEALTH PLANS | **BRONZE**

BRONZE HEALTH PLANS		SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	
CHOOSE YOUR NETWORK		LOCAL VALUE ⁵	
MEDICAL BENEFITS	TIER 1	TIER 2	
Deductible — Individual/Family	\$6,000/\$12,000 ⁶		
After deductible, member pays...	50%		
Maximum out-of-pocket — Individual/Family	\$8,000/\$16,000 ⁷		
Primary care visits	\$50 copay, after deductible ⁸		
Specialist visits	\$75 copay, after deductible		
Urgent care services	50% coinsurance, after deductible		
Emergency room	50% coinsurance, after deductible		
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days, after deductible ⁹		
X-rays and diagnostic imaging	50% coinsurance, after deductible		
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible		
Laboratory ¹	50% coinsurance, after deductible		
Inpatient treatment — Mental and behavioral health and substance use disorder	\$500 copay per day, up to 5 days, after deductible ⁹		
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay, after deductible		
Rehabilitation therapy services ²	\$75 copay, after deductible		
Chiropractic care ³	\$35 copay, after deductible		
Durable medical equipment	50% coinsurance, after deductible		
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		
Generic Rx	50% coinsurance, up to \$125 max, after deductible		
Brand Rx	50% coinsurance, up to \$125 max, after deductible		
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

BRONZE HEALTH PLANS		SELECT EPO HSA AMERIHEALTH ADVANTAGE ¹¹ \$25/\$50	
CHOOSE YOUR NETWORK		LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³	
MEDICAL BENEFITS	TIER 1	TIER 2	
Deductible — Individual/Family	\$6,000/\$12,000 ⁶		
After deductible, member pays...	30%	50%	
Maximum out-of-pocket — Individual/Family	\$8,000/\$16,000 ⁷		
Primary care visits	\$25 copay, after deductible ⁸	\$50 copay, after deductible ⁸	
Specialist visits	\$50 copay, after deductible	\$75 copay, after deductible	
Urgent care services	30% coinsurance, after deductible		
Emergency room	30% coinsurance, after deductible	50% coinsurance, after deductible	
Outpatient surgery and ambulatory surgical	30% coinsurance, after deductible	50% coinsurance, after deductible	
Inpatient hospital services (including maternity)	30% coinsurance, after deductible	50% coinsurance, after deductible	
X-rays and diagnostic imaging	50% coinsurance, after deductible		
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible		
Laboratory ¹	50% coinsurance, after deductible		
Inpatient treatment — Mental and behavioral health and substance use disorder	30% coinsurance, after deductible		
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay, after deductible		
Rehabilitation therapy services ²	\$50 copay, after deductible		
Chiropractic care ³	\$35 copay, after deductible		
Durable medical equipment	50% coinsurance, after deductible		
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		
Generic Rx	50% coinsurance, up to \$125 max, after deductible		
Brand Rx	50% coinsurance, up to \$125 max, after deductible		
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

BRONZE HEALTH PLANS	SELECT EPO HSA 50%/50%	SELECT EPO \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,000/\$6,000
After deductible, member pays...	50%	50%
Maximum out-of-pocket — Individual/Family	\$8,000/\$16,000	\$9,450/\$18,900
Primary care visits	50% coinsurance, after deductible ⁸	\$50 copay, after deductible ⁸
Specialist visits	50% coinsurance, after deductible	\$75 copay, after deductible
Urgent care services	50% coinsurance, after deductible	50% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)	50% coinsurance, after deductible	\$500 copay per admission, after deductible ¹⁴
X-rays and diagnostic imaging	50% coinsurance, after deductible	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible	50% coinsurance, after deductible
Laboratory ¹	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance, after deductible	\$500 copay per day, up to 5 days, after deductible ¹⁴
Outpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance, after deductible	\$75 copay, after deductible
Rehabilitation therapy services ²	50% coinsurance, after deductible	\$75 copay, after deductible
Chiropractic care ³	50% coinsurance, after deductible	\$35 copay, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	50% coinsurance, up to \$125 max, after deductible	\$25 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible ¹⁵
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible ¹⁵

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

BRONZE HEALTH PLANS	SELECT EPO HSA 0%/0%	EPO \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,000/\$6,000
After deductible, member pays...	0%	50%
Maximum out-of-pocket — Individual/Family	\$8,000/\$16,000	\$9,450/\$18,900
Primary care visits	No charge, after deductible ⁸	\$50 copay, after deductible
Specialist visits	No charge, after deductible	\$75 copay, after deductible
Urgent care services	No charge, after deductible	50% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	No charge, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)	No charge, after deductible	\$500 copay per admission, after deductible ¹⁴
X-rays and diagnostic imaging	No charge, after deductible	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs	No charge, after deductible	50% coinsurance, after deductible
Laboratory ¹	No charge, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	\$500 copay per admission, after deductible ¹⁴
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	\$75 copay, after deductible
Rehabilitation therapy services ²	No charge, after deductible	\$75 copay, after deductible
Chiropractic care ³	No charge, after deductible	\$35 copay, after deductible
Durable medical equipment	No charge, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$25 copay, after deductible	\$25 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.




AmeriHealth[®]

2024 HEALTH PLANS | SILVER

SILVER HEALTH PLANS	SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ⁶ aggregate ¹⁶	
After deductible, member pays...	50%	
Maximum out-of-pocket — Individual/Family	\$7,000/\$14,000 ⁷	
Primary care visits	\$50 copay, after deductible ⁸	
Specialist visits	\$75 copay, after deductible	
Urgent care services	\$85 copay, after deductible	
Emergency room	\$100 copay, after deductible ¹⁷	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	10% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)		
X-rays and diagnostic imaging	50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible	
Laboratory ¹	No charge, after deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	10% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay, after deductible	
Rehabilitation therapy services ²	\$75 copay, after deductible	
Chiropractic care ³	\$35 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	
Generic Rx	\$15 copay, after deductible	
Brand Rx	50% coinsurance, up to \$125 max, after deductible	
Non-preferred brand Rx		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

SILVER HEALTH PLANS	SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ⁶	
After deductible, member pays...	50%	
Maximum out-of-pocket — Individual/Family	\$9,450/\$18,900 ⁷	
Primary care visits	\$50 copay ⁸	
Specialist visits	\$75 copay	
Urgent care services	\$85 copay	
Emergency room	\$100 copay, after deductible ¹⁷	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)		
X-rays and diagnostic imaging	50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible	
Laboratory ¹	No charge, after deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay	
Rehabilitation therapy services ²	\$75 copay	
Chiropractic care ³	\$35 copay	
Durable medical equipment	50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	
Generic Rx	\$20 copay	
Brand Rx	50% coinsurance, up to \$125 max, after deductible	
Non-preferred brand Rx		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

SILVER HEALTH PLANS	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$30/\$60	
CHOOSE YOUR NETWORK	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ⁶	
After deductible, member pays...	20%	50%
Maximum out-of-pocket — Individual/Family	\$9,450/\$18,900 ⁷	
Primary care visits	\$30 copay ⁸	\$50 copay, after deductible ⁸
Specialist visits	\$60 copay	\$75 copay, after deductible
Urgent care services	\$75 copay, after deductible	
Emergency room	20% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)		
X-rays and diagnostic imaging	50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs		
Laboratory ¹	No charge, no deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$60 copay	
Rehabilitation therapy services ²	\$60 copay	
Chiropractic care ³	\$35 copay	
Durable medical equipment	50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	
Generic Rx	\$20 copay	
Brand Rx	50% coinsurance, up to \$125 max, after \$250 Rx deductible ¹⁸	
Non-preferred brand Rx		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

SILVER HEALTH PLANS	SELECT EPO HSA 20%/20%	SELECT EPO HSA 10%/10%
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000 aggregate ¹⁶	\$2,500/\$5,000 aggregate ¹⁶
After deductible, member pays...	20%	10%
Maximum out-of-pocket — Individual/Family	\$8,000/\$16,000	
Primary care visits	20% coinsurance, after deductible ⁸	10% coinsurance, after deductible ⁸
Specialist visits	20% coinsurance, after deductible	10% coinsurance, after deductible
Urgent care services	20% coinsurance, after deductible	10% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	30% coinsurance, after deductible
Inpatient hospital services (including maternity)		10% coinsurance, after deductible
X-rays and diagnostic imaging	20% coinsurance, after deductible	10% coinsurance, after deductible
Imaging CT, PET scans, MRIs		
Laboratory ¹	No charge, after deductible	No charge, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible	10% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible	10% coinsurance, after deductible
Rehabilitation therapy services ²	20% coinsurance, after deductible	10% coinsurance, after deductible
Chiropractic care ³	20% coinsurance, after deductible	10% coinsurance, after deductible
Durable medical equipment	20% coinsurance, after deductible	10% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$20 copay, after deductible	\$20 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

SILVER HEALTH PLANS	SELECT EPO HSA 0%/0%	EPO HSA 0%/0%
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000 aggregate ¹⁶	\$2,500/\$5,000 aggregate ¹⁶
After deductible, member pays...	0%	0%
Maximum out-of-pocket — Individual/Family	\$7,600/\$15,200	\$7,600/\$15,200
Primary care visits	No charge, after deductible ⁸	No charge, after deductible
Specialist visits	No charge, after deductible	No charge, after deductible
Urgent care services	No charge, after deductible	No charge, after deductible
Emergency room	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	30% coinsurance, after deductible	30% coinsurance, after deductible
Inpatient hospital services (including maternity)	No charge, after deductible	No charge, after deductible
X-rays and diagnostic imaging	No charge, after deductible	No charge, after deductible
Imaging CT, PET scans, MRIs	No charge, after deductible	No charge, after deductible
Laboratory ¹	No charge, after deductible	No charge, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	No charge, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	No charge, after deductible
Rehabilitation therapy services ²	No charge, after deductible	No charge, after deductible
Chiropractic care ³	No charge, after deductible	No charge, after deductible
Durable medical equipment	No charge, after deductible	No charge, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$20 copay, after deductible	\$20 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx		



Please see pages 42 – 43 for medical footnotes.
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GOLD HEALTH PLANS	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$20/\$40	
CHOOSE YOUR NETWORK	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$1,800/\$3,600 ⁶	
After deductible, member pays...	20%	50%
Maximum out-of-pocket — Individual/Family	\$7,700/\$15,400 ⁷	
Primary care visits	\$20 copay ⁸	\$50 copay ⁸
Specialist visits	\$40 copay	\$75 copay
Urgent care services	\$75 copay	
Emergency room	\$100 copay ¹⁷	
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)		
X-rays and diagnostic imaging	20% coinsurance, after deductible	
Imaging CT, PET scans, MRIs	20% coinsurance, after deductible	
Laboratory ¹	No charge, no deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$40 copay	
Rehabilitation therapy services ²	\$40 copay	
Chiropractic care ³	\$35 copay	
Durable medical equipment	50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	
Generic Rx	\$20 copay	
Brand Rx	\$40 copay	
Non-preferred brand Rx	\$75 copay	

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

GOLD HEALTH PLANS	SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$30/\$50	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$1,800/\$3,600 ⁶	
After deductible, member pays...	20%	50%
Maximum out-of-pocket — Individual/Family	\$7,250/\$14,500 ⁷	
Primary care visits	\$30 copay ⁸	
Specialist visits	\$50 copay	
Urgent care services	\$75 copay	
Emergency room	\$100 copay ¹⁷	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days ⁹	
X-rays and diagnostic imaging	\$50 copay	
Imaging CT, PET scans, MRIs	\$100 copay	
Laboratory ¹	No charge, no deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	\$500 copay per day, up to 5 days ⁹	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay	
Rehabilitation therapy services ²	\$50 copay	
Chiropractic care ³	\$35 copay	
Durable medical equipment	50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	
Generic Rx	\$15 copay	
Brand Rx	50% coinsurance, up to \$125 max, no deductible	
Non-preferred brand Rx	50% coinsurance, up to \$125 max, no deductible	

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

GOLD HEALTH PLANS	SELECT EPO HSA 0%/0%	SELECT EPO \$30/\$60
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,600/\$3,200 aggregate ¹⁶	\$1,500/\$3,000
After deductible, member pays...	0%	20%
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000	\$7,000/\$14,000
Primary care visits	No charge, after deductible ⁸	\$30 copay ⁸
Specialist visits	No charge, after deductible	\$60 copay
Urgent care services	No charge, after deductible	\$75 copay
Emergency room	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	No charge, after deductible	20% coinsurance, after deductible
Inpatient hospital services (including maternity)	No charge, after deductible	20% coinsurance, after deductible
X-rays and diagnostic imaging	No charge, after deductible	20% coinsurance, after deductible
Imaging CT, PET scans, MRIs	No charge, after deductible	20% coinsurance, after deductible
Laboratory ¹	No charge, after deductible	No charge, no deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	20% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	\$60 copay
Rehabilitation therapy services ²	No charge, after deductible	\$60 copay
Chiropractic care ³	No charge, after deductible	\$35 copay
Durable medical equipment	No charge, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay, after deductible	\$10 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, no deductible
Non-preferred brand Rx		

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

GOLD HEALTH PLANS	EPO \$35/\$65	EPO HSA 10%/10%
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY NATIONAL ACCESS WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,800/\$3,600	\$1,700/\$3,400 aggregate ¹⁶
After deductible, member pays...	20%	10%
Maximum out-of-pocket — Individual/Family	\$7,550/\$15,100	\$5,000/\$10,000
Primary care visits	\$35 copay	10% coinsurance, after deductible
Specialist visits	\$65 copay	10% coinsurance, after deductible
Urgent care services	\$75 copay	10% coinsurance, after deductible
Emergency room	\$100 copay ¹⁷	10% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	10% coinsurance, after deductible
Inpatient hospital services (including maternity)	20% coinsurance, after deductible	10% coinsurance, after deductible
X-rays and diagnostic imaging	20% coinsurance, after deductible	10% coinsurance, after deductible
Imaging CT, PET scans, MRIs	20% coinsurance, after deductible	10% coinsurance, after deductible
Laboratory ¹	No charge, no deductible	No charge, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible	10% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$65 copay	10% coinsurance, after deductible
Rehabilitation therapy services ²	\$65 copay	10% coinsurance, after deductible
Chiropractic care ³	\$35 copay	10% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay	\$15 copay, after deductible
Brand Rx	\$40 copay	\$40 copay, after deductible
Non-preferred brand Rx	\$75 copay	\$75 copay, after deductible

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.



2024 HEALTH PLANS | PLATINUM

\$ —————> \$\$\$

PLATINUM HEALTH PLANS	SELECT EPO \$15/\$30	EPO \$10/\$30
CHOOSE YOUR NETWORK	REGIONAL PREFERRED WITH NY	REGIONAL PREFERRED WITH NY NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$0/\$0	\$0/\$0
After deductible, member pays...	0%	0%
Maximum out-of-pocket — Individual/Family	\$3,000/\$6,000	\$3,100/\$6,200
Primary care visits	\$15 copay ⁸	\$10 copay
Specialist visits	\$30 copay	\$30 copay
Urgent care services	\$75 copay	\$75 copay
Emergency room	\$100 copay ¹⁷	\$100 copay ¹⁷
Outpatient surgery and ambulatory surgical	10% coinsurance, up to \$250 max	10% coinsurance, up to \$250 max
Inpatient hospital services (including maternity)	\$400 copay per day, up to 5 days ⁹	\$400 copay per day, up to 5 days ⁹
X-rays and diagnostic imaging	\$30 copay	\$30 copay
Imaging CT, PET scans, MRIs	\$60 copay	\$60 copay
Laboratory ¹	No charge	No charge
Inpatient treatment — Mental and behavioral health and substance use disorder	\$400 copay per day, up to 5 days ⁹	\$400 copay per day, up to 5 days ⁹
Outpatient treatment — Mental and behavioral health and substance use disorder	\$30 copay	\$30 copay
Rehabilitation therapy services ²	\$30 copay	\$30 copay
Chiropractic care ³	\$30 copay	\$30 copay
Durable medical equipment	50% coinsurance	50% coinsurance
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay	\$15 copay
Brand Rx	\$40 copay	\$40 copay
Non-preferred brand Rx	\$75 copay	\$75 copay

Please see pages 42 – 43 for medical footnotes.
\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.



Offer ACA-compliant dental coverage

Good oral health is about more than healthy teeth. Regular preventive dental care can directly impact overall wellness by detecting more serious conditions like heart disease and oral cancer.

AmeriHealth offers dental plan options¹ that encourage prevention and treatment of conditions before they become more costly issues.



Members have the freedom to see any dentist without a referral.



Plans include in- and out-of-network coverage, but members will save the most and avoid balance billing on covered services when they choose an in-network dentist.

Our dental benefits may include coverage for:

- **Preventive services:** All plans include exams/evaluations, cleanings, and X-rays.
- **Basic services:** Plans may include coverage for fillings, oral surgery, and root canals for adults.
- **Major services:** Plans may include coverage for crowns, inlays, and dentures for adults.
- **Orthodontia:** All plans cover medically necessary orthodontia for children ages 0 – 18.

New for 2024!

- An additional third cleaning will be covered for enrolled members.
- The Family Plus plan has increased the orthodontia lifetime maximum to \$2,000 for eligible dependents.

RATES ³	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE		FAMILY		FAMILY PLUS	
		INSURED	VOLUNTARY*	INSURED	VOLUNTARY*	INSURED	VOLUNTARY*
Ages 0 – 18	\$19.09	\$12.60	\$17.01	\$21.62	\$25.36	\$24.63	\$28.61
19 – 25	N/A	\$12.60	\$17.01	\$21.62	\$25.36	\$24.63	\$28.61
26 – 39	N/A	\$13.38	\$18.08	\$22.98	\$26.94	\$26.17	\$30.40
40 – 49	N/A	\$15.74	\$21.27	\$27.03	\$31.70	\$30.79	\$35.76
50 – 63	N/A	\$18.50	\$24.99	\$31.76	\$37.24	\$36.18	\$42.02
64 and over	N/A	\$18.89	\$25.52	\$32.44	\$38.04	\$36.95	\$42.92

Please see page 43 for dental footnotes.

* Groups electing a voluntary vision and/or dental plan must meet the minimum enrollment and participation requirements to purchase the plan.

The member and applicable family members who wish to enroll in the dental and/or vision plan offered by the group must also be enrolled in the medical plan.

† Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

PLAN NAME ^{2,5,6}	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE
Eligible members	Ages 0 – 18 ⁶	All family members
Pediatric deductible	\$75	\$75
Adult deductible	N/A	\$0
Pediatric maximum	Unlimited in-network and \$1,000 out-of-network	Unlimited in-network and \$1,000 out-of-network
Adult maximum	N/A	\$1,000 for adult in- and out-of-network
Pediatric out-of-pocket maximum (in-network benefit)	\$400 for 1 child; \$800 for 2 or more children	\$400 for 1 child; \$800 for 2 or more children
Adult out-of-pocket maximum (in-network benefit)	N/A	N/A
PREVENTIVE SERVICES⁴		
Exams/Evaluations	No charge, not subject to deductible	No charge, not subject to deductible
Cleanings/X-rays		
Fluoride treatments, sealants, and space maintainers		Covered only for children ages 0 – 18; no charge, not subject to deductible
BASIC SERVICES⁴		
Fillings (amalgam restorations – metal; resin-based composite restorations – white)	50%, after deductible	Covered only for children ages 0 – 18; 50%, after deductible
Simple and surgical extractions		
Crown and denture repair		
Root canals (endodontic therapy and services)		
Surgical and non-surgical periodontics and maintenance		
Oral surgery		
General anesthesia, nitrous oxide, and/or IV sedation		
MAJOR SERVICES⁴		
Crowns, inlays, onlays, and dentures	50%, after deductible	Covered only for children ages 0 – 18; 50%, after deductible
Complete or fixed partial dentures (prosthetics)		
Implants ⁷		
ORTHODONTIA⁴ (COVERED ONLY FOR AGES 0 – 18)		
Medically necessary orthodontia	50%	50%
Cosmetic orthodontia	Not covered	Not covered

PLAN NAME ^{2,5,6}	FAMILY	FAMILY PLUS
Eligible members	All family members	All family members
Pediatric deductible	\$75	\$75
Adult deductible	\$50	\$50
Pediatric maximum	Unlimited in-network and \$1,000 out-of-network	Unlimited in-network and \$1,500 out-of-network
Adult maximum	\$1,000 for adult in- and out-of-network	\$1,500 for adult in- and out-of-network
Pediatric out-of-pocket maximum (in-network benefit)	\$400 for 1 child; \$800 for 2 or more children	\$400 for 1 child; \$800 for 2 or more children
Adult out-of-pocket maximum (in-network benefit)	N/A	N/A
PREVENTIVE SERVICES⁴		
Exams/Evaluations	No charge, not subject to deductible	No charge, not subject to deductible
Cleanings/X-rays		
Fluoride treatments, sealants, and space maintainers		
BASIC SERVICES⁴		
Fillings (amalgam restorations – metal; resin-based composite restorations – white)	50%, after deductible	80%, after deductible
Simple and surgical extractions		
Crown and denture repair		
Root canals (endodontic therapy and services)		
Surgical and non-surgical periodontics and maintenance		
Oral surgery		
General anesthesia, nitrous oxide, and/or IV sedation		
MAJOR SERVICES⁴		
Crowns, inlays, onlays, and dentures	50%, after deductible	50%, after deductible
Complete or fixed partial dentures (prosthetics)		
Implants ⁷		
ORTHODONTIA⁴ (COVERED ONLY FOR AGES 0 – 18)		
Medically necessary orthodontia	50%	50%
Cosmetic orthodontia	Not covered	50%, up to a \$2,000 lifetime benefit

Please see page 43 for dental footnotes.

Add adult vision care benefits

Routine eye exams can help detect serious and costly medical conditions like high blood pressure and diabetes.

Administered by Davis Vision®, our adult vision care plans go beyond eye exams and eyewear. We offer a robust network, competitive premiums, low out-of-pocket costs for members, and a variety of value-added services to meet an employer's unique needs.¹

Note: All medical plans include pediatric vision care for members younger than 19. For these members, there is new enhanced coverage for contacts, including no copay for the evaluation/fitting for standard contacts and up to a \$60 allowance with a 15 percent discount for specialty and disposable contacts.

Adult coverage includes:

- Interactive frame try-on tool so you can see what Davis Vision Exclusive Collection frames look like without leaving home
- Upgraded inventory of Exclusive Collection designer frames offer even more stylish options
- National network of more than 131,000 access points, including Visionworks
- Exclusive Collection frames for low or no additional out-of-pocket costs
- Exclusive \$50 frame allowance enhancement at Visionworks²
- Safe and convenient online in-network shopping options, including [1800Contacts.com](#), [Glasses.com](#), and [Befitting.com](#)
- Fixed copays on all lens styles and coatings, which makes the costs easier to understand and more transparent
- Fully covered hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network³

Spectacle lens options

Depending on the plan you choose, these lens options are either covered in full or with a fixed out-of-pocket cost at an in-network provider:

- Fashion and gradient tinting of plastic lenses
- Scratch-resistant coating
- Hi-index lenses
- Polarized lenses
- Progressive lenses (standard/premium/ultra/ultimate)
- Anti-reflective coating (standard/premium/ultra/ultimate)
- Blue light lenses
- Polycarbonate lenses⁶
- Scratch protection plan
- Ultraviolet coating

Please see page 43 for vision footnotes.

PLAN NAME	ADULT VISION CARE BENEFITS					
	\$100/\$150*4		\$130/\$180*4		\$150/\$200*4	
FREQUENCIES						
Eye exam ^{5, 7}	12 months		12 months		12 months	
Spectacle lenses/frames	12 months/12 months		12 months/12 months		12 months/12 months	
Contact lenses	12 months		12 months		12 months	
COPAYS						
Eye exam/spectacle lenses	\$0/\$0		\$0/\$0		\$0/\$0	
FRAME						
Non-Collection frame allowance (retail)	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage		Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage		Up to \$150 or up to \$200 at Visionworks, plus 20% off on any overage	
Davis Vision Exclusive Collection in lieu of allowance	Fashion: \$0 Designer: \$15 Premier: \$40		Fashion: \$0 Designer: \$0 Premier: \$25		Fashion: \$0 Designer: \$0 Premier: \$0	
CONTACT LENSES						
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack		Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack		Disposable: 8 boxes/multipack; Planned replacement: 4 boxes/multipack	
Collection evaluation, fitting, follow-up care	Covered		Covered		Covered	
Non-Collection contact lenses materials allowance [†]	Up to \$100, plus 15% off any overage		Up to \$130, plus 15% off any overage		Up to \$150, plus 15% off any overage	
Non-Collection evaluation, fitting, and follow-up care; Standard and specialty lens types	15% discount		Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount		Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount	
RATES						
	SEH ADULT VISION CARE \$100/\$150		SEH ADULT VISION CARE \$130/\$180		SEH ADULT VISION CARE \$150/\$200	
RATES[§]	INSURED	VOLUNTARY[‡]	INSURED	VOLUNTARY[‡]	INSURED	VOLUNTARY[‡]
Single	\$4.64	\$6.03	\$4.97	\$6.47	\$5.52	\$7.18
Subscriber & Spouse	\$9.27	\$12.05	\$9.95	\$12.93	\$11.04	\$14.35
Parent & Child	\$9.27	\$12.05	\$9.95	\$12.93	\$11.04	\$14.35
Parent & Children	\$13.91	\$18.08	\$14.92	\$19.40	\$16.56	\$21.53
Family	\$13.91	\$18.08	\$14.92	\$19.40	\$16.56	\$21.53

* All benefits displayed are in-network only. Please see benefit booklet for out-of-network benefits.

† Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.

‡ Groups electing a voluntary vision and/or dental plan must meet the minimum enrollment and participation requirements to purchase the plan.

§ The member and applicable family members who wish to enroll in the dental and/or vision plan offered by the group must also be enrolled in the medical plan.

§ Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

Important health plan information

All health plans within this brochure reflect member cost-sharing. The benefit summaries in this brochure represent only a partial listing of benefits of the health plans. Some services not shown in this brochure may require a higher member coinsurance than the services shown. Benefits and exclusions may be further defined by medical policy. These managed care plans may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please contact your broker.

AmeriHealth Advantage and AmeriHealth Hospital Advantage footnotes (pg. 6)

1. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth Local Value or Regional Preferred with NY network, contingent on plan selection. AmeriHealth Advantage Tier 1 hospitals are subject to change.
2. For a complete listing of AmeriHealth Hospital Advantage hospitals and facilities, visit [amerihealth.com](https://www.amerihealth.com).

Network options footnotes (pg. 7)

1. Data derived from the analysis of information provided by a third-party vendor and is subject to change.
2. Access to the GHI/Emblem network in New York is available on our EPO plans.
3. The AmeriHealth service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area including Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia.
4. Coverage provided by Multiplan PHCS National network. AmeriHealth members accessing care in the AmeriHealth service area must use the Regional Preferred network.

Medical footnotes (pg. 18 – 35)

1. Laboratory Corporation of America® Holdings (Labcorp) is AmeriHealth's exclusive outpatient laboratory provider. To find your closest patient service center location, visit [Labcorp.com](https://www.labcorp.com).
2. Members can utilize 30 visits combined for physical and occupational therapy per benefit period and 30 visits combined for speech and cognitive therapy per benefit period.
3. Members can utilize 30 visits per benefit period.
4. AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at Tier 1 hospitals and facilities. Members can also access Tier 2 hospitals and facilities within the AmeriHealth Local Value network.
5. The Local Value network is not available in Hunterdon County.
6. Deductible is combined for Tier 1 and Tier 2.
7. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
8. You are required to select a primary care physician.
9. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 90 days.
10. Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
11. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth Local Value or Regional Preferred with NY network, contingent on plan selection. AmeriHealth Advantage Tier 1 hospitals are subject to change.

12. Tier 2 is the Local Value network. The Local Value network is not available in Hunterdon County.
13. Tier 2 is the Regional Preferred with NY network.
14. Copay waived if readmitted within 90 days.
15. The maximum applies prior to the deductible being met.
16. Individual deductible not applicable in policies covering 2 or more people.
17. Emergency room copay waived if admitted.
18. \$250 Rx deductible per person.

Dental footnotes (pg. 37 – 39)

1. AmeriHealth dental plans are administered by United Concordia Companies, Inc. and Dominion Dental Services, Inc. depending upon your group's effective date. Please refer to your plan documents for more information or contact Customer Service.
2. This summary is intended to highlight the benefits available to you on a contract or calendar year basis depending on the plan purchased. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.
3. The 0 – 18 rate is capped at three members younger than 19.
4. If you choose to use an out-of-network dentist, you may pay the difference between the amount the plan pays and the amount charged by the non-network dentist.
5. Pediatric dental benefits only cover up to age 19. Be sure to purchase a dental care plan that provides benefits for anyone ages 19 and older in your family who needs coverage.
6. Pediatric benefits through end of contract year in which member reaches age 19.
7. Implants are covered for children younger than 19 for certain conditions.

Vision footnotes (pg. 40 – 41)

1. Administered by Davis Vision®.
2. An AmeriHealth affiliate has a financial interest in Visionworks.
3. Hearing services administered by Your Hearing Network. May not be available in all service areas. Not represented by Davis Vision.
4. Adult vision care plans cover members 19 and older, as well as child dependents ages 19 to 26. Vision benefits for members younger than 19 are included in the medical plans.
5. Depending on the plan the group purchases, your exam eyewear benefits will either be once every calendar year or contract year.
6. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.
7. Inclusive of dilation when professionally indicated.

Additional information

Your broker, consultant, or AmeriHealth account executive can provide information about the following upon request:

- Factors that may affect changes in premium rates (AmeriHealth reserves the right to change premium rates)
- Renewability of coverage
- Benefits and premiums for all the health benefit plans for which you qualify



SMALL GROUP

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