INDIVIDUALS & FAMILIES





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¿Habla español?

Si quiere hablar con alguien en español, llame al 1-888-879-4857, o viste amerihealth.com/inscribase.







A health plan for everyone.

Affordable health plans for individuals and families in New Jersey

SERVING NJ FOR 30 YEARS



For 30 years, AmeriHealth has been dedicated to offering affordable and comprehensive health insurance to residents throughout the Garden State. We are here to help New Jersey flourish, and that includes you!

Who we are

AmeriHealth is woven into the fabric of New Jersey communities. Like you, we live here and work here. And we rely on the quality and security of our AmeriHealth coverage to keep our families safe and healthy.

LOCAL

Headquartered in Cranbury, NJ, so we understand the people and health systems of the state

30 YEARS

Serving New Jersey residents and employers since 1994

200K MEMBERS

Serving **200,000** members and **3,000** businesses in New Jersey

12 YEARS

Ranked one of the best places to work by *NJBIZ* **12 years** in a row

21 COUNTIES

One of the largest provider networks, with doctors and hospitals in all **21 counties**

400 HOURS

We're passionate about serving our community — AmeriHealth associates volunteered nearly **400 hours** last year to benefit six nonprofit organizations in New Jersey

How to enroll

Choosing a health plan is an important decision, but you don't have to make it alone. We are here to help you understand your options and figure out which health plan is the right fit for you. We've got you covered!

Getting started

- Review the information in this book to get a better idea of everything AmeriHealth offers. Then compare health plans side-by-side to find one that fits your health needs and budget.
- Refer to the Rate Card at amerihealth.com/rates to view and compare monthly premiums.
- To find out if you're eligible for financial assistance, visit amerihealth.com/calculator or call **1-855-832-2009 (TTY: 711)**. You can also contact your broker.

Key dates for Open Enrollment





November 1 is the **first day** you can enroll for coverage that starts January 1.

- Enroll by November 30 to receive your new ID card by January 1.
- Enroll by December 15 to have access to your digital ID card by January 1.





December 31 is the last day to enroll for coverage that starts January 1.





January 31 is the last day to enroll for 2025 coverage. Coverage will begin February 1.



We're here to help

Our dedicated team of licensed insurance agents can help you find a health plan that meets your unique needs and budget. Call if you have questions or when you're ready to enroll.

1-855-832-2009 (TTY: 711)

Meet our health plans

We offer a variety of health plans, so you can find the best fit for you and your family.

Choose from three levels of health plans for individuals and families: Bronze, Silver, and Gold. We also offer catastrophic coverage for people younger than 30 or for those who qualify for a special exemption. All health plans cover the same essential health benefits, including doctor visits, hospital stays, prescription drug coverage, laboratory services, X-rays, preventive care, and more. They also provide access to virtual care for a \$0 copay.*

The differences between health plans are in the monthly premium, deductible amount, and out-of-pocket costs when you receive covered services.

	B Bronze	S Silver	G Gold
Monthly premium	\$	\$\$	\$\$\$
Out-of-pocket costs	\$\$\$	\$\$	\$
Good option if you	Don't plan to use a lot of health care services	See doctors and specialists occasionally	Plan to use a lot of health care services

EPO health plans

The type of health plan we offer for individuals and families is called an Exclusive Provider Organization plan, or EPO. Here's what you need to know about EPO health plans:

- You are not required to select a primary care physician.
- You do not need referrals to see a specialist.
- Some plans have an option to open a tax-advantaged health savings account (HSA). Learn more on page 14.

If you have questions about any terms used throughout this book, please refer to the Glossary on page 27.

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

Get cost-savings and flexibility

Our AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans are our most popular for good reason. You have access to high-quality care with a lower monthly premium. Plus, you can save even more when you stay in Tier 1.

Cost-saving tiered benefits

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

AmeriHealth Advantage¹

- Pay the lowest out-of-pocket costs when you use Tier 1 doctors and hospitals.
- You also have in-network coverage for Tier 2 providers available through the Local Value network.

AmeriHealth Hospital Advantage²

- Pay the lowest out-of-pocket costs for hospital and other facility services (e.g., outpatient surgery) when you use a hospital or facility in Tier 1.
- You also have in-network coverage for Tier 2 hospitals and facilities available through the Local Value network.

Some health plans are only available in certain counties. Refer to the map to see if they are available in your county.

Tier 1 Sussex -**Passaic** Warren Bergen Morris FSSEX Hudson Somerset Union Middlesex Mercer Monmouth Burlington **O**cean Camden Gloucester Salem **Atlantic** Cumberland Cape May AmeriHealth Advantage and AmeriHealth Hospital Advantage AmeriHealth Hospital Advantage

Save even more with Select

Are you looking to save more money, but you don't qualify for a tax credit (subsidy)? Check out these Select health plans, which are only available when you purchase directly from AmeriHealth:

- Select Silver EPO AmeriHealth Advantage \$25/\$60
- Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75

Contact your broker or call us at **1-855-832-2009 (TTY: 711)** to enroll in one of these off-exchange health plans. Refer to page 20 to learn more about these plans.

98%

of individual members chose an Advantage health plan in 2024.

Please see Network options footnotes on page 32.

^{*}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

No matter which network you choose, you'll always have access to a wide variety of doctors and hospitals across the State of New Jersey.

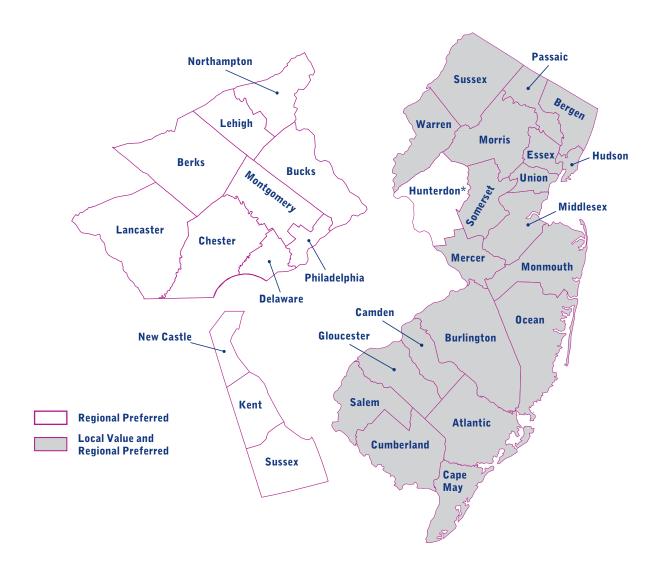
We want to make sure you get the care you need, when you need it. We offer two networks, which differ based on geography and which doctors, hospitals, and other health care providers participate in the network. To see if your current providers are in-network, visit **amerihealth.com/providerfinder**.

Regional Preferred

The Regional Preferred network is one of the largest networks of doctors and hospitals in New Jersey.³ Members also have access to in-network health care providers in Delaware and Southeastern Pennsylvania.⁴

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 New Jersey.



^{*}Health plans that use the Local Value network are not available for purchase for residents of Hunterdon County.

Prescription drug benefits

Our medical plans include prescription drug coverage, to provide you with safe, affordable access to covered medications.

Save with lower-cost alternatives

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

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

Pharmacy network includes nearly

68,000 PHARMACIES NATIONWIDE

You'll pay less when your 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 you'll pay for a medication while they're choosing one to prescribe for you.

Easily manage medications



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



Easy-to-use online and mobile tools. Members can log in at **amerihealth.com** or using the AmeriHealth mobile app to find an in-network pharmacy, estimate drug costs, review claims, and submit mail order/home delivery requests.

We're here for you!

You're never alone with AmeriHealth. We make it easy to get the information and support you need, right when you need it.

Access your benefits 24/7

Access your benefits information and member tools easily through your secure member account. Log in at **amerihealth.com** or using the AmeriHealth mobile app to:

- Find a doctor, hospital, or other health care provider in your network
- · View, print, or share your ID card
- · Access plan information, like claims and benefits
- Estimate care costs for a procedure or appointment
- Conveniently pay your monthly premium
- Request mail order/home delivery for a prescription medication

Get support when you need it

Whether you need to talk to someone about your benefits or health, support is available. Simply call the number on the back of your member ID card.

Customer Service

Our knowledgeable Customer Service representatives are ready to answer questions about your benefits.

Registered Nurse Health Coaches

Call a Registered Nurse Health Coach 24/7 for questions about your health or treatment plan. This service is confidential, and there is no additional cost to you.

Condition-specific support

We offer extra support for members who are pregnant or managing certain conditions. In addition, condition-specific programs are available to eligible members with certain diagnoses, such as cancer and diabetes.



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 you peace of mind. You get 24/7 on-demand nurse support, advocates who can collaborate with your medical team and caregivers, and additional support that may include financial help, transportation, or community groups dedicated to supporting cancer patients.

9.7/10

Thyme Care members rated their services 9.7 out of 10.





You deserve a health plan that makes it easier to keep your body, mind, and even finances healthy. That's why you should choose AmeriHealth.

We see the big picture of health. In addition to our comprehensive benefits for your physical and mental health, we also provide programs and resources that help you stay healthy in all aspects of your life.



Taking care of all of you

Staying healthy is about more than seeking care when a health issue arises. We want to make it easier to take care of yourself in all aspects — physically, mentally, and even financially.

We are focused on whole-person health, which means helping you stay healthy in all aspects of your life. Our health plans give you access to the care you need, when you need it, and personalized resources and support.

Pay \$0 for virtual care

Taking care of your health is easier and more affordable with our virtual care benefits through Teladoc Health (Teladoc). You can talk to board-certified doctors by phone, online, or using the Teladoc mobile app, and you'll pay \$0 cost-sharing* for a virtual visit. Virtual visits are available in several languages through an interpreter, including American Sign Language (ASL).



Teladoc General Medical. Talk to a board-certified doctor for non-emergency conditions, such as sinus pain, flu, pink eye, and sore throat. You'll 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. You can request a dermatology consult, complete a short form, and upload images of your skin issue.

90%

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

Focus on your mental health

Our health plans include a variety of support and resources to make it easier to take care of your mental health, including virtual visits and self-guided tools.



Teladoc Mental Health Care. Talk to a board-certified psychiatrist, psychologist, or therapist from the Teladoc network by phone or video chat. You'll pay \$0 cost-sharing* for your appointment. Get convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more.

75%

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

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



Substance use disorder support. Members have access to Shatterproof Treatment Atlas, a free online tool that connects you or your loved ones with trustworthy, in-network addiction treatment. The Atlas tool contains a comprehensive list of addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.



Self-service resources. Mental Health Coaching by Teladoc is a digital resource with proven tools and dedicated support for stress, depression, chronic pain, substance use, and more. Mental Health Coaching offers self-guided digital content to strengthen your emotional well-being and support you, wherever you are in your mental health journey.

Another resource is **Quartet**, a service that can connect you to an in-network mental health care provider who fits your needs and accepts your coverage.

53%

Members using **Mental Health Coaching** have experienced a **53**% reduction in depression scores.

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

Reach your personal health goals

Everyone's journey to well-being is different — embrace yours! Whether you are generally healthy or need extra support, **Embrace Well-being** can help you reach your goals.

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



Extra support. Get complimentary 24/7 support from Registered Nurse Health Coaches for 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.



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.







Earn \$150 for your healthy habits!

You can earn \$150 Embrace Well-being dollars, just for taking steps to stay healthy.* Redeem your Embrace Well-being dollars for e-gift cards to a variety of popular retailers.

Earn \$150 by completing six activities during your plan year:

- Complete three required activities, including having your annual check-up
- · Choose and complete three additional activities

^{*}Embrace Well-being Rewards is only open to the health plan subscriber. Dependents are not eligible to earn \$150 Embrace Well-being dollars.

Improve your financial well-being

Financial stress can impact your overall well-being, so AmeriHealth health plans offer ways to improve your financial health, too.



Reduce student loan debt

GradFin¹ provides personalized student loan advice to help you navigate the perfect savings plan for federal and private student loans. 2 You and your family members can have a free consultation to better understand how to manage repayment options. Plus, you have access to member-exclusive discounts.



Maximize your savings with a health savings account (HSA)

Our HSA-qualified EPO health plans can be paired with a powerful savings tool an HSA. When you use an HSA, your money works harder, today and tomorrow.

- You can use the funds you put into your account to pay for qualified medical expenses, including dental and vision care costs.
- At the federal level, you pay no taxes on the money you put in your account and earn tax-free interest or investment income on those funds.*†
- Your savings roll over year-to-year and are always yours to keep, even if you change health plans.



Watch your savings grow over time with an HSA

For example, let's say each year you contribute \$2,000 to your HSA and spend \$1,000 on qualified health expenses. Your savings will grow over time.*

At the end of year 10:

Tax savings

HSA balance

\$5,000 \$11,169

Please see GradFin footnotes on page 33. This is a value-added program and not a benefit under an AmeriHealth health plan and is, therefore, subject to change without notice.

The above information is for illustrative purposes only. The HSA example assumes a 22 percent tax bracket, 3 percent state taxes, and that the investment choices yield a return of 2 percent. Please consult with your tax advisor for your situation. Return on investment is not guaranteed.

^{*} For 2025, contributions to an HSA may not exceed \$4,300 for individual (self only) coverage and \$8,550 for family coverage. The annual "catch-up" contribution amount for ages 55 and older is \$1,000.

[†] Investment accounts are optional; monthly fees apply. Investment fees are omitted from the example above. The balance in the HSA Investment Account is subject to investment risks, including fluctuations in value and the possible loss of the principal amount invested.

BRONZE 2025 HEALTH PLANS



POPULAR PLAN

BRONZE

HEALTH PLANS

EPO HSA AMERIHEALTH ADVANTAGE³ \$25/\$50

EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE⁸ \$50/\$75

CHOOSE YOUR NETWORK LOCAL VALUE⁴ LOCAL VALUE⁴

Deductible — Individual/Family\$6,000/\$12,0005\$6,000/\$12,0005After deductible, member pays30%50%50%Maximum out-of-pocket — Individual/Family\$8,300/\$16,6006\$8,300/\$16,6006Primary care visits\$25 copay after deductible\$50 copay after deductible\$50 copay after deductibleSpecialist visits\$50 copay after deductible\$75 copay after deductible	
member pays Maximum out-of-pocket — Individual/Family \$8,300/\$16,6006 \$8,300/\$16,6006 \$1,300/\$16,6006 \$1,300/\$16,6006 \$25 copay \$50 copay \$50 copay \$50 copay \$75 copay \$75 copay after deductions \$	
Individual/Family \$25 copay after deductible \$50 copay \$75 copay \$75 copay after deductions \$75 copay after deductions	
After deductible after deductible so copay so copay after deductible so copay after deductible so copay so copay after deductible so copay so copay so copay so copay after deductible so copay so copay after deductible so copay so copay after deductible	
	ible
arter deductible	ible
Urgent care services 30% coinsurance after deductible	
Emergency room 30% coinsurance after deductible 50% coinsurance after deductible	luctible
Outpatient surgery 20% coinsurance after deductible	oinsurance
1	deductible
X-rays and diagnostic imaging 50% coinsurance after deductible 50% coinsurance after deductible	luctible
Imaging CT, PET scans, MRIs	iuctible
Laboratory ¹ 50% coinsurance after deductible 50% coinsurance after deductible	luctible
Inpatient treatment — Mental and behavioral health and substance use disorder 30% coinsurance after deductible after deductible \$500 copay per day, up to after deductible	5 days,
Outpatient treatment — Mental and behavioral health and substance use disorder \$50 copay after deductible \$75 copay after deductible	ible
Rehabilitation \$50 copay after deductible \$75 copay after deductible	ible
Chiropractic care (30 visits per calendar year) \$35 copay after deductible \$35 copay after deductible	ible
Durable medical equipment50% coinsurance after deductible50% coinsurance after deductible	luctible
PRESCRIPTION BENEFITS 30-DAY SUPPLY ⁷ 30-DAY SUPPLY ⁷	
Generic Rx	
Brand Rx 50% coinsurance after deductible 50% coinsurance after deductible	ductible
Non-preferred brand Rx	

BRONZE HEALTH PLANS	EPO HSA 50%/50%	EPO \$50/\$75	CATASTROPHIC SIMPLE SAVER ¹¹
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴	LOCAL VALUE ⁴	LOCAL VALUE ⁴
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,000/\$6,000	\$9,200/\$18,400
After deductible, member pays	50%	50%	0%
Maximum out-of-pocket — Individual/Family	\$8,300/\$16,600	\$9,200/\$18,400	\$9,200/\$18,400
Primary care visits	50% coinsurance after deductible	\$50 copay after deductible	\$30 copay ¹²
Specialist visits	50% coinsurance after deductible	\$75 copay after deductible	No charge after deductible
Urgent care services Emergency room	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
Outpatient surgery		50% coinsurance after deductible	
Inpatient hospital services (including maternity)	50% coinsurance after deductible	\$500 copay per admission after deductible	No charge after deductible
X-rays and diagnostic imaging Imaging CT, PET scans, MRIs	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
Laboratory ¹	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance after deductible	\$500 copay per admission after deductible	No charge after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance after deductible	\$75 copay after deductible	No charge after deductible
Rehabilitation therapy services ²	50% coinsurance	\$75 copay after deductible	No charge
Chiropractic care (30 visits per calendar year)	after deductible	\$35 copay after deductible	after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁷	30-DAY SUPPLY ⁷	30-DAY SUPPLY ⁷
Generic Rx		\$25 copay	
Brand Rx Non-preferred brand Rx	50% coinsurance after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁰	No charge after deductible



SILVER 2025 HEALTH PLANS



OFF-EXCHANGE ONLY PLAN

	OFF-EACHAN(SE UNLY PLAN	OFF-EXCHANGE ONLY PLAN			
SILVER HEALTH PLANS	SELEC AMERIHEALTH \$25/	I ADVANTAGE ³	HOSPITAL A	A AMERIHEALTH ADVANTAGE ⁸ /\$75		
CHOOSE YOUR NETWORK	LOCAL VALUE⁴		LOCAL	VALUE ⁴		
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2		
Deductible — Individual/Family	\$2,500/	/\$5,000 ⁵	\$2,300/\$4,600 ⁵ aggregate ¹⁴			
After deductible, member pays	20%	50%	50	0%		
Maximum out-of-pocket — Individual/Family	\$8,900/	\$17,800 ⁶	\$7,800/	\$15,600 ⁶		
Primary care visits	\$25 copay	\$50 copay after deductible	\$50 copay af	fter deductible		
Specialist visits	\$60 copay	\$75 copay after deductible	\$75 copay af	fter deductible		
Urgent care services	20% coinsurance	e after deductible	\$85 copay af	fter deductible		
Emergency room	20% coinsurance after deductible	50% coinsurance after deductible	\$100 copay after deductible ¹⁵	50% coinsurance after deductible		
Outpatient surgery	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance		
Inpatient hospital services (including maternity)	after deductible	after deductible	after deductible	after deductible		
X-rays and diagnostic imaging	50% coincurance	e after deductible	50% coinsurance after deductible			
Imaging CT, PET scans, MRIs	50 % Comsuranc	c arter academble	Jo /o Comsuranc	arter acauctible		
Laboratory ¹	No charge, r	no deductible	No charge af	ter deductible		
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance	e after deductible	20% coinsurance	e after deductible		
Outpatient treatment — Mental and behavioral health and substance use disorder	\$60	copay	\$75 copay af	fter deductible		
Rehabilitation therapy services ²	\$60	copay	\$75 copay af	fter deductible		
Chiropractic care (30 visits per calendar year)	\$35	copay	\$35 copay af	fter deductible		
Durable medical equipment	50% coinsurance	e after deductible	50% coinsurance	e after deductible		
PRESCRIPTION BENEFITS	30-DAY	SUPPLY ⁷	30-DAY	SUPPLY ⁷		
Generic Rx	\$25	copay	\$10 copay af	ter deductible		
Brand Rx Non-preferred brand Rx		nsurance x deductible ¹³	50% coinsurance	e after deductible		
Hon-preferred braild RX						

OFF-EXCHANGE ONLY PLAN

Р					

SILVERHEALTH PLANS

EPO AMERIHEALTH ADVANTAGE³ \$45/40%

EPO AMERIHEALTH ADVANTAGE³ \$25/\$60

CHOOSE YOUR NETWORK	LOCAL	VALUE ⁴	LOCAL VALUE ⁴			
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2		
Deductible — Individual/Family	\$2,500/	\$5,000 ⁵	\$2,500/	\$5,000 ⁵		
After deductible, member pays	40%	50%	20%	50%		
Maximum out-of-pocket — Individual/Family	\$7,900/\$	\$15,800 ⁶	\$9,000/\$	\$18,0006		
Primary care visits	\$45 copay	50% coinsurance after deductible	\$25 copay	\$50 copay after deductible		
Specialist visits	40% coinsurance after deductible	50% coinsurance after deductible	\$60 copay	\$75 copay after deductible		
Urgent care services	40% coinsurance	e after deductible	20% coinsurance	after deductible		
Emergency room	40% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible		
Outpatient surgery	40% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance		
Inpatient hospital services (including maternity)	after deductible	after deductible	after deductible	after deductible		
X-rays and diagnostic imaging	EO9/ coincurance	e after deductible	EO9/ coincurance	e after deductible		
Imaging CT, PET scans, MRIs	50 % comsurance	e arter deductible	50 % comsurance	e arter deductible		
Laboratory ¹	50% coinsurance	e after deductible	No charge, r	no deductible		
Inpatient treatment — Mental and behavioral health and substance use disorder	40% coinsurance	e after deductible	20% coinsurance	e after deductible		
Outpatient treatment — Mental and behavioral health and substance use disorder	40% coinsurand	ce, no deductible	\$60 (copay		
Rehabilitation therapy services ²	40% coinsurance	e after deductible	\$60 (copay		
Chiropractic care (30 visits per calendar year)	40% coinsurance	e after deductible	\$35 (copay		
Durable medical equipment	50% coinsurance	e after deductible	50% coinsurance	e after deductible		
PRESCRIPTION BENEFITS	30-DAY	SUPPLY ⁷	30-DAY	SUPPLY ⁷		
Generic Rx	\$20	copay	\$25 (copay		
Brand Rx	E00/ college/	e after deductible	50% coi	nsurance		
Non-preferred brand Rx	50 % comsurance	arter deddctible	after \$250 R	x deductible ¹³		

POPULAR PLAN

SILVER

HEALTH PLANS

EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE⁸ \$50/\$75

EPO AMERIHEALTH HOSPITAL ADVANTAGE⁸ \$50/\$75

CHOOSE YOUR NETWORK LOCAL VALUE⁴ LOCAL VALUE⁴

MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	
Deductible — Individual/Family	\$2,200/\$4,400 ⁵ aggregate ¹⁴		\$2,500/\$5,000 ⁵		
After deductible, member pays	50%		50)%	
Maximum out-of-pocket — Individual/Family	\$7,800/	\$15,600 ⁶	\$7,900/	\$15,800 ⁶	
Primary care visits	\$50 copay af	ter deductible	\$50 copay		
Specialist visits	\$75 copay af	ter deductible	\$75	copay	
Urgent care services	\$85 copay af	ter deductible	\$85	copay	
Emergency room	\$100 copay after deductible ¹⁵	50% coinsurance after deductible	\$100 copay after deductible ¹⁵	50% coinsurance after deductible	
Outpatient surgery	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	
Inpatient hospital services (including maternity)	after deductible	after deductible	after deductible	after deductible	
X-rays and diagnostic imaging	E09/ coincurance	e after deductible	50% coinsurance after deductible		
Imaging CT, PET scans, MRIs	50% Comsurance	e after deductible	50% Comsurance	e after deductible	
Laboratory ¹	No charge af	ter deductible	No charge af	ter deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance after deductible		20% coinsurance	e after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay after deductible \$75 copay			copay	
Rehabilitation therapy services ²	\$75 copay af	ter deductible	\$75	copay	
Chiropractic care (30 visits per calendar year)	\$35 copay af	ter deductible	\$35	copay	
Durable medical equipment	50% coinsurance	e after deductible	50% coinsurance	e after deductible	
PRESCRIPTION BENEFITS	30-DAY	SUPPLY ⁷	30-DAY	SUPPLY ⁷	
Generic Rx	\$10 copay af	ter deductible	\$20	сорау	
Brand Rx					
Non-preferred brand Rx	50% coinsurance	e after deductible	50% coinsurance	e after deductible	

SILVER HEALTH PLANS	EPO HSA \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴ REGIONAL PREFERRED
MEDICAL BENEFITS	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000 aggregate ¹⁴
After deductible, member pays	50%
Maximum out-of-pocket — Individual/Family	\$7,500/\$15,000
Primary care visits	\$50 copay after deductible
Specialist visits	\$75 copay after deductible
Urgent care services	\$85 copay after deductible
Emergency room	\$100 copay after deductible ¹⁵
Outpatient surgery	30% coinsurance after deductible
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days, after deductible9
X-rays and diagnostic imaging	\$50 copay after deductible
Imaging CT, PET scans, MRIs	\$100 copay after deductible
Laboratory ¹	No charge 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 (30 visits per calendar year)	\$35 copay after deductible
Durable medical equipment	50% coinsurance after deductible

Non-preferred brand Rx

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

30-DAY SUPPLY⁷

\$10 copay after deductible

50% coinsurance after deductible

Generic Rx

Brand Rx

PRESCRIPTION BENEFITS



GOLD2025 HEALTH PLANS



GOLDHEALTH PLANS

EPO \$30/\$50

CHOOSE YOUR NETWORK

REGIONAL PREFERRED

MEDICAL BENEFITS	IN-NETWORK			
Deductible — Individual/Family	\$1,700/\$3,400			
After deductible, member pays	20%			
Maximum out-of-pocket — Individual/Family	\$7,000/\$14,000			
Primary care visits	\$30 copay			
Specialist visits	\$50 copay			
Urgent care services	\$75 copay			
Emergency room	20% coinsurance after deductible			
Outpatient surgery				
Inpatient hospital services (including maternity)	20% coinsurance after deductible			
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	20% coinsurance after deductible			
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay			
Rehabilitation therapy services ²	\$50 copay			
Chiropractic care (30 visits per calendar year)	\$35 copay			
Durable medical equipment	50% coinsurance after deductible			
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁷			
Generic Rx	\$10 copay			
Brand Rx	50% coincurance un to \$150 may no doductible			
Non-preferred brand Rx	50% coinsurance, up to \$150 max, no deductible			

Common health insurance terms

Coinsurance: The percentage you pay for certain covered services. Example: If your coinsurance is 20 percent, your health plan will pay 80 percent of the cost of covered services, and you will pay the remaining 20 percent.

Copay or copayment: The flat fee you pay when you see a doctor or receive other services. Example: A plan's copay to see a primary care physician could be \$20.

Cost-sharing: The amount you pay for your health care costs beyond your premium. This includes your copayments, coinsurance fees, and deductible.

Deductible: The amount you pay before your health plan starts paying for covered services. Example: If your plan has a \$1,000 deductible, you'll pay the first \$1,000 for covered services you receive. Once you pay this amount, your insurance will pay a portion or all of your covered services, depending on the plan.

EPO: Exclusive Provider Organization health plan, which is the type of plan AmeriHealth offers for individuals and families.

Health savings account (HSA): An HSA is a type of savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses.

Out-of-network: Doctors or health care facilities not included in your health plan network. Our individual and family health plans do not include out-of-network benefits.

Out-of-pocket maximum: The most you will have to pay for your health care expenses during a plan period (usually a calendar year). Once you meet your out-of-pocket maximum for the plan period, your health plan will pay for all covered services you receive.

Premium: The amount you pay to your insurance company each month for coverage under your health plan. Your premium is separate from the out-of-pocket costs you pay when you use your benefits to receive covered services.

Tax credit (subsidy): Financial assistance to help eligible people who buy their own health insurance pay their premium and cost-sharing expenses (deductibles, copays, coinsurance).

Purchase ACA-compliant dental coverage

Good dental health is an important part of managing your overall health. Dental exams may detect diabetes, heart disease, and other serious medical conditions.

AmeriHealth Dental¹ offers comprehensive dental benefits, as well as convenience and peace of mind for all your health care needs. When you enroll in an AmeriHealth dental plan, you get:



Freedom to see any dentist, but you save the most by choosing an in-network provider



Coverage for 3 cleanings per benefit year



No referrals needed



Robust new dental network



Teledentistry benefit for quick expert advice

DENTAL PLAN OPTIONS	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
WHO IS ELIGIBLE	AGES 0 - 18	ALL FAMILY MEMBERS	ALL FAMILY MEMBERS
Pediatric deductible	\$75	\$75	\$75
Adult deductible	N/A	\$0	\$50
Pediatric annual maximum	Unlimited	Unlimited	Unlimited
Adult annual maximum	N/A	\$1,000	\$1,500
Pediatric out-of-pocket	\$425 for 1 child/\$850 for 2 or more children		



Find dental providers

Visit amerihealth.com/dental to find providers in the new AmeriHealth Dental network.

DENTAL COVERED BENEFITS ²	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
PREVENTIVE SERVICES ³			
Exams/evaluations, cleanings, X-rays, and teledentistry	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, space maintainers	No charge, not subject to deductible	Covered only for children ages 0 — 18; No charge, not subject to deductible	Covered only for children ages 0 – 18; No charge, not subject to deductible
BASIC SERVICES ³			
Fillings (amalgam restorations – metal; resin-based composite restorations – white)			
Oral surgery (simple and surgical extractions)		Covered only for	80% after deductible;
Root canals (endodontic therapy and services)	50% after deductible	children ages 0 – 18; 50% after deductible	Members ages 19 and older: 6-month waiting period
Surgical and non-surgical periodontics and maintenance			watering period
General anesthesia, nitrous oxide, and/or IV sedation			
MAJOR SERVICES ³			
Crowns, inlays, onlays, and dentures	50% after deductible	Covered only for children ages 0 – 18;	50% after deductible; Members ages 19 and
Complete or fixed partial dentures (prosthetics)	50% after deductible	50% after deductible	older: 12-month waiting period
Implants ⁵	Not covered	Not covered	Not covered
ORTHODONTIA ³			
Medically necessary orthodontia	Covered only for ch	ildren ages 0 – 18; 50%, not	subject to deductible
Cosmetic orthodontia	Not covered	Not covered	Not covered
RATES (PER MEMBER PER MONTH)*			
Ages 0 – 18 ³	\$26.94	\$16.35	\$21.58
19 – 25	N/A	\$16.35	\$21.58
26 – 39	N/A	\$17.37	\$22.93
40 – 49	N/A	\$20.44	\$26.98
50 - 63	N/A	\$24.02	\$31.70
64 and older	N/A	\$24.53	\$32.38

^{*} Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

Add adult vision care benefits

Routine eye exams can help protect your sight. They can also detect a number of health conditions, such as diabetes and high blood pressure, in early stages.

Administered by Davis Vision[®], our adult vision care plans¹ go beyond eye exams and eyewear. You'll have access to a robust network, low out-of-pocket costs, and a variety of value-added services to meet your needs.

Note: All medical plans include pediatric vision care for members younger than 19.



Warby Parker, Target, and Pearle Vision are now included in the network!*†

Adult coverage includes:

- National network of more than 160,000 access points, including Visionworks
- Davis Vision Exclusive Collection frames for low or no additional out-of-pocket costs
- Exclusive \$50 frame allowance enhancement at Visionworks²
- Interactive frame try-on tool so you can see what Exclusive Collection frames look like from home⁴
- Convenient in-network online shopping options, including 1800Contacts.com, Glasses.com, and Befitting.com
- Fixed copays on all lens styles and coatings, keeping costs easier to understand and transparent
- Fully-covered hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

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 lenses⁵
- · Scratch protection plan for single vision
- Ultraviolet coating

Please see footnotes on page 33.

^{*} Warby Parker, Target, and Pearle Vision are in-network for adults only. Pediatric members are excluded.

[†] Warby Parker is an in-network provider if your plan has a frame allowance of at least \$85. Check your policy for frame benefit details.

VISION COVERED BENEFITS ²	\$100/\$150*	\$130/\$180*	\$150/\$200*
FREQUENCIES			
Eye exam ⁶	12 months		
Spectacle lenses/frames	12 months/12 months		
Contact lenses	12 months		
COPAYS*			
Eye exam/spectacle lenses FRAMES*	\$0/\$0	\$0/\$0	\$0/\$0
Non-Collection frame allowance (retail) [†]	Up to \$100 or up to \$150 at Visionworks, plus 20% off any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off 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, and 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
TIERED PREMIUM RATES [‡]	MONTHLY	MONTHLY	MONTHLY
Single	\$10.50	\$11.90	\$13.00
Subscriber and spouse	\$21.00	\$23.80	\$26.00
Parent and child	\$21.00	\$23.80	\$26.00
Parent and children	\$21.00	\$23.80	\$26.00
Family	\$31.50	\$35.70	\$39.00

^{*} All benefits displayed are in-network only. Please see your benefit booklet for out-of-network benefits. † Additional discounts not applicable at Walmart, Sam's Club, or Costco locations. ‡ Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

Health plan footnotes

All plans within this brochure reflect member cost-sharing. The benefits summaries in this brochure represent only a partial listing of benefits of the health plans. Benefits and exclusions may be further defined by medical policy. These managed care plans may not cover all your health care expenses. If you need more information, please contact your broker or call **1-855-832-2009**.

Network options footnotes:

- AmeriHealth Advantage plans are only available to individuals 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 Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- 2. 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 Local Value network.
- 3. Data is derived from analysis of information provided by a third-party vendor and is subject to change.
- 4. The service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area including: Northampton, Lehigh, Bucks, Berks, Montgomery, Philadelphia, Delaware, Chester, and Lancaster.

Medical footnotes:

- 1. Laboratory Corporation of America® Holdings (Labcorp) is the exclusive outpatient laboratory provider of AmeriHealth. To find your closest patient service center location, visit **labcorp.com**.
- 2. Members can utilize 30 visits per therapy per calendar year.
- 3. AmeriHealth Advantage plans are only available to individuals 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 Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- 4. The Local Value network is not available in Hunterdon County.
- 5. Deductible is combined for Tier 1 and Tier 2.
- 6. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
- 7. Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
- 8. 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 Local Value network.
- 9. Copay is required per day, up to a maximum of 5 days per admission.
- 10. The maximum applies prior to the deductible being met.
- 11. Catastrophic plans are only available for qualified individuals.
- 12. \$30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at no charge, after deductible.
- 13. \$250 Rx deductible per person.
- 14. Individual deductible not applicable in policies covering 2 or more people.
- 15. Emergency room copay waived if admitted.

GradFin footnotes:

IMPORTANT INFORMATION: Please note that if you refinance qualifying federal student loans, you may no longer be eligible for certain federal benefits or programs and waive your right to future benefits or programs offered on those loans. Examples of benefits or programs you may not receive include, but are not limited to, Public Service Loan Forgiveness, Income-Driven Repayment plans, forbearance, or loan forgiveness. Please carefully consider your options when refinancing federal student loans and consult **studentaid.gov** for the most current information.

GradFin does not review the Income Sensitive Repayment (ISR) option, which may be available to borrowers with Federal Family Education Loans (FFEL). If you have loans under the FFEL Program and are interested in the terms and availability of ISR, you should contact your lender and/or visit **studentaid.gov** for more information. All credit products are subject to credit approval.

- 1. 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.
- 2. Savings vary based on the rate and term of your existing and refinanced loan(s). Refinancing to a longer term may lower your monthly payments but may also increase the total interest paid over the life of the loan. Refinancing to a shorter term may increase your monthly payments but may lower the total interest paid over the life of the loan. Review your loan documentation for total cost of your refinanced loan.

This is a value-added program and not a benefit under an AmeriHealth health benefit plan and is, therefore, subject to change without notice.

GradFin, a brand of KeyBank N.A., is providing student loan products and services to customers of AmeriHealth. GradFin does not provide AmeriHealth products or services.

Dental footnotes:

- 1. Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Services, Inc.
- 2. This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.
- 3. 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 out-of-network dentist.
- 4. Pediatric dental benefits only cover members 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.
- 5. Implants are covered for children younger than 19 for certain conditions.

Vision footnotes:

- 1. Administered by Davis Vision®.
- 2. An AmeriHealth affiliate has a financial interest in Visionworks.
- 3. Adult Vision Care plans cover members ages 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. The chart reflects your in-network benefits. Please see your benefit booklet for your out-of-network coverage.
- 4. The website for the try-on feature is https://microsite.versanthealth.com/default/tryonframes.
- 5. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.
- 6. Inclusive of dilation when professionally indicated.







