

FIXED FUNDING



2025 BENEFITS AT A GLANCE

FIXED FUNDING

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RISING
TO THE
FUTURE



SERVING NJ
FOR 30 YEARS

RISING TO THE FUTURE

We are AmeriHealth, and we're proud of our deep roots in the State of New Jersey for 30 years. Since day one, we've been committed to helping our customers and members flourish by investing in the health and well-being of our communities. We continually evolve our product portfolio to deliver innovative benefit designs and solutions that make health care more accessible, convenient, and affordable.



Benefit designs for everyone

We look forward to continuing to work with you and helping our customers and members live their healthiest lives. You can count on us for high-quality, affordable benefit design options that meet our customers' health care needs and budgets while offering members access to a broad and flexible provider network and convenient online and mobile tools.

AmeriHealth at a glance

LOCAL

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

3K BUSINESSES

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

30 YEARS

Serving **New Jersey residents** and employers since 1994

21 COUNTIES

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

12 YEARS

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

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

What's new in 2025

Our portfolio of benefit designs helps meet the unique needs of businesses and their employees with cost-effective benefit options, well-being programs, and value-added services. We're pleased to offer the following enhancements for 2025.

Cigna HealthcareSM transition

Employers and their employees will have the option of purchasing coverage with access to the Cigna Healthcare PPO Network, which includes more than 1.5 million health care providers and 6,400 hospitals nationwide.^{1,2,3} AmeriHealth members with this coverage will also now have access to the Cigna Healthcare provider search tool, which helps members find providers in their region.

Learn more about our network options on page 11.

New digital health experience for members

Everyone's health journey is unique. That's why we created a new digital health experience for members that's more personalized and convenient. When members log in to our member portal at amerihealth.com/tpa or through the AmeriHealth mobile app, there is new navigation and updated features, advanced technology with faster response times, and personalized content that's easy to find. Members can:

- Access Health Journeys for a quick view of everything related to their care, including their personal health record, condition-specific information, and resources available to them
- Set, track, and reach wellness goals in a way that's easy and fun
- Create a custom directory of frequently used providers
- Get health-related reminders and alerts
- Search for in-network doctors and hospitals
- Reach a Registered Nurse Health Coach

4-Tier Rx

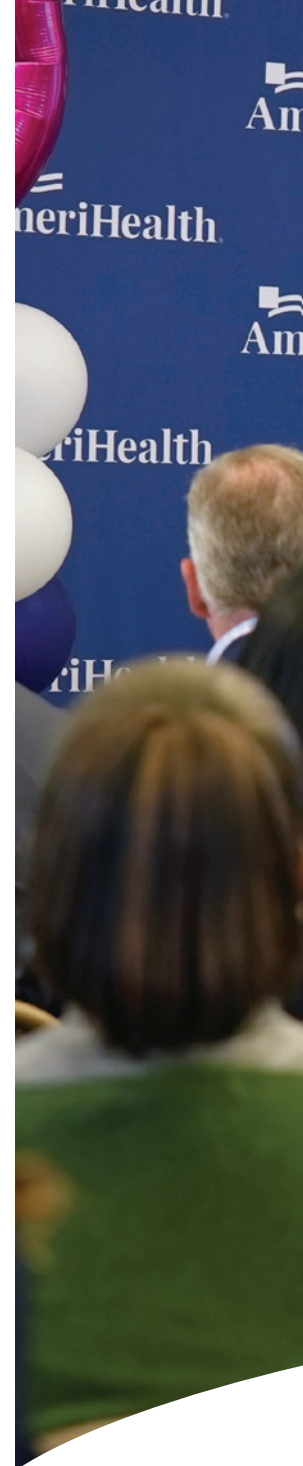
All benefit designs, existing and new, will now feature 4-Tier Rx coverage and will utilize the Value formulary network.

Learn more about our prescription drug benefit designs on page 43.

Embrace Well-being with AmeriHealth

Embrace Well-being makes it easier than ever to live a healthy lifestyle! With condition-specific programs and resources, discounts on healthy living, and incentives and rewards, Embrace Well-being can help members reach their personal health goals.

Learn more about our focus on managing health on page 12.





AmeriHealth Senior Vice President and Market President Mike Munoz addressed associates at the company's 30th anniversary celebration.



New benefit designs!

We've expanded our portfolio to include three additional benefit designs: two EPOs and one POS NG. Additionally, we are now offering each benefit design on both Full Mandate and Mandate Lite to meet the needs of your employees and business.⁴

Learn more about our benefit designs starting on page 17.

Please see footnotes on page 44.



Fixed Funding benefit designs

Powered by AmeriHealth Administrators

In conjunction with AmeriHealth Administrators, we are proud to offer Fixed Funding benefit design options to New Jersey employers. These innovative benefit designs are flexible, predictable, and cash-flow friendly — and offer members access to high-quality care from an extensive network of doctors and hospitals.

Here's what makes us stand out

AmeriHealth offers a comprehensive and tailored approach to self-funding health benefits. Our primary goal is to help you manage the three key aspects of health care — your members' health, the benefits, and cost. By effectively balancing and optimizing all three, we help you promote the health of your employees, improve health care access, and reduce costs by adding value.



Innovation

We redefine the health care system to enable the delivery of quality, accessible, and affordable care.



Health care transformation

We develop comprehensive clinical programs that proactively engage members to improve care and control costs.



Tailored solutions

We work together with all stakeholders to address the needs of their population.



Member engagement

We provide personalized support, tools, and educational resources to help members.



Our commitment to you

We raise awareness and empower your clients to take a more active role in the health of their employees.



Dedicated customer service

Our agents are extensively trained to provide outstanding support.

How Fixed Funding works

Fixed Funding benefit designs offer the benefits and flexibility of a self-funded health plan with a predictable monthly payment.

- **Pay a fixed monthly payment.** Employers pay a fixed monthly payment that covers the cost of administrative fees, stop loss insurance premiums,¹ and an estimated cost of claims (claims fund).
- **We handle claim payments.** Throughout the year, AmeriHealth Administrators pays claims out of the employer’s claims fund and coordinates any needed prefunding from the stop loss carrier.
- **Funding balance is credited to employer.** If claims are lower than expected and there is a funding balance at the end of the year, after adjusting for the Premium Rates at Termination, 50 percent is credited back to the employer to be applied to the next year.
- **Stop loss policy covers overages.** If the total covered claims are higher than expected, the employer’s stop loss policy will cover the difference.

The biggest difference between the benefit designs an employer can offer is whether members have benefits in or out of the provider network.

Benefit design type	EPO	PPO	POS NG
Must select a primary care physician			
No referrals needed for specialists	✓	✓	✓
HSA-compatible	✓	✓	
Out-of-network benefits		✓	✓

Benefits of Fixed Funding:



Fixed monthly payment



Protection against catastrophic claims*



Exempt from state mandates



Not subject to all taxes and fees



Potential for yearly surplus



Monthly reporting

* Aggregate and specific stop loss coverage is underwritten by AmeriHealth Insurance Company of New Jersey.

The advantages of a health savings account (HSA)

Members can add an HSA to any of our HSA-qualified EPO or PPO benefit designs. It lets employers offer lower-premium benefit designs with higher deductibles and gives members a way to save for qualified medical expenses now and in the future.

With an HSA, members do not pay federal taxes on the money they put into their account.*

For employers	For employees
<ul style="list-style-type: none"> Flexibility to choose benefit designs that fit their budget Tax advantages if you contribute to your employee's HSAs† Convenient funding methods Seamless account management, reporting tools, and spending account resources 	<ul style="list-style-type: none"> Tax advantages and no monthly account fee† Easy online account access Specialized customer service teams to provide support Easy access to funds via debit card

2025 HSA and high-deductible health plans (HDHP) limits	
Contribution limits Self-only/Family	\$4,300/\$8,550
HDHP minimum deductible Self-only/Family	\$1,650/\$3,300
HDHP maximum out-of-pocket Self-only/Family	\$8,300/\$16,600

* Contributions may be subject to certain New Jersey taxes.

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

AmeriHealth Advantage benefit designs focus on affordability

With our AmeriHealth Advantage benefit designs, employers can offer options that focus on high-quality care and affordability.

Cost-saving tiered benefits

AmeriHealth Advantage benefit designs have tiered benefits, which means members pay lower out-of-pocket costs when they use Tier 1 providers for certain services.

AmeriHealth Advantage¹

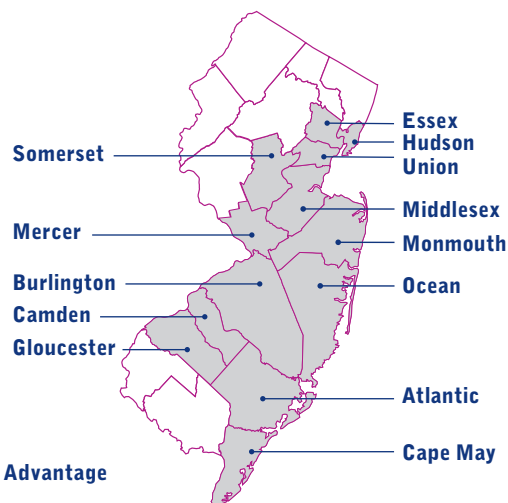
- Tier 1 offers the lowest out-of-pocket costs when members use AmeriHealth Advantage doctors and hospitals
- Tier 2 is available through Value Plus and National Access, if applicable
- Combined deductible and maximum out-of-pocket, on applicable benefit designs



Tier 1



Tier 2



Why choose an AmeriHealth Advantage benefit design?

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

This product is only available in certain counties. Refer to the map to see if it's available where your employer is headquartered. Please see footnotes on page 44

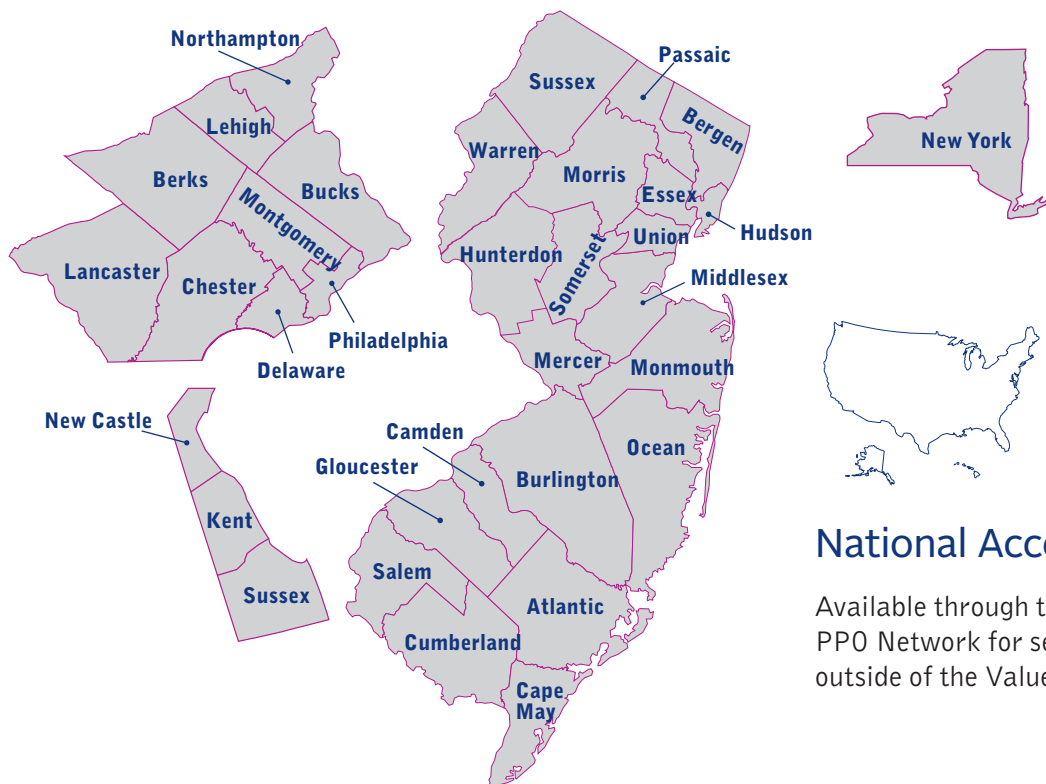
Network options

AmeriHealth has a variety of networks, making health insurance more affordable for employers, employees, and their families.

Networks differ based on geography as well as which doctors, hospitals, and other health care providers participate in the network. Members can search for network providers at amerihealth.com/tpa/providerfinder.

Value Plus access

Value Plus¹ gives members access to in-network providers throughout New Jersey, Delaware, and Southeastern Pennsylvania and providers in the Cigna Healthcare PPO Network in New York.²



National Access

Available through the Cigna Healthcare PPO Network for services obtained outside of the Value Plus area.³

Locating in-network doctors and hospitals

Members can log in at amerihealth.com/tpa. They will have the choice of searching:

- National Access network for care outside of New Jersey, New York, Delaware, and Southeastern Pennsylvania³
- Cigna Healthcare PPO Network for providers in New York state²
- Labcorp for lab locations throughout the country⁴

The Cigna Healthcare PPO Networks includes more than **1.5 million health care providers and 6,400 hospitals nationwide.**⁵

A focus on managing health

We support members through all stages of their health care journey, helping them to get healthy, stay healthy, and manage chronic conditions.

Health Journey Liaison

Using our award-winning engagement tools and strategies, predictive analytics, and fully integrated multi-specialty care team, we can:

- Target outreach to members with a personalized, multichannel strategy that delivers support and savings opportunities
- Identify and manage members' emerging health issues as they move through their unique health care journey
- Provide personalized, one-on-one support through a designated Registered Nurse Health Coach and multi-specialty care team
- Deliver measurable improvements in health outcomes and lower health care costs

Additional support is also available through a Health Coach. A Health Coach is a registered nurse who can discuss health concerns and provide the help and support members need. Health Coaches are available 24/7. To get started, members should call **1-833-242-3030** or email **casemanagement@ahatpa.com**.

Disease management

We identify members with chronic or unstable conditions and provide them with education, support, and health coaching to help improve their outcomes — and help better manage health care costs.

Integrated behavioral health

Untreated mental health and substance use challenges cost employers thousands of dollars and significantly affect workplace productivity.

Our approach to a member's health and emotional well-being starts with a holistic view of their whole health. Our clinical programs are designed to help promote member behavioral health and wellness while containing costs through prevention and early intervention. Case management helps ensure health care is aligned and integrated within medical delivery systems and connects members to care and community resources.

Helping members with a substance use disorder

AmeriHealth Administrators is a leader in promoting ways to help prevent opioid misuse. The battle is unique to each member, so we've integrated behavioral health services into our benefit designs, as well as included the use of non-opioid medications.

Putting the member at the center of everything

Everyone's wellness journey is different. We give members the support and tools they need to achieve their personal health goals.

Our Well-being Platform is a motivating and personalized set of well-being tools and resources that can help members achieve their health goals in a way that's simple, easy, and fun. They can:



Create an action plan: Members can choose programs to create a personalized action plan that focuses on their health goals.



Stay motivated: Members earn tokens and badges for small achievements, such as syncing a health app, watching a health video, or finishing a program.



Track their progress: Members can sync popular fitness apps and devices to their action plan to automatically update their programs and track activity.

Members can log in at amerihealth.com/tpa to learn more about our Well-being platform.

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 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. Take advantage of discounts on gym memberships, virtual fitness classes, home exercise equipment, and healthy eating programs with the HUSK Marketplace. Plus, you and your family get free access to a library of fitness and nutrition resources and training spotlight videos.



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.

Taking care of members' overall health

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

We are focused on whole-person health, which means helping members stay healthy in all aspects of their lives. Our benefit designs offer members access to the care they need when they need it and personalized resources and support. 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 Health (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. Members 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 for non-emergency conditions, such as sinus pain, flu, 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 request a dermatology consult, complete a short form, and upload images of their skin issues.



Members can stay connected by text

Members can sign up to receive personalized health reminders, important notifications, and money-saving tips by texting **AHATPA** to **77576** or visiting [amerihealth.com/TPAgetconnected](https://www.amerihealth.com/TPAgetconnected).

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



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



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





AMERIHEALTH ADVANTAGE EPO

2025 BENEFIT DESIGNS



**AMERIHEALTH
ADVANTAGE EPO¹**
BENEFIT DESIGNS

**\$20/\$40 \$1,500
\$15/\$40/\$75 Rx**

CHOOSE YOUR BENEFIT DESIGN

**MANDATE LITE
NEW FULL MANDATE**

MEDICAL BENEFITS	TIER 1	TIER 2
Deductible – Individual/Family	\$1,500/\$3,000 ⁶	
Maximum out-of-pocket – Individual/Family	\$7,000/\$14,000 ⁷	
Primary care visits	\$20 copay	\$50 copay
Specialist visits	\$40 copay	\$100 copay
Urgent care services	\$40 copay	
Emergency room	\$300 copay ⁸	
Outpatient surgery²		
Inpatient hospital services (including maternity)²	20% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation services³	\$40 copay	
Chiropractic care⁴		
X-rays and diagnostic imaging	20% coinsurance after deductible	
Imaging CT/PET scans, MRIs²		
Laboratory⁵	No charge, no deductible	
Durable medical equipment	50% coinsurance after deductible	
Inpatient treatment Mental and behavioral health and substance use disorder²	20% coinsurance after deductible	
Outpatient treatment Mental and behavioral health and substance use disorder	\$40 copay	
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	
Generic Rx	\$15 copay	
Brand Rx	\$40 copay	
Non-preferred brand Rx	\$75 copay	
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	

Please see footnotes on page 44

**AMERIHEALTH
ADVANTAGE EPO¹**
BENEFIT DESIGNS

NATL HSA \$15/\$30
\$1,650 \$7/50%/\$125 Rx

CHOOSE YOUR BENEFIT DESIGN

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$1,650 ¹⁰ /\$3,300 ¹¹	\$2,500 ¹⁰ /\$5,000 ¹¹
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000 ⁷	
Primary care visits	\$15 copay after deductible	\$50 copay after deductible
Specialist visits	\$30 copay after deductible	\$75 copay after deductible
Urgent care services	\$30 copay after deductible	\$30 copay after deductible
Emergency room	10% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery²	10% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services (including maternity)²	10% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation services³	\$30 copay after deductible	\$30 copay after deductible
Chiropractic care⁴	\$30 copay after deductible	\$30 copay after deductible
X-rays and diagnostic imaging	10% coinsurance after deductible	10% coinsurance after deductible
Imaging CT/PET scans, MRIs²	10% coinsurance after deductible	10% coinsurance after deductible
Laboratory⁵	No charge after deductible	No charge after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	10% coinsurance after deductible	10% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	\$30 copay after deductible	\$30 copay after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	
Generic Rx	\$7 copay after deductible	
Brand Rx	50% coinsurance, up to \$125 max, after deductible	
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible	
Self-administered specialty Rx	50% coinsurance after deductible	

Please see footnotes on page 44





EPO HSA

2025 BENEFIT DESIGNS



EPO HSA
BENEFIT DESIGNS

HSA 50%/50% \$2,500
\$25/\$50/\$75 Rx

HSA 40%/40% \$2,000
\$25/\$50/\$75 Rx

CHOOSE YOUR BENEFIT DESIGN

MANDATE LITE
NEW FULL MANDATE

MANDATE LITE
FULL MANDATE

MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$2,500 ¹⁰ /\$5,000	\$2,000 ¹⁰ /\$4,000
Maximum out-of-pocket – Individual/Family	\$6,900/\$13,800	\$5,000/\$10,000
Primary care visits	50% coinsurance after deductible	40% coinsurance after deductible
Specialist visits	50% coinsurance after deductible	40% coinsurance after deductible
Urgent care services	50% coinsurance after deductible	40% coinsurance after deductible
Emergency room	50% coinsurance after deductible	40% coinsurance after deductible
Outpatient surgery²	50% coinsurance after deductible	40% coinsurance after deductible
Inpatient hospital services (including maternity)²	50% coinsurance after deductible	40% coinsurance after deductible
Rehabilitation services³	50% coinsurance after deductible	40% coinsurance after deductible
Chiropractic care⁴	50% coinsurance after deductible	40% coinsurance after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible	40% coinsurance after deductible
Imaging CT/PET scans, MRIs²	50% coinsurance after deductible	40% coinsurance after deductible
Laboratory⁵	No charge after deductible	No charge after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	50% coinsurance after deductible	40% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	50% coinsurance after deductible	40% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY ⁹
Generic Rx	\$25 copay after deductible	\$25 copay after deductible
Brand Rx	\$50 copay after deductible	\$50 copay after deductible
Non-preferred brand Rx	\$75 copay after deductible	\$75 copay after deductible
Self-administered specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 44

EPO HSA BENEFIT DESIGNS	HSA 30%/30% \$4,000 \$10/\$40/\$60 Rx	HSA 30%/30% \$1,650 \$7/50%/\$125 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE NEW FULL MANDATE	MANDATE LITE NEW FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$4,000/\$8,000	\$1,650 ¹⁰ /\$3,300
Maximum out-of-pocket – Individual/Family	\$6,500/\$13,000	\$3,000 ¹⁰ /\$6,000
Primary care visits	30% coinsurance after deductible	30% coinsurance after deductible
Specialist visits	30% coinsurance after deductible	30% coinsurance after deductible
Urgent care services	30% coinsurance after deductible	30% coinsurance after deductible
Emergency room	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery²	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient hospital services (including maternity)²	30% coinsurance after deductible	30% coinsurance after deductible
Rehabilitation services³	30% coinsurance after deductible	30% coinsurance after deductible
Chiropractic care⁴	30% coinsurance after deductible	30% coinsurance after deductible
X-rays and diagnostic imaging	30% coinsurance after deductible	30% coinsurance after deductible
Imaging CT/PET scans, MRIs²	30% coinsurance after deductible	30% coinsurance after deductible
Laboratory⁵	30% coinsurance after deductible	no charge after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	30% coinsurance after deductible	30% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	30-DAY SUPPLY⁹
Generic Rx	\$10 copay after deductible	\$7 copay after deductible
Brand Rx	\$40 copay after deductible	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx	\$60 copay after deductible	50% coinsurance after deductible
Self-administered specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 44

EPO HSA
BENEFIT DESIGNS

HSA 0%/0%
\$6,000 0% Rx

HSA 20%/20% \$2,000
\$7/50%/\$125 Rx

CHOOSE YOUR BENEFIT DESIGN

MANDATE LITE
NEW FULL MANDATE

NEW MANDATE LITE
FULL MANDATE

MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$6,000/\$12,000	\$2,000 ¹⁰ /\$4,000
Maximum out-of-pocket – Individual/Family	\$7,000/\$14,000	\$5,000/\$10,000
Primary care visits	No charge after deductible	20% coinsurance after deductible
Specialist visits	No charge after deductible	20% coinsurance after deductible
Urgent care services	No charge after deductible	20% coinsurance after deductible
Emergency room	No charge after deductible	20% coinsurance after deductible
Outpatient surgery²	No charge after deductible	20% coinsurance after deductible
Inpatient hospital services (including maternity)²	No charge after deductible	20% coinsurance after deductible
Rehabilitation services³	No charge after deductible	20% coinsurance after deductible
Chiropractic care⁴	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, MRIs²	No charge after deductible	20% coinsurance after deductible
Laboratory⁵	No charge after deductible	20% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	No charge after deductible	20% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	No charge after deductible	20% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY ⁹
Generic Rx		\$7 copay after deductible
Brand Rx		50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx	No charge after deductible	
Self-administered specialty Rx		50% coinsurance after deductible

Please see footnotes on page 44

EPO HSA BENEFIT DESIGNS	HSA 0%/0% \$2,500 \$7/50%/\$125 Rx	HSA 0%/0% \$1,650 \$7/50%/\$125 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	NEW MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$2,500 ¹⁰ /\$5,000	\$1,650 ¹⁰ /\$3,300
Maximum out-of-pocket – Individual/Family	\$6,750/\$13,500	\$5,000/\$10,000
Primary care visits	No charge after deductible	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	50% coinsurance after deductible	No charge after deductible
Outpatient surgery²	No charge after deductible	No charge after deductible
Inpatient hospital services (including maternity)²	No charge after deductible	No charge after deductible
Rehabilitation services³	No charge after deductible	No charge after deductible
Chiropractic care⁴	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, MRIs²	No charge after deductible	No charge after deductible
Laboratory⁵	No charge after deductible	No charge after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	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
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	30-DAY SUPPLY⁹
Generic Rx	\$7 copay after deductible	\$7 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	50% coinsurance after deductible	50% coinsurance after deductible
Self-administered specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 44



EPO
2025 BENEFIT DESIGNS



EPO BENEFIT DESIGNS	50%/50% \$7,000 50% Rx	\$50/\$100 \$6,000 \$10/\$40/\$60 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE NEW FULL MANDATE	MANDATE LITE NEW FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$7,000/\$14,000	\$6,000/\$12,000
Maximum out-of-pocket – Individual/Family	\$8,550/\$17,100	\$8,500/\$17,000
Primary care visits	50% coinsurance after deductible	\$50 copay after deductible
Specialist visits	50% coinsurance after deductible	\$100 copay after deductible
Urgent care services	50% coinsurance after deductible	\$100 copay after deductible
Emergency room	50% coinsurance after deductible	\$500 copay after deductible ⁸
Outpatient surgery²	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services (including maternity)²	50% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation services³	50% coinsurance after deductible	\$100 copay after deductible
Chiropractic care⁴	50% coinsurance after deductible	\$100 copay after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible	\$100 copay after deductible
Imaging CT/PET scans, MRIs²	50% coinsurance after deductible	\$200 copay after deductible
Laboratory⁵	50% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	50% coinsurance after deductible	\$100 copay after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	30-DAY SUPPLY⁹
Generic Rx	50% coinsurance after deductible	\$10 copay after deductible
Brand Rx	50% coinsurance after deductible	\$40 copay after deductible
Non-preferred brand Rx	50% coinsurance after deductible	\$60 copay after deductible
Self-administered specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 44

EPO BENEFIT DESIGNS	40%/40% \$6,000 \$15/\$75/\$100 Rx	\$30/\$100 \$7,000 \$15/\$75/\$100 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE NEW FULL MANDATE	MANDATE LITE NEW FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$6,000/\$12,000	\$7,000/\$14,000
Maximum out-of-pocket – Individual/Family	\$8,550/\$17,100	\$8,500/\$17,000
Primary care visits	40% coinsurance after deductible	\$30 copay
Specialist visits	40% coinsurance after deductible	\$100 copay
Urgent care services	40% coinsurance after deductible	\$100 copay
Emergency room	40% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery²	40% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services (including maternity)²	40% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation services³	40% coinsurance after deductible	\$100 copay
Chiropractic care⁴	40% coinsurance after deductible	\$100 copay
X-rays and diagnostic imaging	40% coinsurance after deductible	50% coinsurance after deductible
Imaging CT/PET scans, MRIs²	40% coinsurance after deductible	50% coinsurance after deductible
Laboratory⁵	40% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	40% coinsurance after deductible	50% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	40% coinsurance after deductible	\$100 copay
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	30-DAY SUPPLY⁹
Generic Rx	\$15 copay after deductible	\$15 copay
Brand Rx	\$75 copay after deductible	\$75 copay
Non-preferred brand Rx	\$100 copay after deductible	\$100 copay
Self-administered specialty Rx	50% coinsurance after deductible	50% coinsurance, up to \$250 max, no deductible

Please see footnotes on page 44

EPO
BENEFIT DESIGNS

\$40/\$80 \$5,000
\$15/\$75/\$100 Rx

\$15/\$75 \$5,000
\$15/\$75/\$100 Rx

CHOOSE YOUR BENEFIT DESIGN

MANDATE LITE
NEW FULL MANDATE

MANDATE LITE
NEW FULL MANDATE

MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
Maximum out-of-pocket – Individual/Family	\$8,000/\$16,000	\$8,500/\$17,000
Primary care visits	\$40 copay	\$15 copay
Specialist visits	\$80 copay	\$75 copay
Urgent care services	\$80 copay	\$75 copay
Emergency room	\$500 copay ⁸	\$200 copay ⁸
Outpatient surgery²		\$300 copay
Inpatient hospital services (including maternity)²	30% coinsurance after deductible	\$500 copay per admission ¹³
Rehabilitation services³	\$80 copay	\$75 copay
Chiropractic care⁴		
X-rays and diagnostic imaging	30% coinsurance after deductible	\$75 copay
Imaging CT/PET scans, MRIs²		\$500 copay
Laboratory⁵	no charge, no deductible	no charge, no deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	30% coinsurance after deductible	\$500 copay per admission ¹³
Outpatient treatment Mental and behavioral health and substance use disorder	\$80 copay	\$75 copay
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY ⁹
Generic Rx	\$15 copay	\$15 copay
Brand Rx	\$75 copay	\$75 copay
Non-preferred brand Rx	\$100 copay	\$100 copay
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	50% coinsurance, up to \$250 max, no deductible

Please see footnotes on page 44

	NEW BENEFIT DESIGN	
EPO BENEFIT DESIGNS	\$40/\$80 \$3,500 \$10/\$40/\$60 Rx	\$30/\$60 \$5,000 \$15/\$75/\$100 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE NEW FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$3,500/\$7,000	\$5,000/\$10,000
Maximum out-of-pocket – Individual/Family	\$8,000/\$16,000	\$7,000/\$14,000
Primary care visits	\$40 copay	\$30 copay
Specialist visits	\$80 copay	\$60 copay
Urgent care services	\$80 copay	\$60 copay
Emergency room	\$350 copay ⁸	\$400 copay ⁸
Outpatient surgery²	\$250 copay	\$300 copay
Inpatient hospital services (including maternity)²	\$500 copay per day, up to 5 days ¹²	\$500 copay per day, up to 5 days ¹²
Rehabilitation services³	\$80 copay	\$60 copay
Chiropractic care⁴	\$80 copay	\$60 copay
X-rays and diagnostic imaging	\$50 copay	\$100 copay
Imaging CT/PET scans, MRIs²	\$250 copay	\$200 copay
Laboratory⁵	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	\$500 copay per day, up to 5 days ¹²	\$500 copay per day, up to 5 days ¹²
Outpatient treatment Mental and behavioral health and substance use disorder	\$80 copay	\$60 copay
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY ⁹
Generic Rx	\$10 copay	\$15 copay
Brand Rx	\$40 copay	\$75 copay
Non-preferred brand Rx	\$60 copay	\$100 copay
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	50% coinsurance, up to \$250 max, no deductible

Please see footnotes on page 44

EPO BENEFIT DESIGNS	\$50/\$75 \$2,500 \$10/\$40/\$60 Rx	\$20/\$50 \$2,000 \$25/\$50/\$75 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$2,500/\$5,000	\$2,000/\$4,000
Maximum out-of-pocket – Individual/Family	\$8,150/\$16,300	\$4,000/\$8,000
Primary care visits	\$50 copay	\$20 copay
Specialist visits	\$75 copay	\$50 copay
Urgent care services	\$75 copay	\$50 copay
Emergency room	\$300 copay ⁸	\$100 copay ⁸
Outpatient surgery²	\$250 copay	
Inpatient hospital services (including maternity)²	\$500 copay per day, up to 5 days ¹²	30% coinsurance after deductible
Rehabilitation services³	\$75 copay	\$50 copay
Chiropractic care⁴	\$75 copay	\$50 copay
X-rays and diagnostic imaging	\$50 copay	\$50 copay
Imaging CT/PET scans, MRIs²	\$250 copay	\$75 copay
Laboratory⁵	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	\$500 copay per day, up to 5 days ¹²	30% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	\$75 copay	\$50 copay
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁹	30-DAY SUPPLY⁹
Generic Rx	\$10 copay	\$25 copay
Brand Rx	\$40 copay	\$50 copay
Non-preferred brand Rx	\$60 copay	\$75 copay
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	50% coinsurance, up to \$250 max, no deductible

Please see footnotes on page 44

NEW BENEFIT DESIGN

EPO
BENEFIT DESIGNS

\$30/\$50 \$1,500
\$25/\$50/\$75 Rx

\$20/\$40 \$1,000
\$25/\$50/\$75 Rx

CHOOSE YOUR BENEFIT DESIGN

MANDATE LITE
FULL MANDATE

MANDATE LITE
FULL MANDATE

MEDICAL BENEFITS

IN-NETWORK

IN-NETWORK

Deductible – Individual/Family

\$1,500/\$3,000

\$1,000/\$2,000

Maximum out-of-pocket – Individual/Family

\$3,000/\$6,000

\$4,000/\$8,000

Primary care visits

\$30 copay

\$20 copay

Specialist visits

\$50 copay

\$40 copay

Urgent care services

\$50 copay

\$40 copay

Emergency room

\$100 copay⁸

\$200 copay⁸

Outpatient surgery²

\$300 copay after deductible

Inpatient hospital services (including maternity)²

30% coinsurance after deductible

\$500 copay per day, up to 5 days, after deductible¹²

Rehabilitation services³

\$50 copay

\$40 copay

Chiropractic care⁴

X-rays and diagnostic imaging

30% coinsurance after deductible

30% coinsurance after deductible

Imaging CT/PET scans, MRIs²

Laboratory⁵

No charge, no deductible

No charge, no deductible

Durable medical equipment

50% coinsurance after deductible

50% coinsurance after deductible

Inpatient treatment Mental and behavioral health and substance use disorder²

30% coinsurance after deductible

\$500 copay per day, up to 5 days, after deductible¹²

Outpatient treatment Mental and behavioral health and substance use disorder

\$50 copay

\$40 copay

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁹

30-DAY SUPPLY⁹

Generic Rx

\$25 copay

\$25 copay

Brand Rx

\$50 copay

\$50 copay

Non-preferred brand Rx

\$75 copay

\$75 copay

Self-administered specialty Rx

50% coinsurance, up to \$250 max, no deductible

50% coinsurance, up to \$250 max, no deductible

EPO BENEFIT DESIGNS	\$25/\$50 \$10/\$40/\$60 Rx	\$30/\$50 \$250 \$25/\$50/\$75 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE NEW FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$0/\$0	\$250/\$500
Maximum out-of-pocket – Individual/Family	\$5,000/\$10,000	\$3,500/\$7,000
Primary care visits	\$25 copay	\$30 copay
Specialist visits	\$50 copay	\$50 copay
Urgent care services	\$50 copay	\$50 copay
Emergency room	\$200 copay ⁸	\$100 copay ⁸
Outpatient surgery²	\$250 copay	\$300 copay after deductible
Inpatient hospital services (including maternity)²	\$500 copay per day, up to 5 days ¹²	\$500 copay per day, up to 5 days, after deductible ¹²
Rehabilitation services³	\$50 copay	\$50 copay
Chiropractic care⁴	\$50 copay	\$50 copay
X-rays and diagnostic imaging	\$50 copay	10% coinsurance after deductible
Imaging CT/PET scans, MRIs²	\$100 copay	10% coinsurance after deductible
Laboratory⁵	No charge	No charge, no deductible
Durable medical equipment	50% coinsurance	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	\$500 copay per day, up to 5 days ¹²	\$500 copay per day, up to 5 days, after deductible ¹²
Outpatient treatment Mental and behavioral health and substance use disorder	\$50 copay	\$50 copay
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY ⁹
Generic Rx	\$10 copay	\$25 copay
Brand Rx	\$40 copay	\$50 copay
Non-preferred brand Rx	\$60 copay	\$75 copay
Self-administered specialty Rx	50% coinsurance, up to \$250 max	50% coinsurance, up to \$250 max, no deductible

Please see footnotes on page 44



POS NON-GATED (NG)

2025 BENEFIT DESIGNS



**POS
NON-GATED (NG)
BENEFIT DESIGNS**

**\$30/\$50
\$2,000 \$25/\$50/\$75 Rx**

CHOOSE YOUR BENEFIT DESIGN

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000
Maximum out-of-pocket – Individual/Family	\$3,500/\$7,000	\$15,000/\$30,000
Primary care visits	\$30 copay	50% coinsurance after deductible
Specialist visits	\$50 copay	50% coinsurance after deductible
Urgent care services	\$50 copay	50% coinsurance after deductible
Emergency room	\$100 copay ⁸	Covered at in-network level
Outpatient surgery²		
Inpatient hospital services (including maternity)²	30% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation services³		
Chiropractic care⁴	\$50 copay	50% coinsurance after deductible
X-rays and diagnostic imaging	\$50 copay	50% coinsurance after deductible
Imaging CT/PET scans, MRIs²	\$100 copay	50% coinsurance after deductible
Laboratory⁵	No charge, no deductible	50% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	\$50 copay	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY
Generic Rx	\$25 copay	50% reimbursement
Brand Rx	\$50 copay	
Non-preferred brand Rx	\$75 copay	
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	

Please see footnotes on page 44

NEW BENEFIT DESIGN

**POS
NON-GATED (NG)
BENEFIT DESIGNS**

**\$25/\$50
\$1,500 \$25/\$50/\$75 Rx**

CHOOSE YOUR BENEFIT DESIGN

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Maximum out-of-pocket – Individual/Family	\$3,000/\$6,000	\$6,000/\$12,000
Primary care visits	\$25 copay	40% coinsurance after deductible
Specialist visits	\$50 copay	40% coinsurance after deductible
Urgent care services	\$50 copay	40% coinsurance after deductible
Emergency room	\$100 copay ⁸	Covered at in-network level
Outpatient surgery²		
Inpatient hospital services (including maternity)²	20% coinsurance after deductible	40% coinsurance after deductible
Rehabilitation services³		
Chiropractic care⁴	\$50 copay	40% coinsurance after deductible
X-rays and diagnostic imaging	\$50 copay	40% coinsurance after deductible
Imaging CT/PET scans, MRIs²	\$100 copay	40% coinsurance after deductible
Laboratory⁵	No charge, no deductible	40% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	\$50 copay	40% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY
Generic Rx	\$25 copay	
Brand Rx	\$50 copay	
Non-preferred brand Rx	\$75 copay	50% reimbursement
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	

Please see footnotes on page 44

**POS
NON-GATED (NG)
BENEFIT DESIGNS**

\$20/\$40
\$1,000 \$25/\$50/\$75 Rx

CHOOSE YOUR BENEFIT DESIGN

**MANDATE LITE
NEW FULL MANDATE**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual/Family	\$1,000/\$2,000	\$2,000/\$4,000
Maximum out-of-pocket – Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Primary care visits	\$20 copay	30% coinsurance after deductible
Specialist visits	\$40 copay	30% coinsurance after deductible
Urgent care services	\$40 copay	30% coinsurance after deductible
Emergency room	\$100 copay ⁸	Covered at in-network level
Outpatient surgery²		
Inpatient hospital services (including maternity)²	10% coinsurance after deductible	30% coinsurance after deductible
Rehabilitation services³		
Chiropractic care⁴	\$40 copay	30% coinsurance after deductible
X-rays and diagnostic imaging	\$40 copay	30% coinsurance after deductible
Imaging CT/PET scans, MRIs²	\$80 copay	30% coinsurance after deductible
Laboratory⁵	No charge, no deductible	30% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	\$40 copay	30% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY
Generic Rx	\$25 copay	50% reimbursement
Brand Rx	\$50 copay	
Non-preferred brand Rx	\$75 copay	
Self-administered specialty Rx	50% coinsurance, up to \$250 max, no deductible	

Please see footnotes on page 44

**POS
NON-GATED (NG)**
BENEFIT DESIGNS

\$20/\$40
\$25/\$50/\$75 Rx

CHOOSE YOUR BENEFIT DESIGN

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual/Family	\$0/\$0	\$1,000/\$3,000
Maximum out-of-pocket – Individual/Family	\$2,500/\$5,000	\$7,500/\$15,000
Primary care visits	\$20 copay	30% coinsurance after deductible
Specialist visits	\$40 copay	30% coinsurance after deductible
Urgent care services	\$40 copay	30% coinsurance after deductible
Emergency room	\$100 copay ⁸	Covered at in-network level
Outpatient surgery²	\$125 copay	
Inpatient hospital services (including maternity)²	\$250 copay per day, up to 5 days ¹²	30% coinsurance after deductible
Rehabilitation services³	\$40 copay	30% coinsurance after deductible
Chiropractic care⁴	\$40 copay	30% coinsurance after deductible
X-rays and diagnostic imaging	\$40 copay	30% coinsurance after deductible
Imaging CT/PET scans, MRIs²	\$80 copay	30% coinsurance after deductible
Laboratory⁵	No charge	30% coinsurance after deductible
Durable medical equipment	50% coinsurance	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	\$250 copay per day, up to 5 days ¹²	30% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	\$40 copay	30% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY
Generic Rx	\$25 copay	
Brand Rx	\$50 copay	
Non-preferred brand Rx	\$75 copay	50% reimbursement
Self-administered specialty Rx	50% coinsurance	

Please see footnotes on page 44





PPO HSA
2025 BENEFIT DESIGNS



PPO HSA
BENEFIT DESIGNS

HSA 10%/10%
\$2,000 \$7/\$35/\$50 Rx

CHOOSE YOUR BENEFIT DESIGN

MANDATE LITE
NEW FULL MANDATE

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible – Individual/Family	\$2,000 ¹⁰ /\$4,000	\$5,000 ¹⁰ /\$10,000
Maximum out-of-pocket – Individual/Family	\$5,000/\$10,000	\$15,000/\$30,000
Primary care visits	10% coinsurance after deductible	40% coinsurance after deductible
Specialist visits	10% coinsurance after deductible	40% coinsurance after deductible
Urgent care services	10% coinsurance after deductible	40% coinsurance after deductible
Emergency room		Covered at in-network level
Outpatient surgery²		
Inpatient hospital services (including maternity)²	10% coinsurance after deductible	40% coinsurance after deductible
Rehabilitation services³	10% coinsurance after deductible	40% coinsurance after deductible
Chiropractic care⁴		
X-rays and diagnostic imaging	No charge after deductible	40% coinsurance after deductible
Imaging CT/PET scans, MRIs²	10% coinsurance after deductible	
Laboratory⁵	No charge after deductible	40% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment Mental and behavioral health and substance use disorder²	10% coinsurance after deductible	40% coinsurance after deductible
Outpatient treatment Mental and behavioral health and substance use disorder	10% coinsurance after deductible	40% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁹	30-DAY SUPPLY
Generic Rx	\$7 copay after deductible	60% reimbursement after deductible
Brand Rx	\$35 copay after deductible	
Non-preferred brand Rx	\$50 copay after deductible	
Self-administered specialty Rx	50% coinsurance after deductible	

Please see footnotes on page 44

Prescription drug benefit designs

Our prescription drug coverage offers members safe, affordable access to covered medications.

Manage prescription drug benefits in one convenient place

Members can log in at [amerihealth.com/tpa](https://www.amerihealth.com/tpa) to easily manage prescriptions, as well as:

- Compare the price of brand-name drugs to generic equivalents
- Sign up and save money with mail-order services
- Review prescription records
- Find an in-network pharmacy
- Review coverage and cost-sharing information
- Download forms

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

\$	Generic Rx
\$\$	Brand Rx
\$\$\$	Non-preferred Brand Rx
\$\$\$\$	Self-administered Specialty Rx

Pharmacy network includes nearly

68,000
PHARMACIES
NATIONWIDE



Important benefit design information

All benefit designs within this brochure reflect member cost-sharing. The benefit summaries in this brochure represent only a partial listing of benefits administered. Benefits and exclusions may be further defined by medical policy. These benefit designs may not cover all your clients' health care expenses. Clients should read their contracts carefully to determine which health care services are covered.

Footnotes

What's new in 2025 (pg. 4)

1. The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.
2. Access to the Cigna Healthcare PPO Network will be available for purchase to a qualifying employer group when they sign or renew their contracts with AmeriHealth, beginning December 1, 2024.
3. Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration as of July 2024. Data is subject to change.
4. Full Mandate and Mandate Lite benefit designs cannot be offered alongside each other.

AmeriHealth Advantage (pg. 10)

1. AmeriHealth Advantage benefit designs 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 Tier 1 hospitals and professional providers are subject to change. AmeriHealth Advantage members can also access Tier 2 Value Plus facilities and professional providers and National Access (using the Cigna Healthcare PPO network), when applicable. National Access is to be used when outside the Value Plus service area and New York.

Network: (Page 11)

1. 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.
2. Access to the Cigna Healthcare PPO network in New York is available for our EPO, PPO, and POS NG benefit designs.
3. Coverage provided by Cigna Healthcare PPO network. AmeriHealth members accessing care in the AmeriHealth service area must use Value Plus.
4. Members must use Labcorp for all lab services and Cigna Healthcare PPO network for all professional, inpatient, and outpatient behavioral health services.
5. Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration as of July 2024. Data is subject to change.

Benefit designs (pg. 17-42)

1. AmeriHealth Advantage benefit designs 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 Tier 1 hospitals and professional providers are subject to change. AmeriHealth Advantage members can also access Tier 2 Value Plus facilities and professional providers and National Access (using the Cigna Healthcare PPO network), when applicable. National Access is to be used when outside the Value Plus service area and New York.
2. Subject to preapproval.
3. Members can utilize 60 visits combined for physical, speech, and occupational therapy per benefit period.
4. Members can utilize 30 visits per benefit period.
5. 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](https://www.labcorp.com).
6. Deductible is combined for Tier 1 and Tier 2.
7. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
8. Emergency room copay is waived if admitted.
9. Prescription mail order benefit is available at twice the applicable cost-sharing for a 90-day supply. The member pays the equivalent of two months of cost-sharing instead of three.
10. Individual amount is not applicable in policies covering 2 or more people (aggregate).
11. Deductible accumulates across Tier 1 and Tier 2; maximum deductible is \$2,500/\$5,000.
12. Copay is required per day, up to a maximum of 5 days per admission. Copay is waived if readmitted within 10 days.
13. Copay is waived if readmitted within 10 days.

FIXED FUNDING

RISING **TO THE** **FUTURE**

SERVING NJ **FOR 30 YEARS**

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Prescription drug benefits are administered by an independent pharmacy benefits management (PBM) company.

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