

SMALL GROUP



2025 BENEFITS AT A GLANCE

Table of contents

- Rising to the Future 3
- What’s new in 2025 4
- Health plans for a variety of needs and budgets..... 6
- Health plans that focus on affordability 8
- Network options 9
- Prescription drug benefits 10
- Streamlined benefits administration 11
- Taking care of members’ overall health 13
 - \$0 virtual care benefits* 13
 - Focus on your mental health* 14
 - Condition-specific support* 15
 - Support to help members reach their health goals*..... 15
 - Focus on financial well-being*..... 16
- 2025 health plans 19
- AmeriHealth Dental plans 38
- AmeriHealth ACA-compliant dental plans 40
- Add adult vision care benefits 44
- Important health plan information..... 46





RIISING 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 health plans and solutions that make care more accessible, convenient, and affordable.



A health plan 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 health plan 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.

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

RIISING TO THE FUTURE  **SERVING NJ FOR 30 YEARS**

What's new in 2025

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



New health plans offer greater savings and value

Every year, we work to ensure that our portfolio offers customers options that make sense for their small business and their employees. We've added seven new competitively priced plan designs to our portfolio to help meet your employers' needs and budget, including the lowest-cost plan in both the Bronze and Silver metallic tiers. Within these offerings, we have plans that offer savings up to 15 percent while still providing first dollar copays on benefits such as primary care physician (PCP) visits, laboratory services, and generic prescriptions.

Learn more about our health plans starting on page 19.



Expanded access to quality and affordable in-network care

We are excited to announce that the New York and National Access network (if applicable) will be provided through Cigna HealthcareSM.¹ The Cigna Healthcare PPO Network^{2,3} includes more than 1.5 million health care providers and 6,400 hospitals nationwide.⁴

Learn more about our network options on page 9.

Please see page 46 for What's new in 2025 footnotes.



AmeriHealth Dental

Our new AmeriHealth Dental portfolio is now available! Designed to deliver on our whole-person health strategy, our affordable dental coverage encourages prevention, early diagnosis, and treatment. It provides a variety of affordable plan options with a large national network, low out-of-pocket costs, and value-added savings.

Learn more about AmeriHealth Dental plans starting on page 38.



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 the member portal at [amerihealth.com](https://www.amerihealth.com) 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 their wellness goals in a way that's easy and fun
- Create a custom directory of their frequently used providers
- Get health-related reminders and alerts
- Search for in-network doctors and hospitals
- Reach a Registered Nurse Health Coach



Health plans for a variety of needs and budgets

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

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

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

Select EPO health plans offer savings and flexibility

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

- Members are required to select a PCP. They can log in at [amerihealth.com](https://www.amerihealth.com) and use the My Care Team tool.
- Once selected, a member's PCP will help coordinate their health care needs. This leads to better value-based deals, improved health outcomes, and lower premium costs.



Save time: Find the right provider

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



Redesigned website makes it easier for members to manage their health care and benefits

Members can log in to their secure member account at [amerihealth.com](https://www.amerihealth.com) to easily access their health plan information, find resources, and get the support they need, anytime they need it.

Health plans that focus on affordability

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

Cost-saving tiered benefits

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

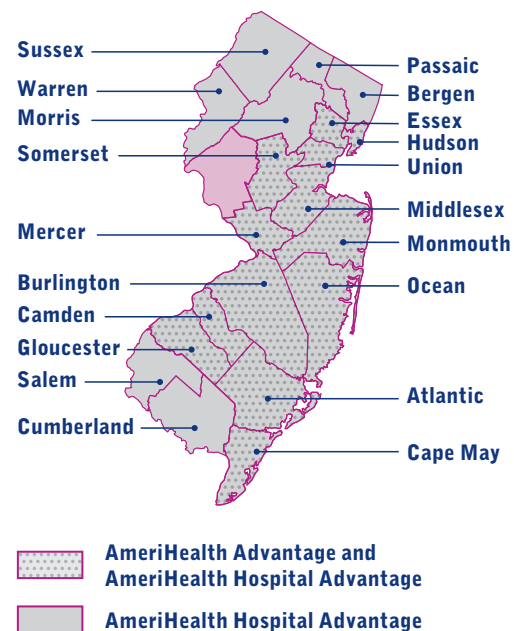
AmeriHealth Advantage¹

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

AmeriHealth Hospital Advantage²

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

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



Benefits of AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans

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

Please see page 46 for footnotes for AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans.

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

Network options

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

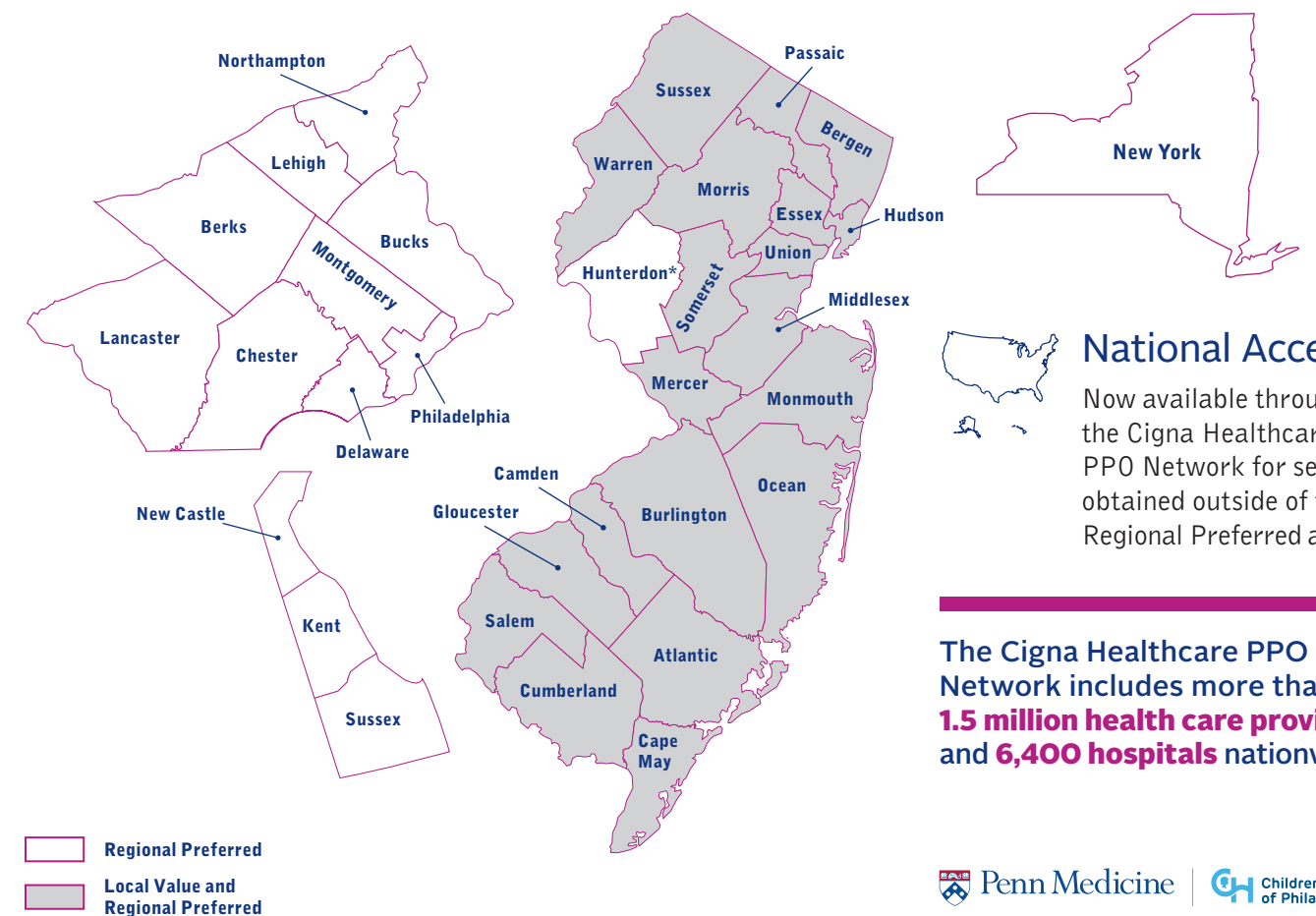
Our networks differ based on geography and which doctors, hospitals, and other health care providers participate in the network. No matter what network members have, they always have access to providers across the State of New Jersey. We make it easy for members to find in-network doctors and hospitals through our Provider Finder tool. Log in at amerihealth.com.

Regional Preferred

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

Local Value

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



National Access
Now available through the Cigna Healthcare PPO Network for services obtained outside of the Regional Preferred area.^{3,4}

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



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

Please see page 46 for Network options footnotes.

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

Prescription drug benefits

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

Members save with lower-cost alternatives

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

Convenient medication management



Easy-to-use online and mobile tools

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



Mail order convenience

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

Choosing generics saves members money

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

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

Pharmacy network includes nearly

68,000 PHARMACIES
NATIONWIDE

Streamlined benefits administration

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

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



Pay invoices online

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



Manage an account

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



Get member ID cards

Request new ID cards for employees and their covered dependents.

Brokers

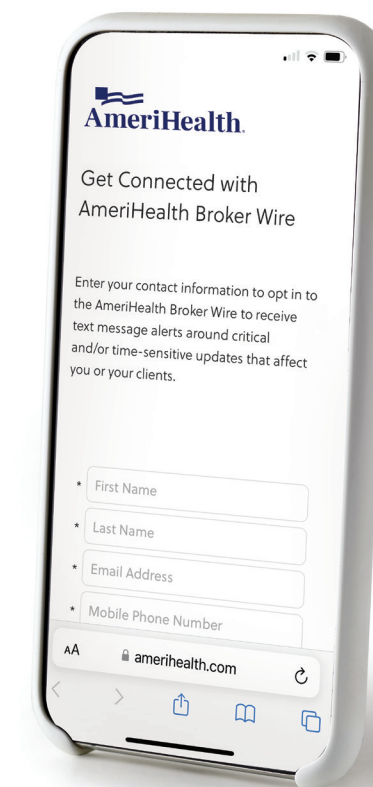
Brokers can stay in the know with timely updates by signing up for our weekly broker communication, *Market Edge*. Critical and time-sensitive updates can be received via text by opting in to Broker Wire. Visit [amihealth.com/brokerwire](https://www.amihealth.com/brokerwire) to sign up.

Members

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



Scan this QR code to visit
[amihealth.com/brokerwire](https://www.amihealth.com/brokerwire)





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

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

Taking care of members' overall health

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

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

\$0 virtual care benefits

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



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



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

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

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

Focus on your mental health

Mental and physical health are important to overall well-being. Our integrated approach takes a member's whole health and equitable access to care into account to help improve outcomes and address gaps in care.

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



Teladoc Mental Health Care. Members can talk to board-certified psychiatrists and licensed psychologists or therapists by phone or video from wherever they feel most comfortable. Members pay \$0* cost-sharing. This service can address concerns like anxiety, depression, grief, work pressures, and more.

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



One-on-one support. Our specially trained Behavioral Health Care Advocates screen members and help connect them to behavioral health care that suits their needs and preferences, including in-the-moment support when needed. Members can call the Mental Health/Substance Abuse number on the back of their ID card to connect with a Behavioral Health Care Advocate. Licensed clinical triage staff are also available for immediate crisis management and urgent behavioral health matters.



Self-service tools and resources. Members can log in to their secure member account anytime for digital resources dedicated to improving their mental health. **Mental Health Coaching by Teladoc Health†** (formerly myStrength Plus) is a self-guided digital resource that offers proven approaches and dedicated support for stress, depression, insomnia, and more.

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



Addiction support and treatment. Members also have access to Shatterproof's Treatment Atlas (Addiction Treatment Locator, Assessment, and Standards). It connects members and their loved ones with trustworthy, in-network addiction treatment options. This online tool offers a comprehensive list of addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.

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

† Mental Health Coaching by Teladoc Health is available to members ages 18 and older.

Condition-specific support

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

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

Diabetes management. Teladoc's diabetes management program makes it easier to manage chronic conditions. Eligible members get personalized lessons, free supplies (e.g., unlimited strips for those with diabetes), health alerts, and more.

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](https://www.amerihealth.com/wellness).

Focus on financial well-being

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

Paying for college and reducing student loan debt

GradFin¹ helps members find ways to save for college and reduce student loan debt. They offer:

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

Advantages of a health savings account (HSA)²

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

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

Employers get...

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

Employees get...

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

2025 HSA and High-Deductible Health Plan (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

Please see page 47 for Financial well-being footnotes.

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



Members can earn \$150 Embrace Well-being dollars

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

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

- Complete any of the 13 activities
- Submit the Embrace Well-being verification form with supporting documentation to embracewell-being@amerihealth.com

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

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



SMALL GROUP
2025 BENEFIT DESIGNS



BRONZE BENEFIT DESIGNS	NEW	
	SELECT EPO \$40/\$75	SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE ⁵
MEDICAL BENEFITS	IN-NETWORK	TIER 1 TIER 2
Deductible – Individual/Family	\$9,000/\$18,000	\$6,000/\$12,000 ⁶
After deductible, member pays...	50%	50%
Maximum out-of-pocket – Individual/Family	\$9,200/\$18,400	\$8,300/\$16,600 ⁷
Primary care visits	\$40 copay ⁸	\$50 copay after deductible ⁸
Specialist visits	\$75 copay after deductible	\$75 copay after deductible
Urgent care services	\$85 copay after deductible	50% coinsurance after deductible
Emergency room	\$200 copay after deductible ¹⁷	
Outpatient surgery	\$200 copay after deductible	20% coinsurance after deductible 50% coinsurance after deductible
Inpatient hospital services (including maternity)	\$200 copay per admission after deductible ¹⁴	\$500 copay per day, up to 5 days, after deductible ⁹ 50% coinsurance after deductible
X-rays and diagnostic imaging	\$150 copay after deductible	50% coinsurance after deductible
Imaging CT, PET scans, MRIs	\$200 copay after deductible	
Laboratory¹	No charge after deductible	50% coinsurance after deductible
Inpatient treatment – Mental and behavioral health and substance use disorder	\$200 copay per admission after deductible ¹⁴	\$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	\$75 copay after deductible
Rehabilitation therapy services²	\$75 copay after deductible	\$75 copay after deductible
Chiropractic care³	\$35 copay after deductible	\$35 copay after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$7 copay	50% coinsurance, up to \$125 max, after deductible
Brand Rx		
Non-preferred brand Rx	50% coinsurance after deductible	

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

BRONZE BENEFIT DESIGNS	SELECT EPO HSA AMERIHEALTH ADVANTAGE ¹¹ \$25/\$50		SELECT EPO \$50/\$75
	CHOOSE YOUR NETWORK	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³	
MEDICAL BENEFITS	TIER 1	TIER 2	IN-NETWORK
Deductible – Individual/Family	\$6,000/\$12,000 ⁶		\$3,000/\$6,000
After deductible, member pays...	30%	50%	50%
Maximum out-of-pocket – Individual/Family	\$8,300/\$16,600 ⁷		\$9,200/\$18,400
Primary care visits	\$25 copay after deductible ⁸	\$50 copay after deductible ⁸	\$50 copay after deductible ⁸
Specialist visits	\$50 copay after deductible	\$75 copay after deductible	\$75 copay after deductible
Urgent care services	30% coinsurance after deductible		50% coinsurance after deductible
Emergency room	30% coinsurance after deductible	50% coinsurance after deductible	
Outpatient surgery	30% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services (including maternity)	30% coinsurance after deductible	50% coinsurance after deductible	\$500 copay per admission after deductible ¹⁴
X-rays and diagnostic imaging	50% coinsurance after deductible		50% coinsurance after deductible
Imaging CT, PET scans, MRIs	50% coinsurance after deductible		50% coinsurance after deductible
Laboratory¹	50% coinsurance after deductible		50% coinsurance after deductible
Inpatient treatment – Mental and behavioral health and substance use disorder	30% coinsurance after deductible		\$500 copay per admission after deductible ¹⁴
Outpatient treatment – Mental and behavioral health and substance use disorder	\$50 copay after deductible		\$75 copay after deductible
Rehabilitation therapy services²	\$50 copay after deductible		\$75 copay after deductible
Chiropractic care³	\$35 copay after deductible		\$35 copay after deductible
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰		30-DAY SUPPLY¹⁰
Generic Rx			\$25 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$250 max, after deductible ¹⁵
Non-preferred brand Rx			

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

BRONZE BENEFIT DESIGNS	SELECT EPO HSA 50%/50%	EPO \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,000/\$6,000
After deductible, member pays...	50%	50%
Maximum out-of-pocket — Individual/Family	\$8,300/\$16,600	\$9,200/\$18,400
Primary care visits	50% coinsurance after deductible ⁸	\$50 copay after deductible
Specialist visits	50% coinsurance after deductible	\$75 copay after deductible
Urgent care services	50% coinsurance after deductible	50% coinsurance after deductible
Emergency room		
Outpatient surgery	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services (including maternity)		\$500 copay per admission after deductible ¹⁴
X-rays and diagnostic imaging	50% coinsurance after deductible	50% coinsurance after deductible
Imaging CT, PET scans, MRIs		
Laboratory¹	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance after deductible	\$500 copay per admission after deductible ¹⁴
Outpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance after deductible	\$75 copay after deductible
Rehabilitation therapy services²	50% coinsurance after deductible	\$75 copay after deductible
Chiropractic care³		\$35 copay after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx		\$25 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵
Non-preferred brand Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

BRONZE BENEFIT DESIGNS	SELECT EPO HSA 0%/0%
CHOOSE YOUR NETWORK	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000
After deductible, member pays...	0%
Maximum out-of-pocket — Individual/Family	\$8,300/\$16,600
Primary care visits	No charge after deductible ⁸
Specialist visits	No charge after deductible
Urgent care services	No charge after deductible
Emergency room	50% coinsurance after deductible
Outpatient surgery	
Inpatient hospital services (including maternity)	No charge after deductible
X-rays and diagnostic imaging	No charge after deductible
Imaging CT, PET scans, MRIs	
Laboratory¹	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	No charge after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge after deductible
Rehabilitation therapy services²	No charge after deductible
Chiropractic care³	
Durable medical equipment	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰
Generic Rx	\$25 copay after deductible
Brand Rx	
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

SILVER BENEFIT DESIGNS	NEW	
	SELECT EPO \$40/\$75	SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE ⁵
MEDICAL BENEFITS	IN-NETWORK	TIER 1 TIER 2
Deductible — Individual/Family	\$6,000/\$12,000	\$2,500/\$5,000 ⁶
After deductible, member pays...	50%	50%
Maximum out-of-pocket — Individual/Family	\$9,200/\$18,400	\$9,200/\$18,400 ⁷
Primary care visits	\$40 copay ⁸	\$50 copay ⁸
Specialist visits	\$75 copay	\$75 copay
Urgent care services	\$85 copay	\$85 copay
Emergency room	\$500 copay after deductible ¹⁷	\$100 copay after deductible ¹⁷ 50% coinsurance after deductible
Outpatient surgery	\$300 copay after deductible	20% coinsurance after deductible 50% coinsurance after deductible
Inpatient hospital services (including maternity)	50% coinsurance after deductible	50% coinsurance after deductible
X-rays and diagnostic imaging	\$150 copay	50% coinsurance after deductible
Imaging CT, PET scans, MRIs	\$300 copay after deductible	50% coinsurance after deductible
Laboratory¹	No charge, no deductible	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance after deductible	20% coinsurance after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay	\$75 copay
Rehabilitation therapy services²	\$75 copay after deductible	\$75 copay
Chiropractic care³	\$35 copay after deductible	\$35 copay
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$10 copay	\$20 copay
Brand Rx	50% coinsurance, no deductible	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

SILVER BENEFIT DESIGNS	SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$30/\$60
	LOCAL VALUE ⁵	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³
CHOOSE YOUR NETWORK	TIER 1 TIER 2	TIER 1 TIER 2
MEDICAL BENEFITS	TIER 1 TIER 2	TIER 1 TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ⁶ aggregate ¹⁶	\$2,500/\$5,000 ⁶
After deductible, member pays...	50%	20% 50%
Maximum out-of-pocket — Individual/Family	\$7,000/\$14,000 ⁷	\$9,200/\$18,400 ⁷
Primary care visits	\$50 copay after deductible ⁸	\$30 copay ⁸ \$50 copay after deductible ⁸
Specialist visits	\$75 copay after deductible	\$60 copay \$75 copay after deductible
Urgent care services	\$85 copay after deductible	\$75 copay after deductible
Emergency room	\$100 copay after deductible ¹⁷ 50% coinsurance after deductible	20% coinsurance after deductible 50% coinsurance after deductible
Outpatient surgery	10% coinsurance after deductible 50% coinsurance after deductible	20% coinsurance after deductible 50% coinsurance after deductible
Inpatient hospital services (including maternity)	10% coinsurance after deductible	20% coinsurance after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible	50% coinsurance after deductible
Imaging CT, PET scans, MRIs	50% coinsurance after deductible	50% coinsurance after deductible
Laboratory¹	No charge after deductible	No charge, no deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay after deductible	\$60 copay
Rehabilitation therapy services²	\$75 copay after deductible	\$60 copay
Chiropractic care³	\$35 copay after deductible	\$35 copay
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$15 copay after deductible	\$20 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after \$250 Rx deductible ¹⁸
Non-preferred brand Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

	NEW	NEW
SILVER BENEFIT DESIGNS	EPO \$40/\$75	SELECT EPO HSA 0%/0% \$6,000
CHOOSE YOUR NETWORK	NATIONAL ACCESS WITH NY	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$6,000/\$12,000	\$6,000/\$12,000
After deductible, member pays...	50%	0%
Maximum out-of-pocket – Individual/Family	\$9,200/\$18,400	\$6,000/\$12,000
Primary care visits	\$40 copay	No charge after deductible ⁸
Specialist visits	\$75 copay	No charge after deductible
Urgent care services	\$85 copay	No charge after deductible
Emergency room	\$500 copay after deductible ¹⁷	No charge after deductible
Outpatient surgery	\$300 copay after deductible	No charge after deductible
Inpatient hospital services (including maternity)	50% coinsurance after deductible	No charge after deductible
X-rays and diagnostic imaging	\$150 copay	No charge after deductible
Imaging CT, PET scans, MRIs	\$300 copay after deductible	No charge after deductible
Laboratory¹	No charge, no deductible	No charge after deductible
Inpatient treatment – Mental and behavioral health and substance use disorder	50% coinsurance after deductible	No charge after deductible
Outpatient treatment – Mental and behavioral health and substance use disorder	\$75 copay	No charge after deductible
Rehabilitation therapy services²	\$75 copay after deductible	No charge after deductible
Chiropractic care³	\$35 copay after deductible	No charge after deductible
Durable medical equipment	50% coinsurance after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$10 copay	No charge after deductible
Brand Rx	50% coinsurance, no deductible	No charge after deductible
Non-preferred brand Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

SILVER BENEFIT DESIGNS	SELECT EPO HSA 20%/20%	SELECT EPO HSA 10%/10%
CHOOSE YOUR NETWORK	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$2,500/\$5,000 aggregate ¹⁶	\$2,500/\$5,000 aggregate ¹⁶
After deductible, member pays...	20%	10%
Maximum out-of-pocket – Individual/Family	\$8,300/\$16,600	\$8,300/\$16,600
Primary care visits	20% coinsurance after deductible ⁸	10% coinsurance after deductible ⁸
Specialist visits	20% coinsurance after deductible	10% coinsurance after deductible
Urgent care services	20% coinsurance after deductible	10% coinsurance after deductible
Emergency room	50% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery		30% coinsurance after deductible
Inpatient hospital services (including maternity)	20% coinsurance after deductible	10% coinsurance after deductible
X-rays and diagnostic imaging	20% coinsurance after deductible	10% coinsurance after deductible
Imaging CT, PET scans, MRIs		10% coinsurance after deductible
Laboratory¹	No charge after deductible	No charge after deductible
Inpatient treatment – Mental and behavioral health and substance use disorder	20% coinsurance after deductible	10% coinsurance after deductible
Outpatient treatment – Mental and behavioral health and substance use disorder	20% coinsurance after deductible	10% coinsurance after deductible
Rehabilitation therapy services²	20% coinsurance after deductible	10% coinsurance after deductible
Chiropractic care³		10% coinsurance after deductible
Durable medical equipment	20% coinsurance after deductible	10% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$20 copay after deductible	\$20 copay after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

SILVER BENEFIT DESIGNS	SELECT EPO HSA 0%/0%	NEW EPO HSA 0%/0% \$6,000
	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	NATIONAL ACCESS WITH NY
CHOOSE YOUR NETWORK		
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000 aggregate ¹⁶	\$6,000/\$12,000
After deductible, member pays...	0%	0%
Maximum out-of-pocket — Individual/Family	\$7,600/\$15,200	\$6,000/\$12,000
Primary care visits	No charge after deductible ⁸	No charge after deductible
Specialist visits	No charge after deductible	No charge after deductible
Urgent care services	No charge after deductible	No charge after deductible
Emergency room	30% coinsurance after deductible	No charge after deductible
Outpatient surgery	30% coinsurance after deductible	No charge after deductible
Inpatient hospital services (including maternity)	No charge after deductible	No charge after deductible
X-rays and diagnostic imaging Imaging CT, PET scans, MRIs	No charge after deductible	No charge after deductible
Laboratory¹	No charge after deductible	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	No charge after deductible	No charge after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge after deductible	No charge after deductible
Rehabilitation therapy services²	No charge after deductible	No charge after deductible
Chiropractic care³	No charge after deductible	No charge after deductible
Durable medical equipment	No charge after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$20 copay after deductible	No charge after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	No charge after deductible
Non-preferred brand Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

SILVER BENEFIT DESIGNS	EPO HSA 0%/0%
CHOOSE YOUR NETWORK	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000 aggregate ¹⁶
After deductible, member pays...	0%
Maximum out-of-pocket — Individual/Family	\$7,600/\$15,200
Primary care visits	No charge after deductible
Specialist visits	No charge after deductible
Urgent care services	No charge after deductible
Emergency room	30% coinsurance after deductible
Outpatient surgery	30% coinsurance after deductible
Inpatient hospital services (including maternity)	No charge after deductible
X-rays and diagnostic imaging Imaging CT, PET scans, MRIs	No charge after deductible
Laboratory¹	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	No charge after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge after deductible
Rehabilitation therapy services²	No charge after deductible
Chiropractic care³	No charge after deductible
Durable medical equipment	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰
Generic Rx	\$20 copay after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx	

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

GOLD BENEFIT DESIGNS	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$20/\$40		SELECT EPO \$30/\$60
	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³		LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
CHOOSE YOUR NETWORK	TIER 1	TIER 2	IN-NETWORK
MEDICAL BENEFITS			
Deductible – Individual/Family	\$1,800/\$3,600 ⁶		\$1,500/\$3,000
After deductible, member pays...	20%	50%	20%
Maximum out-of-pocket – Individual/Family	\$7,700/\$15,400 ⁷		\$7,000/\$14,000
Primary care visits	\$20 copay ⁸	\$50 copay ⁸	\$30 copay ⁸
Specialist visits	\$40 copay	\$75 copay	\$60 copay
Urgent care services	\$75 copay		\$75 copay
Emergency room	\$100 copay ¹⁷		20% coinsurance after deductible
Outpatient surgery	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible
Inpatient hospital services (including maternity)	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible
X-rays and diagnostic imaging	20% coinsurance after deductible		20% coinsurance after deductible
Imaging CT, PET scans, MRIs	20% coinsurance after deductible		20% coinsurance after deductible
Laboratory¹	No charge, no deductible		No charge, no deductible
Inpatient treatment – Mental and behavioral health and substance use disorder	20% coinsurance after deductible		20% coinsurance after deductible
Outpatient treatment – Mental and behavioral health and substance use disorder	\$40 copay		\$60 copay
Rehabilitation therapy services²	\$40 copay		\$60 copay
Chiropractic care³	\$35 copay		\$35 copay
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		30-DAY SUPPLY ¹⁰
Generic Rx	\$20 copay		\$10 copay
Brand Rx	\$40 copay		50% coinsurance, up to \$125 max, no deductible
Non-preferred brand Rx	\$75 copay		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

GOLD BENEFIT DESIGNS	SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$30/\$50		EPO \$35/\$65
	LOCAL VALUE ⁵		LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY NATIONAL ACCESS WITH NY
CHOOSE YOUR NETWORK	TIER 1	TIER 2	IN-NETWORK
MEDICAL BENEFITS			
Deductible – Individual/Family	\$1,800/\$3,600 ⁶		\$1,800/\$3,600
After deductible, member pays...	20%	50%	20%
Maximum out-of-pocket – Individual/Family	\$7,250/\$14,500 ⁷		\$7,550/\$15,100
Primary care visits	\$30 copay ⁸		\$35 copay
Specialist visits	\$50 copay		\$65 copay
Urgent care services	\$75 copay		\$75 copay
Emergency room	\$100 copay ¹⁷	50% coinsurance after deductible	\$100 copay ¹⁷
Outpatient surgery	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days ⁹	50% coinsurance after deductible	20% coinsurance after deductible
X-rays and diagnostic imaging	\$50 copay		20% coinsurance after deductible
Imaging CT, PET scans, MRIs	\$100 copay		20% coinsurance after deductible
Laboratory¹	No charge, no deductible		No charge, no deductible
Inpatient treatment – Mental and behavioral health and substance use disorder	\$500 copay per day, up to 5 days ⁹		20% coinsurance after deductible
Outpatient treatment – Mental and behavioral health and substance use disorder	\$50 copay		\$65 copay
Rehabilitation therapy services²	\$50 copay		\$65 copay
Chiropractic care³	\$35 copay		\$35 copay
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay		\$15 copay
Brand Rx	50% coinsurance, up to \$125 max, no deductible		\$40 copay
Non-preferred brand Rx			\$75 copay

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

GOLD BENEFIT DESIGNS	NEW	
	SELECT EPO \$10/\$40	SELECT EPO HSA 0%/0%
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$0/\$0	\$1,650/\$3,300 aggregate ¹⁶
After deductible, member pays...	0%	0%
Maximum out-of-pocket — Individual/Family	\$9,200/\$18,400	\$5,000/\$10,000
Primary care visits	\$10 copay ⁸	No charge after deductible ⁸
Specialist visits	\$40 copay	No charge after deductible
Urgent care services	\$75 copay	No charge after deductible
Emergency room	\$500 copay ¹⁷	20% coinsurance after deductible
Outpatient surgery	\$350 copay	
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days ⁹	No charge after deductible
X-rays and diagnostic imaging	\$125 copay	No charge after deductible
Imaging CT, PET scans, MRIs	\$250 copay	
Laboratory¹	No charge, no deductible	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	\$500 copay per day, up to 5 days ⁹	No charge after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$40 copay	No charge after deductible
Rehabilitation therapy services²	\$40 copay	No charge after deductible
Chiropractic care³	\$35 copay	
Durable medical equipment	50% coinsurance	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$10 copay	\$15 copay after deductible
Brand Rx	\$50 copay	50% coinsurance, up to \$125 max, after deductible
Non-preferred brand Rx	\$300 copay	

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

GOLD BENEFIT DESIGNS	NEW	
	EPO \$10/\$40	EPO HSA 10%/10%
CHOOSE YOUR NETWORK	NATIONAL ACCESS WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$0/\$0	\$1,800/\$3,600 aggregate ¹⁶
After deductible, member pays...	0%	10%
Maximum out-of-pocket — Individual/Family	\$9,200/\$18,400	\$5,000/\$10,000
Primary care visits	\$10 copay	10% coinsurance after deductible
Specialist visits	\$40 copay	10% coinsurance after deductible
Urgent care services	\$75 copay	10% coinsurance after deductible
Emergency room	\$500 copay ¹⁷	10% coinsurance after deductible
Outpatient surgery	\$350 copay	
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days ⁹	10% coinsurance after deductible
X-rays and diagnostic imaging	\$125 copay	10% coinsurance after deductible
Imaging CT, PET scans, MRIs	\$250 copay	
Laboratory¹	No charge, no deductible	No charge after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	\$500 copay per day, up to 5 days ⁹	10% coinsurance after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$40 copay	10% coinsurance after deductible
Rehabilitation therapy services²	\$40 copay	10% coinsurance after deductible
Chiropractic care³	\$35 copay	
Durable medical equipment	50% coinsurance	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$10 copay	\$15 copay after deductible
Brand Rx	\$50 copay	\$40 copay after deductible
Non-preferred brand Rx	\$300 copay	\$75 copay after deductible

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.

PLATINUM BENEFIT DESIGNS	SELECT EPO \$15/\$30	EPO \$10/\$30
CHOOSE YOUR NETWORK	REGIONAL PREFERRED WITH NY	REGIONAL PREFERRED WITH NY NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible – Individual/Family	\$0/\$0	\$0/\$0
After deductible, member pays...	0%	0%
Maximum out-of-pocket – Individual/Family	\$3,000/\$6,000	\$3,100/\$6,200
Primary care visits	\$15 copay ⁸	\$10 copay
Specialist visits	\$30 copay	\$30 copay
Urgent care services	\$75 copay	\$75 copay
Emergency room	\$100 copay ¹⁷	\$100 copay ¹⁷
Outpatient surgery	\$250 copay	\$250 copay
Inpatient hospital services (including maternity)	\$400 copay per day, up to 5 days ⁹	\$400 copay per day, up to 5 days ⁹
X-rays and diagnostic imaging	\$30 copay	\$30 copay
Imaging CT, PET scans, MRIs	\$60 copay	\$60 copay
Laboratory¹	No charge	No charge
Inpatient treatment – Mental and behavioral health and substance use disorder	\$400 copay per day, up to 5 days ⁹	\$400 copay per day, up to 5 days ⁹
Outpatient treatment – Mental and behavioral health and substance use disorder	\$30 copay	\$30 copay
Rehabilitation therapy services²	\$30 copay	\$30 copay
Chiropractic care³		
Durable medical equipment	50% coinsurance	50% coinsurance
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay	\$15 copay
Brand Rx	\$40 copay	\$40 copay
Non-preferred brand Rx	\$75 copay	\$75 copay

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 47.





SMALL GROUP
2025 DENTAL AND VISION BENEFIT DESIGNS



Dental coverage options

Oral health is an important part of members' overall health — it not only helps keep teeth healthy but can also help detect serious medical conditions, like high blood pressure and diabetes. AmeriHealth offers two dental coverage options that encourage prevention to help members maintain good oral habits and save money.

AmeriHealth Dental plans

Designed to deliver on our whole-person health strategy, our affordable dental coverage encourages prevention, early diagnosis, and treatment. Employees will have access to a robust and expanding national network, so they can find a dentist locally where they live and work or wherever they need one.

We offer a variety of PPO, EPO, and Managed Care plan options to meet the needs of small businesses, as well as those of employees and their families. Please note: AmeriHealth Dental plans¹ are not ACA-compliant.

AmeriHealth Dental — PPO plans^{*,§}

Our suite of PPO dental plans offers members the most flexibility, in- and out-of-network benefits, and value-added services, along with one of the nation's largest PPO dental networks.

Highlights of our PPO dental plans:

- Members can visit any dentist without a referral.
- National network of over 430,000 access points.
- Preventive services do not count against the annual maximum and are covered at 100 percent on most plans, which allows members to use their coverage for other necessary, more costly services.
- No waiting periods. Members can begin using their dental benefits on day one.
- PPO plan out-of-network reimbursements available as either Maximum Allowable Charges (MAC) or 90th percentile of Usual, Customary, and Reasonable (UCR) fees.
- Most plan options are available with or without cosmetic orthodontia coverage for members up to age 19.

AmeriHealth Dental — EPO plans^{*,§}

Our two EPO dental plans (EPO High and EPO Low) help save money by offering lower premiums than typical PPO plans and feature fixed copays to help members predict out-of-pocket costs when they visit an in-network provider. A maximum of \$2,500 can be rolled over per individual on the plan over time, helping members' dental dollars go further. Preventive services do not count towards the annual maximum.

EPO High

- Offers an enhanced level of coverage, featuring lower copays and orthodontia coverage for members up to age 19

EPO Low

- Predictable fixed copay schedule with a more affordable premium
- Plan does not include orthodontia

AmeriHealth Dental — Managed Care plans^{†,§}

We offer two Managed Care copay plans (Managed Care High and Managed Care Low) that offer coverage for the whole family. These plans are ideal for members who require lower dental maintenance and just want to focus on preventive care and routine cleanings.

Managed Care dental plan options require the selection of a Primary Dental Office (PDO) from the plan's Managed Care dental network. The member's PDO provides routine care and arranges or provides most other necessary and appropriate dental services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.

Managed Care High

- Offers an enhanced level of coverage featuring lower copays and orthodontia coverage for members up to age 19

Managed Care Low

- Features predictable, fixed copays at a more affordable premium
- Plan does not include orthodontia

Miles of smiles

Additional value-added benefits are available on AmeriHealth Dental plans to help members maintain good dental hygiene. **Note:** Value-added benefits listed below are available on the non-ACA compliant AmeriHealth Dental portfolio.

- **Preventive Rewards program.** The primary subscriber will receive a \$20 payment for each insured family member who gets two cleanings during the calendar year. For example, for a family of four, the primary subscriber would receive \$80 if each family member gets two cleanings from an in-network dentist within the plan year.
- **Teledentistry.** Members can use a credentialed virtual dentist from wherever they are to get virtual exams and expert advice fast.[‡]
- **Extra cleaning.** Members who are pregnant or are diabetic are eligible for an additional cleaning each calendar year.



Scan the QR code to access the full AmeriHealth Dental portfolio.

* The network used for this dental plan is the AmeriHealth Dental PPO network.
† The network used for this dental plan is the AmeriHealth Dental Managed Care network.
‡ All provider offices may not offer teledentistry. Check with your provider.
§ This plan is not ACA-compliant.

Please see page 48 for Dental footnotes.

AmeriHealth ACA-compliant dental plans

Our pediatric dental coverage offers children up to age 19 benefits for essential routine, basic, and major services. For an extra level of coverage for employees and their families, we also offer you the option to add AmeriHealth ACA-compliant dental benefits to your health plan.¹

Our ACA-compliant dental plans include coverage for:

- **In- and out-of-network coverage***: Members will save the most and avoid balance billing on covered services when they choose an in-network dentist.
- **No referrals needed**: Members have the freedom to see any dentist without a referral.
- **Robust network**: National network of over 430,000 access points.
- **Extra cleaning**: Enrolled members are eligible for three cleanings per year.
- **NEW Teledentistry**: Now available to all covered members.[§]

Rates³

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

* Groups will move to a new network upon renewal and a new plan administrator.

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

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

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

§ All provider offices may not offer teledentistry. Check with your provider.

Please see page 48 for Dental footnotes.



ACA-COMPLIANT DENTAL PLANS ^{2, 5, 6}	PEDIATRIC*	PEDIATRIC WITH ADULT PREVENTIVE*
Eligible members	Ages 0 – 18 ⁶	All family members
Pediatric/Adult deductible	\$75/N/A	\$75/\$0
Pediatric maximum	Unlimited in-network and \$1,000 out-of-network	Unlimited in-network and \$1,000 out-of-network
Adult maximum	N/A	\$1,000 for adult in- and out-of-network
Pediatric out-of-pocket maximum (in-network benefit)	\$425 for 1 child; \$850 for 2 or more children	\$425 for 1 child; \$850 for 2 or more children
PREVENTIVE SERVICES⁴		
Exams/Evaluations, cleanings, and X-rays	No charge, not subject to deductible	No charge, not subject to deductible
Teledentistry		
Fluoride treatments, sealants, and space maintainers		Covered only for children ages 0 – 18; no charge, not subject to deductible
BASIC SERVICES⁴		
Fillings (amalgam restorations – metal; resin-based composite restorations – white)	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible
Simple and surgical extractions		
Root canals (endodontic therapy and services)		
Surgical and non-surgical periodontics and maintenance		
Oral surgery and general anesthesia, nitrous oxide, and/or IV sedation		
MAJOR SERVICES⁴		
Crowns, inlays, onlays, and dentures	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible
Complete or fixed partial dentures (prosthetics)		
Implants⁷		
ORTHODONTIA⁴ (COVERED ONLY FOR AGES 0 – 18)		
Medically necessary orthodontia	50%	50%
Cosmetic orthodontia	Not covered	Not covered

* Plans are subject to change pending approval from the New Jersey Department of Banking and Insurance. Please see page 48 for Dental footnotes.

ACA-COMPLIANT DENTAL PLANS ^{2, 5, 6}	FAMILY*	FAMILY PLUS*
Eligible members	All family members	All family members
Pediatric/Adult deductible	\$75/\$50	\$75/\$50
Pediatric maximum	Unlimited in-network and \$1,000 out-of-network	Unlimited in-network and \$1,000 out-of-network
Adult maximum	\$1,000 for adult in- and out-of-network	\$1,500 for adult in- and out-of-network
Pediatric out-of-pocket maximum (in-network benefit)	\$425 for 1 child; \$850 for 2 or more children	\$425 for 1 child; \$850 for 2 or more children
PREVENTIVE SERVICES⁴		
Exams/Evaluations, cleanings, and X-rays	No charge, not subject to deductible	No charge, not subject to deductible
Teledentistry	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
Fluoride treatments, sealants, and space maintainers		
BASIC SERVICES⁴		
Fillings (amalgam restorations – metal; resin-based composite restorations – white)	50% after deductible	80% after deductible
Simple and surgical extractions		
Root canals (endodontic therapy and services)		
Surgical and non-surgical periodontics and maintenance		
Oral surgery and general anesthesia, nitrous oxide, and/or IV sedation		
MAJOR SERVICES⁴		
Crowns, inlays, onlays, and dentures	50% after deductible	50% after deductible
Complete or fixed partial dentures (prosthetics)		
Implants⁷		
ORTHODONTIA⁴ (COVERED ONLY FOR AGES 0 – 18)		
Medically necessary orthodontia	50%	50%
Cosmetic orthodontia	Not covered	50%, up to a \$2,000 lifetime benefit

* Plans are subject to change pending approval from the New Jersey Department of Banking and Insurance. Please see page 48 for Dental footnotes.

Add adult vision care benefits

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

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

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

Adult coverage includes:

- Interactive frame try-on tool so you can see what Davis Vision Exclusive Collection frames look like without leaving home
- National network of more than 160,000 access points, including Visionworks
- Exclusive Collection frames for low or no additional out-of-pocket costs
- Exclusive \$50 frame allowance enhancement at Visionworks²
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, and **Befitting.com**
- Fully covered hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network
-  Pearle Vision, Target, and Warby Parker as in-network providers^{3,4}

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
- Ultraviolet coating



NEW in 2025! Our Vision plans will now have Target, Pearle Vision, and Warby Parker as in-network provider options.³

Please see page 48 for Vision footnotes.

ADULT VISION CARE PLANS	\$100/\$150 ^{*,6}	\$130/\$180 ^{*,6}	\$150/\$200 ^{*,6}			
FREQUENCIES						
Eye exam^{7,8}	12 months	12 months	12 months			
Spectacle lenses/Frames	12 months/12 months	12 months/12 months	12 months/12 months			
Contact lenses	12 months	12 months	12 months			
COPAYS						
Eye exam/Spectacle lenses	\$0/\$0	\$0/\$0	\$0/\$0			
FRAME						
Non-Collection frame allowance (retail)	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off on any overage			
Davis Vision Exclusive Collection in lieu of allowance	Fashion: \$0 Designer: \$15 Premier: \$40	Fashion: \$0 Designer: \$0 Premier: \$25	Fashion: \$0 Designer: \$0 Premier: \$0			
CONTACT LENSES						
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 8 boxes/multipack; Planned replacement: 4 boxes/multipack			
Collection evaluation, fitting, 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 and disposable: \$60 program allowance; 15% discount	Standard: Covered in full; Specialty and disposable: \$60 program allowance; 15% discount			
VISION PLANS	SEH ADULT VISION CARE \$100/\$150	SEH ADULT VISION CARE \$130/\$180	SEH ADULT VISION CARE \$150/\$200			
RATES[§]	INSURED	VOLUNTARY[‡]	INSURED	VOLUNTARY[‡]	INSURED	VOLUNTARY[‡]
Single	\$4.73	\$6.15	\$5.07	\$6.60	\$5.63	\$7.32
Subscriber and spouse	\$9.46	\$12.29	\$10.15	\$13.19	\$11.26	\$14.64
Parent and child	\$9.46	\$12.29	\$10.15	\$13.19	\$11.26	\$14.64
Parent and children	\$14.18	\$18.44	\$15.22	\$19.79	\$16.89	\$21.96
Family	\$14.18	\$18.44	\$15.22	\$19.79	\$16.89	\$21.96

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

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

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

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

Please see page 48 for Vision footnotes.

Important health plan information

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

What's new in 2025 footnotes (pg. 4)

1. Cigna Healthcare is an independent company and not affiliated with AmeriHealth. Access to the Cigna Healthcare PPO Network is available through the contractual relationship between AmeriHealth and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other marks are owned by Cigna Intellectual Property, Inc.
2. 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.
3. 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.
4. 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.

AmeriHealth Advantage and AmeriHealth Hospital Advantage footnotes (pg. 8)

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

Network options footnotes (pg. 9)

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

Financial well-being footnotes (pg. 16)

1. GradFin, a brand of KeyBank N.A., is a value-added program and not a benefit under an AmeriHealth plan and is, therefore, subject to change without notice. GradFin is not a debt relief services company, lender, loan broker, broker-dealer, registered investment adviser, or insurance agent. Information provided by GradFin does not constitute, nor does GradFin provide, tax, legal, financial, credit counseling, or accounting advice.
2. Alegeus Technologies LLC, dba WealthCare Saver, a licensed Non-Bank Custodian to provide spending account claims processing and debit card services. The WealthCare Saver investment solution leverages DriveWealth as the broker-dealer and CAPTRUST as the registered investment advisor (RIA). DriveWealth uses Citibank to custody the investment assets. The front-end technology platform that the account holder interacts with is designed and managed by Alegeus. CAPTRUST, the registered investment advisor (RIA), selects the investment options.

Medical footnotes (pg. 20 – 34)

1. Laboratory Corporation of America® Holdings (Labcorp) is the AmeriHealth exclusive outpatient laboratory provider. To find a patient service center location, visit labcorp.com.
2. Members can utilize 30 visits combined for physical and occupational therapy per benefit period, and 30 visits combined for speech and cognitive therapy per benefit period.
3. Members can utilize 30 visits per benefit period.
4. AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at Tier 1 hospitals and facilities. Members can also access Tier 2 hospitals and facilities within the AmeriHealth Local Value network.
5. The Local Value network is not available in Hunterdon County.
6. Deductible is combined for Tier 1 and Tier 2.
7. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
8. You are required to select a primary care physician.
9. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 90 days.
10. Prescription mail order benefit is available at twice the applicable cost-sharing for a 90-day supply. The member pays the equivalent of two months of cost-sharing instead of three.
11. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth Local Value or Regional Preferred with NY network, contingent on plan selection. AmeriHealth Advantage Tier 1 hospitals are subject to change.
12. Tier 2 is the Local Value network. The Local Value network is not available in Hunterdon County.
13. Tier 2 is the Regional Preferred with NY network.
14. Copay is waived if readmitted within 90 days.
15. The maximum applies prior to the deductible being met.
16. Individual deductible is not applicable in policies covering 2 or more people.
17. Emergency room copay is waived if admitted.
18. A \$250 Rx deductible applies per person.

Dental footnotes (pg. 38 – 43)

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

Vision footnotes (pg. 44 – 45)

1. Administered by Davis Vision®.
2. An AmeriHealth affiliate has a financial interest in Visionworks.
3. Pearle Vision, Target, and Warby Parker are in-network for adults only. Pediatric members covered under the medical plan are excluded.
4. Warby Parker: Base plan frame allowance benefit must be at least \$85. Check your policy for frame benefit details.
5. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.
6. Adult vision care plans cover members 19 and older, as well as child dependents ages 19 to 26. Vision benefits for members younger than 19 are included in the medical plans.
7. Depending on the plan the group purchases, your exam eyewear benefits will either be once every calendar year or contract year.
8. Inclusive of dilation when professionally indicated.

Additional information

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

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



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