

2027 BENEFITS AT A GLANCE



SMALL GROUP

A health plan for everyone.

Health plans for small businesses in New Jersey,
with support every step of the way.



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Steel Pier, Atlantic City, NJ

Rooted in New Jersey. Focused on our customers and members.

At AmeriHealth, we are proud of our New Jersey roots. The people we serve are more than just health plan members. They are our neighbors, families, and friends — and that matters to us.

It's why we offer health plans that are easy to understand, easy to use, and designed to fit the different needs and budgets of local small businesses and their employees. And it's why our associates spend hundreds of hours each year volunteering at nonprofit organizations in communities across the Garden State.

AmeriHealth offers:



Health plans that work for small businesses



Large network, with providers across the state and beyond



Personal support and easy-to-use tools

Who we are

30+ YEARS

Serving New Jersey residents and businesses since 1994

3,000 BUSINESSES

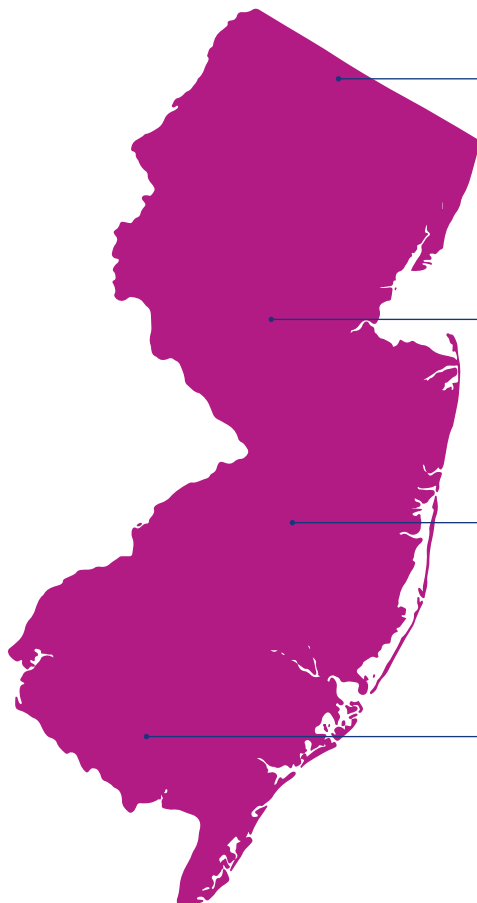
Serving 3,000 New Jersey businesses and 200,000 members

15 YEARS

Ranked one of the best places to work by *NJBIZ* 15 years in a row

21 COUNTIES

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





For employers who are considering ICHRA

If you're interested in offering an Individual Coverage Health Reimbursement Arrangement (ICHRA), AmeriHealth is here for your employees! An ICHRA is a flexible benefits model that allows employers to take control of their health benefits costs while empowering employees by allowing them to choose ACA-compliant plans that best suit their needs. We offer robust individual and family health plan options to meet employees' needs and budget.



Scan the QR code or visit amerihealth.com/individual to review ICHRA-friendly health plans.

Looking ahead

For small businesses in New Jersey, there's an AmeriHealth plan designed to make sure employers can offer high-quality health care to their employees.

Increased medical and drug costs, complex care systems, and changes in health policy and legislation all contribute to health care costs. AmeriHealth is working to address these challenges and is committed to offering innovative health plans and solutions that prioritize affordability. We're pleased to offer the following enhancements for 2027:



New health plans offer greater choice and flexibility

We've added two new Silver plans offering first-dollar copay benefits. Learn more about our health plans starting on page 14.



Better pricing at the pharmacy

For many non-specialty generic drugs, members automatically pay the lowest price at the pharmacy. Learn more about the Price Edge prescription savings program on page 8.



Expanded access and support for mental health

Our health plans continue to meet New Jersey's mental health parity requirements, ensuring equitable access to behavioral health services. We've added access to digital tools from Spring Health to help members manage mental health issues and build resilience over time. We also introduced a concierge autism program through our care management team to support members who are managing an autism diagnosis. Learn more about our behavioral health offerings on page 10.



No deductible requirement for Teladoc visits

There is no longer a deductible for virtual care visits through Teladoc Health (Teladoc) on health savings account (HSA) plans. All members now pay \$0 for Teladoc visits on all health plans. Learn more about Teladoc virtual care options starting on page 9.



Increased rewards through Embrace Well-being

Members can earn Embrace Well-being Rewards for their healthy habits. Learn more about Embrace Well-being Rewards starting on page 11.

About EPO health plans

AmeriHealth offers Exclusive Provider Organization (EPO) plans for small employers. Here are the key details about our EPO plans:

- **Coverage is for in-network care**

Our plans cover care from network providers (see page 7 for network options). Care outside the network is usually covered only for emergencies.

- **PCP requirements**

We encourage all members to pick a primary care physician (PCP) to coordinate their care. For our suite of Select EPO health plans, members are required to pick a PCP. There is no requirement for the other plan options.

- **No referrals for specialists**

Members do not need a referral to see an in-network specialist.

- **Some plans are HSA-qualified**

With eligible plans, members can open an HSA. Learn more on page 8.

Health plans that fit an employer's needs

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

Small employers can choose from four levels of health plans: **Bronze, Silver, Gold, and Platinum**. Our plans offer access to high-quality care from an extensive network of doctors, hospitals, and other health care providers.

All health plans in this brochure cover the same essential health benefits, including:

- Doctor visits
- Hospital stays
- Prescription drug coverage
- Blood tests
- X-rays
- Preventive care
- And more

They also include access to 24/7 virtual care through Teladoc for a \$0 copay.



Get cost-savings with Advantage plans

Our EPO Advantage plans are popular for good reasons. These plans offer access to a quality network and help members save with different cost levels for providers. This is called a tiered network.



AmeriHealth Advantage: Save more when using certain doctors and facilities^{1,2}

- Members save the most on care when they use **Tier 1 doctors and facilities** in the Local Value network. This includes doctors, like your PCP, and facilities, like hospitals and ambulatory surgery centers.
- Members also have in-**network coverage for Tier 2 doctors and facilities** in the Local Value or Regional Preferred with NY networks, but the cost of care may be higher.
- Deductible and maximum out-of-pocket are combined.



AmeriHealth Hospital Advantage: Save more when using certain facilities¹

- Members save the most on hospital and other facility services, like outpatient surgery, when they use **Tier 1 hospitals and facilities** in the Local Value network.
- They also have in-network coverage for **Tier 2 hospitals and facilities** in the Local Value network, but the cost for care may be higher.
- Combined deductible and maximum out-of-pocket.

Some plans are only available in certain counties, so members should check their eligibility.

Benefits of Advantage Plans

- ✓ Easy to understand and use
- ✓ Lower deductible and out-of-pocket costs
- ✓ Lower monthly premium
- ✓ No referrals needed

¹ Certain types of providers are not tiered. For these providers, you won't see a tier assignment in the Provider Finder. Instead, these providers will be listed as "Participating."
If you get care from a provider listed as "Participating," it may be processed at a Tier 2 cost-share.

² 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.

Find your network

AmeriHealth offers several network options, so employers can choose the one that fits their needs and budget. The main differences are the size of the network and which doctors, hospitals, and other health care providers are included.

Regional Preferred

A broader network option

Regional Preferred gives members access to the most doctors and hospitals in New Jersey.¹ It also includes in-network providers in Delaware, Southeastern Pennsylvania, and New York.^{2,3}

Local Value

Local network to help you save

Local Value⁴ includes a subset of providers from the broader Regional Preferred network. Plans that use the Local Value network typically have a lower monthly premium.

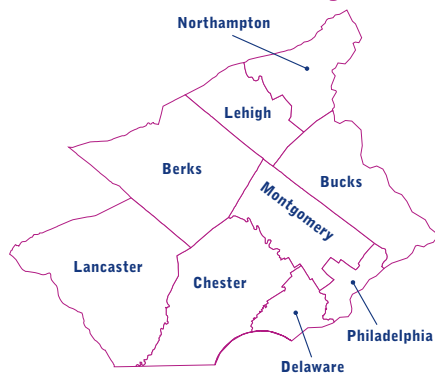
The Cigna Healthcare[®] PPO Network⁵ includes more than **1.6 million health care providers** and nearly **6,400 hospitals nationwide**.⁶

National Access

National Access is available through the Cigna Healthcare PPO Network for services obtained outside of the Regional Preferred service area.⁷



Southeastern Pennsylvania



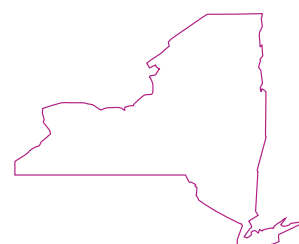
Delaware



New Jersey



New York



- Regional Preferred
- Local Value and Regional Preferred



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



Scan the QR code to use our Provider Finder and search for:

- 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 country⁸



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

⁵ 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. 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.

⁶ Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration, July 2025. Subject to change.

⁷ Network access provided by the Cigna Healthcare PPO Network. AmeriHealth members accessing care in the AmeriHealth service area must use the Regional Preferred network.

⁸ Members must use Labcorp for all lab services and Cigna Healthcare PPO network for professional, inpatient, and outpatient behavioral health services.

Benefits and tools that make care easier

AmeriHealth plans include helpful benefits and tools that make it easier for members to manage their health, lower their costs, and get care when and where they need it.

Prescription drug benefits

Our medical plans include prescription drug benefits that provide members with safe, affordable access to covered medications.

65,000+ IN-NETWORK
PHARMACIES NATIONWIDE

Helping members save on prescriptions

We're helping members save money on prescriptions. Members can save the most when they're prescribed generic medications and lower-cost brand alternatives. With convenient access to digital tools, members can easily estimate what they'll pay for prescriptions, find the most cost-effective options, and make informed decisions about their medications.

Through the Price Edge prescription savings program, members automatically pay the best price available at the pharmacy for non-specialty generic drugs, whether through market discounts or the health plan's cost-sharing.

Medication management made easy



Easy-to-use digital tools

Our secure member website and mobile app make it easy for members to manage their prescription drug benefits. They can log in to find an in-network pharmacy, estimate drug costs, review claims, and submit requests for mail order/home delivery.



Convenient mail order/Home delivery

For medications taken regularly, mail order/home delivery is available with free shipping. For most medications, members will pay less for a 90-day supply when using mail order/home delivery.

Maximize health care dollars with an HSA

By offering one of our HSA-qualified health plans, small employers pay lower premiums while giving employees a way to pay for qualified health care expenses (including dental and vision care) and save.

Members' savings roll over year to year and are theirs to keep, even if they change health plans or employers. HSAs offer triple tax savings at the federal level: pre-tax or tax-deductible contributions; tax-free interest and investment earnings; and tax-free distributions for qualified health care 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

Employees get...

- Tax advantages and no monthly account fee¹
- Access to their account at amerihealth.com
- Claims integration for streamlined payment from spending accounts
- Specialized customer service
- Easy access to funds via Mastercard® debit card

2027 HSA AND QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN (QHDHP) LIMITS

Contribution limits	\$4,500/\$9,000
Self-only/Family	
QHDHP minimum deductible	\$1,750/\$3,500
Self-only/Family	
QHDHP maximum out-of-pocket	\$8,700/\$17,400
Self-only/Family	

¹ Some banking fees and optional investment account fees may apply.

Get care without leaving home

Expert care is available when and where members need it. All AmeriHealth plans include virtual care through Teladoc, making it easier and more affordable for them to take care of themselves.

No cost for virtual visits with Teladoc

The copay for a virtual visit with Teladoc is \$0. Teladoc provides non-emergency care from board-certified and state-licensed doctors without the wait. Appointments are available by phone, online, or through Teladoc's mobile app, and interpreter services are available in several languages, including American Sign Language (ASL).

MORE THAN 75% of members with depression or anxiety reported improvement after their third or fourth Teladoc Mental Health Care visit.

Virtual care options from Teladoc:



General medical care

Use for common, non-emergency health concerns such as sinus pain, flu, pink eye, and sore throat. Members get a diagnosis and any prescriptions, as needed.



Dermatology care

Get care from a dermatologist for a wide range of skin concerns. Members complete a short form, upload images, and get a treatment plan and any prescriptions, as needed.



Mental health care

Talk to a licensed psychiatric provider or therapist for concerns like anxiety, depression, grief, and stress. If members want ongoing care, they can keep seeing the same provider.

NEARLY 90% OF MEMBERS REPORT BEING HIGHLY SATISFIED WITH THEIR TELADOC EXPERIENCE.



Support that helps members feel their best

Staying healthy is about more than doctor visits and prescriptions. It's also about having support our members can count on — for physical health, mental health, and everyday well-being. With AmeriHealth, members are never on their own.



Health support from Registered Nurses

Members can call a Registered Nurse Health Coach 24/7 with health questions, big or small. This service is confidential, and there is no cost to them. A Health Coach can help members understand their treatment plan, manage their health, and feel more confident in their decisions.

Extra support is also available for members who are pregnant or managing complex conditions, including cancer support from Thyme Care.



Help finding behavioral health care

Mental health matters just as much as physical health. For members looking for behavioral health care, AmeriHealth offers a comprehensive network of behavioral health providers and personal support to help them find the right care quickly.

Call for one-on-one support

Members can call our Behavioral Health Care Navigation team for help with finding the right care. Our team can:

- Match members with an in-network provider
- Provide in-the-moment support
- Schedule an appointment (in person or virtual)
- Identify any urgent or escalating needs

Get connected to care fast

A subset of our behavioral health provider network, called the Connect to Care network, is committed to getting members into care fast. We can schedule an appointment for them in as quickly as 1 – 2 days.

- 21,000+ appointments per month available for our members
- For general mental health, substance use disorders, OCD, eating disorders, and more
- In-person and virtual appointments available
- Providers available for all ages: Children, adolescents, and adults

Digital tools from Spring Health

Members can take care of their mental health daily with Self Care from Spring Health. Members have free access to their on-demand resources through their website or mobile app, including:

- Short videos and exercises for anxiety, stress, sleep, and more — all tailored to how they're feeling that day
- Longer programs to help members navigate deeper challenges like relationship stress, family issues, or work pressure
- Resources designed specifically for neurodivergent individuals and their families

Autism care navigation

Members don't have to figure it out alone if they have a family member who is being evaluated for autism or has a new diagnosis. They will be paired with a dedicated Autism Care Navigator who can answer questions, help coordinate referrals to trusted care, support caregivers and siblings, and connect them with specialty care and community resources. The Autism Care Navigator will also schedule quarterly check-ins to talk about progress and needs.



Scan the QR code or visit amerihealth.com/bhcare to learn more.





Member-exclusive discounts¹

AmeriHealth members get access to exclusive discounts on fun! They can save on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. They won't want to miss out on offers from local and national retail partners.



Save on medical costs

Members can save up to 13% on deductibles, copays, and coinsurance when they sign up for AblePay and use an AblePay provider. AblePay also offers flexible payment plans for up to 12 months, all with 0% interest. There is no cost for them to sign up.



Digital tools to manage your plan with ease

Our secure member website and AmeriHealth app make it easier for members to manage their health plan and find the information they need. They can check benefits and claims, estimate costs, search for in-network providers, view or share their ID card, manage prescriptions, and pay their bill — all in one convenient place.



Rewards for healthy choices^{1,2}

Healthy choices can add up! With Embrace Well-being rewards, members can earn dollars on a reloadable Visa® card when they complete eligible activities during the plan year, including:

- ✓ 120 days of validated physical activity
(earn up to \$300)
- ✓ An approved weight management program
(earn up to \$300)
- ✓ A tobacco cessation program
(earn up to \$300)

¹ These value-added programs and services are not benefits under the health care plans purchased and are subject to change without notice.

² Embrace Well-being Rewards is only open to the health plan subscriber. Dependents are not eligible to earn Embrace Well-being Rewards. Program can be changed or cancelled at any time.



Streamlined benefits administration

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

Employers can administer their health plan benefits efficiently and securely 24/7 through our group portal at amerihealth.com. They can log in for access to enrollment, billing, member ID cards, and more.

Pay invoices online

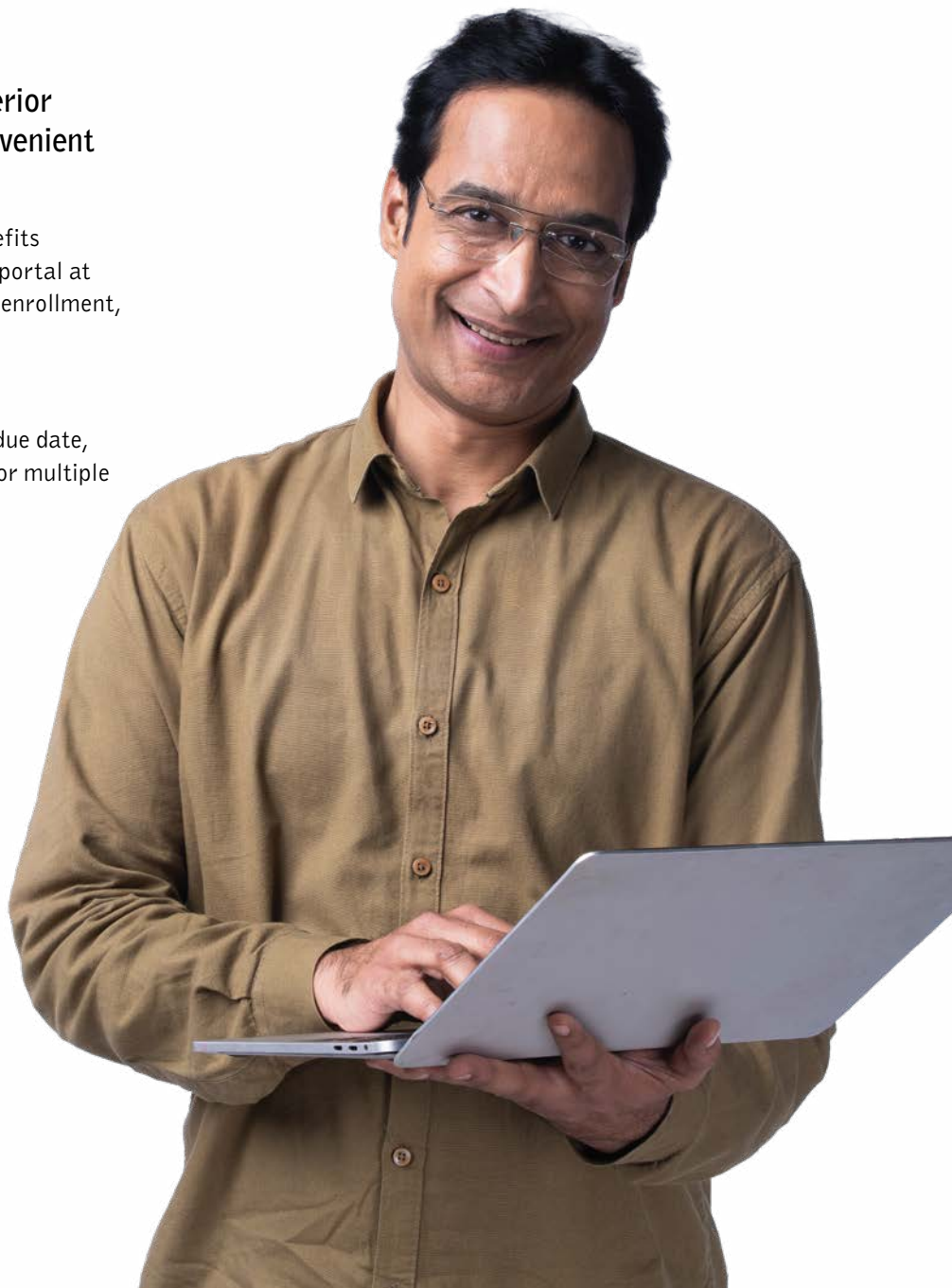
Make one-time payments up until the premium due date, or set up recurring monthly payments from one or multiple bank accounts.

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.



Get our latest updates

Stay in the know with timely updates by signing up for our weekly broker communication, **Market Edge**. Opt in to Broker Wire for critical and time-sensitive updates by text.

Another great way to stay informed on the go is with **MarketEdge Cast**, a monthly digest of our Market Edge articles delivered as a podcast. Designed for busy professionals, this podcast brings you the latest updates, insights, and industry news in a convenient audio format. Don't miss out on the latest information!

Visit amerihealth.com/brokerwire to sign up for Broker Wire. By doing so, you'll also get notifications when a new episode of *MarketEdge Cast* is available.

Scan the QR code or visit amerihealth.com/brokerwire to opt in.



2027 HEALTH PLANS

SMALL GROUP PORTFOLIO

 BRONZE HEALTH PLANS	SELECT EPO \$40/\$85	SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	
CHOOSE YOUR NETWORK	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE⁵	
MEDICAL BENEFITS	IN-NETWORK	TIER 1	TIER 2
Deductible — Individual/Family	\$9,000/\$18,000	\$6,000/\$12,000 ⁶	
Coinsurance	50%	50%	
Maximum out-of-pocket — Individual/Family	\$12,000/\$24,000	\$8,700/\$17,400 ⁷	
Primary care visits	\$40 copay ⁸	\$50 copay after deductible ⁸	
Specialist visits	\$85 copay	\$75 copay after deductible	
Urgent care services	\$85 copay after deductible	50% coinsurance after deductible	
Emergency room	\$500 copay after deductible ¹⁷		
Outpatient surgery	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services, including maternity	\$500 copay per admission after deductible ¹⁴	\$300 copay per day, up to 5 days, after deductible ⁹	\$500 copay per day, up to 5 days, after deductible ⁹
X-rays and diagnostic imaging	50% coinsurance after deductible	50% coinsurance after deductible	
Imaging (CT, PET scans, MRIs)			
Laboratory ¹	No charge after deductible	50% coinsurance after deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$500 copay per admission after deductible ¹⁴	\$300 copay per day, up to 5 days, after deductible ⁹	
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$85 copay	\$75 copay after deductible	
Rehabilitation therapy services ³	\$85 copay	\$75 copay after deductible	
Chiropractic care (30 visits per benefit period)	\$35 copay	\$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 after deductible	
Preferred Brand Rx	50% coinsurance after deductible		
Non-preferred Rx			

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 36.

 BRONZE HEALTH PLANS	SELECT EPO HSA AMERIHEALTH ADVANTAGE ¹¹ \$25/\$50		POPULAR PLAN
CHOOSE YOUR NETWORK	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³		LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	TIER 1	TIER 2	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000 ⁶		\$3,500/\$7,000
Coinsurance	30%	50%	50%
Maximum out-of-pocket — Individual/Family	\$8,700/\$17,400 ⁷		\$11,000/\$22,000
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			\$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)			
Laboratory ¹	50% coinsurance after deductible		50% coinsurance after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	30% coinsurance after deductible		\$500 copay per admission after deductible ¹⁴
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$50 copay after deductible		\$75 copay after deductible
Rehabilitation therapy services ³	\$50 copay after deductible		\$75 copay after deductible
Chiropractic care (30 visits per benefit period)	\$35 copay after deductible		\$35 copay after deductible
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		30-DAY SUPPLY ¹⁰
Generic Rx	50% coinsurance after deductible		\$25 copay
Preferred Brand Rx			50% coinsurance, up to \$250 max, after deductible ¹⁵
Non-preferred Rx			

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 36.

 BRONZE HEALTH PLANS	SELECT EPO HSA 50%/50%	EPO \$50/\$75	SELECT EPO HSA 0%/0%
	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY	NATIONAL ACCESS WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,500/\$7,000	\$6,000/\$12,000
Coinsurance	50%	50%	0%
Maximum out-of-pocket — Individual/Family	\$8,700/\$17,400	\$11,000/\$22,000	\$8,700/\$17,400
Primary care visits	50% coinsurance after deductible ⁸	\$50 copay after deductible	No charge after deductible ⁸
Specialist visits	50% coinsurance after deductible	\$75 copay after deductible	No charge after deductible
Urgent care services	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
Emergency room			50% coinsurance after deductible
Outpatient surgery	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services, including maternity		\$500 copay per admission after deductible ¹⁴	No charge after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
Imaging (CT, PET scans, MRIs)			
Laboratory ¹	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	\$500 copay per admission after deductible ¹⁴	No charge after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	50% coinsurance after deductible	\$75 copay after deductible	No charge after deductible
Rehabilitation therapy services ³	50% coinsurance after deductible	\$75 copay after deductible	No charge after deductible
Chiropractic care (30 visits per benefit period)		\$35 copay after deductible	
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	50% coinsurance after deductible	\$25 copay	\$25 copay after deductible
Preferred Brand Rx		50% coinsurance, up to \$250 max, after deductible ¹⁵	50% coinsurance after deductible
Non-preferred Rx			

	POPULAR PLAN	NEW PLAN
 SILVER HEALTH PLANS	SELECT EPO \$40/\$75	SELECT EPO \$35/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY	LOCAL VALUE⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,500/\$7,000
Coinsurance	50%	50%
Maximum out-of-pocket — Individual/Family	\$11,700/\$23,400	\$11,000/\$22,000
Primary care visits	\$40 copay ⁸	\$35 copay ⁸
Specialist visits	\$75 copay	\$75 copay
Urgent care services	\$85 copay	\$85 copay
Emergency room	\$500 copay after deductible ¹⁷	\$500 copay after deductible ¹⁷
Outpatient surgery	\$300 copay after deductible	\$400 copay after deductible
Inpatient hospital services, including maternity	50% coinsurance after deductible	50% coinsurance after deductible
X-rays and diagnostic imaging	\$150 copay after deductible	\$150 copay after deductible
Imaging (CT, PET scans, MRIs)	\$300 copay after deductible	\$400 copay after deductible
Laboratory ¹	No charge, no deductible	\$35 copay
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$75 copay	\$75 copay
Rehabilitation therapy services ³	\$75 copay	\$75 copay
Chiropractic care (30 visits per benefit period)	\$35 copay	\$35 copay
Durable medical equipment	No charge after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$10 copay	\$10 copay
Preferred Brand Rx	50% coinsurance, no deductible	50% coinsurance, no deductible
Non-preferred Rx		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 36.

 SILVER HEALTH PLANS	POPULAR PLAN			
	SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75		SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵		LOCAL VALUE ⁵	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ⁶		\$3,000/\$6,000 ⁶ aggregate ¹⁶	
Coinsurance	50%		50%	
Maximum out-of-pocket — Individual/Family	\$9,400/\$18,800 ⁷		\$7,800/\$15,600 ⁷	
Primary care visits	\$50 copay ⁸		\$50 copay after deductible ⁸	
Specialist visits	\$75 copay		\$75 copay after deductible	
Urgent care services	\$85 copay		10% coinsurance after deductible	
Emergency room	\$100 copay after deductible ¹⁷	\$300 copay after deductible ¹⁷	10% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery	20% coinsurance after deductible	50% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services, including maternity				
X-rays and diagnostic imaging	50% coinsurance after deductible		50% coinsurance after deductible	
Imaging (CT, PET scans, MRIs)				
Laboratory ¹	No charge after deductible		No charge after deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible		10% coinsurance after deductible	
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$75 copay		\$75 copay after deductible	
Rehabilitation therapy services ³	\$75 copay		\$75 copay after deductible	
Chiropractic care (30 visits per benefit period)	\$35 copay		\$35 copay after deductible	
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		30-DAY SUPPLY ¹⁰	
Generic Rx	\$20 copay		\$15 copay after deductible	
Preferred Brand Rx	50% coinsurance after deductible		50% coinsurance after deductible	
Non-preferred Rx				

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.
Please see footnotes on page 36.

 SILVER HEALTH PLANS	SELECT EPO AMERIHEALTH ADVANTAGE¹¹ \$30/\$60		EPO \$40/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE¹² REGIONAL PREFERRED WITH NY¹³		NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	TIER 1	TIER 2	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000 ⁶		\$6,000/\$12,000
Coinsurance	20%	50%	50%
Maximum out-of-pocket — Individual/Family	\$10,500/\$21,000 ⁷		\$11,700/\$23,400
Primary care visits	\$30 copay ⁸	\$50 copay after deductible ⁸	\$40 copay
Specialist visits	\$60 copay	\$75 copay after deductible	\$75 copay
Urgent care services	20% coinsurance after deductible		\$85 copay
Emergency room	20% coinsurance after deductible	50% coinsurance after deductible	\$500 copay after deductible ¹⁷
Outpatient surgery	20% coinsurance after deductible	50% coinsurance after deductible	\$300 copay after deductible
Inpatient hospital services, including maternity	20% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible		\$150 copay after deductible
Imaging (CT, PET scans, MRIs)			\$300 copay after deductible
Laboratory¹	No charge, no deductible		No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible		50% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder²	\$60 copay		\$75 copay
Rehabilitation therapy services³	\$60 copay		\$75 copay
Chiropractic care (30 visits per benefit period)	\$35 copay		\$35 copay
Durable medical equipment	50% coinsurance after deductible		No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰		30-DAY SUPPLY¹⁰
Generic Rx	\$20 copay		\$10 copay
Preferred Brand Rx	50% coinsurance after \$250 Rx deductible ¹⁸		50% coinsurance, no deductible
Non-preferred Rx			

 SILVER HEALTH PLANS	NEW PLAN	
	EPO \$35/\$75	SELECT EPO HSA 20%/20%
CHOOSE YOUR NETWORK	NATIONAL ACCESS WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$3,500/ \$7,000	\$2,600/\$5,200 aggregate ¹⁶
Coinsurance	50%	20%
Maximum out-of-pocket — Individual/Family	\$11,000/\$22,000	\$8,700/\$17,400
Primary care visits	\$35 copay	20% coinsurance after deductible ⁸
Specialist visits	\$75 copay	20% coinsurance after deductible
Urgent care services	\$85 copay	20% coinsurance after deductible
Emergency room	\$500 copay after deductible ¹⁷	50% coinsurance after deductible
Outpatient surgery	\$400 copay after deductible	20% coinsurance after deductible
Inpatient hospital services, including maternity	50% coinsurance after deductible	20% coinsurance after deductible
X-rays and diagnostic imaging	\$150 copay after deductible	20% coinsurance after deductible
Imaging (CT, PET scans, MRIs)	\$400 copay after deductible	20% coinsurance after deductible
Laboratory ¹	\$35 copay	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	20% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$75 copay	20% coinsurance after deductible
Rehabilitation therapy services ³	\$75 copay	20% coinsurance after deductible
Chiropractic care (30 visits per benefit period)	\$35 copay	20% coinsurance after deductible
Durable medical equipment	No charge after deductible	20% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$10 copay	\$20 copay after deductible
Preferred Brand Rx	50% coinsurance, no deductible	50% coinsurance after deductible
Non-preferred Rx		



SILVER
HEALTH PLANS

SELECT EPO HSA
0%/0% \$6,000

SELECT EPO HSA
0%/0%

CHOOSE YOUR NETWORK

LOCAL VALUE⁵
REGIONAL PREFERRED WITH NY

LOCAL VALUE⁵
REGIONAL PREFERRED WITH NY

MEDICAL BENEFITS

IN-NETWORK

IN-NETWORK

Deductible — Individual/Family

\$6,000/\$12,000

\$3,500/\$7,000
aggregate¹⁶

Coinsurance

0%

0%

Maximum out-of-pocket —
Individual/Family

\$6,000/\$12,000

\$8,700/\$17,400

Primary care visits

No charge after deductible⁸

No charge after deductible⁸

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

Outpatient surgery

30% coinsurance after deductible

Inpatient hospital services,
including maternity

No charge after deductible

No charge after deductible

X-rays and diagnostic imaging

No charge after deductible

30% coinsurance after deductible

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/Behavioral health,
substance use disorder

No charge after deductible

No charge after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder²

Rehabilitation therapy services³

No charge after deductible

No charge after deductible

Chiropractic care
(30 visits per benefit period)

No charge after deductible

No charge after deductible

Durable medical equipment

PRESCRIPTION BENEFITS

30-DAY SUPPLY¹⁰

30-DAY SUPPLY¹⁰

Generic Rx

\$20 copay after deductible

Preferred Brand Rx

No charge after deductible

50% coinsurance after deductible

Non-preferred Rx

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.
Please see footnotes on page 36.

 SILVER HEALTH PLANS	EPO HSA 0%/0% \$6,000	EPO HSA 0%/0%
CHOOSE YOUR NETWORK	NATIONAL ACCESS WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$6,000/\$12,000	\$3,500/\$7,000 aggregate ¹⁶
Coinsurance	0%	0%
Maximum out-of-pocket — Individual/Family	\$6,000/\$12,000	\$8,700/\$17,400
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	No charge after deductible	30% coinsurance after deductible
Outpatient surgery	No charge after deductible	30% coinsurance after deductible
Inpatient hospital services, including maternity	No charge after deductible	No charge after deductible
X-rays and diagnostic imaging	No charge after deductible	30% coinsurance after deductible
Imaging (CT, PET scans, MRIs)	No charge after deductible	30% coinsurance after deductible
Laboratory ¹	No charge after deductible	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	No charge after deductible	No charge after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	No charge after deductible	No charge after deductible
Rehabilitation therapy services ³	No charge after deductible	No charge after deductible
Chiropractic care (30 visits per benefit period)	No charge after deductible	No charge after deductible
Durable medical equipment	No charge after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	No charge after deductible	\$20 copay after deductible
Preferred Brand Rx	No charge after deductible	50% coinsurance after deductible
Non-preferred Rx	No charge after deductible	50% coinsurance after deductible

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.
Please see footnotes on page 36.

 GOLD HEALTH PLANS	POPULAR PLAN		
	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$20/\$40		SELECT EPO \$30/\$60
CHOOSE YOUR NETWORK	LOCAL VALUE ¹² REGIONAL PREFERRED WITH NY ¹³		LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	TIER 1	TIER 2	IN-NETWORK
Deductible — Individual/Family	\$2,200/\$4,400 ⁶		\$1,500/\$3,000
Coinsurance	20%	50%	20%
Maximum out-of-pocket — Individual/Family	\$10,000/\$20,000 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		\$200 copay after deductible ¹⁷
Outpatient surgery	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible
Inpatient hospital services, including maternity			
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
Laboratory ¹	No charge, no deductible		No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible		20% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$40 copay		\$60 copay
Rehabilitation therapy services ³	\$40 copay		\$60 copay
Chiropractic care (30 visits per benefit period)	\$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
Preferred Brand Rx	\$40 copay		50% coinsurance, no deductible
Non-preferred Rx	\$75 copay		

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 36.

 GOLD HEALTH PLANS	SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$30/\$50		SELECT EPO \$10/\$40
CHOOSE YOUR NETWORK	LOCAL VALUE ⁵		LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
MEDICAL BENEFITS	TIER 1	TIER 2	IN-NETWORK
Deductible — Individual/Family	\$2,250/\$4,500 ⁶		\$0/\$0
Coinsurance	20%	50%	0%
Maximum out-of-pocket — Individual/Family	\$8,650/\$17,300 ⁷		\$9,200/\$18,400
Primary care visits	\$30 copay ⁸		\$10 copay ⁸
Specialist visits	\$50 copay		\$40 copay
Urgent care services	\$75 copay		\$75 copay
Emergency room	\$100 copay ¹⁷	\$300 copay after deductible ¹⁷	\$500 copay ¹⁷
Outpatient surgery	\$300 copay after deductible	\$500 copay after deductible	\$350 copay
Inpatient hospital services, including maternity	\$300 copay per day, up to 5 days ⁹	\$500 copay per day, up to 5 days ⁹ , after deductible	\$500 copay per day, up to 5 days ⁹
X-rays and diagnostic imaging	\$50 copay		\$125 copay
Imaging (CT, PET scans, MRIs)	\$100 copay after deductible		\$250 copay
Laboratory ¹	No charge, no deductible		\$40 copay
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$300 copay per day, up to 5 days ⁹		\$500 copay per day, up to 5 days ⁹
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$50 copay		\$40 copay
Rehabilitation therapy services ³	\$50 copay		\$40 copay
Chiropractic care (30 visits per benefit period)	\$35 copay		\$35 copay
Durable medical equipment	No charge after deductible		No charge
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰		30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay		\$15 copay
Preferred Brand Rx			\$50 copay
Non-preferred Rx	50% coinsurance, no deductible		\$300 copay

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 36.

 GOLD HEALTH PLANS	EPO \$35/\$65	SELECT EPO HSA 0%/0%
	REGIONAL PREFERRED WITH NY NATIONAL ACCESS WITH NY	LOCAL VALUE ⁵ REGIONAL PREFERRED WITH NY
	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,800/\$3,600	\$1,900 /\$3,800 aggregate ¹⁶
Coinsurance	20%	0%
Maximum out-of-pocket — Individual/Family	\$8,250/\$16,500	\$5,000/\$10,000
Primary care visits	\$35 copay	No charge after deductible ⁸
Specialist visits	\$65 copay	No charge after deductible
Urgent care services	\$75 copay	No charge after deductible
Emergency room	\$100 copay ¹⁷	20% coinsurance after deductible
Outpatient surgery		
Inpatient hospital services, including maternity	20% coinsurance after deductible	No charge after deductible
X-rays and diagnostic imaging		
Imaging (CT, PET scans, MRIs)	20% coinsurance after deductible	No charge after deductible
Laboratory¹	No charge, no deductible	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible	No charge after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder²	\$65 copay	No charge after deductible
Rehabilitation therapy services³	\$65 copay	
Chiropractic care (30 visits per benefit period)	\$35 copay	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	\$15 copay	\$15 copay after deductible
Preferred Brand Rx	\$40 copay	
Non-preferred Rx	\$75 copay	50% coinsurance after deductible

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.
Please see footnotes on page 36.

 GOLD HEALTH PLANS	EPO \$10/\$40	EPO HSA 10%/10%
	NATIONAL ACCESS WITH NY	NATIONAL ACCESS WITH NY
	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$0/\$0	\$2,200/\$4,400 aggregate ¹⁶
Coinsurance	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	10% coinsurance after deductible
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	10% coinsurance after deductible
Laboratory ¹	\$40 copay	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$500 copay per day, up to 5 days ⁹	10% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$40 copay	10% coinsurance after deductible
Rehabilitation therapy services ³	\$40 copay	10% coinsurance after deductible
Chiropractic care (30 visits per benefit period)	\$35 copay	10% coinsurance after deductible
Durable medical equipment	No charge	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$15 copay	\$15 copay after deductible
Preferred Brand Rx	\$50 copay	\$40 copay after deductible
Non-preferred Rx	\$300 copay	\$75 copay after deductible



PLATINUM HEALTH PLANS	SELECT EPO \$15/\$45	EPO \$15/\$45
CHOOSE YOUR NETWORK	REGIONAL PREFERRED WITH NY	NATIONAL ACCESS WITH NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$0/\$0	\$0/\$0
Coinsurance	0%	0%
Maximum out-of-pocket — Individual/Family	\$4,350/\$8,700	\$4,350/\$8,700
Primary care visits	\$15 copay ⁸	\$15 copay
Specialist visits	\$45 copay	\$45 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
Laboratory ¹	No charge	No charge
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$400 copay per day, up to 5 days ⁹	\$400 copay per day, up to 5 days ⁹
Outpatient treatment — Mental/Behavioral health, substance use disorder ²	\$45 copay	\$45 copay
Rehabilitation therapy services ³	\$45 copay	\$45 copay
Chiropractic care (30 visits per benefit period)	\$35 copay	\$35 copay
Durable medical equipment	No charge	No charge
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay	\$15 copay
Preferred Brand Rx	\$40 copay	\$40 copay
Non-preferred 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 36.



Newark, NJ



DENTAL & VISION PLANS

SMALL GROUP PORTFOLIO



Dental coverage options¹

Getting regular dental care is an important part of overall health. Dental exams can help teeth stay healthy, as well as help detect medical conditions like high blood pressure and diabetes.

Non-ACA compliant AmeriHealth Dental plans¹

Our affordable AmeriHealth Dental plans encourage prevention, early diagnosis, and treatment. We have standard dental plans available that include rollover, implant coverage, and an additional cleaning for members who are pregnant or have diabetes. Members have access to a robust and expanding national network, so they can find a dentist wherever they need one.

We offer a variety of PPO, EPO, and Managed Care plan options to meet the needs of small businesses, their employees, and their families. Use the QR code below to view the full AmeriHealth Dental portfolio.

Note: AmeriHealth Dental plans are not compliant with the Affordable Care Act (ACA).



Scan the QR code or visit amerihealth.com/dentalbrochure to access the full AmeriHealth Dental portfolio.



ACA-compliant dental plans¹

Small employers can add AmeriHealth ACA-compliant dental benefits to their health plan. Our dental plans include coverage for children up to age 19 for essential routine, basic, and major services. Most of our plans also include coverage for adults.

Members get:

- **Freedom to see any dentist:** Members have in- and out-of-network coverage, but will save the most and avoid balance billing by choosing an in-network provider.
- **No referrals needed:** Members can see any dentist without a referral.
- **Robust network:** Members have access to a large national network, with more than 430,000 access points.
- **Extra cleaning:** Enrolled members are eligible for three cleanings per year.

Rates for ACA-compliant dental plans¹

AGE RANGE ²	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE		FAMILY		FAMILY PLUS	
		INSURED	VOLUNTARY	INSURED	VOLUNTARY	INSURED	VOLUNTARY
0 – 18 ³	\$20.25	\$13.38	\$18.06	\$22.94	\$26.90	\$26.13	\$30.36
19 – 25	N/A	\$13.38	\$18.06	\$22.94	\$26.90	\$26.13	\$30.36
26 – 39	N/A	\$14.22	\$19.19	\$24.37	\$28.58	\$27.76	\$32.26
40 – 49	N/A	\$16.73	\$22.58	\$28.68	\$33.63	\$32.66	\$37.95
50 – 63	N/A	\$19.65	\$26.53	\$33.69	\$39.51	\$38.38	\$44.59
64 and over	N/A	\$20.07	\$27.09	\$34.41	\$40.35	\$39.20	\$45.54

¹ Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Services, Inc., an independent company.

² Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

³ The 0 – 18 rate is capped at three members younger than 19.

ACA-COMPLIANT DENTAL PLANS ^{1,2,5,6}	PEDIATRIC ³	PEDIATRIC WITH ADULT PREVENTIVE ³
Eligible members	Ages 0–18 ⁶	All family members
Pediatric/Adult deductible	\$75/Not applicable	\$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)	\$450 for 1 child; \$900 for 2 or more children	\$450 for 1 child; \$900 for 2 or more children
PREVENTIVE SERVICES⁴		
Exams/Evaluations, cleanings, and X-rays		No charge, not subject to deductible
Teledentistry	No charge, not subject to deductible	
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)		
Simple and surgical extractions		
Endodontic therapy (e.g., root canals)	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible
Periodontics services (surgical and non-surgical)		
Oral surgery and general anesthesia, nitrous oxide, and/or IV sedation		
MAJOR SERVICES⁴		
Crowns, inlays, and onlays	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible
Prosthetics (bridges, dentures)		
Implants services ⁷	Not covered	Not covered
ORTHODONTIA⁴ (ONLY FOR AGES 0 – 18)		
Medically necessary orthodontia	50%	50%
Cosmetic orthodontia	Not covered	Not covered

Please see footnotes on page 36.

ACA-COMPLIANT DENTAL PLANS^{1,2,5,6}	FAMILY³	FAMILY PLUS³
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)	\$450 for 1 child; \$900 for 2 or more children	\$450 for 1 child; \$900 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	Covered only for children ages 0 – 18; no charge, not subject to deductible
BASIC SERVICES⁴		
Fillings (amalgam restorations – metal; resin-based composite restorations – white)		
Simple and surgical extractions		
Endodontic therapy (e.g., root canals)	50% after deductible	80% after deductible
Periodontics services (surgical and non-surgical)		
Oral surgery and general anesthesia, nitrous oxide, and/or IV sedation		
MAJOR SERVICES⁴		
Crowns, inlays, and onlays	50% after deductible	50% after deductible
Prosthetics (bridges, dentures)		
Implants services ⁷	Not covered	Not covered
ORTHODONTIA⁴ (ONLY FOR AGES 0 – 18)		
Medically necessary orthodontia	50%	50%
Cosmetic orthodontia	Not covered	50%, up to a \$2,000 lifetime benefit

Vision coverage options

Routine eye exams help protect sight and may also detect other health conditions like diabetes and high blood pressure.

Learn more about our vision plans

Vision plans are available for adults ages 19 and older and families with children up to age 26. Here are the comprehensive benefits members can expect from AmeriHealth vision plans.¹



A network that goes the distance

Members get access to the national Davis Vision® network, with 222,000 access points across the country, including Visionworks, Target Optical, Pearle Vision, Warby Parker,² and LensCrafters.

222,000 access points in the Davis Vision network



Fully covered routine annual eye exam

When you see an in-network provider, there is no copay.



\$0 copay and low-cost options for frames and lenses³

Members can choose from stylish designer frames in the Davis Vision Exclusive Collection. Or they can use their benefit allowance to choose frames or contact lenses from in-network independent providers and retailers nationwide.

Members get a higher frame allowance and discounts on lens options at hundreds of preferred sites nationwide.

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



Fixed fee pricing on all cosmetic lens options

Options include a wide variety of state-of-the-art lens types and lens styles.



Discounts on other services

Members can take advantage of discounts on other services, such as hearing exams, name-brand hearing aid technology from Your Hearing Network, and laser eye correction.

¹ Administered by Davis Vision®.

² Warby Parker, Target Optical, LensCrafters, and Pearle Vision are out-of-network for pediatric members in ACA medical plans. These providers are in-network for our stand-alone adult and family vision plan. Warby Parker: Base plan frame allowance benefit must be at least \$85. Check your policy for frame benefit details.

³ Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

VISION COVERED BENEFITS	\$100/\$150^{3,6}	\$130/\$180^{3,6}	\$150/\$200^{3,6}
FREQUENCIES			
Eye exam ^{1,2}	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
COPAYS³			
Eye exam/Spectacle lenses	\$0/\$0	\$0/\$0	\$0/\$0
FRAMES³			
Non-Collection frame allowance (retail) ⁴	Up to \$100 or up to \$150 at preferred sites, plus 20% off on any overage	Up to \$130 or up to \$180 at preferred sites, plus 20% off on any overage	Up to \$150 or up to \$200 at preferred sites, 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 LENSES³			
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 ⁴	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	
RATES⁵	INSURED	VOLUNTARY	INSURED	VOLUNTARY	INSURED	VOLUNTARY
Single	\$4.87	\$6.33	\$5.23	\$6.79	\$5.80	\$7.54
Subscriber and spouse	\$9.74	\$12.66	\$10.46	\$13.58	\$11.60	\$15.08
Parent and child	\$9.74	\$12.66	\$10.46	\$13.58	\$11.60	\$15.08
Parent and children	\$14.61	\$18.99	\$15.69	\$20.37	\$17.40	\$22.62
Family	\$14.61	\$18.99	\$15.69	\$20.37	\$17.40	\$22.62

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 health care expenses. Members should read their contract carefully to determine which health care services are covered. If more information is needed, please contact your broker.

Medical benefits (pgs. 14-27)

1. Laboratory Corporation of America® Holdings (Labcorp) is the exclusive outpatient laboratory provider of AmeriHealth. To find the closest patient service center location, visit labcorp.com.
2. Cost-share displayed is for non-facility visits. For all other services, the cost may vary.
3. 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.
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. Members 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 two times the applicable cost-sharing for a 90-day supply.
11. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can save the most on care when using Tier 1 doctors and facilities in the Local Value network. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth Local Value or Regional Preferred with NY network, contingent on plan selection, but the cost for care may be higher. AmeriHealth Advantage Tier 1 hospitals are subject to change.
12. Tier 2 is the Local Value network. The Local Value network is not available in Hunterdon County.
13. Tier 2 is the Regional Preferred with NY network.
14. Copay waived if readmitted within 90 days.
15. The maximum applies prior to the deductible being met.
16. Individual deductible is not applicable in policies covering two or more people.
17. Emergency room copay is waived if admitted.
18. There is a \$250 Rx deductible per person.

Dental benefits (pgs. 32-33)

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. Plans are subject to change pending approval from the New Jersey Department of Banking and Insurance.
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 benefits (pg. 35)

1. Depending on the plan the group purchases, your exam eyewear benefits will either be once every calendar year or contract year.
2. Includes dilation when professionally indicated.
3. All benefits displayed are in-network only. Please see benefit booklet for out-of-network benefits.
4. Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.
5. Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.
6. Adult vision care plans cover members 19 and older, as well as dependent children ages 19 to 26.
Vision benefits for members younger than 19 are included in the medical plans.

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



AmeriHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted.
Llame al 1-888-968-7241 (TTY: 711). 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电 1-888-968-7241 (TTY: 711)。

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