



2022 Benefits at a Glance

Health plans designed for small employers



Small Group

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We're here to help

What makes AmeriHealth New Jersey different is the people who work here. Our dedicated team will help you work with small employers to select a health insurance plan that meets their unique needs.





Why choose AmeriHealth New Jersey?

It's our mission to enhance the health and well-being of the people and the communities we serve in New Jersey, and that includes our small employers!

We've been a good neighbor for more than 25 years. We live here, we work here, and we're part of the community. We use the same hospitals and sit in the same waiting rooms.

Most importantly, we also rely on the quality and security of our AmeriHealth New Jersey health plan benefits to keep ourselves and our families safe and healthy.

We offer:

- 
Affordable health plans
 We offer a variety of health plans to fit the needs of small employers.
- 
Broad and flexible provider network
 Multiple network options help small employers and their families save on out-of-pocket costs.
- 
Virtual care benefits through MDLIVE®
 Members can talk to a doctor anytime.
- 
Convenient online and mobile tools
 Members can easily manage benefits and find providers.

Dedicated customer service

Our agents receive extensive training to provide members with outstanding support:

- Customer service reps answer at an average speed of 60 seconds.
- 91% first call resolution





Health plans for a variety of needs and budgets

Under the Affordable Care Act, we are required to organize all health plans by the level of coverage they offer using metallic tiers. Employers choose health plans for their employees based on the cost of the health plan and the services it covers.

Our health plan options

Small employers can choose from health plans that offer access to high-quality care from an extensive network of doctors and hospitals. The biggest difference between these plans is whether members must choose a primary care physician (PCP) and whether they need a referral from their PCP to visit specialists.

Plan highlights	HMO	Select EPO	EPO
Must select a primary care physician	✓	✓	
No referrals needed for specialists		✓	✓

Our Select EPO health plans offer savings and flexibility

Our suite of Select EPO products is competitively priced and combines the flexibility of an EPO with the cost-savings of an HMO:

- Members must select a PCP/preferred provider* by logging in at amerihealthnj.com.
- Requiring members to select a PCP/preferred provider to help coordinate their care leads to better value-based deals, better health outcomes, and lower premium costs.



Finding in-network providers

Members can log in at amerihealthnj.com and select Find covered providers for Medical to search for in-network doctors and hospitals.

Our Advantage health plans focus on affordability

Our AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans are designed to offer additional options focused on affordability and high-quality health care coverage. These health plans offer tiered benefits in collaboration with select hospitals and providers in eligible counties.

AmeriHealth Advantage allows members to pay lower out-of-pocket costs for select hospitals and physician services if they use a participating facility.^{1,2} Tier 2 providers are available through the AmeriHealth New Jersey Local Value or Regional Preferred with NY network.

AmeriHealth Hospital Advantage allows members to pay lower out-of-pocket costs for hospital and facility services if they use a participating AmeriHealth Hospital Advantage facility.³ Tier 2 facilities are available through the AmeriHealth New Jersey Local Value network.

Partnerships developed to offer quality affordable care to members

AmeriHealth Advantage	AmeriHealth Hospital Advantage
<ul style="list-style-type: none"> • Combined deductible and max out of pocket • Available to employer groups headquartered in 13 New Jersey counties¹ • Utilizes Local Value or Regional Preferred with NY network for Tier 2 	<ul style="list-style-type: none"> • Combined deductible and max out of pocket • Available to employer groups headquartered in all New Jersey counties except Hunterdon • Utilizes the Local Value network for Tier 2



The benefits of an Advantage health plan

- Simple and easy-to-use
- Lower monthly premiums
- Lower deductibles
- Lower out-of-pocket costs
- Preventive care covered at 100%
- No referrals

What to focus on for 2022

We are committed to enhancing our small employer portfolio each year to meaningfully and measurably impact health care quality, cost, and access, and to improve the member experience.

Health plans NEW!

We added two new competitively priced EPO health plans to our portfolio:

- Select Bronze EPO HSA 0%/0%
- Select Platinum EPO \$15/\$30

Refer to the health plan charts beginning on page 18 for more information.

Dental plans NEW!

Our Family and Family Plus dental plans will be offered on a voluntary basis. All of our dental plans will also now be available on a calendar-year basis.

Learn more about our dental plans on page 28.

Financial well-being tools

We offer The College Tuition Benefit[®] and GradFin with our health plans to help support members' financial well-being.

Learn more about our financial well-being tools on page 14.

Portfolio highlights

- Our EPO Regional Preferred plans offer access to the GHI Emblem Network in New York.
- AmeriHealth Advantage and Hospital Advantage (Tier 2 as Local Value Network) feature the lowest-cost plans in Bronze, Silver, and Gold tiers.
- We offer a tiered plan design with Regional Preferred, our largest network.

Stay up to date with Broker Wire

Sign up for AmeriHealth New Jersey Broker Wire to receive text messages with critical and/or time-sensitive updates. Please have your license number available when you sign up.

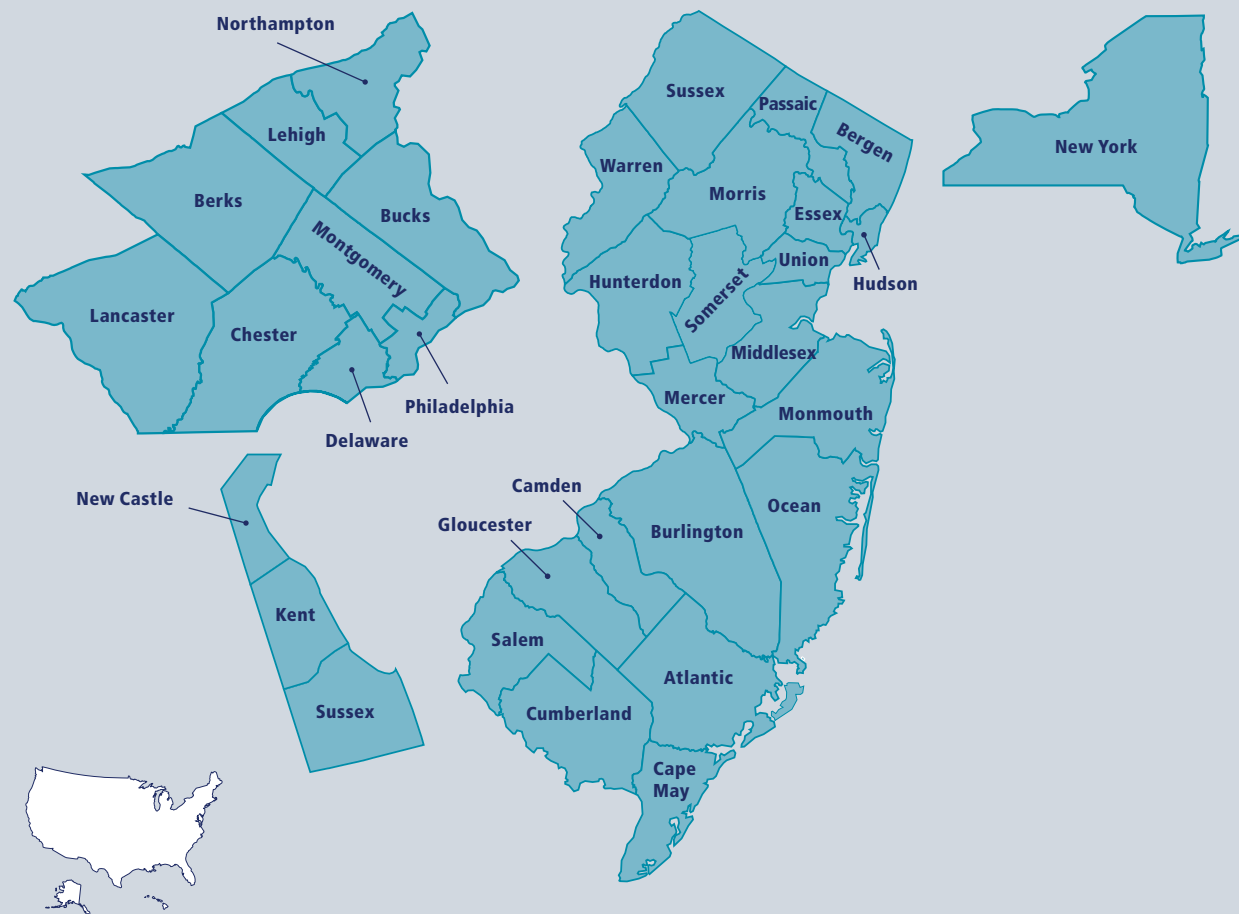
Opt-in at amerihealthnj.com/brokerwire

Network Options

AmeriHealth New Jersey has a variety of networks — making health insurance more affordable for small employers and their families. Networks differ based on geography as well as participating doctors, hospitals, and other health care providers. Members can search for network providers at amerihealthnj.com/providerfinder.

REGIONAL PREFERRED

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



LOCAL VALUE

The Local Value network offers employers a more affordable rate by providing access to a subset of the Regional Preferred network in New Jersey.⁵



NATIONAL ACCESS

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



Penn Medicine and Children's Hospital of Philadelphia are included in this network.

Advantages of a health savings account (HSA)

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

When opening an HSA with the bank of their choosing, members pay no taxes on the money they put into their account.

For employers	For employees
<ul style="list-style-type: none"> • Flexibility for employers to choose plans that fit their budget • Tax advantages and no administrative fees¹ • Convenient funding methods • Seamless account management, reporting tools, and spending account resources at amerihealthnj.com 	<ul style="list-style-type: none"> • Tax advantages and no monthly account fee¹ • Easy access through amerihealthnj.com • Claims integration enables streamlined payment from spending accounts • Specialized customer service teams to provide support • Easy access to funds via Mastercard[®] debit card

2022 contribution limits: HSAs and high-deductible health plans (HDHP)

HSA Self-only/Family coverage ————— ● **\$3,650/\$7,300**

HDHP Self-only coverage ————— ● **\$1,400²/\$7,050**

Annual deductible not less than/
Annual out-of-pocket expenses do not exceed

HDHP Family coverage ————— ● **\$2,800²/\$14,100**

Annual deductible not less than/
Annual out-of-pocket expenses do not exceed



For assistance with HSAs, call 866-287-2520.

1. Some banking fees and optional investment account fees may apply.
2. No change in 2022



\$0 virtual care benefits

When it's not an emergency, virtual care is a fast, convenient, and affordable option for members to access high-quality care.

Members who take advantage of virtual care benefits experience lower medical costs, decreased absenteeism,¹ and have fewer ER and urgent care visits for non-emergencies. Virtual care for pediatric services is also available, so employees can use this benefit on behalf of their child or covered dependent at any age. If available, members may also receive telemedicine services through their primary care physician or specialists and pay their health plan's cost-share.

Members pay \$0² cost-sharing for the virtual care services below, provided by MDLIVE®.



Telemedicine

Members can talk to a board-certified MDLIVE doctor 24/7 who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. Members can use Sophie, a virtual assistant, to help them register for MDLIVE. They can download the app to their smartphones, visit mdlive.com/amerihealthnj, or call **1-888-976-7405** to register.



Telebehavioral health

Mental health is a critical component of whole-person health. Our telebehavioral health benefits provide members greater access to behavioral health care professionals who can offer support for conditions such as anxiety, depression, and panic disorders.



Teledermatology

Through MDLIVE, members can get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions.

Telemedicine is here to stay

Through MDLive our telemedicine program has expanded to behavioral health and dermatology, helping members save time and money all while being able to focus on whole health.

5 MINUTES

average wait time for a member to talk to a provider

70%

of members repeat behavioral health visits (2 or more)

95%

satisfaction rate

MDLIVE provides telemedicine, telebehavioral health, and teledermatology services for AmeriHealth New Jersey.

1. Source: Forbes.com, "It's Time to Go All in On Telehealth," Nov. 2020.

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

Prescription drug benefits

Our medical plans include prescription drug coverage, so members get safe, affordable access to covered medications. FutureScripts®, a national pharmacy benefits manager, administers our prescription drug benefits.

Lower-cost alternatives

We're helping members save money

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 members 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 amerihealthnj.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 for 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

68,000

pharmacies nationwide included in Pharmacy network

FutureScripts® provides pharmacy benefits management services for AmeriHealth New Jersey.

Embrace Well-being

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

Members get:



Programs and resources at no additional cost to them, including health coaching, chronic condition and disease management, behavioral health guidance, and support during pregnancy



Personalized online tools to help members stay motivated on their well-being journey



Discounts through GlobalFit Gym Network 360 on a variety of wellness items, including new gym memberships, wearables, GlobalFit Anywhere app, and more



Exclusive savings on a wide range of services, from local and regional businesses to merchant gift certificates and online shopping



Eligible members can complete activities to earn up to \$150 Embrace Well-being dollars each program year based on their health plan. They can redeem Embrace Well-being dollars for electronic gift cards to a variety of popular retailers

Members can learn more about Embrace Well-being tools, discounts, and rewards at amerihealthnj.com/wellness.



Members can stay connected by text

We want members to get the most from their health plan benefits. They can visit amerihealthnj.com/getwired or text **MYAHNJ** to **77576** to sign up for AmeriHealth New Jersey Wire®. They'll get personalized reminders about their health, notifications about important plan information, and money-saving tips and discounts.





Financial well-being tools

We offer innovative college tuition and student loan repayment programs to help employers support their employees' financial well-being while attracting and retaining top talent.

The College Tuition Benefit®

Through The College Tuition Benefit, employees can earn SAGE Scholars Tuition Rewards Points® to help offset the cost of four-year undergraduate education at a participating school.

- Employees can sponsor students in their immediate or extended family — children, grandchildren, nieces, nephews, stepchildren, and godchildren.*
- One Tuition Rewards Point is equal to a \$1 guaranteed minimum discount off full tuition.
- Employees earn 2,000 Points when they sign up, and students receive 500 Points when they are registered.
- Employees then earn 2,000 Points each year, plus a bonus of 2,500 Points in year four.

The longer employees stay with a company, the more Tuition Rewards Points they can accrue.

*Subject to certain restrictions. The Tuition Rewards program is provided by The College Tuition Benefit. This is not a benefit under an AmeriHealth New Jersey health plan and is, therefore, subject to change without notice.

GradFin

GradFin provides student loan debt reduction solutions and helps borrowers repay their student loans faster. Employees get free, personalized solutions to accelerate their student loan debt payoff process, which can potentially save them thousands of dollars. Employee-focused services include:

Student Loan Financial Education

Employees can take advantage of personal consultations, live webinars, and “town hall” meetings, educating them on their options for reducing student debt.

Student Loan Refinancing

GradFin refinances and consolidates employees' student loan(s) through a lending platform made up of 11 lenders to maximize the chances for employees to be approved for a new loan and find the lowest rates.

Public Service Loan Forgiveness (PSLF) Program

Employees employed at a 501(c)3 nonprofit, and their family members, can participate in the PSLF program for a flat rate of \$100 per year (membership value \$249). GradFin keeps participants compliant with federal loan forgiveness programs by enrolling their loans, verifying their employment, annually certifying income-based repayment plan, and auditing “qualified payments.”

GradFin also offers Employer Match, a service that allows employers to contribute towards an employee's student loans without a tax impact through the CARES Act. We have partnered with GradFin to provide employers with access to the Employer Match program at a discounted price.

GradFin, LLC is providing a student debt refinancing program to customers of AmeriHealth New Jersey. This is a value-added program and not a benefit under an AmeriHealth New Jersey health plan and is, therefore, subject to change without notice.

Streamlined benefits administration

We bring employers high-quality, cost-effective health plans, along with superior service and tools for effective account management.

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



Pay invoices by eBill

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



Manage an account

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



Get member ID cards

Request new ID cards for employees and their covered dependents.



2022 health plans

BRONZE HEALTH PLANS	SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75		SELECT EPO HSA AMERIHEALTH ADVANTAGE ¹¹ \$25/\$50	
	Local Value ⁵		Local Value ¹² Regional Preferred with NY ¹³	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible Individual/family	\$6,000/\$12,000 ⁶		\$6,000/\$12,000 ⁶	
After deductible, member pays...	50%		30%	50%
Maximum out-of-pocket Individual/family	\$7,050/\$14,100 ⁷		\$7,050/\$14,100 ⁷	
Primary care visits	\$50 copay, after deductible ⁸		\$25 copay, after deductible ⁸	50% coinsurance, after deductible ⁸
Specialist visits	\$75 copay, after deductible		\$50 copay, after deductible	50% coinsurance, after deductible
Urgent care services	50% coinsurance, after deductible		30% coinsurance, after deductible	
Emergency room	50% coinsurance, after deductible		30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity	\$500 copay per day, up to 5 days, after deductible ⁹			
X-rays & diagnostic imaging	50% coinsurance, after deductible		50% coinsurance, after deductible	
Imaging (CT/PET Scans, MRIs)	50% coinsurance, after deductible		50% coinsurance, after deductible	
Laboratory ¹	50% coinsurance, after deductible		50% coinsurance, after deductible	
Inpatient treatment Mental/behavioral health, substance use disorder	\$500 copay per day, up to 5 days, after deductible ⁹		30% coinsurance, after deductible	
Outpatient treatment Mental/behavioral health, substance use disorder	\$75 copay, after deductible		\$50 copay, after deductible	
Rehabilitation therapy services ²	\$75 copay, after deductible		\$50 copay, after deductible	
Chiropractic care ³	50% coinsurance, after deductible		50% coinsurance, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰		30-DAY SUPPLY¹⁰	
Generic Rx	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, after deductible	
Brand Rx	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, after deductible	
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, after deductible	

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

BRONZE HEALTH PLANS	SELECT EPO HSA 50%/50%	SELECT EPO \$50/\$75
	Local Value ⁵ Regional Preferred with NY	Local Value ⁵ Regional Preferred with NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$6,000/\$12,000	\$3,000/\$6,000
After deductible, member pays...	50%	50%
Maximum out-of-pocket Individual/family	\$7,050/\$14,100	\$8,700/\$17,400
Primary care visits	50% coinsurance, after deductible ⁸	\$50 copay, after deductible ⁸
Specialist visits	50% coinsurance, after deductible	\$75 copay, after deductible
Urgent care services	50% coinsurance, after deductible	50% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity	50% coinsurance, after deductible	\$500 copay per admission, after deductible ¹⁴
X-rays & diagnostic imaging	50% coinsurance, after deductible	50% coinsurance, after deductible
Imaging (CT/PET Scans, MRIs)	50% coinsurance, after deductible	50% coinsurance, after deductible
Laboratory ¹	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	\$500 copay per admission, after deductible ¹⁴
Outpatient treatment Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	\$75 copay, after deductible
Rehabilitation therapy services ²	50% coinsurance, after deductible	\$75 copay, after deductible
Chiropractic care ³	50% coinsurance, after deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	50% coinsurance, up to \$125 max, after deductible	\$25 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵

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

NEW PLAN		
BRONZE HEALTH PLANS	SELECT EPO HSA 0%/0%	EPO \$50/\$75
Choose your network	Local Value ⁵ Regional Preferred with NY	National Access with NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$6,000/\$12,000	\$3,000/\$6,000
After deductible, member pays...	0%	50%
Maximum out-of-pocket Individual/family	\$7,050/\$14,100	\$8,700/\$17,400
Primary care visits	No charge, after deductible ⁸	\$50 copay, after deductible
Specialist visits	No charge, after deductible	\$75 copay, after deductible
Urgent care services	No charge, after deductible	50% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	No charge, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity	No charge, after deductible	\$500 copay per admission, after deductible ¹⁴
X-rays & diagnostic imaging	No charge, after deductible	50% coinsurance, after deductible
Imaging (CT/PET Scans, MRIs)	No charge, after deductible	50% coinsurance, after deductible
Laboratory ¹	No charge, after deductible	50% coinsurance, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	No charge, after deductible	\$500 copay per admission, after deductible ¹⁴
Outpatient treatment Mental/behavioral health, substance use disorder	No charge, after deductible	\$75 copay, after deductible
Rehabilitation therapy services ²	No charge, after deductible	\$75 copay, after deductible
Chiropractic care ³	No charge, after deductible	50% coinsurance, after deductible
Durable medical equipment	No charge, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$25 copay, after deductible	\$25 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁵

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

SILVER HEALTH PLANS	SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$50/\$75	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$30/\$60
Choose your network	Local Value ⁵	Local Value ¹² Regional Preferred with NY ¹³
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible Individual/family	\$2,500 ¹⁶ /\$5,000 ⁶	
After deductible, member pays...	50%	20% 50%
Maximum out-of-pocket Individual/family	\$6,500/\$13,000 ⁷	
Primary care visits	\$50 copay, after deductible ⁸	\$30 copay ⁸ 50% coinsurance, after deductible ⁸
Specialist visits	\$75 copay, after deductible	\$60 copay 50% coinsurance, after deductible
Urgent care services	\$85 copay, after deductible	
Emergency room	\$100 copay, after deductible ¹⁷	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	10% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity	10% coinsurance, after deductible	20% coinsurance, after deductible
X-rays & diagnostic imaging	50% coinsurance, after deductible	
Imaging (CT/PET Scans, MRIs)	50% coinsurance, after deductible	
Laboratory ¹	No charge, after deductible	
Inpatient treatment Mental/behavioral health, substance use disorder	10% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	\$75 copay, after deductible	\$60 copay
Rehabilitation therapy services ²	\$75 copay, after deductible	\$60 copay
Chiropractic care ³	50% coinsurance, after deductible	
Durable medical equipment	50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY ¹⁰	30-DAY SUPPLY ¹⁰
Generic Rx	\$15 copay, after deductible	\$10 copay
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, no deductible
Non-preferred brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, no deductible

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

SILVER HEALTH PLANS	SELECT EPO HSA 0%/0%	HMO \$50/\$75 ¹⁸	EPO HSA 0%/30%
Choose your network	Local Value ⁵ Regional Preferred with NY	Local Value ⁵ Regional Preferred	Local Value ⁵ Regional Preferred with NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$2,500 ¹⁶ /\$5,000	\$2,500/\$5,000	\$2,500 ¹⁶ /\$5,000
After deductible, member pays...	0%	50%	30%
Maximum out-of-pocket Individual/family	\$6,750/\$13,500	\$8,150/\$16,300	\$7,050/\$14,100
Primary care visits	No charge, after deductible ⁸	\$50 copay ⁸	No charge, after deductible
Specialist visits	No charge, after deductible	\$75 copay	30% coinsurance, after deductible
Urgent care services	No charge, after deductible	\$85 copay	30% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	\$100 copay, after deductible ¹⁷	
Outpatient surgery & ambulatory surgical	No charge, after deductible	50% coinsurance, after deductible	30% coinsurance, after deductible
Inpatient hospital services, including maternity			
X-rays & diagnostic imaging	No charge, after deductible	\$50 copay	30% coinsurance, after deductible
Imaging (CT/PET Scans, MRIs)		\$100 copay	
Laboratory ¹	No charge, after deductible	No charge, no deductible	No charge, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	No charge, after deductible	50% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	No charge, after deductible	\$75 copay	30% coinsurance, after deductible
Rehabilitation therapy services ²	No charge, after deductible	\$75 copay	30% coinsurance, after deductible
Chiropractic care ³			
Durable medical equipment	No charge, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$20 copay, after deductible	\$20 copay	\$10 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	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.

SILVER HEALTH PLANS	EPO HSA 0%/10%	SELECT EPO \$50/\$75	EPO HSA 0%/0%
Choose your network	Local Value ⁵ Regional Preferred with NY	Local Value ⁵ Regional Preferred with NY	National Access with NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$2,500 ¹⁶ /\$5,000	\$2,500/\$5,000	\$2,500 ¹⁶ /\$5,000
After deductible, member pays...	10%	50%	0%
Maximum out-of-pocket Individual/family	\$7,050/\$14,100	\$8,200/\$16,400	\$6,750/\$13,500
Primary care visits	No charge, after deductible	\$50 copay ⁸	No charge, after deductible
Specialist visits	10% coinsurance, after deductible	\$75 copay	No charge, after deductible
Urgent care services	10% coinsurance, after deductible	\$85 copay, after deductible	No charge, after deductible
Emergency room		50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	10% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient hospital services, including maternity			
X-rays & diagnostic imaging	10% coinsurance, after deductible	\$50 copay, after deductible	No charge, after deductible
Imaging (CT/PET Scans, MRIs)		\$100 copay, after deductible	
Laboratory ¹	No charge, after deductible	No charge, no deductible	No charge, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	10% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	10% coinsurance, after deductible	\$75 copay	No charge, after deductible
Rehabilitation therapy services ²	10% coinsurance, after deductible	\$75 copay	No charge, after deductible
Chiropractic care ³			
Durable medical equipment	10% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$15 copay, after deductible	\$15 copay	\$20 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after \$100 Rx deductible ¹⁹	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.

GOLD HEALTH PLANS	SELECT EPO AMERIHEALTH ADVANTAGE ¹¹ \$20/\$40		SELECT EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁴ \$30/\$50	
	Local Value ¹² Regional Preferred with NY ¹³		Local Value ⁵	
Choose your network				
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible Individual/family	\$1,500/\$3,000 ⁶		\$1,500/\$3,000 ⁶	
After deductible, member pays...	20%	50%	20%	50%
Maximum out-of-pocket Individual/family	\$7,000/\$14,000 ⁷		\$6,000/\$12,000 ⁷	
Primary care visits	\$20 copay ⁸	\$50 copay ⁸	\$30 copay ⁸	
Specialist visits	\$40 copay	\$75 copay	\$50 copay	
Urgent care services	\$75 copay		\$75 copay	
Emergency room	\$100 copay ¹⁷		\$100 copay ¹⁷	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity			\$500 copay per day, up to 5 days ⁹	
X-rays & diagnostic imaging	20% coinsurance, after deductible		\$50 copay	
Imaging (CT/PET Scans, MRIs)			\$100 copay	
Laboratory ¹	No charge, no deductible		No charge, no deductible	
Inpatient treatment Mental/behavioral health, substance use disorder	20% coinsurance, after deductible		\$500 copay per day, up to 5 days ⁹	
Outpatient treatment Mental/behavioral health, substance use disorder	\$40 copay		\$50 copay	
Rehabilitation therapy services ²	\$40 copay		\$50 copay	
Chiropractic care ³				
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		\$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.

GOLD HEALTH PLANS	SELECT EPO HSA 0%/0%	SELECT EPO \$30/\$60	EPO HSA 0%/0%
	Local Value ⁵ Regional Preferred with NY	Local Value ⁵ Regional Preferred with NY	Local Value ⁵ Regional Preferred with NY
Choose your network			
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$1,500 ¹⁶ /\$3,000	\$1,500/\$3,000	\$1,700 ¹⁶ /\$3,400
After deductible, member pays...	0%	20%	0%
Maximum out-of-pocket Individual/family	\$5,000/\$10,000	\$7,000/\$14,000	\$5,000/\$10,000
Primary care visits	No charge, after deductible ⁸	\$30 copay ⁸	No charge, after deductible
Specialist visits	No charge, after deductible	\$60 copay	No charge, after deductible
Urgent care services	No charge, after deductible	\$75 copay	No charge, after deductible
Emergency room	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
Outpatient surgery & ambulatory surgical	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible
Inpatient hospital services, including maternity			
X-rays & diagnostic imaging	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible
Imaging (CT/PET Scans, MRIs)			
Laboratory ¹	No charge, after deductible	No charge, no deductible	No charge, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	No charge, after deductible	20% coinsurance, after deductible	No charge, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	No charge, after deductible	\$60 copay	No charge, after deductible
Rehabilitation therapy services ²	No charge, after deductible	\$60 copay	No charge, after deductible
Chiropractic care ³			
Durable medical equipment	No charge, 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	\$15 copay, after deductible	\$10 copay	\$10 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, 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.

GOLD HEALTH PLANS	EPO \$35/\$65	EPO HSA 10%/10%	HMO \$35/\$75 ¹⁸
Choose your network	Local Value ⁵ Regional Preferred with NY National Access with NY	National Access with NY	Regional Preferred
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$1,500/\$3,000	\$1,550 ¹⁶ /\$3,100	\$0/\$0
After deductible, member pays...	20%	10%	10%
Maximum out-of-pocket Individual/family	\$7,000/\$14,000	\$5,000/\$10,000	\$8,550/\$17,100
Primary care visits	\$35 copay	10% coinsurance, after deductible	\$35 copay ⁸
Specialist visits	\$65 copay	10% coinsurance, after deductible	\$75 copay
Urgent care services	\$75 copay	10% coinsurance, after deductible	\$85 copay
Emergency room	\$100 copay ¹⁷		\$100 copay ¹⁷
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible	10% coinsurance, after deductible	10% coinsurance, up to \$250 max
Inpatient hospital services, including maternity			\$500 copay per day, up to 5 days ⁹
X-rays & diagnostic imaging	20% coinsurance, after deductible	10% coinsurance, after deductible	\$50 copay
Imaging (CT/PET Scans, MRIs)			\$100 copay
Laboratory ¹	No charge, no deductible	No charge, after deductible	no charge
Inpatient treatment Mental/behavioral health, substance use disorder	20% coinsurance, after deductible	10% coinsurance, after deductible	\$500 copay per day, up to 5 days ⁹
Outpatient treatment Mental/behavioral health, substance use disorder	\$65 copay	10% coinsurance, after deductible	\$75 copay
Rehabilitation therapy services ²	\$65 copay	10% coinsurance, after deductible	\$75 copay
Chiropractic care ³			
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$15 copay	\$10 copay, after deductible	
Brand Rx	\$40 copay	\$40 copay, after deductible	50% coinsurance, up to \$125 max
Non-preferred brand Rx	\$75 copay	\$75 copay, after deductible	

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

	NEW PLAN	
PLATINUM HEALTH PLANS	SELECT EPO \$15/\$30	EPO \$10/\$30
Choose your network	Regional Preferred with NY	Regional Preferred with NY National Access with NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$0/\$0	\$0/\$0
After deductible, member pays...	0%	0%
Maximum out-of-pocket Individual/family	\$3,000/\$6,000	\$3,000/\$6,000
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 & ambulatory surgical	10% coinsurance, up to \$250 max	10% coinsurance, up to \$250 max
Inpatient hospital services, including maternity	\$400 copay per day, up to 5 days ⁹	\$400 copay per day, up to 5 days ⁹
X-rays & 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	\$30 copay	\$30 copay
Rehabilitation therapy services ²	\$30 copay	\$30 copay
Chiropractic care ³		
Durable medical equipment	50% coinsurance	50% coinsurance
PRESCRIPTION BENEFITS	30-DAY SUPPLY¹⁰	30-DAY SUPPLY¹⁰
Generic Rx	\$10 copay	\$10 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.

Employers can purchase ACA-compliant dental coverage for the whole family

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

AmeriHealth New Jersey¹ offers affordable dental plan options for employees and their families:

- Plans include in- and out-of-network coverage.
- Members have the freedom to see any dentist without referrals.
- Choosing in-network providers helps members save money and avoid balance billing on covered services.

Find dental providers

- Members can visit amerihealthnj.com/dental to find providers in the Advantage Plus 2.0 network.



Family dental plans offer richer benefits and savings for the whole family

NEW! Our Family and Family Plus dental plans will be offered on a voluntary basis.

PLAN NAME ^{2,5,6}	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY	FAMILY PLUS
ELIGIBLE	Ages 0–18 ⁶	All family members	All family members	All family members
Pediatric deductible	\$75	\$75	\$75	\$75
Adult deductible	n/a	\$0	\$50	\$50
Pediatric maximum		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)		\$350 for 1 child; \$700 for 2 or more children		
Adult out-of-pocket maximum (In-network benefit)	n/a	n/a	n/a	n/a
PREVENTIVE SERVICES ⁴	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY	FAMILY PLUS
Exams/Evaluations		No charge, not subject to deductible	No charge, not subject to deductible	
Cleanings/X-rays				
Fluoride treatments, sealants, space maintainers	No charge, not subject to deductible	Covered only for children age 0-18; no charge, not subject to deductible	Covered only for children age 0-18, no charge, not subject to deductible	
BASIC SERVICES ⁴	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY	FAMILY PLUS
Fillings (Amalgam restorations-metal; Resin-based composite restorations-white)				
Simple and surgical extractions				
Crown and denture repair				
Root canals (Endodontic therapy and services)	50%, after deductible	Covered only for children age 0-18; 50% after deductible	50% after deductible	80%, after deductible
Surgical and non-surgical periodontics and maintenance				
Oral surgery				
General anesthesia, nitrous oxide, and/or IV sedation				
MAJOR SERVICES ⁴	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY	FAMILY PLUS
Crowns, inlays, onlays, and dentures	50%, after deductible	Covered only for children age 0-18; 50% after deductible	50% after deductible	50%, after deductible
Complete or fixed partial dentures (prosthetics)				
Implants ⁸	Not covered	Not covered	Not covered	Not covered
ORTHODONTIA	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY	FAMILY PLUS
Medically necessary orthodontia		50%, covered only for children ages 0-18		
Cosmetic orthodontia (Lifetime benefit is \$1,000) ⁷		Not covered		50%, covered only for children ages 0-18

RATES ³	PEDIATRIC	PEDIATRIC WITH ADULT PREVENTIVE		FAMILY		FAMILY PLUS	
		INSURED	VOLUNTARY ^{***}	INSURED	VOLUNTARY ^{***}	INSURED	VOLUNTARY ^{***}
0 - 18	\$19.00	\$12.30	\$16.60	\$21.39	\$25.08	\$22.87	\$26.56
19 - 25	N/A	\$12.30	\$16.60	\$21.39	\$25.08	\$22.87	\$26.56
26 - 39	N/A	\$13.06	\$17.64	\$22.73	\$26.65	\$24.30	\$28.22
40 - 49	N/A	\$15.37	\$20.75	\$26.74	\$31.35	\$28.59	\$33.20
50 - 63	N/A	\$18.06	\$24.38	\$31.42	\$36.84	\$33.59	\$39.01
64 and over	N/A	\$18.44	\$24.90	\$32.09	\$37.62	\$34.31	\$39.84

Employers can benefit by adding vision coverage to their health plans

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

All medical plans include pediatric vision coverage for members younger than 19. Administered by Davis Vision®, our vision plans go beyond access to eye exams and eyewear. Our robust network, competitive premiums, low member out-of-pocket costs, and a variety of value-added services provide vision coverage that meets an employer's unique needs:

- National network of over 100,000 points of access, including Visionworks
- Convenient online shopping options including **befitting.com**, **1800contacts.com**, and **Glasses.com**
- \$50 allowance at Visionworks stores (with over 1,200 frames to choose from)²
- Significant discounts off national average price of traditional LASIK from Quallsight credentialed physicians.
- Members can also take advantage of extra perks like one-year frame breakage warranty and discounts on additional pairs of glasses
- Free hearing exam and exclusive discounts on hearing supplies from Your Hearing Network

Spectacle lenses type & coatings

These lens options are either covered in full or with a fixed out-of-pocket cost depending on the plan purchased:

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

PLAN NAME ^{1,3,4}	ADULT VISION CARE 100/150*	ADULT VISION CARE 130/180*	ADULT VISION CARE 150/200*
Frequencies			
Eye exam	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 of any average*	Up to \$130 or up to \$180 at Visionworks, plus 20% off of any average*	Up to \$150 or up to \$200 at Visionworks, plus 20% off of any average*
Davis Vision Frame Collection (in lieu of allowance Fashion/Designer/Premier)	\$0/\$15/\$40	\$0/\$0/\$25	\$0/\$0/\$0
Contact Lenses (in lieu of eye glasses)			
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipacks Planned Replacements: 2 boxes/multipacks	Disposable: 4 boxes/multipacks Planned Replacements: 2 boxes/multipacks	Disposable: 8 boxes/multipack Planned replacement: 4 boxes/multipacks
Collection evaluation, fitting, follow-up care	Covered	Covered	Covered
Non-collection contact lenses: materials allowance**	Up to \$100 plus 15% off of any average	Up to \$130 plus 15% off of any average	Up to \$150 plus 15% off of any average
Non-collection evaluation, fitting and follow-up care; standard and specialty lens types	15% discount	Standard – Covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – Covered in full Specialty & disposable – \$60 program allowance; 15% discount

RATES ³	ADULT VISION CARE 100/150*		ADULT VISION CARE 130/180*		ADULT VISION CARE 150/200*	
	INSURED	VOLUNTARY***	INSURED	VOLUNTARY***	INSURED	VOLUNTARY***
Single	\$4.50	\$ 5.85	\$4.83	\$6.28	\$5.36	\$6.97
Spouses	\$9.00	\$11.70	\$9.66	\$12.56	\$10.72	\$13.94
Parent & Child	\$9.00	\$11.70	\$9.66	\$12.56	\$10.72	\$13.94
Parent & Children	\$13.50	\$17.55	\$14.49	\$18.84	\$16.08	\$20.90
Family	\$13.50	\$17.55	\$14.49	\$18.84	\$16.08	\$20.90

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

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

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

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

Important health plan information

All health plans within this brochure reflect member cost-sharing.

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

AmeriHealth Advantage and AmeriHealth Hospital Advantage footnotes (pg. 4)

- 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 New Jersey Local Value or Regional Preferred with NY network, contingent on plan selection. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- 2 The following hospitals are included in the AmeriHealth Advantage health systems: Atlanticare Regional Medical Center – Atlantic City Campus, Atlanticare Regional Medical Center – Mainland Campus, Bayshore Medical Center, Cape Regional Medical Center, Clara Maass Medical Center, Community Medical Center, Cooper Hospital/University Medical Center, Deborah Heart and Lung Center, Hackensack University Medical Center (UMC) Hackensack UMC Mountainside, Hackensack UMC Palisades, Hackensack UMC at Pascack Valley, Holy Name Medical Center, Jersey City Medical Center, Jersey Shore University Medical Center, Monmouth Medical Center, Monmouth Medical Center – Southern Campus, Newark Beth Israel Medical Center, Ocean Medical Center, Raritan Bay Medical Center – Old Bridge Raritan Bay Medical Center – Perth Amboy, Riverview Medical Center, Robert Wood Johnson University Hospital, Robert Wood Johnson University Hospital Hamilton, Robert Wood Johnson University Hospital Rahway, Robert Wood Johnson University Hospital Somerset, Saint Barnabas Medical Center, and Southern Ocean Medical Center.
- 3 For a complete listing of AmeriHealth Hospital Advantage hospitals and facilities, visit amerihealthnj.com.

Network options footnotes (pg. 6 and 7)

- 1 Data derived from the analysis of information provided by a third-party vendor and is subject to change.
- 2 Access to the GHI/Emblem Network in New York is available on our EPO plans.
- 3 The AmeriHealth New Jersey service area includes all New Jersey and Delaware counties, and nine Pennsylvania counties in the Philadelphia area including Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia.
- 4 Coverage provided by Multiplan PHCS National Network. AmeriHealth New Jersey members accessing care in the AmeriHealth New Jersey service area must use the Regional Preferred network.
- 5 The Local Value Network is not available in Hunterdon County.

Medical footnotes (pg. 18 - 27)

- 1 Laboratory Corporation of America® Holdings (LabCorp) is AmeriHealth New Jersey's exclusive outpatient laboratory provider. To find your closest 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 New Jersey Local Value network.
- 5 The Local Value network is not available in Hunterdon County.
- 6 Deductible is combined for Tier 1 and Tier 2.
- 7 Out-of-pocket maximum is combined for Tier 1 and Tier 2.
- 8 You are required to select a primary care physician.
- 9 Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 90 days.
- 10 Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
- 11 AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth New Jersey Local Value or Regional Preferred with NY network, contingent on plan selection. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- 12 Tier 2 is the Local Value network. The Local Value network is not available in Hunterdon County.
- 13 Tier 2 is the Regional Preferred with NY network.
- 14 Copay waived if readmitted within 90 days.
- 15 The maximum applies prior to the deductible being met.
- 16 Individual deductible not applicable in policies covering 2 or more people.
- 17 Emergency room copay waived if admitted.
- 18 Certain services may require a referral from your primary care physician.
- 19 \$100 Rx deductible per person.

Dental footnotes (pg. 28 and 29)

- 1 AmeriHealth New Jersey dental plans are administered by United Concordia Companies, Inc.
- 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 0-18 rate capped at 3 members<19.
- 4 If you choose to use a non-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 age 19 and older in your family who needs coverage.
- 6 Pediatric benefits through end of contract year in which member reaches age 19.
- 7 Cosmetic orthodontia covered up to a lifetime max of \$1,000 per child.
- 8 Implants are not covered. Under certain circumstances implants may be covered for children younger than 19 years of age.

Vision footnotes (pg. 30 and 31)

- 1 Administered by Davis Vision.
- 2 An AmeriHealth New Jersey affiliate has a financial interest in Visionworks.
- 3 Adult Vision Care plans cover members 19 and older, as well as child dependents age 19 to 26. Vision benefits for members under 19 are included in the medical plans.
- 4 Depending on the plan the group purchases, your exam eyewear benefits will either be once every calendar year or contract year.

Additional information

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

- Factors that may affect changes in premium rates (AmeriHealth New Jersey reserves the right to change premium rates.)
- Renewability of coverage
- Description of the geographic areas served by our HMO plans
- Benefits and premiums for all the health benefit plans for which you qualify

For more information on benefits and premiums for all health benefit plans for which you qualify, including out-of-network benefit options that employees can access without a referral, please contact your broker/consultant or your AmeriHealth New Jersey Account Executive.



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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。

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