



2022 Benefits at a Glance

Health plans designed for you



Individuals and families

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¿Habla español?

Si quiere hablar con alguien en español, llame al **888-879-4857**,
o visite [amerihealthnj.com/inscribase](https://www.amerihealthnj.com/inscribase).



Why choose AmeriHealth New Jersey?

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

We've been your neighbor for more than 25 years. We live here, we work here, and we're part of your communities. We use the same hospitals as you 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

Choose from a variety of health plans to fit your needs and budget



Broad and flexible provider network

Pick your network to save on out-of-pocket costs



Virtual care benefits through MDLIVE®

Talk to a doctor anytime

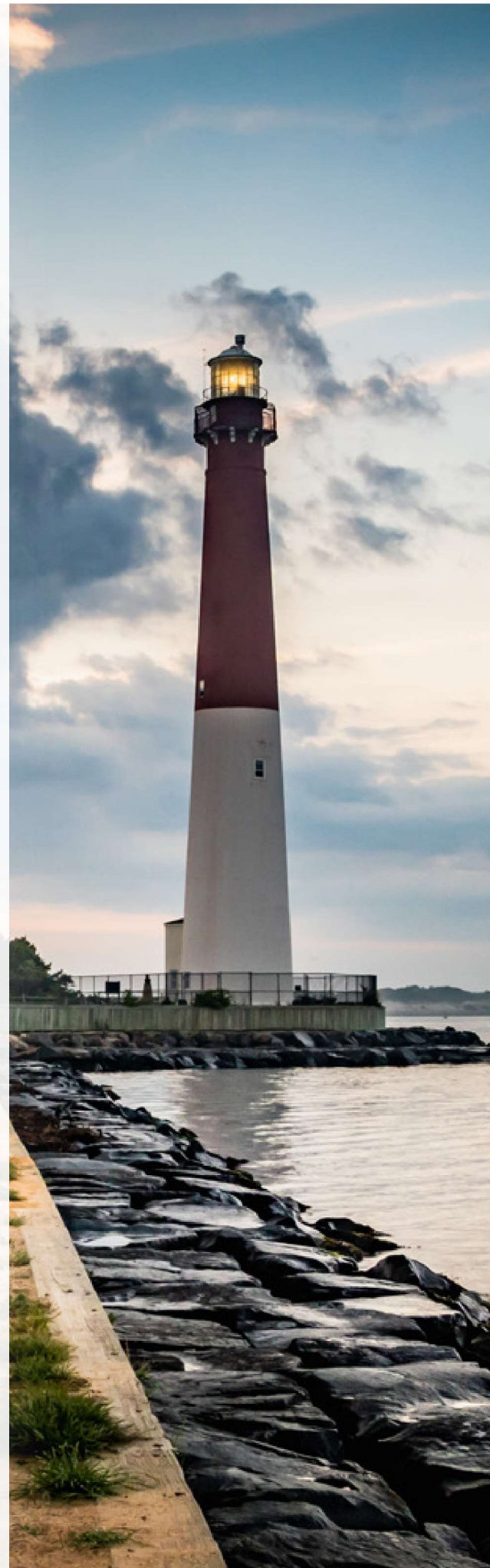


Convenient online and mobile tools

Manage your benefits anytime and easily find providers

We're here to help

What makes AmeriHealth New Jersey different is the people who work here. Our dedicated team will help you find a health insurance plan that meets your unique needs.



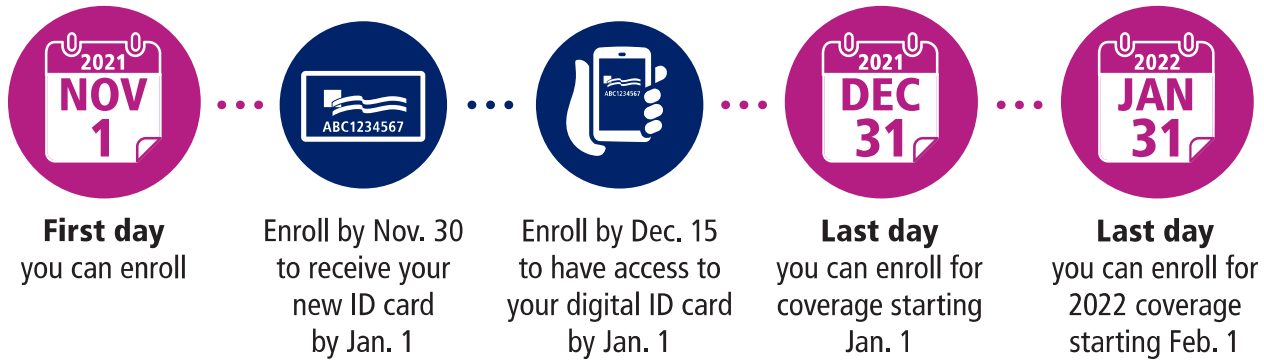
How to enroll

Choosing a health plan is a big decision, but you don't have to make it alone. We're here for you, whether it's explaining your options or helping you figure out which health plan is the right fit.

Here's how to get started

- Use this book to compare health plans side-by-side. You can review how much you'll pay for covered services and see everything AmeriHealth New Jersey has to offer. We've got you covered!
- Refer to the Rate Card at amerihealthnj.com/rates to view and compare monthly premiums.
- To find out if you're eligible for financial assistance or if you're ready to enroll, visit amerihealthnj.com/enroll or call **855-832-2009 (TTY: 711)**. You can also contact your broker.

Key Open Enrollment dates






Meet our health plans

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

Under the Affordable Care Act (ACA), we are required to organize all plans by the level of health care coverage they offer using metallic tiers. All health plans cover the same essential health benefits, but they differ in the monthly premium, whether a deductible applies, and out-of-pocket costs when you receive covered services.

Compare cost and coverage by tier

	 Bronze	 Silver	 Gold
Monthly premium	\$	\$\$	\$\$\$
Cost of care	\$\$\$	\$\$	\$
Good option if you...	Don't plan to use a lot of health care services	See doctors and specialists occasionally	Require more frequent doctor visits and/or hospitalization

We also offer catastrophic coverage for people younger than 30 or for those who qualify for a special exemption.

Health plans we offer

Main features of health plan	HMO	EPO	EPO + HSA
Must select a primary care physician	✓		
No referrals needed for specialists		✓	✓
Option to open a tax-advantaged health savings account (HSA)			✓

If you have questions about any terms used throughout this book, please refer to the Glossary on p. 21.

Save more with Advantage and Select

All our health plans offer access to high-quality care from an extensive network of doctors and hospitals. When you choose an Advantage or Select health plan, there are more ways to save.

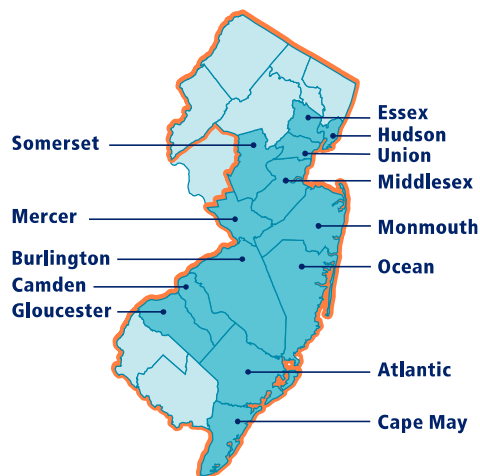
Advantage: Cost-saving tiered benefits

AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans offer tiered benefits in collaboration with select hospitals and providers in eligible counties.

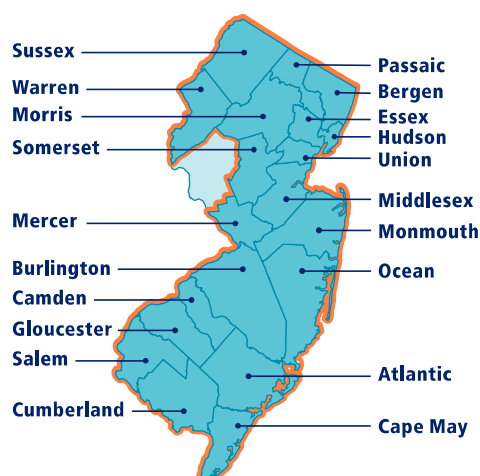
AmeriHealth Advantage¹: You'll pay the lowest out-of-pocket costs when you use Tier 1 hospitals and doctors. You also have access to Tier 2 providers, available through the Local Value network.

AmeriHealth Hospital Advantage²: You'll pay lower out-of-pocket costs for hospital and facility services if you use a Tier 1 AmeriHealth Hospital Advantage facility. Tier 2 facilities are available through the Local Value network.

AMERIHEALTH ADVANTAGE



HOSPITAL ADVANTAGE



These products are only available in certain counties. Refer to the maps above to see if they are available where you live.



The benefits of an Advantage health plan

- Lower monthly premiums
- Lower deductibles
- Lower out-of-pocket costs
- No referrals

Please see Network footnotes on page 27.



Save money with Advantage products by using Tier 1 providers.



Don't qualify for a tax credit? Save with our Select products.

Select: Save on off-exchange health plans

- If you are looking to save more but don't qualify for a tax credit (subsidy), you have more options when you purchase off-exchange! Off-exchange health plans are not available on **GetCovered.NJ.gov**, the New Jersey health insurance shopping site.

Save up to 10 percent with:

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

Contact your broker or AmeriHealth New Jersey directly to enroll in one of these off-exchange health plans.

Refer to the health plan charts beginning on page 13 for more information.



Ten essential health benefits

No matter what health plan you choose, the following benefits are always included:

- | | |
|---|--|
| 1 Preventive, wellness, and disease management services | 6 Pediatric services, including dental and vision |
| 2 Emergency care | 7 Prescription drugs |
| 3 Ambulatory services | 8 Laboratory services |
| 4 Hospitalization | 9 Mental health and substance use disorder services, including behavioral health treatment |
| 5 Maternity and newborn services | 10 Rehabilitation and habilitation services |

Network Options

REGIONAL PREFERRED

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



AmeriHealth New Jersey has a variety of networks — making health insurance more affordable for you and your family. Networks differ based on geography as well as which doctors, hospitals, and other health care providers are in-network. To determine which network is best for you, visit amerihealthnj.com/providerfinder.

LOCAL VALUE

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



Maximize your benefits

We can help you stay healthy, save time, and pay less for care.

Find the information you need

We offer convenient, personalized online and mobile tools so you get the most from your health plan benefits. Log in anytime at amerihealthnj.com or through the free AHNJ On the Go mobile app on an iPhone or Android device to:

- View, print, or send your ID card
- Access plan information, like claims and benefits
- Find a doctor, hospital, urgent care center, or other provider in your network
- Estimate your costs for care

Pay \$0 for virtual care

We make it easier for you to take care of your physical and emotional health. You pay \$0* cost-sharing for the virtual care services below, provided by MDLIVE®.



Telemedicine

Day or night, you can talk to a board-certified doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. MDLIVE also provides pediatric telemedicine services for non-emergency conditions.



Telebehavioral health

Talk to therapists, psychologists, and psychiatrists from the comfort of home. Schedule a confidential virtual visit if you feel stressed or overwhelmed, or for conditions such as anxiety, depression, and panic disorders. Members can see the same provider by setting up follow-up visits after their first visit.



Teledermatology

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

See your benefit booklet for additional virtual care services.

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



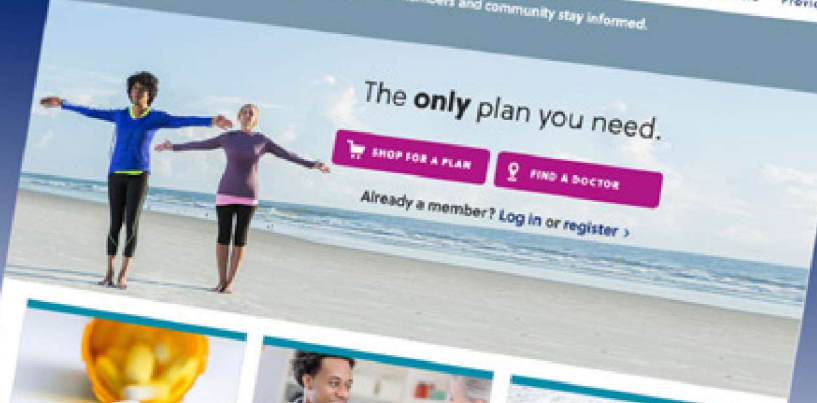
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Individuals & Families Help Choosing a Plan Members Well-being Programs Employers Brokers Providers

* COVID-19 (Coronavirus) We're here to help our members and community stay informed.



The **only** plan you need.

SHOP FOR A PLAN

FIND A DOCTOR

Already a member? Log in or register >



The opioid epidemic
Opioid abuse is a major public health crisis in America and is only growing in our state.



Get your flu shot
Visit your doctor or an in-network pharmacy to receive your flu vaccine.



News
1-24-20 AmeriHealth New Jersey and Quartet Health Collaborate to Address Behavioral Health Needs

Feedback

Prescription drug benefits

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

Save with lower-cost alternatives

We're helping members save money

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

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

Easily manage medications



Easy-to-use online and mobile tools

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



Mail order convenience

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

Pharmacy network includes nearly

68,000
pharmacies
nationwide

Embrace Well-being

Everyone's journey to well-being is different — embrace yours! Get the support and tools you need to achieve your personal health goals.

Members get:



Access to programs and resources, such as complimentary health coaching, chronic condition and disease management, behavioral health guidance, and support during pregnancy



Personalized online tools to help you stay motivated on your 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

Learn more at amerihealthnj.com/wellness



Connect with us!

Visit amerihealthnj.com/getwired or text **MYAHNJ** to **77576** to sign up for AmeriHealth New Jersey Wire®. You'll get personalized reminders about your health, important plan notifications, and money-saving tips and discounts.

Support for your financial well-being

A health plan from AmeriHealth New Jersey means more than just medical and prescription drug benefits. We want to help you keep your finances healthy, too.

Save for college, reduce student loan debt

GradFin* helps you find ways to save for college and reduce your student loan debt. They offer:

- **Student Loan Financial Education:** Free consultations, live webinars, and “town hall” meetings to help you reduce your debt.
- **Student Loan Solutions:** Help getting new or refinanced loans and consolidating loans.
- **Public Service Loan Forgiveness (PSLF) program:** GradFin helps you stay on track by auditing payments and certifying income and employment.

You can also schedule one-on-one consultations with a GradFin Student Loan Expert.

Maximize your savings with an HSA

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

- You pay no taxes on money you put in your account.
- You can use those funds to pay for certain health care expenses (including dental and vision care costs).
- You can also earn tax-free interest or investment income on these funds.

Your savings roll over year-to-year and are yours to keep, even if you change health plans.



Watch your savings grow over time with an HSA

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

At the end of year 10

Tax Savings

\$3,810.37

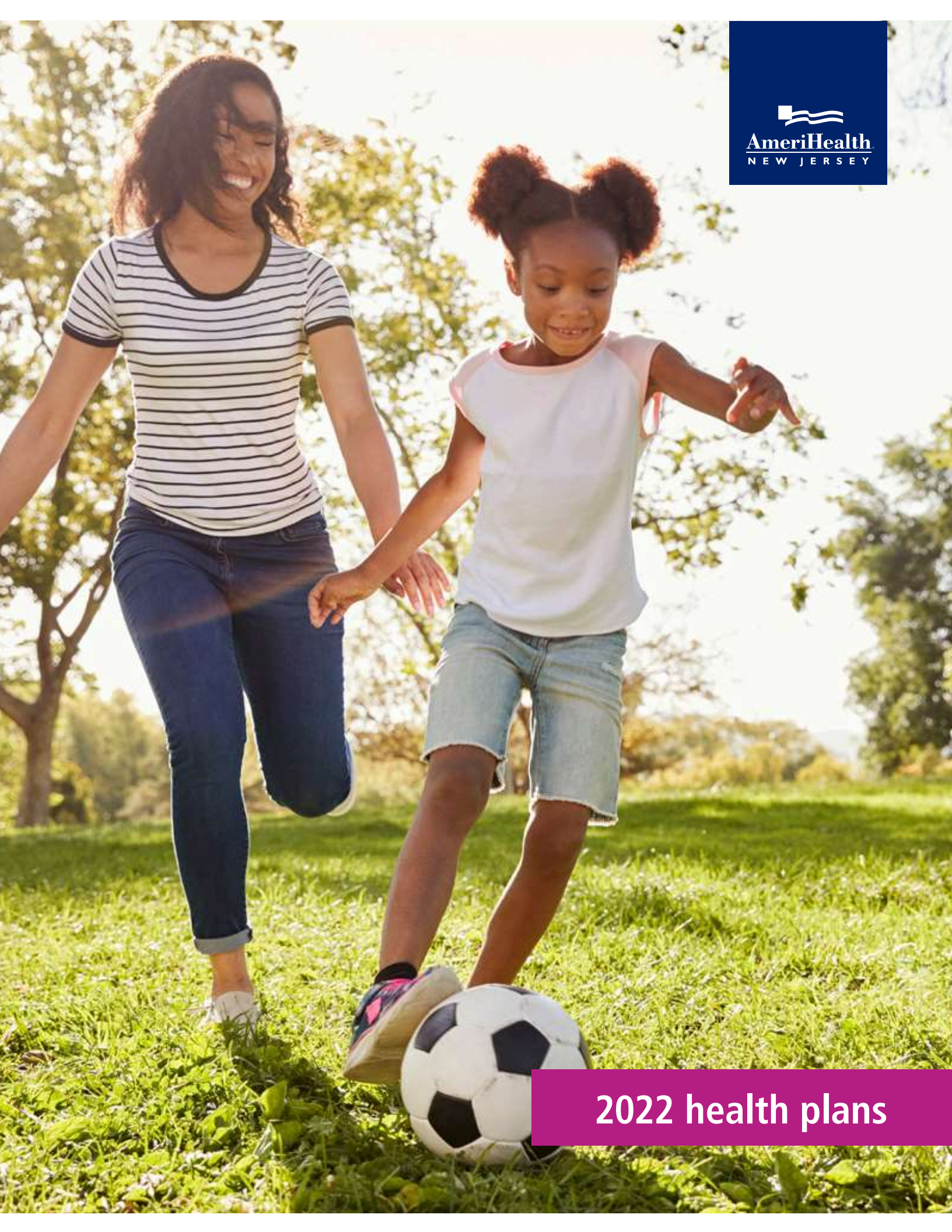
HSA Balance

\$10,949.72

The above information is for illustrative purposes only. The example assumes a 15 percent tax bracket, 3 percent state taxes, and that the investment choices yield a return of 2 percent. Please consult with your tax advisor for your situation. Return on investment is not guaranteed.

* 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.

† A \$2.50 investment account fee is assessed monthly by the vendor to account holders with an optional, self-directed investment account. Investment fees are omitted from the above example.



2022 health plans

\$

BRONZE HEALTH PLANS	EPO HSA AmeriHealth Advantage ³ \$25/\$50		EPO HSA AmeriHealth Hospital Advantage ⁸ \$50/\$75	
	Local Value ⁴		Local Value ⁴	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible Individual/family	\$6,000/\$12,000 ⁵		\$6,000/\$12,000 ⁵	
After deductible member pays...	30%	50%	50%	
Maximum out-of-pocket Individual/family	\$7,050/\$14,100 ⁶		\$7,050/\$14,100 ⁶	
Primary care visits	\$25 copay, after deductible	50% coinsurance, after deductible	\$50 copay, after deductible	
Specialist visits	\$50 copay, after deductible	50% coinsurance, 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	50% coinsurance, after deductible	
Outpatient surgery & ambulatory surgical	30% 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, 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	30% coinsurance, after deductible		\$500 copay per day, up to 5 days, after deductible ⁹	
Outpatient treatment Mental/behavioral health, substance use disorder	\$50 copay, after deductible		\$75 copay, after deductible	
Rehabilitation therapy services ²	\$50 copay, after deductible		\$75 copay, after deductible	
Chiropractic care (30 visits per calendar year)	\$50 copay, after deductible		\$75 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷		30-DAY SUPPLY⁷	
Generic Rx				
Brand Rx	50% coinsurance, after deductible		50% coinsurance, after deductible	
Non-preferred brand Rx				

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

BRONZE HEALTH PLANS	EPO HSA 50%/50%	EPO \$50/\$75	CATASTROPHIC Simple Saver ¹¹
Choose your network	Local Value ⁴	Local Value ⁴	Local Value ⁴
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$6,000/\$12,000	\$3,000/\$6,000	\$8,700/\$17,400
After deductible member pays...	50%	50%	N/A
Maximum out-of-pocket Individual/family	\$7,050/\$14,100	\$8,700/\$17,400	\$8,700/\$17,400
Primary care visits	50% coinsurance, after deductible	\$50 copay, after deductible	\$30 copay ¹²
Specialist visits	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Urgent care services	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Outpatient surgery & ambulatory surgical	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient hospital services, including maternity	50% coinsurance, after deductible	\$500 copay per admission, after deductible	No charge, after deductible
X-rays & diagnostic imaging	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Imaging CT/PET scans, MRIs	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Laboratory ¹	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	\$500 copay per admission, after deductible	No charge, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Rehabilitation therapy services ²	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Chiropractic care (30 visits per calendar year)	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷	30-DAY SUPPLY⁷	30-DAY SUPPLY⁷
Generic Rx	50% coinsurance, after deductible	\$25 copay	No charge, after deductible
Brand Rx	50% coinsurance, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁰	No charge, after deductible
Non-preferred brand Rx	50% coinsurance, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁰	No charge, after deductible

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

Please see footnotes on page 26.

\$

OFF-EXCHANGE ONLY PLANS				
SILVER HEALTH PLANS	SELECT EPO AmeriHealth Advantage ³ \$25/\$60		SELECT EPO HSA AmeriHealth Hospital Advantage ⁸ \$50/\$75	
	Local Value ⁴		Local Value ⁴	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible Individual/family	\$2,500/\$5,000 ⁵		\$2,100 ¹³ /\$4,200 ⁵	
After deductible member pays...	20%	50%	50%	
Maximum out-of-pocket Individual/family	\$8,650/\$17,300 ⁶		\$7,050/\$14,100 ⁶	
Primary care visits	\$25 copay	50% coinsurance, after deductible	\$50 copay, after deductible	
Specialist visits	\$60 copay	50% coinsurance, after deductible	\$75 copay, after deductible	
Urgent care services	20% coinsurance, after deductible		\$85 copay, after deductible	
Emergency room	20% coinsurance, after deductible	50% coinsurance, after deductible	\$100 copay, after deductible ¹⁴	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				
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	No charge, no deductible		No charge, after 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	\$60 copay		\$75 copay, after deductible	
Rehabilitation therapy services ²	\$60 copay		\$75 copay, after deductible	
Chiropractic care (30 visits per calendar year)	\$60 copay		\$75 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁷		30-DAY SUPPLY ⁷	
Generic Rx	\$10 copay		\$10 copay, after deductible	
Brand Rx	50% coinsurance, no deductible		50% coinsurance, after deductible	
Non-preferred brand Rx				

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	NEW PLAN		POPULAR PLAN	
SILVER HEALTH PLANS	EPO AmeriHealth Advantage ³ \$45/40%		EPO AmeriHealth Advantage ³ \$25/\$60	
Choose your network	Local Value ⁴		Local Value ⁴	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible Individual/family	\$2,500/\$5,000 ⁵		\$2,500/\$5,000 ⁵	
After deductible member pays...	40%	50%	20%	50%
Maximum out-of-pocket Individual/family	\$8,700/\$17,400 ⁶		\$8,700/\$17,400 ⁶	
Primary care visits	\$45 copay	50% coinsurance, after deductible	\$25 copay	50% coinsurance, after deductible
Specialist visits	40% coinsurance, after deductible	50% coinsurance, after deductible	\$60 copay	50% coinsurance, after deductible
Urgent care services	40% coinsurance, after deductible		20% coinsurance, after deductible	
Emergency room	40% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	40% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity				
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		No charge, no deductible	
Inpatient treatment Mental/behavioral health, substance use disorder	40% coinsurance, after deductible		20% coinsurance, after deductible	
Outpatient treatment Mental/behavioral health, substance use disorder	40% coinsurance, after deductible		\$60 copay	
Rehabilitation therapy services ²	40% coinsurance, after deductible		\$60 copay	
Chiropractic care (30 visits per calendar year)	40% coinsurance, after deductible		\$60 copay	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷		30-DAY SUPPLY⁷	
Generic Rx	\$25 copay		\$10 copay	
Brand Rx	50% coinsurance, after deductible		50% coinsurance, no deductible	
Non-preferred brand Rx	50% coinsurance, after deductible		50% coinsurance, no deductible	

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

Please see footnotes on page 26.

\$

POPULAR PLAN			
SILVER HEALTH PLANS	EPO HSA AmeriHealth Hospital Advantage ⁸ \$50/\$75		EPO HSA \$50/\$75
Choose your network	Local Value ⁴		Local Value ⁴
MEDICAL BENEFITS	TIER 1	TIER 2	IN-NETWORK
Deductible Individual/family	\$2,000 ¹³ /\$4,000 ⁵		\$2,000 ¹³ /\$4,000
After deductible member pays...	50%		50%
Maximum out-of-pocket Individual/family	\$7,050/\$14,100 ⁶		\$6,500/\$13,000
Primary care visits	\$50 copay, after deductible		\$50 copay, after deductible
Specialist visits	\$75 copay, after deductible		\$75 copay, after deductible
Urgent care services	\$85 copay, after deductible		\$85 copay, after deductible
Emergency room	\$100 copay, after deductible ¹⁴	50% coinsurance, after deductible	\$100 copay, after deductible ¹⁴
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	30% 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 copay, after deductible
Imaging CT/PET scans, MRIs			\$100 copay, after deductible
Laboratory ¹	No charge, after deductible		No charge, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	20% coinsurance, after deductible		\$500 copay per day, up to 5 days, after deductible ⁹
Outpatient treatment Mental/behavioral health, substance use disorder	\$75 copay, after deductible		\$75 copay, after deductible
Rehabilitation therapy services ²	\$75 copay, after deductible		\$75 copay, after deductible
Chiropractic care (30 visits per calendar year)			
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁷		30-DAY SUPPLY ⁷
Generic Rx	\$10 copay, after deductible		\$10 copay, after deductible
Brand Rx	50% coinsurance, after deductible		50% coinsurance, after deductible
Non-preferred brand Rx			

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

SILVER HEALTH PLANS	HMO \$50/\$75 ¹⁵	EPO \$50/\$75
Choose your network	Regional Preferred	Regional Preferred
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$2,500/\$5,000	\$2,500/\$5,000
After deductible member pays...	50%	50%
Maximum out-of-pocket Individual/family	\$8,650/\$17,300	\$8,700/\$17,400
Primary care visits	\$50 copay	\$50 copay
Specialist visits	\$75 copay	\$75 copay
Urgent care services	\$85 copay	\$85 copay, after deductible
Emergency room	\$100 copay, after deductible ¹⁴	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity		
X-rays & diagnostic imaging	\$50 copay	50% coinsurance, after deductible
Imaging CT/PET scans, MRIs	\$100 copay	50% coinsurance, after deductible
Laboratory ¹	No charge, no deductible	50% coinsurance, after deductible
Inpatient treatment Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	\$75 copay	\$75 copay
Rehabilitation therapy services ²	\$75 copay	\$75 copay
Chiropractic care (30 visits per calendar year)		
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷	30-DAY SUPPLY⁷
Generic Rx	\$25 copay	50% coinsurance, up to \$150 max, no deductible ¹⁰
Brand Rx	50% coinsurance, up to \$150 max, after deductible ¹⁰	
Non-preferred brand Rx		

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

Please see footnotes on page 26.

GOLD HEALTH PLANS	HMO \$20/\$50 ¹⁵	EPO \$30/\$50
Choose your network	Regional Preferred	Regional Preferred
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible Individual/family	\$2,000/\$4,000	\$1,500/\$3,000
After deductible member pays...	40%	20%
Maximum out-of-pocket Individual/family	\$7,000/\$14,000	\$7,000/\$14,000
Primary care visits	\$20 copay	\$30 copay
Specialist visits	\$50 copay	\$50 copay
Urgent care services	\$75 copay	\$75 copay
Emergency room	\$100 copay ¹⁴	20% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	40% coinsurance, after deductible	20% coinsurance, after deductible
Inpatient hospital services, including maternity		
X-rays & diagnostic imaging	\$50 copay	\$50 copay
Imaging CT/PET scans, MRIs	\$100 copay	\$100 copay
Laboratory ¹	No charge, no deductible	No charge, no deductible
Inpatient treatment Mental/behavioral health, substance use disorder	40% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient treatment Mental/behavioral health, substance use disorder	\$50 copay	\$50 copay
Rehabilitation therapy services ²	\$50 copay	\$50 copay
Chiropractic care (30 visits per calendar year)		
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷	30-DAY SUPPLY⁷
Generic Rx	\$10 copay	\$10 copay
Brand Rx	50% coinsurance, up to \$150 max, no deductible	50% coinsurance, up to \$150 max, no deductible
Non-preferred brand Rx		

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



Common health insurance terms

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

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

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

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

EPO: Exclusive Provider Organization

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

HMO: Health Maintenance Organization

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

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

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

Referral: If you have an HMO plan, your family doctor (or primary care physician) will need to submit a referral before you see other network doctors, such as a cardiologist (heart doctor).

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

Purchase ACA-compliant dental coverage

Good oral health is about more than healthy teeth. Regular preventive dental care is crucial and can detect more serious conditions like heart disease and oral cancer.

AmeriHealth New Jersey offers affordable dental plan options that encourage prevention and treatment of conditions before they become more costly issues.¹



You have the freedom to see any dentist



Save the most on out-of-pocket costs by choosing a dentist in the Advantage Plus 2.0 network



You'll never need a referral for services

Dental plan options

PLAN NAME	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
Eligible	Ages 0 – 18	All family members	All family members
Pediatric deductible	\$75	\$75	\$75
Adult deductible	N/A	\$0	\$50
Pediatric annual maximum	Unlimited	Unlimited	Unlimited
Adult annual maximum	N/A	\$1,000	\$1,000
Pediatric out-of-pocket maximum (in-network benefit ³)	\$350 for 1 child/\$700 for 2 or more children		



Find dental providers

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

Covered benefits²

PLAN NAME	PEDIATRIC ONLY ⁴	PEDIATRIC WITH ADULT PREVENTIVE ⁴	FAMILY PLUS DENTAL ⁴
Preventive services³			
Exams/evaluations, cleaning, X-rays	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, space maintainers	No charge, not subject to deductible	Covered only for children ages 0–18; No charge, not subject to deductible	Covered only for children ages 0–18; No charge, not subject to deductible
Basic services³			
Fillings (amalgam restorations-metal; resin-based composite restorations – white)	50%, after deductible	Covered only for children ages 0–18; 50% after deductible	80%, after deductible; <i>Members ages 19 and older: 6-month waiting period</i>
Oral surgery (simple and surgical extractions)			
Root canals (endodontic therapy and services)			
Surgical and non-surgical periodontics and maintenance			
General anesthesia, nitrous oxide, and/or IV sedation			
Major services³			
Crowns, inlays, onlays, and dentures	50%, after deductible	Covered only for children ages 0–18; 50% after deductible	50%, after deductible; <i>Members ages 19 and older: 12-month waiting period</i>
Complete or fixed partial dentures (prosthetics)			
Implants ⁵	Not covered		
Orthodontia³			
Medically necessary orthodontia	Covered only for children ages 0–18, 50%, not subject to deductible		
Cosmetic orthodontia	Not covered	Not covered	Not covered
Rates (per member per month)			
Ages 0–18 ³	\$26.05	\$14.14	\$19.27
19–25	N/A	\$14.14	\$19.27
26–39	N/A	\$15.02	\$20.47
40–49	N/A	\$17.68	\$24.09
50–63	N/A	\$20.77	\$28.30
64 and older	N/A	\$21.21	\$28.91

Add adult vision benefits

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

Administered by Davis Vision®, our adult vision plans go beyond access to eye exams and eyewear, with a robust network, low out-of-pocket costs, and a variety of value-added services to meet your unique needs. Note: All medical plans include pediatric vision coverage for members younger than 19.



Your coverage would include:

- National network of more than 100,000 access points, including Visionworks
- Convenient online shopping options, including **1800Contacts.com**, **Glasses.com**, and **befitting.com**
- \$50 allowance at Visionworks stores (with more than 1,200 frames to choose from)²
- Significant discount off national average price of traditional LASIK laser eye correction surgery from Quallsight credentialed physicians
- One-year frame breakage warranty and discounts on additional pairs of glasses and contact lens replacement
- Free hearing exam and exclusive discounts on hearing supplies from Your Hearing Network



Spectacle lenses type and coatings

Depending on the plan you choose, these lens options are either covered in full or with a fixed out-of-pocket cost at an in-network provider:

- Fashion and gradient tinting of plastic lenses
- Scratch-resistant coating
- Hi-index 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

Vision plan options¹

PLAN NAME	ADULT VISION CARE \$100/\$150* ³	ADULT VISION CARE \$130/\$180* ³	ADULT VISION CARE \$150/\$200* ³
Frequencies			
Eye exam	12 months		
Spectacle lenses/frames	12 months/12 months		
Contact lenses	12 months		
Copays*			
Eye exam/spectacle lenses	\$0/\$0	\$0/\$0	\$0/\$0
Frames*			
Non-collection frame allowance (retail) [†]	Up to \$100 or up to \$150 at Visionworks, plus 20% off any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off any overage
Davis Vision Frame Collection in lieu of allowance	Fashion: \$0 Designer: \$15 Premier: \$40	Fashion: \$0 Designer: \$0 Premier: \$25	Fashion: \$0 Designer: \$0 Premier: \$0
Contact Lenses*			
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipack Planned replacement: 2 boxes/multipack	Disposable: 4 boxes/multipack Planned replacement: 2 boxes/multipack	Disposable: 8 boxes/multipack Planned replacement: 4 boxes/multipack
Collection evaluation, fitting, follow-up care	Covered	Covered	Covered
Non-collection contact lenses materials allowance [†]	Up to \$100, plus 15% off any overage	Up to \$130, plus 15% off any overage	Up to \$150, plus 15% off any overage
Non-collection evaluation, fitting and follow-up care, standard and specialty lens types	15% discount	Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount	Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount

PLAN NAME	ADULT VISION CARE \$100/\$150	ADULT VISION CARE \$130/\$180	ADULT VISION CARE \$150/\$200
Tiered Premium	Monthly	Monthly	Monthly
Single	\$10.50	\$11.90	\$13.00
Subscriber & spouse	\$21.00	\$23.80	\$26.00
Parent & child	\$21.00	\$23.80	\$26.00
Parent & children	\$21.00	\$23.80	\$26.00
Family	\$31.50	\$35.70	\$39.00

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

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

Important health plan information

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

Medical Footnotes:

- 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 per therapy per calendar year.
- 3 AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the tier 1 level. AmeriHealth Advantage members can also access tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage tier 1 hospitals are subject to change.
- 4 The Local Value network is not available in Hunterdon County.
- 5 Deductible is combined for tier 1 and tier 2.
- 6 Out-of-pocket maximum is combined for tier 1 and tier 2.
- 7 Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
- 8 AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at tier 1 hospitals and facilities. Members can also access tier 2 hospitals and facilities within the AmeriHealth New Jersey Local Value network.
- 9 Copay is required per day, up to a maximum of 5 days per admission.
- 10 The maximum applies prior to the deductible being met.
- 11 Catastrophic plans are only available for qualified individuals.
- 12 \$30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at 100%, after deductible.
- 13 Individual deductible not applicable in policies covering 2 or more people.
- 14 Emergency room copay waived if admitted.
- 15 Certain services may require a referral from your primary care physician.

Dental Footnotes:

- 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. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.
- 3 If you choose to use an out-of-network dentist, you may pay the difference between the amount the plan pays and the amount charged by the out-of-network dentist.
- 4 Pediatric dental benefits only cover members up to age 19. Be sure to purchase a dental care plan that provides benefits for anyone ages 19 and older in your family who needs coverage.
- 5 Implants are covered for children younger than 19 for certain conditions.

Vision Footnotes:

- 1 Administered by Davis Vision.
- 2 An AmeriHealth New Jersey affiliate has a financial interest in Visionworks.
- 3 Adult Vision Care plans cover members ages 19 and older, as well as child dependents ages 19 to 26. Vision benefits for members younger than 19 are included in the medical plans. The chart reflects your in-network benefits. Please see your benefit booklet for your out-of-network coverage.

Network Options Footnotes:

- 1 AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the tier 1 level. AmeriHealth Advantage members can also access tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage tier 1 hospitals are subject to change.
- 2 AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at tier 1 hospitals and facilities. Members can also access tier 2 hospitals and facilities within the AmeriHealth New Jersey Local Value network.
- 3 Data is derived from analysis of information provided by a third-party vendor and is subject to change.
- 4 The AmeriHealth New Jersey service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area including: Northampton, Lehigh, Bucks, Berks, Montgomery, Philadelphia, Delaware, Chester, and Lancaster.
- 5 The Local Value Network is not available in Hunterdon County.



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