

2024 Consumer Plan Changes

Below are high-level changes that were made to the Consumer portfolio.

BRONZE EPO \$50/\$75	2023	2024
Out-of-pocket maximum	\$9,100/\$18,200	\$9,450/\$18,900
Chiropractic care	\$40 copay, after deductible	\$35 copay, after deductible
BRONZE EPO HSA 50%/50%	2023	2024
Out-of-pocket maximum	\$7,450/\$14,900	\$8,000/\$16,000
BRONZE EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE \$50/\$75	2023	2024
Out-of-pocket maximum	\$7,450/\$14,900	\$8,000/\$16,000
Chiropractic care	Tier 1 and 2: \$40 copay, after deductible	Tier 1 and 2: \$35 copay, after deductible
BRONZE EPO HSA AMERIHEALTH ADVANTAGE \$25/\$50	2023	2024
Out-of-pocket maximum	\$7,450/\$14,900	\$8,000/\$16,000
Primary care physician visit	Tier 2: 50% coinsurance, after deductible	Tier 2: \$50 copay, after deductible
Specialist visit	Tier 2: 50% coinsurance, after deductible	Tier 2: \$75 copay, after deductible
Chiropractic care	Tier 1 and 2: \$40 copay, after deductible	Tier 1 and 2: \$35 copay, after deductible
SILVER EPO HSA \$50/\$75	2023	2024
Deductible	\$2,300/\$4,600	\$2,500/\$5,000
Out-of-pocket maximum	\$7,200/\$14,400	\$7,500/\$15,000
Chiropractic care	\$40 copay, after deductible	\$35 copay, after deductible
SILVER EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE \$50/\$75	2023	2024
Deductible	\$2,000/\$4,000	\$2,200/\$4,400
Out-of-pocket maximum	\$7,450/\$14,900	\$7,800/\$15,600
Chiropractic care	Tier 1 and 2: \$40 copay, after deductible	Tier 1 and 2: \$35 copay, after deductible
SILVER SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE \$50/\$75	2023	2024
Deductible	\$2,100/\$4,200	\$2,300/\$4,600
Out-of-pocket maximum	\$7,450/\$14,900	\$7,800/\$15,600
Chiropractic care	Tier 1 and 2: \$40 copay, after deductible	Tier 1 and 2: \$35 copay, after deductible
SILVER EPO AMERIHEALTH HOSPITAL ADVANTAGE \$50/\$75	2023	2024
Out-of-pocket maximum	\$9,100/\$18,200	\$9,450/\$18,900
Chiropractic care	Tier 1 and 2: \$40 copay	Tier 1 and 2: \$35 copay

This is not a complete listing of benefits and cost-sharing. Please refer to the benefit booklet for more information.



2024 Consumer Plan Changes (continued)

SILVER EPO AMERIHEALTH ADVANTAGE \$45/40%	2023	2024
Deductible	\$2,400/\$4,800	\$2,500/\$5,000
Out-of-pocket maximum	\$8,100/\$16,200	\$8,250/\$16,500
SILVER EPO AMERIHEALTH ADVANTAGE \$25/\$60	2023	2024
Out-of-pocket maximum	\$9,100/\$18,200	\$9,450/\$18,900
Primary care physician visit	Tier 2: 50% coinsurance, after deductible	Tier 2: \$50 copay, after deductible
Specialist visit	Tier 2: 50% coinsurance, after deductible	Tier 2: \$75 copay, after deductible
Chiropractic care	Tier 1 and 2: \$40 copay	Tier 1 and 2: \$35 copay
SILVER SELECT EPO AMERIHEALTH ADVANTAGE \$25/\$60	2023	2024
Out-of-pocket maximum	\$9,050/\$18,100	\$9,400/\$18,800
Primary care physician visit	Tier 2: 50% coinsurance, after deductible	Tier 2: \$50 copay, after deductible
Specialist visit	Tier 2: 50% coinsurance, after deductible	Tier 2: \$75 copay, after deductible
Chiropractic care	Tier 1 and 2: \$40 copay	Tier 1 and 2: \$35 copay
GOLD EPO \$30/\$50	2023	2024
Chiropractic care	\$40 copay	\$35 copay
CATASTROPHIC SIMPLE SAVER	2023	2024
Deductible	\$9,100/\$18,200	\$9,450/\$18,900
Out-of-pocket maximum	\$9,100/\$18,200	\$9,450/\$18,900

This is not a complete listing of benefits and cost-sharing. Please refer to the benefit booklet for more information.

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