



# 2024 Benefits at a Glance

Fixed Funding benefit designs



**FIXED FUNDING**

**FIXED FUNDING**

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# We are AmeriHealth



For nearly 30 years, AmeriHealth has offered affordable and comprehensive health benefit plans to employers and their employees throughout New Jersey. We are here to help the Garden State flourish and that includes your business and employees!

When you choose AmeriHealth, your coverage is provided by a company that is part of your community. We live here, work here, and rely on the quality and security of our AmeriHealth coverage to keep ourselves and our families safe and healthy.

You get:



## Affordable benefit designs

Choose from a variety of benefit designs to fit your business and employees' needs.



## Broad and flexible provider network

Multiple network options help you and your employees save on costs.



## Cost-effective virtual care benefits

Your employees can talk to a board-certified doctor 24/7.



## Convenient online and mobile tools

Your employees can easily manage benefits and find providers.

## AmeriHealth at a glance

### CRANBURY, NJ

Headquartered in **Cranbury, NJ**

### BEST PLACES TO WORK

Ranked one of the **Best Places to Work** by NJBIZ **12 years** in a row

### 200,000

Serving more than **200,000** members and **3,500** businesses in New Jersey

### 21 COUNTIES

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

### COMMUNITY

Passionate about **servicing our community** through volunteer work and charitable support



## Fixed Funding benefit designs

### Powered by AmeriHealth Administrators

In conjunction with AmeriHealth Administrators, we are proud to offer Fixed Funding benefit design options to New Jersey employers. These innovative benefit designs are flexible, predictable, and cash-flow friendly — and offer members access to high-quality care from an extensive network of doctors and hospitals.

# Here's what makes us stand out

AmeriHealth offers a comprehensive and tailored approach to self-funding health benefits. Our primary goal is to help you manage the three key aspects of health care — your members' health, the benefits, and cost. By effectively balancing and optimizing all three, we help you promote the health of your employees, improve health care access, and reduce costs by adding value.



## Innovation

We redefine the health care system to enable the delivery of quality, accessible, and affordable care.



## Health care transformation

We develop comprehensive clinical programs that proactively engage members to improve care and control costs.



## Tailored solutions

We work together with all stakeholders to address the needs of their population.



## Member engagement

We provide personalized support, tools, and educational resources to help members.



## Our commitment to you

We raise awareness and empower your clients to take a more active role in the health of their employees.



## Dedicated customer service

Our agents are extensively trained to provide outstanding support.

# How Fixed Funding works

Fixed Funding benefit designs offer the benefits and flexibility of a self-funded health plan with a predictable monthly payment.

- **Pay a fixed monthly payment.** Employers pay a fixed monthly payment that covers the cost of administrative fees, stop-loss insurance premiums,<sup>1</sup> and an estimated cost of claims (claims fund).
- **We handle claim payments.** Throughout the year, AmeriHealth Administrators pays claims out of the employer’s claims fund and coordinates any needed prefunding from the stop loss carrier.
- **Funding balance is credited to employer.** If claims are lower than expected and there is a funding balance at the end of the year, after adjusting for the Premium Rates at Termination, 50 percent is credited back to the employer to be applied to the next year.
- **Stop loss policy covers overages.** If the total covered claims are higher than expected, the employer’s stop loss policy will cover the difference.

The biggest difference between the benefit designs an employer can offer is whether members have benefits in or out of the provider network.

Benefit design type	EPO	PPO	POS NG
Must select a primary care physician			
No referrals needed for specialists	✓	✓	✓
HSA-compatible	✓	✓	
Out-of-network benefits		✓	✓

## Benefits of Fixed Funding:



Fixed monthly payment



Protection against catastrophic claims<sup>1</sup>



Exempt from state mandates



Not subject to all taxes and fees



Potential for yearly surplus



Monthly reporting

<sup>1</sup> Aggregate and specific stop-loss coverage is underwritten by AmeriHealth Insurance Company of New Jersey.



# The advantages of a health savings account (HSA)

Members can add an HSA to any of our HSA-qualified EPO or PPO benefit designs. It lets employers offer lower-premium benefit designs 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 will not pay federal taxes on the money they put into their account.<sup>1</sup>

For employers	For employees
<ul style="list-style-type: none"><li>• Flexibility to choose benefit designs that fit their budget</li><li>• Tax advantages and no administrative fees<sup>2</sup></li><li>• Convenient funding methods</li><li>• Seamless account management, reporting tools, and spending account resources</li></ul>	<ul style="list-style-type: none"><li>• Tax advantages and no monthly account fee<sup>2</sup></li><li>• Easy access through <a href="https://member.hellofurther.com">member.hellofurther.com</a></li><li>• Claims integration for streamlined payment from spending accounts</li><li>• Specialized customer service teams to provide support</li><li>• Easy access to funds via Mastercard<sup>®</sup> debit card</li></ul>

2024 HSA and High-Deductible Health Plans (HDHP) Limits	
<b>Contribution limits</b> Self-only/Family	<b>\$4,150/\$8,300</b>
<b>HDHP minimum deductible</b> Self-only/Family	<b>\$1,600/\$3,200</b>
<b>HDHP maximum out-of-pocket</b> Self-only/Family	<b>\$8,050/\$16,100</b>

<sup>1</sup> Contributions may be subject to certain New Jersey taxes.

<sup>2</sup> Some banking fees and optional investment account fees may apply.

# AmeriHealth Advantage benefit designs focus on affordability

With our AmeriHealth Advantage benefit designs, employers can offer options that focus on high-quality care and affordability.

## Cost-saving tiered benefits

AmeriHealth Advantage benefit designs have tiered benefits, which means members pay lower out-of-pocket costs when they use Tier 1 providers for certain services.

### AmeriHealth Advantage<sup>1</sup>

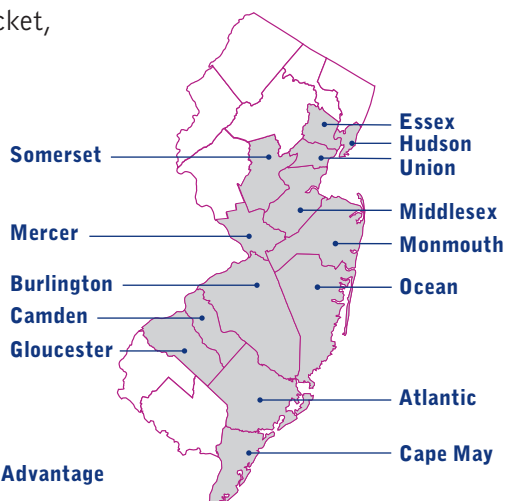
- Tier 1 offers the lowest out-of-pocket costs when members use AmeriHealth Advantage doctors and hospitals
- Tier 2 is available through Value Plus and National Access, if applicable
- Combined deductible and maximum out-of-pocket, on applicable benefit designs



Tier 1



Tier 2



## Why choose an AmeriHealth Advantage benefit design?

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

This product is only available in certain counties. Refer to the map to see if it's available where your employer is headquartered. Please see footnotes on page 37.

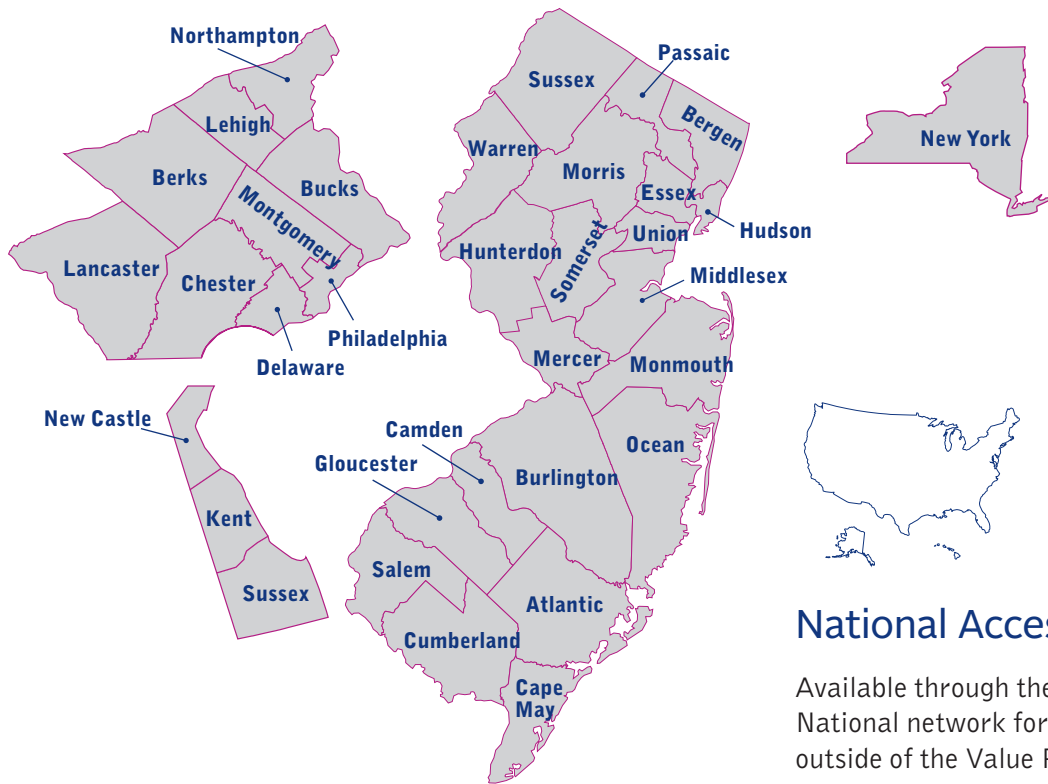
# Network options

AmeriHealth has a variety of networks, making health insurance more affordable for employers, employees, and their families.

Networks differ based on geography as well as which doctors, hospitals, and other health care providers participate in the network. Members can search for network providers at [amerihealth.com/tpa/providerfinder](https://amerihealth.com/tpa/providerfinder).

## Value Plus access

Value Plus<sup>1</sup> gives members access to in-network providers throughout New Jersey, Delaware, and Southeastern Pennsylvania and providers in the GHI/Emblem network in New York.<sup>2</sup>



## National Access

Available through the Multiplan PHCS National network for services obtained outside of the Value Plus area.<sup>3</sup>

## Locating in-network doctors and hospitals

Members can log in at [amerihealth.com/tpa](https://amerihealth.com/tpa). On the homepage, they can select *Find covered providers for Medical*. Once the Provider Search page displays, they will have the choice of searching:

- National Access network for care outside of New Jersey, New York, Delaware, and Southeastern Pennsylvania<sup>3</sup>
- GHI/Emblem network for providers in New York state<sup>2</sup>
- Labcorp for lab locations throughout the country<sup>4</sup>

Please see footnotes on page 37.

# A focus on managing health

We support members through all stages of their health care journey, helping them to get healthy, stay healthy, and manage chronic conditions.

## Health Journey Liaison

Using our award-winning engagement tools and strategies, predictive analytics, and fully integrated multi-specialty care team, we can:

- Target outreach to members with a personalized, multichannel strategy that delivers support and savings opportunities
- Identify and manage members' emerging health issues as they move through their unique health care journey
- Provide personalized, one-on-one support through a designated Registered Nurse Health Coach and multi-specialty care team
- Deliver measurable improvements in health outcomes and lower health care costs

Additional support is also available through a case manager. A case manager is a registered nurse who can discuss health concerns and provide the help and support members need. Case managers are available 24/7. To get started, members should call **1-833-242-3030** or email [casemanagement@ahatpa.com](mailto:casemanagement@ahatpa.com).

## Disease management

We identify members with chronic or unstable conditions and provide them with education, support, and health coaching to help improve their outcomes — and help better manage health care costs.

## Integrated behavioral health

Untreated mental health and substance use challenges cost employers thousands of dollars and significantly affect workplace productivity.

Our approach to a member's health and emotional well-being starts with a holistic view of their whole health. Our clinical programs are designed to help promote member behavioral health and wellness while containing costs through prevention and early intervention. Case management helps ensure health care is aligned and integrated within medical delivery systems and connects members to care and community resources.

## Helping members with a substance use disorder

AmeriHealth Administrators is a leader in promoting ways to help prevent opioid misuse. The battle is unique to each member, so we've integrated behavioral health services into our benefit designs, as well as included the use of non-opioid medications.

# Putting the member at the center of everything

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

Our Well-being Platform is a motivating and personalized set of well-being tools and resources that can help members achieve their health goals in a way that's simple, easy, and fun. They can:



**Create an action plan:** Members can choose programs to create a personalized action plan that focuses on their health goals.



**Stay motivated:** Members earn tokens and badges for small achievements, such as syncing a health app, watching a health video, or finishing a program.



**Track their progress:** Members can sync popular fitness apps and devices to their action plan to automatically update their programs and track activity.

Members can log in at [myahabenefits.com](https://myahabenefits.com) to learn more about our Well-being platform.



## Members can stay connected by text

Members can sign up to receive personalized health reminders, important plan notifications, and money-saving tips by texting **AHATPA** to **77576** or visiting [ahatpa.com/getconnected](https://ahatpa.com/getconnected).

# Taking care of members' overall health

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

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

## \$0 virtual care benefits

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



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



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



**Teladoc Mental Health Care.** Talk to a board-certified psychiatrist, licensed psychologist, or licensed therapist from the Teladoc network by phone or video chat. Members pay \$0\* cost-sharing. Teladoc's network of behavioral health professionals can help with concerns like anxiety, depression, grief, work pressures, and more, and members can build an ongoing relationship with a provider of their choice.

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



## Telebehavioral health stats

**NEARLY 90%**

of users report being highly satisfied with their Teladoc experience

**MORE THAN 75%**

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







**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**

\$20/\$40 \$1,500  
\$15/\$40/\$75 Rx

**CHOOSE YOUR BENEFIT DESIGN**

**MANDATE LITE**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible</b> — Individual/Family	\$1,500/\$3,000 <sup>6</sup>	
<b>Maximum out-of-pocket</b> — Individual/Family	\$7,000/\$14,000 <sup>7</sup>	
Primary care visits	\$20 copay	\$50 copay
Specialist visits	\$40 copay	\$100 copay
Urgent care services	\$40 copay	
Emergency room	\$300 copay <sup>8</sup>	
Outpatient surgery <sup>2</sup>		
Inpatient hospital services including maternity <sup>2</sup>	20% coinsurance, after deductible	50% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	\$40 copay	
Chiropractic care <sup>4</sup>		
X-rays and diagnostic imaging	20% coinsurance, after deductible	
Imaging CT, PET scans, MRIs <sup>2</sup>		
Laboratory <sup>5</sup>	No charge, no deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	20% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$40 copay	
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	
Generic Rx	\$15 copay	
Brand Rx	\$40 copay	
Non-Preferred Brand Rx	\$75 copay	

Please see footnotes on page 38.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**

**NATL HSA \$15/\$30 \$1,600  
\$7/50%/\$125 Rx**

**CHOOSE YOUR BENEFIT DESIGN**

**MANDATE LITE  
FULL MANDATE**

<b>MEDICAL BENEFITS</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Deductible</b> — Individual/Family	\$1,600 <sup>10</sup> /\$3,200 <sup>11</sup>	\$2,500 <sup>10</sup> /\$5,000 <sup>11</sup>
<b>Maximum out-of-pocket</b> — Individual/Family	\$5,000/\$10,000 <sup>7</sup>	
Primary care visits	\$15 copay, after deductible	\$50 copay, after deductible
Specialist visits	\$30 copay, after deductible	\$75 copay, after deductible
Urgent care services	\$30 copay, after deductible	\$30 copay, after deductible
Emergency room	10% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery <sup>2</sup>		
Inpatient hospital services including maternity <sup>2</sup>	10% coinsurance, after deductible	50% coinsurance, after deductible
Rehabilitation services <sup>3</sup>		
Chiropractic care <sup>4</sup>	\$30 copay, after deductible	\$30 copay, after deductible
X-rays and diagnostic imaging		
Imaging CT, PET scans, MRIs <sup>2</sup>	10% coinsurance, after deductible	10% coinsurance, after deductible
Laboratory <sup>5</sup>	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	10% coinsurance, after deductible	10% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$30 copay, after deductible	\$30 copay, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	
Generic Rx	\$7 copay, after deductible	
Brand Rx	50% coinsurance, up to \$125 max, after deductible	
Non-Preferred Brand Rx	50% coinsurance, up to \$125 max, after deductible	

Please see footnotes on page 38.



<b>EPO HSA</b>	<b>HSA 50%/50% \$2,500 \$25/\$50/\$75 Rx</b>	<b>HSA 40%/40% \$2,000 \$25/\$50/\$75 Rx</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	<b>MANDATE LITE FULL MANDATE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$2,500 <sup>10</sup> /\$5,000	\$2,000 <sup>10</sup> /\$4,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$6,900/\$13,800	\$5,000/\$10,000
Primary care visits	50% coinsurance, after deductible	40% coinsurance, after deductible
Specialist visits	50% coinsurance, after deductible	40% coinsurance, after deductible
Urgent care services	50% coinsurance, after deductible	40% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient surgery <sup>2</sup>	50% coinsurance, after deductible	40% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>	50% coinsurance, after deductible	40% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	50% coinsurance, after deductible	40% coinsurance, after deductible
Chiropractic care <sup>4</sup>	50% coinsurance, after deductible	40% coinsurance, after deductible
X-rays and diagnostic imaging	50% coinsurance, after deductible	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	50% coinsurance, after deductible	40% coinsurance, after deductible
Laboratory <sup>5</sup>	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	50% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance, after deductible	40% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	\$25 copay, after deductible	\$25 copay, after deductible
Brand Rx	\$50 copay, after deductible	\$50 copay, after deductible
Non-Preferred Brand Rx	\$75 copay, after deductible	\$75 copay, after deductible

Please see footnotes on page 38.

<b>EPO HSA</b>	<b>HSA 30%/30% \$4,000 \$10/\$40/\$60 Rx</b>	<b>HSA 30%/30% \$1,600 \$7/50%/\$125 Rx</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	<b>MANDATE LITE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$4,000/\$8,000	\$1,600 <sup>10</sup> /\$3,200
<b>Maximum out-of-pocket</b> — Individual/Family	\$6,500/\$13,000	\$3,000 <sup>10</sup> /\$6,000
Primary care visits	30% coinsurance, after deductible	30% coinsurance, after deductible
Specialist visits	30% coinsurance, after deductible	30% coinsurance, after deductible
Urgent care services	30% coinsurance, after deductible	30% coinsurance, after deductible
Emergency room	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery <sup>2</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Chiropractic care <sup>4</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
X-rays and diagnostic imaging	30% coinsurance, after deductible	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Laboratory <sup>5</sup>	30% coinsurance, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	30% coinsurance, after deductible	30% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	\$10 copay, after deductible	\$7 copay, after deductible
Brand Rx	\$40 copay, after deductible	50% coinsurance, up to \$125 max, after deductible
Non-Preferred Brand Rx	\$60 copay, after deductible	50% coinsurance, up to \$125 max, after deductible

Please see footnotes on page 38.

<b>EPO HSA</b>	<b>HSA 0%/0% \$6,000 0% Rx</b>	<b>HSA 20%/20% \$2,000 \$7/50%/\$125 Rx</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	<b>FULL MANDATE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$6,000/\$12,000	\$2,000 <sup>10</sup> /\$4,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$7,000/\$14,000	\$5,000/\$10,000
Primary care visits	No charge, after deductible	20% coinsurance, after deductible
Specialist visits	No charge, after deductible	20% coinsurance, after deductible
Urgent care services	No charge, after deductible	20% coinsurance, after deductible
Emergency room	No charge, after deductible	20% coinsurance, after deductible
Outpatient surgery <sup>2</sup>	No charge, after deductible	20% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>	No charge, after deductible	20% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	No charge, after deductible	20% coinsurance, after deductible
Chiropractic care <sup>4</sup>	No charge, after deductible	20% coinsurance, after deductible
X-rays and diagnostic imaging	No charge, after deductible	20% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	No charge, after deductible	20% coinsurance, after deductible
Laboratory <sup>5</sup>	No charge, after deductible	20% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	No charge, after deductible	20% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	20% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	No charge, after deductible	\$7 copay, after deductible
Brand Rx	No charge, after deductible	50% coinsurance, up to \$125 max, after deductible
Non-Preferred Brand Rx	No charge, after deductible	50% coinsurance, up to \$125 max, after deductible

Please see footnotes on page 38.

<b>EPO HSA</b>	<b>HSA 0%/0% \$2,500 \$7/50%/\$125 Rx</b>	<b>HSA 0%/0% \$1,600 \$7/50%/\$125 Rx</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE FULL MANDATE</b>	<b>FULL MANDATE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$2,500 <sup>10</sup> /\$5,000	\$1,600 <sup>10</sup> /\$3,200
<b>Maximum out-of-pocket</b> — Individual/Family	\$6,750/\$13,500	\$5,000/\$10,000
Primary care visits	No charge, after deductible	No charge, after deductible
Specialist visits	No charge, after deductible	No charge, after deductible
Urgent care services	No charge, after deductible	No charge, after deductible
Emergency room	50% coinsurance, after deductible	No charge, after deductible
Outpatient surgery <sup>2</sup>	No charge, after deductible	No charge, after deductible
Inpatient hospital services including maternity <sup>2</sup>	No charge, after deductible	No charge, after deductible
Rehabilitation services <sup>3</sup>	No charge, after deductible	No charge, after deductible
Chiropractic care <sup>4</sup>	No charge, after deductible	No charge, after deductible
X-rays and diagnostic imaging	No charge, after deductible	No charge, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	No charge, after deductible	No charge, after deductible
Laboratory <sup>5</sup>	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	No charge, after deductible	No charge, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	No charge, after deductible	No charge, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	\$7 copay, after deductible	\$7 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible
Non-Preferred Brand Rx	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible

Please see footnotes on page 38.





EPO	50%/50% \$7,000 50% Rx	\$50/\$100 \$6,000 \$10/\$40/\$60 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE	MANDATE LITE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
<b>Deductible</b> — Individual/Family	\$7,000/\$14,000	\$6,000/\$12,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$8,550/\$17,100	\$8,500/\$17,000
Primary care visits	50% coinsurance, after deductible	\$50 copay, after deductible
Specialist visits	50% coinsurance, after deductible	\$100 copay, after deductible
Urgent care services	50% coinsurance, after deductible	\$100 copay, after deductible
Emergency room		\$500 copay, after deductible <sup>8</sup>
Outpatient surgery <sup>2</sup>		
Inpatient hospital services including maternity <sup>2</sup>	50% coinsurance, after deductible	50% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	50% coinsurance, after deductible	
Chiropractic care <sup>4</sup>	50% coinsurance, after deductible	\$100 copay, after deductible
X-rays and diagnostic imaging	50% coinsurance, after deductible	\$100 copay, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	50% coinsurance, after deductible	\$200 copay, after deductible
Laboratory <sup>5</sup>	50% coinsurance, after deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance, after deductible	\$100 copay, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY <sup>9</sup>	30-DAY SUPPLY <sup>9</sup>
Generic Rx		\$10 copay, after deductible
Brand Rx	50% coinsurance, after deductible	\$40 copay, after deductible
Non-Preferred Brand Rx		\$60 copay, after deductible

Please see footnotes on page 38.

<b>EPO</b>	<b>40%/40% \$6,000 \$15/\$75/\$100 Rx</b>	<b>\$30/\$100 \$7,000 \$15/\$75/\$100 Rx</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	<b>MANDATE LITE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$6,000/\$12,000	\$7,000/\$14,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$8,550/\$17,100	\$8,500/\$17,000
Primary care visits	40% coinsurance, after deductible	\$30 copay
Specialist visits	40% coinsurance, after deductible	\$100 copay
Urgent care services	40% coinsurance, after deductible	\$100 copay
Emergency room	40% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery <sup>2</sup>	40% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>	40% coinsurance, after deductible	50% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	40% coinsurance, after deductible	\$100 copay
Chiropractic care <sup>4</sup>	40% coinsurance, after deductible	\$100 copay
X-rays and diagnostic imaging	40% coinsurance, after deductible	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	40% coinsurance, after deductible	50% coinsurance, after deductible
Laboratory <sup>5</sup>	40% coinsurance, after deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	40% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	40% coinsurance, after deductible	\$100 copay
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	\$15 copay, after deductible	\$15 copay
Brand Rx	\$75 copay, after deductible	\$75 copay
Non-Preferred Brand Rx	\$100 copay, after deductible	\$100 copay

Please see footnotes on page 38.

<b>EPO</b>	<b>\$40/\$80 \$5,000 \$15/\$75/\$100 Rx</b>	<b>\$15/\$75 \$5,000 \$15/\$75/\$100 Rx</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	<b>MANDATE LITE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$8,000/\$16,000	\$8,500/\$17,000
Primary care visits	\$40 copay	\$15 copay
Specialist visits	\$80 copay	\$75 copay
Urgent care services	\$80 copay	\$75 copay
Emergency room	\$500 copay <sup>8</sup>	\$200 copay <sup>8</sup>
Outpatient surgery <sup>2</sup>		\$300 copay
Inpatient hospital services including maternity <sup>2</sup>	30% coinsurance, after deductible	\$500 copay per admission
Rehabilitation services <sup>3</sup>		
Chiropractic care <sup>4</sup>	\$80 copay	\$75 copay
X-rays and diagnostic imaging		\$75 copay
Imaging CT, PET scans, MRIs <sup>2</sup>	30% coinsurance, after deductible	\$500 copay
Laboratory <sup>5</sup>	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	30% coinsurance, after deductible	\$500 copay per admission
Outpatient treatment — Mental and behavioral health and substance use disorder	\$80 copay	\$75 copay
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	\$15 copay	\$15 copay
Brand Rx	\$75 copay	\$75 copay
Non-Preferred Brand Rx	\$100 copay	\$100 copay

Please see footnotes on page 38.

<b>EPO</b>	\$30/\$60 \$5,000 \$15/\$75/\$100 Rx	\$50/\$75 \$2,500 \$10/\$40/\$60 Rx
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	<b>MANDATE LITE FULL MANDATE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$5,000/\$10,000	\$2,500/\$5,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$7,000/\$14,000	\$8,150/\$16,300
Primary care visits	\$30 copay	\$50 copay
Specialist visits	\$60 copay	\$75 copay
Urgent care services	\$60 copay	\$75 copay
Emergency room	\$400 copay <sup>8</sup>	\$300 copay <sup>8</sup>
Outpatient surgery <sup>2</sup>	\$300 copay	\$250 copay
Inpatient hospital services including maternity <sup>2</sup>	\$500 copay/day, up to 5 days <sup>12</sup>	\$500 copay/day, up to 5 days <sup>12</sup>
Rehabilitation services <sup>3</sup>	\$60 copay	\$75 copay
Chiropractic care <sup>4</sup>	\$60 copay	\$75 copay
X-rays and diagnostic imaging	\$100 copay	\$50 copay
Imaging CT, PET scans, MRIs <sup>2</sup>	\$200 copay	\$250 copay
Laboratory <sup>5</sup>	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	\$500 copay/day, up to 5 days <sup>12</sup>	\$500 copay/day, up to 5 days <sup>12</sup>
Outpatient treatment — Mental and behavioral health and substance use disorder	\$60 copay	\$75 copay
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>
Generic Rx	\$15 copay	\$10 copay
Brand Rx	\$75 copay	\$40 copay
Non-Preferred Brand Rx	\$100 copay	\$60 copay

Please see footnotes on page 38.

<b>EPO</b>	<b>\$20/\$50 \$2,000</b>	<b>\$30/\$50 \$1,500</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE FULL MANDATE</b>	<b>MANDATE LITE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$2,000/\$4,000	\$1,500/\$3,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$4,000/\$8,000	\$3,000/\$6,000
Primary care visits	\$20 copay	\$30 copay
Specialist visits	\$50 copay	\$50 copay
Urgent care services	\$50 copay	\$50 copay
Emergency room	\$100 copay <sup>8</sup>	\$100 copay <sup>8</sup>
Outpatient surgery <sup>2</sup>		
Inpatient hospital services including maternity <sup>2</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Rehabilitation services <sup>3</sup>		
Chiropractic care <sup>4</sup>	\$50 copay	\$50 copay
X-rays and diagnostic imaging	\$50 copay	
Imaging CT, PET scans, MRIs <sup>2</sup>	\$75 copay	30% coinsurance, after deductible
Laboratory <sup>5</sup>	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay	\$50 copay
<b>PRESCRIPTION BENEFITS</b>	<b>REFER TO PAGE 36 FOR Rx OPTIONS</b>	<b>REFER TO PAGE 36 FOR Rx OPTIONS</b>
Generic Rx		
Brand Rx	Refer to page 36 for Rx options	Refer to page 36 for Rx options
Non-Preferred Brand Rx		

Please see footnotes on page 38.

<b>EPO</b>	<b>\$30/\$50 \$1,500 \$25/\$50/\$75 Rx</b>	<b>\$25/\$50 \$10/\$40/\$60 Rx</b>	<b>\$30/\$50 \$250</b>
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>FULL MANDATE</b>	<b>MANDATE LITE FULL MANDATE</b>	<b>MANDATE LITE</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$1,500/\$3,000	\$0/\$0	\$250/\$500
<b>Maximum out-of-pocket</b> — Individual/Family	\$3,000/\$6,000	\$5,000/\$10,000	\$3,500/\$7,000
Primary care visits	\$30 copay	\$25 copay	\$30 copay
Specialist visits	\$50 copay	\$50 copay	\$50 copay
Urgent care services	\$50 copay	\$50 copay	\$50 copay
Emergency room	\$100 copay <sup>8</sup>	\$200 copay <sup>8</sup>	\$100 copay <sup>8</sup>
Outpatient surgery <sup>2</sup>	30% coinsurance, after deductible	\$250 copay	\$300 copay, after deductible
Inpatient hospital services including maternity <sup>2</sup>		\$500 copay/day, up to 5 days <sup>12</sup>	\$500 copay/day, up to 5 days, after deductible <sup>12</sup>
Rehabilitation services <sup>3</sup>	\$50 copay	\$50 copay	\$50 copay
Chiropractic care <sup>4</sup>			
X-rays and diagnostic imaging	30% coinsurance, after deductible	\$50 copay	10% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>		\$100 copay	
Laboratory <sup>5</sup>	No charge, no deductible	No charge	No charge, no deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	30% coinsurance, after deductible	\$500 copay/day, up to 5 days <sup>12</sup>	\$500 copay/day, up to 5 days, after deductible <sup>12</sup>
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay	\$50 copay	\$50 copay
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>30-DAY SUPPLY<sup>9</sup></b>	<b>REFER TO PAGE 36 FOR Rx OPTIONS</b>
Generic Rx	\$25 copay	\$10 copay	Refer to page 36 for Rx options
Brand Rx	\$50 copay	\$40 copay	
Non-Preferred Brand Rx	\$75 copay	\$60 copay	

Please see footnotes on page 38.



2024 BENEFIT DESIGNS | POS NON-GATED (NG)



<b>POS NON-GATED (NG)</b>	<b>\$30/\$50 \$2,000</b>	
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE FULL MANDATE</b>	
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$3,500/\$7,000	\$15,000/\$30,000
Primary care visits	\$30 copay	50% coinsurance, after deductible
Specialist visits	\$50 copay	50% coinsurance, after deductible
Urgent care services	\$50 copay	50% coinsurance, after deductible
Emergency room	\$100 copay <sup>8</sup>	Covered at in-network level
Outpatient surgery <sup>2</sup>	30% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>		
Rehabilitation services <sup>3</sup>	\$50 copay	50% coinsurance, after deductible
Chiropractic care <sup>4</sup>	\$50 copay	50% coinsurance, after deductible
X-rays and diagnostic imaging		
Imaging CT, PET scans, MRIs <sup>2</sup>	\$100 copay	50% coinsurance, after deductible
Laboratory <sup>5</sup>	No charge, no deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay	50% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>REFER TO PAGE 36 FOR Rx OPTIONS</b>	
Generic Rx	Refer to page 36 for Rx options	
Brand Rx		
Non-Preferred Brand Rx		

Please see footnotes on page 38.

<b>POS NON-GATED (NG)</b>	\$20/\$40 \$1,000	
<b>CHOOSE YOUR BENEFIT DESIGN</b>	<b>MANDATE LITE</b>	
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$1,000/\$2,000	\$2,000/\$4,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Primary care visits	\$20 copay	30% coinsurance, after deductible
Specialist visits	\$40 copay	30% coinsurance, after deductible
Urgent care services	\$40 copay	30% coinsurance, after deductible
Emergency room	\$100 copay <sup>8</sup>	Covered at in-network level
Outpatient surgery <sup>2</sup>	10% coinsurance, after deductible	30% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>		
Rehabilitation services <sup>3</sup>	\$40 copay	30% coinsurance, after deductible
Chiropractic care <sup>4</sup>		
X-rays and diagnostic imaging	\$40 copay	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	\$80 copay	
Laboratory <sup>5</sup>	No charge, no deductible	30% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	10% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$40 copay	30% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>REFER TO PAGE 36 FOR Rx OPTIONS</b>	
Generic Rx	Refer to page 36 for Rx options	
Brand Rx		
Non-Preferred Brand Rx		

Please see footnotes on page 38.

**POS  
NON-GATED (NG)**

**\$20/\$40**

**CHOOSE YOUR BENEFIT DESIGN**

**MANDATE LITE  
FULL MANDATE**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> — Individual/Family	\$0/\$0	\$1,000/\$3,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$2,500/\$5,000	\$7,500/\$15,000
Primary care visits	\$20 copay	30% coinsurance, after deductible
Specialist visits	\$40 copay	30% coinsurance, after deductible
Urgent care services	\$40 copay	30% coinsurance, after deductible
Emergency room	\$100 copay <sup>8</sup>	Covered at in-network level
Outpatient surgery <sup>2</sup>	\$125 copay	30% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>	\$250 copay/day, up to 5 days <sup>12</sup>	
Rehabilitation services <sup>3</sup>	\$40 copay	30% coinsurance, after deductible
Chiropractic care <sup>4</sup>		
X-rays and diagnostic imaging	\$40 copay	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	\$80 copay	
Laboratory <sup>5</sup>	No charge	30% coinsurance, after deductible
Durable medical equipment	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	\$250 copay/day, up to 5 days <sup>12</sup>	30% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$40 copay	30% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>REFER TO PAGE 36 FOR Rx OPTIONS</b>	
Generic Rx	Refer to page 36 for Rx options	
Brand Rx		
Non-Preferred Brand Rx		

Please see footnotes on page 38.



**PPO HSA**

**HSA 10%/10% \$2,000  
\$7/\$35/\$50 Rx**

**CHOOSE YOUR BENEFIT DESIGN**

**MANDATE LITE**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> — Individual/Family	\$2,000 <sup>10</sup> /\$4,000	\$5,000 <sup>10</sup> /\$10,000
<b>Maximum out-of-pocket</b> — Individual/Family	\$5,000/\$10,000	\$15,000/\$30,000
Primary care visits	10% coinsurance, after deductible	40% coinsurance, after deductible
Specialist visits	10% coinsurance, after deductible	40% coinsurance, after deductible
Urgent care services	10% coinsurance, after deductible	40% coinsurance, after deductible
Emergency room		Covered at in-network level
Outpatient surgery <sup>2</sup>	10% coinsurance, after deductible	40% coinsurance, after deductible
Inpatient hospital services including maternity <sup>2</sup>	10% coinsurance, after deductible	40% coinsurance, after deductible
Rehabilitation services <sup>3</sup>	10% coinsurance, after deductible	40% coinsurance, after deductible
Chiropractic care <sup>4</sup>	10% coinsurance, after deductible	40% coinsurance, after deductible
X-rays and diagnostic imaging	No charge, after deductible	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs <sup>2</sup>	10% coinsurance, after deductible	40% coinsurance, after deductible
Laboratory <sup>5</sup>	No charge, after deductible	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder <sup>2</sup>	10% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	10% coinsurance, after deductible	40% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY <sup>9</sup>	30-DAY SUPPLY
Generic Rx	\$7 copay, after deductible	60% reimbursement, after deductible
Brand Rx	\$35 copay, after deductible	
Non-Preferred Brand Rx	\$50 copay, after deductible	

Please see footnotes on page 38.

# Prescription drug benefit designs

Our prescription drug coverage offers members safe, affordable access to covered medications.

Employers who select one of the following benefit designs can choose a prescription drug plan from the list below.

Our prescription drug network includes more than 68,000 pharmacies nationwide, including the area's largest retail chains.

**EPO \$20/\$50 \$2,000**

**POS NG \$30/\$50 \$2,000**

**EPO \$30/\$50 \$1,500**

**POS NG \$20/\$40 \$1,000**

**EPO \$30/\$50 \$250**

**POS NG \$20/\$40**

## Manage prescription drug benefits in one convenient place

Members can log in at [myahabenefits.com](https://myahabenefits.com) to easily manage prescriptions, as well as:

- Compare the price of brand-name drugs to generic equivalents
- Sign up and save money with mail-order services
- Review prescription records
- Find an in-network pharmacy
- Review coverage and cost-sharing information
- Download forms

## 2024 prescription drug plans

Rx OPTIONS <sup>1,2</sup>	GENERIC Rx	PREFERRED BRAND Rx	NON-PREFERRED BRAND Rx
\$25/\$50/\$75	\$25	\$50	\$75
\$7/50% up to \$125	\$7	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max

Please see footnotes on page 38.

# Important benefit design information

All benefit designs within this brochure reflect member cost-sharing. The benefit summaries in this brochure represent only a partial listing of benefits administered. Benefits and exclusions may be further defined by medical policy. These benefit designs may not cover all your clients' health care expenses. Clients should read their contracts carefully to determine which health care services are covered.

## Footnotes

### AmeriHealth Advantage: (Page 8)

1. AmeriHealth Advantage benefit designs 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 Tier 1 hospitals and professional providers are subject to change. Members can also access Tier 2 Value Plus hospitals and professional providers and National Access using the PHCS network, when applicable. National Access is to be used when outside the Value Plus service area and New York.

### Network: (Page 9)

1. The AmeriHealth service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area, including Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia.
2. Access to the GHI/Emblem network in New York is available for our EPO, PPO, and POS NG benefit designs.
3. Coverage provided by Multiplan PHCS National network. AmeriHealth members accessing care in the AmeriHealth service area must use Value Plus.
4. Members must use Labcorp for all lab services and Magellan network for all professional, inpatient, and outpatient behavioral health services.

## Benefit designs: (Pages 15 - 35)

1. AmeriHealth Advantage benefit designs 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 Tier 1 hospitals and professional providers are subject to change. AmeriHealth Advantage members can also access Tier 2 Value Plus facilities and professional providers and National Access using the PHCS network, when applicable. National Access is to be used when outside the Value Plus service area and New York.
2. Subject to preapproval.
3. Members can utilize 60 visits combined for physical, speech, and occupational therapy per benefit period.
4. Members can utilize 30 visits per benefit period.
5. Laboratory Corporation of America® Holdings (Labcorp) is the exclusive outpatient laboratory provider. To find your closest patient service center location, visit [Labcorp.com](https://www.labcorp.com).
6. Deductible is combined for Tier 1 and Tier 2.
7. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
8. Emergency room copay is waived if admitted.
9. Prescription mail order benefit is available at two times the applicable cost-sharing for a 90-day supply.
10. Individual amount not applicable in policies covering 2 or more people (aggregate).
11. Deductible accumulates across Tier 1 and Tier 2; maximum deductible is \$2,500/\$5,000.
12. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 10 days.

## Prescription drug benefit designs: (Page 36)

1. 30-day supply.
2. Prescription mail-order benefit is available at two times the applicable cost-sharing for a 90-day supply.

Teladoc Health, Inc. provides virtual care and digital mental health services.

Prescription drug benefits are administered by an independent pharmacy benefits management (PBM) company.

Dominion National assists in the administration of AmeriHealth Administrators Dental benefits.

AmeriHealth vision benefits are administered by Davis Vision.







**FIXED FUNDING**

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