



2024 Benefits at a Glance

Health plans designed for large employers



LARGE GROUP

LARGE GROUP

Table of contents

We are AmeriHealth	3
AmeriHealth Advantage health plans focus on affordability	4
Network options	5
Take care of members' overall health	7
<i>Virtual care</i>	
<i>Behavioral health</i>	
<i>Support for healthy living</i>	
<i>Condition-specific benefits</i>	
<i>Financial well-being</i>	
Streamlined benefits administration	14
2024 health plans	16
Prescription drug plans	54
AmeriHealth Dental	56
Vision	58
Guardian supplemental insurance	62
Important health plan information.....	63





We are AmeriHealth



For nearly 30 years, AmeriHealth has offered affordable and comprehensive health insurance to large employers and their employees throughout New Jersey. We're here to help the Garden State flourish, and that includes your large group customers!



Affordable health plans

We offer a variety of health plans to fit the needs of employers.



Broad and flexible provider network

Multiple network options help employers and their employees save on out-of-pocket costs.



Cost-effective virtual care benefits

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



Convenient online and mobile tools

Members can easily manage benefits and find providers.



Dedicated customer service

Our agents are extensively trained to provide outstanding support:

- Calls are answered within 60 seconds, on average
- 91% first-call resolution

AmeriHealth at a glance

- Headquartered in Cranbury, NJ, with **155 employees**
- Ranked as one of the **Best Places to Work** by *NJBIZ* 12 years in a row
- Serves more than **200,000 members** and **3,500 businesses** in New Jersey
- Offers access to one of the **largest provider networks** in the state, with doctors and hospitals in all 21 counties
- **Supports our community** through volunteer work and donations

AmeriHealth Advantage health plans focus on affordability

With our AmeriHealth Advantage health plans, large employers can offer options that focus on high-quality care and affordability.

Cost-saving tiered benefits

AmeriHealth Advantage health plans have tiered benefits, which means members can save on care with certain providers.*



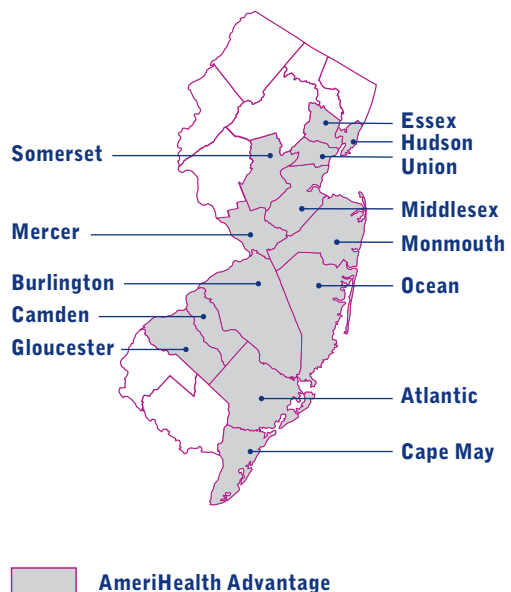
Tier 1

Tier 2

AmeriHealth Advantage¹

- 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 plans

This product is only available in certain counties. Refer to the map to see if it's available where your large employer is headquartered.



Benefits of an AmeriHealth Advantage health plan

- Simple and easy to use
- Lower monthly premiums
- Lower deductibles and out-of-pocket costs
- No referrals needed
- Option of broader access across the country

* Certain types of providers are not grouped into tiers. Rather than having a tier assignment in the Provider Finder, these providers will be listed as "Participating." If you receive covered services from a provider listed as "Participating," it may be processed at a Tier 2 cost-share. Please see footnotes on page 63.

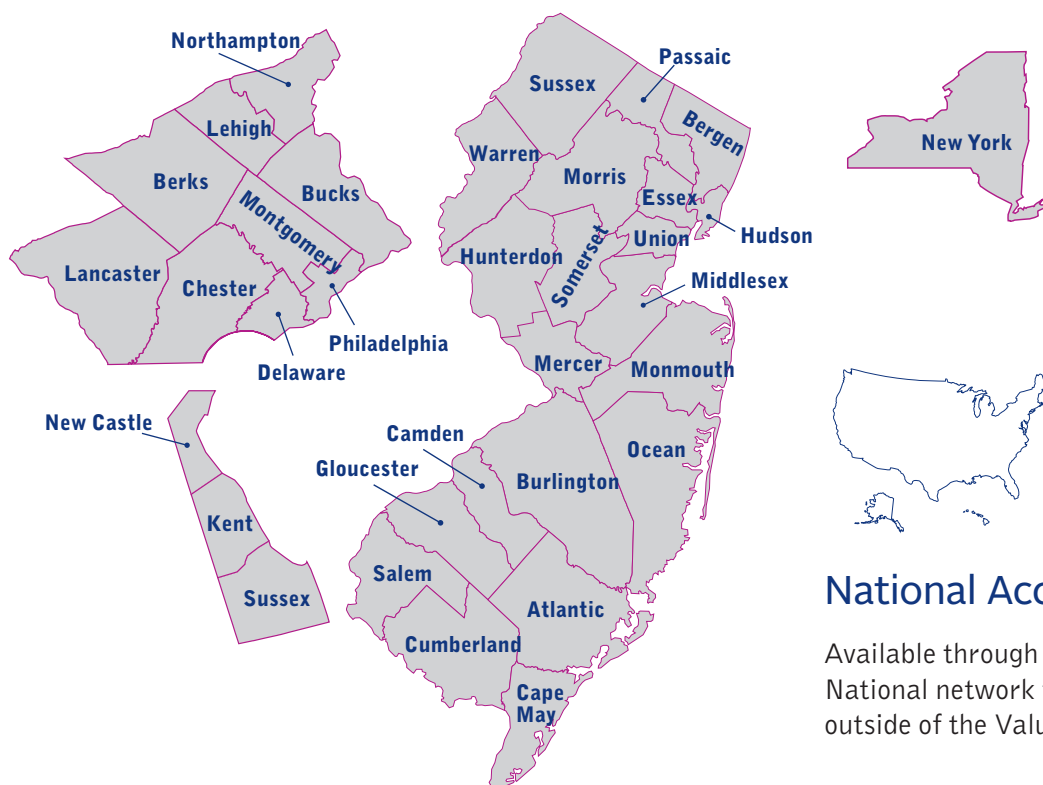
Network options

AmeriHealth has a variety of networks — making health insurance more affordable for members.

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

Value Plus access

Value Plus¹ gives members access to participating providers throughout New Jersey, plus access to providers in Delaware and Southeastern Pennsylvania and providers in the GHI/Emblem network in New York.²



National Access

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

Locating in-network doctors and hospitals

Members can log in at [amerihhealth.com](https://www.amerihhealth.com). 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 Pennsylvania³
- GHI/Emblem network for providers in New York state²
- Labcorp for lab locations throughout the country⁴

Please see footnotes on page 63.



We're elevating whole-person health by providing programs and resources that help members stay healthy in all aspects of their lives. In turn, employers experience lower absenteeism and better productivity. That's why large customers should choose AmeriHealth.

PHYSICAL

From virtual care to condition-specific support, members are covered for the care they need.

MENTAL

Our integrated behavior health solution helps improve outcomes and address gaps in care.

FINANCIAL

Members can reduce the stress associated with paying back student loans.

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 care for themselves — physically, mentally, and financially.

We're focused on whole-person health, which means helping members stay healthy in all aspects of their lives. 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 a global leader in virtual care, offering quick, convenient, and affordable services — members pay \$0* cost-sharing. They can access 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

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



Teladoc Health Dermatology

Members can get convenient and reliable skincare from a licensed dermatologist for a wide range of conditions. They can use their Teladoc account to request a dermatology consult, complete a short form, and upload images of their skin issues.



Nearly 90% of users report being highly satisfied with their Teladoc experience.

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

Focus on mental health

Mental and physical health is vital to overall well-being. Our behavioral health solution integrates both, taking a member's whole health and equitable access to care into account. This helps improve outcomes and address gaps in care.

We offer many services to ensure members can easily access affordable and personalized support and resources for their mental health.



Teladoc Mental Health Care

Members pay \$0* cost-sharing to talk to a board-certified psychiatrist, licensed psychologist, or licensed therapist from the Teladoc network by phone or video chat. 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.

More than 75% of users with depression or anxiety reported improvement after their third or fourth Teladoc Mental Health Care visit.



Customer care advocates and behavioral health case managers

Members can call the number on the back of their ID card under Mental Health/Substance Abuse to speak with specially trained customer care advocates or behavioral health case managers. These professionals can screen members and help connect them to behavioral health care that suits their needs and preferences. Licensed clinical triage staff are also available for clinical assessment, in-the-moment support, crisis management, and connection to ongoing services.



Self-service tools and resources

Members can log in at [amerihealth.com](https://www.amerihealth.com) anytime for digital resources dedicated to improving their mental health. One new option is **myStrength® Plus**, which offers highly personalized, evidence-based programs and tools for mental health challenges.

Another resource is **Quartet**, which can help members find their match for an in-network mental health care provider who fits their needs and accepts their coverage.

Members may also use **Atlas**, a web-based platform created by Shatterproof that empowers them to make informed care decisions when choosing addiction treatment facilities. It also supports efforts to improve overall treatment quality by setting a quality standard.

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



Support to help members reach their health goals

Everyone's journey to well-being is different — we encourage members to embrace theirs! Whether they are generally healthy or need extra support, Embrace Well-being can help our members reach their personal goals.

Our members have access to personalized support, resources, and savings:



Extra support

Members get complimentary 24/7 support from Registered Nurse Health Coaches, chronic condition and disease management, behavioral health guidance, and support during pregnancy.



Personalized online tools

We make it easy and fun for our members to stay motivated on their well-being journey. They can create an action plan and get reminders specific to their health goals. Members can also sync with fitness apps and devices to track their progress, create challenges, and invite friends.



Affordable workouts

Members can download the HUSK Movement app, which makes getting fit convenient and more affordable. They can choose from a variety of on-demand content, pay-as-you-go discounted classes, virtual workouts, gym day passes, or personal training sessions. There are no class limits or cancellation fees.



Member-exclusive discounts

Members can save money on health-related products and services, entertainment, and events! We offer a wide range of discounts, from local and regional businesses to merchant gift certificates and online shopping.

Encourage customers to use their credits

Eligible customers receive 5,000 credits annually that can be used to design a custom Embrace Well-being @Work program for all employees. Our team helps them choose the right programs for their employees from a variety of fitness, nutrition, and well-being resources.

Members can earn \$150

Health plan subscribers¹ can earn up to \$150 Embrace Well-being dollars for their healthy habits. Embrace Well-being dollars can be redeemed for gift cards to a variety of popular retailers. To earn \$150, subscribers must:

- Complete any of the 13 eligible activities during the plan year
- Submit the Embrace Well-being verification form

Visit amerihealth.com/wellness to learn more.

Nutrition counseling

Members can access HUSK Nutrition through the HUSK Marketplace for personalized virtual nutrition counseling. HUSK Nutrition connects members to telenutrition counseling for up to six in-network sessions a year at no additional cost.² Members can even earn a \$25 Embrace Well-being Reward by completing three nutrition counseling sessions with a registered dietitian and submitting documentation to embracewellbeing@amerihealth.com.

Learn more at amerihealth.com/wellness.

¹ Embrace Well-being Rewards is only open to the health plan subscriber and spouse. Dependent children are not eligible to earn Embrace Well-being dollars.

² Six nutritional counseling visits are covered as a part of standard large group fully insured plans. Telenutrition counseling visits through HUSK Nutrition are included in this six-visit limit.

Condition-specific support

Members don't have to manage challenging health issues alone. They can get extra support when they need it.

Maternity care

Baby FootSteps® is our comprehensive and free maternity program members can self-enroll in during pregnancy, delivery, and after birth. Registered Nurse Health Coaches who specialize in pregnancy-related care are available by phone 24/7 to answer questions or help with any complications the member may experience.

Cancer support from Thyme Care

We understand how challenging cancer treatment can be, so we offer a cancer support team through Thyme Care to help give members peace of mind. With Thyme Care, members get 24/7 on-demand nurse support, advocates who can collaborate with their medical team and caregivers, and additional support, including financial help, transportation, or community groups dedicated to supporting cancer patients.

Hearing support through TruHearing®

Good hearing is important to overall well-being. TruHearing,¹ a discount program integrated with our health plans, provides a comprehensive hearing care solution that includes white-glove support, a no-cost hearing exam, and discounts on hearing aids.

Service	Your cost	Average cost without TruHearing	How often?
Hearing exam	\$0	\$45	1 exam per year
Hearing aid – Basic ²	\$495	\$1,850	
Hearing aid – Standard ²	\$895	\$2,000	1 aid per ear every 3 years
Hearing aid – Advanced ²	\$1,295	\$2,450	
Hearing aid – Premium ²	\$1,695	\$3,100	

¹ TruHearing is available to members age 16 and older.

² Price based per hearing aid.

Financial well-being

Your customers can help their employees feel secure financially while attracting and retaining top talent.

Reducing student loan debt with GradFin®

GradFin provides employees with smart technology and personalized student loan advice so they can find the perfect savings plan for federal or private loans, potentially saving them thousands of dollars.

- **Expert Loan Analysis.** GradFin conducts one-on-one consultations with borrowers to educate them on their student loans free of charge. GradFin can also host live webinars and “town hall” meetings for employees.
- **Public Service Loan Forgiveness (PSLF) Program.** The PSLF keeps employees and their family members compliant with federal loan forgiveness programs. Employees and their family members can participate in this program if employed at a 501(c)3 nonprofit.
- **The GradFin Income Driven Repayment (IDR) Membership.** The IDR membership guides borrowers in navigating the program compliantly and maximizing their forgiveness. GradFin consultants help employees find the right IDR plan to maximize their savings over the life of the loan and provide estimates on saving for a potential tax liability.

\$3,922 Average annual cost per employee due to financial stress.¹

76% of employees are less productive due to financial worries.²



Employees with high debt are twice as likely to miss work as those with lower debt.²

1 graystone.morganstanley.com/the-parks-group/articles/graystone/thought-leadership/financially-stressed-employees/
2 pwc.com/us/en/services/consulting/business-transformation/library/employee-financial-wellness-survey.html

Streamlined benefits administration

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

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



Pay invoices by eBill

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



Manage an account

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



Get member ID cards

Request new ID cards for employees and their covered dependents.

Staying connected by text

Brokers

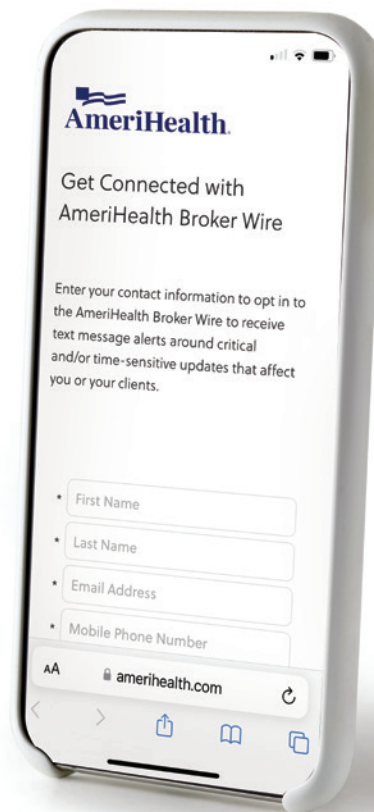
Visit amerihealth.com/brokerwire to sign up to receive text messages with critical or time-sensitive updates. Please have your license number available when you sign up.

Members

Members can text **MYAMERIHEALTH** to **77576** to sign up to receive personalized reminders about their health, important plan notifications, and money-saving tips by text message.



Scan this QR code to visit
amerihealth.com/brokerwire





2024 HEALTH PLANS | **AMERIHEALTH ADVANTAGE EPO**
NATIONAL ACCESS

AMERIHEALTH ADVANTAGE EPO¹	NATIONAL ACCESS HSA \$2,000/20%, \$7/50%/\$125 RX⁶	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible² — Individual/Family	\$2,000 ⁷ /\$4,000	\$2,500 ⁷ /\$5,000
Maximum out-of-pocket — Individual/Family	\$6,900/\$13,800 ^{8,9}	
Primary care visits	\$20 copay, after deductible	\$50 copay, after deductible
Specialist visits	\$40 copay, after deductible	\$75 copay, after deductible
Emergency room	\$100 copay, after deductible ¹⁰	\$100 copay, after deductible ¹⁰
Urgent care services	\$75 copay, after deductible	\$75 copay, after deductible
Inpatient hospital services (including maternity) ³	20% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$40 copay, after deductible	\$40 copay, after deductible
Chiropractic care ⁴	\$30 copay, after deductible	\$30 copay, after deductible
X-rays and diagnostic imaging	20% coinsurance, after deductible	20% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³		
Laboratory ⁵	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay, after deductible	\$40 copay, after deductible

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	NATIONAL ACCESS HSA \$1,600/10%, \$7/50%/\$125 RX⁶	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible² — Individual/Family	\$1,600 ⁷ /\$3,200	\$2,500 ⁷ /\$5,000
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000 ^{8,9}	
Primary care visits	\$15 copay, after deductible	\$50 copay, after deductible
Specialist visits	\$30 copay, after deductible	\$75 copay, after deductible
Emergency room	10% coinsurance, after deductible	50% coinsurance, after deductible
Urgent care services	10% coinsurance, after deductible	10% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	10% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³	10% coinsurance, after deductible	50% coinsurance, after deductible
Rehabilitation services ⁴	\$30 copay, after deductible	\$30 copay, after deductible
Chiropractic care ⁴	\$30 copay, after deductible	\$30 copay, after deductible
X-rays and diagnostic imaging	10% coinsurance, after deductible	
Imaging CT, PET scans, MRIs ³	10% coinsurance, after deductible	
Laboratory ⁵	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	10% coinsurance, after deductible	10% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$30 copay, after deductible	\$30 copay, after deductible

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	NATIONAL ACCESS \$15/\$25, \$500 \$100/DAY	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible² — Individual/Family	\$500/\$1,000	\$2,500/\$5,000
Maximum out-of-pocket — Individual/Family	\$6,000/\$12,000 ⁹	
Primary care visits	\$15 copay	\$30 copay
Specialist visits	\$25 copay	\$50 copay
Emergency room	\$100 copay ¹⁰	\$100 copay, after deductible ¹⁰
Urgent care services	\$75 copay	
Inpatient hospital services (including maternity) ³	\$100 copay/day; max of 5 days (\$500) ¹¹	\$300 copay/day; max of 5 days (\$1,500), after deductible ¹¹
Outpatient surgery ³	\$50 copay	\$100 copay, after deductible
Rehabilitation services ⁴	\$25 copay	
Chiropractic care ⁴	\$25 copay	
X-rays and diagnostic imaging	\$50 copay	
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$100 copay/day; max of 5 days (\$500) ¹¹	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$25 copay	

Please see footnotes on page 63.



2024 HEALTH PLANS | **AMERIHEALTH ADVANTAGE EPO**

AMERIHEALTH ADVANTAGE EPO¹	\$30/\$60, \$2,500/30%	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ¹²	
Maximum out-of-pocket — Individual/Family	\$6,850/\$13,700 ⁹	
Primary care visits	\$30 copay, after deductible	\$50 copay, after deductible
Specialist visits	\$60 copay, after deductible	\$75 copay, after deductible
Emergency room	\$100 copay, after deductible ¹⁰	
Urgent care services	\$75 copay, after deductible	
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$60 copay, after deductible	
Chiropractic care ⁴	\$30 copay, after deductible	
X-rays and diagnostic imaging	50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs ³		
Laboratory ⁵	50% coinsurance, after deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$60 copay, after deductible	

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	HSA \$2,500/30%, \$7/50%/\$125 RX⁶	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500 ⁷ /\$5,000 ¹²	
Maximum out-of-pocket — Individual/Family	\$6,900/\$13,800 ^{8,9}	
Primary care visits	\$30 copay, after deductible	\$50 copay, after deductible
Specialist visits	\$60 copay, after deductible	\$75 copay, after deductible
Emergency room	\$100 copay, after deductible ¹⁰	
Urgent care services	\$75 copay, after deductible	
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$60 copay, after deductible	
Chiropractic care ⁴	\$30 copay, after deductible	
X-rays and diagnostic imaging		
Imaging CT, PET scans, MRIs ³	50% coinsurance, after deductible	
Laboratory ⁵	50% coinsurance, after deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$60 copay, after deductible	

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	\$30/\$45, \$2,500/30%	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,500/\$5,000 ¹²	
Maximum out-of-pocket — Individual/Family	\$6,600/\$13,200 ⁹	
Primary care visits	\$30 copay	\$50 copay
Specialist visits	\$45 copay	\$75 copay
Emergency room	\$100 copay ¹⁰	
Urgent care services	\$75 copay	
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$45 copay	
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging Imaging CT, PET scans, MRIs ³	50% coinsurance, after deductible	
Laboratory ⁵	No charge, no deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$45 copay	

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	\$20/\$40, \$2,000/20%	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$2,000/\$4,000 ¹²	
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000 ⁹	
Primary care visits	\$20 copay	\$50 copay
Specialist visits	\$40 copay	\$75 copay
Emergency room	\$100 copay ¹⁰	
Urgent care services	\$75 copay	
Inpatient hospital services (including maternity) ³	20% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$40 copay	
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging Imaging CT, PET scans, MRIs ³	50% coinsurance, after deductible	
Laboratory ⁵	No charge, no deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	20% coinsurance, after deductible	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay	

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	\$15/\$25, \$1,500 \$100/DAY	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$1,500/\$3,000 ¹²	
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000 ⁹	
Primary care visits	\$15 copay	\$30 copay
Specialist visits	\$25 copay	\$50 copay
Emergency room	\$100 copay ¹⁰	\$100 copay, after deductible ¹⁰
Urgent care services	\$75 copay	
Inpatient hospital services (including maternity) ³	\$100 copay/day; max of 5 days (\$500) ¹¹	\$300 copay/day, max of 5 days (\$1,500), after deductible ¹¹
Outpatient surgery ³	\$50 copay	\$100 copay, after deductible
Rehabilitation services ⁴	\$25 copay	
Chiropractic care ⁴	\$25 copay	
X-rays and diagnostic imaging	\$50 copay	
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$100 copay/day, max of 5 days (\$500) ¹¹	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$25 copay	

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO¹	HSA \$1,600/10%, \$7/50%/\$125 RX⁶	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$1,600 ⁷ /\$3,200 ¹²	
Maximum out-of-pocket — Individual/Family	\$3,000 ⁷ /\$6,000 ⁹	
Primary care visits	\$15 copay, after deductible	\$30 copay, after deductible
Specialist visits	\$30 copay, after deductible	\$60 copay, after deductible
Emergency room	10% coinsurance, after deductible	
Urgent care services		
Inpatient hospital services (including maternity) ³	10% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$30 copay, after deductible	
Chiropractic care ⁴		
X-rays and diagnostic imaging	10% coinsurance, after deductible	
Imaging CT, PET scans, MRIs ³		
Laboratory ⁵	No charge, after deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	10% coinsurance, after deductible	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$30 copay, after deductible	

Please see footnotes on page 63.

AMERIHEALTH ADVANTAGE EPO ¹	\$15/\$30, \$1,000 \$100/DAY	
MEDICAL BENEFITS	TIER 1	TIER 2
Deductible — Individual/Family	\$1,000/\$2,000 ¹²	
Maximum out-of-pocket — Individual/Family	\$4,000/\$8,000 ⁹	
Primary care visits	\$15 copay	\$50 copay
Specialist visits	\$30 copay	\$75 copay
Emergency room	\$100 copay ¹⁰	
Urgent care services	\$75 copay	
Inpatient hospital services (including maternity) ³	\$100 copay/day; max of 5 days (\$500) ¹¹	\$300 copay/day; max of 5 days (\$1,500) ¹¹
Outpatient surgery ³	\$50 copay	\$100 copay
Rehabilitation services ⁴	\$30 copay	
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	
Durable medical equipment	50% coinsurance, after deductible	
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$100 copay/day, max of 5 days (\$500) ¹¹	
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$30 copay	

Please see footnotes on page 63.



2024 HEALTH PLANS | EPO HSA

EPO HSA	HSA \$2,500/50% \$25/\$50/\$75 RX⁶	HSA \$2,500/30% \$25/\$50/\$75 RX⁶	HSA \$2,500/20% \$25/\$50/\$75 RX⁶
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,500 ⁷ /\$5,000	\$2,500 ⁷ /\$5,000	\$2,500 ⁷ /\$5,000
Maximum out-of-pocket — Individual/Family	\$6,900/\$13,800 ⁸	\$6,900/\$13,800 ⁸	\$5,000/\$10,000 ⁸
Primary care visits	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Specialist visits	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Emergency room	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Urgent care services	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient surgery ³	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Rehabilitation services ⁴	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Chiropractic care ⁴	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
X-rays and diagnostic imaging	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Laboratory ⁵	No charge, after deductible	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	50% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible

Please see footnotes on page 63.

EPO HSA	HSA \$2,000/40% \$25/\$50/\$75 RX⁶	HSA \$30/\$50 \$2,500/0% \$25/\$50/\$75 RX⁶	HSA \$1,600/50% \$7/50%/125 RX⁶
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,000 ⁷ /\$4,000	\$2,500 ⁷ /\$5,000	\$1,600 ⁷ /\$3,200
Maximum out-of-pocket — Individual/Family	\$4,000/\$8,000 ⁸	\$6,900/\$13,800 ⁸	\$2,500 ⁷ /\$5,000
Primary care visits	40% coinsurance, after deductible	\$30 copay, after deductible	50% coinsurance, after deductible
Specialist visits	40% coinsurance, after deductible	\$50 copay, after deductible	50% coinsurance, after deductible
Emergency room	40% coinsurance, after deductible	\$100 copay, after deductible ¹⁰	50% coinsurance, after deductible
Urgent care services	40% coinsurance, after deductible	\$75 copay, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible
Outpatient surgery ³	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible
Rehabilitation services ⁴	40% coinsurance, after deductible	\$30 copay, after deductible	50% coinsurance, after deductible
Chiropractic care ⁴	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible
X-rays and diagnostic imaging	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible
Laboratory ⁵	No charge, after deductible	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	40% coinsurance, after deductible	No charge, after deductible	50% coinsurance, after deductible

Please see footnotes on page 63.

EPO HSA	HSA \$1,600/30% \$7/50%/\$125 RX⁶	HSA \$1,600/30% \$10/\$40/\$60 RX⁶	HSA \$2,500/0% \$10/\$40/\$60 RX⁶
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,600 ⁷ /\$3,200	\$1,600 ⁷ /\$3,200	\$2,500 ⁷ /\$5,000
Maximum out-of-pocket — Individual/Family	\$3,000 ⁷ /\$6,000	\$3,000 ⁷ /\$6,000	\$3,000 ⁷ /\$6,000
Primary care visits	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Specialist visits	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Emergency room	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Urgent care services	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Outpatient surgery ³	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Rehabilitation services ⁴	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Chiropractic care ⁴	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
X-rays and diagnostic imaging	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Imaging CT, PET scans, MRIs ³	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Laboratory ⁵	No charge, after deductible	No charge, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	30% coinsurance, after deductible	30% coinsurance, after deductible	No charge, after deductible

Please see footnotes on page 63.



EPO	\$50/\$75 \$2,500/50%	\$40/\$60 \$2,500/40%	\$30/\$50 \$2,500/20% \$100 ER
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Maximum out-of-pocket — Individual/Family	\$7,350/\$14,700	\$6,500/\$13,000	\$6,000/\$12,000
Primary care visits	\$50 copay	\$40 copay	\$30 copay
Specialist visits	\$75 copay	\$60 copay	\$50 copay
Emergency room	\$100 copay ¹⁰	\$100 copay ¹⁰	\$100 copay ¹⁰
Urgent care services	\$75 copay	\$75 copay	\$75 copay
Inpatient hospital services (including maternity) ³	50% coinsurance, after deductible	40% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient surgery ³			
Rehabilitation services ⁴	\$50 copay	\$60 copay	\$50 copay
Chiropractic care ⁴	\$30 copay	\$30 copay	\$30 copay
X-rays and diagnostic imaging	50% coinsurance, after deductible	40% coinsurance, after deductible	20% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³			
Laboratory ⁵	No charge, no deductible	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	50% coinsurance, after deductible	40% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	\$60 copay	\$50 copay

Please see footnotes on page 63.

EPO	\$30/\$50 \$1,000 \$500/DAY	\$20/\$50 \$2,000/30%	\$30/\$50 \$1,500/30%
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000
Maximum out-of-pocket — Individual/Family	\$3,500/\$7,000	\$4,000/\$8,000	\$3,000/\$6,000
Primary care visits	\$30 copay	\$20 copay	\$30 copay
Specialist visits	\$50 copay	\$50 copay	\$50 copay
Emergency room	\$100 copay ¹⁰	\$100 copay ¹⁰	\$100 copay ¹⁰
Urgent care services	\$75 copay	\$75 copay	\$75 copay
Inpatient hospital services (including maternity) ³	\$500 copay/day, after deductible; max of 5 days (\$2,500) ¹¹	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery ³	\$300 copay, after deductible		
Rehabilitation services ⁴	\$50 copay	\$50 copay	\$50 copay
Chiropractic care ⁴	\$30 copay	\$30 copay	\$30 copay
X-rays and diagnostic imaging	\$50 copay, after deductible	\$50 copay	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay, after deductible	\$75 copay	
Laboratory ⁵	No charge, no deductible	No charge, no deductible	No charge, no deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$500 copay/day, after deductible; max of 5 days (\$2,500) ¹¹	30% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	\$50 copay	\$50 copay

Please see footnotes on page 63.

EPO	\$20/\$40 \$1,500/20%	\$30/\$50 \$250 \$500/DAY	\$30/\$50 \$500/DAY	\$20/\$40 \$250/DAY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,500/\$3,000	\$250/\$500	\$0/\$0	\$0/\$0
Maximum out-of-pocket — Individual/Family	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000	\$2,500/\$5,000
Primary care visits	\$20 copay	\$30 copay	\$30 copay	\$20 copay
Specialist visits	\$40 copay	\$50 copay	\$50 copay	\$40 copay
Emergency room	\$100 copay ¹⁰	\$100 copay ¹⁰	\$100 copay ¹⁰	\$100 copay ¹⁰
Urgent care services	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Inpatient hospital services (including maternity) ³	20% coinsurance, after deductible	\$500 copay/day, after deductible; max of 5 days (\$2,500) ¹¹	\$500 copay/day; max of 5 days (\$2,500) ¹¹	\$250 copay/day; max of 5 days (\$1,250) ¹¹
Outpatient surgery ³		\$300 copay, after deductible	\$300 copay	\$200 copay
Rehabilitation services ⁴	\$40 copay	\$50 copay	\$50 copay	\$40 copay
Chiropractic care ⁴	\$30 copay	\$30 copay	\$30 copay	\$30 copay
X-rays and diagnostic imaging	\$20 copay	10% coinsurance, after deductible	No charge	No charge
Imaging CT, PET scans, MRIs ³	\$40 copay			
Laboratory ⁵	No charge, no deductible	No charge, no deductible	No charge	No charge
Durable medical equipment	50% coinsurance, no deductible	50% coinsurance, after deductible	50% coinsurance	50% coinsurance
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	20% coinsurance, after deductible	\$500 copay/day, after deductible; max of 5 days (\$2,500) ¹¹	\$500 copay/day; max of 5 days (\$2,500) ¹¹	\$250 copay/day; max of 5 days (\$1,250) ¹¹
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay	\$50 copay	\$50 copay	\$40 copay

Please see footnotes on page 63.



POS	\$30/\$50 \$2,000/30%	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000
Maximum out-of-pocket — 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
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	50% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$50 copay	50% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	50% coinsurance, after deductible

Please see footnotes on page 63.

POS	\$30/\$50 \$1,500/20%	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Maximum out-of-pocket — Individual/Family	\$2,500/\$5,000	\$6,000/\$12,000
Primary care visits	\$30 copay	40% coinsurance, after deductible
Specialist visits	\$50 copay	40% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	40% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	20% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$50 copay	40% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	20% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	40% coinsurance, after deductible

Please see footnotes on page 63.

POS	\$30/\$50 \$400/DAY	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$0/\$0	\$2,500/\$5,000
Maximum out-of-pocket — Individual/Family	\$4,000/\$8,000	\$12,000/\$24,000
Primary care visits	\$30 copay	40% coinsurance, after deductible
Specialist visits	\$50 copay	40% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	40% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	\$400 copay/day; max of 5 days (\$2,000) ¹¹	40% coinsurance, after deductible
Outpatient surgery ³	\$200 copay	
Rehabilitation services ⁴	\$50 copay	40% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$400 copay/day; max of 5 days (\$2,000) ¹¹	40% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	40% coinsurance, after deductible

Please see footnotes on page 63.



2024 HEALTH PLANS | POS NON-GATED (NG)

POS NON-GATED (NG)	\$30/\$50 \$2,500/50%	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000	\$15,000/\$30,000
Primary care visits	\$30 copay	50% coinsurance, after deductible
Specialist visits	\$50 copay	50% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	50% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$50 copay	50% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	50% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$30/\$50 \$2,000/30%	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000
Maximum out-of-pocket — Individual/Family	\$4,000/\$8,000	\$15,000/\$30,000
Primary care visits	\$30 copay	50% coinsurance, after deductible
Specialist visits	\$50 copay	50% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	50% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		50% coinsurance, after deductible
Rehabilitation services ⁴	\$50 copay	50% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	50% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$30/\$50 \$1,500/20%	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Maximum out-of-pocket — Individual/Family	\$3,000/\$6,000	\$6,000/\$12,000
Primary care visits	\$30 copay	40% coinsurance, after deductible
Specialist visits	\$50 copay	40% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	40% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	20% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$50 copay	40% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$50 copay	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$100 copay	
Laboratory ⁵	No charge, no deductible	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	20% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$50 copay	40% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$20/\$40 \$1,000/10%	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$1,000/\$2,000	\$2,000/\$4,000
Maximum out-of-pocket — 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
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	30% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	10% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	\$40 copay	30% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$40 copay	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$80 copay	
Laboratory ⁵	No charge, no deductible	30% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	10% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay	30% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$30/\$40 \$300/DAY	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$0/\$0	\$2,000/\$6,000
Maximum out-of-pocket — Individual/Family	\$3,000/\$6,000	\$9,000/\$18,000
Primary care visits	\$30 copay	40% coinsurance, after deductible
Specialist visits	\$40 copay	40% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	40% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	\$300 copay/day; (max of 5 days \$1,500) ¹¹	40% coinsurance, after deductible
Outpatient surgery ³	\$150 copay	
Rehabilitation services ⁴	\$40 copay	40% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$40 copay	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$80 copay	
Laboratory ⁵	No charge	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$300 copay/day; (max of 5 days \$1,500) ¹¹	40% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay	40% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$20/\$40 \$250/DAY	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$0/\$0	\$1,000/\$3,000
Maximum out-of-pocket — 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
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	30% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	\$250 copay/day; (max of 5 days \$1,250) ¹¹	30% coinsurance, after deductible
Outpatient surgery ³	\$125 copay	
Rehabilitation services ⁴	\$40 copay	30% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$40 copay	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$80 copay	
Laboratory ⁵	No charge	30% coinsurance, after deductible
Durable medical equipment	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	\$250 copay/day; (max of 5 days \$1,250) ¹¹	30% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay	30% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$20/\$40 \$0/DAY	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$0/\$0	\$1,000/\$3,000
Maximum out-of-pocket — Individual/Family	\$2,000/\$4,000	\$6,000/\$12,000
Primary care visits	\$20 copay	30% coinsurance, after deductible
Specialist visits	\$40 copay	30% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	30% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	No charge	30% coinsurance, after deductible
Outpatient surgery ³		30% coinsurance, after deductible
Rehabilitation services ⁴	\$40 copay	30% coinsurance, after deductible
Chiropractic care ⁴	\$30 copay	
X-rays and diagnostic imaging	\$40 copay	30% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	\$80 copay	
Laboratory ⁵	No charge	30% coinsurance, after deductible
Durable medical equipment	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	No charge	30% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$40 copay	30% coinsurance, after deductible

Please see footnotes on page 63.

POS NON-GATED (NG)	\$10/\$20 \$0/DAY	
	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$0/\$0	\$500/\$1,500
Maximum out-of-pocket — Individual/Family	\$1,500/\$3,000	\$4,500/\$9,000
Primary care visits	\$10 copay	20% coinsurance, after deductible
Specialist visits	\$20 copay	20% coinsurance, after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Urgent care services	\$75 copay	20% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	No charge	20% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴		
Chiropractic care ⁴	\$20 copay	20% coinsurance, after deductible
X-rays and diagnostic imaging	\$20 copay	
Imaging CT, PET scans, MRIs ³	\$40 copay	20% coinsurance, after deductible
Laboratory ⁵	No charge	20% coinsurance, after deductible
Durable medical equipment	50% coinsurance	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	No charge	20% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	\$20 copay	20% coinsurance, after deductible

Please see footnotes on page 63.





2024 HEALTH PLANS | PPO HSA

PPO HSA	HSA \$2,500/30% \$7/\$35/\$50 RX ⁶	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$2,500 ⁷ /\$5,000	\$5,000 ⁷ /\$10,000
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000 ⁸	\$10,000 ⁷ /\$20,000
Primary care visits	30% coinsurance, after deductible	50% coinsurance, after deductible
Specialist visits	30% coinsurance, after deductible	50% coinsurance, after deductible
Emergency room	30% coinsurance, after deductible	Covered at in-network level
Urgent care services		50% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	30% coinsurance, after deductible	50% coinsurance, after deductible
Chiropractic care ⁴		
X-rays and diagnostic imaging	No charge, after deductible	50% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	30% coinsurance, after deductible	
Laboratory ⁵	No charge, after deductible	50% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	30% coinsurance, after deductible	50% coinsurance, after deductible

Please see footnotes on page 63.

PPO HSA	HSA \$2,000/10% \$7/\$35/\$50 RX ⁶	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$2,000 ⁷ /\$4,000	\$5,000 ⁷ /\$10,000
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000 ⁸	\$10,000 ⁷ /\$20,000
Primary care visits	10% coinsurance, after deductible	40% coinsurance, after deductible
Specialist visits	10% coinsurance, after deductible	40% coinsurance, after deductible
Emergency room	10% coinsurance, after deductible	Covered at in network level
Urgent care services		40% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	10% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	10% coinsurance, after deductible	40% coinsurance, after deductible
Chiropractic care ⁴		
X-rays and diagnostic imaging	No charge, after deductible	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³	10% coinsurance, after deductible	
Laboratory ⁵	No charge, after deductible	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	10% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	10% coinsurance, after deductible	40% coinsurance, after deductible

Please see footnotes on page 63.

PPO HSA	HSA \$1,600/0% \$10/\$40/\$60 RX ⁶	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$1,600 ⁷ /\$3,200	\$3,000 ⁷ /\$6,000
Maximum out-of-pocket — Individual/Family	\$1,650 ⁷ /\$3,300	\$15,000 ⁷ /\$30,000
Primary care visits	No charge, after deductible	40% coinsurance, after deductible
Specialist visits	No charge, after deductible	40% coinsurance, after deductible
Emergency room	No charge, after deductible	Covered at in-network level
Urgent care services		40% coinsurance, after deductible
Inpatient hospital services (including maternity) ³	No charge, after deductible	40% coinsurance, after deductible
Outpatient surgery ³		
Rehabilitation services ⁴	No charge, after deductible	40% coinsurance, after deductible
Chiropractic care ⁴		
X-rays and diagnostic imaging	No charge, after deductible	40% coinsurance, after deductible
Imaging CT, PET scans, MRIs ³		
Laboratory ⁵	No charge, after deductible	40% coinsurance, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient treatment — Mental behavioral health/ Substance use disorder ³	No charge, after deductible	40% coinsurance, after deductible
Outpatient treatment — Mental behavioral health/ Substance use disorder	No charge, after deductible	40% coinsurance, after deductible

Please see footnotes on page 63.



Prescription drug plans

Choosing AmeriHealth to manage both medical and pharmacy benefits can provide your customers with a holistic view of their employees' health and utilization.

Our prescription drug programs are administered by a pharmacy benefits manager (PBM). The pharmacy network includes more than 68,000 participating pharmacies nationwide, including the area's largest retail chains.

Manage pharmacy benefits from one convenient place

Members have access to helpful tools available through [amerihealth.com](https://www.amerihealth.com), where they can easily manage prescriptions. They can:

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

RX OPTIONS ^{1,2}	GENERIC RX	PREFERRED BRAND RX	NON-PREFERRED BRAND RX
\$7 / \$35 / \$50	\$7	\$35	\$50
\$10 / \$40 / \$60	\$10	\$40	\$60
\$15 / \$35 / \$50	\$15	\$35	\$50
\$25 / \$50 / \$75	\$25	\$50	\$75
\$7 / 50% up to \$125	\$7	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max
\$25 / 50% up to \$75	\$25	50% coinsurance, up to \$75 max	50% coinsurance, up to \$75 max
50% up to \$125	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max

Please see footnotes on page 64.



Introducing AmeriHealth Dental

We give you something to smile about.

Dental health is an important part of overall health. That's why we're unveiling our new AmeriHealth Dental portfolio and network in the summer of 2024. Our affordable dental coverage encourages prevention, early diagnosis, and treatment and can help detect serious medical conditions like high blood pressure and diabetes before they become costly problems. AmeriHealth Dental gives you a wide variety of customizable plan options that feature rich benefits, a large national network, and value-added services.

Now you and your employees can get the dental care you need from the brand you know and trust.



For employees

- **Plans designed for prevention and savings:** Plans feature 100 percent coverage for most Class 1 diagnostic and preventive services and unique value-adds that help save on out-of-pocket expenses.
- **Robust network of providers:** PPO plan members have access to a large national network of dental providers.
- **In-network savings:** Most plans feature both in- and out-of-network benefits, but members will save money, time, and have lower out-of-pocket costs when they stay in-network.
- **Dedicated dental services team:** Members receive support to help them get the most out of their benefits and answers to their questions.
- **No waiting periods:** Members can begin using benefits on day one.
- **Value-adds:** Plans include access to discounts and extra coverage options to help employees save.



For employers

- **Ease of administration:** A one-stop-shop for all your health and dental care needs, and one account management team for both dental and medical benefits.
- A variety of **customizable, affordable plan options** that feature rich benefits and value-added services allow you to create the type of plans that best meet your budget and employee needs
- Most plans are available as **fully insured or self-funded**.¹
- **Save when you bundle** dental with your medical coverage; additional bundling options are available when you add other specialty services products.

Please see footnotes on page 64.



Contact your sales representative
for more information about
AmeriHealth Dental.

Vision

Routine eye exams can help protect 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. We offer a robust network, competitive premiums, low out-of-pocket costs for members, and a variety of value-added services to meet an employer's unique needs.

Coverage includes:

- National network of more than 131,000 access points
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, and **Befitting.com**
- Low- to no-copay Exclusive Collection designer frames or an allowance¹ towards any frame purchase
- Exclusive \$50 frame allowance enhancement at Visionworks²
- Fixed copays on all lens styles and coatings, making it easier to predict out-of-pocket costs
- Interactive frame try-on tool that allows users to see what Davis Vision Exclusive Collection frames look like on them from the comfort of their homes
- Free hearing exam, exclusive discounts on hearing supplies, and more from **Your Hearing Network**

Spectacle lens type and coating

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

- Fashion and gradient tinting of plastic lenses
- Scratch-resistant coating
- Hi-index lenses
- Polarized lenses
- Progressive lenses (standard/premium/ultra/ultimate)
- Anti-reflective coating (standard/premium/ultra/ultimate)
- Blue light lenses
- Polycarbonate lenses³
- Scratch protection plan
- Ultraviolet coating

Please see footnotes on page 64.

VISION CARE 100⁴	VISION CARE 100 24/24/24	VISION CARE 100 12/12/24	VISION CARE 100 12/12/12
FREQUENCIES			
Eye exam ⁵	24 months	12 months	12 months
Spectacle lenses/frames	24 months/24 months	12 months/24 months	12 months/12 months
Contact lenses	24 months	12 months	12 months
COPAYS			
Eye exam/spectacle lenses	\$0/\$0	\$10/\$25	\$0/\$0
FRAME			
Non-collection frame allowance (retail) ⁶	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage
Davis Vision Exclusive Collection (in lieu of allowance for fashion, designer, or premier)	Included/\$15/\$40	Included/\$15/\$40	Included/\$15/\$40
CONTACT LENSES			
Collection contact lenses (in lieu of allowance)	Not covered	Not covered	Not covered
Collection evaluation, fitting, follow-up care	Not covered	Not covered	Not covered
Non-collection contact lenses: materials allowance ⁶	Up to \$100, plus a 15% discount on any overage	Up to \$100, plus a 15% discount on any overage	Up to \$100, plus a 15% discount on any overage
Non-collection evaluation, fitting and follow-up care; standard and specialty lens types	15% discount	15% discount	15% discount



No matter what plan you choose, members can also take advantage of extra perks like a free one-year eyeglasses breakage warranty and discounted pricing on additional pairs of glasses and LASIK eye services.

VISION CARE 130⁴	VISION CARE 130 12/12/24	VISION CARE 130 12/12/24	VISION CARE 130 12/12/12
FREQUENCIES			
Eye exam ⁵	12 months	12 months	12 months
Spectacle lenses/frames	12 months/24 months	12 months/24 months	12 months/12 months
Contact lenses	12 months	12 months	12 months
COPAYS			
Eye exam/spectacle lenses	\$10/\$10	\$10/\$25	\$0/\$0
FRAME			
Non-collection frame allowance (retail) ⁶	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage
Davis Vision Exclusive Collection (in lieu of allowance for fashion, designer, or premier)	Included/Included/\$25	Included/Included/\$25	Included/Included/\$25
CONTACT LENSES			
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipacks Planned replacement: 2 boxes/multipacks	Disposable: 4 boxes/multipacks Planned replacement: 2 boxes/multipacks	Disposable: 4 boxes/multipacks Planned replacement: 2 boxes/multipacks
Collection evaluation, fitting, follow-up care	Included	Included	Included
Non-collection contact lenses: materials allowance ⁶	Up to \$130, plus a 15% discount on any overage	Up to \$130, plus a 15% discount on any overage	Up to \$130, plus a 15% discount on any overage
Non-collection evaluation, fitting and follow-up care; standard and specialty lens types	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount

Please see footnotes on page 64.

VISION CARE 150⁴	VISION CARE 150 12/12/24	VISION CARE 150 12/12/12
FREQUENCIES		
Eye exam ⁵	12 months	12 months
Spectacle lenses/frames	12 months/24 months	12 months/12 months
Contact lenses	12 months	12 months
COPAYS		
Eye exam/spectacle lenses	\$10/\$25	\$0/\$0
FRAME		
Non-collection frame allowance (retail) ⁶	Up to \$150 or up to \$200 at Visionworks, plus 20% off on any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off on any overage
Davis Vision Exclusive Collection (in lieu of allowance for fashion, designer, or premier)	Included/Included/Included	Included/Included/Included
CONTACT LENSES		
Collection contact lenses (in lieu of allowance)	Disposable: 8 boxes/multipacks Planned replacement: 4 boxes/multipacks	Disposable: 8 boxes/multipacks Planned replacement: 4 boxes/multipacks
Collection evaluation, fitting, follow-up care	Included	Included
Non-collection contact lenses: materials allowance ⁶	Up to \$150, plus a 15% discount on any overage	Up to \$150, plus a 15% discount on any overage
Non-collection evaluation, fitting and follow-up care; standard and specialty lens types	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount

Please see footnotes on page 64.

Guardian supplemental insurance

Guardian-partnership products are designed to enhance employers' existing medical coverage and provide financial support for their employees in the event of unexpected illness or injury:

- Life insurance
- Short- and long-term disability insurance
- Accident insurance
- Critical illness and cancer insurance
- Hospital indemnity insurance

These seven products offer a range of benefits that can contribute to overall financial well-being. Additionally, when your customers choose to purchase multiple Guardian partnership products, they might be eligible for preferred pricing and discounts.*



Accident insurance

Members will receive increased benefits for children who suffer a sports-related injury.

* Available on employer-funded Guardian products.

Important health plan information

All health plans within this brochure reflect member cost-sharing. The benefit summaries in this brochure represent only a partial listing of benefits of the health plans. Some services not shown in this brochure may require a higher member coinsurance than the services shown. Benefits and exclusions may be further defined by the medical policy. These managed care plans may not cover all health care expenses. Employers should read their contracts carefully to determine which health care services are covered.

AmeriHealth Advantage (pg. 4)

1. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage 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 AmeriHealth service area and New York.

Network options (pg. 5)

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 plans.
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.

Medical footnotes (pgs. 16 – 52)

1. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage Tier 1 hospitals and professional providers are subject to change. 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 AmeriHealth service area and New York.
2. Deductible accumulates across Tier 1 and Tier 2; maximum deductible is \$2,500/\$5,000.
3. Subject to preapproval.
4. Visit limits may apply. See benefit booklet for details.
5. Laboratory Corporation of America® Holdings (Labcorp) is AmeriHealth's exclusive outpatient laboratory provider. To find your closest patient service center location, visit Labcorp.com.
6. Prescription mail order benefit is available at 2x applicable cost sharing for a 90-day supply.
7. Individual amount not applicable in policies covering two or more people (aggregate).
8. For family plans, no individual will exceed a \$6,900 maximum out-of-pocket.
9. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
10. Emergency room copay not waived if admitted.
11. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within ten days.
12. Deductible is combined for Tier 1 and Tier 2.

Prescription drug plans (pg. 54)

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

Dental benefits (pgs. 56 – 57)

1. Consult your AmeriHealth account representative for underwriting guidelines and funding arrangements.

Vision benefits (pgs. 58 – 61)

1. Allowances are up to the amount shown for each plan type.
2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.
3. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.
4. All benefits displayed are in-network only. Please see your benefit booklet for your out-of-network benefits.
5. Inclusive of dilation when professionally indicated.
6. Additional discounts are not applicable at Walmart, Sam's Club, or Costco locations.

Quartet facilitates and coordinates timely access to behavioral health services for AmeriHealth members.

Access to the HUSK Movement app is only available as a value-added benefit in standard and select large group plans.

Thyme Care, Inc. (Thyme Care) is contracted by AmeriHealth to provide cancer support services to its commercial members. Thyme Care does not diagnose medical conditions, or order medical services or direct treatment.

TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

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

Wire® is a registered trademark and service mark of Relay Network, LLC.

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

Dominion National assists in the administration of AmeriHealth Dental benefits.

AmeriHealth vision benefits are administered by Davis Vision.

An affiliate of AmeriHealth has a financial interest in Visionworks.

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY., an independent company. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

LARGE GROUP

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