

2027 BENEFITS AT A GLANCE



FIXED FUNDING

A health plan for everyone.

Benefit designs for small businesses in New Jersey,
with support every step of the way.



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Jersey City, NJ

Rooted in New Jersey. Focused on you.

AmeriHealth is proud to call New Jersey home. The people we serve are more than just our members. They are our family, friends, and neighbors.

It's why we offer benefit designs that are easy to understand, easy to use, and designed to fit different needs and budgets. And it's why our associates spend hundreds of hours each year volunteering at nonprofit organizations in communities across the Garden State.

AmeriHealth offers:



**Benefit designs that work
for employers and members**

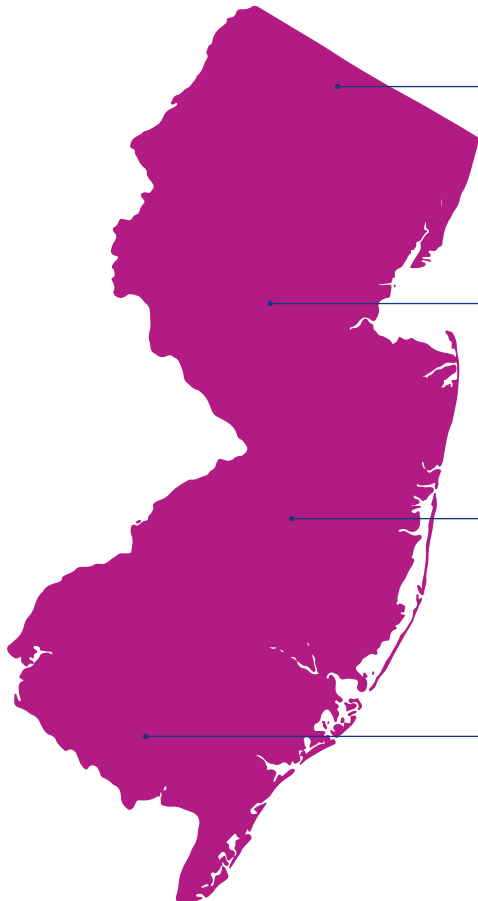


**Programs and rewards
that promote well-being**



**Innovative digital tools
and personalized support**

Who we are



30+ YEARS

Serving New Jersey residents and businesses since 1994

3K BUSINESSES

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

21 COUNTIES

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

15 YEARS

Ranked one of the best places to work by *NJBIZ* 15 years in a row



What makes us stand out

AmeriHealth offers a comprehensive and tailored approach to self-funded health benefits. Our primary goal is to help you manage the three key aspects of health care — your members' health, benefits, and costs. 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 deliver exceptional support.

How Fixed Funding works

Fixed Funding benefit designs offer the benefits and flexibility of a self-funded benefit design 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,¹ and an estimated cost of claims (claims fund).
- **We handle claims payments.** Throughout the year, AmeriHealth pays claims out of the employer's claims fund and coordinates any needed prefunding from the stop loss carrier.
- **Funding balance is credited to the 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% 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 (PCP)			
No referrals needed for specialists	✓	✓	✓
HSA-qualified	✓	✓	
Out-of-network benefits		✓	✓

Benefits of Fixed Funding

- ✓ Fixed monthly payment
- ✓ Exempt from state mandates
- ✓ Potential for yearly surplus
- ✓ Protection against catastrophic claims¹
- ✓ Not subject to all taxes and fees
- ✓ Monthly reporting

¹ Aggregate and specific stop loss coverage is underwritten by AmeriHealth Insurance Company of New Jersey.



Get cost-savings with AmeriHealth Advantage

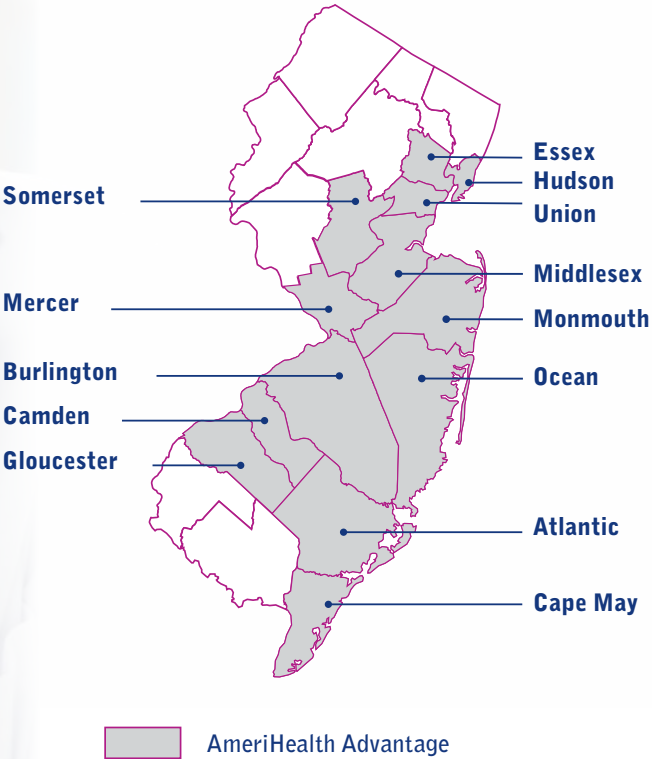
With our AmeriHealth Advantage benefit designs, employers can offer options that focus on high-quality care and affordability.

AmeriHealth Advantage benefit designs have tiered benefits, which means members can save on care by choosing certain providers.



AmeriHealth Advantage¹

- Lowest out-of-pocket costs when members use **Tier 1** doctors and hospitals
- **Tier 2** available through Value Plus and National Access,² if applicable
- Combined deductible and maximum out-of-pocket on applicable benefit designs



Benefits of AmeriHealth Advantage

- ✓ Easy to understand and use
- ✓ Lower deductible and out-of-pocket costs
- ✓ Lower monthly premium
- ✓ No referrals needed

¹ 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.

² National Access is to be used when outside the AmeriHealth service area and New York.

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. AmeriHealth Advantage Tier 1 hospitals and professional providers are subject to change.

Network options

No matter which network an employer chooses, their employees always have access to a wide variety of doctors and hospitals across New Jersey.

We offer high-quality network options, so employers can choose the one that fits their needs and budget. These networks differ based on geography and which doctors, hospitals, and other health care providers participate in the network. Members can easily find an in-network provider using our Provider Finder at amerihealth.com/providerfinder.

Value Plus access

Value Plus¹ gives members access to in-network providers throughout New Jersey, plus access to providers in Delaware and Southeastern Pennsylvania and providers in the Cigna Healthcare PPO network in New York.²

The Cigna Healthcare PPO Network⁶ includes more than **1.6 million health care providers** and nearly **6,400 hospitals nationwide**.³

National access

National access is available through Cigna Healthcare PPO Network for services obtained outside of the Value Plus service area.^{1,4}

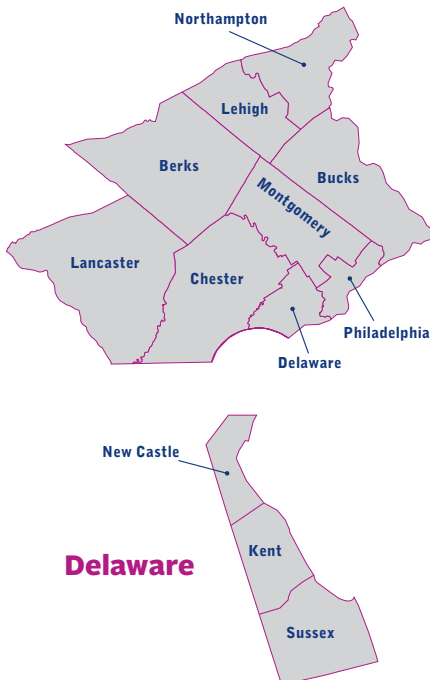


Locating in-network providers

Members can log in at amerihealth.com and select *Get Care Now* from the quick links. From the *Provider Finder* page, they will have the choice of searching:

- National Access network for care outside of New Jersey, New York, Delaware, and Southeastern Pennsylvania¹
- Cigna Healthcare PPO network for providers in New York state²
- Labcorp for lab locations throughout the country⁵

Southeastern Pennsylvania



New Jersey



New York



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 Cigna Healthcare PPO network in New York is available for our EPO, PPO, and POS NG benefit designs.

3 Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration, July 2025. Subject to change.

4 Coverage provided by the Cigna Healthcare PPO network. AmeriHealth members accessing care in the AmeriHealth service area must use Value Plus.

5 Members must use Labcorp for all lab services and Cigna Healthcare PPO network for professional, inpatient, and outpatient behavioral health services.

6 The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Access to the Cigna Healthcare PPO Network will be available for purchase to a qualifying employer group when they sign or renew their contracts with AmeriHealth.



Maximize health care dollars with a health savings account (HSA)

By offering one of our HSA-qualified EPO benefit designs, employers pay lower premiums while giving their employees a way to pay for qualified health care expenses (including dental and vision care) and save.

Members' savings roll over year-to-year and are theirs to keep, even if they change benefit designs or employers down the road.

HSAs offer triple tax savings at the federal level: pre-tax or tax-deductible contributions; tax-free interest and investment earnings; and tax-free distributions for qualified health care expenses.

2027 HSA and qualified high-deductible health plan (QHDHP) limits¹

Contribution limits Self-only/Family	\$4,500/\$9,000
HDHP minimum deductible Self-only/Family	\$1,750/\$3,500
HDHP maximum out-of-pocket Self-only/Family	\$8,700/\$17,400

¹ For 2027, contributions to an HSA may not exceed \$4,500 for individual (self-only) coverage and \$9,000 for family coverage. The annual "catch-up" contribution amount for ages 55 and older is \$1,000.

Alegeus Technologies LLC, dba WealthCare Saver, a licensed Non-Bank Custodian to provide spending account claims processing and debit card services. The WealthCare Saver investment solution leverages DriveWealth as the broker-dealer and CAPTRUST as the registered investment advisor (RIA). DriveWealth uses Citibank to custody the investment assets. The front-end technology platform that the account holder interacts with is designed and managed by Alegeus. CAPTRUST, the registered investment advisor (RIA), selects the investment options.

Get care without leaving home

Expert care is available when and where members need it. All AmeriHealth benefit designs include virtual care through Teladoc, making it easier and more affordable for them to take care of themselves.

No cost for virtual care from Teladoc

The copay for a virtual visit with Teladoc is \$0. Teladoc provides non-emergency care from board-certified and state-licensed doctors without the wait.

Appointments are available by phone, online, or through Teladoc's mobile app for the services listed below. Virtual visits are available in several languages through an interpreter, including American Sign Language (ASL).

MORE THAN 75% of members with depression or anxiety reported improvement after their third or fourth Teladoc Mental Health Care visit.

**NEARLY 90% OF MEMBERS
REPORT BEING HIGHLY
SATISFIED WITH THEIR
TELADOC EXPERIENCE.**

Virtual care options from Teladoc:

General Medical care

Use for common, non-emergency health concerns such as sinus pain, flu, pink eye, and sore throat. Members get a diagnosis and any prescriptions, as needed.

Dermatology care

Get care from a dermatologist for a wide range of skin concerns. Members complete a short form, upload images, and get a treatment plan and any prescriptions, as needed.

Mental health care

Talk to a licensed psychiatric provider or therapist for concerns like anxiety, depression, grief, and stress. If members want ongoing care, they can keep seeing the same provider.



Finding virtual in-network care

Our easy-to-use Find a Doctor tool helps members find in-network providers who offer virtual care. Each provider profile indicates whether a provider offers remote services.



Supporting our members in every way

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

Call a Registered Nurse Health Coach 24/7 for questions about your health or treatment plan. This service is confidential, and there is no additional cost to you. We also offer extra support for members who are pregnant or managing certain conditions, such as diabetes or cancer.

- 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 Health Coach. A Health Coach is a registered nurse who can discuss health concerns and provide the help and support members need. Health Coaches are available 24/7. To get started, members should call **1-833-242-3030** or email 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.



Scan the QR code or visit amerihealth.com/bhcare to learn more.



Quartet is a separate and independent company that facilitates and coordinates timely access to behavioral health services for AmeriHealth members.
Shatterproof is an independent company that provides behavioral health services for AmeriHealth.



Behavioral health support and resources

Members can call our Behavioral Health Care Navigation team for personalized guidance on finding appropriate behavioral health care. Our robust, high-quality, and culturally responsive behavioral health network includes both in-person and virtual providers. Our team can:

- Match members with an in-network provider
- Provide in-the-moment support
- Schedule an in-person or virtual appointment for them

A subset of this network, called the **Connect to Care network**, includes dozens of providers who have committed to getting AmeriHealth members into care fast. These providers specialize in general mental health, substance use disorders, OCD, eating disorders, and more for both adults and children.

Members have access to additional resources for behavioral health as well, including:

- **Quartet Health**, a service that connects members to an in-network mental health care provider who fits their needs and accepts their coverage
- **Shatterproof Treatment Atlas**, a free online tool that connects members or their loved ones with trustworthy, in-network addiction treatment, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services

**21,000+ APPOINTMENTS
PER MONTH AVAILABLE FOR
AMERIHEALTH MEMBERS**

Enhanced member website and AmeriHealth app

Every member's health journey is unique. We've designed our secure member website and AmeriHealth mobile app to be centered around our members, so they can easily manage their benefits and health.

Members can log in anytime and find the information they need right when they need it. Members can:

- View coverage, benefits, and claims
- Estimate out-of-pocket costs
- Create a custom directory of their doctors
- View, share, or order ID cards
- Request or manage home delivery for a prescription
- Search for in-network providers and read reviews



Member-exclusive discounts

Members have access to exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. They won't want to miss out on great offers from well-known national, regional, and local partners.



Members can stay connected by text

Members can sign up to receive personalized health reminders, important notifications, and money saving tips by texting **AHATPA** to **77576** or visiting amerihealth.com/TPAgetconnected.

Prescription drug benefits

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

Manage prescription drug benefits in one convenient place

Members can log in at 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/home delivery services
- Review prescription records
- Find an in-network pharmacy
- Review coverage and cost-sharing information
- Download forms



Price Edge Program

For a defined list of generic drugs, this program compares the member’s cost-share with available discount pricing, such as GoodRx, and automatically applies the lowest pharmacy price.

Our drug formulary includes four tiers of cost-sharing for prescription drugs, with generic drugs being the most affordable.

Generic Rx	\$
Preferred Brand Rx	\$\$
Non-preferred Rx	\$\$\$
Self-administered Specialty Rx	\$\$\$\$

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

65,000+ IN-NETWORK
PHARMACIES NATIONWIDE



**AMERIHEALTH
ADVANTAGE EPO¹**
BENEFIT DESIGNS

Natl HSA \$15/\$30 \$1,750 \$7/50%/\$125 Rx

**CHOOSE YOUR
BENEFIT DESIGN**

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS

TIER 1

TIER 2

Deductible —
Individual/Family

\$1,750⁵/\$3,500⁶

\$2,500⁵/\$5,000⁶

Maximum out-of-pocket —
Individual/Family

\$5,000/\$10,000⁷

Primary care visits

\$15 copay after deductible

\$50 copay after deductible

Specialist visits

\$30 copay after deductible

\$75 copay after deductible

Urgent care services

10% coinsurance after deductible

10% coinsurance after deductible

Emergency room

50% coinsurance after deductible

Outpatient surgery

10% coinsurance after deductible

50% coinsurance after deductible

Inpatient hospital services,
including maternity

10% coinsurance after deductible

10% coinsurance after deductible

X-rays and diagnostic imaging

Imaging (CT, PET Scans, MRIs)

Laboratory²

No charge after deductible

No charge after deductible

Inpatient treatment —
Mental/Behavioral health,
substance use disorder

10% coinsurance after deductible

50% coinsurance after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder³

\$30 copay after deductible

\$30 copay after deductible

Rehabilitation therapy
services⁴

\$30 copay after deductible

\$30 copay after deductible

Chiropractic care
(30 visits per benefit period)

Durable medical equipment

50% coinsurance after deductible

50% coinsurance after deductible

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁸

Generic Rx

\$7 copay after deductible

Preferred Brand Rx

50% coinsurance, up to \$125 max, after deductible

Non-preferred Rx

Specialty Rx

50% coinsurance after deductible

Please see footnotes on page 33.

**AMERIHEALTH
ADVANTAGE EPO¹**
BENEFIT DESIGNS

CHOOSE YOUR BENEFIT DESIGN		MANDATE LITE FULL MANDATE	
MEDICAL BENEFITS		TIER 1	TIER 2
Deductible — Individual/Family		\$1,500/\$3,000 ⁹	
Maximum out-of-pocket — Individual/Family		\$7,000/\$14,000 ⁷	
Primary care visits		\$20 copay	\$50 copay
Specialist visits		\$40 copay	\$100 copay
Urgent care services		\$40 copay	
Emergency room		\$300 copay ¹⁰	
Outpatient surgery			
Inpatient hospital services, including maternity		20% coinsurance after deductible	50% coinsurance after deductible
X-rays and diagnostic imaging		20% coinsurance after deductible	
Imaging (CT, PET Scans, MRIs)			
Laboratory ²		No charge, no deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder		20% coinsurance after deductible	
Outpatient treatment — Mental/Behavioral health, substance use disorder ³		\$40 copay	
Rehabilitation therapy services ⁴		\$40 copay	
Chiropractic care (30 visits per benefit period)			
Durable medical equipment		50% coinsurance after deductible	
PRESCRIPTION BENEFITS		30-DAY SUPPLY ⁸	
Generic Rx		\$15 copay	
Preferred Brand Rx		\$40 copay	
Non-preferred Rx		\$75 copay	
Specialty Rx		50% coinsurance, no deductible	

Please see footnotes on page 33.

EPO HSA BENEFIT DESIGNS	HSA 50%/50% \$7,000 50% Rx	HSA \$50/\$100 \$6,000 \$10/\$40/\$60 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$7,000/\$14,000	\$6,000/\$12,000
Maximum out-of-pocket — 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	50% coinsurance after deductible	\$500 copay after deductible ¹⁰
Outpatient surgery	50% coinsurance after deductible	\$350 copay after deductible
Inpatient hospital services, including maternity	50% coinsurance after deductible	50% coinsurance after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible	\$100 copay after deductible
Imaging (CT, PET Scans, MRIs)	50% coinsurance after deductible	\$200 copay after deductible
Laboratory²	50% coinsurance after deductible	\$50 copay after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder³	50% coinsurance after deductible	\$100 copay after deductible
Rehabilitation therapy services⁴	50% coinsurance after deductible	\$100 copay after deductible
Chiropractic care (30 visits per benefit period)	50% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	50% coinsurance after deductible	\$10 copay after deductible
Preferred Brand Rx	50% coinsurance after deductible	\$40 copay after deductible
Non-preferred Rx	50% coinsurance after deductible	\$60 copay after deductible
Specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 33.

EPO HSA BENEFIT DESIGNS	HSA 50%/50% \$2,500 \$25/\$50/\$75 Rx	HSA 40%/40% \$2,000 \$25/\$50/\$75 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,500 ⁵ /\$5,000	\$2,000 ⁵ /\$4,000
Maximum out-of-pocket — 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	50% coinsurance after deductible	40% coinsurance after deductible
Inpatient hospital services, including maternity	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)	50% coinsurance after deductible	40% coinsurance after deductible
Laboratory²	No charge after deductible	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	40% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder³	50% coinsurance after deductible	40% coinsurance after deductible
Rehabilitation therapy services⁴	50% coinsurance after deductible	40% coinsurance after deductible
Chiropractic care (30 visits per benefit period)	50% coinsurance after deductible	40% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$25 copay after deductible	\$25 copay after deductible
Preferred Brand Rx	\$50 copay after deductible	\$50 copay after deductible
Non-preferred Rx	\$75 copay after deductible	\$75 copay after deductible
Specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 33.

EPO HSA BENEFIT DESIGNS	HSA 30%/30% \$4,000 \$10/\$40/\$60 Rx	HSA 30%/30% \$1,750 \$7/50%/\$125 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$4,000/\$8,000	\$1,750 ⁵ /\$3,500
Maximum out-of-pocket — Individual/Family	\$6,500/\$13,000	\$3,000 ⁵ /\$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	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient hospital services, including maternity	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)	30% coinsurance after deductible	30% coinsurance after deductible
Laboratory ²	30% coinsurance after deductible	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder³	30% coinsurance after deductible	30% coinsurance after deductible
Rehabilitation therapy services ⁴	30% coinsurance after deductible	30% coinsurance after deductible
Chiropractic care (30 visits per benefit period)	30% coinsurance after deductible	30% coinsurance after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$10 copay after deductible	\$7 copay after deductible
Preferred Brand Rx	\$40 copay after deductible	50% coinsurance, up to \$125 max, after deductible
Non-preferred Rx	\$60 copay after deductible	50% coinsurance after deductible
Specialty Rx	50% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 33.

EPO HSA BENEFIT DESIGNS	HSA 20%/20% \$2,000 \$7/50%/\$125 Rx	HSA 0%/0% \$6,000 0% Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,000 ⁵ /\$4,000	\$6,000/\$12,000
Maximum out-of-pocket — Individual/Family	\$5,000/\$10,000	\$6,000/\$12,000
Primary care visits	20% coinsurance after deductible	No charge after deductible
Specialist visits	20% coinsurance after deductible	No charge after deductible
Urgent care services	20% coinsurance after deductible	No charge after deductible
Emergency room		
Outpatient surgery		
Inpatient hospital services, including maternity	20% coinsurance after deductible	No charge after deductible
X-rays and diagnostic imaging	20% coinsurance after deductible	No charge after deductible
Imaging (CT, PET Scans, MRIs)		
Laboratory²	20% coinsurance after deductible	No charge after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible	No charge after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder³	20% coinsurance after deductible	No charge after deductible
Rehabilitation therapy services⁴	20% coinsurance after deductible	No charge after deductible
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	No charge after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$7 copay after deductible	
Preferred Brand Rx	50% coinsurance, up to \$125 max, after deductible	No charge after deductible
Non-preferred Rx		
Specialty Rx	50% coinsurance after deductible	

Please see footnotes on page 33.

EPO HSA
BENEFIT DESIGNS

HSA 0%/0% \$2,500 \$7/50%/\$125 Rx

**CHOOSE YOUR
BENEFIT DESIGN**

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS

IN-NETWORK

Deductible —
Individual/Family

\$2,500⁵/\$5,000

Maximum out-of-pocket —
Individual/Family

\$6,750/\$13,500

Primary care visits

No charge after deductible

Specialist visits

No charge after deductible

Urgent care services

No charge after deductible

Emergency room

50% coinsurance after deductible

Outpatient surgery

No charge after deductible

Inpatient hospital services,
including maternity

No charge after deductible

X-rays and diagnostic imaging

No charge after deductible

Imaging (CT, PET Scans, MRIs)

No charge after deductible

Laboratory²

No charge after deductible

Inpatient treatment —
Mental/Behavioral health,
substance use disorder

No charge after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder³

No charge after deductible

Rehabilitation therapy services⁴

No charge after deductible

Chiropractic care
(30 visits per benefit period)

No charge after deductible

Durable medical equipment

No charge after deductible

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁸

Generic Rx

\$7 copay after deductible

Preferred Brand Rx

50% coinsurance, up to \$125 max,
after deductible

Non-preferred Rx

Specialty Rx

50% coinsurance after deductible

Please see footnotes on page 33.

EPO HSA
BENEFIT DESIGNS

HSA 0%/0% \$1,750 \$7/50%/\$125 Rx

**CHOOSE YOUR
BENEFIT DESIGN**

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS

IN-NETWORK

Deductible —
Individual/Family

\$1,750⁵/\$3,500

Maximum out-of-pocket —
Individual/Family

\$5,000/\$10,000

Primary care visits

No charge after deductible

Specialist visits

No charge after deductible

Urgent care services

No charge after deductible

Emergency room

Outpatient surgery

No charge after deductible

Inpatient hospital services,
including maternity

No charge after deductible

X-rays and diagnostic imaging

Imaging (CT, PET Scans, MRIs)

Laboratory²

No charge after deductible

Inpatient treatment —
Mental/Behavioral health,
substance use disorder

No charge after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder³

No charge after deductible

Rehabilitation therapy services⁴

No charge after deductible

Chiropractic care
(30 visits per benefit period)

Durable medical equipment

No charge after deductible

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁸

Generic Rx

\$7 copay after deductible

Preferred Brand Rx

50% coinsurance, up to \$125 max,
after deductible

Non-preferred Rx

Specialty Rx

50% coinsurance after deductible

EPO BENEFIT DESIGNS	\$30/\$100 \$7,000 \$15/\$75/\$100 Rx	\$40/\$80 \$5,000 \$15/\$75/\$100 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$7,000/\$14,000	\$5,000/\$10,000
Maximum out-of-pocket — Individual/Family	\$8,600/\$17,200	\$8,000/\$16,000
Primary care visits	\$30 copay	\$40 copay
Specialist visits	\$100 copay	\$80 copay
Urgent care services	50% coinsurance no deductible	\$80 copay
Emergency room	50% coinsurance after deductible	\$500 copay ¹⁰
Outpatient surgery		
Inpatient hospital services, including maternity	50% coinsurance after deductible	30% coinsurance after deductible
X-rays and diagnostic imaging		
Imaging (CT, PET Scans, MRIs)	50% coinsurance after deductible	30% coinsurance after deductible
Laboratory²	50% coinsurance after deductible	No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	30% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder³	\$100 copay	\$80 copay
Rehabilitation therapy services⁴	\$100 copay	\$80 copay
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$15 copay	\$15 copay
Preferred Brand Rx	\$75 copay	\$75 copay
Non-preferred Rx	\$100 copay	\$100 copay
Specialty Rx	50% coinsurance, no deductible	50% coinsurance, no deductible

Please see footnotes on page 33.

EPO BENEFIT DESIGNS	\$15/\$75 \$5,000 \$15/\$75/\$100 Rx	\$40/\$80 \$3,500 \$10/\$40/\$60 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$5,000/\$10,000	\$3,500/\$7,000
Maximum out-of-pocket — Individual/Family	\$8,500/\$17,000	\$8,000/\$16,000
Primary care visits	\$15 copay	\$40 copay
Specialist visits	\$75 copay	\$80 copay
Urgent care services	\$75 copay	\$80 copay
Emergency room	\$200 copay ¹⁰	\$350 copay ¹⁰
Outpatient surgery	\$300 copay	\$250 copay
Inpatient hospital services, including maternity	\$500 copay per admission ¹¹	\$500 copay/day, up to 5 days ¹²
X-rays and diagnostic imaging	\$75 copay	\$50 copay
Imaging (CT, PET Scans, MRIs)	\$500 copay	\$250 copay
Laboratory ²	No charge, no deductible	No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$500 copay per admission ¹¹	\$500 copay/day, up to 5 days ¹²
Outpatient treatment — Mental/Behavioral health, substance use disorder ³	\$75 copay	\$80 copay
Rehabilitation therapy services ⁴	\$75 copay	\$80 copay
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$15 copay	\$10 copay
Preferred Brand Rx	\$75 copay	\$40 copay
Non-preferred Rx	\$100 copay	\$60 copay
Specialty Rx	50% coinsurance, no deductible	50% coinsurance, no deductible

Please see footnotes on page 33.

EPO BENEFIT DESIGNS	\$30/\$60 \$5,000 \$15/\$75/\$100 Rx	\$50/\$75 \$2,500 \$10/\$40/\$60 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$5,000/\$10,000	\$2,500/\$5,000
Maximum out-of-pocket — 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 ¹⁰	\$300 copay ¹⁰
Outpatient surgery	\$300 copay	\$250 copay
Inpatient hospital services, including maternity	\$500 copay/day, up to 5 days ¹²	\$500 copay/day, up to 5 days ¹²
X-rays and diagnostic imaging	\$100 copay	\$50 copay
Imaging (CT, PET Scans, MRIs)	\$200 copay	\$250 copay
Laboratory ²	No charge, no deductible	No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$500 copay/day, up to 5 days ¹²	\$500 copay/day, up to 5 days ¹²
Outpatient treatment — Mental/Behavioral health, substance use disorder³	\$60 copay	\$75 copay
Rehabilitation therapy services ⁴	\$60 copay	\$75 copay
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$15 copay	\$10 copay
Preferred Brand Rx	\$75 copay	\$40 copay
Non-preferred Rx	\$100 copay	\$60 copay
Specialty Rx	50% coinsurance, no deductible	50% coinsurance, no deductible

Please see footnotes on page 33.

EPO BENEFIT DESIGNS	\$20/\$50 \$2,200 \$25/\$50/\$75 Rx	\$30/\$50 \$1,500 \$25/\$50/\$75 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$2,200/\$4,400	\$1,500/\$3,000
Maximum out-of-pocket — 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 ¹⁰	\$100 copay ¹⁰
Outpatient surgery	\$200 copay after deductible	30% coinsurance after deductible
Inpatient hospital services, including maternity	30% coinsurance after deductible	
X-rays and diagnostic imaging	\$50 copay	30% coinsurance after deductible
Imaging (CT, PET Scans, MRIs)	\$75 copay	
Laboratory ²	No charge, no deductible	No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ³	\$50 copay	\$50 copay
Rehabilitation therapy services ⁴	\$50 copay	\$50 copay
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$25 copay	\$25 copay
Preferred Brand Rx	\$50 copay	\$50 copay
Non-preferred Rx	\$75 copay	\$75 copay
Specialty Rx	50% coinsurance, no deductible	50% coinsurance, no deductible

Please see footnotes on page 33.

EPO BENEFIT DESIGNS	\$20/\$40 \$1,000 \$25/\$50/\$75 Rx	\$25/\$50 \$10/\$40/\$60 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
Deductible — Individual/Family	\$1,000/\$2,000	\$0/\$0
Maximum out-of-pocket — Individual/Family	\$4,000/\$8,000	\$5,000/\$10,000
Primary care visits	\$20 copay	\$25 copay
Specialist visits	\$40 copay	\$50 copay
Urgent care services	\$40 copay	\$50 copay
Emergency room	\$200 copay	\$200 copay ¹⁰
Outpatient surgery	30% coinsurance after deductible	\$250 copay
Inpatient hospital services, including maternity	\$500 copay/day, up to 5 days, after deductible ¹²	\$500 copay/day, up to 5 days ¹²
X-rays and diagnostic imaging	30% coinsurance after deductible	\$50 copay
Imaging (CT, PET Scans, MRIs)		\$100 copay
Laboratory ²	No charge, no deductible	No charge
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$500 copay/day, up to 5 days, after deductible ¹²	\$500 copay/day, up to 5 days ¹²
Outpatient treatment — Mental/Behavioral health, substance use disorder³	\$40 copay	\$50 copay
Rehabilitation therapy services ⁴	\$40 copay	\$50 copay
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	50% coinsurance
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸	30-DAY SUPPLY⁸
Generic Rx	\$25 copay	\$10 copay
Preferred Brand Rx	\$50 copay	\$40 copay
Non-preferred Rx	\$75 copay	\$60 copay
Specialty Rx	50% coinsurance, no deductible	50% coinsurance

Please see footnotes on page 33.

EPO BENEFIT DESIGNS	\$30/\$50 \$250 \$25/\$50/\$75 Rx
CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE
MEDICAL BENEFITS	IN-NETWORK
Deductible — Individual/Family	\$250/\$500
Maximum out-of-pocket — Individual/Family	\$3,500/\$7,000
Primary care visits	\$30 copay
Specialist visits	\$50 copay
Urgent care services	\$50 copay
Emergency room	\$100 copay ¹⁰
Outpatient surgery	10% coinsurance after deductible
Inpatient hospital services, including maternity	\$500 copay/day, up to 5 days, after deductible ¹²
X-rays and diagnostic imaging	10% coinsurance after deductible
Imaging (CT, PET Scans, MRIs)	
Laboratory ²	No charge, no deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$500 copay/day, up to 5 days, after deductible ¹²
Outpatient treatment — Mental/Behavioral health, substance use disorder ³	\$50 copay
Rehabilitation therapy services ⁴	\$50 copay
Chiropractic care (30 visits per benefit period)	
Durable medical equipment	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁸
Generic Rx	\$25 copay
Preferred Brand Rx	\$50 copay
Non-preferred Rx	\$75 copay
Specialty Rx	50% coinsurance, no deductible

Please see footnotes on page 33.

POS NON-GATED
BENEFIT DESIGNS

\$30/\$50 \$2,200 \$25/\$50/\$75 Rx

**CHOOSE YOUR
BENEFIT DESIGN**

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS

IN-NETWORK

OUT-OF-NETWORK

Deductible —
Individual/Family

\$2,200/\$4,400

\$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

Urgent care services

\$50 copay

50% coinsurance after deductible

Emergency room

\$100 copay¹⁰

Covered at in-network level

Outpatient surgery

\$200 copay after deductible

50% coinsurance after deductible

Inpatient hospital services,
including maternity

30% coinsurance after deductible

X-rays and diagnostic imaging

\$50 copay

50% coinsurance after deductible

Imaging (CT, PET Scans, MRIs)

\$100 copay

Laboratory²

No charge, no deductible

50% coinsurance after deductible

Inpatient treatment —
Mental/Behavioral health,
substance use disorder

30% coinsurance after deductible

50% coinsurance after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder³

\$50 copay

50% coinsurance after deductible

Rehabilitation therapy
services⁴

\$50 copay

50% coinsurance after deductible

Chiropractic care
(30 visits per benefit period)

Durable medical equipment

50% coinsurance after deductible

50% coinsurance after deductible

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁸

30-DAY SUPPLY

Generic Rx

\$25 copay

Preferred Brand Rx

\$50 copay

Non-preferred Rx

\$75 copay

Specialty Rx

50% coinsurance, no deductible

50% reimbursement

Please see footnotes on page 33.

POS NON-GATED
BENEFIT DESIGNS

\$25/\$50 \$1,750 \$25/\$50/\$75 Rx

CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible — Individual/Family	\$1,750/\$3,500	\$3,000/\$6,000
Maximum out-of-pocket — Individual/Family	\$3,000/\$6,000	\$6,000/\$12,000
Primary care visits	\$25 copay	40% coinsurance after deductible
Specialist visits	\$50 copay	40% coinsurance after deductible
Urgent care services	\$50 copay	40% coinsurance after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Outpatient surgery	\$250 copay after deductible	40% coinsurance after deductible
Inpatient hospital services, including maternity	20% coinsurance after deductible	
X-rays and diagnostic imaging	\$50 copay	40% coinsurance after deductible
Imaging (CT, PET Scans, MRIs)	\$100 copay	
Laboratory ²	No charge, no deductible	40% coinsurance after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ³	\$50 copay	40% coinsurance after deductible
Rehabilitation therapy services ⁴	\$50 copay	40% coinsurance after deductible
Chiropractic care (30 visits per benefit period)		
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁸	30-DAY SUPPLY
Generic Rx	\$25 copay	50% reimbursement
Preferred Brand Rx	\$50 copay	
Non-preferred Rx	\$75 copay	
Specialty Rx	50% coinsurance, no deductible	

Please see footnotes on page 33.

POS NON-GATED
BENEFIT DESIGNS

\$20/\$40 \$1,000 \$25/\$50/\$75 Rx

**CHOOSE YOUR
BENEFIT DESIGN**

**MANDATE LITE
FULL MANDATE**

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

Urgent care services

\$40 copay

30% coinsurance after deductible

Emergency room

\$100 copay¹⁰

Covered at in-network level

Outpatient surgery

\$150 copay after deductible

30% coinsurance after deductible

Inpatient hospital services,
including maternity

10% coinsurance after deductible

X-rays and diagnostic imaging

\$40 copay

30% coinsurance after deductible

Imaging (CT, PET Scans, MRIs)

\$80 copay

Laboratory²

No charge, no deductible

30% coinsurance after deductible

Inpatient treatment —
Mental/Behavioral health,
substance use disorder

10% coinsurance after deductible

30% coinsurance after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder³

\$40 copay

30% coinsurance after deductible

Rehabilitation therapy
services⁴

\$40 copay

30% coinsurance after deductible

Chiropractic care
(30 visits per benefit period)

Durable medical equipment

50% coinsurance after deductible

50% coinsurance after deductible

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁸

30-DAY SUPPLY

Generic Rx

\$25 copay

Preferred Brand Rx

\$50 copay

Non-preferred Rx

\$75 copay

Specialty Rx

50% coinsurance, no deductible

50% reimbursement

Please see footnotes on page 33.

POS NON-GATED
BENEFIT DESIGNS

\$20/\$40 \$25/\$50/\$75 Rx

CHOOSE YOUR BENEFIT DESIGN	MANDATE LITE FULL MANDATE	
MEDICAL BENEFITS	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
Urgent care services	\$40 copay	30% coinsurance after deductible
Emergency room	\$100 copay ¹⁰	Covered at in-network level
Outpatient surgery	\$125 copay	30% coinsurance after deductible
Inpatient hospital services, including maternity	\$250 copay/day, up to 5 days ¹²	
X-rays and diagnostic imaging	\$40 copay	30% coinsurance after deductible
Imaging (CT, PET Scans, MRIs)	\$80 copay	
Laboratory ²	No charge	30% coinsurance after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	\$250 copay/day, up to 5 days ¹²	30% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder ³	\$40 copay	30% coinsurance after deductible
Rehabilitation therapy services ⁴	\$40 copay	30% coinsurance after deductible
Chiropractic care (30 visits per benefit period)	\$40 copay	
Durable medical equipment	50% coinsurance	50% coinsurance after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁸	30-DAY SUPPLY
Generic Rx	\$25 copay	50% reimbursement
Preferred Brand Rx	\$50 copay	
Non-preferred Rx	\$75 copay	
Specialty Rx	50% coinsurance	

Please see footnotes on page 33.

PPO HSA
BENEFIT DESIGNS

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

**CHOOSE YOUR
BENEFIT DESIGN**

**MANDATE LITE
FULL MANDATE**

MEDICAL BENEFITS

IN-NETWORK

IN-NETWORK

Deductible —
Individual/Family

\$2,000⁸/\$4,000

\$5,000⁸/\$10,000

Maximum out-of-pocket —
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

10% coinsurance after deductible

40% coinsurance after deductible

Inpatient hospital services,
including maternity

No charge after deductible

40% coinsurance after deductible

X-rays and diagnostic imaging

10% coinsurance after deductible

Imaging (CT, PET Scans, MRIs)

No charge after deductible

40% coinsurance after deductible

Laboratory²

Inpatient treatment —
Mental/Behavioral health,
substance use disorder

10% coinsurance after deductible

40% coinsurance after deductible

Outpatient treatment —
Mental/Behavioral health,
substance use disorder³

10% coinsurance after deductible

40% coinsurance after deductible

Rehabilitation therapy
services⁴

10% coinsurance after deductible

40% coinsurance after deductible

Chiropractic care
(30 visits per benefit period)

Durable medical equipment

50% coinsurance after deductible

50% coinsurance after deductible

PRESCRIPTION BENEFITS

30-DAY SUPPLY⁸

30-DAY SUPPLY

Generic Rx

\$7 copay after deductible

Preferred Brand Rx

\$35 copay after deductible

Non-preferred Rx

\$50 copay after deductible

Specialty Rx

50% coinsurance after deductible

60% reimbursement after deductible

Please see footnotes on page 33.

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 of the benefit designs. 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 benefit designs may not cover all health care expenses. Employers should read their contracts carefully to determine which health care services are covered.

Benefit designs (pg. 14–32)

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 save the most on care when using Tier 1 doctors and facilities in the Value Plus network. Members can also access Tier 2 doctors and facilities in the Value Plus network, and National Access (using the Cigna Healthcare PPO network), when applicable. National Access is to be used when outside the AmeriHealth service area and New York.
2. Laboratory Corporation of America® Holdings (Labcorp) is the exclusive outpatient laboratory provider. To find your closest patient service center location, visit labcorp.com.
3. Cost-share displayed is for non-facility visits. For all other services, your cost may vary.
4. Members can utilize 60 visits combined for physical, speech and occupational therapy per benefit period.
5. Individual amount not applicable in policies covering 2 or more people (aggregate).
6. Deductible accumulates across Tier 1 and Tier 2; maximum deductible is \$2,500/\$5,000.
7. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
8. Prescription mail order benefit is available at two times the applicable cost-sharing for a 90-day supply.
9. Deductible is combined for Tier 1 and Tier 2.
10. Emergency room copay waived if admitted.
11. Copay waived if readmitted within 10 days.
12. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 10 days.



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