

# 2027 BENEFITS AT A GLANCE



LARGE GROUP

# A health plan for everyone.

Health plans for large businesses and their employees,  
with support every step of the way.



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Jersey City, NJ

# Rooted in New Jersey. Focused on our customers and members.

At AmeriHealth, we are proud of our New Jersey roots. The people we serve are more than just health plan members. They are our neighbors, families, and friends — and that matters to us.

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

## AmeriHealth offers:



**Health plans that work  
for large businesses**



**Large network, with providers  
across the state and beyond**



**Personal support and  
easy-to-use tools**

## Who we are

### 30+ YEARS

Serving New Jersey residents and businesses since 1994

### 3,000 NJ BUSINESSES

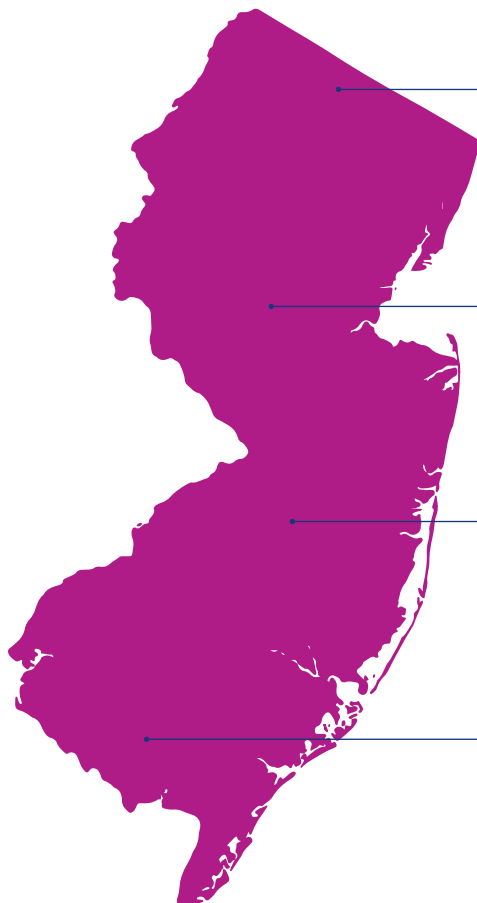
Serving 3,000 New Jersey businesses and 200,000 members

### 15 YEARS

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

### 21 COUNTIES

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



## AmeriHealth Advantage: More value from every health care dollar

AmeriHealth Advantage helps employers balance affordability and access through tiered benefits. Members can lower their out-of-pocket costs by choosing Tier 1 doctors and facilities while still maintaining access to a broad network of providers.<sup>1,2</sup>

### How it works

#### Tier 1 providers

Members save the most on care when they use Tier 1 doctors and facilities in the Value Plus network. This includes doctors, like PCPs, and facilities, hospitals, and ambulatory surgery centers.

#### Tier 2 providers

Members also have in-network coverage for Tier 2 doctors and facilities in the Value Plus network, but the cost of care may be higher.



### Why employers choose AmeriHealth Advantage

- ✓ Lower monthly premiums
- ✓ Lower deductibles and out-of-pocket costs for members
- ✓ No referrals required
- ✓ Simple, easy-to-use plan design
- ✓ Optional nationwide access through the Cigna Healthcare PPO network, when applicable

<sup>1</sup> 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.

<sup>2</sup> Certain types of providers are not tiered. For these providers, you won't see a tier assignment in the Provider Finder. Instead, these providers will be listed as "Participating." If you get care from a provider listed as "Participating," it may be processed at a Tier 2 cost-share.

## 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](https://amerihealth.com/providerfinder).

### Value Plus access

Value Plus<sup>1</sup> 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.<sup>2</sup>

The Cigna Healthcare® PPO Network<sup>6</sup> includes more than **1.6 million health care providers** and nearly **6,400 hospitals nationwide**.<sup>3</sup>

### National access

National access is available through Cigna Healthcare PPO Network for services obtained outside of the Value Plus service area.<sup>1,4</sup>



### Locating in-network providers

Members can log in at [amerihealth.com](https://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 Pennsylvania<sup>1</sup>
- Cigna Healthcare PPO network for providers in New York state<sup>2</sup>
- Labcorp for lab locations throughout the country<sup>5</sup>

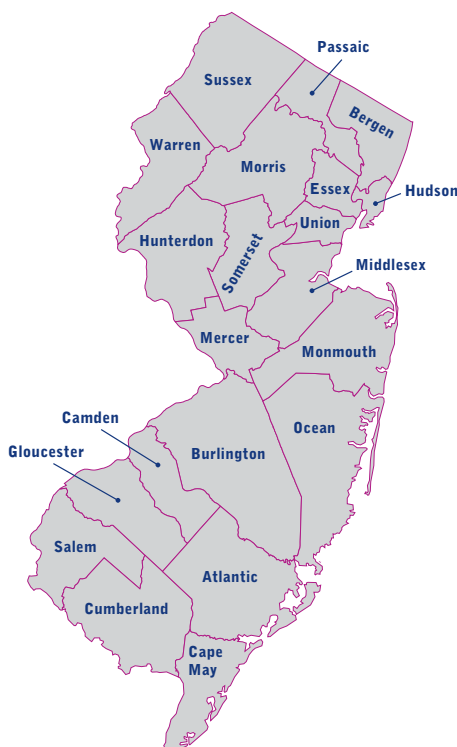
### Southeastern Pennsylvania



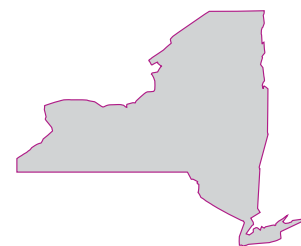
### Delaware



### New Jersey



### New York



<sup>1</sup> 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.

<sup>2</sup> Access to the Cigna Healthcare PPO network in New York is available for our EPO, PPO, and POS NG plans.

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

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

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

<sup>6</sup> 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.

## Benefits and tools that make care easier

AmeriHealth plans include helpful benefits and tools that make it easier for members to manage their health, lower their costs, and get care when and where they need it.

### Prescription drug benefits

Our medical plans include prescription drug benefits that provide members with safe, affordable access to covered medications.

#### Members save with lower-cost medications

We're helping members save money on prescriptions.

- **Save with generics.** Members pay less when their doctor prescribes generic and lower-cost brand alternatives.
- **Pricing transparency.** With convenient access to online tools, members can easily estimate what they'll pay for prescriptions, find the most cost-effective options, and make informed decisions about their medications.
- **Better pricing at the pharmacy.** The Price Edge Program selects the lowest available price at the pharmacy, for a defined list of generic drugs, between the member's plan cost-share and any discount pricing (e.g., GoodRx). Members automatically pay the lower amount.

### Medication management made easy



#### Easy-to-use digital tools

Our secure member website makes it easy for members to manage their prescription drug benefits. They can log in to their account on our website or AmeriHealth app to find an in-network pharmacy, estimate drug costs, review claims, and submit requests for mail order/home delivery.



#### Convenient mail order/home delivery

For medications taken regularly, mail order/home delivery is available with free shipping. In most plans, members will pay less for a 90-day supply when using mail order/home delivery.

## 65,000+ IN-NETWORK PHARMACIES NATIONWIDE

| Rx OPTIONS <sup>1,2</sup> | GENERIC Rx                       | PREFERRED BRAND Rx               | NON-PREFERRED Rx                 |
|---------------------------|----------------------------------|----------------------------------|----------------------------------|
| \$7/\$35/\$50             | \$7                              | \$35                             | \$50                             |
| \$10/\$40/\$60            | \$10                             | \$40                             | \$60                             |
| \$15/\$35/\$50            | \$15                             | \$35                             | \$50                             |
| \$7/50% up to \$125       | \$7                              | 50% coinsurance, up to \$125 max | 50% coinsurance, up to \$125 max |
| \$25/\$50/\$75            | \$25                             | \$50                             | \$75                             |
| 50% up to \$125           | 50% coinsurance, up to \$125 max | 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  |

<sup>1</sup> 30-day supply

<sup>2</sup> Prescription mail order benefit is available for two times the applicable cost-sharing for a 90-day supply.

## Get care without leaving home

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

### No cost for virtual visits with 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, and interpreter services are available in several languages, including American Sign Language (ASL).

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

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## 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.

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



## Support that helps members feel their best

Staying healthy is about more than doctor visits and prescriptions. It's also about having support our members can count on — for physical health, mental health, and everyday well-being. With AmeriHealth, members are never on their own.



### Health support from Registered Nurses

Members can call a Registered Nurse Health Coach 24/7 with health questions, big or small. This service is confidential, and there is no cost to them. A Health Coach can help members understand their treatment plan, manage their health, and feel more confident in their decisions.

Extra support is also available for members who are pregnant or managing complex conditions, including cancer support from Thyme Care.



### Help finding behavioral health care

Mental health matters just as much as physical health. For members looking for behavioral health care, AmeriHealth offers a comprehensive network of behavioral health providers and personal support to help them find the right care quickly.

### Call for one-on-one support

Members can call our Behavioral Health Care Navigation team for help with finding the right care. Our team can:

- Match members with an in-network provider
- Provide in-the-moment support
- Schedule an appointment (in person or virtual)
- Identify any urgent or escalating needs

### Get connected to care fast

A subset of our behavioral health provider network, called the Connect to Care network, is committed to getting members into care fast. We can schedule an appointment for them in as quickly as 1–2 days.

- 21,000+ appointments per month available for our members
- For general mental health, substance use disorders, OCD, eating disorders, and more
- In-person and virtual appointments available
- Providers available for all ages: Children, adolescents, and adults

### Digital tools from Spring Health

Members can take care of their mental health daily with Self Care from Spring Health. Members have free access to their on-demand resources through their website or mobile app, including:

- Short videos and exercises for anxiety, stress, sleep, and more — all tailored to how they're feeling that day
- Longer programs to help members navigate deeper challenges like relationship stress, family issues, or work pressure
- Resources designed specifically for neurodivergent individuals and their families

### Autism care navigation

Members don't have to figure it out alone if they have a family member who is being evaluated for autism or has a new diagnosis. They will be paired with a dedicated Autism Care Navigator who can answer questions, help coordinate referrals to trusted care, support caregivers and siblings, and connect them with specialty care and community resources. The Autism Care Navigator will also schedule quarterly check-ins to talk about progress and needs.



Scan the QR code or visit  
**[amerihealth.com/bhcare](https://amerihealth.com/bhcare)**  
to learn more.





## Rewards for healthy choices<sup>1,2</sup>

Healthy choices can add up! With Embrace Well-being Rewards, members can **earn reward dollars on a Visa® card** when they complete eligible activities during the plan year, including:

- 120 days of validated physical activity (earn \$300)
- An approved weight management program (earn \$300)
- A tobacco cessation program (earn \$150)



## Member-exclusive discounts<sup>1</sup>

AmeriHealth members get access to exclusive discounts on fun! They can save on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. They won't want to miss out on offers from local and national retail partners.



## Save on medical costs

Members can save up to 13% on deductibles, copays, and coinsurance when they sign up for AblePay and use an AblePay provider. AblePay also offers flexible payment plans for up to 12 months, all with 0% interest. There is no cost for them to sign up.



## Manage benefits online with ease

Our secure member website and AmeriHealth app make it easier for members to manage their health plan and find the information they need. They can check benefits and claims, estimate costs, search for in-network providers, view or share their ID card, manage prescriptions, and pay their bill — all in one convenient place.

<sup>1</sup> These value-added programs and services are not benefits under the health care plans purchased and are subject to change without notice.

<sup>2</sup> Embrace Well-being Rewards is only open to the health plan subscriber. Dependents are not eligible to earn Embrace Well-being Rewards.



## Supporting a healthier, more engaged workforce with Embrace Well-being@Work

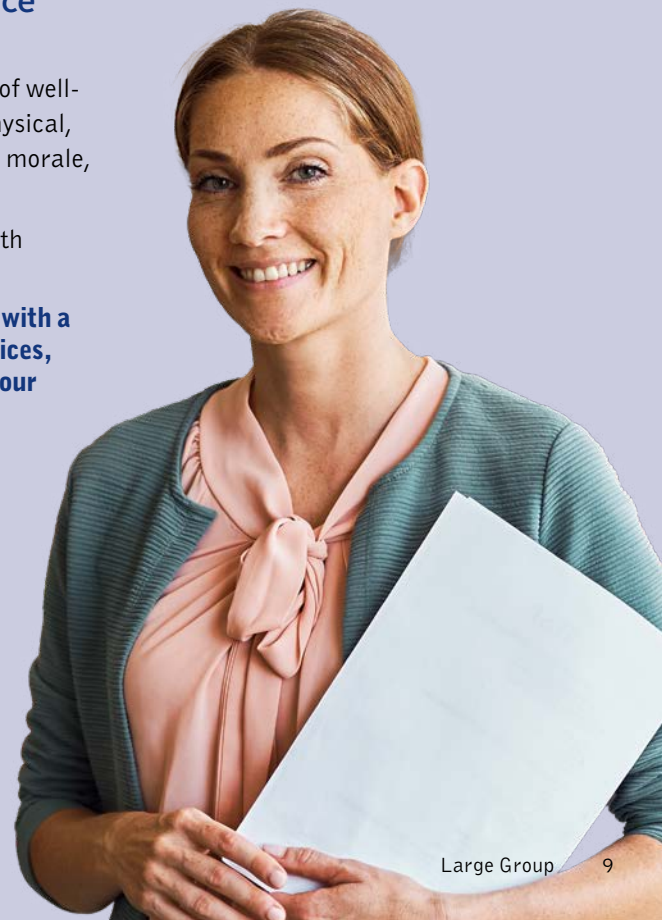
Embrace Well-being@Work helps employers create a culture of well-being with programs and resources that support employees' physical, emotional, and overall health — helping improve engagement, morale, and workplace satisfaction.

Here's what one employer had to say about their experience with Embrace Well-being@Work:

**“AmeriHealth partnered with us to provide our teachers with a staff wellness day. The team met with us to discuss choices, scheduling, and how to provide the best experience for our staff. That day AmeriHealth was punctual, prepared, enthusiastic, and kind. They provided staff with a wealth of useful information and tasty healthy treats. It was an absolute pleasure collaborating with AmeriHealth for an extremely delightful experience emphasizing the importance of taking care of yourself — mind and body. Our staff loved it!”**

— Janice, New Jersey School District BOE Member

**Ask your AmeriHealth representative how your groups can participate in Embrace Well-being@Work and start building a healthier, more engaged workforce.**



## Streamlined benefits administration

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

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

### Pay invoices online

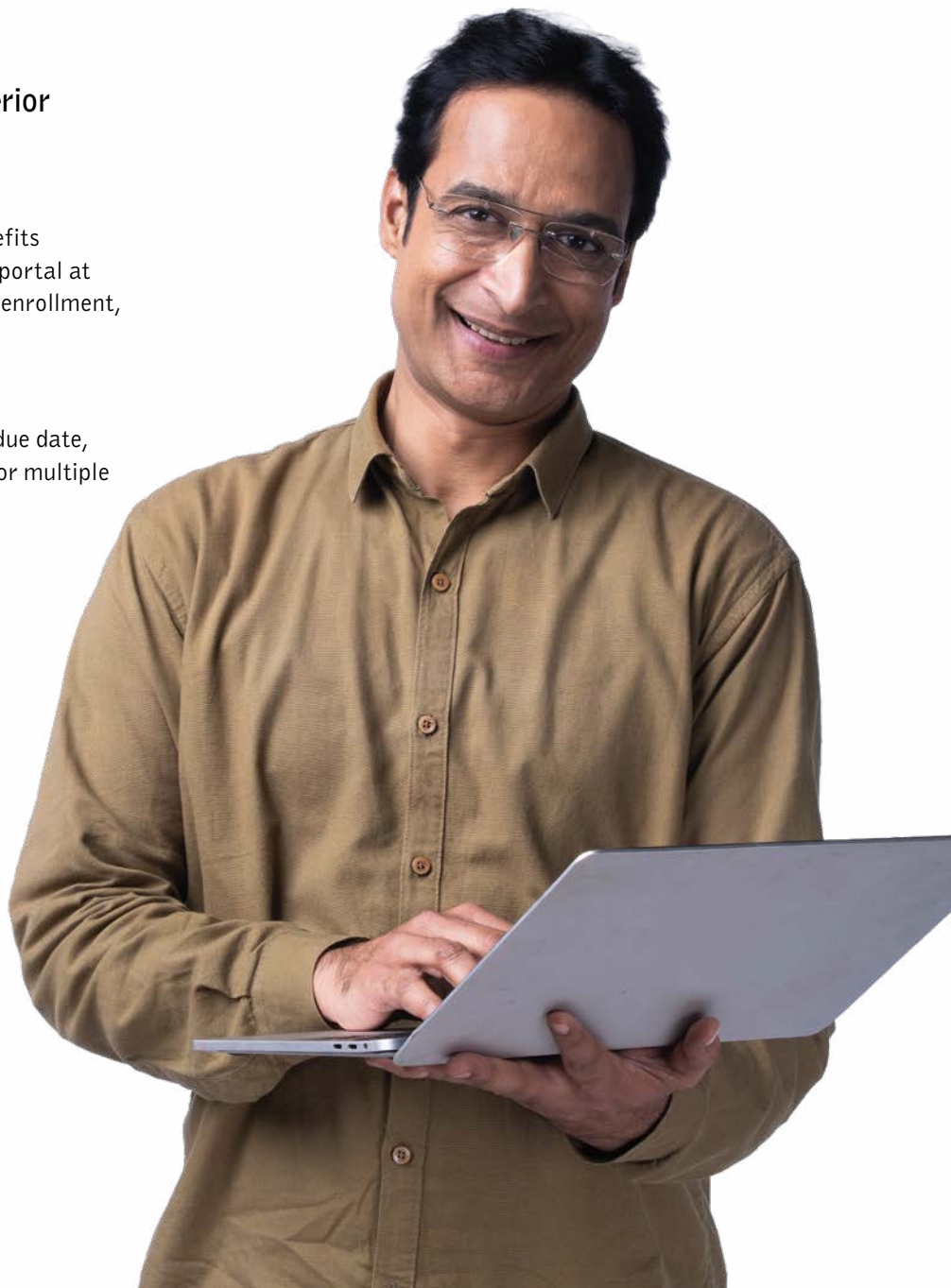
Make one-time payments up until the premium due date, or set up recurring monthly payments from one or multiple bank accounts.

### 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.



### Get our latest updates by email and text

Stay in the know with timely updates by signing up for our weekly broker communication, **Market Edge**. Opt in to Broker Wire for critical and time-sensitive updates by text.

Another great way to stay informed on the go is with **MarketEdge Cast**, a monthly digest of our Market Edge articles delivered as a podcast. Designed for busy professionals, this podcast brings you the latest updates, insights, and industry news in a convenient audio format. Don't miss out on the latest information!

Visit [amerihealth.com/brokerwire](https://amerihealth.com/brokerwire) to sign up for Broker Wire. By doing so, you'll also get notifications when a new episode of *MarketEdge Cast* is available.

Scan the QR code or visit [amerihealth.com/brokerwire](https://amerihealth.com/brokerwire) to opt in.



# 2027 HEALTH PLANS

**LARGE GROUP PORTFOLIO**

| AMERIHEALTH<br>ADVANTAGE EPO <sup>1</sup><br>HEALTH PLANS                                          | NATIONAL ACCESS<br>\$30/\$60, \$2,000/30%    |                                              | NATIONAL ACCESS<br>\$20/\$40, \$1,000/20%<br>0/\$ |                                     |
|----------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------------|-------------------------------------|
|                                                                                                    | TIER 1                                       | TIER 2                                       | TIER 1                                            | TIER 2                              |
| <b>Deductible<sup>2</sup> — Individual/Family</b>                                                  | \$2,000/\$4,000                              | \$2,500/\$5,000                              | \$1,000/\$2,000                                   | \$2,000/\$4,000                     |
| <b>Maximum out-of-pocket — Individual/Family</b>                                                   | \$7,000/\$14,000 <sup>8</sup>                |                                              | \$7,000/\$14,000 <sup>8</sup>                     |                                     |
| <b>Primary care visits</b>                                                                         | \$30 copay<br>after deductible               | \$50 copay<br>after deductible               | \$20 copay                                        | \$50 copay                          |
| <b>Specialist visits</b>                                                                           | \$60 copay<br>after deductible               | \$75 copay<br>after deductible               | \$40 copay                                        | \$75 copay                          |
| <b>Urgent care services</b>                                                                        | \$75 copay<br>after deductible               | \$75 copay<br>after deductible               | \$75 copay                                        |                                     |
| <b>Emergency room</b>                                                                              | \$100 copay<br>after deductible <sup>9</sup> | \$100 copay<br>after deductible <sup>9</sup> | \$100 copay <sup>9</sup>                          |                                     |
| <b>Outpatient surgery</b>                                                                          | 30% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible          | 20% coinsurance<br>after deductible               | 50% coinsurance<br>after deductible |
| <b>Inpatient hospital services,<br/>including maternity</b>                                        |                                              |                                              | 50% coinsurance<br>after deductible               | 50% coinsurance<br>after deductible |
| <b>X-rays and diagnostic imaging</b>                                                               |                                              |                                              | 50% coinsurance<br>after deductible               | 50% coinsurance<br>after deductible |
| <b>Imaging (CT, PET Scans, MRIs)</b>                                                               | 50% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible          | No charge, no deductible                          |                                     |
| <b>Laboratory<sup>3</sup></b>                                                                      | 50% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible          | 20% coinsurance<br>after deductible               | 20% coinsurance<br>after deductible |
| <b>Inpatient Treatment —<br/>Mental/Behavioral Health,<br/>substance use disorder</b>              | \$60 copay<br>after deductible               | \$60 copay<br>after deductible               | \$40 copay                                        |                                     |
| <b>Outpatient Treatment —<br/>Mental/Behavioral Health,<br/>substance use disorder<sup>4</sup></b> | \$60 copay<br>after deductible               | \$60 copay<br>after deductible               | \$40 copay                                        |                                     |
| <b>Rehabilitation therapy services<sup>5</sup></b>                                                 | \$30 copay<br>after deductible               | \$30 copay<br>after deductible               | \$30 copay                                        |                                     |
| <b>Chiropractic care<sup>5</sup></b>                                                               | 50% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible               | 50% coinsurance<br>after deductible |
| <b>Durable medical equipment</b>                                                                   | 50% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible          | 50% coinsurance<br>after deductible               | 50% coinsurance<br>after deductible |

Please see footnotes on page 39.

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

| AMERIHEALTH<br>ADVANTAGE EPO <sup>1</sup><br>HEALTH PLANS                                   | NATIONAL ACCESS<br>\$15/\$30, \$1,000 \$100/DAY |                                                 | NATIONAL ACCESS HSA<br>\$2,000/20%, \$7/50%/\$125 RX <sup>6</sup> |                                           |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|
| MEDICAL BENEFITS                                                                            | TIER 1                                          | TIER 2                                          | TIER 1                                                            | TIER 2                                    |
| <b>Deductible<sup>2</sup></b> — Individual/Family                                           | \$1,000/\$2,000                                 | \$2,000/\$4,000                                 | \$2,000 <sup>7</sup> /\$4,000                                     | \$2,500 <sup>7</sup> /\$5,000             |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$6,000/\$12,000 <sup>8</sup>                   |                                                 | \$7,000/\$14,000 <sup>8</sup>                                     |                                           |
| Primary care visits                                                                         | \$15 copay                                      | \$50 copay                                      | \$20 copay after deductible                                       | \$50 copay after deductible               |
| Specialist visits                                                                           | \$30 copay                                      | \$75 copay                                      | \$40 copay after deductible                                       | \$75 copay after deductible               |
| Urgent care services                                                                        | \$75 copay                                      |                                                 | \$75 copay after deductible                                       | \$75 copay after deductible               |
| Emergency room                                                                              | \$100 copay <sup>9</sup>                        |                                                 | \$100 copay after deductible <sup>9</sup>                         | \$100 copay after deductible <sup>9</sup> |
| Outpatient surgery                                                                          | \$50 copay                                      | \$100 copay                                     | 20% coinsurance after deductible                                  | 50% coinsurance after deductible          |
| Inpatient hospital services, including maternity                                            | \$100 copay per day, up to 5 days <sup>10</sup> | \$300 copay per day, up to 5 days <sup>10</sup> |                                                                   |                                           |
| X-rays and diagnostic imaging                                                               | \$50 copay                                      |                                                 | 20% coinsurance after deductible                                  | 20% coinsurance after deductible          |
| Imaging (CT, PET Scans, MRIs)                                                               | \$100 copay                                     |                                                 |                                                                   |                                           |
| Laboratory <sup>3</sup>                                                                     | No charge, no deductible                        |                                                 | No charge after deductible                                        | No charge after deductible                |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | \$100 copay per day, up to 5 days <sup>10</sup> |                                                 | 20% coinsurance after deductible                                  | 20% coinsurance after deductible          |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$30 copay                                      |                                                 | \$40 copay after deductible                                       | \$40 copay after deductible               |
| Rehabilitation therapy services <sup>5</sup>                                                | \$30 copay                                      |                                                 | \$40 copay after deductible                                       | \$40 copay after deductible               |
| Chiropractic care <sup>5</sup>                                                              |                                                 |                                                 | \$30 copay after deductible                                       | \$30 copay after deductible               |
| Durable medical equipment                                                                   | 50% coinsurance after deductible                | 50% coinsurance after deductible                | 50% coinsurance after deductible                                  | 50% coinsurance after deductible          |

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

NATIONAL ACCESS HSA \$1,750/10%, \$7/50%/\$125 RX<sup>6</sup>

| MEDICAL BENEFITS                                                                            | TIER 1                           | TIER 2                           |
|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| <b>Deductible<sup>2</sup></b> — Individual/Family                                           | \$1,750 <sup>7</sup> /\$3,500    | \$2,500 <sup>7</sup> /\$5,000    |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$5,000/\$10,000 <sup>8</sup>    |                                  |
| Primary care visits                                                                         | \$15 copay after deductible      | \$50 copay after deductible      |
| Specialist visits                                                                           | \$30 copay after deductible      | \$75 copay after deductible      |
| Urgent care services                                                                        | 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                                            |                                  |                                  |
| X-rays and diagnostic imaging                                                               | 10% coinsurance after deductible | 10% coinsurance after deductible |
| Imaging (CT, PET Scans, MRIs)                                                               |                                  |                                  |
| Laboratory <sup>3</sup>                                                                     | No charge after deductible       | No charge after deductible       |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | 10% coinsurance after deductible | 10% coinsurance after deductible |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$30 copay after deductible      | \$30 copay after deductible      |
| Rehabilitation therapy services <sup>5</sup>                                                | \$30 copay after deductible      | \$30 copay after deductible      |
| Chiropractic care <sup>5</sup>                                                              |                                  |                                  |
| Durable medical equipment                                                                   | 50% coinsurance after deductible | 50% coinsurance after deductible |

Please see footnotes on page 39.

| AMERIHEALTH<br>ADVANTAGE EPO <sup>1</sup><br>HEALTH PLANS                            | \$30/\$60,<br>\$2,500/30%                 |                                  | \$20/\$40,<br>\$2,200/20%        |                                  |
|--------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| MEDICAL BENEFITS                                                                     | TIER 1                                    | TIER 2                           | TIER 1                           | TIER 2                           |
| Deductible — Individual/Family                                                       | \$2,500/\$5,000 <sup>11</sup>             |                                  | \$2,200/\$4,400 <sup>11</sup>    |                                  |
| Maximum out-of-pocket — Individual/Family                                            | \$7,000/\$14,000 <sup>8</sup>             |                                  | \$5,000/\$10,000 <sup>8</sup>    |                                  |
| Primary care visits                                                                  | \$30 copay after deductible               | \$50 copay after deductible      | \$20 copay                       | \$50 copay                       |
| Specialist visits                                                                    | \$60 copay after deductible               | \$75 copay after deductible      | \$40 copay                       | \$75 copay                       |
| Urgent care services                                                                 | \$75 copay after deductible               |                                  | \$75 copay                       |                                  |
| Emergency room                                                                       | \$100 copay after deductible <sup>9</sup> |                                  | \$100 copay <sup>9</sup>         |                                  |
| Outpatient surgery                                                                   | 30% coinsurance after deductible          | 50% coinsurance after deductible | 20% coinsurance after deductible | 50% coinsurance after deductible |
| Inpatient hospital services, including maternity                                     |                                           |                                  |                                  |                                  |
| X-rays and diagnostic imaging                                                        | 50% coinsurance after deductible          |                                  | 50% coinsurance after deductible |                                  |
| Imaging (CT, PET Scans, MRIs)                                                        |                                           |                                  |                                  |                                  |
| Laboratory <sup>3</sup>                                                              | 50% coinsurance after deductible          |                                  | No charge, no deductible         |                                  |
| Inpatient Treatment — Mental/Behavioral Health, substance use disorder               | 30% coinsurance after deductible          |                                  | 20% coinsurance after deductible |                                  |
| Outpatient Treatment — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$60 copay after deductible               |                                  | \$40 copay                       |                                  |
| Rehabilitation therapy services <sup>5</sup>                                         | \$60 copay after deductible               |                                  | \$40 copay                       |                                  |
| Chiropractic care <sup>5</sup>                                                       | \$30 copay after deductible               |                                  | \$30 copay                       |                                  |
| Durable medical equipment                                                            | 50% coinsurance after deductible          |                                  | 50% coinsurance after deductible |                                  |

| AMERIHEALTH<br>ADVANTAGE EPO <sup>1</sup><br>HEALTH PLANS                            | HSA<br>\$2,500/30%,<br>\$7/50%/\$125 RX <sup>6</sup> |                                  | HSA<br>\$1,750/10%,<br>\$7/50%/\$125 RX <sup>6</sup> |                                  |
|--------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|------------------------------------------------------|----------------------------------|
| MEDICAL BENEFITS                                                                     | TIER 1                                               | TIER 2                           | TIER 1                                               | TIER 2                           |
| Deductible — Individual/Family                                                       | \$2,500 <sup>7</sup> /\$5,000 <sup>11</sup>          |                                  | \$1,750 <sup>7</sup> /\$3,500 <sup>11</sup>          |                                  |
| Maximum out-of-pocket — Individual/Family                                            | \$7,000/\$14,000 <sup>8</sup>                        |                                  | \$3,000 <sup>7</sup> /\$6,000 <sup>8</sup>           |                                  |
| Primary care visits                                                                  | \$30 copay after deductible                          | \$50 copay after deductible      | \$15 copay after deductible                          | \$30 copay after deductible      |
| Specialist visits                                                                    | \$60 copay after deductible                          | \$75 copay after deductible      | \$30 copay after deductible                          | \$60 copay after deductible      |
| Urgent care services                                                                 | \$75 copay after deductible                          |                                  | 10% coinsurance after deductible                     |                                  |
| Emergency room                                                                       | \$100 copay after deductible <sup>9</sup>            |                                  |                                                      |                                  |
| Outpatient surgery                                                                   | 30% coinsurance after deductible                     | 50% coinsurance after deductible | 10% coinsurance after deductible                     | 30% coinsurance after deductible |
| Inpatient hospital services, including maternity                                     |                                                      |                                  |                                                      |                                  |
| X-rays and diagnostic imaging                                                        | 50% coinsurance after deductible                     |                                  | 10% coinsurance after deductible                     |                                  |
| Imaging (CT, PET Scans, MRIs)                                                        |                                                      |                                  |                                                      |                                  |
| Laboratory <sup>3</sup>                                                              | 50% coinsurance after deductible                     |                                  | No charge after deductible                           |                                  |
| Inpatient Treatment — Mental/Behavioral Health, substance use disorder               | 30% coinsurance after deductible                     |                                  | 10% coinsurance after deductible                     |                                  |
| Outpatient Treatment — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$60 copay after deductible                          |                                  | \$30 copay after deductible                          |                                  |
| Rehabilitation therapy services <sup>5</sup>                                         | \$60 copay after deductible                          |                                  | \$30 copay after deductible                          |                                  |
| Chiropractic care <sup>5</sup>                                                       | \$30 copay after deductible                          |                                  |                                                      |                                  |
| Durable medical equipment                                                            | 50% coinsurance after deductible                     |                                  | 50% coinsurance after deductible                     |                                  |

Please see footnotes on page 39.

| <b>EPO HSA</b><br>HEALTH PLANS                                                              | <b>HSA</b><br>\$2,500/50%<br>\$25/\$50/\$75 RX <sup>6</sup> | <b>HSA</b><br>\$2,500/30%<br>\$25/\$50/\$75 RX <sup>6</sup> | <b>HSA</b><br>\$2,000/40%<br>\$25/\$50/\$75 RX <sup>6</sup> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                     | <b>IN-NETWORK</b>                                           | <b>IN-NETWORK</b>                                           | <b>IN-NETWORK</b>                                           |
| <b>Deductible</b> — Individual/Family                                                       | \$2,500 <sup>7</sup> /\$5,000                               | \$2,500 <sup>7</sup> /\$5,000                               | \$2,000 <sup>7</sup> /\$4,000                               |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$6,900/\$13,800                                            | \$6,900/\$13,800                                            | \$4,000 <sup>7</sup> /\$8,000                               |
| Primary care visits                                                                         | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Specialist visits                                                                           | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Urgent care services                                                                        | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Emergency room                                                                              | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Outpatient surgery                                                                          | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Inpatient hospital services, including maternity                                            | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| X-rays and diagnostic imaging                                                               | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Imaging (CT, PET Scans, MRIs)                                                               | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Laboratory <sup>3</sup>                                                                     | No charge after deductible                                  | No charge after deductible                                  | No charge after deductible                                  |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Rehabilitation therapy services <sup>5</sup>                                                | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Chiropractic care <sup>5</sup>                                                              | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | 40% coinsurance after deductible                            |
| Durable medical equipment                                                                   | 50% coinsurance after deductible                            | 50% coinsurance after deductible                            | 50% coinsurance after deductible                            |

| <b>EPO HSA</b><br>HEALTH PLANS                                                              | <b>HSA \$30/\$50</b><br>\$2,500/0%<br>\$25/\$50/\$75 RX <sup>6</sup> | <b>HSA</b><br>\$2,000/20%<br>\$25/\$50/\$75 RX <sup>6</sup> | <b>HSA</b> /\$<br>\$1,750/30%<br>\$10/\$40/\$60 RX <sup>6</sup> |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                     | <b>IN-NETWORK</b>                                                    | <b>IN-NETWORK</b>                                           | <b>IN-NETWORK</b>                                               |
| <b>Deductible</b> — Individual/Family                                                       | \$2,500 <sup>7</sup> /\$5,000                                        | \$2,000 <sup>7</sup> /\$4,000                               | \$1,750 <sup>7</sup> /\$3,500                                   |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$6,900/\$13,800                                                     | \$4,000 <sup>7</sup> /\$8,000                               | \$3,000 <sup>7</sup> /\$6,000                                   |
| Primary care visits                                                                         | \$30 copay after deductible                                          | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Specialist visits                                                                           | \$50 copay after deductible                                          | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Urgent care services                                                                        | \$75 copay after deductible                                          | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Emergency room                                                                              | \$100 copay after deductible <sup>9</sup>                            | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Outpatient surgery                                                                          | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Inpatient hospital services, including maternity                                            | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| X-rays and diagnostic imaging                                                               | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Imaging (CT, PET Scans, MRIs)                                                               | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Laboratory <sup>3</sup>                                                                     | No charge after deductible                                           | No charge after deductible                                  | No charge after deductible                                      |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Rehabilitation therapy services <sup>5</sup>                                                | No charge after deductible                                           | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Chiropractic care <sup>5</sup>                                                              | \$30 copay after deductible                                          | 20% coinsurance after deductible                            | 30% coinsurance after deductible                                |
| Durable medical equipment                                                                   | No charge after deductible                                           | 50% coinsurance after deductible                            | 50% coinsurance after deductible                                |

Please see footnotes on page 39.

| <b>EPO HSA<br/>HEALTH PLANS</b>                                                             | <b>HSA<br/>\$1,750/50%<br/>\$7/50%/\$125 RX<sup>6</sup></b> | <b>HSA<br/>\$1,750/30%<br/>\$7/50%/\$125 RX<sup>6</sup></b> | <b>HSA<br/>\$2,500/0%<br/>\$10/\$40/\$60 RX<sup>6</sup></b> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                     | <b>IN-NETWORK</b>                                           | <b>IN-NETWORK</b>                                           | <b>IN-NETWORK</b>                                           |
| <b>Deductible</b> — Individual/Family                                                       | \$1,750 <sup>7</sup> /\$3,500                               | \$1,750 <sup>7</sup> /\$3,500                               | \$2,500 <sup>7</sup> /\$5,000                               |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$2,500 <sup>7</sup> /\$5,000                               | \$3,000 <sup>7</sup> /\$6,000                               | \$3,000 <sup>7</sup> /\$6,000                               |
| Primary care visits                                                                         | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Specialist visits                                                                           | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Urgent care services                                                                        | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Emergency room                                                                              | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Outpatient surgery                                                                          | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Inpatient hospital services, including maternity                                            | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| X-rays and diagnostic imaging                                                               | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Imaging (CT, PET Scans, MRIs)                                                               | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Laboratory <sup>3</sup>                                                                     | No charge after deductible                                  | No charge after deductible                                  | No charge after deductible                                  |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Rehabilitation therapy services <sup>5</sup>                                                | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Chiropractic care <sup>5</sup>                                                              | 50% coinsurance after deductible                            | 30% coinsurance after deductible                            | No charge after deductible                                  |
| Durable medical equipment                                                                   | 50% coinsurance after deductible                            | 50% coinsurance after deductible                            | No charge after deductible                                  |

| <b>EPO</b><br>HEALTH PLANS                                                                         | <b>VIRTUAL<br/>PRIMARY CARE<br/>EPO \$0/\$75<br/>\$2,500/50%</b>                           | <b>\$50/\$75<br/>\$2,500/50%</b>    | <b>\$40/\$60<br/>\$2,500/40%</b>    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                            | <b>IN-NETWORK</b>                                                                          | <b>IN-NETWORK</b>                   | <b>IN-NETWORK</b>                   |
| <b>Deductible — Individual/Family</b>                                                              | \$2,500/\$5,000                                                                            | \$2,500/\$5,000                     | \$2,500/\$5,000                     |
| <b>Maximum out-of-pocket — Individual/Family</b>                                                   | \$9,200/\$18,400                                                                           | \$7,500/\$15,000                    | \$7,000/\$14,000                    |
| <b>Primary care visits</b>                                                                         | vPCP <sup>12</sup> :<br>No charge, no deductible<br>In-network office visit:<br>\$50 copay | \$50 copay                          | \$40 copay                          |
| <b>Specialist visits</b>                                                                           | \$75 copay                                                                                 | \$75 copay                          | \$60 copay                          |
| <b>Urgent care services</b>                                                                        | 50% coinsurance<br>after deductible                                                        | \$75 copay                          | \$75 copay                          |
| <b>Emergency room</b>                                                                              |                                                                                            | \$100 copay <sup>9</sup>            | \$100 copay <sup>9</sup>            |
| <b>Outpatient surgery</b>                                                                          | 50% coinsurance<br>after deductible                                                        | 50% coinsurance<br>after deductible | 40% coinsurance<br>after deductible |
| <b>Inpatient hospital services,<br/>including maternity</b>                                        |                                                                                            |                                     |                                     |
| <b>X-rays and diagnostic imaging</b>                                                               | 50% coinsurance<br>after deductible                                                        | 50% coinsurance<br>after deductible | 40% coinsurance<br>after deductible |
| <b>Imaging (CT, PET Scans, MRIs)</b>                                                               |                                                                                            |                                     |                                     |
| <b>Laboratory<sup>3</sup></b>                                                                      | 50% coinsurance<br>after deductible                                                        | No charge, no deductible            | No charge, no deductible            |
| <b>Inpatient Treatment —<br/>Mental/Behavioral Health,<br/>substance use disorder</b>              | 50% coinsurance<br>after deductible                                                        | 50% coinsurance<br>after deductible | 40% coinsurance<br>after deductible |
| <b>Outpatient Treatment —<br/>Mental/Behavioral Health,<br/>substance use disorder<sup>4</sup></b> | \$50 copay                                                                                 | \$50 copay                          | \$60 copay                          |
| <b>Rehabilitation therapy services<sup>5</sup></b>                                                 | \$50 copay                                                                                 | \$50 copay                          | \$60 copay                          |
| <b>Chiropractic care<sup>5</sup></b>                                                               | \$30 copay                                                                                 | \$30 copay                          | \$30 copay                          |
| <b>Durable medical equipment</b>                                                                   | 50% coinsurance<br>after deductible                                                        | 50% coinsurance<br>after deductible | 50% coinsurance<br>after deductible |

Please see footnotes on page 39.

| <b>EPO</b><br>HEALTH PLANS                                                                        | <b>\$30/\$50<br/>\$2,500/20%</b>    | <b>\$20/\$50<br/>\$2,200/30%</b>    | <b>\$30/\$50 \$1,000<br/>\$500/DAY</b>                               |
|---------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                           | <b>IN-NETWORK</b>                   | <b>IN-NETWORK</b>                   | <b>IN-NETWORK</b>                                                    |
| <b>Deductible</b> — Individual/Family                                                             | \$2,500/\$5,000                     | \$2,200/\$4,400                     | \$1,000/\$2,000                                                      |
| <b>Maximum out-of-pocket</b> — Individual/Family                                                  | \$6,000/\$12,000                    | \$4,000/\$8,000                     | \$3,500/\$7,000                                                      |
| Primary care visits                                                                               | \$30 copay                          | \$20 copay                          | \$30 copay                                                           |
| Specialist visits                                                                                 | \$50 copay                          | \$50 copay                          | \$50 copay                                                           |
| Urgent care services                                                                              | \$75 copay                          | \$75 copay                          | \$75 copay                                                           |
| Emergency room                                                                                    | \$100 copay <sup>9</sup>            | \$100 copay <sup>9</sup>            | \$100 copay <sup>9</sup>                                             |
| Outpatient surgery                                                                                | 20% coinsurance<br>after deductible | \$300 copay<br>after deductible     | \$300 copay<br>after deductible                                      |
| Inpatient hospital services,<br>including maternity                                               |                                     | 30% coinsurance<br>after deductible | \$500 copay per day, up to<br>5 days, after deductible <sup>10</sup> |
| X-rays and diagnostic imaging                                                                     |                                     | \$50 copay                          | \$50 copay<br>after deductible                                       |
| Imaging (CT, PET Scans, MRIs)                                                                     | 20% coinsurance<br>after deductible | \$75 copay                          | \$100 copay<br>after deductible                                      |
| Laboratory <sup>3</sup>                                                                           |                                     | No charge, no deductible            | No charge, no deductible                                             |
| <b>Inpatient Treatment</b> —<br>Mental/Behavioral Health,<br>substance use disorder               | 20% coinsurance<br>after deductible | 30% coinsurance<br>after deductible | \$500 copay per day, up to<br>5 days, after deductible <sup>10</sup> |
| <b>Outpatient Treatment</b> —<br>Mental/Behavioral Health,<br>substance use disorder <sup>4</sup> | \$50 copay                          | \$50 copay                          | \$50 copay                                                           |
| Rehabilitation therapy services <sup>5</sup>                                                      | \$50 copay                          | \$50 copay                          | \$50 copay                                                           |
| Chiropractic care <sup>5</sup>                                                                    | \$30 copay                          | \$30 copay                          | \$30 copay                                                           |
| Durable medical equipment                                                                         | 50% coinsurance<br>after deductible | 50% coinsurance<br>after deductible | 50% coinsurance<br>after deductible                                  |

| <b>EPO</b><br>HEALTH PLANS                                                                         | <b>\$30/\$50</b><br><b>\$1,500/30%</b> | <b>\$20/\$40</b><br><b>\$1,500/20%</b> | <b>\$30/\$50 \$250</b><br><b>\$500/DAY</b>                           |
|----------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                            | <b>IN-NETWORK</b>                      | <b>IN-NETWORK</b>                      | <b>IN-NETWORK</b>                                                    |
| <b>Deductible — Individual/Family</b>                                                              | \$1,500/\$3,000                        | \$1,500/\$3,000                        | \$250/\$500                                                          |
| <b>Maximum out-of-pocket — Individual/Family</b>                                                   | \$3,000/\$6,000                        | \$3,000/\$6,000                        | \$3,500/\$7,000                                                      |
| <b>Primary care visits</b>                                                                         | \$30 copay                             | \$20 copay                             | \$30 copay                                                           |
| <b>Specialist visits</b>                                                                           | \$50 copay                             | \$40 copay                             | \$50 copay                                                           |
| <b>Urgent care services</b>                                                                        | \$75 copay                             | \$75 copay                             | \$75 copay                                                           |
| <b>Emergency room</b>                                                                              | \$100 copay <sup>9</sup>               | \$100 copay <sup>9</sup>               | \$100 copay <sup>9</sup>                                             |
| <b>Outpatient surgery</b>                                                                          | 30% coinsurance<br>after deductible    | \$300 copay<br>after deductible        | \$300 copay<br>after deductible                                      |
| <b>Inpatient hospital services,<br/>including maternity</b>                                        |                                        | 20% coinsurance<br>after deductible    | \$500 copay per day, up to<br>5 days, after deductible <sup>10</sup> |
| <b>X-rays and diagnostic imaging</b>                                                               | 30% coinsurance<br>after deductible    | \$20 copay                             | \$25 copay<br>after deductible                                       |
| <b>Imaging (CT, PET Scans, MRIs)</b>                                                               |                                        | \$40 copay                             | \$50 copay<br>after deductible                                       |
| <b>Laboratory<sup>3</sup></b>                                                                      | No charge, no deductible               | No charge, no deductible               | No charge, no deductible                                             |
| <b>Inpatient Treatment —<br/>Mental/Behavioral Health,<br/>substance use disorder</b>              | 30% coinsurance<br>after deductible    | 20% coinsurance<br>after deductible    | \$500 copay per day, up to<br>5 days, after deductible <sup>10</sup> |
| <b>Outpatient Treatment —<br/>Mental/Behavioral Health,<br/>substance use disorder<sup>4</sup></b> | \$50 copay                             | \$40 copay                             | \$50 copay                                                           |
| <b>Rehabilitation therapy services<sup>5</sup></b>                                                 | \$50 copay                             | \$40 copay                             | \$50 copay                                                           |
| <b>Chiropractic care<sup>5</sup></b>                                                               | \$30 copay                             | \$30 copay                             | \$30 copay                                                           |
| <b>Durable medical equipment</b>                                                                   | 50% coinsurance<br>after deductible    | 50% coinsurance,<br>no deductible      | 50% coinsurance<br>after deductible                                  |

Please see footnotes on page 39.

| <b>EPO</b><br>HEALTH PLANS                                                                  | <b>\$30/\$50<br/>\$500/DAY</b>                  | <b>\$20/\$40<br/>\$250/DAY</b>                  |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                                                                     | <b>IN-NETWORK</b>                               | <b>IN-NETWORK</b>                               |
| <b>Deductible</b> — Individual/Family                                                       | \$0/\$0                                         | \$0/\$0                                         |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$3,000/\$6,000                                 | \$2,500/\$5,000                                 |
| Primary care visits                                                                         | \$30 copay                                      | \$20 copay                                      |
| Specialist visits                                                                           | \$50 copay                                      | \$40 copay                                      |
| Urgent care services                                                                        | \$75 copay                                      | \$75 copay                                      |
| Emergency room                                                                              | \$100 copay <sup>9</sup>                        | \$100 copay <sup>9</sup>                        |
| Outpatient surgery                                                                          | \$300 copay                                     | \$200 copay                                     |
| Inpatient hospital services, including maternity                                            | \$500 copay per day, up to 5 days <sup>10</sup> | \$250 copay per day, up to 5 days <sup>10</sup> |
| X-rays and diagnostic imaging                                                               | \$30 copay                                      | \$20 copay                                      |
| Imaging (CT, PET Scans, MRIs)                                                               | \$50 copay                                      | \$40 copay                                      |
| Laboratory <sup>3</sup>                                                                     | No charge                                       | No charge                                       |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | \$500 copay per day, up to 5 days <sup>10</sup> | \$250 copay per day, up to 5 days <sup>10</sup> |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$30 copay                                      | \$40 copay                                      |
| Rehabilitation therapy services <sup>5</sup>                                                | \$50 copay                                      | \$40 copay                                      |
| Chiropractic care <sup>5</sup>                                                              | \$30 copay                                      | \$30 copay                                      |
| Durable medical equipment                                                                   | 50% coinsurance                                 | 50% coinsurance                                 |

| POS NON-GATED (NG)<br>HEALTH PLANS                                                         | \$30/\$50<br>\$2,500/50%         |                                  | \$30/\$50<br>\$2,200/30%         |                                  |
|--------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                                                                                            | IN-NETWORK                       | OUT-OF-NETWORK                   | IN-NETWORK                       | OUT-OF-NETWORK                   |
| <b>Deductible — Individual/Family</b>                                                      | \$2,500/\$5,000                  | \$5,000/\$10,000                 | \$2,200/\$4,400                  | \$3,000/\$6,000                  |
| <b>Maximum out-of-pocket — Individual/Family</b>                                           | \$7,000/\$14,000                 | \$15,000/\$30,000                | \$4,000/\$8,000                  | \$15,000/\$30,000                |
| <b>Primary care visits</b>                                                                 | \$30 copay                       | 50% coinsurance after deductible | \$30 copay                       | 50% coinsurance after deductible |
| <b>Specialist visits</b>                                                                   | \$50 copay                       | 50% coinsurance after deductible | \$50 copay                       | 50% coinsurance after deductible |
| <b>Urgent care services</b>                                                                | \$75 copay                       | 50% coinsurance after deductible | \$75 copay                       | 50% coinsurance after deductible |
| <b>Emergency room</b>                                                                      | \$100 copay <sup>9</sup>         | Covered at in-network level      | \$100 copay <sup>9</sup>         | Covered at in-network level      |
| <b>Outpatient surgery</b>                                                                  | \$500 copay after deductible     | 50% coinsurance after deductible | \$300 copay after deductible     | 50% coinsurance after deductible |
| <b>Inpatient hospital services, including maternity</b>                                    | 50% coinsurance after deductible |                                  | 30% coinsurance after deductible |                                  |
| <b>X-rays and diagnostic imaging</b>                                                       | \$50 copay                       | 50% coinsurance after deductible | \$50 copay                       | 50% coinsurance after deductible |
| <b>Imaging (CT, PET Scans, MRIs)</b>                                                       | \$100 copay                      |                                  | \$100 copay                      |                                  |
| <b>Laboratory<sup>3</sup></b>                                                              | No charge, no deductible         | 50% coinsurance after deductible | No charge, no deductible         | 50% coinsurance after deductible |
| <b>Inpatient Treatment — Mental/Behavioral Health, substance use disorder</b>              | 50% coinsurance after deductible | 50% coinsurance after deductible | 30% coinsurance after deductible | 50% coinsurance after deductible |
| <b>Outpatient Treatment — Mental/Behavioral Health, substance use disorder<sup>4</sup></b> | \$50 copay                       | 50% coinsurance after deductible | \$50 copay                       | 50% coinsurance after deductible |
| <b>Rehabilitation therapy services<sup>5</sup></b>                                         | \$50 copay                       | 50% coinsurance after deductible | \$50 copay                       | 50% coinsurance after deductible |
| <b>Chiropractic care<sup>5</sup></b>                                                       | \$30 copay                       |                                  | \$30 copay                       |                                  |
| <b>Durable medical equipment</b>                                                           | 50% coinsurance after deductible | 50% coinsurance after deductible | 50% coinsurance after deductible | 50% coinsurance after deductible |

Please see footnotes on page 39.

| POS NON-GATED (NG)<br>HEALTH PLANS                                                          | \$30/\$50<br>\$1,600/20%         |                                  | \$20/\$40<br>\$1,000/10%         |                                  |
|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                                                                                             | IN-NETWORK                       | OUT-OF-NETWORK                   | IN-NETWORK                       | OUT-OF-NETWORK                   |
| <b>Deductible</b> — Individual/Family                                                       | \$1,600/\$3,200                  | \$3,000/\$6,000                  | \$1,000/\$2,000                  | \$2,000/\$4,000                  |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$3,200/\$6,400                  | \$6,000/\$12,000                 | \$2,500/\$5,000                  | \$5,000/\$10,000                 |
| Primary care visits                                                                         | \$30 copay                       | 40% coinsurance after deductible | \$20 copay                       | 30% coinsurance after deductible |
| Specialist visits                                                                           | \$50 copay                       | 40% coinsurance after deductible | \$40 copay                       | 30% coinsurance after deductible |
| Urgent care services                                                                        | \$75 copay                       | 40% coinsurance after deductible | \$75 copay                       | 30% coinsurance after deductible |
| Emergency room                                                                              | \$100 copay <sup>9</sup>         | Covered at in-network level      | \$100 copay <sup>9</sup>         | Covered at in-network level      |
| Outpatient surgery                                                                          | \$200 copay after deductible     | 40% coinsurance after deductible | \$100 copay after deductible     | 30% coinsurance after deductible |
| Inpatient hospital services, including maternity                                            | 20% coinsurance after deductible |                                  | 10% coinsurance after deductible |                                  |
| X-rays and diagnostic imaging                                                               | \$50 copay                       | 40% coinsurance after deductible | \$40 copay                       | 30% coinsurance after deductible |
| Imaging (CT, PET Scans, MRIs)                                                               | \$100 copay                      |                                  | \$80 copay                       |                                  |
| Laboratory <sup>3</sup>                                                                     | No charge, no deductible         | 40% coinsurance after deductible | No charge, no deductible         | 30% coinsurance after deductible |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | 20% coinsurance after deductible | 40% coinsurance after deductible | 10% coinsurance after deductible | 30% coinsurance after deductible |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$50 copay                       | 40% coinsurance after deductible | \$40 copay                       | 30% coinsurance after deductible |
| Rehabilitation therapy services <sup>5</sup>                                                | \$50 copay                       | 40% coinsurance after deductible | \$40 copay                       | 30% coinsurance after deductible |
| Chiropractic care <sup>5</sup>                                                              | \$30 copay                       |                                  | \$30 copay                       |                                  |
| Durable medical equipment                                                                   | 50% coinsurance after deductible | 50% coinsurance after deductible | 50% coinsurance after deductible | 50% coinsurance after deductible |

| POS NON-GATED (NG)<br>HEALTH PLANS                                                          | \$30/\$40<br>\$300/DAY                          |                                  | \$20/\$40<br>\$250/DAY                          |                                  |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|-------------------------------------------------|----------------------------------|
|                                                                                             | IN-NETWORK                                      | OUT-OF-NETWORK                   | IN-NETWORK                                      | OUT-OF-NETWORK                   |
| <b>Deductible</b> — Individual/Family                                                       | \$0/\$0                                         | \$2,000/\$6,000                  | \$0/\$0                                         | \$1,000/\$3,000                  |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$3,000/\$6,000                                 | \$9,000/\$18,000                 | \$2,500/\$5,000                                 | \$7,500/\$15,000                 |
| Primary care visits                                                                         | \$30 copay                                      | 40% coinsurance after deductible | \$20 copay                                      | 30% coinsurance after deductible |
| Specialist visits                                                                           | \$40 copay                                      | 40% coinsurance after deductible | \$40 copay                                      | 30% coinsurance after deductible |
| Urgent care services                                                                        | \$75 copay                                      | 40% coinsurance after deductible | \$75 copay                                      | 30% coinsurance after deductible |
| Emergency room                                                                              | \$100 copay <sup>9</sup>                        | Covered at in-network level      | \$100 copay <sup>9</sup>                        | Covered at in-network level      |
| Outpatient surgery                                                                          | \$150 copay                                     | 40% coinsurance after deductible | \$125 copay                                     | 30% coinsurance after deductible |
| Inpatient hospital services, including maternity                                            | \$300 copay per day, up to 5 days <sup>10</sup> |                                  | \$250 copay per day, up to 5 days <sup>10</sup> |                                  |
| X-rays and diagnostic imaging                                                               | \$40 copay                                      | 40% coinsurance after deductible | \$40 copay                                      | 30% coinsurance after deductible |
| Imaging (CT, PET Scans, MRIs)                                                               | \$80 copay                                      |                                  | \$80 copay                                      |                                  |
| Laboratory <sup>3</sup>                                                                     | No charge                                       | 40% coinsurance after deductible | No charge                                       | 30% coinsurance after deductible |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | \$300 copay per day, up to 5 days <sup>10</sup> | 40% coinsurance after deductible | \$250 copay per day, up to 5 days <sup>10</sup> | 30% coinsurance after deductible |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$40 copay                                      | 40% coinsurance after deductible | \$40 copay                                      | 30% coinsurance after deductible |
| Rehabilitation therapy services <sup>5</sup>                                                | \$40 copay                                      | 40% coinsurance after deductible | \$40 copay                                      | 30% coinsurance after deductible |
| Chiropractic care <sup>5</sup>                                                              | \$30 copay                                      |                                  | \$30 copay                                      |                                  |
| Durable medical equipment                                                                   | 50% coinsurance                                 | 50% coinsurance after deductible | 50% coinsurance                                 | 50% coinsurance after deductible |

Please see footnotes on page 39.

| POS NON-GATED (NG)<br>HEALTH PLANS                                                          | \$20/\$40<br>\$0/DAY     |                                  | \$10/\$20<br>\$0/DAY     |                                  |
|---------------------------------------------------------------------------------------------|--------------------------|----------------------------------|--------------------------|----------------------------------|
|                                                                                             | IN-NETWORK               | OUT-OF-NETWORK                   | IN-NETWORK               | OUT-OF-NETWORK                   |
| <b>Deductible</b> — Individual/Family                                                       | \$0/\$0                  | \$1,000/\$3,000                  | \$0/\$0                  | \$500/\$1,500                    |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$2,500/\$5,000          | \$6,000/\$12,000                 | \$2,500/\$5,000          | \$4,500/\$9,000                  |
| Primary care visits                                                                         | \$20 copay               | 30% coinsurance after deductible | \$10 copay               | 20% coinsurance after deductible |
| Specialist visits                                                                           | \$40 copay               | 30% coinsurance after deductible | \$20 copay               | 20% coinsurance after deductible |
| Urgent care services                                                                        | \$75 copay               | 30% coinsurance after deductible | \$75 copay               | 20% coinsurance after deductible |
| Emergency room                                                                              | \$100 copay <sup>9</sup> | Covered at in-network level      | \$100 copay <sup>9</sup> | Covered at in-network level      |
| Outpatient surgery                                                                          | \$40 copay               | 30% coinsurance after deductible | \$20 copay               | 20% coinsurance after deductible |
| Inpatient hospital services, including maternity                                            | No charge                |                                  | No charge                |                                  |
| X-rays and diagnostic imaging                                                               | \$40 copay               | 30% coinsurance after deductible | \$20 copay               | 20% coinsurance after deductible |
| Imaging (CT, PET Scans, MRIs)                                                               | \$80 copay               |                                  | \$40 copay               |                                  |
| Laboratory <sup>3</sup>                                                                     | No charge                | 30% coinsurance after deductible | No charge                | 20% coinsurance after deductible |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | No charge                | 30% coinsurance after deductible | No charge                | 20% coinsurance after deductible |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | \$40 copay               | 30% coinsurance after deductible | \$20 copay               | 20% coinsurance after deductible |
| Rehabilitation therapy services <sup>5</sup>                                                | \$40 copay               | 30% coinsurance after deductible | \$20 copay               | 20% coinsurance after deductible |
| Chiropractic care <sup>5</sup>                                                              | \$30 copay               |                                  |                          |                                  |
| Durable medical equipment                                                                   | 50% coinsurance          | 50% coinsurance after deductible | 50% coinsurance          | 50% coinsurance after deductible |

| PPO HSA<br>HEALTH PLANS                                                                    | HSA<br>\$2,500/30%<br>\$7/\$35/\$50 RX <sup>6</sup> |                                  | HSA<br>\$2,000/10%<br>\$7/\$35/\$50 RX <sup>6</sup> |                                  |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------------|----------------------------------|
|                                                                                            | IN-NETWORK                                          | OUT-OF-NETWORK                   | IN-NETWORK                                          | OUT-OF-NETWORK                   |
| <b>Deductible — Individual/Family</b>                                                      | \$2,500 <sup>7</sup> /\$5,000                       | \$5,000 <sup>7</sup> /\$10,000   | \$2,000 <sup>7</sup> /\$4,000                       | \$5,000 <sup>7</sup> /\$10,000   |
| <b>Maximum out-of-pocket — Individual/Family</b>                                           | \$6,000/\$12,000                                    | \$10,000 <sup>7</sup> /\$20,000  | \$5,000/\$10,000                                    | \$10,000 <sup>7</sup> /\$20,000  |
| <b>Primary care visits</b>                                                                 | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Specialist visits</b>                                                                   | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Urgent care services</b>                                                                | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Emergency room</b>                                                                      |                                                     | Covered at in-network level      |                                                     | Covered at in-network level      |
| <b>Outpatient surgery</b>                                                                  | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Inpatient hospital services, including maternity</b>                                    |                                                     |                                  |                                                     |                                  |
| <b>X-rays and diagnostic imaging</b>                                                       | No charge after deductible                          | 50% coinsurance after deductible | No charge after deductible                          | 40% coinsurance after deductible |
| <b>Imaging (CT, PET Scans, MRIs)</b>                                                       | 30% coinsurance after deductible                    |                                  | 10% coinsurance after deductible                    |                                  |
| <b>Laboratory<sup>3</sup></b>                                                              | No charge after deductible                          | 50% coinsurance after deductible | No charge after deductible                          | 40% coinsurance after deductible |
| <b>Inpatient Treatment — Mental/Behavioral Health, substance use disorder</b>              | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Outpatient Treatment — Mental/Behavioral Health, substance use disorder<sup>4</sup></b> | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Rehabilitation therapy services<sup>5</sup></b>                                         | 30% coinsurance after deductible                    | 50% coinsurance after deductible | 10% coinsurance after deductible                    | 40% coinsurance after deductible |
| <b>Chiropractic care<sup>5</sup></b>                                                       |                                                     |                                  |                                                     |                                  |
| <b>Durable medical equipment</b>                                                           | 50% coinsurance after deductible                    | 50% coinsurance after deductible | 50% coinsurance after deductible                    | 50% coinsurance after deductible |

Please see footnotes on page 39.

**PPO HSA**  
HEALTH PLANS

HSA  
\$1,750/0%  
\$10/\$40/\$60 RX<sup>6</sup>

| MEDICAL BENEFITS                                                                            | IN-NETWORK                    | OUT-OF-NETWORK                   |
|---------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|
| <b>Deductible</b> — Individual/Family                                                       | \$1,750 <sup>7</sup> /\$3,500 | \$3,000 <sup>7</sup> /\$6,000    |
| <b>Maximum out-of-pocket</b> — Individual/Family                                            | \$2,500 <sup>7</sup> /\$5,000 | \$15,000 <sup>7</sup> /\$30,000  |
| Primary care visits                                                                         | No charge after deductible    | 40% coinsurance after deductible |
| Specialist visits                                                                           | No charge after deductible    | 40% coinsurance after deductible |
| Urgent care services                                                                        | No charge after deductible    | 40% coinsurance after deductible |
| Emergency room                                                                              |                               | Covered at in-network level      |
| Outpatient surgery                                                                          | No charge after deductible    | 40% coinsurance after deductible |
| Inpatient hospital services, including maternity                                            |                               |                                  |
| X-rays and diagnostic imaging                                                               | No charge after deductible    | 40% coinsurance after deductible |
| Imaging (CT, PET Scans, MRIs)                                                               |                               |                                  |
| Laboratory <sup>3</sup>                                                                     | No charge after deductible    | 40% coinsurance after deductible |
| <b>Inpatient Treatment</b> — Mental/Behavioral Health, substance use disorder               | No charge after deductible    | 40% coinsurance after deductible |
| <b>Outpatient Treatment</b> — Mental/Behavioral Health, substance use disorder <sup>4</sup> | No charge after deductible    | 40% coinsurance after deductible |
| Rehabilitation therapy services <sup>5</sup>                                                | No charge after deductible    | 40% coinsurance after deductible |
| Chiropractic care <sup>5</sup>                                                              |                               |                                  |
| Durable medical equipment                                                                   | No charge after deductible    | 50% coinsurance after deductible |



Newark, NJ



# DENTAL & VISION PLANS

**LARGE GROUP PORTFOLIO**

## Dental coverage options

The AmeriHealth Dental portfolio encourages prevention, early diagnosis, and treatment.

Employers can choose from a variety of customizable, affordable PPO, EPO, and Managed Care plan options that feature rich, value-added services.

Their employees will have access to a robust local network and an expanding national network, so they can find a dentist wherever they are.

Best of all, members will benefit from the convenience and ease of administration of having AmeriHealth meet all their health and dental coverage needs.

**20M+ WORKDAYS ARE  
LOST EACH YEAR DUE TO  
DENTAL ILLNESS.<sup>3</sup>**

### Features

- Dental plans designed for prevention and savings
- Robust provider networks
- In-network savings
- No waiting periods
- Customization opportunities

### Value-added dental services

- **Preventive Reward program:** The subscriber will receive \$20 for each covered dependent who gets two in-network cleanings during the calendar year.
- **Teledentistry<sup>1</sup>:** Members can use a credentialed virtual dentist to get virtual exams, second opinions, and expert advice quickly.
- **Savings incentive:** Preventive services do not count against the annual maximum and are covered at 100 percent on most dental plans, which allows members to use their coverage for other necessary, more costly services.
- **Extra cleaning:** Members who are pregnant or have diabetes are eligible for additional cleanings.
- **Chronic condition periodontal coverage<sup>2</sup>:** Members with chronic medical conditions, including diabetes and heart disease, have 100 percent coverage for additional periodontal services, surgery, and select procedures.
- **Annual maximum rollover:** Members can roll over a portion of their unused annual deductible into the next benefit year. The rollover benefit encourages preventive care and good oral health, year over year. Refer to the dental brochure for additional information on plan features and requirements.



Scan the QR code or visit **amerihealth.com/dentalbrochure** to access the full AmeriHealth Dental portfolio.



<sup>1</sup> All provider offices may not offer teledentistry. Check with your provider.

<sup>2</sup> Available to be added to groups on a custom basis 100+.

<sup>3</sup> The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022.

## Vision coverage options

Routine eye exams help protect sight and may also detect other health conditions like diabetes and high blood pressure.

### Learn more about our vision plans

Here are the comprehensive benefits members can expect from AmeriHealth vision plans.<sup>1</sup>



#### A network that goes the distance

Members get access to the national Davis Vision® network, with 222,000 access points across the country, including Visionworks, Target Optical, Pearle Vision, Warby Parker,<sup>2</sup> and LensCrafters.

**222,000** access points in the Davis Vision network



#### Fully covered routine annual eye exam

When members see an in-network provider, there may be a low-to-no copay.



#### \$0 copay and low-cost options for frames and lenses

Members can choose from stylish designer frames in the Davis Vision Exclusive Collection. Or they can use their benefit allowance to choose frames or contact lenses from in-network independent providers and retailers nationwide.

**Note:** You get a higher frame allowance and discounts on lens options at hundreds of preferred sites nationwide.<sup>3</sup>



#### Fixed fee pricing on all cosmetic lens options

Options include a wide variety of state-of-the-art lens types and lens styles.



#### Discounts on other services

Members can take advantage of discounts on other services, such as laser eye correction, hearing exams, and name-brand hearing aid technology from Your Hearing Network.



<sup>1</sup> AmeriHealth vision plans are administered by Davis Vision, an independent company.

<sup>2</sup> Warby Parker is in-network if base plan frame allowance benefit is at least \$85. Check your policy for frame benefit details.

<sup>3</sup> Enhanced frame allowance available at preferred sites nationwide for most plans. Check your policy for details.

| <b>VISION CARE<br/>100 PLANS<sup>1</sup></b>                                             | <b>VISION CARE 100<br/>24/24/24</b>                                        | <b>VISION CARE 100<br/>12/12/24</b>                                        | <b>VISION CARE 100<br/>12/12/12</b>                                        |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>FREQUENCIES</b>                                                                       |                                                                            |                                                                            |                                                                            |
| Eye exam <sup>2</sup>                                                                    | 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                                                                  |
| <b>COPAYS</b>                                                                            |                                                                            |                                                                            |                                                                            |
| Eye exam/spectacle lenses                                                                | \$0/\$0                                                                    | \$10/\$25                                                                  | \$0/\$0                                                                    |
| <b>FRAME</b>                                                                             |                                                                            |                                                                            |                                                                            |
| Non-collection frame allowance (retail) <sup>3</sup>                                     | Up to \$100 or up to \$150 at preferred sites, plus 20% off on any overage | Up to \$100 or up to \$150 at preferred sites, plus 20% off on any overage | Up to \$100 or up to \$150 at preferred sites, plus 20% off on any overage |
| Davis Vision Exclusive Collection (in lieu of allowance; fashion/designer/premier)       | Included/\$15/\$40                                                         | Included/\$15/\$40                                                         | Included/\$15/\$40                                                         |
| <b>CONTACT LENSES</b>                                                                    |                                                                            |                                                                            |                                                                            |
| 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 <sup>3</sup>                           | 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                                                               |

| <b>VISION CARE<br/>130 PLANS<sup>1</sup></b>                                             | <b>VISION CARE 130<br/>12/12/24</b>                                                         | <b>VISION CARE 130<br/>12/12/24</b>                                                         | <b>VISION CARE 130<br/>12/12/12</b>                                                         |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>FREQUENCIES</b>                                                                       |                                                                                             |                                                                                             |                                                                                             |
| Eye exam <sup>2</sup>                                                                    | 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                                                                                   |
| <b>COPAYS</b>                                                                            |                                                                                             |                                                                                             |                                                                                             |
| Eye exam/spectacle lenses                                                                | \$10/\$10                                                                                   | \$10/\$25                                                                                   | \$0/\$0                                                                                     |
| <b>FRAME</b>                                                                             |                                                                                             |                                                                                             |                                                                                             |
| Non-collection frame allowance (retail) <sup>3</sup>                                     | Up to \$130 or up to \$180 at preferred sites, plus 20% off on any overage                  | Up to \$130 or up to \$180 at preferred sites, plus 20% off on any overage                  | Up to \$130 or up to \$180 at preferred sites, plus 20% off on any overage                  |
| Davis Vision Exclusive Collection (in lieu of allowance; fashion/designer/premier)       | Included/Included/\$25                                                                      | Included/Included/\$25                                                                      | Included/Included/\$25                                                                      |
| <b>CONTACT LENSES</b>                                                                    |                                                                                             |                                                                                             |                                                                                             |
| Collection contact lenses (in lieu of allowance)                                         | Disposable:<br>4 boxes/multipacks<br>Planned replacement:<br>2 boxes/multipacks             | Disposable:<br>4 boxes/multipacks<br>Planned replacement:<br>2 boxes/multipacks             | Disposable:<br>4 boxes/multipacks<br>Planned replacement:<br>2 boxes/multipacks             |
| Collection evaluation, fitting, follow-up care                                           | Included                                                                                    | Included                                                                                    | Included                                                                                    |
| Non-collection contact lenses materials allowance <sup>3</sup>                           | 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<br>Specialty & disposable – \$60 program allowance; 15% discount | Standard – covered in full<br>Specialty & disposable – \$60 program allowance; 15% discount | Standard – covered in full<br>Specialty & disposable – \$60 program allowance; 15% discount |

| VISION CARE<br>150 PLANS <sup>1</sup>                                                             | VISION CARE 150<br>12/12/24                                                                    | VISION CARE 150<br>12/12/12                                                                    |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| FREQUENCIES                                                                                       |                                                                                                |                                                                                                |
| Eye exam <sup>2</sup>                                                                             | 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<br>frame allowance (retail) <sup>3</sup>                                           | Up to \$150 or up to \$200 at preferred<br>sites, plus 20% off on any overage                  | Up to \$150 or up to \$200 at preferred<br>sites, plus 20% off on any overage                  |
| Davis Vision Exclusive Collection<br>(in lieu of allowance;<br>fashion/designer/premier)          | Included                                                                                       | Included                                                                                       |
| CONTACT LENSES                                                                                    |                                                                                                |                                                                                                |
| Collection contact lenses<br>(in lieu of allowance)                                               | Disposable: 8 boxes/multipacks<br>Planned replacement: 4 boxes/multipacks                      | Disposable: 8 boxes/multipacks<br>Planned replacement: 4 boxes/multipacks                      |
| Collection evaluation,<br>fitting, follow-up care                                                 | Included                                                                                       | Included                                                                                       |
| Non-collection contact lenses<br>materials allowance <sup>3</sup>                                 | Up to \$150, plus a 15% discount<br>on any overage                                             | Up to \$150, plus a 15% discount<br>on any overage                                             |
| Non-collection evaluation,<br>fitting and follow-up care;<br>standard and specialty<br>lens types | Standard – covered in full<br>Specialty & disposable – \$60 program<br>allowance; 15% discount | Standard – covered in full<br>Specialty & disposable – \$60 program<br>allowance; 15% discount |

# **GUARDIAN SUPPLEMENTAL INSURANCE**

**LARGE GROUP PORTFOLIO**

## Guardian supplemental insurance

Guardian partnership products are designed to enhance an employer's 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 employers 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 medical policy. These managed care plans may not cover all health care expenses. Members should read their contract carefully to determine which health care services are covered. If more information is needed, please contact your broker.

### Medical footnotes (pgs. 12–29)

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 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. Deductible accumulates across Tier 1 and Tier 2; maximum deductible is \$2,500/\$5,000.
3. Laboratory Corporation of America® Holdings (Labcorp) is AmeriHealth's exclusive outpatient laboratory provider. To find your closest patient service center location, visit labcorp.com.
4. Cost-share displayed is for non-facility visits. For all other services, your cost may vary.
5. Visit limits may apply. See benefit booklet for details.
6. Prescription mail order benefit is available at two times the applicable cost-sharing for a 90 day supply.
7. Individual amount not applicable in policies covering two or more people (aggregate).
8. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
9. Emergency room copay waived if admitted.
10. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 10 days.
11. Deductible is combined for Tier 1 and Tier 2.
12. Members have access to virtually see a primary care physician through Teladoc at no charge, no deductible. Members can also pay the in-network office visit cost-sharing to see a primary care physician who is in the AmeriHealth provider network.

### Vision benefits (pgs. 34–36)

1. All benefits displayed are in-network only. Please see your benefit booklet for your out-of-network benefits.
2. Benefit is inclusive of dilation when professionally indicated.
3. Additional discounts not available at Walmart, Sam's Club, and Costco.

### Additional information

Your broker, consultant, or AmeriHealth account executive can provide information about the following upon request:

- Factors that may affect changes in premium rates (AmeriHealth reserves the right to change premium rates)
- Renewability of coverage
- Benefits and premiums for all the health benefit plans for which you qualify

Cigna Healthcare is an independent company and not affiliated with AmeriHealth. Access to the Cigna Healthcare PPO Network is available through the contractual relationship between AmeriHealth and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

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Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with AmeriHealth. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Services, Inc., an independent company.

AmeriHealth vision benefits are administered by Davis Vision, an independent company.

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-1C-12 Cancer Insurance Policy Form #GP-1-CAN-1C-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-RADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.







AmeriHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  
ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted.  
Llame al 1-888-968-7241 (TTY: 711). 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电 1-888-968-7241 (TTY: 711)。

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