2027 BENEFITS AT A GLANCE



AmeriHealth®

INDIVIDUALS AND FAMILIES

A health plan for everyone.

Health plans for individuals and families in New Jersey, with support every step of the way.

AmeriHealth®

Table of contents

Rooted in New Jersey. Focused on you. **3**

Choosing a health plan **4**

Health plans that fit your life **5**

Lower your costs with Advantage plans **6**

Find your network **7**

Benefits and tools that make care easier **8**

Support that helps you feel your best **10**

2027 health plans **13**

Dental plans for adults and families **24**

Vision plans for adults and families **28**

Important health plan information **30**



Barnegat Lighthouse, Long Beach Island, NJ

AmeriHealth®

Rooted in New Jersey. Focused on you.

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 different needs and budgets. And it's why our associates spend hundreds of hours each year volunteering at nonprofit organizations in communities across the Garden State.

AmeriHealth offers:



Health plans that fit your life

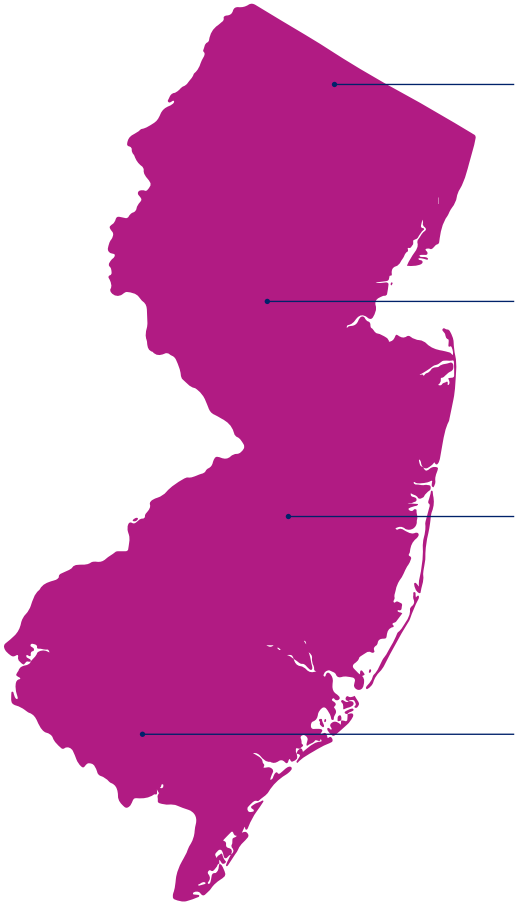


Large network, with providers across the state



Personal support and easy-to-use tools

Who we are



30+ YEARS

Serving New Jersey residents and businesses since 1994

200K+ MEMBERS

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

21 COUNTIES

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

15 YEARS

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



Choosing a health plan

We're here to help you understand your options and choose a health plan that fits your needs and budget. Use this brochure to compare plans and learn more about what AmeriHealth offers.

Where to start

1. **Review this brochure**
   Use this information as a guide. As you compare health plans, think about the care you may need, the doctors you want to see, and what you can afford to spend each month.

2. **Compare monthly costs**
   Check the Rate Card at **amerihealth.com/rates** or visit **amerihealth.com/enroll** to compare monthly premiums.

3. **See if you qualify for financial help**
   You may be eligible for a tax credit (subsidy) to lower your monthly premium. Visit **amerihealth.com/calculator** or call **1-855-832-2009** (TTY: 711) to see if you qualify. You can also talk with your broker.

We're here to help

Our licensed agents are here to answer your questions and help you find a health plan that fits your needs and budget. Call to speak to an agent or when you're ready to enroll.

1-855-832-2009 (TTY: 711)

Open Enrollment for 2027 coverage is November 1, 2026 – January 31, 2027

- Open Enrollment is the time each year when you can enroll in a health plan or change your current one.
- **Be sure to enroll by December 31, 2026, for coverage that starts January 1, 2027.**
- If you enroll January 1 – 31, 2027, your coverage will start February 1, 2027.
- Scan the QR code or visit **amerihealth.com/enroll** to enroll.

Health plans that fit your life

No matter where you are in life, there's an AmeriHealth plan to help you get the care you need at a cost that works for you.

Meet our health plans

Individuals and families can choose from the Bronze, Silver, and Gold plan levels. Typically, plans with a lower monthly premium have higher costs when you get care. Those plans are best if you don't plan to use a lot of health care services.

AmeriHealth offers Exclusive Provider Organization (or EPO) plans for individuals and families — and they all cover the same basic services, including doctor visits, hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more. You also get 24/7 virtual care through Teladoc Health (Teladoc) at no cost to you.

When comparing health plans, focus on these key factors:



Your network

The group of doctors, hospitals, and other providers that are in your health plan's network



Your monthly premium

What you pay each month for your health plan



Your deductible

The amount you pay for certain services before your plan starts to pay (some services do not have a deductible)



What you pay when you get care

Includes copays, coinsurance, and other out-of-pocket costs

How our EPO plans work

Here are some basic features of an EPO plan:

- **Coverage is for in-network care**
  Your plan covers care from providers in your network (see page 7 for more about networks). Care outside the network is usually covered only for emergencies.
- **No PCP required**
  You do not have to choose a primary care physician (PCP), but having one can help you manage your care.
- **No referrals for specialists**
  You do not need a referral to see an in-network specialist.
- **Some plans include an HSA**
  With eligible plans, you can open a health savings account (HSA). Learn more on page 8.

Note: Pediatric vision coverage is included in AmeriHealth medical plans.

You can see all the plans available to you on pages 14 – 21.

	BRONZE	SILVER	GOLD
Monthly premium	$	$$	$$$
Out-of-pocket costs	$$$	$$	$
Good option if you…	Don't plan to use a lot of health care services	See doctors and specialists occasionally	Plan to use a lot of health care services



Lower your costs with Advantage plans

Our EPO Advantage plans are our most popular for good reasons. These plans offer access to a quality network and help you save with different cost levels for providers. This is called a tiered network.

AmeriHealth Advantage: Save more when you use Tier 1 doctors and facilities[1,2]

- Save the most on care when you use **Tier 1 doctors and facilities** in the Local Value network. This includes doctors, like your PCP, and facilities, like hospitals and ambulatory surgery centers.
- You also have **in-network coverage for Tier 2 doctors and facilities** in the Local Value network, but your cost for care may be higher.

AmeriHealth Hospital Advantage: Save more when you use Tier 1 facilities[1,3]

- Save the most on hospital and other facility services, such as outpatient surgery, when you use **Tier 1 hospitals and facilities** in the Local Value network.
- You also have **in-network coverage for Tier 2 hospitals and facilities** in the Local Value network, but your cost for care may be higher.

Lower-premium options if you don't qualify for financial help

If you're not eligible for a tax credit (subsidy), you still have lower-premium options. Check out the Select plans below, which you can buy directly from AmeriHealth:

- Select Silver EPO AmeriHealth Advantage $25/$60
- Select Silver EPO HSA AmeriHealth Hospital Advantage $50/$75

Some plans are only available in certain counties. To check your eligibility or enroll, contact your broker, visit **amerihealth.com/enroll**, or call us at **1-855-832-2009** (TTY: 711). See pages 14 – 21 for more about these plans.

98% OF INDIVIDUAL MEMBERS CHOSE AN ADVANTAGE PLAN IN 2026

1 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.

2 AmeriHealth Advantage plans are only available to residents in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union.

3 AmeriHealth Hospital Advantage plans are not available to residents in Hunterdon County.

Find your network

AmeriHealth offers one of the largest provider networks in New Jersey, so you can feel confident finding care close to home. No matter which network you choose, you'll have access to doctors and hospitals across the state.

We offer two network options, so you can choose the one that works best for your needs and budget. The main differences are the size of the network and which doctors, hospitals, and other health care providers are included.

Before you choose a plan, visit **amerihealth.com/providerfinder** to see if your current providers are in the network.

Regional Preferred

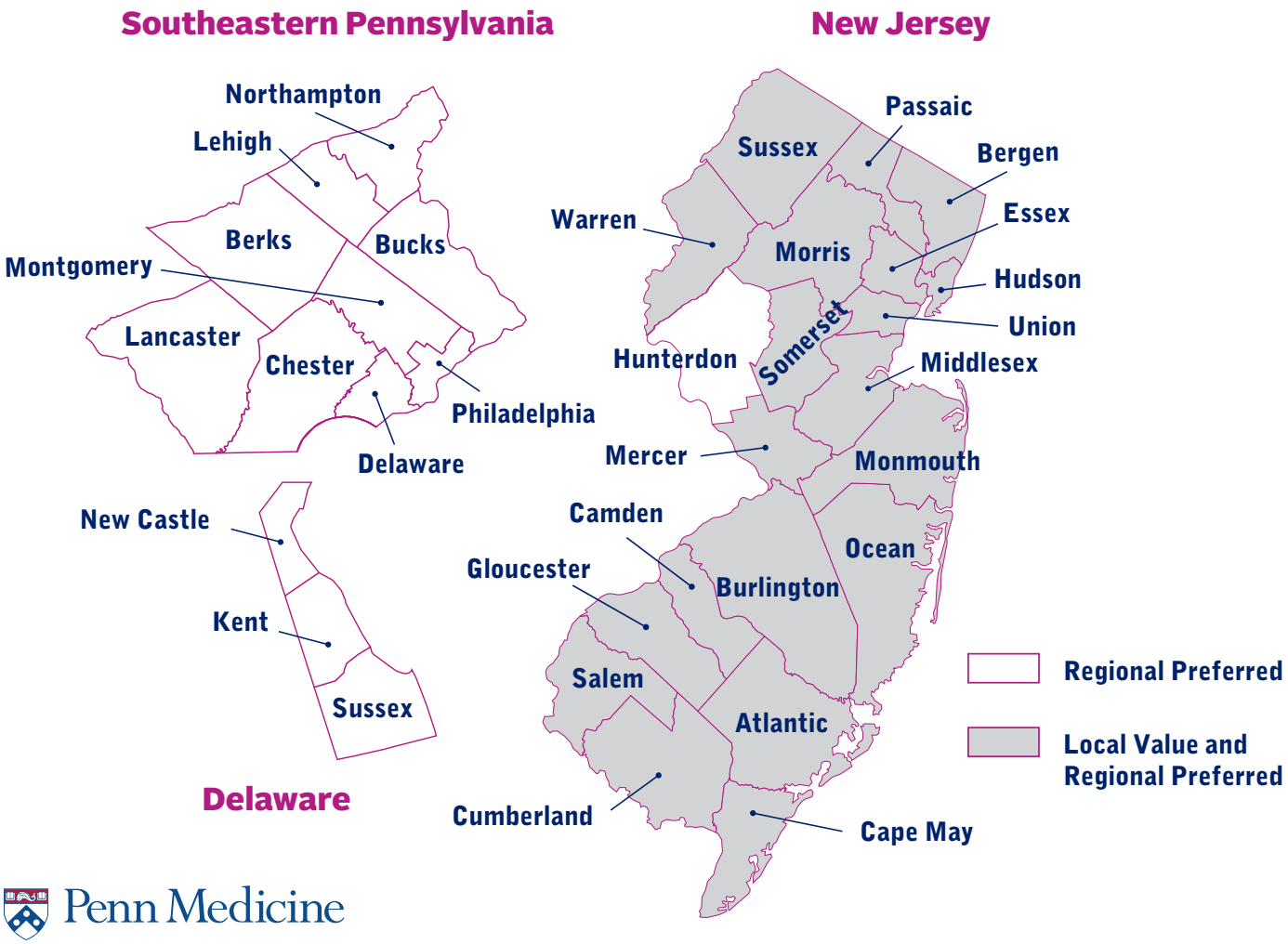
Our broadest network option

Regional Preferred gives you access to the most doctors and hospitals in New Jersey.[1] It also includes in-network providers in Southeastern Pennsylvania and Delaware.[2]

Local Value

Local network to help you save

Local Value[3] includes a subset of providers from the broader Regional Preferred network. Plans that use the Local Value network typically have a lower monthly premium.



Penn Medicine

Penn Medicine is included in these networks.

1 Data is derived from analysis of information provided by a third-party vendor and is subject to change.

2 The service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area, including: Northampton, Lehigh, Bucks, Berks, Montgomery, Philadelphia, Delaware, Chester, and Lancaster.

3 Health plans that use the Local Value network are not available for purchase to residents of Hunterdon County.

Benefits and tools that make care easier

AmeriHealth plans include helpful benefits and tools that make it easier to manage your health, lower your costs, and get care when and where you need it.

Prescription drug coverage

All AmeriHealth health plans include prescription drug coverage. Our prescription drug benefits make it easy to manage your medications and save the most when you fill a prescription.

How you can save on prescriptions

- **Save with generics.** You'll pay less when your doctor prescribes a generic medication or lower-cost brand option.
- **Check costs before you fill a prescription.** Our digital tools help you compare prices and look for lower-cost options before you fill a prescription.
- **Use an in-network pharmacy.** No matter where you are, it's easier to fill your prescriptions with our national network of 65,000+ pharmacies.
- **Price Edge program.** For many non-specialty generic drugs, you'll automatically pay the best price available at the pharmacy, whether it's through market discounts or your plan's cost-sharing.

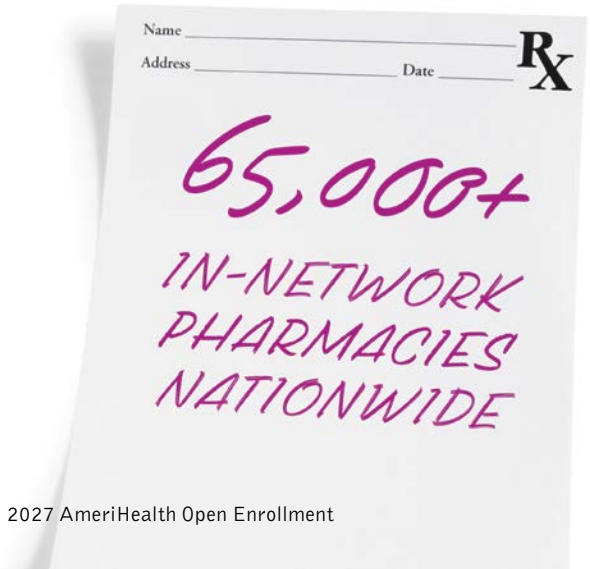
Easily manage your prescriptions

Digital tools available 24/7

Our secure member website and mobile app make it easy to manage your prescription drug benefits. Use them to find an in-network pharmacy, estimate drug costs, review claims, and submit requests for mail order/home delivery.

Medications delivered to your door

For medications you take regularly, mail order/home delivery is available with free shipping.



How an HSA can help you save

If you choose an HSA-qualified health plan, you can open a health savings account (HSA). Your HSA can help you save money for qualified health care expenses.

You can use HSA funds for qualified expenses like doctor visits, prescriptions, dental care, and vision care. The money rolls over from year to year, and the account stays with you even if you change health plans later.

With an HSA, you can:

- Save money tax-free at the federal level[1,2]
- Use funds tax-free for qualified health care expenses
- Earn tax-free interest or investment income on HSA funds[3]
- Keep unused money, even if your coverage changes

Example: Let's say you contribute $2,000 to your HSA and spend $1,000 on qualified health expenses every year for 10 years. Your savings grow over time.[3]

At the end of year 10:

ESTIMATED TAX SAVINGS
$5,000

ESTIMATED HSA BALANCE
$11,169

The example is for illustrative purposes only. The HSA example assumes a 22% tax bracket, 3% state taxes, and that the investment choices yield a return of 2%. Please consult with your tax advisor about your situation. Return on investment is not guaranteed

Who can open an HSA?

Several Bronze and Silver plans include an HSA. See a list of these plans on the next page. If you enroll in one of these plans, you can open an HSA through your online member account.

In addition, our Bronze EPO $50/$75 plan is HSA-compatible. If you enroll in this plan, you have the option to open an HSA.

1 State tax treatment may vary. In New Jersey, HSA contributions and earnings are subject to state income tax. AmeriHealth does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of HSAs.

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

3 Investment accounts are optional; monthly fees apply. Investment fees are omitted from the example above. The balance in the HSA Investment Account is subject to investment risks, including fluctuations in value and the possible loss of the principal amount invested.

Get care without leaving home

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

NEARLY 90% of members report being highly satisfied with their Teladoc experience.

No cost for virtual visits with Teladoc

Your 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).

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. You'll get a diagnosis and any prescriptions, as needed.

Dermatology care
Get care from a dermatologist for a wide range of skin concerns. You'll 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 you want ongoing care, you can keep seeing the same provider.

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

Plans that include an HSA:

- EPO HSA AmeriHealth Advantage $25/$50
- EPO HSA AmeriHealth Hospital Advantage $50/$75
- EPO HSA 50%/50%
- Select EPO HSA AmeriHealth Hospital Advantage $50/$75
- EPO HSA AmeriHealth Hospital Advantage $50/$75
- Select EPO HSA 20%/20%
- EPO HSA $50/$75

Support that helps you feel your best

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

Help finding behavioral health care

Mental health matters just as much as your physical health. If you're looking for behavioral health care, AmeriHealth offers a comprehensive network of behavioral health providers and personal support to help you 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** you 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 you 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

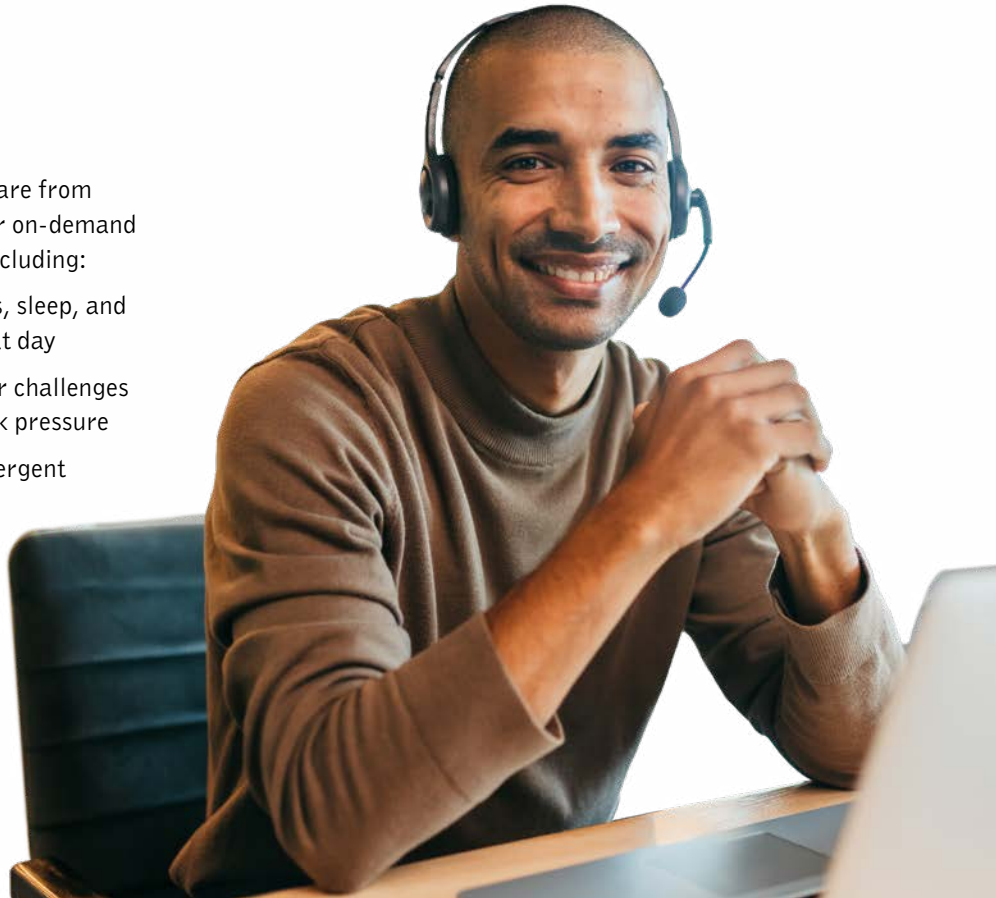
Take care of your mental health daily with Self Care from Spring Health. Members have free access to their on-demand resources through their website or mobile app, including:

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

Autism care navigation

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

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



Health support from Registered Nurses

You 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 you. Your Health Coach can help you understand your treatment plan, manage your health, and feel more confident in your decisions.

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

Member-exclusive discounts[1]

As an AmeriHealth member, you get access to exclusive discounts on fun! Save on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. Don't miss out on offers from local and national retail partners.

Save on medical costs[1]

You can save up to 13% on deductibles, copays, and coinsurance when you 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 to sign up.

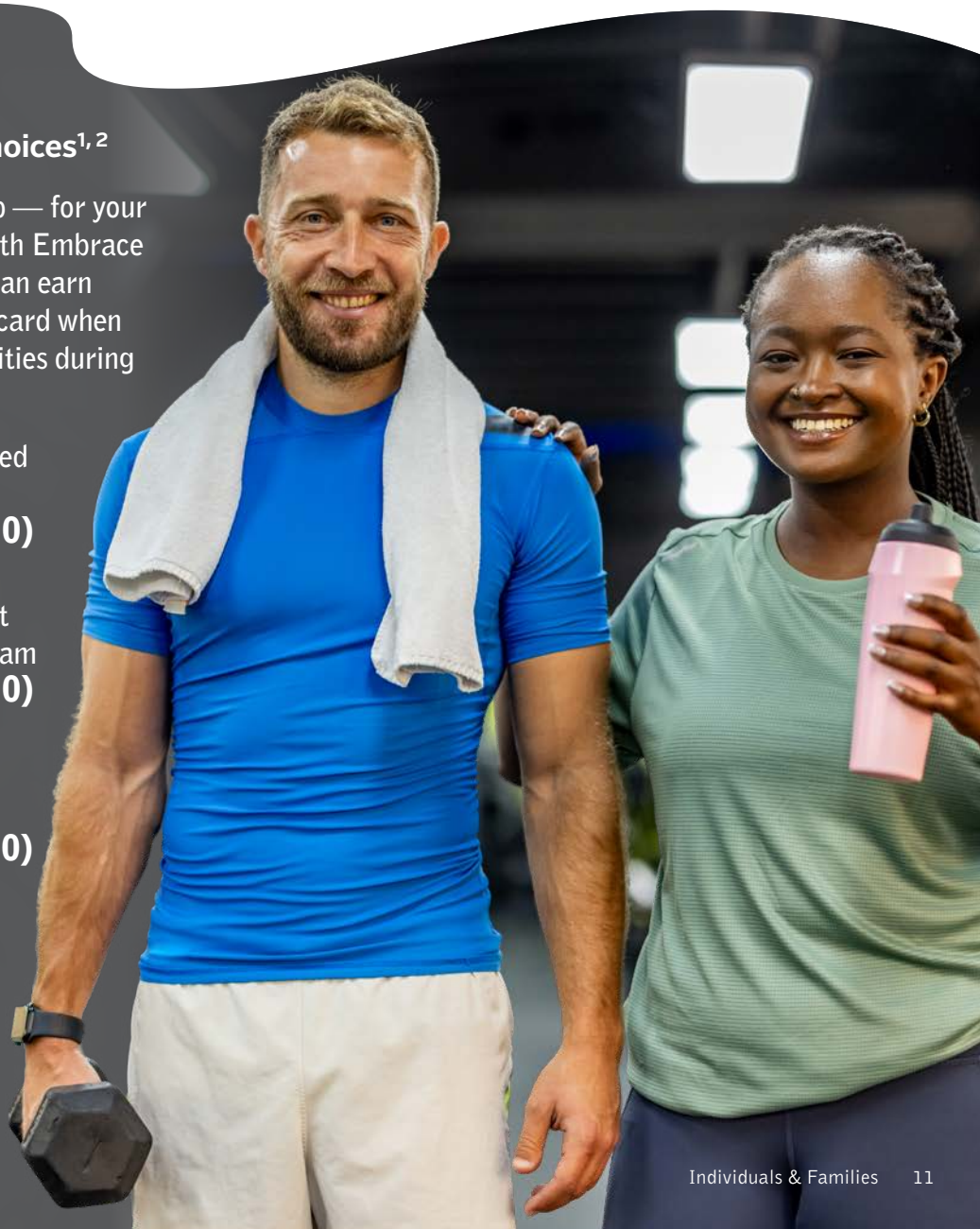
Digital tools to manage your plan with ease

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

Rewards for healthy choices[1, 2]

Healthy choices can add up — for your health and your wallet! With Embrace Well-being Rewards, you can earn reward dollars on a Visa® card when you complete eligible activities during the plan year, including:

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



1 This is a value-added program or service and not a benefit under the health plan you purchased.

2 Embrace Well-being Rewards are available to the health plan subscriber only. Dependents are not eligible to earn Embrace Well-being rewards. Program can be changed or canceled at any time.



Jersey City, NJ

AmeriHealth®

2027 HEALTH PLANS

INDIVIDUALS AND FAMILIES PORTFOLIO

$ → $$$

BRONZE HEALTH PLANS	POPULAR PLAN EPO HSA AMERIHEALTH ADVANTAGE[4] $25/$50		EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE[9] $50/$75	
CHOOSE YOUR NETWORK	**LOCAL VALUE[5]**		**LOCAL VALUE[5]**	
MEDICAL BENEFITS	**TIER 1**	**TIER 2**	**TIER 1**	**TIER 2**
Deductible — Individual/Family	$6,000/$12,000[6]		$6,000/$12,000[6]	
Coinsurance	30%	50%	50%	
Maximum out-of-pocket — Individual/Family	$8,700/$17,400[7]		$8,700/$17,400[7]	
Primary care visits	$25 copay after deductible	$50 copay after deductible	$50 copay after deductible	
Specialist visits	$50 copay after deductible	$75 copay after deductible	$75 copay after deductible	
Urgent care services	30% coinsurance after deductible		50% coinsurance after deductible	
Emergency room	30% coinsurance after deductible	50% coinsurance after deductible		
Outpatient surgery	30% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services, including maternity			$300 copay per day, up to 5 days, after deductible[10]	$500 copay per day, up to 5 days, after deductible[10]
X-rays and diagnostic imaging	50% coinsurance after deductible		50% coinsurance after deductible	
Imaging (CT, PET scans, MRIs)				
Laboratory[1]	50% coinsurance after deductible		50% coinsurance after deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder	30% coinsurance after deductible		$300 copay per day, up to 5 days, after deductible[10]	
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	$50 copay after deductible		$75 copay after deductible	
Rehabilitation therapy services[3]	$50 copay after deductible		$75 copay after deductible	
Chiropractic care (30 visits per benefit period)	$35 copay after deductible		$35 copay after deductible	
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible	
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**		**30-DAY SUPPLY[8]**	
Generic Rx	50% coinsurance after deductible		50% coinsurance after deductible	
Preferred Brand Rx				
Non-preferred Rx				

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.

$ → $$$

BRONZE HEALTH PLANS	EPO HSA 50%/50%	EPO $50/$75 HSA-COMPATIBLE[15]
CHOOSE YOUR NETWORK	**LOCAL VALUE[5]**	**LOCAL VALUE[5]**
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Deductible — Individual/Family	$6,000/$12,000	$3,000/$6,000
Coinsurance	50%	50%
Maximum out-of-pocket — Individual/Family	$8,700/$17,400	$12,000/$24,000
Primary care visits	50% coinsurance after deductible	$50 copay after deductible
Specialist visits	50% coinsurance after deductible	$75 copay after deductible
Urgent care services	50% coinsurance after deductible	50% coinsurance after deductible
Emergency room		
Outpatient surgery	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services, including maternity		$500 copay per admission after deductible
X-rays and diagnostic imaging	50% coinsurance after deductible	50% coinsurance after deductible
Imaging (CT, PET scans, MRIs)		
Laboratory[1]	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	50% coinsurance after deductible	$500 copay per admission after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	50% coinsurance after deductible	$75 copay after deductible
Rehabilitation therapy services[3]	50% coinsurance after deductible	$75 copay after deductible
Chiropractic care (30 visits per benefit period)		$35 copay after deductible
Durable medical equipment	50% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**	**30-DAY SUPPLY[8]**
Generic Rx	50% coinsurance after deductible	$25 copay
Preferred Brand Rx		50% coinsurance, up to $250 max, after deductible[11]
Non-preferred Rx		

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.

$ → $$$

SILVER HEALTH PLANS	OFF-EXCHANGE ONLY PLAN SELECT EPO AMERIHEALTH ADVANTAGE[4] $25/$60		OFF-EXCHANGE ONLY PLAN SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE[9] $50/$75	
CHOOSE YOUR NETWORK	**LOCAL VALUE[5]**		**LOCAL VALUE[5]**	
MEDICAL BENEFITS	**TIER 1**	**TIER 2**	**TIER 1**	**TIER 2**
Deductible — Individual/Family	$2,500/$5,000[6]		$2,500/$5,000[6] aggregate[13]	
Coinsurance	20%	50%	50%	
Maximum out-of-pocket — Individual/Family	$11,900/$23,800[7]		$8,700/$17,400[7]	
Primary care visits	$25 copay	$50 copay after deductible	$50 copay after deductible	
Specialist visits	$60 copay	$75 copay after deductible	$75 copay after deductible	
Urgent care services	20% coinsurance after deductible		20% coinsurance after deductible	
Emergency room	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery	20% 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[1]	No charge, no deductible		No charge after deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible		20% coinsurance after deductible	
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	$60 copay		$75 copay after deductible	
Rehabilitation therapy services[3]	$60 copay		$75 copay after deductible	
Chiropractic care (30 visits per benefit period)	$35 copay		$35 copay after deductible	
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible	
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**		**30-DAY SUPPLY[8]**	
Generic Rx	$25 copay		$10 copay after deductible	
Preferred Brand Rx	50% coinsurance after $250 Rx deductible[12]		50% coinsurance after deductible	
Non-preferred Rx				

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.

$ → $$$

SILVER HEALTH PLANS	EPO AMERIHEALTH ADVANTAGE[4] 40%/40%		POPULAR PLAN EPO AMERIHEALTH ADVANTAGE[4] $25/$60	
CHOOSE YOUR NETWORK	**LOCAL VALUE[5]**		**LOCAL VALUE[5]**	
MEDICAL BENEFITS	**TIER 1**	**TIER 2**	**TIER 1**	**TIER 2**
Deductible — Individual/Family	$2,500/$5,000[6]		$2,500/$5,000[6]	
Coinsurance	40%	50%	20%	50%
Maximum out-of-pocket — Individual/Family	$8,600/$17,200[7]		$12,000/$24,000[7]	
Primary care visits	40% coinsurance after deductible	50% coinsurance after deductible	$25 copay	$50 copay after deductible
Specialist visits	40% coinsurance after deductible	50% coinsurance after deductible	$60 copay	$75 copay after deductible
Urgent care services	40% coinsurance after deductible		20% coinsurance after deductible	
Emergency room	40% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery	40% 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[1]	50% coinsurance after deductible		No charge, no deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder	40% coinsurance after deductible		20% coinsurance after deductible	
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	40% coinsurance, no deductible		$60 copay	
Rehabilitation therapy services[3]	40% coinsurance after deductible		$60 copay	
Chiropractic care (30 visits per benefit period)			$35 copay	
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible	
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**		**30-DAY SUPPLY[8]**	
Generic Rx	$20 copay		$25 copay	
Preferred Brand Rx	50% coinsurance after deductible		50% coinsurance after $250 Rx deductible[12]	
Non-preferred Rx				

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.

$ → $$$

SILVER HEALTH PLANS	POPULAR PLAN EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE[9] $50/$75		EPO AMERIHEALTH HOSPITAL ADVANTAGE[9] $50/$75	
CHOOSE YOUR NETWORK	**LOCAL VALUE[5]**		**LOCAL VALUE[5]**	
MEDICAL BENEFITS	**TIER 1**	**TIER 2**	**TIER 1**	**TIER 2**
Deductible — Individual/Family	$2,400/$4,800[6] aggregate[13]		$2,500/$5,000[6]	
Coinsurance	50%		50%	
Maximum out-of-pocket — Individual/Family	$8,700/$17,400[7]		$8,400/$16,800[7]	
Primary care visits	$50 copay after deductible		$50 copay	
Specialist visits	$75 copay after deductible		$75 copay	
Urgent care services	20% coinsurance after deductible		20% coinsurance, no deductible	
Emergency room	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery	20% 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[1]	No charge after deductible		No charge after deductible	
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible		20% coinsurance after deductible	
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	$75 copay after deductible		$75 copay	
Rehabilitation therapy services[3]	$75 copay after deductible		$75 copay	
Chiropractic care (30 visits per benefit period)	$35 copay after deductible		$35 copay	
Durable medical equipment	50% coinsurance after deductible		50% coinsurance after deductible	
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**		**30-DAY SUPPLY[8]**	
Generic Rx	$10 copay after deductible		$20 copay	
Preferred Brand Rx	50% coinsurance after deductible		50% coinsurance after deductible	
Non-preferred Rx				

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.
Please see footnotes on page 30.

$ → $$$

SILVER HEALTH PLANS	OFF-EXCHANGE ONLY PLAN SELECT EPO HSA 20%/20%	OFF-EXCHANGE ONLY PLAN SELECT EPO $35/$75
CHOOSE YOUR NETWORK	**LOCAL VALUE[5]**	**LOCAL VALUE[5]**
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Deductible — Individual/Family	$2,500/$5,000 aggregate[13]	$2,500/$5,000
Coinsurance	20%	50%
Maximum out-of-pocket — Individual/Family	$8,700/$17,400	$10,000/$20,000
Primary care visits	20% coinsurance after deductible	$35 copay
Specialist visits	20% coinsurance after deductible	$75 copay
Urgent care services	20% coinsurance after deductible	50% coinsurance after deductible
Emergency room	50% coinsurance after deductible	
Outpatient surgery	50% coinsurance after deductible	50% coinsurance after deductible
Inpatient hospital services, including maternity	20% coinsurance after deductible	
X-rays and diagnostic imaging	20% coinsurance after deductible	50% coinsurance after deductible
Imaging (CT, PET scans, MRIs)		
Laboratory[1]	No charge after deductible	50% coinsurance after deductible
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible	50% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	20% coinsurance after deductible	$75 copay
Rehabilitation therapy services[3]	20% coinsurance after deductible	$75 copay
Chiropractic care (30 visits per benefit period)		$35 copay
Durable medical equipment	20% coinsurance after deductible	50% coinsurance after deductible
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**	**30-DAY SUPPLY[8]**
Generic Rx	$20 copay after deductible	$25 copay
Preferred Brand Rx	50% coinsurance, up to $150 max, after deductible	50% coinsurance, up to $150 max, no deductible
Non-preferred Rx		

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.

$ → $$$

SILVER HEALTH PLANS	EPO HSA $50/$75	SELECT EPO $45/$75 (OFF-EXCHANGE ONLY PLAN)
CHOOSE YOUR NETWORK	**LOCAL VALUE[5] REGIONAL PREFERRED**	**LOCAL VALUE[5]**
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Deductible — Individual/Family	$2,500/$5,000 aggregate[13]	$2,500/$5,000
Coinsurance	50%	50%
Maximum out-of-pocket — Individual/Family	$8,700/$17,400	$11,400/$22,800
Primary care visits	$50 copay after deductible	$45 copay
Specialist visits	$75 copay after deductible	$75 copay
Urgent care services	$85 copay after deductible	$85 copay after deductible
Emergency room	$100 copay after deductible[14]	$100 copay after deductible[14]
Outpatient surgery	30% coinsurance after deductible	$350 copay after deductible
Inpatient hospital services, including maternity	$500 copay per day, up to 5 days, after deductible[10]	50% coinsurance after deductible
X-rays and diagnostic imaging	30% coinsurance after deductible	$50 copay after deductible
Imaging (CT, PET scans, MRIs)		$100 copay after deductible
Laboratory[1]	No charge after deductible	$45 copay
Inpatient treatment — Mental/Behavioral health, substance use disorder	$500 copay per day, up to 5 days, after deductible[10]	50% coinsurance after deductible
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	$75 copay after deductible	$75 copay
Rehabilitation therapy services[3]	$75 copay after deductible	$75 copay
Chiropractic care (30 visits per benefit period)	$35 copay after deductible	$35 copay
Durable medical equipment	50% coinsurance after deductible	No charge after deductible
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**	**30-DAY SUPPLY[8]**
Generic Rx	$20 copay after deductible	$15 copay
Preferred Brand Rx	50% coinsurance after deductible	50% coinsurance, up to $150 max, no deductible
Non-preferred Rx		

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.

$ → $$$

GOLD HEALTH PLANS	EPO $30/$50	OFF-EXCHANGE ONLY PLAN SELECT EPO $25/$60
CHOOSE YOUR NETWORK	**REGIONAL PREFERRED**	**REGIONAL PREFERRED**
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Deductible — Individual/Family	$1,700/$3,400	$0/$0
Coinsurance	20%	50%
Maximum out-of-pocket — Individual/Family	$7,650/$15,300	$10,350/$20,700
Primary care visits	$30 copay	$25 copay
Specialist visits	$50 copay	$60 copay
Urgent care services	$75 copay	$75 copay
Emergency room	$100 copay after deductible[14]	$100 copay[14]
Outpatient surgery	20% coinsurance after deductible	$400 copay
Inpatient hospital services, including maternity		50% coinsurance
X-rays and diagnostic imaging	20% coinsurance after deductible	$50 copay
Imaging (CT, PET scans, MRIs)		$100 copay
Laboratory[1]	No charge, no deductible	No charge
Inpatient treatment — Mental/Behavioral health, substance use disorder	20% coinsurance after deductible	50% coinsurance
Outpatient treatment — Mental/Behavioral health, substance use disorder[2]	$50 copay	$60 copay
Rehabilitation therapy services[3]	$50 copay	$60 copay
Chiropractic care (30 visits per benefit period)	$35 copay	$35 copay
Durable medical equipment	50% coinsurance after deductible	No charge
PRESCRIPTION BENEFITS	**30-DAY SUPPLY[8]**	**30-DAY SUPPLY[8]**
Generic Rx	$10 copay	$20 copay
Preferred Brand Rx	50% coinsurance, up to $150 max, no deductible	50% coinsurance, up to $150 max
Non-preferred Rx		

All plans are available on- and off-exchange unless otherwise noted. $ are a guide for plan costs within each metallic tier. Network variations may impact cost.

Please see footnotes on page 30.



Newark, NJ

DENTAL & VISION PLANS

INDIVIDUALS AND FAMILIES PORTFOLIO

Dental plans for adults and families[1]

Getting regular dental exams is an important part of keeping yourself healthy. Dental plans can be purchased with or without a medical plan.

Choose the AmeriHealth dental plan that works for you and your family. We offer plans that are both compliant and non-compliant with the Affordable Care Act (ACA).

Learn more about our ACA-compliant dental plans

Dental plans are available for you and your family. Children can be covered up to age 26. Here are the comprehensive benefits you can expect from AmeriHealth dental plans.

Full coverage on most preventive and diagnostic services

Fully covered services include routine exams, cleanings, and X-rays. You pay $0 cost-sharing with an in-network provider.

Flexibility to see any dentist you want

With our PPO dental plans, you'll maximize your savings using an in-network dentist, but you can see any dentist you want without a referral.

Find dental providers

Visit **amerihealth.com/dental** to find providers in the AmeriHealth Dental network.

Coverage for most basic and major services

There's no waiting period for preventive care and certain basic services like fillings and extractions. Review the benefits for each plan to see how basic and major services are covered and if waiting periods apply.

Waivers for waiting periods

If you had credible dental coverage with another carrier, you may be able to have the waiting period waived. We'll need you to complete a quick form to confirm your eligibility.

To qualify, your coverage must be continuous, with no gap between your previous dental plan and your new AmeriHealth dental plan.

ACA-COMPLIANT DENTAL PLANS[2,4]	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
WHO IS ELIGIBLE	AGES 0 – 18	ALL FAMILY MEMBERS	ALL FAMILY MEMBERS
Pediatric deductible	$75	$75	$75
Adult deductible	N/A	$0	$50
Pediatric annual maximum	Unlimited	Unlimited	Unlimited
Adult annual maximum	N/A	$1,000	$1,500
Pediatric out-of-pocket maximum (in-network benefit)	$450 for 1 child/$900 for 2 or more children		
In-network/ Out-of-network[3]	AmeriHealth PPO Dental Network/Maximum Allowable Charge (MAC)[6]		

Please see footnotes on page 30.

ACA-COMPLIANT DENTAL PLANS[2,4]	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
PREVENTIVE SERVICES (% PAID BY PLAN)[3]			
Exams/Evaluations, cleanings, X-rays, and teledentistry	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, and space maintainers	No charge, not subject to deductible	Covered only for children ages 0 – 18; No charge, not subject to deductible	Covered only for children ages 0 – 18; No charge, not subject to deductible
BASIC SERVICES (% PAID BY PLAN)[3]			
Fillings (amalgam restorations – metal; resin-based composite restorations – white)	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible	80% after deductible; (6-month waiting period for members ages 19 and older)
Oral surgery			
Endodontic therapy (e.g., root canals)			
Periodontics services (surgical and non-surgical)			
General anesthesia, nitrous oxide, and/or IV sedation			
MAJOR SERVICES (% PAID BY PLAN)[3]			
Crowns, inlays, onlays, and dentures	50% after deductible	Covered only for children ages 0 – 18; 50% after deductible	50% after deductible; (12-month waiting period for members ages 19 and older)
Complete or fixed partial dentures (prosthetics)			
Implant services[5]	Not covered	Not covered	Not covered
ORTHODONTIA (% PAID BY PLAN)[3]			
Medically necessary orthodontia	Covered only for children ages 0 – 18; 50%, not subject to deductible		
Cosmetic orthodontia	Not covered	Not covered	Not covered
RATES (PER MEMBER PER MONTH)[8]			
Ages 0 – 18	$30.55	$18.54	$24.48
19 – 25	N/A	$18.54	$24.48
26 – 39	N/A	$19.70	$26.01
40 – 49	N/A	$23.18	$30.60
50 – 63	N/A	$27.23	$35.96
64 and older	N/A	$27.81	$36.72

Please see footnotes on page 30.

NON-ACA-COMPLIANT DENTAL PLANS[2]	AMERIHEALTH FAMILY ACTIVE DENTAL PPO 100/80/50/50 $1,500	
Annual deductible — Individual/Family	$50/$150	
Annual maximum dental benefit per insured person	$1,500	
Orthodontia lifetime maximum per insured person under age 19	$1,000 (12-month waiting period)	
NETWORK		
In-network/Out-of-network reimbursement	AmeriHealth PPO Dental Network/Maximum Allowable Charge (MAC)[6]	
BENEFIT (% PAID BY PLAN)[3]	**IN-NETWORK**	**OUT-OF-NETWORK[6]**
Exams and cleanings	100%	90%
Extra cleaning — Pregnancy	100%	90%
Preventive reward[7]	$20 payment	Not covered
Radiographs (all X-rays)	100%	90%
Fluoride treatment and sealants	100%	90%
Teledentistry, synchronous or asynchronous	100%	90%
Space maintainers	100%	90%
Restorative services (including white fillings)	80% after deductible	70% after deductible
Endodontic therapy (e.g., root canals)	80% after deductible	70% after deductible
Periodontics services (surgical and non-surgical)	80% after deductible	70% after deductible
Oral surgery	80% after deductible	70% after deductible
General anesthesia, nitrous oxide, and/or IV sedation	80% after deductible	70% after deductible
Crowns, inlays, and onlays	50% after deductible (6-month waiting period)	40% after deductible (6-month waiting period)
Prosthetics (bridges, dentures)	50% after deductible (6-month waiting period)	40% after deductible (6-month waiting period)
Implant services	Not covered	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	80% after deductible	70% after deductible
Orthodontics (up to age 19)	50% (12-month waiting period)	50% (12-month waiting period)
RATES (PER MEMBER PER MONTH)[8]		
Ages 0 – 18	$52.37	
19 – 25	$44.28	
26 – 39	$47.05	
40 – 49	$55.35	
50 – 63	$65.04	
64 and older	$66.42	

Please see footnotes on page 30.

NON-ACA-COMPLIANT DENTAL PLANS[2]	AMERIHEALTH FAMILY DENTAL PPO 100/50/30/0 $1,000
Annual deductible — Individual/Family	$50/$150
Annual maximum dental benefit per insured person	$1,000
Orthodontia lifetime maximum per insured person under age 19	Not covered
NETWORK	
Network/Out-of-network reimbursement	AmeriHealth PPO Dental Network/Maximum Allowable Charge (MAC)[6]
BENEFIT (% PAID BY PLAN)[3]	**IN-NETWORK & OUT-OF-NETWORK**
Exams and cleanings	100%
Extra cleaning — Pregnancy	100%
Preventive reward[7]	$20 payment (in-network only)
Radiographs (all X-rays)	100%
Fluoride treatments and sealants	100%
Teledentistry, synchronous or asynchronous	100%
Space maintainers	100%
Restorative services (including white fillings)	50% after deductible
Endodontic therapy (e.g., root canals)	50% after deductible
Periodontics services (surgical and non-surgical)	50% after deductible
Oral surgery	50% after deductible
General anesthesia, nitrous oxide, and/or IV sedation	50% after deductible
Crowns, inlays, and onlays	30% after deductible (3-month waiting period)
Prosthetics (bridges, dentures)	30% after deductible (3-month waiting period)
Implant services	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	50% after deductible
Orthodontics (up to age 19)	Not covered
RATES (PER MEMBER PER MONTH)[8]	
Ages 0 – 18	$36.87
19 – 25	$36.38
26 – 39	$38.65
40 – 49	$45.48
50 – 63	$53.43
64 and older	$54.57

Please see footnotes on page 30.

Vision plans for adults and families[1]

Routine eye exams help protect your sight and may also detect other health conditions, such as diabetes and high blood pressure. Vision plans can be purchased with or without a medical plan.

Learn more about our vision plans

Vision plans are available for you and your family. Children can be covered up to age 26. Here are the comprehensive benefits you can expect from AmeriHealth vision plans.

A network that goes the distance

You get access to the national Davis Vision® network, with 222,000 access points across the country, including Visionworks, Target Optical, Pearle Vision, Warby Parker, and LensCrafters.[2]

222,000 access points in the Davis Vision network

Fully covered routine annual eye exam

When you see an in-network provider, there is no copay.

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

Choose from stylish designer frames in the Davis Vision Exclusive Collection. Or use your 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.

Note: All medical plans include pediatric vision care for members younger than 19.

Fixed fee pricing on all cosmetic lens options

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

Discounts on other services

Take advantage of discounts on other services, such as laser eye correction through the QualSight network of LASIK eye care professionals. You can also save on hearing exams and name-brand hearing aid technology from Your Hearing Network.

Stand-alone vision plans for adults ages 19 and older are available year-round, with or without enrollment in a medical plan.[3]



Please see footnotes on page 31.

VISION IN-NETWORK BENEFITS	$100/$150	$130/$180	$150/$200
FREQUENCIES			
Eye exam[4]	12 months		
Spectacle lenses/Frames	12 months/12 months		
Contact lenses	12 months		
COPAYS			
Eye exam/Spectacle lenses	$0/$0	$0/$0	$0/$0
FRAMES			
Non-Collection frame allowance (retail)[5]	Up to $100 or up to $150 at preferred sites, plus 20% off any overage	Up to $130 or up to $180 at preferred sites, plus 20% off any overage	Up to $150 or up to $200 at preferred sites, plus 20% off any overage
Davis Vision Exclusive Collection (in lieu of allowance)	Fashion: $0 Designer: $15 Premier: $40	Fashion: $0 Designer: $0 Premier: $25	Fashion: $0 Designer: $0 Premier: $0
CONTACT LENSES			
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 8 boxes/multipack; Planned replacement: 4 boxes/multipack
Collection evaluation, fitting, and follow-up care	Covered	Covered	Covered
Non-Collection contact lenses materials allowance[5]	Up to $100, plus 15% off any overage	Up to $130, plus 15% off any overage	Up to $150, plus 15% off any overage
Non-Collection evaluation, fitting, and follow-up care — Standard and specialty lens types	15% discount	Standard: Covered in full; Specialty & disposable: $60 program allowance; 15% discount	Standard: Covered in full; Specialty & disposable: $60 program allowance; 15% discount
TIERED PREMIUM RATES[6]	**MONTHLY**	**MONTHLY**	**MONTHLY**
Single	$11.34	$12.85	$14.04
Subscriber and spouse	$22.68	$25.70	$28.08
Parent and child	$22.68	$25.70	$28.08
Parent and children	$22.68	$25.70	$28.08
Family	$34.02	$38.55	$42.12

All benefits displayed are in-network only. Please see your benefit booklet for out-of-network benefits.

Please see footnotes on page 31.

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

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 your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please contact your broker.

Medical benefits (pg. 14 – 21)

1. Laboratory Corporation of America® Holdings (Labcorp) is AmeriHealth's exclusive outpatient laboratory provider. To find your closest patient service center location, visit labcorp.com.
2. Cost-share displayed is for non-facility visits. For all other services, your cost may vary.
3. Members can utilize 30 visits per therapy per calendar year.
4. AmeriHealth Advantage plans are only available to individuals 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 Local Value network. Members can also access Tier 2 doctors and facilities in the Local Value network, but the cost for care may be higher. AmeriHealth Advantage Tier 1 hospitals are subject to change.
5. The Local Value network is not available in Hunterdon County.
6. Deductible is combined for Tier 1 and Tier 2.
7. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
8. Prescription mail order benefit is available at three times the applicable cost-sharing for a 90-day supply.
9. AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at Tier 1 hospitals and facilities. Members can also access Tier 2 hospitals and facilities within the AmeriHealth Local Value network.
10. Copay is required per day, up to a maximum of 5 days per admission.
11. The maximum applies prior to the deductible being met.
12. There is a $250 Rx deductible per person.
13. Individual deductible is not applicable in policies covering two or more people.
14. Emergency room copay is waived if admitted.
15. This is an HSA-compatible plan. That means you have the option to open an HSA.

Dental benefits (pg. 24 – 27)

1. Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Services, Inc.
2. This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.
3. If you choose to use an out-of-network dentist, you may pay the difference between the amount the plan pays and the amount charged by the out-of-network dentist.
4. Pediatric dental benefits only cover members up to age 19. Be sure to purchase a dental care plan that provides benefits for anyone ages 19 and older in your family who needs coverage.
5. Implants are covered for children younger than 19 for certain conditions.
6. Out-of-network reimbursement – Maximum allowable charge (MAC): This is the amount that is paid for out-of-network services, as determined by AmeriHealth. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.
7. The primary subscriber will receive $20 for each insured family member who gets two cleanings from an in-network dentist in the plan year. For example, for a family of four, the primary subscriber would receive $80 if each family member gets two cleanings that meet the criteria.
8. Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

Vision benefits (pg. 28 – 29)

1. AmeriHealth vision plans are administered by Davis Vision, an independent company.
2. Warby Parker, Target Optical, LensCrafters, and Pearle Vision are out-of-network for pediatric members in ACA medical plans. These providers are in-network for our stand-alone adult and family vision plans.
3. Adult Vision Care plans cover members ages 19 and older, as well as child dependents ages 19 to 26. Vision benefits for members younger than 19 are included in the medical plans. The chart reflects your in-network benefits. Please see your benefit booklet for your out-of-network coverage.
4. Benefit is inclusive of dilation when professionally indicated.
5. Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.
6. Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.


AmeriHealth

2027 INDIVIDUALS AND FAMILIES



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)。

© 2027 AmeriHealth

Coverage issued by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey.

24448 4512100 (8/26)