



2023 Benefits at a Glance

Health plans designed for you



Individuals and families

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¿Habla español?

Si quiere hablar con alguien en español, llame al **1-888-879-4857**,
o visite [amerihealthnj.com/inscribase](https://www.amerihealthnj.com/inscribase).



Why choose AmeriHealth New Jersey?

It's our mission to enhance the health and well-being of the people and communities we serve in New Jersey, and that includes you!

We've been part of the New Jersey community for more than 25 years. We live here, we work here. We use the same hospitals as you and sit in the same waiting rooms. Most importantly, we also rely on the quality and security of our AmeriHealth New Jersey health plan benefits to keep ourselves and our families safe and healthy.

We offer:



Affordable health plans

Choose from a variety of health plans to fit your needs and budget



Broad and flexible provider network

Pick your network to save on out-of-pocket costs



Virtual care benefits

Talk to a board-certified doctor 24/7



Convenient online and mobile tools

Manage your benefits anytime and easily find providers

We're here to help

What makes AmeriHealth New Jersey different is the people who work here. Our dedicated team will help you find a health insurance plan that meets your unique needs.

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



How to enroll

Choosing a health plan is a big decision, but you don't have to make it alone. We're here for you, whether it's explaining your options or helping you figure out which health plan is the right fit.

Here's how to get started

- Use this book to compare health plans side-by-side. You can review how much you'll pay for covered services and see everything AmeriHealth New Jersey has to offer. We've got you covered!
- Refer to the Rate Card at amerihealthnj.com/rates to view and compare monthly premiums.
- To find out if you're eligible for financial assistance or if you're ready to enroll, visit amerihealthnj.com/enroll or call **1-855-832-2009 (TTY: 711)**. You can also contact your broker.

Key Open Enrollment dates



First day
you can enroll



Enroll by Nov. 30
to receive your
new ID card
by Jan. 1



Enroll by Dec. 15
to have access
to your digital ID
card by Jan. 1



Last day
to enroll
for coverage
starting Jan. 1



Last day
to enroll for
2023 coverage
starting Feb. 1

Meet our health plans

We offer a variety of health plans, so you can find the best fit for you and your family.

Under the Affordable Care Act (ACA), we are required to use metallic tiers to organize all health plans by the level of coverage they offer. All our health plans cover the same essential health benefits, including doctor visits, hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more. Where they differ is in the monthly premium, deductible amount, and out-of-pocket costs when you receive covered services.

Compare cost and coverage by tier

	 Bronze	 Silver	 Gold
Monthly premium	\$	\$\$	\$\$\$
Cost of care	\$\$\$	\$\$	\$
Good option if you...	Don't plan to use a lot of health care services	See doctors and specialists occasionally	Require more frequent doctor visits and/or hospitalization

Health plans we offer

The health plans we offer for individuals and families are Exclusive Provider Organization plans, or EPOs. Here's what you need to know about an EPO plan:

- You are not required to select a primary care physician.
- You do not need referrals to see a specialist.
- Some plans have an option to open a tax-advantaged health savings account, or HSA. Learn more on page 12.

We also offer catastrophic coverage for people younger than 30 or for those who qualify for a special exemption.

If you have questions about any terms used throughout this book, please refer to the Glossary on page 21.

Get Advantage for cost-savings and flexibility

Our Advantage health plans are our most popular for good reason. You have access to high-quality care with a lower monthly premium. Plus, you can save even more when you stay in Tier 1.

Cost-saving tiered benefits

AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans have tiered benefits, which means you can save on your care with certain providers. We grouped providers in our Local Value network into two tiers, with doctors and hospitals that offer high-quality care at a lower cost in Tier 1.



Tier 1



Tier 2

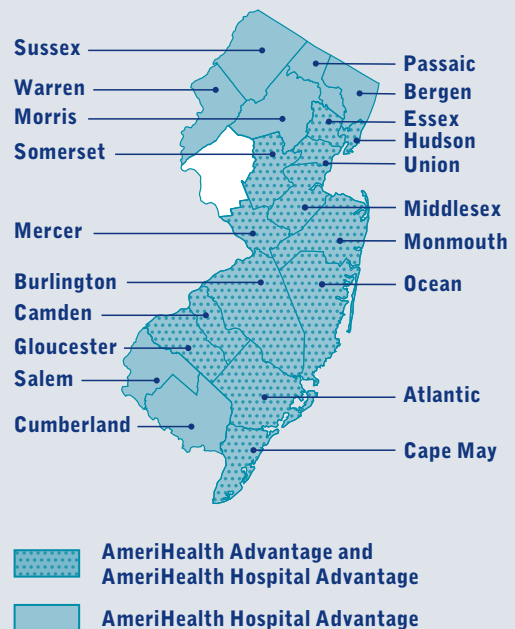
AmeriHealth Advantage¹

You'll pay the lowest out-of-pocket costs when you use Tier 1 doctors and hospitals. You also have in-network coverage for Tier 2 providers available through the Local Value network.

AmeriHealth Hospital Advantage²

You'll pay the lowest out-of-pocket costs for hospital and other facility services (e.g., outpatient surgery) when you use a hospital or facility in Tier 1. You also have in-network coverage for Tier 2 hospitals and facilities available through the Local Value network.

These products are only available in certain counties. Refer to the map to see if they are available in your county.



Save even more with Select

Are you looking to save more money, but you don't qualify for a tax credit (subsidy)? Check out these Select health plans, which are only available when you purchase directly from AmeriHealth New Jersey:

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

Contact your broker or call us at **1-855-832-2009 (TTY: 711)** to enroll in one of these off-exchange health plans. Refer to the health plan charts starting on page 13 to learn more about these plans.

96%

of individual members chose an Advantage health plan in 2022.

Please see Network footnotes on page 26.

Network options

AmeriHealth New Jersey has two networks so you can choose the one that is best for your health needs and budget.

Our networks differ based on geography and which doctors, hospitals, and other health care providers participate in the network. No matter what network you have, you always have access to providers across the State of New Jersey.

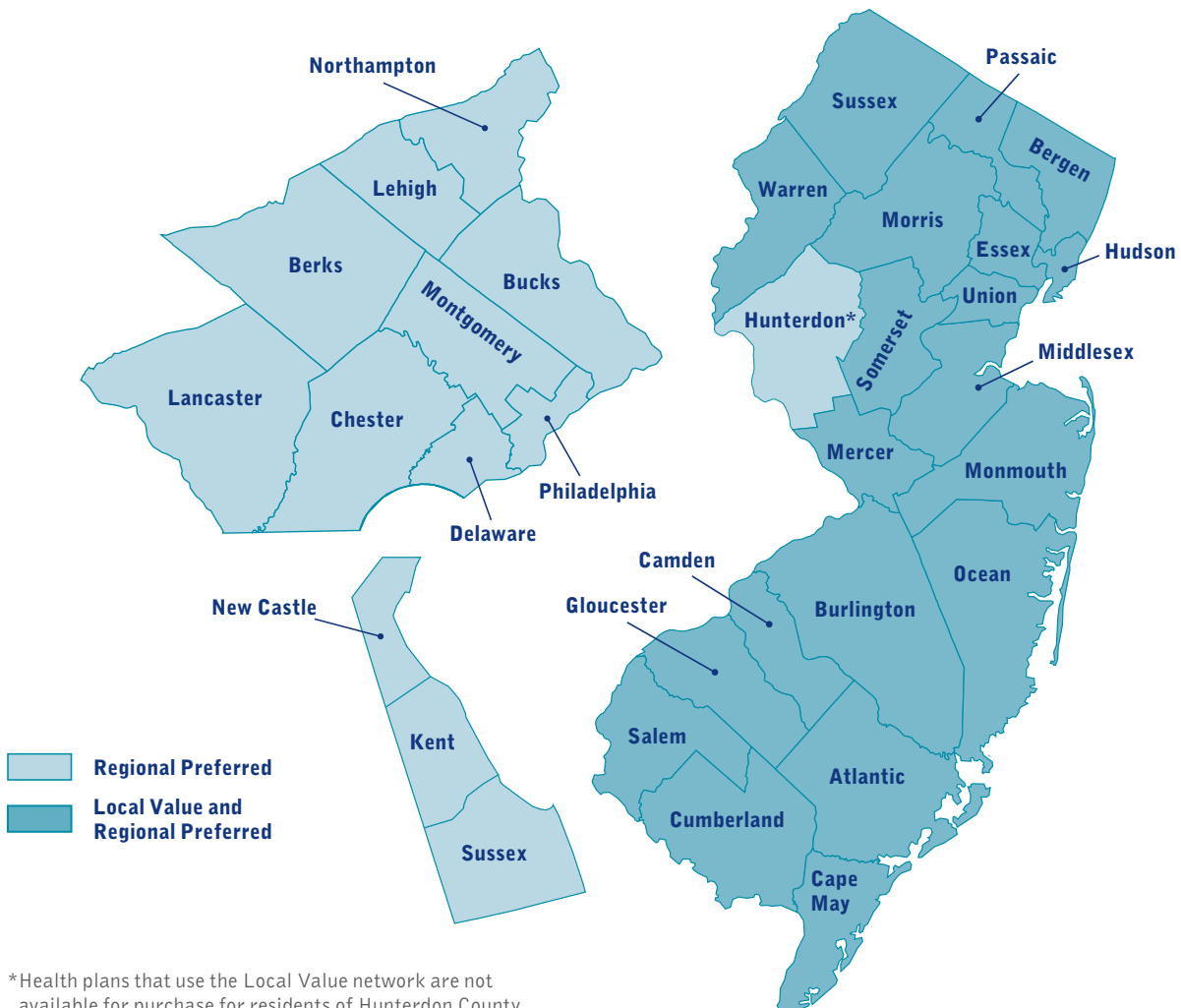
To see if your current providers are in-network, visit [amerihealthnj.com/providerfinder](https://www.amerihealthnj.com/providerfinder).

Regional Preferred

The Regional Preferred network is one of the largest networks of doctors and hospitals in the State of New Jersey.³ Members have access to in-network health care providers in New Jersey, Delaware, and Southeastern Pennsylvania.⁴

Local Value

Health plans that use the Local Value network offer a more affordable rate by providing access to a subset of the Regional Preferred network across the State of New Jersey.⁵



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

Pay \$0 for virtual care

Our virtual care benefits make it easier and more affordable to take care of your physical and emotional health. Get high-quality non-emergency care from MDLIVE[®] doctors without leaving home.

Save time and money with MDLIVE

Skip the waiting room and take advantage of virtual care benefits when you need to talk to a doctor or behavioral health professional. You'll pay \$0* cost-sharing when you use these virtual care services provided by MDLIVE:



Telemedicine

Request an appointment 24/7 with a board-certified doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. MDLIVE also provides pediatric telemedicine services, so all your covered dependents can get the care they need.



Telebehavioral health

Talk to licensed therapists, psychologists, and psychiatrists from the comfort of home. Schedule a confidential virtual visit if you are feeling stressed or overwhelmed, or for conditions such as anxiety, depression, and panic disorders. Members can see the same provider by setting up follow-up visits after their first visit.



Teledermatology

With MDLIVE teledermatology services, you can get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions.

See your benefit booklet for additional virtual care services.

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

94% overall

satisfaction with MDLIVE

93% of members

would recommend MDLIVE

70% of members

had repeat behavioral health visits
(2 or more)

12 minutes

average wait time for a member
to talk to a provider



Prescription drug benefits

Our medical plans include prescription drug coverage, so you get safe, affordable access to covered medications.

Save with lower-cost alternatives

We're helping members save money

You'll pay less when your doctor prescribes generic and lower-cost brand alternatives. We also make it easier for doctors to select more affordable medications. They can view how much you'll pay for a medication while they're choosing one to prescribe for you.

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

\$	Generic Rx
\$\$	Brand Rx
\$\$\$	Non-preferred Brand Rx

Pharmacy network includes nearly

68,000
PHARMACIES
NATIONWIDE

Easily manage medications



Easy-to-use online and mobile tools

Members can log in at [amerihealthnj.com](https://www.amerihealthnj.com) to find an in-network pharmacy, estimate drug costs, review claims, and submit mail order requests.



Mail order convenience

Sign up to have medications you take regularly delivered by mail. Standard shipping is always free! In most plans, you'll pay less for a 90-day supply when you use mail order/home delivery.

We're here for you!

You're never alone with AmeriHealth New Jersey. We make it easy to get the information and support you need, right when you need it.

24/7 access to your benefits

Whether you're at home or on-the-go, you have convenient 24/7 access to your benefits information and member tools. Log in at [amerihealthnj.com](https://www.amerihealthnj.com) or using our free **AHNJ On the Go** app to:

- View, print, or send your ID card
- Access plan information, like claims and benefits
- Find a doctor, hospital, urgent care center, or other provider in your network
- Estimate your costs for care or price a drug
- Request mail order/home delivery for a prescription medication

Answers to your questions

We also offer support by phone for when you need to talk to someone about your benefits or health. Simply call the number on the back of your member ID card.

Customer Service

If you ever have any questions about your benefits, our knowledgeable Customer Service representatives are ready to help.

Registered Nurse Health Coaches

You can call a Registered Nurse Health Coach 24/7 for questions about your health or treatment plan. This service is confidential, and there is no additional cost to you. We also offer more support for our members who are pregnant or managing chronic or complex health conditions.



Connect with us

Visit [amerihealthnj.com/getwired](https://www.amerihealthnj.com/getwired) or text **MYAHNJ** to **77576** to sign up for AmeriHealth New Jersey Wire®. You'll get personalized reminders about your health, important plan notifications, and money-saving tips and discounts.

Helping you Embrace Well-being

Everyone's journey to well-being is different — embrace yours! Whether you are generally healthy or need extra support, Embrace Well-being can help you reach your health goals.

Reach your personal health goals

Our members have access to support, resources, and savings through Embrace Well-being at no additional cost. You'll get:



Extra support

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



Personalized online tools

Personalized online tools make it easy and fun to stay motivated on your well-being journey. Create an action plan and get reminders specific to your health goals. You can also sync up with fitness apps and devices to track your progress, create challenges, and invite friends.



Discounts on getting fit

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

Learn more at amerihealthnj.com/wellness.

Get member-exclusive discounts

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

See all the ways you can save at amerihealthnj.com/discounts.

NEW

Earn \$150 for your healthy habits!

Health plan subscribers* can earn \$150 Embrace Well-being dollars. Embrace Well-being dollars can be redeemed for gift cards to a variety of popular retailers.

Simply complete six activities during your plan year:

- Complete three required activities
- Choose and complete three additional activities

Visit amerihealthnj.com/wellness to learn more.

*Embrace Well-being Rewards is only open to the health plan subscriber. Dependents are not eligible to earn \$150 Embrace Well-being dollars.

Support for your financial well-being

A health plan from AmeriHealth New Jersey means more than just medical and prescription drug benefits. We want to help you keep your finances healthy, too.

Save for college, reduce student loan debt

GradFin* helps you find ways to save for college and reduce your student loan debt. They offer:

Student Loan Financial Education

Sign up for free consultations, live webinars, and “town hall” meetings to help you reduce your debt.

Student Loan Solutions

Get help with new or refinanced loans and consolidating loans.

Public Service Loan Forgiveness (PSLF) program

GradFin helps you stay on track by auditing payments and certifying income and employment.

Maximize your savings with an HSA

Our HSA-qualified EPO health plans can be paired with a powerful savings tool — a health savings account, or HSA. When you use an HSA, your money works harder, today and tomorrow.

- You can use the funds you put into your account to pay for certain health care expenses, including dental and vision care costs.
- At the federal level, you pay no taxes on money you put in your account, and you earn tax-free interest or investment income on those funds.

Your savings roll over year-to-year and are yours to keep, even if you change health plans.

Watch your savings grow over time with an HSA

For example, let’s say each year you contribute \$2,000 to your HSA and spend \$1,000 on qualified health expenses. Your savings will grow over time.†

At the end of year 10

Tax savings

\$3,810.37

HSA balance

\$10,949.72

The above information is for illustrative purposes only. The example assumes a 15 percent tax bracket, 3 percent state taxes, and that the investment choices yield a return of 2 percent. Please consult with your tax advisor for your situation. Return on investment is not guaranteed.

* This is a value-added program and not a benefit under an AmeriHealth New Jersey health plan and is, therefore, subject to change without notice.

† Investment accounts are optional; monthly fees apply. Investment fees are omitted from the example above.



AmeriHealth
NEW JERSEY

2023 health plans



BRONZE HEALTH PLANS	EPO HSA AMERIHEALTH ADVANTAGE ³ \$25/\$50		EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁸ \$50/\$75	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴		LOCAL VALUE ⁴	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible — Individual/family	\$6,000/\$12,000 ⁵		\$6,000/\$12,000 ⁵	
After deductible member pays...	30%	50%	50%	
Maximum out-of-pocket — Individual/family	\$7,450/\$14,900 ⁶		\$7,450/\$14,900 ⁶	
Primary care visits	\$25 copay, after deductible	50% coinsurance, after deductible	\$50 copay, after deductible	
Specialist visits	\$50 copay, after deductible	50% coinsurance, 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 & ambulatory surgical	30% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity			\$500 copay per day, up to 5 days, after deductible ⁹	
X-rays & diagnostic imaging	50% coinsurance, after deductible		50% coinsurance, after deductible	
Imaging CT/PET scans, MRIs	50% coinsurance, after deductible		50% coinsurance, after deductible	
Laboratory ¹	50% coinsurance, after deductible		50% coinsurance, after deductible	
Inpatient treatment — Mental/behavioral health, substance use disorder	30% coinsurance, after deductible		\$500 copay per day, up to 5 days, after deductible ⁹	
Outpatient treatment — Mental/behavioral health, substance use disorder	\$50 copay, after deductible		\$75 copay, after deductible	
Rehabilitation therapy services ²	\$50 copay, after deductible		\$75 copay, after deductible	
Chiropractic care (30 visits per calendar year)	\$40 copay, after deductible		\$40 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷		30-DAY SUPPLY⁷	
Generic Rx	50% coinsurance, after deductible		50% coinsurance, after deductible	
Brand Rx				
Non-preferred brand Rx				

Please see footnotes on page 26.

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.

BRONZE HEALTH PLANS	EPO HSA 50%/50%	EPO \$50/\$75	CATASTROPHIC SIMPLE SAVER ¹¹
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴	LOCAL VALUE ⁴	LOCAL VALUE ⁴
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible — Individual/family	\$6,000/\$12,000	\$3,000/\$6,000	\$9,100/\$18,200
After deductible member pays...	50%	50%	0%
Maximum out-of-pocket — Individual/family	\$7,450/\$14,900	\$9,100/\$18,200	\$9,100/\$18,200
Primary care visits	50% coinsurance, after deductible	\$50 copay, after deductible	\$30 copay ¹²
Specialist visits	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Urgent care services	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Outpatient surgery & ambulatory surgical	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient hospital services, including maternity	50% coinsurance, after deductible	\$500 copay per admission, after deductible	No charge, after deductible
X-rays & diagnostic imaging	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Imaging CT/PET scans, MRIs	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Laboratory ¹	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient treatment — Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	\$500 copay per admission, after deductible	No charge, after deductible
Outpatient treatment — Mental/behavioral health, substance use disorder	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Rehabilitation therapy services ²	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Chiropractic care (30 visits per calendar year)	50% coinsurance, after deductible	\$40 copay, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY ⁷	30-DAY SUPPLY ⁷	30-DAY SUPPLY ⁷
Generic Rx	50% coinsurance, after deductible	\$25 copay	No charge, after deductible
Brand Rx	50% coinsurance, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁰	No charge, after deductible
Non-preferred brand Rx	50% coinsurance, after deductible	50% coinsurance, up to \$250 max, after deductible ¹⁰	No charge, after deductible

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\$

OFF-EXCHANGE ONLY PLANS

SILVER HEALTH PLANS	SELECT EPO AMERIHEALTH ADVANTAGE ³ \$25/\$60		SELECT EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁸ \$50/\$75	
	LOCAL VALUE ⁴		LOCAL VALUE ⁴	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴		LOCAL VALUE ⁴	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible — Individual/family	\$2,500/\$5,000 ⁵		\$2,100/\$4,200 ⁵ aggregate ¹⁴	
After deductible member pays...	20%	50%	50%	
Maximum out-of-pocket — Individual/family	\$9,050/\$18,100 ⁶		\$7,450/\$14,900 ⁶	
Primary care visits	\$25 copay	50% coinsurance, after deductible	\$50 copay, after deductible	
Specialist visits	\$60 copay	50% coinsurance, after deductible	\$75 copay, after deductible	
Urgent care services	20% coinsurance, after deductible		\$85 copay, after deductible	
Emergency room	20% coinsurance, after deductible	50% coinsurance, after deductible	\$100 copay, after deductible ¹⁵	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity				
X-rays & 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	\$60 copay		\$75 copay, after deductible	
Rehabilitation therapy services ²	\$60 copay		\$75 copay, after deductible	
Chiropractic care (30 visits per calendar year)	\$40 copay		\$40 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷		30-DAY SUPPLY⁷	
Generic Rx	\$25 copay		\$10 copay, after deductible	
Brand Rx	50% coinsurance, after \$250 Rx deductible ¹³		50% coinsurance, after deductible	
Non-preferred brand Rx				

Please see footnotes on page 26.

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.

SILVER HEALTH PLANS		EPO AMERIHEALTH ADVANTAGE ³ \$45/40%		POPULAR PLAN		EPO AMERIHEALTH ADVANTAGE ³ \$25/\$60	
CHOOSE YOUR NETWORK		LOCAL VALUE ⁴		LOCAL VALUE ⁴		LOCAL VALUE ⁴	
MEDICAL BENEFITS		TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2
Deductible — Individual/family		\$2,400/\$4,800 ⁵		\$2,500/\$5,000 ⁵			
After deductible member pays...		40%	50%	20%	50%		
Maximum out-of-pocket — Individual/family		\$8,100/\$16,200 ⁶		\$9,100/\$18,200 ⁶			
Primary care visits		\$45 copay	50% coinsurance, after deductible	\$25 copay	50% coinsurance, after deductible		
Specialist visits		40% coinsurance, after deductible	50% coinsurance, after deductible	\$60 copay	50% coinsurance, 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 & ambulatory surgical		40% coinsurance, after deductible		20% coinsurance, after deductible			
Inpatient hospital services, including maternity		40% coinsurance, after deductible		20% coinsurance, after deductible			
X-rays & diagnostic imaging		50% coinsurance, after deductible		50% coinsurance, after deductible			
Imaging CT/PET scans, MRIs		50% coinsurance, after deductible		50% coinsurance, after deductible			
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		40% coinsurance, no deductible		\$60 copay			
Rehabilitation therapy services ²		40% coinsurance, after deductible		\$60 copay			
Chiropractic care (30 visits per calendar year)		40% coinsurance, after deductible		\$40 copay			
Durable medical equipment		50% coinsurance, after deductible		50% coinsurance, after deductible			
PRESCRIPTION BENEFITS		30-DAY SUPPLY ⁷		30-DAY SUPPLY ⁷			
Generic Rx		\$20 copay		\$25 copay			
Brand Rx		50% coinsurance, after deductible		50% coinsurance, after \$250 Rx deductible ¹³			
Non-preferred brand Rx		50% coinsurance, after deductible		50% coinsurance, after \$250 Rx deductible ¹³			

Please see footnotes on page 26.

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.

\$

	POPULAR PLAN		NEW PLAN	
SILVER HEALTH PLANS	EPO HSA AMERIHEALTH HOSPITAL ADVANTAGE ⁸ \$50/\$75		EPO AMERIHEALTH HOSPITAL ADVANTAGE ⁸ \$50/\$75	
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴		LOCAL VALUE ⁴	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
Deductible — Individual/family	\$2,000/\$4,000 ⁵ aggregate ¹⁴		\$2,500/\$5,000 ⁵	
After deductible member pays...	50%		50%	
Maximum out-of-pocket — Individual/family	\$7,450/\$14,900 ⁶		\$9,100/\$18,200 ⁶	
Primary care visits	\$50 copay, after deductible		\$50 copay	
Specialist visits	\$75 copay, after deductible		\$75 copay	
Urgent care services	\$85 copay, after deductible		\$85 copay	
Emergency room	\$100 copay, after deductible ¹⁵	50% coinsurance, after deductible	\$100 copay, after deductible ¹⁵	50% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services, including maternity				
X-rays & 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	\$75 copay, after deductible		\$75 copay	
Rehabilitation therapy services ²	\$75 copay, after deductible		\$75 copay	
Chiropractic care (30 visits per calendar year)	\$40 copay, after deductible		\$40 copay	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷		30-DAY SUPPLY⁷	
Generic Rx	\$10 copay, after deductible		\$20 copay	
Brand Rx				
Non-preferred brand Rx	50% coinsurance, after deductible		50% coinsurance, after deductible	

Please see footnotes on page 26.

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.

SILVER HEALTH PLANS	EPO HSA \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE ⁴ REGIONAL PREFERRED
MEDICAL BENEFITS	IN-NETWORK
Deductible — Individual/family	\$2,300/\$4,600 aggregate ¹⁴
After deductible member pays...	50%
Maximum out-of-pocket — Individual/family	\$7,200/\$14,400
Primary care visits	\$50 copay, after deductible
Specialist visits	\$75 copay, after deductible
Urgent care services	\$85 copay, after deductible
Emergency room	\$100 copay, after deductible ¹⁵
Outpatient surgery & ambulatory surgical	30% coinsurance, after deductible
Inpatient hospital services, including maternity	\$500 copay per day, up to 5 days, after deductible ⁹
X-rays & diagnostic imaging	\$50 copay, after deductible
Imaging CT/PET scans, MRIs	\$100 copay, after deductible
Laboratory ¹	No charge, after deductible
Inpatient treatment — Mental/behavioral health, substance use disorder	\$500 copay per day, up to 5 days, after deductible ⁹
Outpatient treatment — Mental/behavioral health, substance use disorder	\$75 copay, after deductible
Rehabilitation therapy services ²	\$75 copay, after deductible
Chiropractic care (30 visits per calendar year)	\$40 copay, after deductible
Durable medical equipment	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷
Generic Rx	\$10 copay, after deductible
Brand Rx	50% coinsurance, after deductible
Non-preferred brand Rx	

Please see footnotes on page 26.

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.

GOLD HEALTH PLANS	EPO \$30/\$50
CHOOSE YOUR NETWORK	REGIONAL PREFERRED
MEDICAL BENEFITS	IN-NETWORK
Deductible — Individual/family	\$1,700/\$3,400
After deductible member pays...	20%
Maximum out-of-pocket — Individual/family	\$7,000/\$14,000
Primary care visits	\$30 copay
Specialist visits	\$50 copay
Urgent care services	\$75 copay
Emergency room	20% coinsurance, after deductible
Outpatient surgery & ambulatory surgical	20% coinsurance, after deductible
Inpatient hospital services, including maternity	20% coinsurance, after deductible
X-rays & diagnostic imaging	\$50 copay
Imaging CT/PET scans, MRIs	\$100 copay
Laboratory ¹	No charge, no deductible
Inpatient treatment — Mental/behavioral health, substance use disorder	20% coinsurance, after deductible
Outpatient treatment — Mental/behavioral health, substance use disorder	\$50 copay
Rehabilitation therapy services ²	\$50 copay
Chiropractic care (30 visits per calendar year)	\$40 copay
Durable medical equipment	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY⁷
Generic Rx	\$10 copay
Brand Rx	50% coinsurance, up to \$150 max, no deductible
Non-preferred brand Rx	50% coinsurance, up to \$150 max, no deductible

Please see footnotes on page 26.

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.



Common health insurance terms

Coinsurance: The percentage you pay for certain covered services. Example: If your coinsurance is 20 percent, your health plan will pay 80 percent of the cost of covered services, and you will pay the remaining 20 percent.

Copay or copayment: The flat fee you pay when you see a doctor or receive other services. Example: A plan's copay to see a primary care physician could be \$20.

Cost-sharing: The amount you pay for your health care costs beyond your premium. This includes your copayments, coinsurance fees, and deductible.

Deductible: The amount you pay before your health plan starts paying for covered services. Example: If your plan has a \$1,000 deductible, you'll pay the first \$1,000 for covered services you receive. Once you pay this amount, your insurance will pay a portion or all of your covered services, depending on the plan.

EPO: Exclusive Provider Organization health plan

Health savings account (HSA): An HSA is a type of savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses.

Out-of-network: Doctors or health care facilities not included in your health plan network. Our individual and family health plans do not include out-of-network benefits.

Out-of-pocket maximum: The most you will have to pay for your health care expenses during a plan period (usually a calendar year). Once you meet your out-of-pocket maximum for the plan period, your health plan will pay for all covered services you receive.

Premium: The amount you pay to your insurance company each month for coverage under your health plan. Your premium is separate from the out-of-pocket costs you pay when you use your benefits to receive covered services.

Tax credit (subsidy): Financial assistance to help eligible people who buy their own health insurance pay their premium and cost-sharing expenses (deductibles, copays, coinsurance).

Purchase ACA-compliant dental coverage

Good oral health is about more than healthy teeth. Regular preventive dental care is crucial and can detect more serious conditions like heart disease and oral cancer.

AmeriHealth New Jersey offers affordable dental plan options that encourage prevention and treatment of conditions before they become more costly issues.¹



Freedom to see any dentist



Save the most by seeing an in-network provider



No referrals needed



NEW Increased annual maximum for adults on the Family Plus plan

Dental plan options

PLAN NAME	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
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 ³)	\$350 for 1 child/\$700 for 2 or more children		

Find dental providers

Visit amerihealthnj.com/dental to find providers in the Advantage Plus 2.0 national network.

Please see footnotes on page 27.

Covered benefits²

PLAN NAME	PEDIATRIC ONLY ⁴	PEDIATRIC WITH ADULT PREVENTIVE ⁴	FAMILY PLUS DENTAL ⁴
Preventive services³			
Exams/evaluations, cleanings, X-rays	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, 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 services³			
Fillings (amalgam restorations – metal; resin-based composite restorations – white)			
Oral surgery (simple and surgical extractions)	50%, after deductible	Covered only for children ages 0–18; 50%, after deductible	80%, after deductible; <i>Members ages 19 and older: 6-month waiting period</i>
Root canals (endodontic therapy and services)			
Surgical and non-surgical periodontics and maintenance			
General anesthesia, nitrous oxide, and/or IV sedation			
Major services³			
Crowns, inlays, onlays, and dentures	50%, after deductible	Covered only for children ages 0–18; 50%, after deductible	50%, after deductible; <i>Members ages 19 and older: 12-month waiting period</i>
Complete or fixed partial dentures (prosthetics)			
Implants ⁵	Not covered	Not covered	Not covered
Orthodontia³			
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)			
Ages 0–18 ³	\$26.05	\$14.85	\$20.80
19–25	N/A	\$14.85	\$20.80
26–39	N/A	\$15.78	\$22.10
40–49	N/A	\$18.56	\$26.00
50–63	N/A	\$21.81	\$30.55
64 and older	N/A	\$22.27	\$31.20

Please see footnotes on page 27.

Add adult vision care benefits

Routine eye exams can help protect your sight and detect serious and costly medical conditions like high blood pressure and diabetes.

Administered by Davis Vision[®], our adult vision care plans go beyond eye exams and eyewear. You'll have access to a robust network, low out-of-pocket costs, and a variety of value-added services to meet your needs.

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

Coverage includes:

- **NEW** Interactive frame try-on tool so you can see what Davis Vision Exclusive Collection frames look like without leaving home⁴
- **NEW** Upgraded inventory of Exclusive Collection designer frames for even more stylish options
- National network of more than 116,000 access points, including Visionworks
- Exclusive Collection frames for low or no additional out-of-pocket costs
- Exclusive \$50 frame allowance enhancement at Visionworks²
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, **Visionworks.com**, and **Befitting.com**
- Fixed copays on all lens styles and coatings, keeping costs easier to understand and transparent
- Fully-covered hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

Spectacle lens options

Depending on the plan you choose, these lens options are either covered in full or with a fixed out-of-pocket cost at an in-network provider:

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

ADULT VISION CARE BENEFITS¹

PLAN NAME	\$100/\$150 ^{*3}	\$130/\$180 ^{*3}	\$150/\$200 ^{*3}
Frequencies			
Eye exam	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) [†]	Up to \$100 or up to \$150 at Visionworks, plus 20% off any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off any overage	Up to \$150 or up to \$200 at Visionworks, 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, follow-up care	Covered	Covered	Covered
Non-Collection contact lenses materials allowance [†]	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	Monthly	Monthly	Monthly
Single	\$10.50	\$11.90	\$13.00
Subscriber & spouse	\$21.00	\$23.80	\$26.00
Parent & child	\$21.00	\$23.80	\$26.00
Parent & children	\$21.00	\$23.80	\$26.00
Family	\$31.50	\$35.70	\$39.00

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

† Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.

Please see footnotes on page 27.

Important health plan information

All plans within this brochure reflect member cost-sharing. The benefits summaries in this brochure represent only a partial listing of benefits of the health plans. Benefits and exclusions may be further defined by medical policy. These managed care plans may not cover all your health care expenses. If you need more information, please contact your broker or call **1-855-832-2009**.

Network Options Footnotes:

- 1 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 obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- 2 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 New Jersey Local Value network.
- 3 Data is derived from analysis of information provided by a third-party vendor and is subject to change.
- 4 The AmeriHealth New Jersey 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.
- 5 The Local Value network is not available in Hunterdon County.

Medical Footnotes:

- 1 Laboratory Corporation of America® Holdings (Labcorp) is AmeriHealth New Jersey's exclusive outpatient laboratory provider. To find your closest patient service center location, visit Labcorp.com.
- 2 Members can utilize 30 visits per therapy per calendar year.
- 3 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 get services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also use Tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
- 4 The Local Value network is not available in Hunterdon County.
- 5 Deductible is combined for Tier 1 and Tier 2.
- 6 Out-of-pocket maximum is combined for Tier 1 and Tier 2.
- 7 Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
- 8 AmeriHealth Hospital Advantage is not available in Hunterdon County. Members have enhanced benefits at Tier 1 hospitals and facilities. Members can also use Tier 2 hospitals and facilities within the AmeriHealth New Jersey Local Value network.
- 9 Copay is required per day, up to a maximum of 5 days per admission.
- 10 The maximum applies prior to the deductible being met.
- 11 Catastrophic plans are only available for qualified individuals.
- 12 \$30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at 100%, after deductible.
- 13 \$250 Rx deductible per person.
- 14 Individual deductible not applicable in policies covering 2 or more people.
- 15 Emergency room copay waived if admitted.

Dental Footnotes:

- 1 AmeriHealth New Jersey dental plans are administered by United Concordia Companies, 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.

Vision Footnotes:

- 1 Administered by Davis Vision®.
- 2 An AmeriHealth New Jersey affiliate has a financial interest in Visionworks.
- 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 The website for the new try-on feature is <https://microsite.versanthealth.com/default/tryonframes>.



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