



# 2021

# Benefits at a Glance

Health plans designed for you and your business



Small Group health plans

# Table of contents

- Health plan options .....2
- What’s new for 2021 .....3
- Network options .....4
- Optimizing the value of health care .....6
- Putting the member at the center of everything.....8
- Virtual care options .....9
- Health plans.....10
- Dental plans.....20
- Vision plans.....22
- Important health plan information.....24

# Why choose AmeriHealth New Jersey?

We are a health insurer focused solely on the state of New Jersey. It’s our mission to enhance the health and well-being of the people and communities we serve, and that includes you!

We live here. We work here. We support our communities. We have a better understanding of our members and the issues they face when it comes to health insurance in New Jersey. With AmeriHealth New Jersey, you will have access to affordable health plans that meet the unique needs of your business. And your employees can enjoy one of the largest networks in New Jersey, in addition to wellness programs.





**Choosing a health plan is a big decision, but you don’t have to make it alone. Whether it’s helping you compare health plans or answering your questions, our dedicated team is here for you.**





## Health plans to fit your needs and budget

Under the Affordable Care Act, we are required to organize all plans by the level of coverage they offer using metallic tiers — we offer Bronze, Silver, Gold, and Platinum health plans. You choose health plans for your employees based on the cost of the plan and the services it covers.

Compare cost and coverage by tier	 Bronze	 Silver	 Gold	 Platinum
Monthly premium cost	\$	\$\$	\$\$\$	\$\$\$\$
Out-of-pocket costs for care	\$\$\$\$	\$\$\$	\$\$	\$
Good option for members who...	Don't plan to use a lot of health care services	See doctors and specialists occasionally	See doctors and specialists more often	Have medical needs requiring more frequent doctor visits and/or hospitalization

## Our health plan options

Choose from health plans that offer access to high-quality care from an extensive network of doctors and hospitals. The biggest difference between these plans is whether members must choose a primary care provider and whether they need a referral from their primary care provider to visit specialists.

Plan highlights	HMO	Select EPO	EPO
Must select a primary care physician	✓	✓	
No referrals needed for specialists		✓	✓



**Reminder: Continue to focus on our Select EPO plans.**

## What's new in 2021

We're pleased to share the following enhancements to our small employer portfolio for 2021 to give you more options for affordable coverage:

- We have added access to the **GHI Emblem Network in New York** as part of our EPO Regional Preferred plans.
- We reintroduced AmeriHealth Advantage and Hospital Advantage (Tier 2 as Local Value Network), featuring the **lowest-cost plans** in Bronze, Silver, and Gold.
- We're offering a **new** tiered plan design with Regional Preferred, our largest network.
- Our most popular dental plan will now be offered on a **voluntary basis**.
- All vision plans will be offered on a **voluntary basis**.

## The advantages of a health savings account (HSA)

Members can add an HSA to any of our HSA-qualified EPO plans. It lets you offer lower premium plans with higher deductibles and gives employees a way to save for qualified medical expenses now and in the future. When opening an HSA with the bank of their choosing, members will pay no taxes on the money they put into their account.

For employers	For employees
<ul style="list-style-type: none"> <li>• Flexibility to choose plans that fit your budget</li> <li>• Tax advantages and no administrative fees*</li> <li>• Convenient funding methods</li> <li>• Seamless account management, reporting tools, and spending account resources at <a href="http://amerihealthnj.com">amerihealthnj.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• Tax advantages and no monthly account fee*</li> <li>• Easy access through <a href="http://amerihealthnj.com">amerihealthnj.com</a></li> <li>• Claims integration enables streamlined payment from spending accounts</li> <li>• Specialized customer service teams to provide support</li> <li>• Easy access to funds via Mastercard® debit card</li> </ul>

\*Some banking fees and optional investment account fees may apply.

# Network Options

AmeriHealth New Jersey has a variety of networks — making health insurance more affordable for your employees and their families. Networks differ based on geography as well as participating doctors, hospitals, and other health care providers. Members can search for network providers at [amerihealthnj.com/providerfinder](http://amerihealthnj.com/providerfinder).

## REGIONAL PREFERRED

One of the largest networks of doctors and hospitals in the state of New Jersey.<sup>2</sup> Members have access to participating physicians and providers in New Jersey, Delaware, New York, and Southeastern Pennsylvania.<sup>3</sup>



## NATIONAL ACCESS

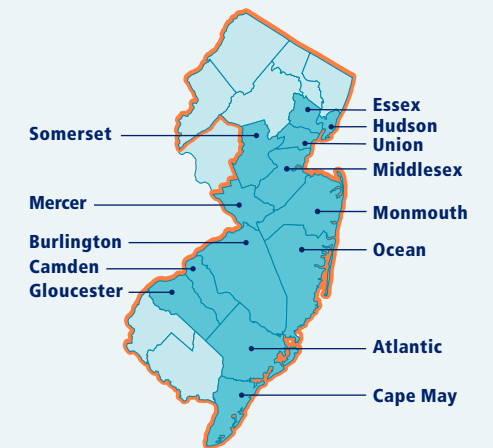
Available through the Multiplan PHCS National network for services obtained outside of the Regional Preferred service area.<sup>1,3</sup>

## LOCAL VALUE

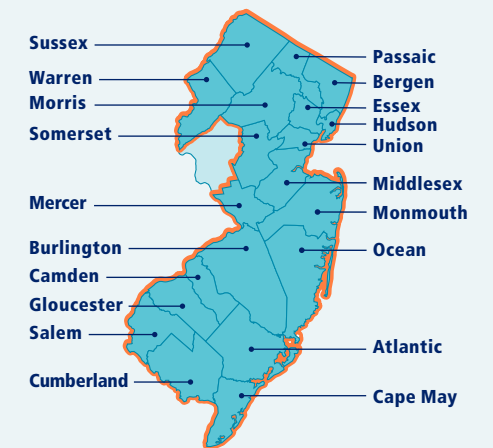
The Local Value network offers you a more affordable rate by providing access to a subset of the Regional Preferred network in New Jersey.<sup>3,4</sup>



## AMERIHEALTH ADVANTAGE



## HOSPITAL ADVANTAGE



See complete footnotes regarding all Network options on page 24

## Optimizing the value of health care

As stewards of your dollar, we regularly review our programs, processes, and policies. We use industry benchmarks and best practice standards to identify and address outliers in health care costs and utilization. Once we identify opportunities for improvement, we embed them into our utilization management and claim payment policies.

### Driving value in medical management

We have optimized our medical management savings to ensure members receive high-quality health care in the safest setting. As a result, we are:

- Driving evidence-based care
- Reducing the number of unnecessary procedures and related costs from potential complications
- Increasing member access to services in the most cost-effective setting

### Network Management and Reimbursement Administration

### Utilization Management

### Payment Optimization

### Medical/Pharmacy Policy



## Integrated behavioral health

Untreated mental health and substance use challenges cost employers thousands of dollars and significantly affect workplace productivity.

Our approach to a member's health and emotional well-being starts with a holistic view of their whole health. Our clinical programs are designed to help promote member behavioral health and wellness while containing costs through prevention and early intervention. Case management helps ensure health care is aligned and integrated within medical delivery systems and connects members to care and community resources.

## Helping members with a substance use disorder

AmeriHealth New Jersey is a leader in promoting ways to help prevent opioid misuse. The battle is unique to each member, so we've integrated behavioral health services into our benefit plans, as well as included the use of non-opioid medications.

## Combatting a global health crisis

The global COVID-19 pandemic has affected our customers, their businesses, and their employees. AmeriHealth New Jersey has led the way with extensive efforts to support members and health care providers. We covered all costs for virus testing and treatment, expanded virtual care solutions, adjusted clinical policies and procedures, and offered enhanced emotional support services. We've even built some of these services, such as expanded virtual care, into our 2021 product portfolio. We will continue to monitor public health issues to ensure our members have access to the care they need. For more information, please visit our COVID-19 business hub at [www.amerithealthnj.com/html/custom/covid-19-employers](http://www.amerithealthnj.com/html/custom/covid-19-employers).



## Putting the member at the center of everything

We have an entire team dedicated to understanding the member's experience.

### Keeping members connected

We strive to create an experience for the member that is personalized, intuitive, and easy. It all starts with the member ID card, which invites members to call to confirm receipt and opt into digital messaging. Then we reach out to members throughout the year with personalized information depending on where they are in their health care journey. Messages are also prioritized so that members receive the most vital communications first.

Members can opt-in to communications at [www.amerihealth.com/getwired](http://www.amerihealth.com/getwired) or text **MYAHNJ** to **73529**.

### Embrace Well-being

Our wellness program offers our members more opportunities to meet their personal goals:



Programs and resources such as complimentary health coaching, chronic condition and disease management, behavioral health guidance as well as support for members during pregnancy.



Online tools are available at [amerihealthnj.com](http://amerihealthnj.com) to help members stay motivated on their well-being journey.



Discounts through GlobalFit® on a variety of wellness items such as gym memberships and much more.



Exclusive savings on a wide range of services from local and regional businesses as well as merchant gift certificates and online shopping.



Members can complete activities to earn Embrace Well-being dollars, which can be redeemed for a variety of electronic gift cards.



Eligible members can earn up to \$150 Embrace Well-being dollars each program year based on their plan. Learn more at [amerihealthnj.com/wellness](http://amerihealthnj.com/wellness).

## Virtual care

Virtual care, like telemedicine, gives members access to a medical professional who they can visit with through secure video, phone, or mobile app. It's quicker, more convenient, and, in most cases, will cost members less than visiting the emergency room.

MDLIVE gives members secure, 24/7/365 access to board-certified doctors anywhere in the U.S. MDLIVE also provides pediatric services, so employees can use this benefit on behalf of their child or covered dependent at any age.

Members can sign up for MDLIVE with the help of Sophie, a virtual assistant who guides members through the registration processes. They can download the app to their smartphones, visit [mdlive.com/amerihealthnj](http://mdlive.com/amerihealthnj), or call **1-888-976-7405** to register.

**We offer telemedicine in all plans at a \$0 cost share. If available, members may also receive telemedicine services through their primary care physician or specialists and pay their health plan's cost-share.**

### Benefits of telemedicine through MDLIVE



- 97% patient satisfaction
- 96% of patients did not receive further care for that same condition
- 82% of cases did not require any further action within the next 7 days

### Telebehavioral health through MDLIVE

Members can receive telebehavioral health services through MDLIVE for a \$0 cost-share. Major depression is a growing concern, with diagnoses in millennials rising 33 percent\* since 2013. Telebehavioral health provides members more access to care from therapists, psychologists, and psychiatrists who can help with anxiety, depression, bipolar, panic disorders, and more.

### Teledermatology through MDLIVE

We added teledermatology services through MDLIVE to all plans for a \$0 cost-share. The average wait time to see a dermatologist is 32.3 days for 15 major metro areas, and as long as three to six months in other areas.\* Teledermatology provides increased access to dermatologists who can treat more than 3,000 skin, hair, and nail conditions online.

\*2017 Merritt Hawkins "Survey of Physician Appointment Wait Times," Sept. 2017



	NEW PLAN		NEW PLAN	
<b>BRONZE BENEFITS</b>	Select EPO HSA AmeriHealth Hospital Advantage <sup>14</sup> \$50 / \$75		Select EPO HSA AmeriHealth Advantage <sup>13</sup> \$25 / \$50	
<b>Choose your network</b>	Local Value <sup>5</sup>		Local Value <sup>18</sup> Regional Preferred with NY <sup>19</sup>	
<b>MEDICAL BENEFITS</b>	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Deductible</b> Individual/family	\$6,000 / \$12,000 <sup>15</sup>		\$6,000 / \$12,000 <sup>15</sup>	
<b>After Deductible</b> Member pays	50%		30%	50%
<b>Maximum Out-of-pocket</b> Individual/family	\$7,000 / \$14,000 <sup>16</sup>		\$7,000 / \$14,000 <sup>16</sup>	
<b>Primary Care Visits</b>	\$50 copay, after deductible <sup>10</sup>		\$25 copay, after deductible <sup>10</sup>	50% coinsurance, after deductible <sup>10</sup>
<b>Specialist Visits</b>	\$75 copay, after deductible		\$50 copay, after deductible	50% coinsurance, after deductible
<b>Urgent Care Services</b>	50% coinsurance, after deductible		30% coinsurance, after deductible	
<b>Emergency Room</b>			30% coinsurance, after deductible	50% coinsurance, after deductible
<b>Outpatient Surgery</b> Ambulatory Surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
<b>Inpatient Hospital Services</b> Including Maternity	\$500 copay per day, up to 5 days, after deductible <sup>6</sup>			
<b>X-rays &amp; Diagnostic Imaging</b>	50% coinsurance, after deductible		50% coinsurance, after deductible	
<b>Imaging CT/PT Scans, MRIs</b>	50% coinsurance, after deductible		50% coinsurance, after deductible	
<b>Laboratory<sup>12</sup></b>	50% coinsurance, after deductible		50% coinsurance, after deductible	
<b>Inpatient Treatment</b> Mental Behavioral Health, Substance Use Disorder	\$500 copay per day, up to 5 days, after deductible <sup>6</sup>		30% coinsurance, after deductible	
<b>Outpatient Treatment</b> Mental Behavioral Health, Substance Use Disorder	\$75 copay, after deductible		\$50 copay, after deductible	
<b>Rehabilitation Therapy Services<sup>3</sup></b>	\$75 copay, after deductible		\$50 copay, after deductible	
<b>Chiropractic Care<sup>2</sup></b>	\$75 copay, after deductible		\$50 copay, after deductible	
<b>Durable Medical Equipment</b>	50% coinsurance, after deductible		50% coinsurance, after deductible	
<b>PRESCRIPTION BENEFITS</b>	<b>30 DAY SUPPLY<sup>4</sup></b>		<b>30 DAY SUPPLY<sup>4</sup></b>	
<b>Generic Rx</b>	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, after deductible	
<b>Brand Rx</b>	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, after deductible	
<b>Non-preferred brand Rx</b>	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, after deductible	

	NEW PLAN	NEW PLAN	NEW PLAN
	<b>SELECT EPO HSA</b> 50% / 50%	<b>SELECT EPO</b> \$50 / \$75	<b>EPO</b> \$50 / \$75
	Local Value <sup>5</sup> Regional Preferred with NY	Local Value <sup>5</sup> <b>NEW</b> Regional Preferred with NY	National Access with NY
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
	\$6,000 / \$12,000	\$3,000 / \$6,000	\$3,000 / \$6,000
	50%	50%	50%
	\$7,000 / \$14,000	\$8,550 / \$17,100	\$8,550 / \$17,100
	50% coinsurance, after deductible <sup>10</sup>	\$50 copay, after deductible <sup>10</sup>	\$50 copay, after deductible
	50% coinsurance, after deductible	\$75 copay, after deductible	\$75 copay, after deductible
	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	50% coinsurance, after deductible	\$500 copay per admission, after deductible <sup>7</sup>	\$500 copay per admission, after deductible <sup>7</sup>
	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	50% coinsurance, after deductible	\$500 copay per admission, after deductible <sup>7</sup>	\$500 copay per admission, after deductible <sup>7</sup>
	50% coinsurance, after deductible	\$75 copay, after deductible	\$75 copay, after deductible
	50% coinsurance, after deductible	\$75 copay, after deductible	\$75 copay, after deductible
	50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
	<b>30 DAY SUPPLY<sup>4</sup></b>	<b>30 DAY SUPPLY<sup>4</sup></b>	<b>30 DAY SUPPLY<sup>4</sup></b>
	50% coinsurance, up to \$125 max, after deductible	\$25 copay	\$25 copay
	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$250 max, after deductible <sup>17</sup>	50% coinsurance, up to \$250 max, after deductible <sup>17</sup>

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

SILVER BENEFITS	NEW PLAN		NEW PLAN		Select EPO HSA 0% / 0%
	Select EPO HSA AmeriHealth Hospital Advantage <sup>14</sup> \$50 / \$75		Select EPO AmeriHealth Advantage <sup>13</sup> \$30 / \$60		
Choose your network	Local Value <sup>5</sup>		Local Value <sup>18</sup> Regional Preferred with NY <sup>19</sup>		Local Value <sup>5</sup> Regional Preferred with NY
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	IN-NETWORK
Deductible Individual/family	\$1,700 <sup>8</sup> / \$3,400 <sup>15</sup>		\$2,500 / \$5,000 <sup>15</sup>		\$2,500 <sup>8</sup> / \$5,000
After Deductible Member pays	50%		20%	50%	0%
Maximum Out-of-pocket Individual/family	\$6,500 / \$13,000 <sup>16</sup>		\$8,350 / \$16,700 <sup>16</sup>		\$6,750 / \$13,500
Primary Care Visits	\$50 copay, after deductible <sup>10</sup>		\$30 copay <sup>10</sup>	50% coinsurance, after deductible <sup>10</sup>	No charge, after deductible <sup>10</sup>
Specialist Visits	\$75 copay, after deductible		\$60 copay	50% coinsurance, after deductible	No charge, after deductible
Urgent Care Services	\$85 copay, after deductible		20% coinsurance, after deductible		No charge, after deductible
Emergency Room	\$100 copay, after deductible <sup>1</sup>	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient Surgery Ambulatory Surgical	10% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient Hospital Services Including Maternity					
X-rays & Diagnostic Imaging	50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
Imaging CT/PT Scans, MRIs					
Laboratory <sup>12</sup>	No charge, after deductible		No charge, no deductible		No charge, after deductible
Inpatient Treatment Mental Behavioral Health, Substance Use Disorder	10% coinsurance, after deductible		20% coinsurance, after deductible		No charge, after deductible
Outpatient treatment Mental Behavioral Health, Substance Use Disorder	\$75 copay, after deductible		\$60 copay		No charge, after deductible
Rehabilitation Therapy Services <sup>3</sup>	\$75 copay, after deductible		\$60 copay		No charge, after deductible
Chiropractic Care <sup>2</sup>					
Durable Medical Equipment	50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
PRESCRIPTION BENEFITS	30 DAY SUPPLY <sup>4</sup>		30 DAY SUPPLY <sup>4</sup>		30 DAY SUPPLY <sup>4</sup>
Generic Rx	\$15 copay, after deductible		\$10 copay		\$20 copay, after deductible
Brand Rx	50% coinsurance, up to \$125 max, after deductible		50% coinsurance, up to \$125 max, no deductible		50% coinsurance, up to \$125 max, after deductible
Non-preferred Brand Rx					

HMO \$50 / \$75 <sup>9</sup>	EPO HSA 0% / 30%	EPO HSA 0% / 10%	EPO HSA 20% / 20%
Local Value <sup>5</sup> Regional Preferred	Local Value <sup>5</sup> Regional Preferred with NY	Local Value <sup>5</sup> Regional Preferred with NY	Local Value <sup>5</sup> Regional Preferred with NY
IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
\$2,500 / \$5,000	\$2,500 <sup>8</sup> / \$5,000	\$2,500 <sup>8</sup> / \$5,000	\$2,500 <sup>8</sup> / \$5,000
50%	30%	10%	20%
\$8,150 / \$16,300	\$6,900 / \$13,800	\$6,900 / \$13,800	\$6,900 / \$13,800
\$50 copay <sup>10</sup>	No charge, after deductible	No charge, after deductible	20% coinsurance, after deductible
\$75 copay	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
\$85 copay	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
\$100 copay, after deductible <sup>1</sup>	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
50% coinsurance, after deductible	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
\$50 copay	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
\$100 copay	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
No charge, no deductible	No charge, after deductible	No charge, after deductible	No charge, after deductible
50% coinsurance, after deductible	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
\$75 copay	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
\$75 copay	30% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible
50% coinsurance, after deductible	50% coinsurance, after deductible	10% coinsurance, after deductible	50% coinsurance, after deductible
30 DAY SUPPLY <sup>4</sup>	30 DAY SUPPLY <sup>4</sup>	30 DAY SUPPLY <sup>4</sup>	30 DAY SUPPLY <sup>4</sup>
\$20 copay	\$10 copay, after deductible	\$15 copay, after deductible	\$10 copay, after deductible
50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.



	NEW PLAN	
SILVER BENEFITS (CONT.)	SELECT EPO \$50 / \$75	EPO HSA 0% / 0%
Choose your network	Local Value <sup>5</sup> <b>NEW</b> Regional Preferred with NY	National Access with NY
MEDICAL BENEFITS	IN-NETWORK	IN-NETWORK
<b>Deductible</b> Individual/family	\$2,500 / \$5,000	\$2,500 <sup>8</sup> / \$5,000
<b>After Deductible</b> Member pays	50%	0%
<b>Maximum Out-of-pocket</b> Individual/family	\$8,200 / \$16,400	\$6,750 / \$13,500
<b>Primary Care Visits</b>	\$50 copay <sup>10</sup>	No charge, after deductible
<b>Specialist Visits</b>	\$75 copay	No charge, after deductible
<b>Urgent Care Services</b>	\$85 copay, after deductible	No charge, after deductible
<b>Emergency Room</b>	50% coinsurance, after deductible	50% coinsurance, after deductible
<b>Outpatient Surgery</b> Ambulatory Surgical	50% coinsurance, after deductible	No charge, after deductible
<b>Inpatient Hospital Services</b> Including Maternity		
<b>X-rays &amp; Diagnostic Imaging</b>	\$50 copay, after deductible	No charge, after deductible
<b>Imaging CT/PT Scans, MRIs</b>	\$100 copay, after deductible	
<b>Laboratory<sup>12</sup></b>	No charge, no deductible	No charge, after deductible
<b>Inpatient Treatment</b> Mental Behavioral Health, Substance Use Disorder	50% coinsurance, after deductible	No charge, after deductible
<b>Outpatient Treatment</b> Mental Behavioral Health, Substance Use Disorder	\$75 copay	No charge, after deductible
<b>Rehabilitation Therapy Services<sup>3</sup></b>	\$75 copay	No charge, after deductible
<b>Chiropractic Care<sup>2</sup></b>		
<b>Durable Medical Equipment</b>	50% coinsurance, after deductible	No charge, after deductible
PRESCRIPTION BENEFITS	30 DAY SUPPLY <sup>4</sup>	30 DAY SUPPLY <sup>4</sup>
<b>Generic Rx</b>	\$15 copay	\$20 copay, after deductible
<b>Brand Rx</b>		
<b>Non-preferred Brand Rx</b>	50% coinsurance, up to \$125 max, after deductible <sup>11</sup>	50% coinsurance, up to \$125 max, after deductible

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.

	NEW PLAN		NEW PLAN		
GOLD BENEFITS	Select EPO AmeriHealth Advantage <sup>13</sup> \$20 / \$40		Select EPO AmeriHealth Hospital Advantage <sup>14</sup> \$30 / \$50		Select EPO HSA 0% / 0%
Choose your network	Local Value <sup>18</sup> Regional Preferred with NY <sup>19</sup>		Local Value <sup>5</sup>		Local Value <sup>5</sup> <b>NEW</b> Regional Preferred with NY
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	IN-NETWORK
<b>Deductible</b> Individual/family	\$1,500 / \$3,000 <sup>15</sup>		\$1,500 / \$3,000 <sup>15</sup>		\$1,500 <sup>8</sup> / \$3,000
<b>After Deductible</b> Member pays	20%	50%	20%	50%	0%
<b>Maximum Out-of-pocket</b> Individual/family	\$7,000 / \$14,000 <sup>16</sup>		\$6,000 / \$12,000 <sup>16</sup>		\$5,000 / \$10,000
<b>Primary Care Visits</b>	\$20 copay <sup>10</sup>	\$50 copay <sup>10</sup>	\$30 copay <sup>10</sup>		No charge, after deductible <sup>10</sup>
<b>Specialist Visits</b>	\$40 copay	\$75 copay	\$50 copay		No charge, after deductible
<b>Urgent Care Services</b>	\$75 copay		\$75 copay		No charge, after deductible
<b>Emergency Room</b>	\$100 copay <sup>1</sup>		\$100 copay <sup>1</sup>	50% coinsurance, after deductible	20% coinsurance, after deductible
<b>Outpatient Surgery</b> Ambulatory Surgical	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
<b>Inpatient Hospital Services</b> Including Maternity			\$500 copay per day, up to 5 days <sup>6</sup>		
<b>X-rays &amp; Diagnostic Imaging</b>	20% coinsurance, after deductible		\$50 copay		No charge, after deductible
<b>Imaging CT/PT Scans, MRIs</b>			\$100 copay		
<b>Laboratory<sup>12</sup></b>	No charge, no deductible		No charge, no deductible		No charge, after deductible
<b>Inpatient Treatment</b> Mental Behavioral Health, Substance Use Disorder	20% coinsurance, after deductible		\$500 copay per day, up to 5 days <sup>6</sup>		No charge, after deductible
<b>Outpatient treatment</b> Mental Behavioral Health, Substance Use Disorder	\$40 copay		\$50 copay		No charge, after deductible
<b>Rehabilitation Therapy Services<sup>3</sup></b>	\$40 copay		\$50 copay		No charge, after deductible
<b>Chiropractic Care<sup>2</sup></b>					
<b>Durable Medical Equipment</b>	50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
PRESCRIPTION BENEFITS	30 DAY SUPPLY <sup>4</sup>		30 DAY SUPPLY <sup>4</sup>		30 DAY SUPPLY <sup>4</sup>
<b>Generic Rx</b>	\$15 copay		\$10 copay		\$15 copay, after deductible
<b>Brand Rx</b>	\$40 copay		50% coinsurance, up to \$125 max, no deductible		50% coinsurance, up to \$125 max, after deductible
<b>Non-preferred Brand Rx</b>	\$75 copay				



<b>GOLD BENEFITS (CONT.)</b>	<b>Select EPO \$30 / \$60</b>	<b>EPO HSA 0% / 20%</b>	<b>EPO HSA 0% / 0%</b>
Choose your network	Local Value <sup>5</sup> Regional Preferred with NY	Regional Preferred with NY	Local Value <sup>5</sup> Regional Preferred with NY
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> Individual/family	\$1,500 / \$3,000	\$1,500 <sup>8</sup> / \$3,000	\$1,700 <sup>8</sup> / \$3,400
<b>After Deductible</b> Member pays	20%	20%	0%
<b>Maximum Out-of-pocket</b> Individual/family	\$7,000 / \$14,000	\$5,100 / \$10,200	\$5,000 / \$10,000
<b>Primary Care Visits</b>	\$30 copay <sup>10</sup>	No charge, after deductible	No charge, after deductible
<b>Specialist Visits</b>	\$60 copay	20% coinsurance, after deductible	No charge, after deductible
<b>Urgent Care Services</b>	\$75 copay	20% coinsurance, after deductible	No charge, after deductible
<b>Emergency Room</b>	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
<b>Outpatient Surgery</b> Ambulatory Surgical	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
<b>Inpatient Hospital Services</b> Including Maternity	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
<b>X-rays &amp; Diagnostic Imaging</b>	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
<b>Imaging CT/PT Scans, MRIs</b>	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
<b>Laboratory<sup>12</sup></b>	No charge, no deductible	No charge, after deductible	No charge, after deductible
<b>Inpatient Treatment</b> Mental Behavioral Health, Substance Use Disorder	20% coinsurance, after deductible	20% coinsurance, after deductible	No charge, after deductible
<b>Outpatient treatment</b> Mental Behavioral Health, Substance Use Disorder	\$60 copay	20% coinsurance, after deductible	No charge, after deductible
<b>Rehabilitation Therapy Services<sup>3</sup></b>	\$60 copay	20% coinsurance, after deductible	No charge, after deductible
<b>Chiropractic Care<sup>2</sup></b>		20% coinsurance, after deductible	No charge, after deductible
<b>Durable Medical Equipment</b>	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30 DAY SUPPLY<sup>4</sup></b>	<b>30 DAY SUPPLY<sup>4</sup></b>	<b>30 DAY SUPPLY<sup>4</sup></b>
<b>Generic Rx</b>	\$10 copay	\$10 copay, after deductible	\$10 copay, after deductible
<b>Brand Rx</b>	50% coinsurance, up to \$125 max, no deductible	50% coinsurance, up to \$125 max, after deductible	50% coinsurance, up to \$125 max, after deductible
<b>Non-preferred Brand Rx</b>			

<b>EPO \$35 / \$65</b>	<b>EPO HSA 10% / 10%</b>	<b>HMO \$35 / \$75<sup>9</sup></b>
Local Value <sup>5</sup> Regional Preferred with NY National Access with NY	National Access with NY	Regional Preferred
<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
\$1,500 / \$3,000	\$1,550 <sup>8</sup> / \$3,100	\$0/\$0
20%	10%	10%
\$7,000 / \$14,000	\$5,000 / \$10,000	\$8,550 / \$17,100
\$35 copay	10% coinsurance, after deductible	\$35 copay <sup>10</sup>
\$65 copay	10% coinsurance, after deductible	\$75 copay
\$75 copay	10% coinsurance, after deductible	\$85 copay
\$100 copay <sup>1</sup>	10% coinsurance, after deductible	\$100 copay <sup>1</sup>
20% coinsurance, after deductible	10% coinsurance, after deductible	10% coinsurance, up to \$250 max
20% coinsurance, after deductible	10% coinsurance, after deductible	\$500 copay per day, up to 5 days <sup>6</sup>
20% coinsurance, after deductible	10% coinsurance, after deductible	\$50 copay
20% coinsurance, after deductible	10% coinsurance, after deductible	\$100 copay
No charge, no deductible	No charge, after deductible	no charge
20% coinsurance, after deductible	10% coinsurance, after deductible	\$500 copay per day, up to 5 days <sup>6</sup>
\$65 copay	10% coinsurance, after deductible	\$75 copay
\$65 copay	10% coinsurance, after deductible	\$75 copay
50% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance
<b>30 DAY SUPPLY<sup>4</sup></b>	<b>30 DAY SUPPLY<sup>4</sup></b>	<b>30 DAY SUPPLY<sup>4</sup></b>
\$15 copay	\$10 copay, after deductible	50% coinsurance, up to \$125 max
\$40 copay	\$40 copay, after deductible	
\$75 copay	\$75 copay, after deductible	

\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.



\$ —————> \$\$\$

PLATINUM BENEFITS	EPO \$10 / \$30
Choose your network	Regional Preferred with NY National Access with NY
MEDICAL BENEFITS	IN-NETWORK
<b>Deductible</b> Individual/family	\$0 / \$0
<b>After Deductible</b> Member pays	0%
<b>Maximum Out-of-pocket</b> Individual/family	\$3,000 / \$6,000
<b>Primary Care Visits</b>	\$10 copay
<b>Specialist Visits</b>	\$30 copay
<b>Urgent Care Services</b>	\$75 copay
<b>Emergency Room</b>	\$100 copay <sup>1</sup>
<b>Outpatient Surgery</b> Ambulatory Surgical	10% coinsurance, up to \$250 max
<b>Inpatient Hospital Services</b> Including Maternity	\$400 copay per day, up to 5 days <sup>6</sup>
<b>X-rays &amp; diagnostic imaging</b>	\$30 copay
<b>Imaging CT/PT Scans, MRIs</b>	\$60 copay
<b>Laboratory<sup>12</sup></b>	no charge
<b>Inpatient treatment</b> Mental Behavioral Health, Substance Use Disorder	\$400 copay per day, up to 5 days <sup>6</sup>
<b>Outpatient treatment</b> Mental Behavioral Health, Substance Use Disorder	\$30 copay
<b>Rehabilitation Therapy Services<sup>3</sup></b>	\$30 copay
<b>Chiropractic Care<sup>2</sup></b>	
<b>Durable Medical Equipment</b>	50% coinsurance
PRESCRIPTION BENEFITS	30 DAY SUPPLY <sup>4</sup>
<b>Generic Rx</b>	\$10 copay
<b>Brand Rx</b>	\$40 copay
<b>Non-preferred Brand Rx</b>	\$75 copay

## Dental & Vision plans



\$ are a guide for plan costs within each metallic tier. Network variations may impact cost.



# Purchase ACA-compliant dental coverage for the whole family

Good oral health is about more than healthy teeth — regular preventive dental care can directly impact overall wellness by detecting more serious conditions like heart disease and oral cancer.

AmeriHealth New Jersey<sup>1</sup> offers affordable dental plan options that include in- and out-of-network coverage. Members have the freedom to see any dentist without referrals, but they save by choosing an in-network dental provider and will avoid balance billing on covered services.

## Find dental providers

Members can visit [amerihealthnj.com/dental](http://amerihealthnj.com/dental) to find providers in the Advantage Plus 2.0 network.

**NEW** Pediatric with Adult Preventive – our most popular selling plan in 2020 – will be offered on a voluntary basis.



PLAN NAME <sup>2,5,6</sup>	Pediatric	Pediatric with Adult Preventive	Family	Family Plus	
Eligible	AGES 0–18 <sup>6</sup>	All Family Members	All Family Members	All Family Members	
Pediatric Deductible	\$75	\$75	\$75	\$75	
Adult Deductible	n/a	\$0	\$50	\$50	
Pediatric Annual Maximum		Unlimited in-network and \$1,000 out-of-network			
Adult Annual Maximum	n/a	\$1,000 for adult in- and out-of-network			
Pediatric Out-of-Pocket Maximum (In-Network Benefit)		\$350 for 1 child; \$700 for 2 or more children			
Adult Out-of-Pocket Maximum (In-Network Benefit)	n/a	n/a	n/a	n/a	
Preventive Services <sup>4</sup>	Pediatric	Pediatric with Adult Preventive	Family	Family Plus	
Exams/Evaluations					
Cleanings		No charge, not subject to deductible		No charge, not subject to deductible	
X-rays	No charge, not subject to deductible				
Emergency/Palliative Treatment					
Fluoride Treatments, Sealants, Space Maintainers		Covered only for children age 0-18; no charge, not subject to deductible		Covered only for children age 0-18, no charge, not subject to deductible	
Basic Services <sup>4</sup>	Pediatric	Pediatric with Adult Preventive	Family	Family Plus	
Fillings (Amalgam restorations-metal; Resin-based composite restorations-white)					
Simple and surgical extractions					
Crown and denture repair					
Root canals (Endodontic therapy and services)	50%, after deductible	Covered only for children age 0-18; 50% after deductible	50% after deductible	80%, after deductible	
Surgical and non-surgical periodontics and maintenance					
Oral surgery					
General anesthesia, nitrous oxide, and/or IV sedation					
Major Services <sup>4</sup>	Pediatric	Pediatric with Adult Preventive	Family	Family Plus	
Crowns, inlays, onlays, and dentures	50%, after deductible	Covered only for children age 0-18; 50% after deductible	50% after deductible	50%, after deductible	
Complete or fixed partial dentures (prosthetics)					
Implants <sup>8</sup>	not covered	not covered	not covered	not covered	
Orthodontia	Pediatric	Pediatric with Adult Preventive	Family	Family Plus	
Medically necessary orthodontia		50%, covered only for children ages 0-18			
Cosmetic orthodontia Lifetime benefit is \$1000 <sup>7</sup>		not covered			
				50%, covered only for children ages 0-18	
RATES <sup>3</sup>	Pediatric	Pediatric with Adult Preventive	Pediatric with Adult Preventive Voluntary	Family	Family Plus
0 - 18	\$19.00	\$12.30	\$16.60	\$23.77	\$25.41
19 - 25	N/A	\$12.30	\$16.60	\$23.77	\$25.41
26 - 39	N/A	\$13.06	\$17.64	\$25.26	\$27.00
40 - 49	N/A	\$15.37	\$20.75	\$29.72	\$31.76
50 - 63	N/A	\$18.06	\$24.38	\$34.92	\$37.32
64 and over	N/A	\$18.44	\$24.90	\$35.66	\$38.12

# Add vision benefits to your health plans

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

Our vision benefits are administered by Davis Vision® and give members a choice of more than 94,000 points of access nationwide.<sup>1</sup> Members save on out-of-pocket costs and have access to routine eye care, options for affordable, quality eyewear, and more value-added services.

Pediatric vision coverage with AmeriHealth New Jersey is included in-network under your medical plan.

## New for 2021 on all plans:

- An additional \$50 allowance to use towards frames at Visionworks.<sup>2</sup>
- Out-of-network benefits. See your benefit booklet for details.
- Plans are available on an insured or voluntary basis.



### Frame coverage

- Full coverage or low copay from the Davis Vision Exclusive Collection of Frames
- \$50 allowance at Visionworks stores (with over 1200 frames to choose from)
- All plans include an out-of-network frame reimbursement



### Lens coverage<sup>7</sup>

- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription) covered in full.
- Scratch-resistant coating covered in full.
- Fixed pricing on other cosmetic lenses and including, anti-reflective coatings to protect against blue light exposure.



### Replacement contact lenses

Low prices and same-day shipping for replacement contacts and solution from [davisvisioncontacts.com](http://davisvisioncontacts.com).<sup>6</sup>



### Vision correction discounts

Members save 40–50% off the national average price of traditional LASIK from credentialed physicians. Exclusive pricing and financing options are also available through Davis Vision.<sup>5</sup>



**All vision plans will be available on a voluntary basis.**  
Members can visit [amerihealthnj.com/vision](http://amerihealthnj.com/vision) to find a provider.

PLAN NAME <sup>3,4,7</sup>	Adult Vision Care 100/150	Adult Vision Care 130/180	Adult Vision Care 150/200			
Eye Exam <sup>4</sup>	No charge, no deductible	No charge, no deductible	No charge, no deductible			
Davis Frame Collections	Davis Vision Exclusive Collection: Fashion level - \$0 copay Designer level - \$15 copay Premier level - \$40 copay	Davis Vision Exclusive Collection: Fashion level - \$0 copay Designer level - \$0 copay Premier level - \$25 copay	Davis Vision Exclusive Collection: Fashion level - \$0 copay Designer level - \$0 copay Premier level - \$0 copay			
Non-collection Frame Allowance	Up to \$100, or up to \$150 at Visionworks, 20% discount on overage	Up to \$130, or up to \$180 at Visionworks, 20% discount on overage	Up to \$150, or up to \$200 at Visionworks, 20% discount on overage			
<b>Collection Contact Lenses (instead of eyeglasses)</b>						
Collection	Davis Vision	Davis Vision	Davis Vision			
Disposable	4 boxes/multi-packs	4 boxes/multi-packs	8 boxes/multi-packs			
Non-disposable/ Planned Replacement	2 boxes/multi-packs	2 boxes/multi-packs	4 boxes/multi-packs			
Collection Contacts evaluation, fitting, follow up care	Covered	Covered	Covered			
<b>Other Contact Lenses (instead of eyeglasses)</b>						
Non-collection	Up to \$100 allowance, plus 15% off any overage	Up to \$130 allowance, plus 15% off any overage	Up to \$150 allowance, plus 15% off any overage			
Non-collection evaluation, fitting, follow up care	Not Covered	Standard - Covered in Full Specialty & Disposable - \$60 Program Allowance; 15% discount (with purchase of Non-Collection Contact Lenses)	Standard - Covered in Full Specialty & Disposable - \$60 Program Allowance, 15% discount			
<b>Rates<sup>3</sup></b>	<b>Insured</b>	<b>Voluntary</b>	<b>Insured</b>	<b>Voluntary</b>	<b>Insured</b>	<b>Voluntary</b>
Single	\$4.50	\$ 5.85	\$4.83	\$6.28	\$5.36	\$6.97
Spouses	\$9.00	\$11.70	\$9.66	\$12.56	\$10.72	\$13.94
Parent & Child	\$9.00	\$11.70	\$9.66	\$12.56	\$10.72	\$13.94
Parent & Children	\$13.50	\$17.55	\$14.49	\$18.84	\$16.08	\$20.90
Family	\$13.50	\$17.55	\$14.49	\$18.84	\$16.08	\$20.90

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

## Medical Footnotes:

1. Emergency room copay waived if admitted.
2. Members can utilize 30 visits per benefit period.
3. Members can utilize 30 visits combined for physical and occupational therapy per benefit period, and 30 visits combined for speech and cognitive therapy per benefit period.
4. Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
5. The Local Value network is not available in Hunterdon County.
6. Copay is required per day, up to a maximum of 5 days per admission. Copay waived if readmitted within 90 days.
7. Copay waived if readmitted within 90 days.
8. Individual deductible not applicable in policies covering 2 or more people.
9. Certain services may require a referral from your primary care physician.
10. You are required to select a primary care physician.
11. \$100 Rx deductible per person.
12. 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.
13. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the tier 1 level. AmeriHealth Advantage members can also access tier 2 providers within the AmeriHealth New Jersey Local Value or Regional Preferred with NY network, contingent on plan selection. AmeriHealth Advantage tier 1 hospitals are subject to change.
14. AmeriHealth Hospital Advantage providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.
15. Deductible is combined for tier 1 and tier 2.
16. Out-of-pocket maximum is combined for tier 1 and tier 2.
17. The maximum applies prior to the deductible being met.
18. Tier 2 is the Local Value network. The Local Value network is not available in Hunterdon County.
19. Tier 2 is the Regional Preferred with NY network.

## 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. 0-18 rate capped at 3 members<19.
4. If you choose to use a non-network dentist, you may pay the difference between the amount the plan pays and the amount charged by the non-network dentist.
5. Pediatric dental benefits only cover up to age 19. Be sure to purchase a dental care plan that provides benefits for anyone age 19 and older in your family who needs coverage.
6. Pediatric benefits through end of contract year in which member reaches age 19.
7. Cosmetic orthodontia covered up to a lifetime max of \$1,000 per child.
8. Implants are not covered. Under certain circumstances implants may be covered for children younger than 19 years of age.

## 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 19 and older, as well as child dependents age 19 to 26. Vision benefits for members under 19 are included in the medical plans.
4. Depending on the plan the group purchases, your exam will either be once every calendar year or contract year.
5. Anything related to this discount is handled by QualSight.
6. This website is an out-of-network service.
7. In Network Benefits

## Network Options Footnotes:

1. Coverage provided by Multiplan PHCS National Network. AmeriHealth New Jersey members accessing care in the AmeriHealth New Jersey service area must use the Regional Preferred network.
2. Data derived from analysis of information by a third-party vendor and is subject to change.
3. The AmeriHealth New Jersey service area includes all New Jersey and Delaware counties, and nine Pennsylvania counties in the Philadelphia area including: Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia, counties.
4. The Local Value network is not available in Hunterdon county.

## Additional information

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

- Factors that may affect changes in premium rates\*
- Renewability of coverage
- Description of the geographic areas served by our HMO plans
- Benefits and premiums for all the health benefit plans for which you qualify

\*AmeriHealth New Jersey reserves the right to change premium rates.





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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。