



# 2021 Consumer Plan Changes

Below are high-level changes that were made to our current portfolio.

IHC Bronze EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2020	2021
Deductible	\$3,450/\$6,900	\$6,000/\$12,000
Deductible Calculation	Aggregate	Embedded
Out-of-Pocket Maximum	\$6,900/\$13,800	\$7,000/\$14,000
Mental Health/Substance Use Disorder OP	\$70 after deductible	\$75 after deductible
Rehabilitation Therapy Services	\$70 after deductible	\$75 after deductible
Generic Drug	50% up to \$125 max, after deductible	50% up to \$250 max, after deductible
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$250 max, after deductible
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$250 max, after deductible
IHC Bronze EPO HSA AmeriHealth Advantage \$25/\$50	2020	2021
Deductible	\$3,450/\$6,900	\$6,000/\$12,000
Deductible Calculation	Aggregate	Embedded
Out-of-Pocket Maximum	\$6,900/\$13,800	\$7,000/\$14,000
Generic Drug	50% up to \$125 max, after deductible	50% up to \$250 max, after deductible
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$250 max, after deductible
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$250 max, after deductible
IHC Silver HMO \$50/\$75	2020	2021
Out-Of-Pocket Maximum	\$8,100/\$16,200	\$8,250/\$16,500
Mental Health/Substance Use Disorder OP	\$70	\$75
Rehabilitation Therapy Services	\$70	\$75
Generic Drug	\$15	\$20
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
IHC Select Silver HMO \$50/\$75	2020	2021
Out-Of-Pocket Maximum	\$8,000/\$16,000	\$8,550/\$17,000
Mental Health/Substance Use Disorder OP	\$70	\$75
Rehabilitation Therapy Services	\$70	\$75
Generic Drug	\$15	\$25
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible*
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible*
IHC Silver EPO HSA \$50/\$75	2020	2021
Out-of-Pocket Maximum	\$6,000/\$12,000	\$6,200/\$12,400
Mental Health/Substance Use Disorder OP	\$70 after deductible	\$75 after deductible
Rehabilitation Therapy Services	\$70 after deductible	\$75 after deductible
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
IHC Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2020	2021
Mental Health/Substance Use Disorder OP	\$70 after deductible	\$75 after deductible
Rehabilitation Therapy Services	\$70 after deductible	\$75 after deductible
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible

\*The maximum applies prior to the deductible being met.

This is not a complete listing of benefits and cost-sharing. Please refer to your benefit booklet for more information.

## 2021 Consumer Plan Changes continued

<b>IHC Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75</b>	<b>2020</b>	<b>2021</b>
Mental Health/Substance Use Disorder OP	\$70 after deductible	\$75 after deductible
Rehabilitation Therapy Services	\$70 after deductible	\$75 after deductible
Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
Non-Preferred Drug	50% up to \$125 max, after deductible	50% up to \$150 max, after deductible
<b>IHC Silver EPO AmeriHealth Advantage \$25/\$60</b> <i>2020 Plan Name: IHC Silver EPO AmeriHealth Advantage \$25/\$50</i>	<b>2020</b>	<b>2021</b>
Out-of-Pocket Maximum	\$8,150/\$16,300	\$8,550/\$17,100
Specialist Visit	Tier 1: \$50	Tier 1: \$60
Mental Health/Substance Use Disorder OP	\$50	\$60
Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
Non-Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
<b>IHC Select Silver EPO AmeriHealth Advantage \$25/\$60</b> <i>2020 Plan Name: IHC Select Silver EPO AmeriHealth Advantage \$25/\$50</i>	<b>2020</b>	<b>2021</b>
Out-of-Pocket Maximum	\$8,100/\$16,200	\$8,500/\$17,000
Specialist Visit	Tier 1: \$50	Tier 1: \$60
Mental Health/Substance Use Disorder OP	\$50	\$60
Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
Non-Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
<b>IHC Silver EPO \$50/\$75</b>	<b>2020</b>	<b>2021</b>
Out-of-Pocket Maximum	\$7,800/\$15,600	\$8,200/\$16,400
Mental Health/Substance Use Disorder OP	\$70	\$75
Rehabilitation Therapy Services	\$70	\$75
Lab	No charge, no deductible	50% after deductible
Generic Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
Non-Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
<b>IHC Gold EPO \$30/\$50</b>	<b>2020</b>	<b>2021</b>
Out-of-Pocket Maximum	\$5,500/\$11,000	\$7,000/\$14,000
Emergency Room	\$100	20% after deductible
Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
Non-Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
<b>IHC Gold HMO \$20/\$50</b> <i>2020 Plan Name: IHC Gold HMO \$15/\$30</i>	<b>2020</b>	<b>2021</b>
Out-of-Pocket Maximum	\$5,500/\$11,000	\$7,000/\$14,000
Primary Care Visit	\$15	\$20
Specialist Visit	\$30	\$50
Mental Health/Substance Use Disorder OP	\$30	\$50
Rehabilitation Therapy Services	\$30	\$50
Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
Non-Preferred Drug	50% up to \$125 max, no deductible	50% up to \$150 max, no deductible
<b>IHC Simple Saver</b>	<b>2020</b>	<b>2021</b>
Deductible	\$8,150/\$16,300	\$8,550/\$17,100
Out-of-Pocket Maximum	\$8,150/\$16,300	\$8,550/\$17,100

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