



2021 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?

We are a health insurance company focused solely on the state of New Jersey. We live here. We work here. We support our communities.

It's our mission to enhance the health and well-being of the people and communities we serve, and that includes you! We offer:



Affordable health plans

We offer health plans of all types to fit your needs and budget



Virtual care benefits through MDLIVE®

Talk to a doctor 24/7 at no cost to you



Flexible provider network

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



Online and mobile tools

Manage your health plan benefits and find providers 24/7

What really 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.



How to enroll in a health plan

Choosing a health plan is a big decision, but you don't have to make it alone. We're here to help, whether it's to explain the different types of health plans or help you figure out which one is the right fit.

Here's how to get started

- Use this booklet to compare health plans side-by-side so you can see how much you'll pay when you receive covered services. You'll also find an overview of everything AmeriHealth New Jersey has to offer. From technology to network options, we've got you covered!
- Refer to our Rate Card to view and compare monthly premiums.
- When you're ready to purchase or want to see if you qualify for financial assistance, visit [amerihealthnj.com/enroll](https://www.amerihealthnj.com/enroll) or call **1-855-832-2009 (TTY: 711)**. You can also reach out to 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
you can enroll
for coverage
starting Jan. 1



Last day
you can enroll for
2021 coverage
starting Feb. 1



Combating a global health crisis

The COVID-19 pandemic is a serious global health threat that has had a major impact in New Jersey. AmeriHealth New Jersey led the way with extensive efforts to help members and hospitals. Throughout this public health emergency, 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 continue to monitor the situation and any developing health issues to ensure our members have access to the care they need. Learn more at [amerihealthnj.com/covid-19](https://www.amerihealthnj.com/covid-19).

Options that fit your needs and budget

We offer a variety of health plans so you can find one that's the best fit for you and your family.

Under the Affordable Care Act (ACA), we are required to organize all plans by the level of health care coverage they offer using metallic tiers. Because all health plans cover the same essential health benefits, the differences are what you pay in monthly premium, whether a deductible applies, and out-of-pocket costs when you need care.

Compare cost and coverage by tier

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

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



Check out our cost-saving options

If you are looking for cost-saving alternatives but don't qualify for a tax credit (subsidy), you have more options Off-Exchange! Contact your broker or AmeriHealth New Jersey directly for additional Silver health plan options that are not available on [GetCovered.NJ.gov](https://www.getcovered.nj.gov), the New Jersey health insurance shopping site.

Meet our health plans

All our health plans offer access to high-quality care from an extensive network of doctors and hospitals.

We offer two main types of health plans:

- HMO (Health Maintenance Organization)
- EPO (Exclusive Provider Organization)

Main features of these health plans	HMO	EPO	EPO + HSA
Must select a primary care physician	✓		
No referrals needed for specialists		✓	✓
Option to open a tax-advantaged health savings account			✓



Ten essential health benefits

No matter what health plan you choose, the following benefits are always included:

- 1 Preventive, wellness, and disease management services
- 2 Emergency care
- 3 Ambulatory services
- 4 Hospitalization
- 5 Maternity and newborn services
- 6 Pediatric services, including dental and vision
- 7 Prescription drugs
- 8 Laboratory services
- 9 Mental health and substance abuse services, including behavioral health treatment
- 10 Rehabilitation and habilitation services

Advantages of a health savings account

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.

When opening an HSA with the bank of your choosing, you pay no taxes on money you put in your account. Plus, you can use those funds to pay for certain health care expenses (including dental and vision care costs). You can also earn tax-free interest or investment income on these funds.

Any contributions you make in 2021 that aren't used to pay for eligible health care expenses can be rolled over and used in 2022, even if you change health plans later.



Watch your savings grow over time

An HSA can be a powerful savings tool. Let's say each year you contribute \$2,000 to your HSA and spend \$1,000 on qualified health expenses. With an investment return of 2 percent, your savings will grow each year.*

At the end of year 10

Tax Savings

\$3,810.37

HSA Balance

\$10,949.72



Account balances roll over from year-to-year, so unused funds are always yours.

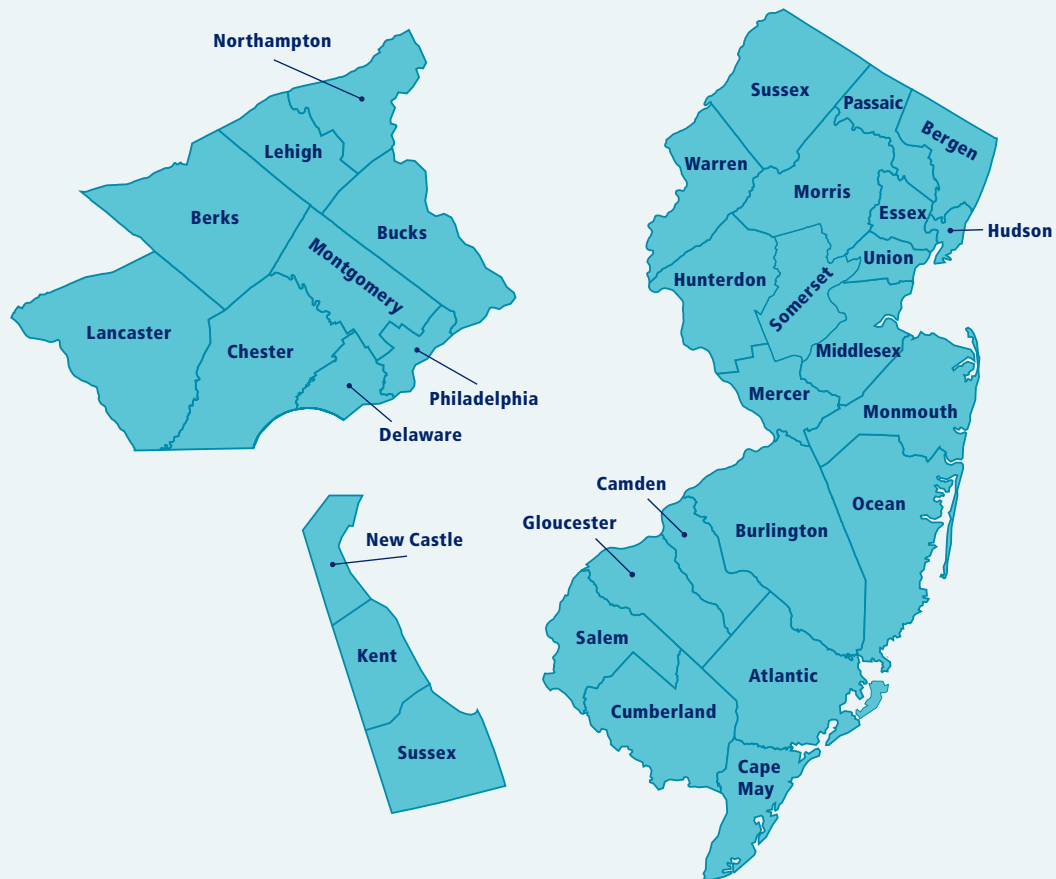
The above information is for illustrative purposes only. The example assumes a 15 percent tax bracket, 3 percent state taxes, and that the investment choices yield a return of 2 percent. Please consult with your tax advisor for your situation. Return on investment is not guaranteed.

* A \$2.50 investment account fee is assessed monthly by the vendor to account holders with an optional, self-directed investment account. Investment fees are omitted from the above example.

Network options

REGIONAL PREFERRED

One of the largest networks of doctors and hospitals in the state of New Jersey.¹ Members have access to participating physicians and providers in New Jersey, Delaware, and Southeastern Pennsylvania.²



AmeriHealth New Jersey has a variety of networks, making health insurance more affordable for you and your family. Networks differ based on geography as well as participating doctors, hospitals, and other health care providers. To determine the best network for you, visit amerihealthnj.com/providerfinder.

LOCAL VALUE

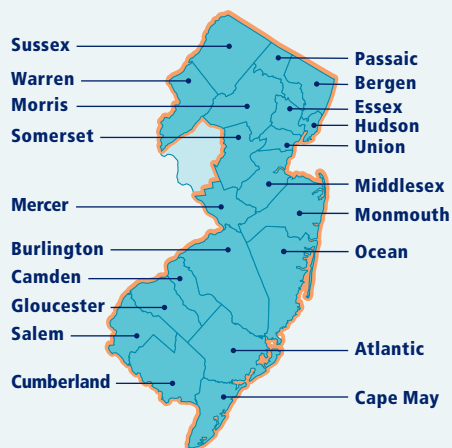
The Local Value network offers you a more affordable rate by providing access to a subset of the Regional Preferred network in New Jersey.^{3,4}



AMERIHEALTH ADVANTAGE



HOSPITAL ADVANTAGE



See complete footnotes regarding all network options on pages 24–25



Members can go to amerihealthnj.com/getwired or text MYAHNJ to 73529 to sign up for AmeriHealth New Jersey Wire®

Maximize your benefits

We offer convenient, personalized online and mobile tools to help you get the most from your health plan benefits — anytime, anywhere.

We go where our members go

Access your account anytime, anywhere by logging in at [amerihealthnj.com](https://www.amerihealthnj.com) or through the free AHNJ On the Go mobile app on an iPhone or Android device.



Digital member ID card

Download a temporary ID card to email or display to your doctor



Find a doctor

Locate hospitals, doctors, urgent care centers, pharmacies, and more in your AmeriHealth New Jersey network



Price a drug

Search for medications on your drug formulary and compare savings for retail pharmacies and mail order/home delivery



Exclusive discounts and savings

Members can visit [amerihealthnj.com/discounts](https://www.amerihealthnj.com/discounts) to take advantage of deals on national, regional, and local businesses, attractions, and events, including:

- Amusement park tickets
- Merchant gift certificates
- Hotels
- Online shopping and service discounts

Pay \$0 for 24/7 virtual care

All AmeriHealth New Jersey individual and family health plans offer the virtual care services listed below from MDLIVE.* You'll pay \$0 cost-share.



Telemedicine

Day or night, you can talk to 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 for non-emergency conditions.



Telebehavioral health

You have 24/7 access to therapists, psychologists, and psychiatrists who can help when you need it. From the comfort of home, or wherever you may be, you can have a confidential virtual care visit for conditions such as anxiety, depression, and panic disorders.



Teledermatology

You might wait days, weeks, or even months for an appointment with a dermatologist. MDLIVE's network of board-certified dermatologists can diagnose and treat more than 3,000 skin, hair, and nail conditions online. Within an average of 18 hours from when you submit your appointment request and information about your condition, you can receive a detailed diagnosis, treatment plan, and any necessary prescriptions.

* See your benefit booklet for additional telemedicine services.

MDLIVE provides telemedicine, teledermatology, and telebehavioral health services for AmeriHealth New Jersey members.

2021 health plans



BRONZE BENEFITS	EPO HSA AmeriHealth Advantage⁴ \$25/\$50		EPO HSA AmeriHealth Hospital Advantage¹⁰ \$50/\$75	
Choose your network	Local Value ⁸		Local Value ⁸	
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	\$7,000/\$14,000 ⁶		\$7,000/\$14,000 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 ¹¹	
X-rays & Diagnostic Imaging	50% coinsurance, after deductible		50% coinsurance, after deductible	
Imaging CT/PT Scans, MRIs				
Laboratory ¹⁴	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 ¹¹	
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 calendar year				
Durable Medical Equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-day supply³		30-day supply³	
Generic Rx	50% coinsurance, up to \$250 max, after deductible		50% coinsurance, up to \$250 max, after deductible	
Brand Rx				
Non-Preferred Brand Rx				

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

NEW PLAN		NEW PLAN		CATASTROPHIC Simple Saver ⁹
EPO HSA 50%/50%		EPO \$50/\$75		
Local Value ⁸		Local Value ⁸		Local Value ⁸
IN-NETWORK		IN-NETWORK		IN-NETWORK
\$6,000/\$12,000		\$3,000/\$6,000		\$8,550/\$17,100
50%		50%		N/A
\$7,000/\$14,000		\$8,550/\$17,100		\$8,550/\$17,100
50% coinsurance, after deductible		\$50 copay, after deductible		\$30 copay ⁷
50% coinsurance, after deductible		\$75 copay, after deductible		No charge, after deductible
50% coinsurance, after deductible		\$85 copay, after deductible		No charge, after deductible
50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
50% coinsurance, after deductible		\$500 copay per admission, after deductible		No charge, after deductible
50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
50% coinsurance, after deductible		\$500 copay per admission, after deductible		No charge, after deductible
50% coinsurance, after deductible		\$75 copay, after deductible		No charge, after deductible
50% coinsurance, after deductible		\$75 copay, after deductible		No charge, after deductible
50% coinsurance, after deductible		50% coinsurance, after deductible		No charge, after deductible
30-day supply ³		30-day supply ³		30-day supply ³
50% coinsurance, up to \$250 max, after deductible		\$25 copay		No charge, after deductible
		50% coinsurance, up to \$250 max, after deductible ¹⁵		

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Please see footnotes on page 24–25

\$

OFF EXCHANGE ONLY PLANS					
SILVER BENEFITS	SELECT EPO AmeriHealth Advantage ⁴ \$25/\$60		SELECT EPO HSA AmeriHealth Hospital Advantage ¹⁰ \$50/\$75		SELECT HMO \$50/\$75 ¹²
Choose your network	Local Value ⁸		Local Value ⁸		Local Value ⁸
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	IN-NETWORK
Deductible Individual/family	\$2,500/\$5,000 ⁵		\$2,100 ¹³ /\$4,200 ⁵		\$2,500/\$5,000
After deductible member pays	20%	50%	50%		50%
Maximum out-of-pocket Individual/family	\$8,500/\$17,000 ⁶		\$6,900/\$13,800 ⁶		\$8,550/\$17,100
Primary Care Visits	\$25 copay	50% coinsurance, after deductible	\$50 copay, after deductible		\$50 copay
Specialist Visits	\$60 copay	50% coinsurance, after deductible	\$75 copay, after deductible		\$75 copay
Urgent Care Services	20% coinsurance, after deductible		\$85 copay, after deductible		\$85 copay
Emergency Room	20% coinsurance, after deductible	50% coinsurance, after deductible	\$100 copay, after deductible ¹	50% coinsurance, after deductible	\$100 copay, after deductible ¹
Outpatient Surgery Ambulatory Surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient Hospital Services Including Maternity					
X-rays & Diagnostic Imaging	50% coinsurance, after deductible		50% coinsurance, after deductible		\$50 copay
Imaging CT/PT Scans, MRIs					\$100 copay
Laboratory ¹⁴	No charge, no deductible		No charge, after deductible		No charge, no deductible
Inpatient Treatment Mental Behavioral Health, Substance Use Disorder	20% coinsurance, after deductible		20% coinsurance, after deductible		50% coinsurance, after deductible
Outpatient Treatment Mental Behavioral Health, Substance Use Disorder	\$60 copay		\$75 copay, after deductible		\$75 copay
Rehabilitation Therapy Services ²	\$60 copay		\$75 copay, after deductible		\$75 copay
Chiropractic Care 30 visits calendar year					
Durable Medical Equipment	50% coinsurance, after deductible		50% coinsurance, after deductible		50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-day supply ³		30-day supply ³		30-day supply ³
Generic Rx	\$10 copay		\$10 copay, after deductible		\$25 copay
Brand Rx	50% coinsurance, up to \$150 max, no deductible		50% coinsurance, up to \$150 max, after deductible		50% coinsurance, up to \$150 max, after deductible ¹⁵
Non-Preferred Brand Rx					

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POPULAR PLAN		POPULAR PLAN	
EPO AmeriHealth Advantage ⁴ \$25/\$60		EPO HSA AmeriHealth Hospital Advantage ¹⁰ \$50/\$75	
Local Value ⁸		Local Value ⁸	
TIER 1	TIER 2	TIER 1	TIER 2
\$2,500/\$5,000 ⁵		\$2,000 ¹³ /\$4,000 ⁵	
20%	50%	50%	
\$8,550/\$17,100 ⁶		\$6,900/\$13,800 ⁶	
\$25 copay	50% coinsurance, after deductible	\$50 copay, after deductible	
\$60 copay	50% coinsurance, after deductible	\$75 copay, after deductible	
20% coinsurance, after deductible		\$85 copay, after deductible	
20% coinsurance, after deductible	50% coinsurance, after deductible	\$100 copay, after deductible ¹	50% coinsurance, after deductible
20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
50% coinsurance, after deductible		50% coinsurance, after deductible	
No charge, no deductible		No charge, after deductible	
20% coinsurance, after deductible		20% after deductible	
\$60 copay		\$75 copay, after deductible	
\$60 copay		\$75 copay, after deductible	
50% coinsurance, after deductible		50% coinsurance, after deductible	
30-day supply³		30-day supply³	
\$10 copay		\$10 copay, after deductible	
50% coinsurance, up to \$150 max, no deductible		50% coinsurance, up to \$150 max, after deductible	

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 BENEFITS	HMO \$50/\$75 ¹²
Choose your network	Local Value ⁸ Regional Preferred
MEDICAL BENEFITS	IN-NETWORK
Deductible Individual/family	\$2,500/\$5,000
After deductible member pays	50%
Maximum out-of-pocket Individual/family	\$8,250/\$16,500
Primary Care Visits	\$50 copay
Specialist Visits	\$75 copay
Urgent Care Services	\$85 copay
Emergency Room	\$100 copay, after deductible ¹
Outpatient Surgery Ambulatory Surgical	50% coinsurance, after deductible
Inpatient Hospital Services Including Maternity	
X-rays & Diagnostic Imaging	\$50 copay
Imaging CT/PT Scans, MRIs	\$100 copay
Laboratory ¹⁴	No charge, no deductible
Inpatient Treatment Mental Behavioral Health, Substance Use Disorder	50% coinsurance, after deductible
Outpatient Treatment Mental Behavioral Health, Substance Use Disorder	\$75 copay
Rehabilitation Therapy Services ²	\$75 copay
Chiropractic Care 30 visits calendar year	
Durable Medical Equipment	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-day supply³
Generic Rx	\$20 copay
Brand Rx	50% coinsurance, up to \$150 max, after deductible
Non-Preferred Brand Rx	

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EPO HSA \$50/\$75	EPO \$50/\$75
Local Value⁸	Regional Preferred
IN-NETWORK	IN-NETWORK
\$2,000 ¹³ /\$4,000	\$2,500/\$5,000
50%	50%
\$6,200/\$12,400	\$8,200/\$16,400
\$50 copay, after deductible	\$50 copay
\$75 copay, after deductible	\$75 copay
\$85 copay, after deductible	\$85 copay, after deductible
\$100 copay, after deductible ¹	50% coinsurance, after deductible
30% coinsurance, after deductible	50% coinsurance, after deductible
\$500 copay per day, up to 5 days, after deductible ¹¹	50% coinsurance, after deductible
\$50 copay, after deductible	50% coinsurance, after deductible
\$100 copay, after deductible	50% coinsurance, after deductible
No charge, after deductible	50% coinsurance, after deductible
\$500 copay per day, up to 5 days, after deductible ¹¹	50% coinsurance, after deductible
\$75 copay, after deductible	\$75 copay
\$75 copay, after deductible	\$75 copay
50% coinsurance, after deductible	50% coinsurance, after deductible
30-day supply³	30-day supply³
\$10 copay, after deductible	50% coinsurance, up to \$150 max, no deductible
50% coinsurance, up to \$150 max, after deductible	

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

Please see footnotes on page 24–25

GOLD BENEFITS	HMO \$20/\$50¹²	EPO \$30/\$50
Choose your network	Regional Preferred	Regional Preferred
MEDICAL BENEFITS	In-network	In-network
Deductible Individual/family	\$2,000/\$4,000	\$1,500/\$3,000
After deductible member pays	40%	20%
Maximum out-of-pocket Individual/family	\$7,000/\$14,000	\$7,000/\$14,000
Primary Care Visits	\$20 copay	\$30 copay
Specialist Visits	\$50 copay	\$50 copay
Urgent Care Services	\$75 copay	\$75 copay
Emergency Room	\$100 copay ¹	20% coinsurance, after deductible
Outpatient Surgery Ambulatory Surgical	40% coinsurance, after deductible	20% coinsurance, after deductible
Inpatient Hospital Services Including Maternity		
X-rays & Diagnostic Imaging	\$50 copay	\$50 copay
Imaging CT/PT Scans, MRIs	\$100 copay	\$100 copay
Laboratory ¹⁴	No charge, no 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	\$50 copay	\$50 copay
Rehabilitation Therapy Services ²	\$50 copay	\$50 copay
Chiropractic Care 30 visits calendar year		
Durable Medical Equipment	50% coinsurance, after deductible	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-day supply³	30-day supply³
Generic Rx	\$10 copay	\$10 copay
Brand Rx		
Non-Preferred Brand Rx	50% coinsurance, \$150 max, no deductible	50% coinsurance, \$150 max, no deductible

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.

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.

Referral: If you have an HMO plan, your family doctor (or primary care physician) will need to submit a referral before you see other network doctors, such as a cardiologist (heart doctor).

Tax credit (subsidy): Financial assistance from the federal government 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



You have the freedom to see any dentist



Save the most on out-of-pocket costs by choosing a dentist in the Advantage Plus 2.0 network



You'll never need a referral for services

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	\$1,000
Pediatric out-of-pocket maximum (In-network benefit ²)	\$350 for 1 child/\$700 for 2 or more children		



Find dental providers

Members can visit amerihealthnj.com/dental to find providers in the Advantage Plus 2.0 network.



Covered benefits²

	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
PREVENTIVE SERVICES³			
Exams/evaluations, cleaning, 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)	50%, after deductible	Covered only for children ages 0–18; 50% after deductible	80%, after deductible; Members ages 19 and older: 6-month waiting period
Oral surgery (simple and surgical extractions)			
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; Members ages 19 and older: 12-month waiting period
Complete or fixed partial dentures (prosthetics)			
Implants ⁵	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
RATES⁴ (per member per month)			
Ages 0–18 ³	\$26.05	\$13.47	\$18.35
19–25	N/A	\$13.47	\$18.35
26–39	N/A	\$14.31	\$19.50
40–49	N/A	\$16.84	\$22.94
50–63	N/A	\$19.79	\$26.95
64 and older	N/A	\$20.21	\$27.52

Add adult vision benefits

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

All medical plans include pediatric vision coverage for members younger than 19. AmeriHealth New Jersey offers three adult vision plans. The plans cover one routine eye exam in full per calendar year and affordable coverage for eyeglasses and contacts. The benefits of vision coverage are clear:



Frame coverage

- No-cost and low-cost frames from the Davis Vision Frame Exclusive Collection
- \$50 discount at Visionworks stores, with more than 1,200 frames to choose from
- Out-of-network frame reimbursement for all vision plans



Replacement contact lenses

Low prices and same-day shipping² for replacement contacts and solution from davisvisioncontacts.com



Lens coverage

- Full coverage for clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Full coverage for scratch-resistant coating



Vision correction discounts

Members save 40–50% off the national average price of traditional LASIK from credentialed physicians, with exclusive pricing and financing options available through Davis Vision



Protecting against harmful blue light

Increased use of digital technology comes with additional risk of the harmful effects of blue light from device screens. Routine eye exams can help detect the effects of blue light exposure. Members can also protect their eyes by taking advantage of fixed pricing on all spectacle lens styles and coatings, including blue light guards to protect against blue light exposure.



Vision plan options

Our vision benefits are administered by Davis Vision and give members a choice of more than 94,000 access points nationwide. Members save on out-of-pocket costs and have access to eye exams, eyeglasses, contacts, and value-added discounts.

	ADULT VISION CARE⁴ \$100/\$150*	ADULT VISION CARE⁴ \$130/\$180*	ADULT VISION CARE⁴ \$150/\$200*
Eye Exam	No charge, no deductible	No charge, no deductible	No charge, no deductible
Davis Frame Collections	Fashion level – \$0 copay Designer level – \$15 copay Premier level – \$40 copay	Fashion level – \$0 copay Designer level – \$0 copay Premier level – \$25 copay	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
COLLECTION CONTACT LENSES (instead of eyeglasses)			
Collection	Davis Vision	Davis Vision	Davis Vision
Disposable	4 boxes/multi-packs	4 boxes/multi-packs	4 boxes/multi-packs
Non-disposable/Planned Replacement	2 boxes/multi-packs	2 boxes/multi-packs	2 boxes/multi-packs
Collection evaluation, fitting, follow-up care	Covered	Covered	Covered
OTHER CONTACT LENSES (instead of eyeglasses)			
Non-Collection	Up to \$100 allowance, plus 15% discount on overage	Up to \$130 allowance, plus 15% discount on overage	Up to \$150 allowance, plus 15% discount on overage
Non-Collection evaluation, fitting, follow-up care	Not covered	Standard – Covered in full Specialty & Disposable – \$60 program allowance, 15% discount	Standard – Covered in full Specialty & Disposable – \$60 program allowance, 15% discount
RATES			
Subscriber	\$10.50	\$11.90	\$13.00
Subscriber & Spouse	\$21.00	\$23.80	\$26.00
Subscriber & Child	\$21.00	\$23.80	\$26.00
Subscriber & Children	\$21.00	\$23.80	\$26.00
Family	\$31.50	\$35.70	\$39.00

New for 2021: Out-of-network benefits are included in all vision plans. See your benefits booklet for more details. Visionworks is also now available on all plans.

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

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**.

Medical Footnotes:

- 1 Emergency room copay waived if admitted.
- 2 Members can utilize 30 visits per therapy per calendar year.
- 3 Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
- 4 AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can 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.
- 5 Deductible is combined for tier 1 and tier 2.
- 6 Out-of-pocket maximum is combined for tier 1 and tier 2.
- 7 \$30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at 100%, after deductible.
- 8 The Local Value network is not available in Hunterdon County.
- 9 Catastrophic plans are only available for qualified individuals.
- 10 AmeriHealth Hospital Advantage providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.
- 11 Copay is required per day, up to a maximum of 5 days per admission.
- 12 Certain services may require a referral from your primary care physician.
- 13 Individual deductible not applicable in policies covering 2 or more people.
- 14 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.
- 15 The maximum applies prior to the deductible being met.

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 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.
- 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 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.
- 4 The chart reflects your in-network benefits. Please see your benefit booklet for your out-of-network coverage.

Network Options Footnotes:

- 1 Data derived from analysis of information provided by a third party vendor and is subject to change.
- 2 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 Counties.
- 3 The Local Value Network is not available in Hunterdon County.
- 4 AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can 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.



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