



Health insurance that pays.<sup>SM</sup>

## Top-selling AmeriHealth New Jersey SEH plans

Below are AmeriHealth New Jersey's top-selling Medical plans. Additionally:

In-network lab covered 100%, except on H.S.A. plans | Three different networks, which offer more flexibility | No restrictions with network offerings\*

| Plan Name                                 | Network    | MEDICAL BENEFITS                      |                              |                             |   |                |                               | INTEGRATED PRESCRIPTION DRUG<br>(30 day supply) |
|---|------------|---------------------------------------|------------------------------|-----------------------------|---|----------------|-------------------------------|---|
|   |            | Primary Care Visits/Specialist Visits | Individual/Family Deductible | Inpatient Hospital Services | Maximum Out of Pocket Individual/Family | Emergency Room | X-rays and Diagnostic Imaging | Generic/Brand/Non-Preferred Brand               |
| <b>SEH Gold EPO \$30/\$50</b><br>LV/RP/NA | In Network | \$30/\$50                             | \$1,000/\$2,000              | 20%,<br>after deductible    | \$5,000/\$10,000                        | \$100          | \$50                          | \$10/\$40/\$60                                  |

|  |            |  |                 |                                |                  |                                |                                |   |
|--|------------|--|-----------------|--------------------------------|------------------|--------------------------------|--------------------------------|---|
| <b>SEH Silver HMO \$50/\$75</b><br>LV/RP                           | In Network | \$50/\$75  | \$2,000/\$4,000 | 50%,<br>after deductible       | \$6,350/\$12,700 | \$100,<br>after deductible     | 50%,<br>after deductible       | 50%, up to \$125 max, no deductible   |
| <b>SEH Silver EPO H.S.A. 100%/100%</b><br>LV/RP/NA                 | In Network | no charge,<br>after deductible                   | \$2,000/\$4,000 | no charge,<br>after deductible | \$6,450/\$12,900 | no charge,<br>after deductible | no charge,<br>after deductible | \$7, after deductible/50%, up to \$125 max,<br>after deductible (Brand/Non-Preferred Brand) |
| <b>SEH Silver EPO H.S.A. 90%/90%</b><br>LV/RP/NA                   | In Network | 10%,<br>after deductible                         | \$2,000/\$4,000 | 10%,<br>after deductible       | \$6,450/\$12,900 | 10%,<br>after deductible       | 10%,<br>after deductible       | \$10/\$40/\$60  |
| <b>SEH Silver EPO H.S.A. Tier 1 Advantage \$50/\$75</b><br>LV Only | Tier 1     | \$50, after deductible/\$75,<br>after deductible | \$1,350/\$2,700 | 10%,<br>after deductible       | \$5,750/\$11,500 | \$100,<br>after deductible     | 50%,<br>after deductible       | \$7, after deductible/50%, up to \$125 max,<br>after deductible (Brand/Non-Preferred Brand) |
|  | Tier 2     | \$50, after deductible/\$75,<br>after deductible |                 | 50%,<br>after deductible       |                  | 50%,<br>after deductible       |                                |   |

|  |        |  |                 |                          |                  |                          |                          |  |
|--|--------|--|-----------------|--------------------------|------------------|--------------------------|--------------------------|--|
| <b>SEH Bronze EPO H.S.A. Tier 1 Advantage \$50/\$75</b><br>LV Only | Tier 1 | \$50, after deductible/\$75,<br>after deductible | \$2,500/\$5,000 | 20%,<br>after deductible | \$6,450/\$12,900 | 50%,<br>after deductible | 50%,<br>after deductible | 50%, up to \$125 max, after deductible |
|  | Tier 2 | \$50, after deductible/\$75,<br>after deductible |                 | 50%,<br>after deductible |                  | 50%,<br>after deductible |                          |  |