AmeriHealth Caritas Next

A product of AmeriHealth Caritas VIP Next, Inc.

What's Next?

It's time to enroll in an affordable health plan that's designed for you!

AmeriHealth Caritas Next offers multiple plans to meet any lifestyle and budget — with valuable benefits like:

Access to Specialists without a referral

Find an in-network specialist and make an appointment. No primary care provider (PCP) referrals are necessary.

$0 copay Virtual Care 24/7 (Telehealth)

Get 24/7 access to health care professionals for non-emergency medical care.

New Copay Focus plans

Plans available with copay-focused benefits.

Healthy Rewards Program

Earn incentives and rewards for completing health care activities at no additional cost.

What's Next?

For a complete list of benefits, visit **www.amerihealthcaritasnext.com/de** or call and speak with an experienced advisor. **1-877-564-3867 (TTY 711)**, Monday to Friday, 9 a.m. to 6 p.m. **To learn more, see pages 2 – 3.**

AmeriHealth Caritas Next offers individual and family health plans both on and off the Health Insurance Marketplace®. Please go to **www.amerihealthcaritasnext.com/de**, where additional information can be found about our privacy practices, covered and noncovered services, provider availability, benefit/service restrictions, utilization and pharmaceutical management procedures, and your rights and responsibilities.

Plan	Bronze Copay Focus	Bronze Enhanced	Bronze Signature	Bronze Off-Marketplace	Silver Copay Focus	Silver Copay Focus 73	Silver Copay Focus 87	Silver Copay Focus 94	Silver Signature	Silver Signature 73	Silver Signature 87
Individual/ family deductible	$3,500/ $7,000	$4,500/ $9,000	$7,500/ $15,000	$6,500/ $13,000	$2,500/ $5,000	$2,200/ $4,400	$500/ $1,000	$0/ $0	$6,400/ $12,800	$3,000/ $6,000	$700/ $1,400
Individual/ family out-of-pocket	$12,000/ $24,000	$12,000/ $24,000	$12,000/ $24,000	$12,000/ $24,000	$12,000/ $24,000	$9,600/ $19,200	$4,000/ $8,000	$3,000/ $6,000	$10,300/ $20,600	$9,000/ $18,000	$3,800/ $7,600
Coinsurance	50%	50%	50%	40%	35%	35%	15%	15%	40%	40%	30%
Primary care*	$50 BD	$50 BD	$50 BD	$60 BD	$30 BD	$30 BD	$15 BD	$0	$40 BD	$40 BD	$20 BD
Specialist care*	$150 BD	$110 BD	$100 BD	$120 BD	$75 BD	$75 BD	$40 BD	$25	$80 BD	$80 BD	$40 BD
Urgent care	$225 BD	$150 BD	$75 BD	$180 BD	$115 BD	$115 BD	$60 BD	$40	$60 BD	$60 BD	$30 BD
Emergency care	$2,500 AD	50% AD	50% AD	40% AD	$1,500 AD	$1,500 AD	$750 AD	$250	40% AD	40% AD	30% AD
Inpatient hospital*	$3,000/day (up to 3 days) AD	50% AD	50% AD	40% AD	$2,500/day (up to 3 days) AD	$2,500/day (up to 3 days) AD	$1,000 AD	$500	40% AD	40% AD	30% AD
Preferred generic drugs*	$5 BD	$15 BD	$25 BD	$5 BD	$5 BD	$5 BD	$5 BD	$5	$20 BD	$20 BD	$10 BD
Generic drugs*	$25 BD	$25 BD	$25 BD	$25 BD	$25 BD	$25 BD	$25 BD	$25	$20 BD	$20 BD	$10 BD
Preferred brand drugs*	$60 BD	$60 AD	$50 AD	$60 BD	$60 BD	$60 BD	$60 BD	$60	$40 BD	$40 BD	$20 BD
Nonpreferred brand drugs*	$110 AD	$110 AD	$100 AD	$110 AD	$110 AD	$110 AD	$110 AD	$110	$80 AD	$80 AD	$60 AD
Preferred specialty drugs*	$120 AD	$120 AD	$150 AD	$120 AD	$120 AD	$120 AD	$120 AD	$120	$125 AD	$125 AD	$100 AD
Nonpreferred specialty drugs*	$150 AD	$150 AD	$150 AD	$150 AD	$150 AD	$150 AD	$150 AD	$150	$125 AD	$125 AD	$100 AD

For certain plans, cost-shares for services provided by Indian Health Care Providers (IHCP) will be at no charge. *In-network services and providers only.

AD = after deductible **BD = before deductible**

Plan	Silver Signature 94	Silver Essential	Silver Essential 73	Silver Essential 87	Silver Essential 94	Silver Off-Marketplace High	Silver Off-Marketplace Low	Gold Copay Focus	Gold Enhanced	Gold Signature	Gold Off-Marketplace
Individual/family deductible	$0/ $0	$5,000/ $10,000	$3,600/ $7,200	$850/ $1,700	$0/ $0	$3,700/ $7,400	$5,500/ $11,000	$0/ $0	$1,000/ $2,000	$2,500/ $5,000	$1,300/ $2,600
Individual/family out-of-pocket	$3,700/ $7,400	$12,000/ $24,000	$9,600/ $19,200	$4,000/ $8,000	$4,000/ $8,000	$12,000/ $24,000	$12,000/ $24,000	$9,000/ $18,000	$10,000/ $20,000	$8,700/ $17,400	$10,000/ $20,000
Coinsurance	25%	35%	35%	15%	10%	25%	30%	20%	25%	25%	20%
Primary care*	$0	$0 BD (first 2 visits) then $30 BD	$0 BD (first 2 visits) then $30 BD	$0 BD (first 2 visits) then $20 BD	$0	$40 BD	$40 BD	$0	$35 BD	$30 BD	$20 BD
Specialist care*	$10	$100 BD	$100 BD	$40 BD	$10	$80 BD	$100 BD	$35	$80 BD	$60 BD	$40 BD
Urgent care	$5	$150 BD	$150 BD	$60 BD	$15	$120 BD	$150 BD	$60	$120 BD	$45 BD	$60 BD
Emergency care	25%	35% AD	35% AD	15% AD	10%	25% AD	30% AD	$1,000	25% AD	25% AD	20% AD
Inpatient hospital*	25%	35% AD	35% AD	15% AD	10%	25% AD	30% AD	$1,500/day (up to 3 days)	25% AD	25% AD	20% AD
Preferred generic drugs*	$0	$5 BD	$5 BD	$5 BD	$5	$5 BD	$5 BD	$5	$5 BD	$15 BD	$5 BD
Generic drugs*	$0	$25 BD	$25 BD	$25 BD	$25	$25 BD	$25 BD	$25	$25 BD	$15 BD	$25 BD
Preferred brand drugs*	$5	$60 BD	$60 BD	$60 BD	$60	$60 BD	$60 BD	$60	$60 BD	$30 BD	$60 BD
Nonpreferred brand drugs*	$10	$110 AD	$110 AD	$110 AD	$110	$110 AD	$110 AD	$110	$110 AD	$60 BD	$110 AD
Preferred specialty drugs*	$20	$120 AD	$120 AD	$120 AD	$120	$120 AD	$120 AD	$120	$120 AD	$100 BD	$120 AD
Nonpreferred specialty drugs*	$20	$150 AD	$150 AD	$150 AD	$150	$150 AD	$150 AD	$150	$150 AD	$100 BD	$150 AD

For certain plans, cost-shares for services provided by Indian Health Care Providers (IHCP) will be at no charge. *In-network services and providers only.

AD = after deductible **BD = before deductible**