



A product of AmeriHealth Caritas Indiana, 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



Available in Bronze, Silver, and Gold, with predictable costs for medical services.

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/in or call and speak with an experienced advisor. **1-800-862-3335 (TTY 711)**, Monday to Friday, 9 a.m. to 6 p.m. **To learn more, see pages 2 – 3.**

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AmeriHealth Caritas Next offers individual and family health plans both on and off the Health Insurance Marketplace®. Please go to www.amerihealthcaritasnext.com/in, 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 Essential	Bronze Enhanced	Silver Essential	Silver Essential 73	Silver Essential 87	Silver Essential 94	Silver Copay Focus
Individual/ family deductible	\$12,000/ \$24,000	\$4,500/ \$9,000	\$5,000/ \$10,000	\$3,600/ \$7,200	\$850/ \$1,700	\$0/ \$0	\$2,500/ \$5,000
Individual/ family out-of-pocket	\$12,000/ \$24,000	\$12,000/ \$24,000	\$12,000/ \$24,000	\$9,600/ \$19,200	\$4,000/ \$8,000	\$4,000/ \$8,000	\$12,000/ \$24,000
Coinsurance	0%	50%	35%	35%	15%	10%	35%
Primary care*	\$0 BD (first 2 visits) then \$0 AD	\$50 BD	\$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	\$30 BD
Specialist care*	\$0 AD	\$110 BD	\$100 BD	\$100 BD	\$40 BD	\$10	\$75 BD
Urgent care	\$0 AD	\$150 BD	\$150 BD	\$150 BD	\$60 BD	\$15	\$115 BD
Emergency care	\$0 AD	50% AD	35% AD	35% AD	15% AD	10%	\$1,500 AD
Inpatient hospital*	\$0 AD	50% AD	35% AD	35% AD	15% AD	10%	\$2,500/day (up to 3 days) AD
Preferred generic drugs*	\$25 BD	\$15 BD	\$5 BD	\$5 BD	\$5 BD	\$5	\$5 BD
Generic drugs*	\$25 BD	\$25 BD	\$25 BD	\$25 BD	\$25 BD	\$25	\$25 BD
Preferred brand drugs*	\$0 AD	\$60 AD	\$60 BD	\$60 BD	\$60 BD	\$60	\$60 BD
Nonpreferred brand drugs*	\$0 AD	35% AD	35% AD	35% AD	35% AD	35%	35% AD
Preferred specialty drugs*	\$0 AD	40% AD	40% AD	40% AD	40% AD	40%	40% AD
Nonpreferred specialty drugs*	\$0 AD	50% AD	50% AD	50% AD	50% AD	50%	50% 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 Copay Focus 73	Silver Copay Focus 87	Silver Copay Focus 94	Silver Off-Marketplace High	Silver Off-Marketplace Low	Gold Enhanced	Gold Copay Focus
Individual/family deductible	\$2,200/ \$4,400	\$500/ \$1,000	\$0/ \$0	\$3,400/ \$6,800	\$5,500/ \$11,000	\$1,000/ \$2,000	\$0/ \$0
Individual/family out-of-pocket	\$9,600/ \$19,200	\$4,000/ \$8,000	\$3,000/ \$6,000	\$12,000/ \$24,000	\$12,000/ \$24,000	\$10,000/ \$20,000	\$9,000/ \$18,000
Coinsurance	35%	15%	15%	25%	30%	25%	20%
Primary care*	\$30 BD	\$15 BD	\$0	\$40 BD	\$40 BD	\$35 BD	\$0
Specialist care*	\$75 BD	\$40 BD	\$25	\$80 BD	\$100 BD	\$80 BD	\$35
Urgent care	\$115 BD	\$60 BD	\$40	\$120 BD	\$150 BD	\$120 BD	\$60
Emergency care	\$1,500 AD	\$750 AD	\$250	25% AD	30% AD	25% AD	\$1,000
Inpatient hospital*	\$2,500/day (up to 3 days) AD	\$1,000 AD	\$500	25% AD	30% AD	25% AD	\$1,500/day (up to 3 days)
Preferred generic drugs*	\$5 BD	\$5 BD	\$5	\$5 BD	\$5 BD	\$5 BD	\$5
Generic drugs*	\$25 BD	\$25 BD	\$25	\$25 BD	\$25 BD	\$25 BD	\$25
Preferred brand drugs*	\$60 BD	\$60 BD	\$60	\$60 BD	\$60 BD	\$60 BD	\$60
Nonpreferred brand drugs*	35% AD	35% AD	35%	35% AD	35% AD	35% AD	35%
Preferred specialty drugs*	40% AD	40% AD	40%	40% AD	40% AD	40% AD	40%
Nonpreferred specialty drugs*	50% AD	50% AD	50%	50% AD	50% AD	50% AD	50%

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