AmeriHealth Caritas Next

A product of AmeriHealth Caritas North Carolina, 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	$0 copay Virtual Care 24/7 (Telehealth)	New Copay Focus plans	Healthy Rewards Program
Find an in-network specialist and make an appointment. No primary care provider (PCP) referrals are necessary.	Get 24/7 access to health care professionals for non-emergency medical care.	Plans available with copay-focused benefits.	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/nc** or call and speak with an experienced advisor. **1-877-564-3430 (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/nc**, 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 Enhanced	Bronze Signature	Bronze Essential	Bronze Off-Marketplace	Silver Signature	Silver Signature 73	Silver Signature 87	Silver Signature 94	Silver Essential
Individual/family deductible	$4,500/ $9,000	$7,500/ $15,000	$12,000/ $24,000	$8,500/ $17,000	$6,400/ $12,800	$2,900/ $5,800	$800/ $1,600	$0/ $0	$5,000/ $10,000
Individual/family out-of-pocket	$12,000/ $24,000	$12,000/ $24,000	$12,000/ $24,000	$12,000/ $24,000	$10,300/ $20,600	$9,000/ $18,000	$3,600/ $7,200	$3,500/ $7,000	$12,000/ $24,000
Coinsurance	50%	50%	0%	40%	40%	40%	30%	25%	35%
Primary care*	$50 BD	$50 BD	$0 BD (first 3 visits) then $0 AD	$60 BD	$40 BD	$40 BD	$20 BD	$0	$0 BD (first 2 visits) then $30 BD
Specialist care*	$110 BD	$100 BD	$0 AD	$120 BD	$80 BD	$80 BD	$40 BD	$10	$100 BD
Urgent care	$150 BD	$75 BD	$0 AD	$180 BD	$60 BD	$60 BD	$30 BD	$5	$150 BD
Emergency care	50% AD	50% AD	$0 AD	40% AD	40% AD	40% AD	30% AD	25%	35% AD
Inpatient hospital*	50% AD	50% AD	$0 AD	40% AD	40% AD	40% AD	30% AD	25%	35% AD
Preferred generic drugs*	$15 BD	$25 BD	$25 BD	$5 BD	$20 BD	$20 BD	$10 BD	$0	$5 BD
Generic drugs*	$25 BD	$25 BD	$25 BD	$25 BD	$20 BD	$20 BD	$10 BD	$0	$25 BD
Preferred brand drugs*	$60 AD	$50 AD	$0 AD	$60 BD	$40 BD	$40 BD	$20 BD	$15	$60 BD
Nonpreferred brand drugs*	35% AD	$100 AD	$0 AD	35% AD	$80 AD	$80 AD	$60 AD	$50	35% AD
Preferred specialty drugs*	40% AD	$500 AD	$0 AD	40% AD	$350 AD	$350 AD	$250 AD	$150	40% AD
Nonpreferred specialty drugs*	50% AD	$500 AD	$0 AD	50% AD	$350 AD	$350 AD	$250 AD	$150	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 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	$3,600/ $7,200	$850/ $1,700	$0/ $0	$3,400/ $6,800	$5,500/ $11,000	$0/ $0	$1,000/ $2,000	$2,500/ $5,000	$1,250/ $2,500
Individual/family out-of-pocket	$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	$8,600/ $17,200	$8,600/ $17,200
Coinsurance	35%	15%	10%	25%	30%	20%	25%	25%	20%
Primary care*	$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*	$100 BD	$40 BD	$10	$80 BD	$100 BD	$35	$80 BD	$60 BD	$40 BD
Urgent care	$150 BD	$60 BD	$15	$120 BD	$150 BD	$60	$120 BD	$45 BD	$60 BD
Emergency care	35% AD	15% AD	10%	25% AD	30% AD	$1,000	25% AD	25% AD	20% AD
Inpatient hospital*	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*	$5 BD	$5 BD	$5	$5 BD	$5 BD	$5	$5 BD	$15 BD	$5 BD
Generic drugs*	$25 BD	$25 BD	$25	$25 BD	$25 BD	$25	$25 BD	$15 BD	$25 BD
Preferred brand drugs*	$60 BD	$60 BD	$60	$60 BD	$60 BD	$60	$60 BD	$30 BD	$60 BD
Nonpreferred brand drugs*	35% AD	35% AD	35%	35% AD	35% AD	35%	35% AD	$60 BD	35% AD
Preferred specialty drugs*	40% AD	40% AD	40%	40% AD	40% AD	40%	40% AD	$250 BD	40% AD
Nonpreferred specialty drugs*	50% AD	50% AD	50%	50% AD	50% AD	50%	50% AD	$250 BD	50% AD

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