AmeriHealth Caritas Next

A product of AmeriHealth Caritas Ohio, 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.	Available in Bronze, Silver, and Gold, with predictable costs for medical services.	Earn incentives and rewards for completing health care activities at no additional cost.

WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

What's Next?

For a complete list of benefits, visit **www.amerihealthcaritasnext.com/oh** or call and speak with an experienced advisor. **1-800-862-5559 (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/oh**, 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	Bronze Copay Focus	Bronze Off-Marketplace	Silver Essential	Silver Essential 73	Silver Essential 87	Silver Essential 94	Silver Enhanced	Silver Enhanced 73	Silver Enhanced 87
Individual/ family deductible	$12,000/ $24,000	$4,500/ $9,000	$3,500/ $7,000	$6,500/ $13,000	$5,000/ $10,000	$3,600/ $7,200	$850/ $1,700	$0/ $0	$7,000/ $14,000	$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	$4,000/ $8,000	$10,800/ $21,600	$9,600/ $19,200	$3,500/ $7,000
Coinsurance	0%	50%	50%	40%	35%	35%	15%	10%	40%	40%	30%
Primary care*	$0 BD (first 3 visits) then $0 AD	$50 BD	$50 BD	$60 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	$40 BD	$40 BD	$15 BD
Specialist care*	$0 AD	$110 BD	$150 BD	$120 BD	$100 BD	$100 BD	$40 BD	$10	$80 BD	$80 BD	$40 BD
Urgent care	$0 AD	$150 BD	$225 BD	$180 BD	$150 BD	$150 BD	$60 BD	$15	$120 BD	$120 BD	$60 BD
Emergency care	$0 AD	50% AD	$2,500 AD	40% AD	35% AD	35% AD	15% AD	10%	40% AD	40% AD	30% AD
Inpatient hospital*	$0 AD	50% AD	$3,000/day (up to 3 days) AD	40% AD	35% AD	35% AD	15% AD	10%	40% AD	40% AD	30% AD
Preferred generic drugs*	$25 BD	$15 BD	$5 BD	$5 BD	$5 BD	$5 BD	$5 BD	$5	$5 BD	$5 BD	$5 BD
Generic drugs*	$25 BD	$25 BD	$25 BD	$25 BD	$25 BD	$25 BD	$25 BD	$25	$25 BD	$25 BD	$25 BD
Preferred brand drugs*	$0 AD	$60 AD	$60 BD	$60 BD	$60 BD	$60 BD	$60 BD	$60	$60 BD	$60 BD	$60 BD
Nonpreferred brand drugs*	$0 AD	35% AD	35% AD	35% AD	35% AD	35% AD	35% AD	35%	35% AD	35% AD	35% AD
Preferred specialty drugs*	$0 AD	40% AD	40% AD	40% AD	40% AD	40% AD	40% AD	40%	40% AD	40% AD	40% AD
Nonpreferred specialty drugs*	$0 AD	50% AD	50% AD	50% AD	50% AD	50% AD	50% AD	50%	50% AD	50% AD	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 Enhanced 94	Silver Copay Focus	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	Gold Off-Marketplace
Individual/ family deductible	$250/ $500	$2,500/ $5,000	$2,200/ $4,400	$500/ $1,000	$0/ $0	$3,400/ $6,800	$5,500/ $11,000	$1,000/ $2,000	$0/ $0	$1,250/ $2,500
Individual/ family out-of-pocket	$2,000/ $4,000	$12,000/ $24,000	$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	$8,600/ $17,200
Coinsurance	20%	35%	35%	15%	15%	30%	30%	25%	20%	20%
Primary care*	$0	$30 BD	$30 BD	$15 BD	$0	$40 BD	$40 BD	$35 BD	$0	$20 BD
Specialist care*	$20 BD	$75 BD	$75 BD	$40 BD	$25	$80 BD	$100 BD	$80 BD	$35	$40 BD
Urgent care	$30 BD	$115 BD	$115 BD	$60 BD	$40	$120 BD	$150 BD	$120 BD	$60	$60 BD
Emergency care	20% BD	$1,500 AD	$1,500 AD	$750 AD	$250	25% AD	30% AD	25% AD	$1,000	20% AD
Inpatient hospital*	20% BD	$2,500/day (up to 3 days) AD	$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)	20% AD
Preferred generic drugs*	$5 BD	$5 BD	$5 BD	$5 BD	$5	$5 BD	$5 BD	$5 BD	$5	$5 BD
Generic drugs*	$25 BD	$25 BD	$25 BD	$25 BD	$25	$25 BD	$25 BD	$25 BD	$25	$25 BD
Preferred brand drugs*	$60 BD	$60 BD	$60 BD	$60 BD	$60	$60 BD	$60 BD	$60 BD	$60	$60 BD
Nonpreferred brand drugs*	35% AD	35% AD	35% AD	35% AD	35%	35% AD	35% AD	35% AD	35%	35% AD
Preferred specialty drugs*	40% AD	40% AD	40% AD	40% AD	40%	40% AD	40% AD	40% AD	40%	40% AD
Nonpreferred specialty drugs*	50% AD	50% AD	50% AD	50% AD	50%	50% AD	50% AD	50% AD	50%	50% AD

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