



# 2024 Benefits at a Glance

Health plans designed for you

  
**AmeriHealth**

**INDIVIDUALS & FAMILIES**



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## ¿Habla español?

Si quiere hablar con alguien en español, llame al **1-888-879-4857**,  
o visite [amerihealth.com/inscribase](https://www.amerihealth.com/inscribase).







# We are AmeriHealth



For nearly 30 years, AmeriHealth has offered affordable and comprehensive health insurance to residents and employers throughout New Jersey. We are here to help the Garden State flourish, and that includes you!

When you choose AmeriHealth, you are insured by a company that is part of your community. We live here, work here, and rely on the quality and security of our AmeriHealth coverage to keep ourselves and our families safe and healthy.

You get:



## Affordable health plans

Choose from a variety of health plans to fit your needs and budget.



## Broad and flexible provider network

Pick your network to save on out-of-pocket costs.



## Virtual care benefits

Talk to a board-certified doctor or behavioral health provider anytime.



## Convenient online and mobile tools

Manage your benefits anytime and easily find providers.

## AmeriHealth at a glance

- Headquartered in **Cranbury, NJ**
- **155** employees, and ranked one of the **Best Places to Work** by NJBIZ 12 years in a row
- Serving more than **200,000 members** and **3,500 businesses** in New Jersey
- One of the **largest provider networks** in the state, with doctors and hospitals in all **21** counties
- Passionate about **servicing our community** through volunteer work and donations

# How to enroll

Choosing a health plan is a big decision, but you don't have to make it alone. We are here to help you understand your options and figure out which health plan is the right fit for you. We've got you covered!

## Getting started

- Review the information in this book to get a better idea of everything AmeriHealth has to offer. Then compare health plans side-by-side to find one that fits your health needs and budget.
- Refer to the Rate Card at [amerihealth.com/rates](https://amerihealth.com/rates) to view and compare monthly premiums.
- To find out if you're eligible for financial assistance, visit [amerihealth.com/enroll](https://amerihealth.com/enroll) or call **1-855-832-2009 (TTY: 711)**. You can also contact your broker.

## Key dates for Open Enrollment



**November 1** is the **first day** you can enroll for coverage starting January 1.

- Enroll by November 30 to receive your new ID card by January 1.
- Enroll by December 15 to have access to your digital ID card by January 1.



**December 31** is the **last day** to enroll for coverage starting January 1.



**January 31** is the **last day** to enroll for 2024 coverage starting February 1.



## We're here to help

Our dedicated team of licensed insurance agents can help you find a health plan that meets your unique needs and budget. Call if you have questions or when you're ready to enroll.




**1-855-832-2009 (TTY: 711)**

# Meet our health plans

We offer a variety of health plans, so you can find the best fit for you and your family.

Choose from three levels of health plans for individuals and families: Bronze, Silver, and Gold. They all cover the same essential health benefits, including doctor visits, hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more. You also get access to unlimited, 24/7 virtual care for a \$0 copay.\*

The differences between health plans are in the monthly premium, deductible amount, and out-of-pocket costs when you receive covered services.

	 <b>Bronze</b>	 <b>Silver</b>	 <b>Gold</b>
Monthly premium	\$	\$\$	\$\$\$
Out-of-pocket costs	\$\$\$	\$\$	\$
Good option if you...	Don't plan to use a lot of health care services	See doctors and specialists occasionally	Plan to use a lot of health care services

We also offer catastrophic coverage for people younger than 30 or for those who qualify for a special exemption.

## What is an EPO health plan?

The health plans we offer for individuals and families are called Exclusive Provider Organization plans, or EPOs. Here's what you need to know about an EPO plan:

- You are not required to select a primary care physician.
- You do not need referrals to see a specialist.
- Some plans have an option to open a tax-advantaged health savings account (HSA).  
Learn more on page 14.

If you have questions about any terms used throughout this book, please refer to the Glossary on page 27.

\*HSA members are subject to the program allowance for consultations until their deductible has been met. Subject to change.

# Get cost-savings and flexibility

Our AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans are our most popular for good reason. You have access to high-quality care with a lower monthly premium. Plus, you can save even more when you stay in Tier 1.

## Cost-saving tiered benefits

AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans have tiered benefits, which means you can save on your care with certain providers.\*



### AmeriHealth Advantage<sup>1</sup>

- You'll pay the lowest out-of-pocket costs when you use Tier 1 doctors and hospitals.
- You also have in-network coverage for Tier 2 providers available through the Local Value network.

### AmeriHealth Hospital Advantage<sup>2</sup>

- You'll pay the lowest out-of-pocket costs for hospital and other facility services (e.g., outpatient surgery) when you use a hospital or facility in Tier 1.
- You also have in-network coverage for Tier 2 hospitals and facilities available through the Local Value network.



AmeriHealth Advantage and AmeriHealth Hospital Advantage  
 AmeriHealth Hospital Advantage

These products are only available in certain counties. Refer to the map to see if they are available in your county.

## Save even more with Select

Are you looking to save more money, but you don't qualify for a tax credit (subsidy)? Check out these Select health plans, which are only available when you purchase directly from AmeriHealth:

- Select Silver EPO AmeriHealth Advantage \$25/\$60
- Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75

Contact your broker or call us at **1-855-832-2009 (TTY: 711)** to enroll in one of these off-exchange health plans. Refer to the health plan charts starting on page 16 to learn more about these plans.

# 96%

of individual members chose an Advantage health plan in 2023.

\*Certain types of providers are not grouped into tiers. Rather than having a tier assignment in the Provider Finder, these providers will be listed as "Participating." If you receive covered services from a provider listed as "Participating," it may be processed at a Tier 2 cost-share.



# Network options

No matter which network you choose, you'll always have access to a wide variety of doctors and hospitals across the State of New Jersey.

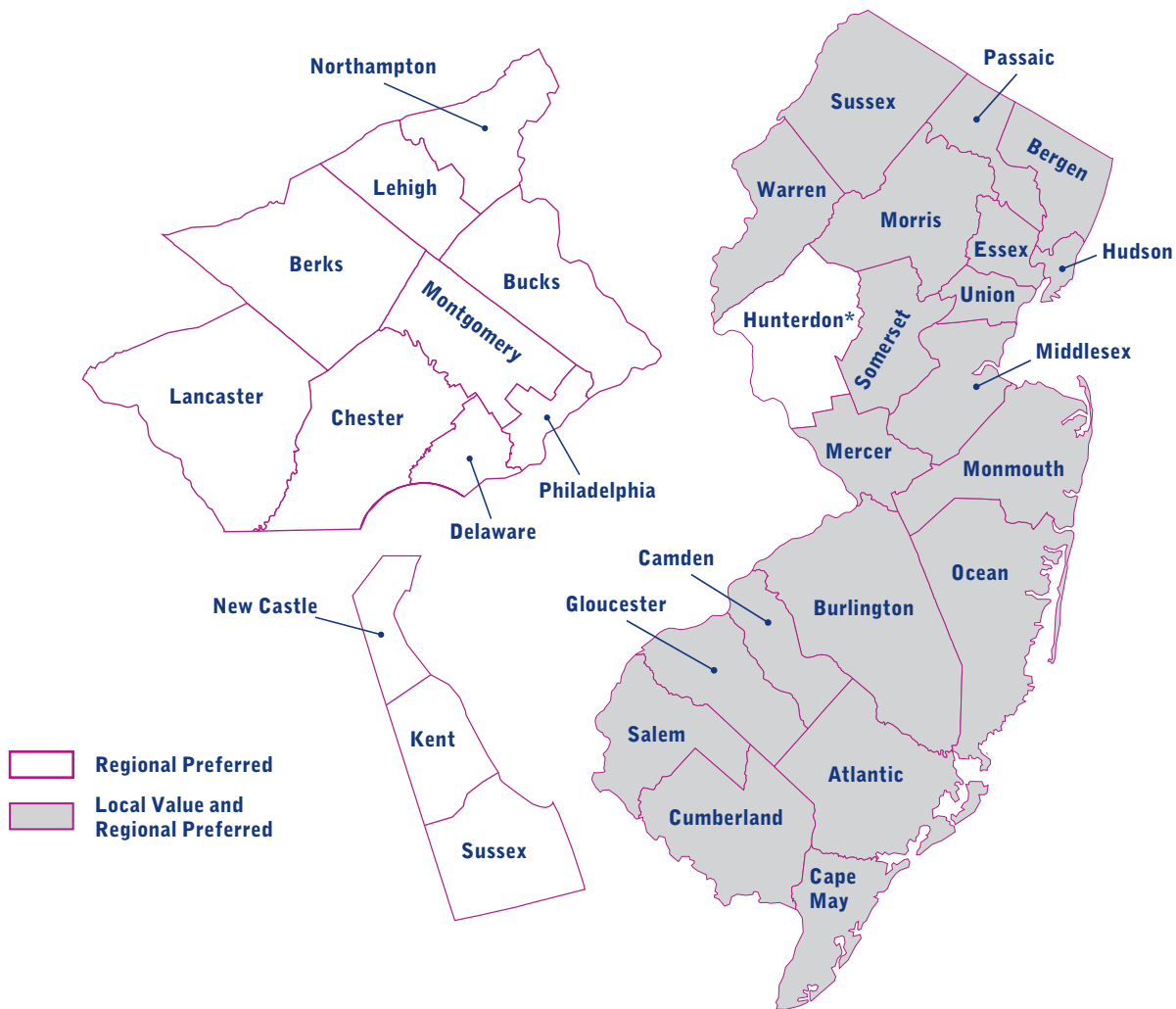
We want to make sure you get the care you need, when you need it. We offer two networks, which differ based on geography and which doctors, hospitals, and other health care providers participate in the network. To see if your current providers are in-network, visit [amerihealth.com/providerfinder](https://amerihealth.com/providerfinder).

## Regional Preferred

The Regional Preferred network is one of the largest networks of doctors and hospitals in New Jersey.<sup>3</sup> Members also have access to in-network health care providers in Delaware and Southeastern Pennsylvania.<sup>4</sup>

## Local Value

Health plans that use the Local Value network\* offer a more affordable rate by providing access to a subset of the Regional Preferred network across New Jersey.



\*Health plans that use the Local Value network are not available for purchase for residents of Hunterdon County.

# Prescription drug benefits

Our medical plans include prescription drug coverage, so you get safe, affordable access to covered medications.

## Save with lower-cost alternatives

You'll pay less when your doctor prescribes generic and lower-cost brand alternatives. We also make it easier for doctors to select more affordable medications. They can view how much you'll pay for a medication while they're choosing one to prescribe for you.

Our drug formulary includes three tiers of cost-sharing for prescription drugs, with generic drugs being the most affordable.

\$	Generic Rx
\$\$	Preferred Brand Rx
\$\$\$	Non-preferred Brand Rx

Pharmacy network includes nearly

**68,000**  
**PHARMACIES**  
**NATIONWIDE**

## Easily manage medications



**Mail order convenience.** Sign up to have medications you take regularly delivered by mail. Standard shipping is always free! In most plans, you'll pay less for a 90-day supply when you use mail order/home delivery.



**Easy-to-use online and mobile tools.** Members can log in at [amihealth.com](https://www.amihealth.com) to find an in-network pharmacy, estimate drug costs, review claims, and submit mail order requests.

# We're here for you!

You're never alone with AmeriHealth. We make it easy to get the information and support you need, right when you need it.

## Access your benefits 24/7

Whether you're at home or on-the-go, you have convenient 24/7 access to your benefits information and member tools. Log in at [amerhealth.com](https://www.amerhealth.com) or use our free **AmeriHealth On the Go** app to:

- View, print, or send your ID card
- Access plan information, like claims and benefits
- Find a doctor, hospital, urgent care center, or other provider in your network
- Estimate your costs for care or price a drug
- Request mail order/home delivery for a prescription medication

## Get support when you need it

When you need to talk to someone about your benefits or health, support is available. Simply call the number on the back of your member ID card.

### Customer Service

If you ever have any questions about your benefits, our knowledgeable Customer Service representatives are ready to help.

### Registered Nurse Health Coaches

Call a Registered Nurse Health Coach 24/7 for questions about your health or treatment plan. This service is confidential, and there is no additional cost to you.

### Condition-specific support

In addition to the extra support available to you for pregnancy, chronic conditions, and disease management, AmeriHealth also offers condition-specific programs, like cancer support, for members who are eligible.

**Cancer support from Thyme Care.** We understand how challenging cancer treatment can be, so we offer a cancer support team through Thyme Care to help give you peace of mind. You get 24/7 on-demand nurse support, advocates who can collaborate with your medical team and caregivers, and additional support that may include financial help, transportation, or community groups dedicated to supporting cancer patients.



**You deserve a health plan that makes it easier to keep your body, mind, and even finances healthy. That's why you should choose AmeriHealth.**

We see the big picture of health. In addition to ensuring you have comprehensive benefits for your physical and mental health, we also provide programs and resources that help you stay healthy in all aspects of your life.

# Taking care of all of you

Staying healthy goes beyond seeking care when a health issue arises. That's why our health plans make it easier to take care of yourself — physically, mentally, and even financially.

We are focused on whole-person health, which means helping you stay healthy in all aspects of your life. Our health plans offer access to the care you need, when you need it, and personalized support and programs to help you make informed decisions.

## Pay \$0 for virtual care

Our virtual care benefits through Teladoc Health (Teladoc) make taking care of your health easier and more affordable. Teladoc is quick, convenient, and affordable — you'll pay \$0\* cost-sharing. You have access to board-certified doctors by phone, online, or through Teladoc's award-winning mobile app. Virtual visits are available in several languages through an interpreter, including American Sign Language (ASL).



**Teladoc General Medical.** Talk to a board-certified doctor 24/7 for non-emergency conditions, such as sinus pain, flu, earache, pink eye, and sore throat. You'll get a diagnosis and prescription (if needed).



**Teladoc Health Dermatology.** Get convenient and reliable skincare from a licensed dermatologist for a wide range of conditions. You can use your Teladoc account to request a dermatology consult, complete a short form, and upload images of your skin issue.

**90%** Nearly **90%** of users report being highly satisfied with their Teladoc experience.

## Focus on your mental health

Your mental and physical health are both important to your overall well-being. That's why we want to be sure you can easily access affordable and personalized support and resources for your mental health.



**Teladoc Mental Health Care.** Talk to a board-certified psychiatrist, licensed psychologist, or licensed therapist from the Teladoc network by phone or video chat. You'll pay \$0\* cost-sharing. Teladoc's network of behavioral health professionals can help with concerns like anxiety, depression, grief, work pressures, and more, and you can build an ongoing relationship with a provider of your choice.

**75%** More than **75%** of users with depression or anxiety reported improvement after their third or fourth Teladoc Mental Health Care visit.

\*HSA members are subject to the program allowance for consultations until their deductible has been met. Subject to change.





**Substance use disorder support.** Members can use Shatterproof Atlas Treatment, a free online tool that connects you or your loved ones with trustworthy, in-network addiction treatment. The tool has a comprehensive list of addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.



**Self-service tools and resources.** You can log in at [amerihealth.com](https://www.amerihealth.com) anytime for digital resources dedicated to improving your mental health. One new option is **myStrength® Plus**, a digital resource with personalized, evidence-based programs and dedicated support for stress, depression, chronic pain, substance use, and more.† **MyStrength Plus** offers self-guided content to strengthen your emotional well-being and support you, wherever you are in your mental health journey.

Another resource is **Quartet**, which can help you find your match for an in-network mental health care provider who fits your needs and accepts your coverage.

**53%** Members using **myStrength Plus** have experienced a **53%** reduction in depression scores.

Source: [ncbi.nlm.nih.gov/pubmed/PMC5395692/](https://pubmed.ncbi.nlm.nih.gov/PMC5395692/)

## Reach your personal health goals

Everyone's journey to well-being is different — embrace yours! Whether you are generally healthy or need extra support, **Embrace Well-being** can help you reach your goals.

Our members have access to personalized support, resources, and savings:



**Extra support.** Get complimentary 24/7 support from Registered Nurse Health Coaches for chronic condition and disease management, behavioral health guidance, and support during pregnancy.



**Personalized online tools.** We make it easy and fun to stay motivated on your well-being journey. Create an action plan and get reminders specific to your health goals. You can also sync up with fitness apps and devices to track your progress, create challenges, and invite friends.



**Affordable workouts.** Download the HUSK Movement app, which makes getting fit convenient and more affordable. Choose from a variety of on-demand content, pay-as-you-go discounted classes, virtual workouts, gym day passes, or personal training sessions. There are no class limits or cancellation fees.



**Member-exclusive discounts.** Save money on health-related products and services, entertainment, and events! We offer a wide range of discounts, from local and regional businesses to merchant gift certificates and online shopping.

†MyStrength Plus is available to members ages 18 and older.



## Earn \$150 for your healthy habits!

You can earn \$150 Embrace Well-being dollars, just for taking steps to stay healthy.\* Redeem your Embrace Well-being dollars for gift cards to a variety of popular retailers.

Earn \$150 by completing six activities during your plan year:

- Complete three required activities
- Choose and complete three additional activities

\* Embrace Well-being Rewards is only open to the health plan subscriber. Dependents are not eligible to earn \$150 Embrace Well-being dollars.

## Improve your financial well-being

AmeriHealth health plans feature more than medical and prescription drug benefits. Financial stress can impact your overall well-being, so we offer ways to improve your financial health, too.

### Save for college and reduce student loan debt

GradFin\* expert loan analysts conduct free one-on-one consultations to help educate you and your family members on your student loans. You can also take advantage of discounted rates for each of GradFin's three core student loan services, all designed to save you money and improve your financial future.

- **Public Service Loan Forgiveness (PSLF) Program.** The PSLF Program keeps borrowers compliant with federal loan forgiveness programs. You and your family members can participate in this program if employed at a 501(c)<sup>3</sup> nonprofit.
- **Income Driven Repayment (IDR) Membership.** Get guidance on how to navigate the program compliantly and maximize forgiveness. GradFin consultants can help you and your family find the right IDR plan to maximize your savings over the life of the loan and provide estimates on saving for a potential tax liability.
- **Student Loan Refinancing.** GradFin refinances and consolidates student loans through a lending platform made up of 11 lenders to maximize your chances to be approved for a new loan and find the lowest rates.

### Maximize your savings with a health savings account (HSA)

Our HSA-qualified EPO health plans can be paired with a powerful savings tool — an HSA. When you use an HSA, your money works harder, today and tomorrow.

- You can use the funds you put into your account to pay for certain health care expenses, including dental and vision care costs.
- At the federal level, you pay no taxes on the money you put in your account and earn tax-free interest or investment income on those funds.
- Your savings roll over year-to-year and are always yours to keep, even if you change health plans.



## Watch your savings grow over time with an HSA

For example, let's say each year you contribute \$2,000 to your HSA and spend \$1,000 on qualified health expenses. Your savings will grow over time.†

At the end of year 10

Tax savings

**\$3,810.37**

HSA balance

**\$10,949.72**

The above information is for illustrative purposes only. The example assumes a 15 percent tax bracket, 3 percent state taxes, and that the investment choices yield a return of 2 percent. Please consult with your tax advisor for your situation. Return on investment is not guaranteed.

GradFin is not a debt relief services company, lender, loan broker, broker-dealer, registered investment adviser, or insurance agent. Information provided by GradFin does not constitute, nor does GradFin provide, tax, legal, financial, credit counseling, or accounting advice.

\* This is a value-added program and not a benefit under an AmeriHealth health plan and is, therefore, subject to change without notice.

† Investment accounts are optional; monthly fees apply. Investment fees are omitted from the example above.



2024 HEALTH PLANS | **BRONZE**



BRONZE HEALTH PLANS	EPO HSA AmeriHealth Advantage <sup>3</sup> \$25/\$50		EPO HSA AmeriHealth Hospital Advantage <sup>8</sup> \$50/\$75	
	LOCAL VALUE <sup>4</sup>		LOCAL VALUE <sup>4</sup>	
CHOOSE YOUR NETWORK				
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
<b>Deductible</b> — Individual/Family	\$6,000/\$12,000 <sup>5</sup>		\$6,000/\$12,000 <sup>5</sup>	
After deductible, member pays...	30%	50%	50%	
<b>Maximum out-of-pocket</b> — Individual/Family	\$8,000/\$16,000 <sup>6</sup>		\$8,000/\$16,000 <sup>6</sup>	
Primary care visits	\$25 copay, after deductible	\$50 copay, after deductible	\$50 copay, after deductible	
Specialist visits	\$50 copay, after deductible	\$75 copay, after deductible	\$75 copay, after deductible	
Urgent care services	30% coinsurance, after deductible		50% coinsurance, after deductible	
Emergency room	30% coinsurance, after deductible	50% coinsurance, after deductible	50% coinsurance, after deductible	
Outpatient surgery and ambulatory surgical	30% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Inpatient hospital services (including maternity)			\$500 copay per day, up to 5 days, after deductible <sup>9</sup>	
X-rays and diagnostic imaging	50% coinsurance, after deductible		50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible		50% coinsurance, after deductible	
Laboratory <sup>1</sup>	50% coinsurance, after deductible		50% coinsurance, after deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	30% coinsurance, after deductible		\$500 copay per day, up to 5 days, after deductible <sup>9</sup>	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay, after deductible		\$75 copay, after deductible	
Rehabilitation therapy services <sup>2</sup>	\$50 copay, after deductible		\$75 copay, after deductible	
Chiropractic care (30 visits per calendar year)	\$35 copay, after deductible		\$35 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>7</sup></b>		<b>30-DAY SUPPLY<sup>7</sup></b>	
Generic Rx				
Brand Rx	50% coinsurance, after deductible		50% coinsurance, after deductible	
Non-preferred brand Rx				

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.



<b>BRONZE HEALTH PLANS</b>	<b>EPO HSA 50%/50%</b>	<b>EPO \$50/\$75</b>	<b>CATASTROPHIC Simple Saver<sup>11</sup></b>
<b>CHOOSE YOUR NETWORK</b>	<b>LOCAL VALUE<sup>4</sup></b>	<b>LOCAL VALUE<sup>4</sup></b>	<b>LOCAL VALUE<sup>4</sup></b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$6,000/\$12,000	\$3,000/\$6,000	\$9,450/\$18,900
After deductible, member pays...	50%	50%	0%
<b>Maximum out-of-pocket</b> — Individual/Family	\$8,000/\$16,000	\$9,450/\$18,900	\$9,450/\$18,900
Primary care visits	50% coinsurance, after deductible	\$50 copay, after deductible	\$30 copay <sup>12</sup>
Specialist visits	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Urgent care services	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Emergency room	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Outpatient surgery and ambulatory surgical	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient hospital services (including maternity)	50% coinsurance, after deductible	\$500 copay per admission, after deductible	No charge, after deductible
X-rays and diagnostic imaging	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Laboratory <sup>1</sup>	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance, after deductible	\$500 copay per admission, after deductible	No charge, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Rehabilitation therapy services <sup>2</sup>	50% coinsurance, after deductible	\$75 copay, after deductible	No charge, after deductible
Chiropractic care (30 visits per calendar year)	50% coinsurance, after deductible	\$35 copay, after deductible	No charge, after deductible
Durable medical equipment	50% coinsurance, after deductible	50% coinsurance, after deductible	No charge, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>7</sup></b>	<b>30-DAY SUPPLY<sup>7</sup></b>	<b>30-DAY SUPPLY<sup>7</sup></b>
Generic Rx		\$25 copay	
Brand Rx	50% coinsurance, after deductible	50% coinsurance, up to \$250 max, after deductible <sup>10</sup>	No charge, after deductible
Non-preferred brand Rx			

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.





2024 HEALTH PLANS | **SILVER**



\$

	OFF-EXCHANGE ONLY PLAN		OFF-EXCHANGE ONLY PLAN	
<b>SILVER HEALTH PLANS</b>	<b>SELECT EPO AmeriHealth Advantage<sup>3</sup> \$25/\$60</b>		<b>SELECT EPO HSA AmeriHealth Hospital Advantage<sup>8</sup> \$50/\$75</b>	
<b>CHOOSE YOUR NETWORK</b>	<b>LOCAL VALUE<sup>4</sup></b>		<b>LOCAL VALUE<sup>4</sup></b>	
<b>MEDICAL BENEFITS</b>	<b>TIER 1</b>	<b>TIER 2</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Deductible</b> — Individual/Family	\$2,500/\$5,000 <sup>5</sup>		\$2,300/\$4,600 <sup>5</sup> aggregate <sup>14</sup>	
After deductible, member pays...	20%	50%	50%	
<b>Maximum out-of-pocket</b> — Individual/Family	\$9,400/\$18,800 <sup>6</sup>		\$7,800/\$15,600 <sup>6</sup>	
Primary care visits	\$25 copay	\$50 copay, after deductible	\$50 copay, after deductible	
Specialist visits	\$60 copay	\$75 copay, after deductible	\$75 copay, after deductible	
Urgent care services	20% coinsurance, after deductible		\$85 copay, after deductible	
Emergency room	20% coinsurance, after deductible	50% coinsurance, after deductible	\$100 copay, after deductible <sup>15</sup>	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible		20% coinsurance, after deductible	
Inpatient hospital services (including maternity)	50% coinsurance, after deductible		50% coinsurance, after deductible	
X-rays and diagnostic imaging	50% coinsurance, after deductible		50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible		50% coinsurance, after deductible	
Laboratory <sup>1</sup>	No charge, no deductible		No charge, after deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible		20% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	\$60 copay		\$75 copay, after deductible	
Rehabilitation therapy services <sup>2</sup>	\$60 copay		\$75 copay, after deductible	
Chiropractic care (30 visits per calendar year)	\$35 copay		\$35 copay, after deductible	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>7</sup></b>		<b>30-DAY SUPPLY<sup>7</sup></b>	
Generic Rx	\$25 copay		\$10 copay, after deductible	
Brand Rx	50% coinsurance, after \$250 Rx deductible <sup>13</sup>		50% coinsurance, after deductible	
Non-preferred brand Rx	50% coinsurance, after \$250 Rx deductible <sup>13</sup>		50% coinsurance, after deductible	

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.

SILVER HEALTH PLANS	EPO AmeriHealth Advantage <sup>3</sup> \$45/40%		POPULAR PLAN	
	EPO AmeriHealth Advantage <sup>3</sup> \$25/\$60			
CHOOSE YOUR NETWORK	LOCAL VALUE <sup>4</sup>		LOCAL VALUE <sup>4</sup>	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2
<b>Deductible</b> — Individual/Family	\$2,500/\$5,000 <sup>5</sup>		\$2,500/\$5,000 <sup>5</sup>	
After deductible, member pays...	40%	50%	20%	50%
<b>Maximum out-of-pocket</b> — Individual/Family	\$8,250/\$16,500 <sup>6</sup>		\$9,450/\$18,900 <sup>6</sup>	
Primary care visits	\$45 copay	50% coinsurance, after deductible	\$25 copay	\$50 copay, after deductible
Specialist visits	40% coinsurance, after deductible	50% coinsurance, after deductible	\$60 copay	\$75 copay, after deductible
Urgent care services	40% coinsurance, after deductible		20% coinsurance, after deductible	
Emergency room	40% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	40% coinsurance, after deductible		20% coinsurance, after deductible	
Inpatient hospital services (including maternity)	50% coinsurance, after deductible		50% coinsurance, after deductible	
X-rays and diagnostic imaging	50% coinsurance, after deductible		50% coinsurance, after deductible	
Imaging CT, PET scans, MRIs	50% coinsurance, after deductible		50% coinsurance, after deductible	
Laboratory <sup>1</sup>	50% coinsurance, after deductible		No charge, no deductible	
Inpatient treatment — Mental and behavioral health and substance use disorder	40% coinsurance, after deductible		20% coinsurance, after deductible	
Outpatient treatment — Mental and behavioral health and substance use disorder	40% coinsurance, no deductible		\$60 copay	
Rehabilitation therapy services <sup>2</sup>	40% coinsurance, after deductible		\$60 copay	
Chiropractic care (30 visits per calendar year)	40% coinsurance, after deductible		\$35 copay	
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible	
PRESCRIPTION BENEFITS	30-DAY SUPPLY <sup>7</sup>		30-DAY SUPPLY <sup>7</sup>	
Generic Rx	\$20 copay		\$25 copay	
Brand Rx	50% coinsurance, after deductible		50% coinsurance, after deductible	
Non-preferred brand Rx	50% coinsurance, after deductible		50% coinsurance, after \$250 Rx deductible <sup>13</sup>	

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.



\$

SILVER HEALTH PLANS	POPULAR PLAN		EPO AmeriHealth Hospital Advantage <sup>8</sup> \$50/\$75		EPO AmeriHealth Hospital Advantage <sup>8</sup> \$50/\$75	
	CHOOSE YOUR NETWORK		LOCAL VALUE <sup>4</sup>		LOCAL VALUE <sup>4</sup>	
MEDICAL BENEFITS	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2
<b>Deductible</b> — Individual/Family	\$2,200/\$4,400 <sup>5</sup> aggregate <sup>14</sup>		\$2,500/\$5,000 <sup>5</sup>			
After deductible, member pays...	50%		50%			
<b>Maximum out-of-pocket</b> — Individual/Family	\$7,800/\$15,600 <sup>6</sup>		\$9,450/\$18,900 <sup>6</sup>			
Primary care visits	\$50 copay, after deductible		\$50 copay			
Specialist visits	\$75 copay, after deductible		\$75 copay			
Urgent care services	\$85 copay, after deductible		\$85 copay			
Emergency room	\$100 copay, after deductible <sup>15</sup>	50% coinsurance, after deductible	\$100 copay, after deductible <sup>15</sup>	50% coinsurance, after deductible		
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible	50% coinsurance, after deductible	20% coinsurance, after deductible	50% coinsurance, after deductible		
Inpatient hospital services (including maternity)						
X-rays and diagnostic imaging	50% coinsurance, after deductible		50% coinsurance, after deductible			
Imaging CT, PET scans, MRIs						
Laboratory <sup>1</sup>	No charge, after deductible		No charge, after deductible			
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible		20% coinsurance, after deductible			
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay, after deductible		\$75 copay			
Rehabilitation therapy services <sup>2</sup>	\$75 copay, after deductible		\$75 copay			
Chiropractic care (30 visits per calendar year)	\$35 copay, after deductible		\$35 copay			
Durable medical equipment	50% coinsurance, after deductible		50% coinsurance, after deductible			
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>7</sup></b>		<b>30-DAY SUPPLY<sup>7</sup></b>			
Generic Rx	\$10 copay, after deductible		\$20 copay			
Brand Rx	50% coinsurance, after deductible		50% coinsurance, after deductible			
Non-preferred brand Rx						

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.

SILVER HEALTH PLANS	EPO HSA \$50/\$75
CHOOSE YOUR NETWORK	LOCAL VALUE <sup>4</sup> REGIONAL PREFERRED
MEDICAL BENEFITS	IN-NETWORK
<b>Deductible</b> — Individual/Family	\$2,500/\$5,000 aggregate <sup>14</sup>
After deductible, member pays...	50%
<b>Maximum out-of-pocket</b> — Individual/Family	\$7,500/\$15,000
Primary care visits	\$50 copay, after deductible
Specialist visits	\$75 copay, after deductible
Urgent care services	\$85 copay, after deductible
Emergency room	\$100 copay, after deductible <sup>15</sup>
Outpatient surgery and ambulatory surgical	30% coinsurance, after deductible
Inpatient hospital services (including maternity)	\$500 copay per day, up to 5 days, after deductible <sup>9</sup>
X-rays and diagnostic imaging	\$50 copay, after deductible
Imaging CT, PET scans, MRIs	\$100 copay, after deductible
Laboratory <sup>1</sup>	No charge, after deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	\$500 copay per day, up to 5 days, after deductible <sup>9</sup>
Outpatient treatment — Mental and behavioral health and substance use disorder	\$75 copay, after deductible
Rehabilitation therapy services <sup>2</sup>	\$75 copay, after deductible
Chiropractic care (30 visits per calendar year)	\$35 copay, after deductible
Durable medical equipment	50% coinsurance, after deductible
PRESCRIPTION BENEFITS	30-DAY SUPPLY <sup>7</sup>
Generic Rx	\$10 copay, after deductible
Brand Rx	50% coinsurance, after deductible
Non-preferred brand Rx	50% coinsurance, after deductible

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.





2024 HEALTH PLANS | **GOLD**

<b>GOLD HEALTH PLANS</b>	<b>EPO \$30/\$50</b>
<b>CHOOSE YOUR NETWORK</b>	<b>REGIONAL PREFERRED</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>
<b>Deductible</b> — Individual/Family	\$1,700/\$3,400
After deductible, member pays...	20%
<b>Maximum out-of-pocket</b> — Individual/Family	\$7,000/\$14,000
Primary care visits	\$30 copay
Specialist visits	\$50 copay
Urgent care services	\$75 copay
Emergency room	20% coinsurance, after deductible
Outpatient surgery and ambulatory surgical	20% coinsurance, after deductible
Inpatient hospital services (including maternity)	20% coinsurance, after deductible
X-rays and diagnostic imaging	\$50 copay
Imaging CT, PET scans, MRIs	\$100 copay
Laboratory <sup>1</sup>	No charge, no deductible
Inpatient treatment — Mental and behavioral health and substance use disorder	20% coinsurance, after deductible
Outpatient treatment — Mental and behavioral health and substance use disorder	\$50 copay
Rehabilitation therapy services <sup>2</sup>	\$50 copay
Chiropractic care (30 visits per calendar year)	\$35 copay
Durable medical equipment	50% coinsurance, after deductible
<b>PRESCRIPTION BENEFITS</b>	<b>30-DAY SUPPLY<sup>7</sup></b>
Generic Rx	\$10 copay
Brand Rx	50% coinsurance, up to \$150 max, no deductible
Non-preferred brand Rx	50% coinsurance, up to \$150 max, no deductible

All plans are available on- and off-exchange unless otherwise noted. \$ are a guide for plan costs within each metallic tier. Network variations may impact cost. Please see footnotes on page 32.



# Common health insurance terms

**Coinsurance:** The percentage you pay for certain covered services. Example: If your coinsurance is 20 percent, your health plan will pay 80 percent of the cost of covered services, and you will pay the remaining 20 percent.

**Copay or copayment:** The flat fee you pay when you see a doctor or receive other services. Example: A plan's copay to see a primary care physician could be \$20.

**Cost-sharing:** The amount you pay for your health care costs beyond your premium. This includes your copayments, coinsurance fees, and deductible.

**Deductible:** The amount you pay before your health plan starts paying for covered services. Example: If your plan has a \$1,000 deductible, you'll pay the first \$1,000 for covered services you receive. Once you pay this amount, your insurance will pay a portion or all of your covered services, depending on the plan.

**EPO:** Exclusive Provider Organization health plan, which is the type of plan AmeriHealth offers for individuals and families.

**Health savings account (HSA):** An HSA is a type of savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses.

**Out-of-network:** Doctors or health care facilities not included in your health plan network. Our individual and family health plans do not include out-of-network benefits.

**Out-of-pocket maximum:** The most you will have to pay for your health care expenses during a plan period (usually a calendar year). Once you meet your out-of-pocket maximum for the plan period, your health plan will pay for all covered services you receive.

**Premium:** The amount you pay to your insurance company each month for coverage under your health plan. Your premium is separate from the out-of-pocket costs you pay when you use your benefits to receive covered services.

**Tax credit (subsidy):** Financial assistance to help eligible people who buy their own health insurance pay their premium and cost-sharing expenses (deductibles, copays, coinsurance).

# Purchase ACA-compliant dental coverage

Good oral health is about more than healthy teeth. Regular preventive dental care is crucial and can detect more serious conditions like heart disease and oral cancer.

AmeriHealth offers affordable dental plan options that encourage prevention and treatment of conditions before they become more costly issues.<sup>1</sup>



**Freedom to see any dentist**



**Save the most by seeing an in-network provider**



**No referrals needed**



**NEW** Enrolled members will be eligible for 3 cleanings per year

## Dental plan options

PLAN NAME	PEDIATRIC ONLY	PEDIATRIC WITH ADULT PREVENTIVE	FAMILY PLUS DENTAL
<b>ELIGIBLE</b>	<b>AGES 0 – 18</b>	<b>ALL FAMILY MEMBERS</b>	<b>ALL FAMILY MEMBERS</b>
Pediatric deductible	\$75	\$75	\$75
Adult deductible	N/A	\$0	\$50
Pediatric annual maximum	Unlimited	Unlimited	Unlimited
Adult annual maximum	N/A	\$1,000	\$1,500
Pediatric out-of-pocket maximum (in-network benefit <sup>3</sup> )	\$400 for 1 child/\$800 for 2 or more children		

## Find dental providers

Visit [amerihealth.com/dental](https://amerihealth.com/dental) to find providers in the Advantage Plus 2.0 national network.

Please see footnotes on page 33.

## Covered benefits<sup>2</sup>

PLAN NAME	PEDIATRIC ONLY <sup>4</sup>	PEDIATRIC WITH ADULT PREVENTIVE <sup>4</sup>	FAMILY PLUS DENTAL <sup>4</sup>
<b>PREVENTIVE SERVICES<sup>3</sup></b>			
Exams/evaluations, cleanings, X-rays	No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
Fluoride treatments, sealants, space maintainers	No charge, not subject to deductible	Covered only for children ages 0 –18; No charge, not subject to deductible	Covered only for children ages 0 –18; No charge, not subject to deductible
<b>BASIC SERVICES<sup>3</sup></b>			
Fillings (amalgam restorations – metal; resin-based composite restorations – white)			
Oral surgery (simple and surgical extractions)			
Root canals (endodontic therapy and services)	50%, after deductible	Covered only for children ages 0 –18; 50%, after deductible	80%, after deductible; <i>Members ages 19 and older: 6-month waiting period</i>
Surgical and non-surgical periodontics and maintenance			
General anesthesia, nitrous oxide, and/or IV sedation			
<b>MAJOR SERVICES<sup>3</sup></b>			
Crowns, inlays, onlays, and dentures			
Complete or fixed partial dentures (prosthetics)	50%, after deductible	Covered only for children ages 0 –18; 50%, after deductible	50%, after deductible; <i>Members ages 19 and older: 12-month waiting period</i>
Implants <sup>5</sup>	Not covered	Not covered	Not covered
<b>ORTHODONTIA<sup>3</sup></b>			
Medically necessary orthodontia	Covered only for children ages 0 –18; 50%, not subject to deductible		
Cosmetic orthodontia	Not covered	Not covered	Not covered
<b>RATES (PER MEMBER PER MONTH)*</b>			
Ages 0 – 18 <sup>3</sup>	\$27.05	\$15.87	\$20.96
19 – 25	N/A	\$15.87	\$20.96
26 – 39	N/A	\$16.87	\$22.27
40 – 49	N/A	\$19.84	\$26.19
50 – 63	N/A	\$23.32	\$30.78
64 and older	N/A	\$23.81	\$31.43

\* Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

# Add adult vision care benefits

Routine eye exams can help protect your sight and detect serious and costly medical conditions like high blood pressure and diabetes.

Administered by Davis Vision®, our adult vision care plans go beyond eye exams and eyewear. You'll have access to a robust network, low out-of-pocket costs, and a variety of value-added services to meet your needs.

Note: All medical plans include pediatric vision care for members younger than 19. For these members, there is new enhanced coverage for contacts, including no copay for evaluation/fitting for standard contacts and up to \$60 allowance with 15% discount for specialty and disposable contacts.

## Adult coverage includes:

- National network of more than 131,000 access points, including Visionworks
- Davis Vision Exclusive Collection frames for low or no additional out-of-pocket costs
- Exclusive \$50 frame allowance enhancement at Visionworks<sup>2</sup>
- Interactive frame try-on tool so you can see what Exclusive Collection frames look like from home<sup>4</sup>
- Convenient online in-network shopping options, including [1800Contacts.com](https://www.1800contacts.com), [Glasses.com](https://www.glasses.com), and [Befitting.com](https://www.befitting.com)
- Fixed copays on all lens styles and coatings, keeping costs easier to understand and transparent
- Fully-covered hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

## Spectacle lens options

Depending on the plan you choose, these lens options are either covered in full or with a fixed out-of-pocket cost at an in-network provider:

- Fashion and gradient tinting of plastic lenses
- Scratch-resistant coating
- Hi-index lenses
- Polarized lenses
- Progressive lenses (standard/premium/ultra/ultimate)
- Anti-reflective coating (standard/premium/ultra/ultimate)
- Blue light lenses
- Polycarbonate lenses<sup>5</sup>
- Scratch protection plan single vision
- Ultraviolet coating

Please see footnotes on page 33.

## Covered benefits<sup>2</sup>

<b>VISION CARE 100</b>	<b>\$100/\$150*<sup>3</sup></b>	<b>\$130/\$180*<sup>3</sup></b>	<b>\$150/\$200*<sup>3</sup></b>
<b>FREQUENCIES</b>			
Eye exam <sup>6</sup>	12 months		
Spectacle lenses/frames	12 months/12 months		
Contact lenses	12 months		
<b>COPAYS*</b>			
Eye exam/spectacle lenses	\$0/\$0	\$0/\$0	\$0/\$0
<b>FRAMES*</b>			
Non-Collection frame allowance (retail) <sup>†</sup>	Up to \$100 or up to \$150 at Visionworks, plus 20% off any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off any overage
Davis Vision Exclusive Collection in lieu of allowance	Fashion: \$0 Designer: \$15 Premier: \$40	Fashion: \$0 Designer: \$0 Premier: \$25	Fashion: \$0 Designer: \$0 Premier: \$0
<b>CONTACT LENSES*</b>			
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 8 boxes/multipack; Planned replacement: 4 boxes/multipack
Collection evaluation, fitting, follow-up care	Covered	Covered	Covered
Non-Collection contact lenses materials allowance <sup>†</sup>	Up to \$100, plus 15% off any overage	Up to \$130, plus 15% off any overage	Up to \$150, plus 15% off any overage
Non-Collection evaluation, fitting, and follow-up care; standard and specialty lens types	15% discount	Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount	Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount
<b>TIERED PREMIUM RATES<sup>‡</sup></b>			
	<b>MONTHLY</b>	<b>MONTHLY</b>	<b>MONTHLY</b>
Single	\$10.50	\$11.90	\$13.00
Subscriber and Spouse	\$21.00	\$23.80	\$26.00
Parent and Child	\$21.00	\$23.80	\$26.00
Parent and Children	\$21.00	\$23.80	\$26.00
Family	\$31.50	\$35.70	\$39.00

\* All benefits displayed are in-network only. Please see your benefit booklet for out-of-network benefits.

† Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.

‡ Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.



# Health plan footnotes

All plans within this brochure reflect member cost-sharing. The benefits summaries in this brochure represent only a partial listing of benefits of the health plans. Benefits and exclusions may be further defined by medical policy. These managed care plans may not cover all your health care expenses. If you need more information, please contact your broker or call **1-855-832-2009**.

## Network options footnotes:

1. AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
2. AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at Tier 1 hospitals and facilities. Members can also access Tier 2 hospitals and facilities within the Local Value network.
3. Data is derived from analysis of information provided by a third-party vendor and is subject to change.
4. The service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area including: Northampton, Lehigh, Bucks, Berks, Montgomery, Philadelphia, Delaware, Chester, and Lancaster.

## Medical footnotes:

1. Laboratory Corporation of America<sup>®</sup> Holdings (Labcorp) is AmeriHealth's exclusive outpatient laboratory provider. To find your closest patient service center location, visit [labcorp.com](http://labcorp.com).
2. Members can utilize 30 visits per therapy per calendar year.
3. AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage members can also access Tier 2 providers within the Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.
4. The Local Value network is not available in Hunterdon County.
5. Deductible is combined for Tier 1 and Tier 2.
6. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
7. Prescription mail order benefit is available at 2x applicable cost-sharing for a 90-day supply.
8. AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at Tier 1 hospitals and facilities. Members can also access Tier 2 hospitals and facilities within the Local Value network.
9. Copay is required per day, up to a maximum of 5 days per admission.
10. The maximum applies prior to the deductible being met.
11. Catastrophic plans are only available for qualified individuals.
12. \$30 copay, no deductible for the first 3 visits per calendar year, then remaining visits covered at no charge, after deductible.
13. \$250 Rx deductible per person.
14. Individual deductible not applicable in policies covering 2 or more people.
15. Emergency room copay waived if admitted.

## Dental footnotes:

1. AmeriHealth dental plans are administered by United Concordia Companies, Inc.
2. This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.
3. If you choose to use an out-of-network dentist, you may pay the difference between the amount the plan pays and the amount charged by the out-of-network dentist.
4. Pediatric dental benefits only cover members up to age 19. Be sure to purchase a dental care plan that provides benefits for anyone ages 19 and older in your family who needs coverage.
5. Implants are covered for children younger than 19 for certain conditions.

## Vision footnotes:

1. Administered by Davis Vision®.
2. An AmeriHealth affiliate has a financial interest in Visionworks.
3. Adult Vision Care plans cover members ages 19 and older, as well as child dependents ages 19 to 26. Vision benefits for members younger than 19 are included in the medical plans. The chart reflects your in-network benefits. Please see your benefit booklet for your out-of-network coverage.
4. The website for the try-on feature is <https://microsite.versanthealth.com/default/tryonframes>.
5. Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
6. Inclusive of dilation when professionally indicated.











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