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:

- **Unlimited visits to your primary care provider (PCP)**
  Quality coverage for doctor visits (no referrals necessary), emergency room care, and other health services.
- **$0 copay Virtual Care 24/7 (Telehealth)**
  Connects you to virtual care 24 hours a day, seven days a week, for health care you need that is not an emergency, at no cost.
- **Access to specialists without a referral**
  Get care for your individual needs. Just find an in-network specialist and make an appointment. No PCP referrals are necessary.
- **And more!**
  Enjoy a free WW® (formerly Weight Watchers®) membership. Plus, with the Healthy Rewards program, you can get a Visa rewards card just for completing healthy activities.

As a member, you can:

Choose a provider and pharmacy that work for you.

Use the provider directory to find a provider and learn what to do in a medical emergency. Or use the pharmacy directory to get the prescriptions you need — even when you're out of state!

Stay connected through the Member Portal and mobile app.

Use the Member Portal to stay on top of your health. This easy-to-use, secure website lets you access your health records, change your PCP, get benefit details and prescription history, and more. Or get access on the go with our secure mobile app.

Get help on the phone.

Call to ask about your covered benefits, get help finding a provider or specialist, or find out anything else you want to know about your health plan.

Enjoy additional benefits.

Get no-cost additional benefits like diabetes education, pre- and postnatal care, and the maternity program. Plus, bilingual staff can help with scheduling visits.

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 page 2.

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.

DED = deductible Mktpl = Marketplace

Plan	BRONZE Essential	BRONZE Signature	BRONZE Premier	SILVER Essential	SILVER Signature	SILVER Premier	SILVER Off-Mktpl High	SILVER Off-Mktpl Low	GOLD Signature	GOLD Premier
Individual deductible	$10,600	$7,500	$3,850	$6,100	$6,000	$400	$2,750	$5,500	$2,000	$950
Family deductible	$21,200	$15,000	$7,700	$12,200	$12,000	$800	$5,500	$11,000	$4,000	$1,900
Individual out-of-pocket	$10,600	$10,000	$10,600	$9,000	$8,900	$10,200	$10,600	$10,600	$8,300	$8,500
Family out-of-pocket	$21,200	$20,000	$21,200	$18,000	$17,800	$20,400	$21,200	$21,200	$16,600	$17,000
Coinsurance	0%	50%	50%	35%	40%	50%	30%	30%	25%	20%
Primary care*	$25 before DED (first 4 visits). Then $0 after DED.	$50 before DED	$40 before DED	$25 before DED	$40 before DED	$50 before DED	$35 before DED	$40 before DED	$30 before DED	$15 before DED
Specialist care*	$0 after DED	$100 before DED	$100 before DED	$70 before DED	$80 before DED	$110 before DED	$70 before DED	$80 before DED	$60 before DED	$45 before DED
Urgent care	$75 before DED	$75 before DED	$75 before DED	$45 before DED	$60 before DED	$75 before DED	$45 before DED	$45 before DED	$45 before DED	$45 before DED
Emergency care	$0 after DED	50% after DED	50% after DED	35% after DED	40% after DED	50% after DED	30% after DED	30% after DED	25% after DED	20% after DED
Inpatient hospital*	$0 after DED	50% after DED	50% after DED	35% after DED	40% after DED	50% after DED	30% after DED	30% after DED	25% after DED	20% after DED
Generic drugs*	$25 before DED	$25 before DED	$25 before DED	$25 before DED	$20 before DED	$25 before DED	$15 before DED	$15 before DED	$15 before DED	$15 before DED
Preferred brand drugs*	$0 after DED	$50 after DED	$50 after DED	$60 before DED	$40 before DED	$40 before DED	$60 before DED	$60 before DED	$30 before DED	$60 before DED
Non-preferred brand drugs*	$0 after DED	$100 after DED	$100 after DED	$125 after DED	$80 after DED	$80 before DED	$125 after DED	$125 after DED	$60 before DED	$125 after DED
Specialty drugs*	$0 after DED	$150 after DED	$150 after DED	$150 after DED	$125 after DED	$150 after DED	$150 after DED	$150 after DED	$100 before DED	$150 after DED

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.