



2020

Consumer Plan Changes

Below are high-level changes that were made to our current portfolio.

IHC Bronze EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2019	2020
Deductible	\$3,000	\$3,450
Out-of-pocket maximum	\$6,750	\$6,900
Rehabilitation therapy services	\$65 After deductible	\$70 After deductible
IHC Bronze EPO HSA AmeriHealth Advantage \$25/\$50	2019	2020
Deductible	\$3,000	\$3,450
Out-of-pocket maximum	\$6,750	\$6,900
IHC Silver HMO \$50/\$75	2019	2020
Out-of-pocket maximum	\$7,400	\$8,100
Rehabilitation therapy services	\$65	\$70
Generic drug	\$10	\$15
IHC Select Silver HMO \$50/\$75	2019	2020
Out-of-pocket maximum	\$7,900	\$8,000
Rehabilitation therapy services	\$65	\$70
Generic drug	\$10	\$15
IHC Silver EPO HSA \$50/\$75	2019	2020
Out-of-pocket maximum	\$5,000	\$6,000
Rehabilitation therapy services	\$65 After deductible	\$70 After deductible
IHC Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2019	2020
Out-of-pocket maximum	\$6,750	\$6,900
Rehabilitation therapy services	\$65 After deductible	\$70 After deductible
IHC Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2019	2020
Out-of-pocket maximum	\$6,750	\$6,900
Rehabilitation therapy services	\$65 After deductible	\$70 After deductible
IHC Silver EPO AmeriHealth Advantage \$25/\$50	2019	2020
Out-of-pocket maximum	\$7,500	\$8,150
IHC Select Silver EPO AmeriHealth Advantage \$25/\$50	2019	2020
Out-of-pocket maximum	\$7,900	\$8,100
IHC Silver EPO \$50/\$75 <i>2019 Plan Name: IHC Silver EPO \$30/\$70</i>	2019	2020
Out-of-pocket maximum	\$7,500	\$7,800
Primary care visit	\$30	\$50
Specialist visit	\$70	\$75
Rehabilitation therapy services	\$65	\$70

This is not a complete listing of benefits and cost-sharing. Please refer to your benefit booklet for more information.

2020 Consumer Plan Changes continued

IHC Gold EPO \$30/\$50 <small>2019 Plan Name: IHC Gold EPO \$30/\$50/20% Coins</small>	2019	2020
Deductible	\$1,000	\$1,500
Out-of-pocket maximum	\$5,000	\$5,500
IHC Gold HMO \$15/\$30	2019	2020
Out-of-pocket maximum	\$5,000	\$5,500
IHC Simple Saver	2019	2020
Deductible	\$7,900	\$8,150
Out-of-pocket maximum	\$7,900	\$8,150

This is not a complete listing of benefits and cost-sharing. Please refer to your benefit booklet for more information.



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