

Medical Plan

AmeriHealth Administrators



AmeriHealth Administrators HDHP

Medical Benefit	In Network	Out-of-Network
Calendar Year Deductible		
Individual	\$1,500	\$4,000
Family	\$2,500	\$8,000
Coinsurance	Plan pays 80%	Plan pays 60%
Out-of-Pocket Max*		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Primary Care Physician (PCP) Office Visit	\$25 copay	Plan pays 60% after deductible
Specialist Office Visit	\$50 copay	Plan pays 60% after deductible
Preventive Care	Plan pays 100% - NO deductible	Plan pays 60% after deductible
Urgent Care	\$50 copay	Plan pays 80% after deductible
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 60% after deductible
Diagnostic Laboratory	100% at Participating Lab/Office Setting 80% after deductible (outpatient facility)	Plan pays 60% after deductible
Diagnostic X-Ray	\$50 copay (free standing Radiology Center) 80% after deductible (outpatient facility)	Plan pays 60% after deductible
Complex Radiology	\$100 copay (free standing Radiology Center) 80% after deductible (outpatient facility)	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Telemedicine (Virtual Visit)	\$20 copay	Plan pays 60% after deductible
Emergency Room	Plan pays 80% after deductible	Plan pays 80% after deductible

* Medical deductible, coinsurance and copays apply to the plan out-of-pocket maximum.

