



## AmeriHealth New Jersey Dental Plans

### Healthier mouth, healthier life.

Good oral health can have a direct impact on your overall health and wellness. That's why AmeriHealth New Jersey offers several dental plan options for you to pair with your medical benefits.<sup>1</sup>

You have the freedom to see any dentist but can save on out-of-pocket costs by choosing a dentist in the Advantage Plus 2.0 network. Plus, you'll never need a referral to visit a provider.

BENEFIT <sup>2</sup>	IHC Pediatric Dental	IHC Pediatric Dental with Adult Preventive	
	AGES 0-18 (Benefits through end of contract year in which member reaches age 19)	AGES 0-18 (Benefits through end of contract year in which member reaches age 19)	AGE 19+
DEDUCTIBLE	\$75 per member	\$75 per member	\$0
ANNUAL MAXIMUM	In network: none Out of network: \$1,000	In network: none Out of network: \$1,000	\$1,000
OUT OF POCKET MAXIMUM	\$350 for 1 member \$700 for 2+ members	\$350 for 1 member \$700 for 2+ members	n/a
Preventive and Diagnostic	No charge, not subject to deductible - exams and cleanings - X-rays and fluoride - sealants and space maintainers	No charge, not subject to deductible - exams and cleanings - X-rays and fluoride - sealants and space maintainers	No charge for exams, cleanings, and X-rays
Basic	50%, after deductible	50%, after deductible	Not covered
Major			Not covered
Medically Necessary Orthodontia	50%, not subject to deductible	50%, not subject to deductible	N/A

RATES (PER MEMBER PER MONTH)			
Age 0-18 <sup>3</sup>	\$21.11	\$14.87	\$14.87
All 19+	N/A		

To find a dental provider, visit [amerihealthnj.com/dental](http://amerihealthnj.com/dental).

**Important tip:** Since pediatric dental benefits only cover up to age 19, be sure to purchase a dental care plan that provides benefits for anyone age 19 and older in your family who needs coverage.

<sup>1</sup> AmeriHealth New Jersey dental plans are administered by United Concordia.

<sup>2</sup> 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.

<sup>3</sup> 0-18 rate capped at 3 members < 19.



## AmeriHealth New Jersey Adult Vision Plans

### The clear solution to your vision care needs

Choose AmeriHealth New Jersey Adult Vision Care<sup>1</sup> to save on out-of-pocket costs and get access to eye exams, eyeglasses, contacts, and value-added discounts. Routine eye exams help keep you seeing clearly and can help detect more serious medical conditions like diabetes, hypertension, and heart disease. That's why AmeriHealth New Jersey offers several vision plan options for you to pair with your medical benefits.

### Benefits of AmeriHealth New Jersey Adult Vision Plans:

- **Unlimited frame selection.** Use your frame allowance at any network location, including Visionworks<sup>2</sup>, toward any frame on the market today.
- **Fully covered designer brands.** Choose any frame from the Exclusive Frame Collection, featuring over 200 of the latest stylish, contemporary frames covered in full, or with a minimal copay.
- **One-year warranty.** Every frame or lens purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.
- **Contact lenses replacement.** [DavisVisionContacts.com](http://DavisVisionContacts.com) will ship replacement contact lenses or solution anywhere the same day, with low prices guaranteed.<sup>3</sup>
- **Value-added vision correction discounts.** Laser Vision Correction gives you up to 25 percent off the participating provider's usual and customary fees, or 5 percent off any participating provider's advertised specials on laser vision correction services.
- **Online account management.** Use our member website, [amerihealthexpress.com](http://amerihealthexpress.com), to check eligibility, locate a participating provider, view the Davis Vision Collection of frames, and manage your vision coverage.

BENEFIT	Adult Vision Care 100	Adult Vision Care 150	Adult Vision Care 180
Eye Exam, once every calendar year	No charge, no deductible (in network)	No charge, no deductible (in network)	No charge, no deductible (in network)
Eyeglasses	Standard lenses: fully covered	Standard lenses: fully covered	Standard lenses: fully covered
	Davis Vision frames: fashion - \$0 designer - \$15 premier - \$40	Davis Vision frames: fashion - \$0 designer - \$0 premier - \$0	Davis Vision frames: fashion - \$0 designer - \$0 premier - \$25
	Participating provider frame collection: up to \$100 allowance, plus a 20% discount on any overage	Participating provider frame collection: up to \$150 allowance, plus a 20% discount on any overage	Participating provider frame collection: up to \$130 allowance, plus a 20% discount on any overage
Contact lenses (instead of glasses)	Up to \$100 allowance, plus a 15% discount on any overage	Up to \$150 allowance, plus a 15% discount on any overage	Up to \$130 allowance, plus a 15% discount on any overage
Additional Visionworks frame option	N/A	N/A	Up to \$180 allowance, plus a 20% discount on any overage at Visionworks locations nationwide

RATES (MONTHLY)			
1 adult	\$13.21	\$20.56	\$11.90
2 adults	\$26.41	\$41.12	\$23.80
3 or more adults	\$39.62	\$61.68	\$35.70

To find a vision provider, visit [amerihealthnj.com/vision](http://amerihealthnj.com/vision).

**Important tip:** Adult Vision Care plans cover members 19 and older, as well as child dependents age 19 to 26. Vision benefits for members under 19 are included in IHC Medical plans.

<sup>1</sup> Administered by Davis Vision.

<sup>2</sup> An AmeriHealth New Jersey affiliate has a financial interest in Visionworks.

<sup>3</sup> [DavisVisionContacts.com](http://DavisVisionContacts.com) can ship anywhere in the U.S., including Hawaii and Alaska. Shipping outside of the United States, including Puerto Rico, is not available at this time.

## Language Taglines and Nondiscrimination Notice

### Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية, فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíłnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

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# Language Taglines and Nondiscrimination Notice

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.