

# Edward Kurth & Sons, Inc

## 2026 AmeriHealth Renewal

### Effective Date: 01/01/2026

AmeriHealth Plan Names	AmeriHealth New Jersey SEH Select Gold EPO AmeriHealth Advantage LV \$20/\$40	AmeriHealth New Jersey SEH Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	AmeriHealth New Jersey SEH Select Bronze EPO HSA AmeriHealth Advantage RP with NY \$25/\$50
Single	\$991.66	\$821.47	\$579.24
Employee + Spouse	\$1,983.32	\$1,642.94	\$1,158.49
Employee + Ch(ren)	\$1,943.65	\$1,610.08	\$1,135.32
Family	\$2,915.48	\$2,415.12	\$1,702.97
<b>In-Network Benefits</b>			
Deductible (Individual/Family)	\$1,800 / \$3,600	\$2,850 / \$5,700	\$6,000 / \$12,000
Coinsurance	Tier 1: 20%, Tier 2: 50%	Tier 1: 10%, Tier 2: 50%	Tier 1: 30%, Tier 2: 50%
Out-of-Pocket Maximum (Ind/Family)	\$7,700 / \$15,400	\$7,000 / \$14,000	\$8,450 / \$16,900
<b>Physician Services</b>			
Routine Office Visit	Tier 1: \$20, Tier 2: \$50	\$50 after deductible	Tier 1: \$25 after deductible, Tier 2: \$50 after deductible
Specialist Office Visit	Tier 1: \$40, Tier 2: \$75	\$75 after deductible	Tier 1: \$50 after deductible, Tier 2: \$75 after deductible
<b>Diagnostic Services</b>			
Outpatient Lab (Freestanding/Hospital-based)	\$0	\$0 after deductible	50% after deductible
Outpatient X-Ray (Freestanding/Hospital-based)	20% after deductible	50% after deductible	50% after deductible
MRI,CT, Pet Scan (Freestanding/Hospital-based)	20% after deductible (pre-approval required)	50% after deductible (pre-approval required)	50% after deductible (pre-approval required)
<b>Emergency Services</b>			
Urgent Care	\$75	10% after deductible	30% after deductible
Emergency Room	\$100	Tier 1: 10% after deductible, Tier 2: 50% after deductible	Tier 1: 30% after deductible, Tier 2: 50% after deductible
<b>Hospital/Surgery</b>			
Outpatient Surgery	Tier 1: 20% after deductible, Tier 2: 50% after deductible	Tier 1: 10% after deductible, Tier 2: 50% after deductible	Tier 1: 30% after deductible, Tier 2: 50% after deductible
Inpatient Hospital Services	Tier 1: 20% after deductible (pre-approval required), Tier 2: 50% after deductible (pre-approval required)	Tier 1: 10% after deductible (pre-approval required), Tier 2: 50% after deductible (pre-approval required)	Tier 1: 30% after deductible (pre-approval required), Tier 2: 50% after deductible (pre-approval required)
<b>Medical Devices</b>			
Durable Medical Equipment	50% after deductible	50% after deductible	50% after deductible
<b>Out-of-Network Benefits</b>			
Deductible (Individual/Family)	N/A / N/A	N/A / N/A	N/A / N/A
Coinsurance	N/A	N/A	N/A
Out-of-Pocket Maximum (Ind/Family)	N/A / N/A	N/A / N/A	N/A / N/A
<b>Prescription Drugs</b>			
Rx Deductible	In Network: None	In Network: Integrated	In Network: Integrated
Copay 1	\$20	\$15 after deductible	50% after deductible - \$125 max
Copay 2	\$40	50% after deductible - \$125 max	50% after deductible - \$125 max
Copay 3	\$75	50% after deductible - \$125 max	50% after deductible - \$125 max
Copay 4	None	None	50% after deductible - \$125 max
Specialty	\$75/\$150	50% - \$125 max/50% - \$250 max after deductible	50% - \$125 max/50% - \$250 max after deductible
Mail Order	\$40/\$80/\$150	\$30/50% - \$250 max/50% - \$250 max after deductible	50% - \$250 max after deductible

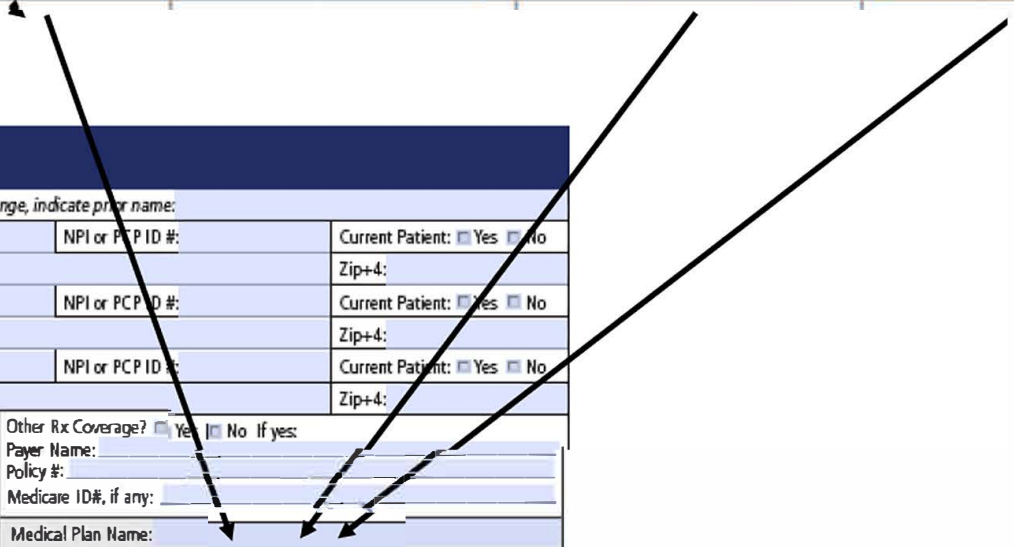
# Enter Plan Name on Page 2 of the Membership Application

**Edward Kurth & Sons, Inc**  
**AmeriHealth Medical Plan Options**  
**Effective Date: 01/01/2026**

<u>Plan Name For AmeriHealth Application</u>	Gold Local Value		Silver Hospital Advantage HSA	Bronze Regional Preferred HSA
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## Page 2 of the Membership Application

Small Group Member Coverage Application			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Continuation <input type="checkbox"/> Other Change – If a name change, indicate prior name:			
Activity	Primary Loc #:	NPI or PCP ID #:	Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:		Zip+4:
	Ob/Gyn Loc #:	NPI or PCP ID #:	Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:		Zip+4:
	Dentist Loc #:	NPI or PCP ID #:	Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:		Zip+4:
Other Health Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:		Other Rx Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:	
Payer Name:		Payer Name:	
Policy #:		Policy #:	
Medicare ID#, if any:		Medicare ID#, if any:	
C. Plan Option – to be completed by the Employee		Medical Plan Name:	
D. Other Individuals Covered – Identify individuals other than yourself for whom you are adding/changing/moving coverage. Attach additional pages if necessary, dated and signed by you. Attach proof of disability.			



## Health plans that focus on affordability

With our AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans, small employers can offer options that focus on high-quality care and affordability. These plans have tiered benefits so members can save even more when they get care from Tier 1 providers.

### Cost-saving tiered benefits

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

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

- Lowest out-of-pocket costs when members use Tier 1 doctors and hospitals
- Tier 2 available through the Local Value or Regional Preferred with NY network
- Combined deductible and maximum out-of-pocket

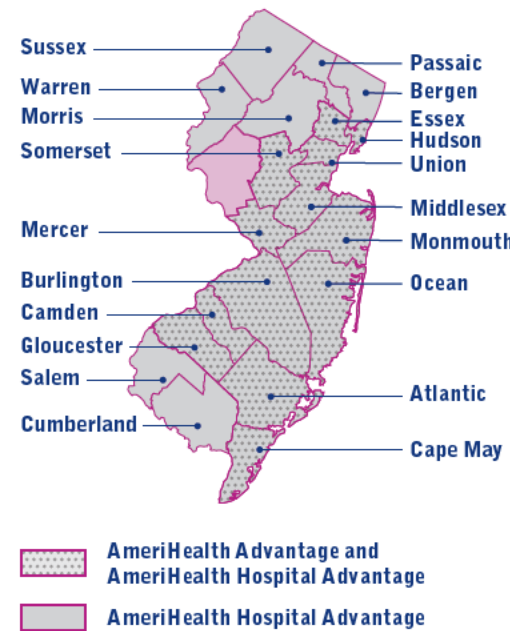
#### AmeriHealth Hospital Advantage<sup>2</sup>

- Lowest out-of-pocket costs when members use Tier 1 hospitals and facilities for hospital and facility services
- Tier 2 available through the Local Value network
- Combined deductible and maximum out-of-pocket

These products are only available in certain counties. Refer to the map to see if they are available where your small employer is headquartered.



Tier 1      Tier 2



## Benefits of AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans

- Simple and easy to use
- Lower monthly premiums
- Lower deductibles and out-of-pocket costs
- No referrals needed

Please see page 46 for footnotes for AmeriHealth Advantage and AmeriHealth Hospital Advantage health plans.

\* 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

AmeriHealth has a variety of networks so small employers can choose the one that best fits their needs and budget.

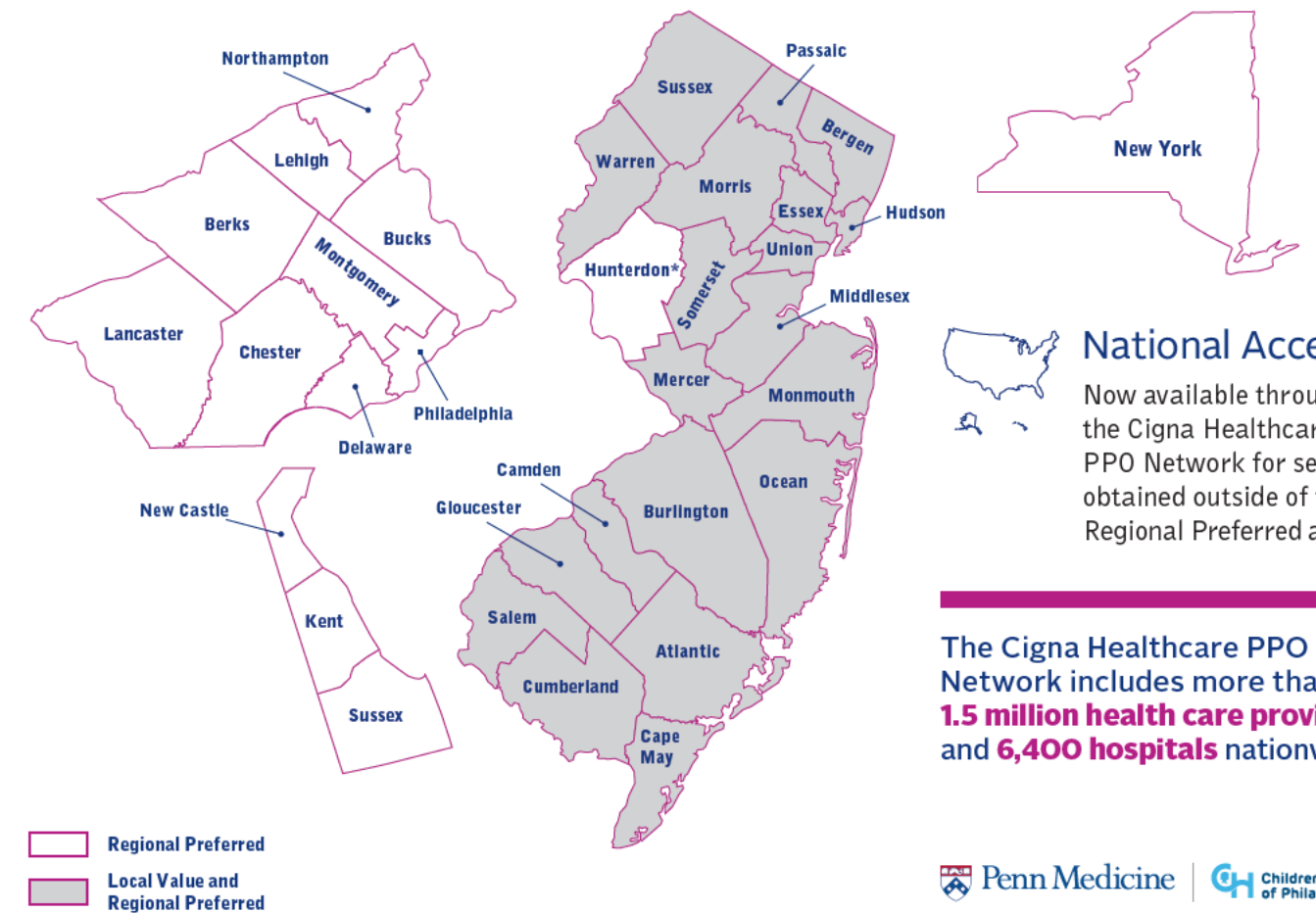
Our networks differ based on geography and which doctors, hospitals, and other health care providers participate in the network. No matter what network members have, they always have access to providers across the State of New Jersey. We make it easy for members to find in-network doctors and hospitals through our Provider Finder tool. Log in at [amerihealth.com](http://amerihealth.com).

### Regional Preferred

The Regional Preferred network is one of the largest networks of doctors and hospitals in the State of New Jersey.<sup>1</sup> Members have access to in-network health care providers in New Jersey, Southeastern Pennsylvania, Delaware, and New York.<sup>2,3</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 the State of New Jersey.



**National Access**  
Now available through the Cigna Healthcare PPO Network for services obtained outside of the Regional Preferred area.<sup>3,4</sup>

The Cigna Healthcare PPO Network includes more than **1.5 million health care providers** and **6,400 hospitals** nationwide.



Penn Medicine and Children's Hospital of Philadelphia are included in these networks.

Please see page 46 for Network options footnotes.

\* Health plans that use the Local Value network are not available for purchase for employers headquartered in Hunterdon County.

Plan Name For AmeriHealth Application	Gold Local Value		Silver Hospital Advantage HSA	Bronze Regional Preferred HSA
AmeriHealth Plan Names	AmeriHealth New Jersey SEH Select Gold EPO AmeriHealth Advantage LV \$20/\$40		AmeriHealth New Jersey SEH Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	AmeriHealth New Jersey SEH Select Bronze EPO HSA AmeriHealth Advantage RP with NY \$25/\$50

### Local Value plans

To find providers within your Local Value plan, select from below:

Local Value EPO/PPO — Employer/Group Network

- [Find a provider](#)

### Advantage plans

To find providers within your Advantage plan, select from below:

AmeriHealth Advantage — Employer/Group Network

- [Find a provider](#)

AmeriHealth Hospital Advantage — Employer/Group Network

- [AmeriHealth Hospital Advantage — Employer/Group Network](#)

### Regional Preferred plans

To find providers within your Regional Preferred plan, select from below:

Regional Preferred EPO/PPO Network

- [New Jersey, Delaware, or Southeastern Pennsylvania provider search](#)
- [New York State provider search](#)
- [Labcorp location search](#)

### Find a Doctor or Facility

<https://amerihealth.com/get-care/find-doctors-and-hospitals/employer-plans.html>