

Deptford Township Board of Education

Vision Benefits – Active Employees



NJ Educators Health Plan (NJEHP) & Garden State Plan (GSP)	In Network	Out of Network
Eye Exam (1 exam/plan year)	\$15 Copay	Not Covered
Vision Hardware Reimbursement	Not Applicable	

AmeriHealth PPO \$10 Copay	In Network	Out of Network
Eye Exam (1 exam/plan year)	\$10 Copay	\$10 Copay
Vision Hardware Reimbursement	\$50 combined In and Out of Network (Limited to once every two plan years)	

AmeriHealth PPO \$20/\$40 Copay	In Network	Out of Network
Eye Exam (1 exam/plan year)	\$20 Copay	\$20 Copay
Vision Hardware Reimbursement	\$50 combined In and Out of Network (Limited to once every two plan years)	

Need help finding a participating provider?

To find a participating provider, please call AmeriHealth Administrators at **844.352.1706** or visit **www.myahabenefits.com**

