

Delaware Valley Health Trust

Kent County Levy Court

*Aetna Open Choice PPO
LOW Plan – 90%/70%
(July 1, 2018 – June 30, 2019)*

DVHT HRA HDHP PPO 90 \$5,000/\$10,000, 70% out of network, with a \$20 generic/\$60 brand/\$80 non- preferred pharmacy

Benefits Summary	In network	Out of network
Deductible (Kent County Levy Court funds 100% of the deductible)	\$5,000 individual/\$10,000 family	\$5,000 individual/\$10,000 family
Out of Pocket Maximum	\$7,150 individual/ \$14,300 family	\$10,000 individual/\$20,000 family
Primary Care Physician	\$20 copay, no deductible	70%, after deductible
Specialist Office Visit	\$40 copay, no deductible	70%, after deductible
Preventive Care/Screening/Immunization (includes physical exams, adult immunizations, colorectal cancer screening, routine gynecological exams, routine mammograms, PSA tests, routine pediatric physical exams and immunizations)	100%, no copay, no deductible	70%, after deductible
Hospitalization Inpatient	90%, after deductible	70%, after deductible
Hospitalization Outpatient	90%, after deductible	70%, after deductible
Maternity (non-preventive facility & professional services)	90%, after deductible	70%, after deductible
Medical/Surgical (except office visits)	90%, after deductible	
Ambulatory Surgery	90%, after deductible	70%, after deductible
Anesthesia	100%, after deductible	
Emergency Room	\$250 copay per visit (waived if admitted), no deductible	
Ambulance	90%, after deductible	
Urgent Care Facility	\$50 copay	70%, after deductible

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Benefits Summary	In network	Out of network
Chiropractic Care	90%, after deductible. Up to 30 visits per benefit period. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Cardiac Rehabilitation	\$40 copay, no deductible. Limit: 3 sessions a week and 3 months of treatment. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Chemotherapy and Radiation Therapy	90%, after deductible	70%, after deductible
Physical/Speech/Occupational Therapy	\$40 copay, no deductible. Up to 30 visits per plan year for physical and occupational therapy. 30 visits per plan year for speech therapy. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Mental Health Services	Inpatient 90%, after deductible. Outpatient \$20 copay, no deductible per visit.	70%, after deductible
Substance Abuse	Inpatient 90%, after deductible. Outpatient \$20 copay, no deductible per visit.	70%, after deductible
Diagnostic Testing (x-ray/bloodwork)	90%, after deductible	70%, after deductible
Complex Imaging (MRI's, CT/PET Scans)	90%, after deductible	70%, after deductible
Durable Medical Equipment (includes orthotics and prosthetics)	90%, after deductible	70%, after deductible
Home Health Care	90%, after deductible. Up to 100 visits/benefit period. Visits combined in and out of network.	70%, after deductible. Visits combined in and out of network.
Hospice	90%, after deductible	70%, after deductible

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Benefits Summary	In network	Out of network
Private Duty Nursing	90%, after deductible. Up to 240 hours/benefit period, inpatient only. Combined in and out of network.	70%, after deductible. Combined in and out of network.
Skilled Nursing Facility	90%, after deductible. Up to 120 days per benefit period. Days combined in and out of network.	70%, after deductible. Days combined in and out of network.
Transplant Services	90%, after deductible	70%, after deductible
Vision Exam Benefit	Adult routine vision exam 100%, no copay, no deductible. One routine eye exam every 24 months. Pediatric routine vision exam 100%, no copay, no deductible. One routine eye exam every 12 months.	70%, after deductible
Prescription Drug Retail	Generic \$20 copay, Preferred Brand \$60 copay, Non-preferred brand \$80 copay. Up to a 34 day supply. Note - a 90-day supply is available at a charge of 2 copays.	Not covered
Prescription Drug Mail Order	Generic \$40 copay, Preferred Brand \$120 copay, Non-preferred brand \$160 copay. Up to a 90 day supply.	Not covered
Mandatory Generic	Unless the prescribing physician indicates Dispense as Written, if an individual chooses a preferred or non- preferred brand drug when a generic drug is available, he or she will have to pay the difference between the charge for the preferred or non-preferred brand drug and the generic drug, plus the copay for the brand drug.	