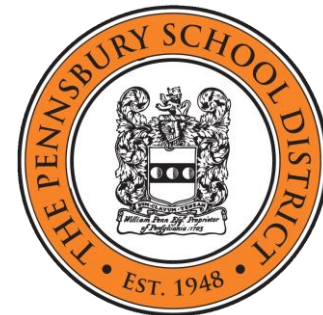


Pennsbury School District

Plan Overview Presentation

April 2024





DELAWARE VALLEY
HEALTH
TRUST

Open Enrollment (*Active Employees*):

- April 29-May 10

Open Enrollment (*COBRA and Direct Bill*):

- Will be after the active employee open enrollment
- WEX will send packets directly to COBRA and Direct Bill members

Open Enrollment (*Change in Health Plan*):

- Opportunity to enroll in a Medical/Dental plan offered by PSD
- Add/Remove dependents from plan
- Open enrollment is “passive” (if you like the plan[s] you have and want to keep them, no action is required)

Medical Plan Options

Medical + Rx Plans	
PPO \$10/\$20	RX \$15/\$30/\$50
PPO \$20/\$40	RX \$15/\$40/\$70/\$75
QPOS \$30/\$40	RX \$15/\$40/\$70/\$75

Dental Plan Options

Dental Plans
Delta Dental PPO
United Concordia Flex PPO
United Concordia DHMO





What's New for the 7/1/24 Plan Year

- PPO \$20 plan is being discontinued
- No changes to the medical plans
- Medical and RX are now paired
 - You can no longer enroll in Medical-only or RX-only
 - New Rx plan: \$15 Generic / \$40 Preferred brand / \$70 Non-Preferred Brand / \$75 Specialty Copay (34-day retail supply)
 - New Rx plan is paired with PPO 20/40 and QPOS 30/40 Plan



What's New for the 7/1/24 Plan Year

- Specialty drugs (Humira, Stelara etc.) must be filled through Aetna Specialty Pharmacy after the first fill
- The new \$15/\$40/\$70/\$75 pharmacy plan (only) now includes *Voluntary Maintenance Choice*
 - Members can obtain a 90-day mail order supply for 2x copay at a retail CVS pharmacy (only applies to CVS)
- No charges to the dental plan options through Delta Dental and United Cocordia



Benefit Plan Summaries

Medical and Dental Plan Details



PPO \$10/\$20 RX \$15/\$30/\$50

Benefits	In Network	Out-of-Network
<i>Deductible</i>	N/A	\$300 single / \$600 family
<i>Out of Pocket Maximum</i>	\$1,500 single / \$3,000 family	\$2,000 single / \$4,000 family
<i>Primary Care Physician Office Visit</i>	\$10 copay	70%, after deductible
<i>Specialist Office Visit</i>	\$20 copay	70%, after deductible
<i>Primary Care Services at DVHT Health Center</i>	100%, no copay	N/A
<i>Teladoc (Virtual Physician, Specialist, Behavioral Health)</i>	\$10 copay general medicine, \$20 copay mental/behavioral health and dermatology	N/A
<i>Preventive Care*</i>	100%, no copay	70%, no deductible
<i>Routine GYN Exam/PAP*</i>	100%, no copay	70%, no deductible
<i>Pediatric Immunizations*</i>	100%, no copay	70%, no deductible
<i>Mammography*</i>	100%, no copay	70%, no deductible
<i>Hospitalization</i>	\$75 copay per day, maximum of 5 copays per admission	70%, after deductible
<i>Maternity</i>	Initial visit based on place of service, Inpatient hospitalization \$75 copay per day, maximum of 5 copays per admission	70%, after deductible
<i>Ambulance</i>	100%, no copay	Emergency use 100%, no copay Non-emergency use 70%, after deductible
<i>Emergency Room**</i>	\$40 copay, copay waived if admitted	
<i>Urgent Care Facility***</i>	\$20 copay	70%, after deductible
<i>Walk-In Clinic</i>	\$20 copay, Except 100%, no copay, at CVS MinuteClinic	70%, after deductible
<i>Outpatient Surgery</i>	\$75 copay	70%, after deductible



PPO \$10/\$20 RX \$15/\$30/\$50

Benefits	In Network	Out-of-Network
<i>Outpatient Routine Radiology/Diagnostic Lab</i>	Radiology \$20 copay/ Diagnostic Lab 100%, no copay	70%, after deductible
<i>Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)</i>	\$20 copay	70%, after deductible
<i>Physical/Speech/Occupational Therapy</i>	\$15 copay, up to 60 visits per calendar year, combined in and out of network	70%, after deductible, up to 60 visits per calendar year, combined in and out of network
<i>Autism Therapies</i>	Covered, including Autism physical therapy, Autism speech therapy, Autism occupational therapy, and applied behavioral analysis, combined in and out-of-network	Covered, including Autism physical therapy, Autism speech therapy, Autism occupational therapy, and applied behavioral analysis, combined in and out-of-network
<i>Chiropractic Care</i>	\$20 copay, up to 30 visits per calendar year, combined in and out of network	70%, after deductible, up to 30 visits per calendar year, combined in and out of network
<i>Home Health Care</i>	100%, no copay	70%, after deductible
<i>Hospice Care</i>	100%, no copay	70%, after deductible
<i>Skilled Nursing Facility</i>	100%, no copay, up to 120 days per calendar year, combined in and out of network	70%, after deductible, up to 120 days per calendar year, combined in and out of network
<i>Mental Health Services</i>	Inpatient hospitalization \$75 copay per day, maximum of 5 copays per admission, Outpatient \$20 copay	70%, after deductible
<i>Substance Abuse Treatment</i>	Inpatient hospitalization \$75 copay per day, maximum of 5 copays per admission, Outpatient \$20 copay	70%, after deductible
<i>Durable Medical Equipment</i>	\$20 copay	70%, after deductible



PPO \$10/\$20 RX \$15/\$30/\$50

Benefits	In Network	Out-of-Network
<i>Vision Exam Benefit****</i>	100%, no copay, 1 routine eye exam and contact lens fitting every calendar year	\$60 reimbursement 1 routine eye exam every calendar year \$60 reimbursement 1 contact lens fitting every calendar year
<i>Prescription Drug Retail</i>	\$0 select generics at DVHT Health Center. \$15 generic/\$30 preferred brand/\$50 non-preferred brand, up to a 30-day supply	70% of recognized charges, after deductible and applicable copay
<i>Prescription Drug Mail Order</i>	\$30 generic/\$60 preferred brand/\$100 non- preferred brand, up to a 90-day supply	Not Covered
<i>Erectile Dysfunction Medications</i>	6 pills per month	

Embedded Deductible Style. Embedded Out-of-Pocket Maximum Style.

****Preventive services as defined by Federal Mandate and procedure code***

*****Copay will not be waived if claim is coded as "Observation stay"***

******Non-urgent services (such as follow-up visits, suture removal, etc.) rendered at urgent care facility are not covered***

*******The vision benefit is available through Aetna Vision Preferred***



PPO \$20/\$40 RX \$15/\$40/\$70/\$75

Benefits	In Network	Out-of-Network
<i>Deductible</i>	\$1,000 single / \$3,000 family	
<i>Out of Pocket Maximum</i>	\$5,000 single / \$10,000 family	\$7,500 single / \$15,000 family
<i>Primary Care Physician Office Visit</i>	\$20 copay	70%, after deductible
<i>Specialist Office Visit</i>	\$40 copay	70%, after deductible
<i>Primary Care Services at DVHT Health Center</i>	100%, no copay	N/A
<i>Teladoc (Virtual Physician, Specialist, Behavioral Health)</i>	\$20 copay general medicine, \$40 copay mental/behavioral health and dermatology	N/A
<i>Preventive Care*</i>	100%, no copay	70%, no deductible
<i>Routine GYN Exam/PAP*</i>	100%, no copay	70%, no deductible
<i>Pediatric Immunizations*</i>	100%, no copay	70%, no deductible
<i>Mammography*</i>	100%, no copay	70%, no deductible
<i>Hospitalization</i>	\$300 copay per day, maximum 5 copays per admission	70%, after deductible
<i>Maternity</i>	Initial visit based on place of service, Inpatient hospitalization \$300 copay per day, maximum 5 copays per admission	70%, after deductible
<i>Ambulance</i>	100%, no copay	Emergency use 100%, no copay Non-emergency use 70%, after deductible
<i>Emergency Room**</i>	\$100 copay, copay waived if admitted	
<i>Urgent Care Facility***</i>	\$28 copay	70%, after deductible
<i>Walk-In Clinic</i>	\$20 copay. Except 100%, no copay, at CVS MinuteClinic	70%, after deductible
<i>Outpatient Surgery</i>	\$200 copay	70%, after deductible
<i>Outpatient Routine Radiology/Diagnostic Lab</i>	\$40 copay / 100%, no copay	70%, after deductible
<i>Urgent Care Facility***</i>	\$28 copay	70%, after deductible



PPO \$20/\$40 RX \$15/\$40/\$70/\$75

Benefits	In Network	Out-of-Network
<i>Walk-In Clinic</i>	\$20 copay. Except 100%, no copay, at CVS MinuteClinic	70%, after deductible
<i>Outpatient Surgery</i>	\$200 copay	70%, after deductible
<i>Outpatient Routine Radiology/Diagnostic Lab</i>	\$40 copay / 100%, no copay	70%, after deductible
<i>Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)</i>	\$40 copay	70%, after deductible
<i>Physical/Speech/Occupational Therapy</i>	\$40 copay, up to 60 visits per calendar year, combined in and out of network	70%, after deductible, up to 60 visits per calendar year, combined in and out of network
<i>Autism Therapies</i>	Covered, including Autism physical therapy, Autism speech therapy, Autism occupational therapy, and applied behavioral analysis, combined in and out-of-network	Covered, including Autism physical therapy, Autism speech therapy, Autism occupational therapy, and applied behavioral analysis, combined in and out-of-network
<i>Chiropractic Care</i>	\$40 copay, up to 30 visits per calendar year, combined in and out of network	70%, after deductible, up to 30 visits per calendar year, combined in and out of network
<i>Home Health Care</i>	100%, no copay	70%, after deductible
<i>Hospice Care</i>	100%, no copay	70%, after deductible
<i>Skilled Nursing Facility</i>	100%, no copay, up to 120 days per calendar year, combined in and out of network	70%, after deductible, up to 120 days per calendar year, combined in and out of network
<i>Mental Health Services</i>	Inpatient hospitalization \$300 copay per day, maximum 5 copays per admission, Outpatient \$40 copay	70%, after deductible
<i>Substance Abuse Treatment</i>	Inpatient hospitalization \$300 copay per day, maximum 5 copays per admission, Outpatient \$40 copay	70%, after deductible
<i>Durable Medical Equipment</i>	\$40 copay	70%, after deductible



PPO \$20/\$40 RX \$15/\$40/\$70/\$75

Benefits	In Network	Out-of-Network
Vision Exam Benefit****	100%, no copay, 1 routine eye exam and contact lens fitting every calendar year	\$60 reimbursement 1 routine eye exam every calendar year \$60 reimbursement 1 contact lens fitting every calendar year
Prescription Drug Retail	\$0 select generics at DVHT Health Center \$15 generic/\$40 preferred brand/\$70 non-preferred brand, up to a 30-day supply	70% of recognized charges, after deductible and applicable copay
Prescription Drug Mail Order	\$30 generic/\$80 preferred brand/\$140 non-preferred brand, up to a 90-day supply	Not Covered
Specialty Drugs	\$75 copay, up to a 30-day supply. Mandatory fill at Aetna specialty pharmacy	Not Covered
Erectile Dysfunction Medications	6 pills per month	

Embedded Deductible Style. Embedded Out-of-Pocket Maximum Style.

***Preventive services as defined by Federal Mandate and procedure code**

****Copay will not be waived if claim is coded as "Observation stay"**

*****Non-urgent services (such as follow-up visits, suture removal, etc.) rendered at urgent care facility are not covered**

******The vision benefit is available through Aetna Vision Preferred**



QPOS \$30/\$40 RX \$15/\$40/\$70/\$75

Benefits	In Network	Out-of-Network
<i>Deductible</i>	N/A	\$1,000 single / \$3,000 family
<i>Out of Pocket Maximum</i>	\$5,000 single / \$10,000 family	\$10,000 single / \$30,000 family
<i>Primary Care Physician Office Visit</i>	\$30 copay	50%, after deductible
<i>Specialist Office Visit</i>	\$40 copay	50%, after deductible
<i>Primary Care Services at DVHT Health Center</i>	100%, no copay	N/A
<i>Teladoc (Virtual Physician, Specialist, Behavioral Health)</i>	\$30 copay general medicine, \$40 copay mental/behavioral health and dermatology	N/A
<i>Preventive Care*</i>	100%, no copay	50%, no deductible
<i>Routine GYN Exam/PAP*</i>	100%, no copay	50%, no deductible
<i>Pediatric Immunizations*</i>	100%, no copay	50%, no deductible
<i>Mammography*</i>	100%, no copay	50%, no deductible
<i>Hospitalization</i>	\$500 copay per admission	50%, after deductible
<i>Maternity</i>	Initial visit based on place of service, Inpatient hospitalization \$500 copay per admission	50%, after deductible
<i>Ambulance</i>	100%, no copay	Emergency use 100%, no copay Non-emergency use 50%, after deductible
<i>Emergency Room**</i>	\$125 copay, copay waived if admitted	
<i>Urgent Care Facility***</i>	\$40 copay	50%, after deductible
<i>Walk-In Clinic</i>	\$30 copay. Except 100%, no copay at CVS MinuteClinic	50%, after deductible
<i>Outpatient Surgery</i>	\$300 copay	50%, after deductible
<i>Outpatient Routine Radiology/Diagnostic Lab</i>	100%, no copay	50%, after deductible
<i>Chiropractic Care</i>	\$40 copay	50%, after deductible



QPOS \$30/\$40 RX \$15/\$40/\$70/\$75

Benefits	In Network	Out-of-Network
<i>Home Health Care</i>	100%, no copay	50%, after deductible
<i>Hospice Care</i>	100%, no copay	50%, after deductible
<i>Skilled Nursing Facility</i>	100%, no copay, up to 180 days per calendar year, combined in and out of network	50%, after deductible, up to 180 days per calendar year, combined in and out of network
<i>Mental Health Services</i>	Inpatient hospitalization \$500 copay per admission, Outpatient \$40 copay	50%, after deductible
<i>Substance Abuse Treatment</i>	Inpatient hospitalization \$500 copay per admission, Outpatient \$40 copay	50%, after deductible
<i>Durable Medical Equipment</i>	100%, no copay	50%, after deductible
<i>Vision Exam Benefit****</i>	100%, no copay, 1 routine eye exam and contact lens fitting every calendar year	\$60 reimbursement 1 routine eye exam every calendar year \$60 reimbursement 1 contact lens fitting every calendar year
<i>Infertility</i>	\$40 copay. Basic services covered, includes artificial insemination and ovulation induction, 6 attempts per lifetime combined in and out-of-network	50%, after deductible. Basic services covered, includes artificial insemination and ovulation induction, 6 attempts per lifetime combined in and out-of-network
<i>Prescription Drug Retail</i>	\$0 select generics at DVHT Health Center. \$15 generic/\$40 preferred brand/\$70 non-preferred brand, up to a 30-day supply	50% of recognized charges, after deductible and applicable copay
<i>Prescription Drug Mail Order</i>	\$30 generic/\$80 preferred brand/\$140 non-preferred brand, up to a 90-day supply	Not Covered
<i>Specialty Drugs</i>	\$75 copay, up to a 30-day supply. Mandatory fill at Aetna specialty pharmacy	Not Covered
<i>Erectile Dysfunction Medications</i>	6 pills per month	

Embedded Deductible Style. Embedded Out-of-Pocket Maximum Style.

**Preventive services as defined by Federal Mandate and procedure code*

***Copay will not be waived if claim is coded as "Observation stay"*

****Non-urgent services (such as follow-up visits, suture removal, etc.) rendered at urgent care facility are not covered*

*****The vision benefit is available through Aetna Vision Preferred*



Delta Dental PPO

Pennsbury School District		
Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).	
Deductible	None	
Maximum D&P counts towards maximum?	\$1,000 per person, each calendar year Yes	
Waiting Period Basic Benefits, Major Benefits, Prosthodontics, Orthodontics	None	
Benefits and Covered Services*	Delta Dental PPO/Premiere dentists**	Non-Delta Dental dentists**
Diagnostic & Preventative Services (D&P) Exams, cleanings, x-rays, and sealants	100%	100%
Basic Services Fillings, stainless steel crowns and posterior composites	100%	100%
Endodontics (root canal)	100%	100%
Periodontics (gum treatment)	100%	100%
Oral Surgery	100%	100%
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Dependent children to age 19	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime
* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for Non-Delta Dental dentist.		
Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address PO BOX 2105 Mechanicsburg, PA 17055-6999
deltadentalins.com		



Delta Dental Benefits

	In-network dentist	Out-of-network dentist
Benefits	Some plans are designed to pay higher coinsurance when you visit a Delta Dental provider.	Some plans reduce the coinsurance when you go out-of-network. Check your benefit booklet to make sure you understand your benefits.
Discounted Fees	In-network dentists agree to charge discounted rates for their services.	Out-of-network dentists have not agreed to the discounted rates.
No prepayment required	You'll pay only your portion of the bill, and Delta Dental will pay our share directly to your dentist.	Out-of-network dentists typically require you to pay the full cost of treatment up front before you receive reimbursement from Delta Dental.
Protection from balance billing	In-network dentists won't charge you more than your expected share of the bill.	Out-of-network dentists may charge you for the difference between what the plan pays and their usual rate.
No bundling	In-network dentists agree to not "unbundle" services that are part of a treatment, like tooth preparation or local anesthetic.	Out-of-network dentists may charge for these services separately, making your overall costs higher
Quality assurance	All Delta Dental dentists go through a rigorous credentialing process to ensure they are properly licensed and trained and carry the required levels of liability insurance for their area of practice.	We can't verify that out-of-network dentists are properly licensed and credentialed
Claim submission	In-network dentists file claims on your behalf.	You may have to file your own claims.



Dental Benefits Summary for Pennsbury School District

Network: Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	100%	100%
Simple Extractions		
Space Maintainers		
Endodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Nonsurgical Periodontics	50%	50%
Surgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
The College Tuition Benefit® – College Savings Program ³	<ul style="list-style-type: none"> • Earn Tuition Rewards® points redeemable for tuition discounts • Receive 2,000 at signup, then 2,000 points/year • Each child enrolled receives a one-time bonus of 500 Tuition Rewards points • One Tuition Rewards point = \$1 reduction in full tuition Use Tuition Rewards points at participating private colleges and universities	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,000	
	Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$800	
Reimbursement	Advantage	In PA: Advantage Outside PA: 90 th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
3. Tuition Rewards® is a Registered Trademark of and administered by SAGE Scholars, Inc. Participation in the program is contingent upon enrollment with SAGE Scholars, Inc. Tuition Rewards are not an underwritten benefit but a value-added program. Tuition Rewards not available in all jurisdictions (SAGE). SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCIC does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.



IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered, except as described in the Certificate of Coverage.
- ▶ Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- ▶ For a complete description of your plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- ▶ If you have any questions about your United Concordia dental plan, please call our Customer Service Department toll-free at 1-866-357-3304 or access our website at www.UnitedConcordia.com.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)		
D0120	Periodic Oral Evaluation - Established Patient	0	D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	0
D0140	Limited Oral Evaluation - Problem Focused	0	TESTS AND EXAMINATIONS		
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D0460	Pulp Vitality Tests	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D0470	Diagnostic Casts	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	ORAL PATHOLOGY LABORATORY		
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	0	D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0
D0171	Re-Evaluation - Post-Operative Office Visit	0	D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	0
D0180	Comprehensive Periodontal Evaluation	0	D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			DENTAL PROPHYLAXIS		
D0210	Intraoral - Complete Series Of Radiographic Images	0	D1110	Prophylaxis, Adult	0
D0220	Intraoral- Periapical First Radiographic Image	0	D1120	Prophylaxis, Child	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	TOPICAL FLUORIDE TREATMENT (office procedure)		
D0240	Intraoral - Occlusal Radiographic Image	0	D1206	Topical Application Of Fluoride Varnish	0
D0270	Bitewing - Single Radiographic Image	0	D1208	Topical Application Of Fluoride - Excluding Varnish	0
D0272	Bitewings - Two Radiographic Images	0	OTHER PREVENTIVE SERVICES		
D0273	Bitewings - Three Radiographic Images	0	D1330	Oral Hygiene Instruction	0
D0274	Bitewings - Four Radiographic Images	0	D1351	Sealant - Per Tooth	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	D1353	Sealant Repair - Per Tooth	0
D0330	Panoramic Radiographic Image	0	D1354	Application of Caries Arresting Medicament - Per Tooth	15
			D1355	Caries preventive medicament application - per tooth	15
			SPACE MAINTENANCE (passive appliances)		



ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
SPACE MAINTENANCE (passive appliances)			CROWNS - SINGLE RESTORATIONS ONLY		
D1510	Space maintainer - fixed, unilateral - per quadrant	0	D2780	Crown - 3/4 Cast High Noble Metal	305 ◆
D1516	Space Maintainer - Fixed - bilateral, maxillary	0	D2781	Crown - 3/4 Cast Predominantly Base Metal	305
D1517	Space Maintainer - Fixed - bilateral, mandibular	0	D2782	Crown - 3/4 Cast Noble Metal	305 ◆
D1520	Space maintainer - removable, unilateral - per quadrant	0	D2783	Crown - 3/4 Porcelain/Ceramic	305
D1526	Space Maintainer - Removable - bilateral, maxillary	0	D2790	Crown, Full Cast High Noble Metal	291 ◆
D1527	Space Maintainer - Removable - bilateral, mandibular	0	D2791	Crown - Full Cast Predominantly Base Metal	265
D1556	Removal of fixed unilateral space maintainer - per quadrant	0	D2792	Crown, Full Cast Noble Metal	276 ◆
D1557	Removal of fixed unilateral space maintainer - maxillary	0	D2794	Crown - titanium and titanium alloys	288
D1558	Removal of fixed unilateral space maintainer - mandibular	0	D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	0
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	0	OTHER RESTORATIVE SERVICES		
AMALGAM RESTORATIONS (including polishing)			D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0
D2140	Amalgam - One Surface, Primary Or Permanent	0	D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	0
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0	D2920	Re-Cement Or Re-Bond Crown	0
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			D2940	Protective Restoration	0
D2330	Resin-Based Composite - One Surface, Anterior	0	D2949	Restorative Foundation For An Indirect Restoration	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0	D2950	Core Buildup Including Any Pins When Required	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	0	D2951	Pin Retention - Per Tooth, In Addition To Restoration	0
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	0	D2952	Post And Core In Addition To Crown, Indirectly Fabricated	83
INLAY/ONLAY RESTORATIONS			D2953	Each Additional Indirectly Fabricated Post - Same Tooth	45
D2510	Inlay - Metallic - One Surface	215 ◆	D2954	Prefabricated Post And Core In Addition To Crown	0
D2520	Inlay - Metallic - Two Surfaces	231 ◆	D2957	Each Additional Prefabricated Post - Same Tooth	0
D2530	Inlay - Metallic - Three Or More Surfaces	253 ◆	D2971	Additional Procedures To Customize a Crown to fit Under an Existing Partial Denture Framework	25
D2542	Onlay - Metallic-Two Surfaces	293 ◆	PULP CAPPING		
D2543	Onlay - Metallic - Three Surfaces	310 ◆	D3110	Pulp Cap - Direct (Excluding Final Restoration)	0
D2544	Onlay - Metallic - Four Or More Surfaces	326 ◆	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0
CROWNS - SINGLE RESTORATIONS ONLY			PULPOTOMY		
D2710	Crown-Resin-Based Composite (Indirect)	107	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	0
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	118	D3221	Pulpal Debridement, Primary And Permanent Teeth	0
D2740	Crown, Porcelain/Ceramic	309	D3222	Partial Pulpotomy For Apexogenesis- Permanent Tooth With Incomplete Root Development	0
D2750	Crown, Porcelain Fused To High Noble Metal	298 ◆	ENDODONTIC THERAPY ON PRIMARY TEETH		
D2751	Crown-Porcelain Fused To Predominantly Base Metal	268	D3230	Pulpal Therapy (Resorbable Filling)- Anterior, Primary Tooth (Excluding Final Restoration)	0
D2752	Crown, Porcelain Fused To Noble Metal	286 ◆			
D2753	Crown - porcelain fused to titanium and titanium alloys	286			



Member Resources

Support in navigating your healthcare coverage plans

Health Trust Resources

- Health Trust Dedicated Claims Specialist
 - Assist with questions pertaining to your healthcare coverage
 - Cathy Savitsky, csavitsky@dvtrusts.com, 267.803.5724
- Health Trust Nurse Navigator
 - Understand treatment, care options, and claims processing
 - nursenavigator@dvtrusts.com

Pennsbury Dedicated Benefits Website

- Website Address: <https://dvtrusts.com/pennsbury/>
- We suggest Pennsbury employees bookmark the above link for easy access.
- Employees can see the page and most of the subpages without a login, however a login is required to access the Plan Benefit Information page.
- New employees should register for a www.dvtrusts.com user account by clicking “Register” in the top right corner of the page and filling out the required information (under public entity, they need to select “Pennsbury School District”). Account activation can take up to 24-hours for verification.
- Website includes:
 - Benefit documentation (Plan Summaries, SPDs and SBCs)
 - Pharmacy Formulary and Mail Order Forms
 - Dental plans and resources
 - Wellness and other Value-Added programs

Aetna Member Website

- Track claims (Explanation of Benefits)
- Find a provider
- Check the prescription drug formulary (“preferred” class drugs)
- Compare the cost of prescription drug alternatives
- Health and Wellness resources
- Discount programs
- And more!

Welcome, James



Get care when and where you want it

Convenient and affordable sick visits, mental health services and more.

[Your Care Options](#) →



Personalized Plan Video

We created a video just for you that makes it easy to understand your health plan.

[Watch the Video](#) →

You have 1 important update. [Show](#)

Find Care & Pricing



[Find a Provider](#)



[Find a Pharmacy](#)



[Get Quick Care](#)




aetna
Home Claims Benefits Find Care & Pricing **Prescriptions** Health

aetna
Home Claims Benefits Find Care & Pricing **Prescriptions** Health & Wellness


Prescriptions

Prescription Management

Ready for Refill
Order available prescriptions, or manage automatic refills and renewals.
[Order Now →](#)



Prescription List
12 on file for Paul
[View All Rx →](#)



[Prescription Preferences →](#)

[Pharmacy to Mail Order Transfer →](#)

[New Mail-Order Request →](#)

[Account Balance →](#)

Estimate Medication Pricing

We're here to help with pricing and coverage information, medication details and more.

Search for a medication by:

- Name: Enter at least 3 letters of the medication name
- National Drug Code (NDC): Enter the 10-11 digit NDC number without hyphens

Plan Overview

Covered Prescription Drug List (Formulary)

Learn which drugs your plan covers and whether there are any rules for coverage.

[View Covered Prescriptions](#) → 

CVS Specialty®

Enroll, order refills, and manage delivery of specialty medications.

[Go to CVS Specialty](#) →

Plan Summary

Review your plan's pharmacy benefits, coverage details, and spending limits.

[View Plan Summary](#) →

Coverage Exceptions

Request a coverage exception for a medication that isn't covered by your plan.

[Request an Exception](#) →





- Included with All DVHT Plans
- Access to a provider 24/7/365
- Treatments typically include pink eye, sinusitis, etc.
- Plan includes behavioral health and dermatology modules
 - QPOS
 - General Medicine – Specialist office copay applies
 - Behavioral Health Teladoc – Mental Health Outpatient copay applies
 - Dermatology – Specialist office copay applies
 - PPO
 - General Medicine – PCP office copay applies
 - Behavioral Health Teladoc – Mental Health Outpatient copay applies
 - Dermatology – Specialist office copay applies

Is My Doctor In-Network?

Search on Aetna.com:

1. Visit “Find a doctor” on Aetna.com and under “Guests,” choose “Plan from an employer.”
2. Enter your home location (zip, city, county, or state) to access providers specific to plan benefits.
3. Set range of miles around home location (up to 100-mile radius).
4. You can enter the name of the plan and search, or you can scroll and pick the plan.
 - Members would choose “**Open Choice PPO**” for any of the three PPO plans or “**QPOS**” for the QPOS \$30/\$40 plan.
 - If you do not know your potential plan offering, select “Skip Plan Selection.”
5. You can search using a doctor or facility’s name, or by:
 - City, state, ZIP code
 - Specialty
 - Common procedure types, such as flu/vaccine shots or back care
 - You can search for doctors who treat specific conditions
 - You will also have the option to search by category: *Medical Doctors & Specialists, Hospitals & Facilities, Urgent Care, Walk-in Clinics, Pharmacies, Behavioral Health, Dental Care, Vision, Labs & Testing, Alternative Medicine, Durable Medical Equipment, Common Procedures & Conditions, Institutes of Quality/Institutes of Excellence.*
6. Explore providers in list view or map view.

If you cannot locate your provider, contact Cathy Savitsky at DVHT.



Wellness Program & Value-Added Benefits

Benefits of your membership with the Health Trust

2024 Wellness Program

- Enrollees and covered spouses eligible
- Can be earned at any time in the calendar year
- 90-Day lookback for new members

Incentives

- \$150 Biometric Screening
**Must be completed on [My.QuestForHealth.com](https://www.MyQuestForHealth.com)*
- \$150 Colonoscopy
- \$100 Health Education
**DVHT eligible sessions available at www.dvtrusts.com/events*
- \$50 Mammogram
- \$50 Women's Well Visit

Reimbursements

- Up to \$300 Gym Membership
- Up to \$200 Fitness Race Registration
- Up to \$200 Weight Watchers
- Up to \$25 Bike (Sport) Helmet

Wellness Submissions



Email: wellness@dvtrusts.com

Fax: 267-803-5796

Mail: DVHT Wellness, 719
Dresher Rd, Horsham, PA
19044

DEADLINE: January 10, 2025



Employee Assistance Program



We're Here When You Need Us Most

Connect with the Health Advocate Employee Assistance Program (EAP) for personalized support to find balance and gain control.

Emotional Support

Confidential counseling and assistance.

Work through issues impacting your life, work and well-being

Work/life Support

Find resources to better balance work and life.

Simply Contact Us

We offer compassionate support and can review options for counseling and other resources to lead a happier, more productive life. In a crisis, help is available 24/7.



877.240.6863

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/members

Enter Delaware Valley Trusts



HealthAdvocateSM

Healthcare Bluebook

- Earn rewards for being a well-informed healthcare consumer
- Reward amounts range from \$25 - \$1,500 for ShopSmart™ procedures
- www.healthcarebluebook.com/cc/dvht, code DVHT1



DVHT-HCBB Procedure Specific Cost Comparison

19054 Fallsington, PA (PSD)

Knee MRI (with contrast)

The Fair Price™ for Knee MRI (with contrast) is \$792 in your area.



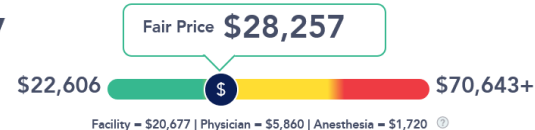
Facility Distance Cost

[About Cost](#)

Akumin Imaging - Langhorne 215-750-1760	825 Town Center Dr Suite 100 Langhorne, PA 19047 ~ 3 miles	 \$100 Reward
Aria Health - Bucks County 215-949-5000	380 Oxford Valley Rd Langhorne, PA 19047 ~ 3 miles	
Forest Health Medical Center Of Bucks County 267-572-3100	280 Middletown Blvd Langhorne, PA 19047 ~ 3 miles	
Lower Bucks Hospital 215-785-9200	501 Bath Rd Bristol, PA 19007 ~ 5 miles	 \$100 Reward
St. Francis Medical Center 609-599-5000	601 Hamilton Ave Trenton, NJ 08629 ~ 5 miles	
Capital Health Regional Medical Center 609-394-6000	750 Brunswick Ave Trenton, NJ 08638 ~ 6 miles	
Capital Open MRI and Imaging 609-695-0085	2000 S Broad St Trenton, NJ 08610 ~ 6 miles	 \$100 Reward
St. Mary Medical Center 215-710-2000	1201 Langhorne-Newtown R Langhorne, PA 19047 ~ 6 miles	
Princeton Orthopaedic Associates - Ewing 609-924-8131	340 Scotch Rd Ewing, NJ 08628 ~ 7 miles	 \$100 Reward
Rothman Orthopaedic Specialty Hospital 215-244-7400	3300 Tillman Dr Bensalem, PA 19020 ~ 8 miles	 \$100 Reward

Cholecystectomy (surgical)

The Fair Price™ for Cholecystectomy (surgical) is \$28,257 in your area.



Facility Distance Quality Cost

[About Cost & Quality](#)

Aria Health - Bucks County 215-949-5000	380 Oxford Valley Rd Langhorne, PA 19047 ~ 3 miles		 \$500 Reward
Capital Health Regional Medical Center 609-394-6000	750 Brunswick Ave Trenton, NJ 08638 ~ 6 miles		 \$750 Reward
St. Mary Medical Center 215-710-2000	1201 Langhorne-Newtown R Langhorne, PA 19047 ~ 6 miles		 \$750 Reward
Capital Health Medical Center Hopewell 609-303-4000	1 Capital Way Pennington, NJ 08534 ~ 9 miles		 \$750 Reward
Robert Wood Johnson University Hospital - Hamilton 609-586-7900	1 Hamilton Health Pl Hamilton, NJ 08690 ~ 9 miles		
Virtua Willingboro Hospital 609-835-2900	218A Sunset Rd Willingboro, NJ 08046 ~ 9 miles		
Aria Health - Torresdale 215-612-4000	10800 Knights Rd Philadelphia, PA 19114 ~ 11 miles		
Virtua Memorial 609-914-6000	175 Madison Ave Mount Holly, NJ 08060 ~ 13 miles		
Holy Redeemer Hospital 215-947-3000	1648 Huntingdon Pk Meadowbrook, PA 19046 ~ 14 miles		
Nazareth Hospital 215-335-6000	2601 Holme Ave Philadelphia, PA 19152 ~ 14 miles		



DVHT Health Center

Your one stop shop for prescriptions and full service primary care.



DVHT Health Center

- Primary Care
 - Acute Care: Common Colds, Flu, Ear Ache, Wound Care, Skin Check
 - Chronic Care: Diabetes, Hypertension, High Cholesterol, Allergies
 - Adult & child sick visits (ages 2 and up)
- Preventive Care
 - Annual wellness exams
 - Lab Work
 - Pre-op Testing
 - Health Risk Assessments
 - Health Coaching
 - Well Women/Mens Health Exams
 - Sports & School Physicals
- Call **833.227.3558** to schedule an appointment.
- Visit www.dvtrusts.com/dvht-health-trust-center for more information.

Contact Us

Aetna

Member Services 1.800.308.7344

Claims

Cathy Savitsky

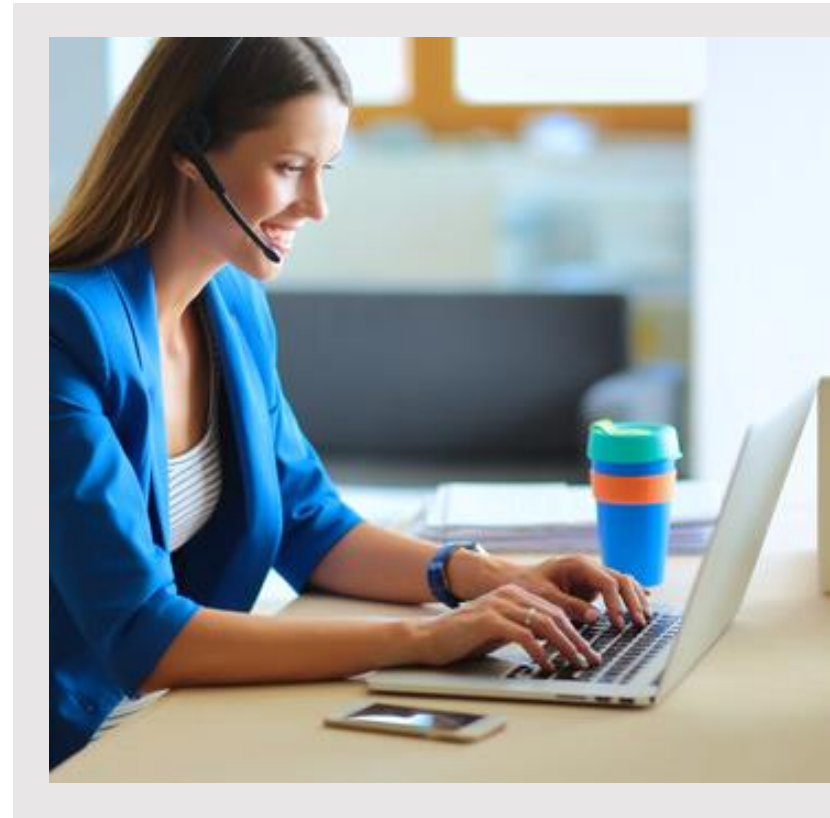
csavitsky@dvtrusts.com

267.803.5724

Wellness

wellness@dvtrusts.com

267.803.5721



Thank you.



DELAWARE VALLEY
HEALTH TRUST