DELAWARE VALLEY HEALTH TRUST

Pennsbury School District

PPO 20/20		
Benefits	**In network**	**Out of network**
Deductible	N/A	$500 individual/$1,000 family
Out of Pocket Maximum	$1,000 individual/$2,000 family	$3,000 individual/$6,000 family
Primary Care Physician Office Visit	$20 copay	80%, after deductible
Primary Care Services at DVHT Health Center	$0 copay	N/A
Specialist Office Visit	$20 copay	80%, after deductible
Preventive Care*	100%, no copay	80%, no deductible
Routine GYN exam/Pap*	100%, no copay	80%, no deductible
Pediatric immunizations*	100%, no copay	80%, no deductible
Mammography*	100%, no copay	80%, no deductible
Hospitalization	100%, no copay	80%, after deductible
Maternity	$20 copay, initial visit only. Inpatient hospitalization 100%, no copay.	80%, after deductible
Ambulance	100%, no copay	Emergency 100%, no deductible. Non-emergency 80%, after deductible.
Emergency Room	$40 copay, no deductible. Copay waived if admitted**	
Urgent Care Facility**	$20 copay	80%, after deductible
Walk-in Clinic	$20 copay. Except 100%, no copay at CVS MinuteClinic.	80%, after deductible
Outpatient surgery	100%, no copay	80%, after deductible
Outpatient Routine Radiology/Diagnostic Lab	100%, no copay	80%, after deductible
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	100%, no copay	80%, after deductible
Physical/Speech/Occupational Therapy	$20 copay. Up to 60 visits per calendar year, combined for all therapies, in and out of network	80%, after deductible. Visits limit combined in and out of network
Chiropractic Care	$20 copay	80%, after deductible
Home Health Care	100%, no copay	80%, after deductible

Pennsbury School District

PPO 20/20		
Benefits	**In network**	**Out of Network**
Hospice Care	100%, no copay	80%, after deductible
Skilled Nursing Facility	100%, no copay	80%, after deductible
Mental Health Services	Inpatient hospitalization 100%, no copay. Outpatient $20 copay.	80%, after deductible
Substance Abuse Treatment	Inpatient hospitalization 100%, no copay. Outpatient $20 copay.	80%, after deductible
Durable Medical Equipment	100%, no copay	80%, after deductible

***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**