



# Pennsbury School District

PPO 20/40		
Benefits	In network	Out of network
<b>Deductible</b>	N/A	\$1,000 individual/\$3,000 family
<b>Out of Pocket Maximum</b>	\$5,000 individual/\$10,000 family	\$7,500 individual/\$15,000 family
<b>Primary Care Physician Office Visit</b>	\$20 copay	70%, after deductible
<b>Primary Care Services at DVHT Health Center</b>	\$0 copay	N/A
<b>Specialist Office Visit</b>	\$40 copay	70%, after deductible
<b>Preventive Care*</b>	100%, no copay	70%, no deductible
<b>Routine GYN exam/Pap*</b>	100%, no copay	70%, no deductible
<b>Pediatric immunizations*</b>	100%, no copay	70%, no deductible
<b>Mammography*</b>	100%, no copay	70%, no deductible
<b>Hospitalization</b>	\$350 copay per day, maximum of 5 copays per admission	70%, after deductible
<b>Maternity</b>	\$20 copay, initial visit only. Inpatient hospitalization \$350 copay per day, maximum of 5 copays per admission	70%, after deductible
<b>Ambulance</b>	100%, no copay	Emergency 100%, no deductible. Non-emergency 70%, after deductible.
<b>Emergency Room</b>	\$100 copay, no deductible. Copay waived if admitted**	
<b>Urgent Care Facility***</b>	\$28 copay	70%, after deductible
<b>Walk-in Clinic</b>	\$20 copay. Except 100%, no copay at CVS MinuteClinic.	70%, after deductible
<b>Outpatient surgery</b>	\$200 copay	70%, after deductible
<b>Outpatient Routine Radiology/Diagnostic Lab</b>	Lab 100%, no copay. X-Ray \$40 copay	70%, after deductible
<b>Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)</b>	\$40 copay	70%, after deductible
<b>Physical/Speech/Occupational Therapy</b>	\$20 copay. Up to 60 visits per calendar year, combined for all therapies, in and out of network.	70%, after deductible, visits limit combined in and out of network.
<b>Chiropractic Care</b>	\$40 copay. Up to 30 visits per calendar year. Combined in and out of network.	70%, after deductible, visits limit combined in and out of network.
<b>Home Health Care</b>	100%, no copay	70%, after deductible



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Benefits	In network	Out of Network
<b>Hospice Care</b>	100%, no copay	70%, after deductible
<b>Skilled Nursing Facility</b>	100%, no copay. Up to 120 days per calendar year, combined in and out of network	70%, after deductible, days limit combined in and out of network.
<b>Mental Health Services</b>	Inpatient hospitalization \$350 copay per day, maximum of 5 copays per admission. Outpatient \$40 copay.	70%, after deductible
<b>Substance Abuse Treatment</b>	Inpatient hospitalization \$350 copay per day, maximum of 5 copays per admission. Outpatient \$40 copay.	70%, after deductible
<b>Durable Medical Equipment</b>	\$40 copay	70%, 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 is not covered**