

**Black Horse Pike Regional School District
AmeriHealth Administrator Medical Plans Vs. AETNA Match Plans**

Black Horse Pike Regional School District	AmeriHealth Administrators Plans			
	AMERIHEALTH PPO \$15		AETNA HEALTH NETWORK OPTION (HNO) \$15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Limit**				
Individual	\$2,000	\$2,000	\$2,000	\$2,000
Family	\$4,000	\$4,000	\$4,000	\$4,000
Primary Care Physician Selection	Not Required	Not Applicable	Not Required	Not Applicable
Preventive Care				
Routine Adult Physician Exams/Immunizations	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Well Child Exams/Immunizations	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Gynecological Care Exams	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine Mammograms	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physician's Office Visit				
Primary Care Services	\$15 copay	70% after deductible	\$15 copay	70% after deductible
After Office Hours/Home	\$25 copay	70% after deductible	\$25 copay	70% after deductible
Specialist Services	\$25 copay	70% after deductible	\$25 copay	70% after deductible
Maternity OB Visit	\$25 copay- 1st visit; then 100%	70% after deductible	\$25 copay- 1st visit; then 100%	70% after deductible
Allergy Treatment	Based on place of service	70% after deductible	Based on place of service	70% after deductible
Allergy Testing	Based on place of service	70% after deductible	Based on place of service	70% after deductible
Outpatient Diagnostic Procedures				
Diagnostic Laboratory	100%	70% after deductible	100%	70% after deductible
Diagnostic X-ray	100%	70% after deductible	100%	70% after deductible
Emergency Medical Care				
Urgent Care	\$25 copay	70% after deductible	\$25 copay	70% after deductible
Non-Urgent use of Urgent Care Provider	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Room	\$25 copay, waived if admitted	\$25 copay, waived if admitted	\$25 copay, waived if admitted	\$25 copay, waived if admitted
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered	Not Covered	Not Covered
Hospital Care				
Inpatient Coverage	100%	70% after deductible	100%	70% after deductible
Deductibles	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	None	\$500	None	\$500
Family	None	\$1,000	None	\$1,000
Services Subject To deductible				
Orthotics	100%, No deductible	70% after deductible	100%, No deductible	70% after deductible
Prosthetics	100%, No deductible	70% after deductible	100%, No deductible	70% after deductible
Durable Medical Equipment	100%, No deductible	70% after deductible	100%, No deductible	70% after deductible
Emergency Medical Transportation	100%, No deductible	70% after deductible	100%, No deductible	70% after deductible
Outpatient Surgery	100%, No deductible	70% after deductible	100%, No deductible	70% after deductible
Mental Health Services	Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service	
Alcohol/Drug Abuse Services	Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service	
Other Services				
Skilled Nursing Facility	100%	70% after deductible	100%	70% after deductible
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	\$25 copay	70% after deductible	\$25 copay	70% after deductible
	Medical necessity review		Medical necessity review	
Chiropractic Care	\$25 copay	70% after deductible	\$25 copay	70% after deductible
	Medical necessity review		Medical necessity review	

****In Network Copays, Coinsurance and Deductibles build towards the out of pocket maximum**