

| Black Horse Pike Regional School District  | AmeriHealth PPO \$20 vs. AETNA Health Network Option (HNO) \$20        |                                |  |                                |
|--|--|--------------------------------|--|--------------------------------|
|  | AMERIHEALTH PPO \$20   |                                | AETNA HEALTH NETWORK OPTION (HNO) \$20                                 |                                |
|  | 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   |  |                                |  |                                |
| 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  | \$20 copay   | 80% after deductible           | \$20 copay   | 80% after deductible           |
| After Office Hours/Home  | \$30 copay   | 80% after deductible           | \$30 copay   | 80% after deductible           |
| Specialist Services  | \$30 copay   | 80% after deductible           | \$30 copay   | 80% after deductible           |
| Maternity OB Visit   | \$30 copay- 1st visit; then 100%                                       | 80% after deductible           | \$30 copay- 1st visit; then 100%                                       | 80% after deductible           |
| Allergy Treatment  | Based on place of service  | 80% after deductible           | Based on place of service  | 80% after deductible           |
| Allergy Testing  |  | 80% after deductible           |  | 80% after deductible           |
| Outpatient Diagnostic Procedures   |  |                                |  |                                |
| Diagnostic Laboratory  | 100%   | 80% after deductible           | 100%   | 80% after deductible           |
| Diagnostic X-ray   | 100%   | 80% after deductible           | 100%   | 80% after deductible           |
| Emergency Medical Care   |  |                                |  |                                |
| Urgent Care  | \$30 copay   | 80% after deductible           | \$30 copay   | 80% after deductible           |
| Non-Urgent use of Urgent Care Provider   | Not Covered  | Not Covered                    | Not Covered  | Not Covered                    |
| Emergency Room   | \$35 copay, waived if admitted   | \$35 copay, waived if admitted | \$35 copay, waived if admitted   | \$35 copay, waived if admitted |
| Non-Emergency Care in an Emergency Room  | Not Covered  | Not Covered                    | Not Covered  | Not Covered                    |
| Hospital Care  |  |                                |  |                                |
| Inpatient Coverage   | 100%   | 100%                           | 100%   | 100%                           |
| Deductibles  | In-Network Only  |                                | In-Network Only  |                                |
| Individual   | None   | \$500                          | None   | \$500                          |
| Family   | None   | \$1,000                        | None   | \$1,000                        |
| Services Subject To deductible   |  |                                |  |                                |
| Orthotics  | 100%,  | 80% after deductible           | 100%,  | 80% after deductible           |
| Prosthetics  | 100%,  | 80% after deductible           | 100%,  | 80% after deductible           |
| Durable Medical Equipment  | 100%,  | 80% after deductible           | 100%,  | 80% after deductible           |
| Emergency Medical Transportation   | 100%,  | 100% No deductible             | 100%,  | 100% No deductible             |
| Outpatient Surgery   | 100%,  | 100% No deductible             | 100%,  | 100% No 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  |  |                                |  |                                |
| Other Services   |  |                                |  |                                |
| Skilled Nursing Facility   | 100%   | 100% No deductible             | 100%   | 100% No deductible             |
| Outpatient Rehabilitation Therapy<br>(includes speech, physical, and occupational therapy) | \$30 copay   | 100% No deductible             | \$30 copay   | 100% No deductible             |
| Chiropractic Care  | Medical Necessity Review   |                                | Medical Necessity Review   |                                |
|  | \$25 copay<br>20 visits per calendar year subject to medical necessity | 80% after deductible           | \$25 copay<br>20 visits per calendar year subject to medical necessity | 80% after deductible           |

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