



Pennsbury School District

QPOS 30/40		
Benefits	In network	Out of network
Deductible	N/A	\$1,000 individual/\$3,000 family
Out of Pocket Maximum	\$5,000 individual/\$10,000 family	\$10,000 individual/\$30,000 family
Primary Care Physician Office Visit	\$30 copay	50%, after deductible
Primary Care Services at DVHT Health Center	\$0 copay	N/A
Specialist Office Visit	\$40 copay	50%, after deductible
Preventive Care*	100%, no copay	50%, no deductible
Routine GYN exam/Pap*	100%, no copay	50%, no deductible
Pediatric immunizations*	100%, no copay	50%, no deductible
Mammography*	100%, no copay	50%, no deductible
Hospitalization	\$500 copay per admission	50%, after deductible
Maternity	\$40 copay, initial visit only. Inpatient hospitalization \$500 copay per admission	50%, after deductible
Ambulance	100%, no copay	Emergency 100%, no deductible. Non-emergency 50%, after deductible.
Emergency Room	\$125 copay, no deductible. Copay waived if admitted**	
Urgent Care Facility***	\$40 copay	50%, after deductible
Walk-in Clinic	\$30 copay. Except 100%, no copay at CVS MinuteClinic.	50%, after deductible
Outpatient surgery	\$300 copay	50%, after deductible
Outpatient Routine Radiology/Diagnostic Lab	100%, no copay	50%, after deductible
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	100%, no copay	50%, after deductible
Physical/Speech/Occupational Therapy	\$40 copay. Up to 60 visits per calendar year, combined for all therapies, in and out of network	50%, after deductible, visits limit combined in and out of network.
Chiropractic Care	\$40 copay. Up to 60 visits per calendar year, combined in and out of network	50%, after deductible, visits limit combined in and out of network.
Home Health Care	100%, no copay	50%, after deductible



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Benefits	In network	Out of Network
Hospice Care	100%, no copay	50%, after deductible
Skilled Nursing Facility	\$500 copay per admission. Up to 180 days per benefit period, combined in and out of network	50%, after deductible, days limit combined in and out of network.
Mental Health Services	Inpatient hospitalization \$500 copay per admission. Outpatient \$40 copay.	50%, after deductible
Substance Abuse Treatment	Inpatient hospitalization \$500 copay per admission. Outpatient \$40 copay.	50%, after deductible
Durable Medical Equipment	100%, no copay	50%, after deductible
Vision Exam	\$40 copay, once every two calendar years	Not covered

*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