DELAWARE VALLEY HEALTH TRUST

Pennsbury School District

PPO 10/20		
Benefits	**In network**	**Out of network**
Deductible	N/A	$300 individual/$600 family
Out of Pocket Maximum	$1,500 individual/$3,000 family	$2,000 individual/$4,000 family
Primary Care Physician Office Visit	$10 copay	70%, after deductible
Primary Care Services at DVHT Health Center	$0 copay	N/A
Specialist Office Visit	$20 copay	70%, after deductible
Preventive Care*	100%, no copay	70%, no deductilble
Routine GYN exam/Pap*	100%, no copay	70%, no deductilble
Pediatric immunizations*	100%, no copay	70%, no deductible
Mammography*	100%, no copay	70%, no deductilble
Hospitalization	$75 copay per day, maximum of 5 copays per admission	70%, after deductible
Maternity	$10 copay, initial visit only. Inpatient hospitalization $75 copay per day, maximum of 5 copays per admission	70%, after deductible
Ambulance	100%, no copay	Emergency 100%, no deductible. Non-emergency 70%, after deductible.
Emergency Room	$40 copay, no deductible. Copay waived if admitted**	
Urgent Care Facility**	$20 copay	70%, after deductible
Walk-in Clinic	$10 copay. Except 100%, no copay at CVS MinuteClinic.	70%, after deductible
Outpatient surgery	$75 copay	70%, after deductible
Outpatient Routine Radiology/Diagnostic Lab	Lab 100%, no copay. X-Ray $20 copay.	70%, after deductible
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	$20 copay	70%, after deductible
Physical/Speech/Occupational Therapy	$15 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.
Chiropractic Care	$20 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.
Home Health Care	100%, no copay	70%, after deductible

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Benefits	**In network**	**Out of Network**
Hospice Care	100%, no copay	70%, after deductible
Skilled Nursing Facility	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.
Mental Health Services	Inpatient hospitalization $75 copay per day, maximum of 5 copays per admission. Outpatient $20 copay.	70%, after deductible
Substance Abuse Treatment	Inpatient hospitalization $75 copay per day, maximum of 5 copays per admission. Outpatient $20 copay.	70%, after deductible
Durable Medical Equipment	$20 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**