

Camden County Board of Social Services Medical/Rx Plan Summaries	AmeriHealth 3-Tier PPO 15/30			Aetna 2-Tier Savings Plus PPO***		AmeriHealth/Aetna HDHP \$4000	
	BENEFIT	Tier 1	Tier 2	Out-of-Network	Tier 1	Tier 2	In-Network
<b>Benefit Period</b>	Calendar Year			Calendar Year		Calendar Year	
<b>Deductible</b>							
Individual	\$0	\$200	\$3,500	\$0	\$1,500	\$4,000	\$8,000
Family	\$0	\$1,000	\$7,000	\$0	\$3,000	\$8,000	\$16,000
<b>Maximum Out-of-Pocket</b>							
Individual	\$2,000	\$5,000	\$10,000	\$2,500	\$4,500	\$6,000	\$10,500
Family	\$4,000	\$10,000	\$30,000	\$5,000	\$9,000	\$12,000	\$21,000
<b>Doctor's Office Visits</b>							
Primary Care Physician Selection Required?	Yes	No	No	No	No	No	No
Primary Care Office Visit	\$15 copay	\$45 copay	50% covered, after deductible	\$5 copay	\$20 copay	\$40 copay	60% covered, after deductible
Specialist Office Visit	\$30 copay	\$60 copay	50% covered, after deductible	\$15 copay	\$30 copay	\$80 copay	60% covered, after deductible
Maternity Visits	\$30 copay	\$60 copay	50% covered, after deductible	\$15 copay	\$30 copay	\$80 copay	60% covered, after deductible
<b>Preventive Care</b>							
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening, Immunizations Well Child Exams	100% covered	100% covered	Not covered	100% covered	100% covered	100% covered	Not covered
<b>Diagnostics Procedures</b>							
X-ray/Labs	100% covered	70% covered, after deductible	50% covered, after deductible	\$15 copay	80% covered, after deductible	\$80 copay	60% covered, after deductible
MRI/CAT scans	100% covered	70% covered, after deductible	50% covered, after deductible	\$15 copay	80% covered, after deductible	\$80 copay	60% covered, after deductible
<b>Hospital Care</b>							
Room and Board	\$50 per day, up to \$250 max	70% covered, after deductible	50% covered, after deductible	\$150 copay per admission	80% covered, after deductible	\$100 per day, up to \$500 max	60% covered, after deductible
Inpatient Physician Services	100% covered	70% covered, after deductible	50% covered, after deductible	100% covered	80% covered, after deductible	100% covered	60% covered, after deductible
<b>Emergency Care</b>							
Emergency Room*	\$200 copay	\$200 copay	\$200 copay	\$100 copay	\$100 copay	\$150 copay	\$150 copay
Ambulance	100% covered	100% covered	100% covered	100% covered	100% covered	80% covered, after deductible	80% covered, after deductible
Urgent Care	\$30 copay	\$60 copay	50% covered, after deductible	\$15 copay	\$30 copay	\$80 copay	60% covered, after deductible
<b>Outpatient Surgery</b>							
Facility fees	100% covered	70% covered, after deductible	50% covered, after deductible	\$150 copay per visit	80% covered, after deductible	80% covered, after deductible	60% covered, after deductible
Physician fees	100% covered	70% covered, after deductible	50% covered, after deductible	100% covered	80% covered, after deductible	80% covered, after deductible	60% covered, after deductible
<b>Mental Health Services</b>							
Inpatient	\$50 per day, up to \$250 max	70% covered, after deductible	50% covered, after deductible	\$150 copay per admission	80% covered, after deductible	\$100 per day, up to \$500 max	60% covered, after deductible
Outpatient	\$30 copay	\$60 copay	50% covered, after deductible	100% covered	80% covered, after deductible	\$80 copay	60% covered, after deductible
<b>Alcohol/Substance Abuse Services</b>							
Inpatient	\$50 per day, up to \$250 max	70% covered, after deductible	50% covered, after deductible	\$150 copay per admission	80% covered, after deductible	\$100 per day, up to \$500 max	60% covered, after deductible
Outpatient	\$30 copay	\$60 copay	50% covered, after deductible	100% covered	80% covered, after deductible	\$80 copay	60% covered, after deductible
<b>Prescription Drugs</b>	<b>Retail</b>	<b>Mail order</b>		<b>Retail</b>	<b>Mail order</b>	<b>Retail</b>	<b>Mail order</b>
Generic	\$10 copay	\$20 copay		\$7 copay	\$18 copay		
Preferred	\$25 copay	\$50 copay		\$16 copay	\$40 copay	\$16 copay	\$40 copay
Non-Preferred**	Member pays the difference	Member pays the difference		Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference

\*Emergency room copay is waived if patient is admitted

\*\*Member will pay the applicable generic copay as listed, plus the cost of the difference between the brand drug and the generic drug