

<b>Camden County Board of Social Services Medical/Rx Plan Summaries</b>	<b>AmeriHealth/Aetna EPO/HMO 10</b>	<b>AmeriHealth/Aetna EPO/HMO 15/25</b>	<b>AmeriHealth/Aetna EPO/PPO 20/35</b>
<b>BENEFIT</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Benefit Period</b>	Calendar Year	Calendar Year	Calendar Year
<b>Deductible</b>			
Individual	\$100 for Durable medical equipment	\$100 for Durable medical equipment	\$100 for Durable medical equipment
Family	\$100 for Durable medical equipment	\$100 for Durable medical equipment	\$100 for Durable medical equipment
<b>Maximum Out-of-Pocket</b>			
Individual	\$7,280	\$7,280	\$7,280
Family	\$14,560	\$14,560	\$14,560
<b>Doctor's Office Visits</b>			
Primary Care Physician Selection Required?	Yes	Yes	Yes
Primary Care Office Visit	\$10 copay	\$15 copay	\$20 copay
Specialist Office Visit	\$10 copay	\$25 copay	\$35 copay
Maternity Visits	\$10 copay	\$25 copay	\$35 copay
<b>Preventive Care</b>			
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening, Immunizations	100% covered	100% covered	100% covered
Well Child Exams			
<b>Diagnostics Procedures</b>			
X-ray/Labs	100% covered	100% covered	80% covered
MRI/CAT scans	100% covered	100% covered	80% covered
<b>Hospital Care</b>			
Room and Board	100% covered	100% covered	80% covered
Inpatient Physician Services	100% covered	100% covered	80% covered
<b>Emergency Care</b>			
Emergency Room*	\$85 copay	\$100 copay	\$300 copay
Ambulance	100% covered	100% covered	80% covered
Urgent Care	\$10 copay	\$25 copay	\$35 copay
<b>Outpatient Surgery</b>			
Facility fees	100% covered	100% covered	80% covered
Physician fees	100% covered	100% covered	80% covered
<b>Mental Health Services</b>			
Inpatient	100% covered	100% covered	80% covered
Outpatient	\$10 copay	\$25 copay	\$35 copay
<b>Alcohol/Substance Abuse Services</b>			
Inpatient	100% covered	100% covered	80% covered
Outpatient	\$10 copay	\$25 copay	\$35 copay
<b>Prescription Drugs</b>			
Generic	Retail: \$3 copay Mail: \$5 copay	Retail: \$7 copay Mail: \$16 copay	Retail: \$7 copay Mail: \$21 copay
Preferred	Retail: \$10 copay Mail: \$15 copay	Retail: \$18 copay Mail: \$40 copay	Retail: \$18 copay Mail: \$52 copay
Non-Preferred**	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