

Camden County Board of Social Services Medical/Rx Plan Summaries	AmeriHealth/Aetna PPO 10		AmeriHealth/Aetna PPO 15		AmeriHealth/Aetna PPO 15/25		AmeriHealth/Aetna PPO 20/30	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>BENEFIT</b>	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
<b>Benefit Period</b>	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
<b>Deductible</b>								
Individual	\$0	\$100	\$0	\$100	\$0	\$100	\$0	\$200
Family	\$0	\$250	\$0	\$250	\$0	\$250	\$0	\$500
<b>Maximum Out-of-Pocket</b>								
Individual	\$400	\$2,000	\$7,280	\$2,000	\$7,280	\$2,000	\$7,280	\$5,000
Family	\$1,000	\$5,000	\$14,560	\$5,000	\$14,560	\$5,000	\$14,560	\$12,500
<b>Doctor's Office Visits</b>								
Primary Care Physician Selection Required?	No		No		No		No	
Primary Care Office Visit	\$10 copay	80% covered, after deductible	\$15 copay	70% covered, after deductible	\$15 copay	70% covered, after deductible	\$20 copay	70% covered, after deductible
Specialist Office Visit	\$10 copay	80% covered, after deductible	\$15 copay	70% covered, after deductible	\$25 copay	70% covered, after deductible	\$30 copay	70% covered, after deductible
Maternity Visits	\$10 copay	80% covered, after deductible	\$15 copay	70% covered, after deductible	\$25 copay	70% covered, after deductible	\$30 copay	70% 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	Not covered	100% covered	Not covered	100% covered	Not covered	100% covered	Not covered
<b>Diagnostics Procedures</b>								
X-ray/Labs	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
MRI/CAT scans	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
<b>Hospital Care</b>								
Room and Board	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
Inpatient Physician Services	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
<b>Emergency Care</b>								
Emergency Room*	\$75 copay	\$75 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Ambulance	90% covered	90% covered	90% covered	90% covered	90% covered	90% covered	90% covered	90% covered
Urgent Care	\$10 copay	80% covered, after deductible	\$15 copay	70% covered, after deductible	\$25 copay	70% covered, after deductible	\$30 copay	70% covered, after deductible
<b>Outpatient Surgery</b>								
Facility fees	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
Physician fees	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
<b>Mental Health Services</b>								
Inpatient	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
Outpatient	\$10 copay	80% covered, after deductible	\$15 copay	70% covered, after deductible	\$25 copay	70% covered, after deductible	\$30 copay	70% covered, after deductible
<b>Alcohol/Substance Abuse Services</b>								
Inpatient	100% covered	80% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible	100% covered	70% covered, after deductible
Outpatient	\$10 copay	80% covered, after deductible	\$15 copay	70% covered, after deductible	\$25 copay	70% covered, after deductible	\$30 copay	70% 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>	<b>Retail</b>	<b>Mail order</b>
Generic	\$3 copay	\$5 copay	\$3 copay	\$5 copay	\$7 copay	\$18 copay	\$3 copay	\$5 copay
Preferred	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$16 copay	\$40 copay	\$18 copay	\$36 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	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