



Elk County

PPO \$5,000/\$10,000 Rx \$15/\$50/\$100		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family
Out of Pocket Maximum	\$8,000 individual / \$16,000 family	\$20,000 individual / \$40,000 family
Primary Care Physician Office Visit	\$25 copay, after deductible	80%, after deductible
Specialist Office Visit	\$50 copay, after deductible	80%, after deductible
Teladoc (Virtual Physician, Specialist, Behavioral Health)	\$25 copay, after deductible for general medicine; \$50 copay, after deductible for mental/behavioral health and dermatology	N/A
Preventive Care*	100%, no copay, no deductible	80%, no deductible
Routine GYN Exam/PAP*	100%, no copay, no deductible	80%, no deductible
Pediatric Immunizations*	100%, no copay, no deductible	80%, no deductible
Mammography*	100%, no copay, no deductible	80%, no deductible
Hospitalization	100%, no copay, after deductible	80%, after deductible
Maternity	First visit \$50 copay, after deductible. Inpatient hospitalization 100%, no copay, after deductible.	80%, after deductible
Ambulance	100%, no copay, after deductible	
Emergency Room**	\$125 copay, no deductible, waived if admitted**	
Urgent Care Facility***	\$50 copay, after deductible	80%, after deductible
Walk-In Clinic	\$25 copay, after deductible. Except 100%, no copay, after deductible at CVS Minute Clinic.	80%, after deductible
Outpatient Surgery	100%, no copay, after deductible	80%, after deductible
Outpatient Routine Radiology/Diagnostic Lab	100%, no copay, after deductible	80%, after deductible
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	100%, no copay, after deductible	80%, after deductible



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BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<i>Physical/Speech/Occupational Therapy</i>	\$50 copay, after deductible, up to 60 visits per calendar year for all therapies combined	80%, after deductible, visits limit combined with in-network
<i>Chiropractic Care</i>	\$50 copay, after deductible, up to 20 visits per calendar year	80%, after deductible, visits limit combined with in-network
<i>Home Health Care</i>	100%, no copay, after deductible, up to 120 visits per calendar year	80%, after deductible, visits limit combined with in-network
<i>Hospice Care</i>	100%, no copay, after deductible	80%, after deductible
<i>Skilled Nursing Facility</i>	\$50 copay per day, after deductible, maximum 5 copays per admission, up to 180 days per calendar year	80%, after deductible, days limit combined with in-network
<i>Mental Health Services</i>	Inpatient hospitalization 100%, no copay, after deductible. Outpatient \$50 copay, after deductible.	80%, after deductible
<i>Substance Abuse Treatment</i>	Inpatient hospitalization 100%, no copay, after deductible. Outpatient \$50 copay, after deductible.	80%, after deductible
<i>Durable Medical Equipment</i>	100%, no copay, after deductible	80%, after deductible
<i>Orthotic Rider</i>	100%, no copay, after deductible	80%, after deductible
<i>Vision Exam Benefit****</i>	100%, no copay, no deductible, 1 routine eye exam and contact lens fitting every calendar year	\$60 reimbursement 1 routine eye exam every calendar year, \$60 reimbursement 1 contact lens fitting every calendar year
<i>Vision Material Package****</i>	Up to \$200 allowance every two calendar years, benefit can be used fully in-network or fully out-of-network	
<i>Prescription Drug Retail</i>	\$15 generic / \$50 preferred brand / \$100 non-preferred brand, up to a 31-day supply	80% of recognized charges, after deductible and applicable copay
<i>Prescription Drug Mail Order</i>	\$30 generic / \$100 preferred brand / \$200 non-preferred brand, up to a 90-day supply	Not covered
<i>Specialty Drugs</i>	\$15 generic / \$50 preferred brand / \$100 non-preferred brand, up to a 30-day supply. Aetna specialty pharmacy mandatory on second fill.	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 are not covered

****The vision benefit is available through Aetna Vision Preferred