DELAWARE VALLEY HEALTH TRUST

City of Newark

	Current: HMO $15/$25 Rx $10/$25/$40	2026: HMO $20/$30 Rx $10/$35/$75
Benefits	**In network**	**In network**
Deductible	N/A	N/A
Out of Pocket Maximum	$6,350 single / $12,700 family	$6,350 single / $12,700 family
Primary Care Physician Office Visit	$15 copay	$20 copay
Specialist Office Visit	$25 copay	$30 copay
Preventive Care*	100%, no copay	100%, no copay
Routine GYN exam/Pap*	100%, no copay	100%, no copay
Pediatric Immunizations*	100%, no copay	100%, no copay
Mammography*	100%, no copay	100%, no copay
Hospitalization	$100 copay per admission	$100 copay per day, maximum 5 copays per admission
Maternity	$25 copay for initial visit only. Inpatient Hospitalization copay applies	First visit covered based on place of service. Inpatient Hospitalization copay applies
Ambulance	100%, no copay	100%, no copay
Emergency Room	$500 copay, waived if admitted**	$500 copay, waived if admitted**
Urgent Care Facility	$25 copay	$30 copay
Walk-In Clinic	$25 copay. Except 100%, no copay at CVS MinuteClinic	$20 copay. Except 100%, no copay at CVS MinuteClinic
Outpatient Surgery	100%, no copay	100%, no copay
Outpatient Routine Radiology/Diagnostic Lab	$10 copay	$30 copay
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	$10 copay	$60 copay
Physical/Speech/Occupational Therapy	$10 copay, up to 60 visits per calendar year combined for all therapies	$30 copay, up to 60 visits per calendar year combined for all therapies

DELAWARE VALLEY HEALTH TRUST

City of Newark

	Current: HMO $15/$25 Rx $10/$25/$40	2026: HMO $20/$30 Rx $10/$35/$75
Benefits	**In network**	**In network**
Chiropractic Care	100%, no copay, up to 30 visits per calendar year	$30 copay, up to 30 visits combined for all therapies
Home Health Care	$100 copay, up to 100 visits per calendar year	$100 copay, up to 100 visits per calendar year
Hospice Care	100%, no copay	100%, no copay
Skilled Nursing Facility	100%, no copay, up to 120 visits per calendar year	100%, no copay, up to 120 visits per calendar year
Mental Health Services	Inpatient Hospitalization copay applies. Outpatient $15 copay	Inpatient Hospitalization copay applies. Outpatient $30 copay
Substance Abuse Treatment	Inpatient Hospitalization copay applies. Outpatient $15 copay	Inpatient Hospitalization copay applies. Outpatient $30 copay
Durable Medical Equipment	100%, no copay	100%, no copay
Vision Exam***	100%, no copay, once every 12 months	100%, no copay, no deductible, 1 routine eye exam and contact lens fitting every calendar year
Orthotic Rider	100%, no copay	100%, no copay
Prescription Drug Retail	$10 generic/$25 formulary brand/$40 non-formulary brand, up to a 90 day supply	$10 generic/$35 preferred brand/$75 non-preferred brand, up to a 30 day supply
Prescription Drug Mail Order	$20 generic/$50 formulary brand/$80 non-formulary brand, up to a 90 day supply	$20 generic/$70 preferred brand/$150 non-preferred brand, up to a 90 day supply
Specialty Drugs	$10 generic/$25 formulary brand/$40 non-formulary brand, up to a 30 day supply	$150 copay, up to a 30 day supply. Aetna specialty pharmacy mandatory on second fill.

Preventive services as defined by Federal Mandate and procedure code
****Copay will not be waived if claim is coded as "Observation stay"***
*****The vision benefit is available through Aetna Vision Preferred***