DELAWARE VALLEY HEALTH TRUST

City of Newark

	Current: PPO $100/$200 RX 80%		2026: PPO $200/$400 ($20/$30 Copays) RX 80%	
Benefits	**In network**	**Out of network**	**In network**	**Out of network**
Deductible	$100 single / $200 family	$100 single / $200 family	$200 single / $400 family	$1,000 single / $2,000 family
Out of Pocket Maximum	$6,350 single / $12,700 family	$10,000 single / $20,000 family	$6,350 single / $12,700 family	$10,000 single / $20,000 family
Primary Care Physician	$15 copay, no deductible	80%, after deductible	$20 copay, no deductible	80%, after deductible
Specialist Office Visit	$25 copay, no deductible	80%, after deductible	$30 copay, no deductible	80%, after deductible
Preventive Care*	100%, no deductible, no copay	80%, after deductible	100%, no deductible, no copay	80%, after deductible
Routine Gyn Exam/PAP*	100%, no deductible, no copay	80%, no deductible	100%, no deductible, no copay	80%, no deductible
Pediatric Immunization*	100%, no deductible, no copay	80%, no deductible	100%, no deductible, no copay	80%, no deductible
Mammography*	100%, no deductible, no copay	80%, no deductible	100%, no deductible, no copay	80%, no deductible
Hospitalization	$100 copay, no deductible, per admission	80%, after deductible	$100 copay, no deductible, per day. Maximum 5 copays per admission	80%, after deductible
Maternity	$25 copay, no deductible, for initial visit only. Inpatient Hospitalization copay applies	80%, after deductible	First visit covered based on place of service. Inpatient Hospitalization copay applies	80%, after deductible
Ambulance	100%, no copay, no deductible		100%, no copay, no deductible	
Emergency Room	$500 copay, no deductible, copay waived if admitted**		$500 copay, no deductible, copay waived if admitted**	
Urgent Care Facility	$25 copay, no deductible		$30 copay, no deductible	
Walk-In clinic	$15 copay, no deductible. Except 100%, no copay, no deductible at CVS MinuteClinic	80%, after deductible	$20 copay, no deductible. Except 100%, no copay, no deductible at CVS MinuteClinic	80%, after deductible
Outpatient surgery	100%, after deductible	80%, after deductible	100%, after deductible	80%, after deductible
Outpatient Routine Radiology/Diagnostic Lab	Routine Diagnostic Lab 100%, no deductible. Routine x-ray $10 copay, no deductible	80%, after deductible	$30 copay, no deductible	80%, after deductible
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	$10 copay, no deductible	80%, after deductible	$60 copay, no deductible	80%, after deductible
Physical/Speech/Occupational Therapy	$10 copay, no deductible, up to 60 visits for all therapies combined per calendar year, in and out of network	80%, after deductible, visits limit combined in and out of network	$30 copay, no deductible, up to 60 visits for all therapies combined per calendar year, in and out of network	80%, after deductible, visits limit combined in and out of network

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Chiropractic Care	100%, no copay, no deductible, up to 30 visits per calendar year, combined in and out of network	80%, after deductible, visits limit combined in and out of network	$30 copay, no deductible, up to 30 visits per calendar year, combined in and out of network	80%, after deductible, visits limit combined in and out of network
Home Health Care	100% after deductible, up to 100 visits per calendar year, combined in and out of network	80%, after deductible, visits limit combined in and out of network	100% after deductible, up to 100 visits per calendar year, combined in and out of network	80%, after deductible, visits limit combined in and out of network
Hospice Care	100%, after deductible	80%, after deductible	100%, after deductible	80%, after deductible
Skilled Nursing Facility	100%, after deductible, up to 120 days per calendar year, combined in and out of network	80%, after deductible, days limit combined in and out of network	100%, after deductible, up to 120 days per calendar year, combined in and out of network	80%, after deductible, days limit combined in and out of network
Mental Health Services	Inpatient Hospitalization copay applies. Outpatient $25 copay, no deductible	80%, after deductible	Inpatient Hospitalization copay applies. Outpatient $30 copay, no deductible	80%, after deductible
Substance Abuse Treatment	Inpatient Hospitalization copay applies. Outpatient $25 copay, no deductible	80%, after deductible	Inpatient Hospitalization copay applies. Outpatient $30 copay, no deductible	80%, after deductible
Durable Medical Equipment	100%, after deductible	80%, after deductible	100%, after deductible	80%, after deductible
Vision Exam***	100% no deductible, no copay, once every 12 months	80%, after deductible, once every 12 months	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
Orthotic Rider	100%, after deductible	80%, after deductible	100%, after deductible	80%, after deductible
Prescription Drug Retail	80% of recognized charges, up to a 90 day supply	80% of recognized charges, up to a 90 day supply	80% of recognized charges, up to a 30 day supply	80% of recognized charges, up to a 30 day supply
Prescription Drug Mail Order	80% of recognized charges, up to a 90 day supply	Not covered	80% of recognized charges, up to a 90 day supply	Not covered

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***