



Chesterfield Board of Education Medical/Prescription Plan Overview - July 1, 2021 - June 30,2022

	AmeriHealth / Aetna PPO 10		AmeriHealth / Aetna PPO 15		AmeriHealth / Aetna PPO 20/30		AmeriHealth / Aetna POS 10	
	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>	<u>In-Network</u>	<u>Non-Network</u>
Referral Required for Specialist	NO		NO		NO		Yes	
Annual Deductible	\$0	\$100 / \$250	\$0	\$100 / \$250	\$0	\$200 / \$500	\$0	\$500 / \$1,000
Coinsurance	10% select services	20%	10% select services	30%	10% select services	30%	100%	40%
Annual Out of Pocket Maximum	\$400 / \$800	\$2,000 / \$5,000	\$400 / \$800	\$2,000 / \$5,000	\$800 / \$1,600	\$5,000 / \$12,000	\$4,000 / \$8,000	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Physician Services								
Office Visits for Primary Care	\$10 copay	20% after ded.	\$15 copay	30% after ded.	\$20 copay	30% after ded.	\$10 copay	40% after ded.
Office Visits for Specialists	\$10 copay	20% after ded.	\$15 copay	30% after ded.	\$30 copay	30% after ded.	\$10 copay	40% after ded.
Preventive Care/Screening/Immunizations	100%	20%, NO ded.	100%	30%, NO ded.	100%	30%, NO ded.	100%	40%, NO ded.
Maternity	\$10 copay-1st visit only	20% after ded.	\$15 copay-1st visit only	30% after ded.	\$30 copay-1st visit only	30% after ded.	\$10 copay-1st visit only	40% after ded.
Inpatient Services								
Room & Board (Semi-Private)	100%	20% after ded.	100%	30% after ded.	100%	30% after ded. And \$500 copay	100%	40% after ded.
Maternity (Delivery)	100%	20% after ded.	100%	30% after ded.	100%	30% after ded. And \$500 copay	100%	40% after ded.
Outpatient Services								
Emergency Room	\$25 copay		\$50 copay		\$100 copay		\$35 copay	
Emergency Medical Transportation	10%	20% after ded.	10%	30% after ded.	10%	30% after ded.	100%	40% after ded.
Urgent Care	\$10 copay	20% after ded.	\$15 copay	30% after ded.	\$30 copay	30% after ded.	\$10 copay	40% after ded.
Surgical Facility Outpatient	100%	20% after ded.	100%	30% after ded.	100%	30% after ded.	100%	40% after ded.
Diagnostics/Imaging	100%	20% after ded.	100%	30% after ded.	100%	30% after ded.	100%	40% after ded.
Skilled Nursing Facility	100%, up to 120 days/yr	20% after ded., up to 60 days/yr	100%, up to 120 days/yr	30% after ded., up to 60 days/yr	100%, up to 120 days/yr	30% after ded., up to 60 days/yr	100%, up to 100 days/yr	40% after ded., up to 60 days/yr
	120 day combined annual maximum		120 day combined annual maximum		120 day combined annual maximum		up to 120 days per year	
Therapy Services	\$10 copay	20% after ded.	\$15 copay	30% after ded.	\$20 copay	30% after ded.	\$10 copay	40% after ded. 30 visit maximum per therapy
Therapeutic Manipulation (Chiropractic care)	\$10 copay	20% after ded.	\$15 copay	30% after ded.	\$20 copay	30% after ded.	\$10 copay	40% after ded.
	30 visit maximum		30 visit maximum		30 visit maximum		25 visit maximum	
Durable Medical Equip., Prosthetics	10%	20% after ded.	10%	30% after ded.	10%	30% after ded.	100%	40% after ded.
Mental Illness & Substance Abuse (Inpatient)	100%	20% after ded.	100%	30% after ded.	100%	30% after ded. And \$500 copay	100%	40% after ded.
Mental Illness & Substance Abuse (Office setting)	\$10 copay	20% after ded.	\$15 copay	30% after ded.	\$30 copay	30% after ded.	\$10 copay	40% after ded.
Prescription Drug								
Retail	\$10 Generic / \$20 Brand		\$10 Generic / \$20 Brand		\$10 Generic / \$20 Brand		\$10 Generic / \$20 Brand	
Mail Order (90 day supply)	\$10 Generic / \$10 Brand		\$10 Generic / \$10 Brand		\$10 Generic / \$10 Brand		\$10 Generic / \$10 Brand	
Medical + Rx Premium Rates	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Single	\$ 1,149.00	\$ 13,788.00	\$ 1,129.00	\$ 13,548.00	\$ 1,126.00	\$ 13,512.00	\$ 963.00	\$ 11,556.00
Parent/Child(ren)	\$ 1,806.00	\$ 21,672.00	\$ 1,774.00	\$ 21,288.00	\$ 1,768.00	\$ 21,216.00	\$ 1,495.00	\$ 17,940.00
2 Adults	\$ 2,355.00	\$ 28,260.00	\$ 2,314.00	\$ 27,768.00	\$ 2,306.00	\$ 27,672.00	\$ 1,951.00	\$ 23,412.00
Family	\$ 3,183.00	\$ 38,196.00	\$ 3,127.00	\$ 37,524.00	\$ 3,118.00	\$ 37,416.00	\$ 2,636.00	\$ 31,632.00

AmeriHealth / Aetna - EHP	
<u>In-Network</u>	<u>Non-Network*</u>
NO	
\$0	\$350 / \$700
10%	30%
\$500 / \$1,000	\$2,000 / \$5,000
Unlimited	
\$10 copay	30% after ded.
\$15 copay	30% after ded.
100%	Not covered
\$15 copay - 1st visit only	30% after ded.
100%	30% after ded.
100%	30% after ded.
\$125 copay	
10%	30% after ded.
\$15 copay	30% after ded.
100%	30% after ded.
100%	30% after ded.
100%	30% after ded.
100%, up to 100 days/yr	40% after ded., up to 60 days/yr
up to 120 days per year	
\$15 copay	Lesser of \$52 per visit or 75% of the provider's cost
\$15 copay	Lesser of \$45 per visit or 75% of the provider's cost
10%	30% after ded.
100%	30% after ded.
\$15 copay	30% after ded.

* Reasonable & Customary: 200% of Medicare

**Chiropractic, acupuncture and PT have a different fee schedule