



Chesterfield Board of Education Medical/Prescription Plan Overview

	AmeriHealth / Aetna - EHP	
	<u>In-Network</u>	<u>Non-Network*</u>
Referral Required for Specialist	NO	
Annual Deductible	\$0	\$350 / \$700
Coinsurance	10%	30%
Annual Out of Pocket Maximum	\$500 / \$1,000	\$2,000 / \$5,000
Lifetime Maximum	Unlimited	
Physician Services		
Office Visits for Primary Care	\$10 copay	30% after ded.
Office Visits for Specialists	\$15 copay	30% after ded.
Preventive Care/Screening/Immunizations	100%	Not covered
Maternity	\$15 copay - 1st visit only	30% after ded.
Inpatient Services		
Room & Board (Semi-Private)	100%	30% after ded.
Maternity (Delivery)	100%	30% after ded.
Outpatient Services		
Emergency Room	\$125 copay	
Emergency Medical Transportation	10%	30% after ded.
Urgent Care	\$15 copay	30% after ded.
Surgical Facility Outpatient	100%	30% after ded.
Diagnostics/Imaging	100%	30% after ded.
Skilled Nursing Facility	100%	30% after ded.
	up to 120 days per year	
Therapy Services	\$15 copay	Lesser of \$52 per visit or 75% of the provider's cost
Therapeutic Manipulation (Chiropractic care)	\$15 copay	Lesser of \$45 per visit or 75% of the provider's cost
Durable Medical Equip., Prosthetics	10%	30% after ded.
Mental Illness & Substance Abuse (Inpatient)	100%	30% after ded.
Mental Illness & Substance Abuse (Office setting)	\$15 copay	30% after ded.
Prescription Drug		
Retail	\$5 Generic / \$10 Brand w/no generic / Member pays difference for brand with generic	
Mail Order (90 day supply)	\$10 Generic / \$20 Brand w/no generic / Member pays difference for brand with generic	

* Reasonable & Customary: 200% of Medicare

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