

Rose Tree Media School District

July 1, 2024 - June 30, 2026

In-Network Coverage	Silver Plan PC \$3500/\$40/\$80/100%	Gold Plan PC Alternative
Network	National PPO Coverage	National PPO Coverage
PCP Selection and Referrals Required	Not Required	Not Required
Deductible	\$3,500 Individual/\$7,000 Family	None
Coinsurance	100%	100%
Out of Pocket Maximum	\$5,500 Individual/\$11,000 Family	\$3,000 Individual/\$6,000 Family
Office Visits	\$40 Copay; No Deductible	\$35 Copay
Specialist Visits	\$80 Copay; No Deductible	\$45 Copay
Urgent Care	\$150 Copay, No Deductible	\$175 Copay
Preventive Care	100% Covered; No Deductible	100% Covered; No Copay
Hospital Inpatient	\$150 Copay After Deductible (5 day max/admission)	\$300 Copay (5 day max/admission)
Emergency Room	\$300 Copay; No Deductible (Not Waived if Admitted)	\$250 Copay (Waived if Admitted)
Laboratory	\$80 Copay; No Deductible	100% Covered; No Copay
Outpatient Radiology	\$80 Copay; No Deductible	\$45 Copay
Outpatient Surgery	\$150 Copay After Deductible	\$250 Copay
Maternity	First OB Visit \$80 Copay; Hospital: \$150 Copay/day after Deductible (5 Day Max/Admis.)	First OB Visit \$35 Copay; Hospital: \$300 Copay (5 Day Max/Admis.)
Physical/Occupational & Speech Therapy	\$80 Copay; No Deductible (30 Visits/Year)	\$35 Copay (Visits 1-30); \$45 Copay (Visits 31-60)
Spinal Manipulation	\$40 Copay; No Deductible (20 Visits/Year)	\$45 Copay (30 Visits/Year)
Psychiatric Outpatient Visits	\$80 Copay; No Deductible	\$45 Copay
Private Duty Nursing	100% After Deductible	100% Covered; No Copay
Skilled Nursing Facility	100% After Deductible (120 Days/Year)	100% Covered; No Copay (120 Days/Year)
Hospice and Home Health Care	100% Covered; No Deductible	100% Covered; No Copay
Durable Medical Equipment	100% After Deductible	\$45 Copay
Out of Network Benefits		
Deductible	\$8,000 Individual/ \$16,000 Family	\$2,500 Individual/ \$5,000 Family
Coinsurance	50%	70%
Out of Pocket Maximum	\$15,000 Individual/\$30,000 Family	\$5,500 Individual/\$11,000 Family