



## Rose Tree Media School District

July 1, 2024 - June 30, 2026

In-Network Coverage	Silver Plan PC \$3500/\$40/\$80/100%	Platinum Plan PC HD1-HC1
Network	National PPO Coverage	National PPO Coverage
PCP Selection and Referrals Required	Not Required	Not Required
Deductible	\$3,500 Individual/\$7,000 Family	\$1,500 Individual/\$3,000 Family
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	100% After Deductible
Specialist Visits	\$80 Copay; No Deductible	100% After Deductible
Urgent Care	\$150 Copay, No Deductible	100% After Deductible
Preventive Care	100% Covered; No Deductible	100% After Deductible
Hospital Inpatient	\$150 Copay After Deductible (5 day max/admission)	100% After Deductible
Emergency Room	\$300 Copay; No Deductible (Not Waived if Admitted)	100% After Deductible
Laboratory	\$80 Copay; No Deductible	100% After Deductible
Outpatient Radiology	\$80 Copay; No Deductible	100% After Deductible
Outpatient Surgery	\$150 Copay After Deductible	100% After Deductible
Maternity	First OB Visit \$80 Copay; Hospital: \$150 Copay/day after Deductible (5 Day Max/Admis.)	100% After Deductible
Physical/Occupational & Speech Therapy	\$80 Copay; No Deductible (30 Visits/Year)	100% After Deductible PT/OT 30 Visits/Year; Speech 20 Visits/Year
Spinal Manipulation	\$40 Copay; No Deductible (20 Visits/Year)	100% After Deductible (20 Visits/Year)
Psychiatric Outpatient Visits	\$80 Copay; No Deductible	100% After Deductible
Private Duty Nursing	100% After Deductible	100% After Deductible
Skilled Nursing Facility	100% After Deductible (120 Days/Year)	100% After Deductible (120 Days/Year)
Hospice and Home Health Care	100% Covered; No Deductible	100% After Deductible
Durable Medical Equipment	100% After Deductible	100% After Deductible
Out of Network Benefits		
Deductible	\$8,000 Individual/ \$16,000 Family	\$5,000 Individual/ \$10,000 Family
Coinsurance	50%	50%
Out of Pocket Maximum	\$15,000 Individual/\$30,000 Family	\$10,000 Individual/\$20,000 Family

*This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claim costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.*