

CAMDEN COUNTY BOARD OF SOCIAL SERVICES: MEDICAL & PRESCRIPTION BENEFITS RETIREES UNDER AGE 65



	AETNA/AMERIHEALTH HMO	AETNA/AMERIHEALTH PPO 10		AETNA/AMERIHEALTH PPO 15		AETNA/AMERIHEALTH PPO 15 25		AETNA/AMERIHEALTH PPO 2030	
MEDICAL PLAN BENEFITS	In-Network ONLY	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	None	None	\$100 individual \$250 family	None	\$100 individual \$250 family	None	\$100 individual \$250 family	None	\$200 individual \$500 family
Medical Plan Out-of-Pocket Maximum	\$8,099 individual \$16,198 family	\$400 individual \$1,000 family	\$2,000 individual \$5,000 family	\$8,099 individual \$16,198 family	\$2,000 individual \$5,000 family	\$8,099 individual \$16,198 family	\$2,000 individual \$5,000 family	\$8,099 individual \$16,198 family	\$5,000 individual \$12,500 family
In network coinsurance Maximum	N/A	N/A	N/A	\$400 individual \$1,000 family	N/A	\$400 individual \$1,000 family	N/A	\$800 Individual \$2,000 Family	N/A
Preventive Services	Plan pays 100%	Plan pays 90%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered
PCP Office Visit	\$10 copay	\$10 copay	Plan pays 80%*	\$15 copay	Plan pays 70%*	\$15 copay	Plan pays 70%	\$20 copay	Plan pay 70%*
PCP Required	Yes	No	No	No	No	No	No	No	No
Specialist Office Visit	\$10 copay	\$10 copay	Plan pays 80%*	\$15 copay	Plan pays 70%*	\$25 copay	Plan pays 70% *	\$20 copay –child \$30 copay -adult	Plan pay 70%*
Referral Required for Specialist Visit	Yes	No	No	No	No	No	No	No	No
Diagnostic Lab & X-ray	Plan pays 100%	Plan pays 100%	Plan pays 80%*	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70% *	Plan pays 100%	Plan pay 70%*
Inpatient Hospital	Plan pays 100%	Plan pays 100%	\$200 per stay then plan pays 80% *	Plan pays 100%	\$200 per stay then plan pays 70% *	Plan pays 100%	\$200 per stay then plan pays 70% *	Plan pays 100%	\$500 per stay then plan pays 70% *
Outpatient Surgery	Plan pays 100%	Plan pays 100%	Plan pays 80%*	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70% *	Plan pays 100%	Plan pay 70%*
Emergency Room	\$85 copay	\$75 copay		\$100 copay		\$100 copay		\$125 copay	
Vision	Exam: \$10 copay Materials: Not Covered	Exam: \$10 copay Materials: Not Covered	Not covered	Exam: \$15 copay Materials: Not Covered	Not covered	Exam \$25 copay Materials: Plan pays \$200 every 2 years	Not covered	\$30 copay Materials: Plan pays \$200 every 2 years	Not covered
EXPRESS SCRIPTS PRESCRIPTION DRUG BENEFITS (Retail: Up to a 30-day supply/Mail Order: Up to a 90-day supply)									
Retail: Generic/Brand/Non-Preferred	\$6 / \$12/ member pays the difference****	\$10 / \$22 / member pays the difference****	N/A	\$10 / \$22 / member pays the difference****	N/A	\$7 / \$16 / member pays the difference****	N/A	\$3 / \$18 /member pays the difference****	N/A
Mail Order: Generic/Brand/Non-Preferred	\$5 / \$18 / \$30	\$5 / \$28 / \$55	N/A	\$5 / \$28 / \$55	N/A	\$5/ \$40 / \$88	N/A	\$5 / \$36 / \$92	N/A
Prescription Drug Out-of-Pocket Maximum	\$1,351 individual/per person	\$1,351 individual/per person	N/A	\$1,351individual/per person	N/A	\$1,351 individual/per person	N/A	\$1,351 individual/per person	N/A

*After deductible
** Deductible waived for well baby and child exams/immunizations and routine GYN exam
*** Member will pay the applicable generic copayment as listed, plus the cost difference between the brand name drug and the generic drug.

This Benefits Summary describes the highlights of the Camden County Board of Social Services Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Camden County Board of Social Services.

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