

HMO Plan

This Summary of Benefits highlights the health plans available. Summary Plan Description Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefits	AETNA
Inpatient Room & Board	\$100 copay/day with max of \$200/admission
Inpatient Physicians' and Surgeons' Services	100%
Outpatient Surgery–Ambulatory Center	\$30 copay
Outpatient Surgery–Doctor’s Office Visit	\$20 copay
Outpatient Surgery–Hospital	\$75 copay
Prenatal and Postnatal Care	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)
Delivery Fee	100%
Hospice	100%
Home Care Services	100% for up to 240 visits per plan year
Urgent Care	\$20 copay
Emergency Services	\$135 copay (waived if admitted)
MENTAL HEALTH & SUBSTANCE ABUSE	
Inpatient Acute/Partial Hospitalization	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)
Outpatient	\$20 copay per visit
OTHER COVERED SERVICES	
Durable Medical Equipment	80%, limited to \$5,000 per member per plan year
Skilled Nursing Facility	100%
Emergency Ambulance	\$50 copay
Physician Home/Office Visits (non-routine)	\$10 copay per office visit; \$25 copay per home or after hours visit
Specialist Care	\$20 copay per visit
Chiropractic Care	Lesser of either PCP copay or 80% of allowable charges
Allergy Testing/Allergy Treatment	\$20 copay per visit (allergy testing)/\$5 copay per visit (allergy treatment)
X-Ray, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit; Outpatient Diagnostic Lab and X-Ray \$20 copay (\$25 Complex Imaging)
MRI's , CT Scans, & PET Scans	\$25 copay per visit
Short-term Therapies: physical, speech, Occupational	80%, 45 visits per condition for physical and occupational therapy combined/ 80%, 45 visits per condition for speech therapy
Annual Gyn Exam Pap Smear	Exam: \$10 copay and Pap Smear: \$5 copay
Periodic Physical Exams, Immunizations, Diabetes Education	\$10 copay per visit/100% Diabetes education
Vision Care	100% after office visit copay (one exam every 24 months)
Hearing Tests	100% after office visit copay
ALL INFERTILITY SERVICES	
	75% covered; \$10,000 lifetime maximum for medical services
	75% covered; \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY	
	100% if “Institute of Excellence for Bariatric” is used; 75% if authorized hospital/surgical center is used

