## Lab Work (Blood Work)

- Requires medical necessity

## Health Reimbursement Account (HRA)

- Out-of-Pocket Maximum (including copays and deductibles)

## Preventive Care/Screening/Immunization (age, gender and risk parameters may apply)

- Preventive Care/Screening/Immunization

## Primary Care Provider (PCP) Selection

- In-Network
- Out-of-Network

## Plan Options

- Preferred Provider Organization (PPO)
- Preferred Provider Organization (PPO)

## Plan Feature

- 10% coinsurance after deductible
- 30% coinsurance after deductible

## Plan Type

- Highmark Delaware First State Basic Plan
- Aetna CDH Gold Plan
- Aetna HMO Plan
- Highmark Delaware Comprehensive PPO Plan

## Telemedicine (Virtual Doctor Visits)

- Out-of-Network

## Urgent Care Visit

- 10% covered after deductible
- 30% coinsurance after deductible

## Emergency Room

- 10% covered after deductible
- 30% coinsurance after deductible

## Chiropractic Care (Requires medical necessity and excludes preventive/maintenance care)

- 10% coinsurance after deductible
- 30% coinsurance after deductible

## Physical Therapy (Requires medical necessity)

- 10% coinsurance after deductible
- 30% coinsurance after deductible

## Specialist Visit

- 10% coinsurance after deductible
- 30% coinsurance after deductible

## Lab Work (Blood Work)

- Non-Hospital Affiliated Freestanding Facility Preferred: $0 copay per visit

## Basic Imaging/X-Ray/Radiology/Ultrasound

- 10% coinsurance after deductible
- 30% coinsurance after deductible

## Plan Options

- In-Network
- Out-of-Network

## Plan Feature

- 10% coinsurance after deductible
- 30% coinsurance after deductible

## 24/7 Nurse Line

- Yes, no cost
- Yes, no cost

## Pre-Facility

- Yes, no cost
- Yes, no cost

## Effective July 1, 2022

## Plan Type

- Highmark Delaware First State Basic Plan
- Aetna CDH Gold Plan
- Aetna HMO Plan
- Highmark Delaware Comprehensive PPO Plan
### HEALTH PLAN COMPARISON CHART

**EFFECTIVE JULY 1, 2022**

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Highmark Delaware First State Basic Plan</th>
<th>Aetna CDH Gold Plan</th>
<th>Aetna HMO Plan</th>
<th>Highmark Delaware Comprehensive PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>High-Tech Imaging/Radiology</strong> (i.e., MRI, CT Scan) Note: Requires a prior authorization</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Mental health, behavioral health, and substance abuse</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Services</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Hospital Admission</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Orthopedic</strong> (hip replacement/knee replacement) Note: Requires a prior authorization</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Spine</strong> (i.e., Cervical and lumbar fusion, cervical laminectomy, and lumbar laminectomy/ diskectomy procedures) Note: Requires a prior authorization</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Bariatric</strong> Note: Requires a prior authorization</td>
<td>COE Facility* 10% coinsurance after deductible</td>
<td>COE Facility* 10% coinsurance after deductible</td>
<td>COE Facility* 10% coinsurance after deductible</td>
<td>45% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Transplants</strong> <strong>Note:</strong> For Highmark plans, does not apply to kidney and bone marrow/stem cell; Not: Requires a prior authorization</td>
<td>30% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
</tbody>
</table>

**Highmark Delaware First State Basic Plan**
- 10% coinsurance after deductible
- 30% coinsurance after deductible

**Aetna CDH Gold Plan**
- 10% coinsurance after deductible
- 30% coinsurance after deductible

**Aetna HMO Plan**
- Not covered
- $15 copay per visit
- $100 copay per day with max of $200 per admission
- $100 copay per day with max of $200 per admission
- Not covered
- Not covered
- Not covered

**Highmark Delaware Comprehensive PPO Plan**
- Not covered
- $75 copay per visit
- Not covered
- $20 copay per visit
- $100 copay per day with max of $200 per admission
- $100 copay per day with max of $200 per admission
- $100 copay per day with max of $200 per admission
- Not covered
- Not covered
- Not covered

*Members are encouraged to review the Highmark or Aetna plan documents for details regarding coverage.

For more information, including plan documents and listings of eligible Urgent Care Centers, COE Facilities and Non-Hospital Affiliated Freestanding Locations for Lab Work and Imaging/Radiology Services, visit the Statewide Benefits Office (SBO) website at de.gov/statewidebenefits.