

Newark Public Schools

		NPS PPO 2020	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK	
Lifetime Maximum	Unlimited		
Deductible (Individual/Family)	None	\$200 / \$500	
After deductible, plan pays	100%	70%	
Maximum Out of Pocket Payment Limit (Individual/Family)	\$800 / \$1,600	\$5,000 / \$12,500	
Primary Care Physician Selection	Not Required		
Preventive Care			
Routine Adult Physician Exams / Immunizations	100%	70% (no deductible)	
Routine Well Child Exams / Routine Gynecological Care Exams	100%	child immunizations only 70% (no deductible)	
Routine Mammograms	100%	70% (no deductible)	
Physician's Office Visits			
Primary Care Services	\$20 copay	70% after deductible	
Specialist Services	\$20 copay	70% after deductible A referral is not required to visit a specialist.	
Maternity OB Visits	\$20 copay First visit only	70% after deductible	
Allergy Testing and Treatment	100%	70% after deductible	
Diagnostics Procedures			
Laboratory*	100% in office or Quest Diagnostics	70% after deductible	
Outpatient X-Ray/Radiology Services	100%	70% after deductible	
Emergency Medical Care			
Emergency Room	100% after \$100 facility copay (Copay waived if admitted)		
Ambulance	90%	90% deductible waived	
Hospital Care			
Inpatient coverage	100%	70% after deductible	
Outpatient Surgery	100%	70% after deductible	
Mental Health Services			
Alcohol/Drug Abuse Services	Same as any other illness; benefit depends on place of service		
Other Services			
Skilled Nursing Facility	100% Limited to 120 days per benefit period The overall maximum per benefit period is 120 days combined In- & Out-of-Network	70% after deductible Limited to 60 days per benefit period	
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	100% after \$20 copay	70% after deductible	
Chiropractic Care	100% after \$20 copay 30 visit maximum per benefit period	70% after deductible	
Prescription Drugs (BeneCard)			

* Quest Diagnostics is the Preferred Provider for Laboratory benefits