

Newark Public Schools

	NPS HMO 10	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	
Deductible (Individual/Family)	None	N/A
After deductible, plan pays	100%	N/A
Maximum Out of Pocket Payment Limit (Individual/Family)	\$5,480 / \$10,960	N/A
Primary Care Physician Selection	Required	
Preventive Care		
Routine Adult Physician Exams / Immunizations	100%	Not Covered
Routine Well Child Exams /	100%	Not Covered
Routine Gynecological Care Exams	100%	Not Covered
Routine Mammograms	100%	Not Covered
Physician's Office Visits		
Primary Care Services	\$10 copay	Not Covered
Specialist Services	\$10 copay	Not Covered
	A referral is required to visit a specialist.	
Maternity OB Visits	\$10 copay First visit only	Not Covered
Allergy Testing and Treatment	100%	Not Covered
Diagnostics Procedures		
Laboratory*	100% in office or Quest Diagnostics	Not Covered
Outpatient X-Ray/Radiology Services	100%	Not Covered
Emergency Medical Care		
Emergency Room	100% after \$35 facility copay (Copay waived if admitted)	
Ambulance	100%	
Hospital Care		
Inpatient coverage	100%	Not Covered
Outpatient Surgery	100%	Not Covered
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	Not Covered
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	100% after \$10 copay	Not Covered
Chiropractic Care	100% after \$10e copay 20 visit maximum per benefit period	Not Covered
Vision Hardware	Not Covered	Not Covered
Prescription Drugs (BeneCard)		

* Quest Diagnostics is the Preferred Provider for Laboratory benefits