

CDH Gold 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	AETNA
	In-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$3,000/\$6,000**	Out-of-Network Benefits Deductible: \$1,500/\$3,000* Out-of-Pocket Max: \$6,000/\$12,000**
Health Fund Amount	\$1,250 Employee/\$2,500 Family	
	Preferred	Non-Preferred
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Home Care Services	90% after deductible for up to 240 days per plan per benefit year	70% after deductible for up to 240 days per plan per benefit year
Urgent Care	90% after deductible	70% after deductible
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE	Preferred	Non-Preferred
Inpatient Acute/Partial Hospitalization	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
OTHER COVERED SERVICES	Preferred	Non-Preferred
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% after deductible for up to 120 days per confinement	70% after deductible for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (non-routine)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per benefit year	75% after deductible for up to 30 visits per benefit year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-ray, MRI's, CT Scans, PT Scans, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-term Therapies: physical, speech, Occupational	90% after deductible	70% after deductible
Routine Physical Exam & Immunizations	100%, no deductible	70% after deductible
Hearing Tests - 1 exam every 12 months	100%, no deductible	70% after deductible
Hearing Aids – Children to age 24	90% after deductible	70% after deductible
ALL INFERTILITY SERVICES		
	75% after deductible; \$10,000 lifetime maximum for medical services. 75% covered; \$15,000 lifetime maximum for prescription services	55% after deductible; \$10,000 lifetime maximum for medical services. 55% covered; \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY		
	90% after deductible if "Institute of Excellence for Bariatric" is used; 75% after deductible if authorized hospital/surgical center is used	55% after deductible

*Once the Family Deductible Limit is met, all family members will be considered as having met their deductible.

**Out-of-pocket maximums apply to each benefit year and DO NOT include your deductible.