

# Delaware Valley School District

## 2024-2025 Plan Year

### Plan

### Benefits

Deductibles  
Coinsurance  
Coins. Out of Pocket Max  
ER Copay  
OV Copay/Specialist  
Urgent Care Copay

Trad Plan (Classic Blue)	
Major Medical	
Deductibles	\$250/\$750
Coinsurance	40%
Coins. Out of Pocket Max	\$400/\$1,200
ER Copay	40%
OV Copay/Specialist	40%
Urgent Care Copay	40%

### Prescription Drugs

Deductibles  
Coinsurance/Copayments  
Minimums/Maximums  
Rx Management

Retail	Mail Order
\$125/\$375*	
20%	20%
Retail/Mail - \$200 Maximum	
Prior Authorization	

### Plan

### Benefits

Deductibles  
Coinsurance  
Coins. Out of Pocket Max  
ER Copay  
OV Copay/Specialist  
Urgent Care Copay

PPO Blue Plan	
In Network	Out of Network
\$100/\$300	\$300/\$900
0%	20%
n/a	\$1,000/\$3,000
\$75 – waived if admitted	
\$15/\$30	20%
\$30	20%

### Prescription Drugs

Deductibles  
Coinsurance/Copayments  
Minimums/Maximums

Retail	Mail Order
None	
\$5/\$10	\$10/\$20
n/a	
Mandatory Generic, Quantity Limits, Prior Authorization	

Rx Management

### Employee Premium Sharing:

All Staff: \$ 1200 annually