

Choosing the Right Care Saves TIME and MONEY



Outpatient Imaging / Radiology Services

Type of Service	Site of Care	Average Cost Per Visit	Your Copay* Through June 30, 2019	Your Copay* Effective July 1, 2019
Basic Imaging / Radiology (X-Ray, Ultrasound, Diagnostic 2D/3D Mammography)	In-network Non-hospital Affiliated	\$123	\$0	\$0
	In-network Hospital Affiliated	\$226	\$35	\$50
High-Tech Imaging / Radiology (MRI, CT Scan) Note: Requires a prior authorization	In-network Non-hospital Affiliated	\$468	\$0	\$0
	In-network Hospital Affiliated	\$1,409	\$50	\$75

Outpatient Lab Work Services



Site of Care	Average Cost Per Visit	Your Copay* Through June 30, 2019	Your Copay* Effective July 1, 2019
In-network Non-hospital Affiliated Preferred Lab	\$65	\$10	\$10
In-network Hospital / Other Lab Facilities	\$184	\$20	\$50

Emergency vs Non-Emergency Services

Site of Care	Example of Use	Average Cost Per Visit	Your Copay* Through June 30, 2019	Your Copay* Effective July 1, 2019
24/7 Nurse Line	Colds, Flu, Pink Eye, Back Pain, Sprains, Strains, Rashes	\$0	\$0	\$0
Telemedicine		\$40 (HMO) \$49 (PPO)	\$15 (HMO) \$20 (PPO)	\$0
Primary Care Provider (PCP)		\$100		\$15 (HMO) \$20 (PPO)
Urgent Care		\$126		
Emergency Room	Chest Pain, Fainting, Uncontrolled Bleeding	\$1,484	\$150	\$200

*Based on out-of-pocket costs for Aetna HMO and Highmark Comprehensive PPO members. Aetna CDH and Highmark First State Basic members can access plan details and costs on the SBO website.

Call To Action

Learn more and find an affordable location near you: de.gov/statewidebenefits (Select “Choosing the Right Care”)

Have questions? Call 1-800-489-8933

