

Northern Burlington Regional Board of Education SHIF Medical and BeneCard Rx Comparison

SHIF Medical:	Aetna Choice POS II \$10 AmeriHealth PPO \$10		Aetna Choice POS II \$15 AmeriHealth PPO \$15		Aetna Choice POS II Zero AmeriHealth PPO Zero		Aetna NJ Educators Health Plan AmeriHealth NJ Educators Health Plan		Aetna Garden State Health Plan AmeriHealth Garden State Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Required	No		No		No		No		No	
Individual Deductible	None	\$100	None	\$100	None	\$100	None	\$350	None	\$350
Family Deductible	None	\$250	None	\$250	None	\$250	None	\$700	None	\$700
Coinsurance	10% (select serv)	20%	10% (select serv)	30%	10% (select serv)	20%	90% (select serv)	30%	90% (select serv)	30%
Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$500	\$2,000	\$500	\$2,000
Max. Coinsurance Family	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000
Max. Out of Pocket Single	\$400	\$2,000	\$6,320	\$2,000	\$400	\$2,000	\$500	\$2,000	\$500	\$2,000
Max. Out of Pocket Family	\$1,000	\$5,000	\$12,640	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PCP Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$0	80% after ded.	\$10	70% after ded.	\$10	70% after ded.
Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$0	80% after ded.	\$15	70% after ded.	\$15	70% after ded.
Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	80% after ded.	100%	70% after ded.	100%	70% after ded.
Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$50 copay		100% after \$125 copay		100% after \$125 copay	
Telemedicine	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Prescription Drug										
Retail Generic Copay	\$3		\$3		\$3		\$5		\$5	
Retail Preferred-Brand Copay	\$10		\$10		\$10		\$10		\$10	
Retail Non-Preferred Brand Copay	\$10		\$10		\$10		Member pays Difference		Member pays Difference	
Mail Order Generic Copay	\$5		\$5		\$5		\$10		\$10	
Mail Order Preferred-Brand Copay	\$15		\$15		\$15		\$20		\$20	
Mail Order Non-Preferred Brand Copay	\$15		\$15		\$15		Member pays Difference		Member pays Difference	

Under the current Aetna Choice POS II and AmeriHealth \$10 and \$15 Plans the out-of-network reimbursement is 90th percentile of Fair Health. Under the Zero, NJ Educators and Garden State Plans, the out-of-network reimbursement is 200% of Medicare, which in some cases can be significantly lower reimbursement than Fair Health, and will result in higher out-of-pocket costs for the member.

Mandatory Generics - Under the NJ Educators and Garden State Plans, if a Generic drug is available and you choose to fill a prescription with a Brand Name drug, you will be responsible for the Brand Name copay and the difference in cost between the Generic and Brand Name drug. Step Therapy is also included in this prescription coverage.