

Burlington Township Board of Education Simplified Medical Plan Benefits* and Cost Comparison

	Aetna PPO Buy Up Plan		Aetna PPO Core	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Referrals	No		No	
Individual Deductible	\$500	\$1,250	\$1,000	\$2,500
Family Deductible	\$1,000	\$2,500	\$2,000	\$5,000
Member Coinsurance	10%	30%	20%	40%
Maximum Out of Pocket Single	\$1,000	\$2,500	\$2,000	\$5,000
Maximum Out of Pocket Family	\$2,000	\$5,000	\$4,000	\$10,000
Preventive Care	100% paid	70% pd. after ded.	100% paid	60% pd. after ded.
PCP Office Copay	\$20 Copay ded. waived	70% pd. after ded.	\$25 Copay ded. waived	60% pd. after ded.
Specialist Office Copay	\$30 Copay ded. waived	70% pd. after ded.	\$40 Copay ded. waived	60% pd. after ded.
Diagnostic Lab & X-ray	\$30 Copay ded. waived	70% pd. after ded.	\$40 Copay ded. waived	60% pd. after ded.
Inpatient Hospital Copay	\$100 Copay per day, up to 5 days per admission, ded. waived	70% pd. after ded.	\$200 Copay per day, up to 5 days per admission, ded. waived	60% pd. after ded.
Outpatient Surgery Copay	90% pd. after ded.	70% pd. after ded.	80% pd. after ded.	60% pd. after ded.
Emergency Room Copay	100% paid after \$100 copay		80% paid after \$100 copay	
Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)	\$30 Copay, deductible waived, 30 visits per illness or injury per calendar year combined In and Out of Network.	70% pd. after ded., 30 visits per illness or injury per calendar year combined In and Out of Network.	\$40 Copay, deductible waived, 60 visits per illness or injury per calendar year combined In and Out of Network.	60% pd. after ded., 60 visits per illness or injury per calendar year combined In and Out of Network.
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Coverage Categories with the Associated Monthly Rate	Monthly Premium Rates Effective July 1, 2025 through June 30, 2026			
	Single	\$1,019.00	Single	\$852.00
	Parent/Child	\$1,506.00	Parent/Child	\$1,259.00
	2-Party	\$2,267.00	2-Party	\$1,896.00
	Family	\$2,639.00	Family	\$2,205.00

*This is an overview of the plans being offered for coverage. It does not show all benefits available under the coverage nor does it show all plan limitations. Benefit Summaries will provide further details.