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

	Aetna Patriot V $10		Aetna Patriot X		Aetna High Deductible Plan with/Rx		Aetna QPOS $5	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referrals	Yes	No	Yes	No	No		No	
Individual Deductible	None	$100	None	$200	$1,300	$1,300	None	$1,000
Family Deductible	None	$200	None	$400	$2,600	$2,600	None	$3,000
Member Coinsurance	N/A	30%	N/A	20%	20%	50%	N/A	30%
Maximum Out of Pocket Single	$4,000	$2,000	$4,000	$1,000	$6,250	$6,250	$1,500	$10,000
Maximum Out of Pocket Family	$8,000	$4,000	$8,000	$2,000	$12,500	$12,500	$3,000	$30,000
Preventive Care	100% paid	70% pd. after ded.	100% paid	100% up to $150; 80% pd. after	100% paid	50% pd. after ded.	100% paid	70% pd. after ded.
PCP Office Copay	$10 Copay	70% pd. after ded.	$10 Copay	80% pd. after ded.	80% pd. after ded.	50% pd. after ded.	$5 Copay	70% pd. after ded.
Specialist Office Copay	$10 Copay	70% pd. after ded.	$15 Copay	80% pd. after ded.	80% pd. after ded.	50% pd. after ded.	$5 Copay	70% pd. after ded.
Diagnostic Lab & X-ray	100% paid	70% pd. after ded.	$15 Copay	100% of UCR	80% pd. after ded.	50% pd. after ded.	$5 Copay	70% pd. after ded.
Inpatient Hospital Copay	100% paid	70% pd. after ded.	100% paid	100% of UCR	80% pd. after ded.	50% pd. after ded.	100% paid	70% pd. after ded.
Outpatient Surgery Copay	100% paid	70% pd. after ded.	100% paid	100% of UCR	80% pd. after ded.	50% pd. after ded.	100% paid	70% pd. after ded.
Emergency Room Copay	100% paid after $50 copay		100% paid after $50 copay		80% paid after deductible		100% paid after $35 copay	
Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)	$0 Copay, Treatment over 60 consecutive day period per illness or injury beginning w/first day of treatment	70% pd. after ded.	$15 Copay, Treatment over 60 consecutive day period per illness or injury beginning w/first day of treatment	100% of UCR	80% pd. after ded., 30 visits per illness or injury per calendar year combined In and Out of Network.	50% pd. after ded., 30 visits per illness or injury per calendar year combined In and Out of Network.	100% Paid, Treatment over 60 consecutive day period per illness or injury beginning w/first day of treatment	70% 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	Unlimited	Unlimited	Unlimited	Unlimited
Coverage Categories with the Associated Monthly Rate	Monthly Premium Rates Effective July 1, 2025 through June 30, 2026							
	Single	$1,087.00	Single	$1,398.00	Single	$1,206.00	Single	$1,104.00
	Parent/Child	$1,609.00	Parent/Child	$2,041.00	Parent/Child	$1,719.00	Parent/Child	$1,634.00
	2-Party	$2,422.00	2-Party	$3,055.00	2-Party	$2,593.00	2-Party	$2,442.00
	Family	$2,821.00	Family	$3,571.00	Family	$3,023.00	Family	$2,838.00

*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.