

## 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
<b>Referrals</b>	No		No	
<b>Individual Deductible</b>	\$500	\$1,250	\$1,000	\$2,500
<b>Family Deductible</b>	\$1,000	\$2,500	\$2,000	\$5,000
<b>Member Coinsurance</b>	10%	30%	20%	40%
<b>Maximum Out of Pocket Single</b>	\$1,000	\$2,500	\$2,000	\$5,000
<b>Maximum Out of Pocket Family</b>	\$2,000	\$5,000	\$4,000	\$10,000
<b>Preventive Care</b>	100% paid	70% pd. after ded.	100% paid	60% pd. after ded.
<b>PCP Office Copay</b>	\$20 Copay ded. waived	70% pd. after ded.	\$25 Copay ded. waived	60% pd. after ded.
<b>Specialist Office Copay</b>	\$30 Copay ded. waived	70% pd. after ded.	\$40 Copay ded. waived	60% pd. after ded.
<b>Diagnostic Lab &amp; X-ray</b>	\$30 Copay ded. waived	70% pd. after ded.	\$40 Copay ded. waived	60% pd. after ded.
<b>Inpatient Hospital Copay</b>	\$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.
<b>Outpatient Surgery Copay</b>	90% pd. after ded.	70% pd. after ded.	80% pd. after ded.	60% pd. after ded.
<b>Emergency Room Copay</b>	100% paid after \$100 copay		80% paid after \$100 copay	
<b>Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)</b>	\$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.
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Monthly Premium Rates Effective July 1, 2026 through June 30, 2027</b>				
<b>Coverage Categories with the Associated Monthly Rate</b>	<b>Single</b>	<b>\$1,225.00</b>	<b>Single</b>	<b>\$1,024.00</b>
	<b>Parent/Child</b>	<b>\$1,811.00</b>	<b>Parent/Child</b>	<b>\$1,514.00</b>
	<b>2-Party</b>	<b>\$2,726.00</b>	<b>2-Party</b>	<b>\$2,280.00</b>
	<b>Family</b>	<b>\$3,173.00</b>	<b>Family</b>	<b>\$2,651.00</b>

\*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.