

JACKSON BOARD OF EDUCATION

COMPARISON OF AETNA CHOICE POS II \$35 vs. AETNA SAVINGS PLUS vs. NJ EDUCATORS vs. GARDEN STATE PLANS

	Aetna Choice POS II - \$35 Copay Including Prescription		Aetna Savings Plus Including Prescription		NJ Educators Health Plan* Garden State Plan* Including Prescription	
	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Service Area	Unrestricted	Unrestricted	Unrestricted	Unrestricted	Unrestricted/Restricted*	Unrestricted/Restricted*
Hospital In-patient	100%	80% after deductible	100% after \$150 copay	80% after deductible	100%	70% after deductible
Skilled Nursing Facility	100%	80% after deductible	100% after \$150 copay	80% after deductible	100%	70% after deductible
	120 days per calendar year		100 days per calendar year		120 days per calendar year.	60 days per calendar year
Hospital Pre-Admission Testing	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
Physician (Inpatient Surgery)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
Primary Care (Office Visits)	100% after \$35 copay	80% after deductible	100% after \$5 copay	100% after \$20 copay	100% after \$10 copay	70% after deductible
Specialist (Office Visits)	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
Chiropractic	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	Lesser of \$35/visit. Or 75% of In-network cost/visit.
	30 visits per calendar year		25 visits per calendar year		30 visits per calendar year	
Emergency Room	100% after \$50 copay	100% after \$50 copay	100% after \$100 copay	100% after \$100 copay	100% after \$125 copay	100% after \$125 copay

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Durable Medical Equipment	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible
Radiation/Chemotherapy Outpatient	100%	80% after deductible	100% in office 100% after \$15 copay in outpatient facility	100% in office 80% after deductible in outpatient facility	100%	70% after deductible
Well-Child Immunizations	100%	80% no deductible	100%	100%	100%	70% after deductible for children under 12 months of age only.
Routine Adult Physical Exams	100%	80% no deductible	100%	100%	100%	Not Covered
X-Rays/Lab Tests	100%	80% after deductible	100% in office or Lab Corp. 100% after \$15 copay in outpatient facility	100% in office or Lab Corp. 80% after deductible in outpatient facility	100%	70% after deductible
Maternity (Physician)	100%, after \$35 copay for initial visit	80% after deductible	100% after \$15 copay for initial visit	100% after \$30 copay for initial visit	100% after \$15 copay for initial visit	70% after deductible
Well Child Care	100%	80% no deductible	100%	100%	100%	Not Covered
Alcohol Abuse (Office visit)	100%	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
Alcohol Abuse (In-patient)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible

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Mental Health (Inpatient)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
Mental Health/Alcohol Abuse (Office visit)	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
Routine Vision Exam	\$35 paid at 100% toward cost of exam	80% after deductible, maximum of \$35	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	Not Covered
	Hardware – Scheduled		Hardware Adults – Not Covered Hardware Children – Up to \$125 per year		Hardware – Not Covered	
Physical/Speech Therapy	100%	80% after deductible	100% after \$5 copay 100% after \$5 copay in outpatient facility	100% after \$20 copay 80% after deductible in outpatient facility	100% after \$15 copay	70% after deductible, Max per visit \$52
	30 visits per calendar year		30 visits per calendar year			
Ambulance	80% after deductible	80% after deductible	100%	100%	90%	70% after deductible
Foot Orthotics	100% after \$35 copay	80% after deductible	100% after \$5 copay	100% after \$20 copay	90% after \$10 copay	70% after deductible
Oxygen & Administration	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible

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Diabetes Supplies	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible
Home Health Care	100%	80% after deductible Up to 100 visits	100% after \$5 copay	100% after \$20 copay	100%	70% after deductible
Hospice	100%	80% after deductible	100% after \$150 copay	80% after deductible	100%	70% after deductible
Prescription Drug	Retail- Generic- \$15 copay Brand Name- \$30 copay Mail Order- Generic- \$15 Copay Brand- \$30 copay		Retail- Generic- \$15 copay Brand Name- \$30 copay Mail Order- Generic- \$15 Copay Brand- \$30 copay		Mandatory Generic (Member pays the difference between generic and brand name plus brand copay) Step Therapy is included Retail- Generic- \$5 copay Brand Name- \$10 copay Mail Order- Generic- \$10 Copay Brand- \$20 copay	
Deductibles (Individual)	\$250		N/A	\$1,500	N/A	\$350
Deductibles (Family Maximum)	\$500		N/A	\$3,000	N/A	\$700
Maximum Out-of-Pocket (Individual)	\$1,000		\$2,500	\$4,500	\$500	\$2,000

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Maximum Out-of-Pocket (Family)	\$2,000		\$5,000	\$9,000	\$1,000	\$5,000
Maximum Plan Covered Expenses Annual/Lifetime	Unlimited		Unlimited		Unlimited	

***The NJ Educators Plan and the Garden State Plan have identical benefits on the medical and the prescription. The differences between the two plans are as follows:**

- The NJ Educators Plan has a nationwide network the same as the \$35 copay plan.
- The Garden State Plan for both in-network and out-of-network, only covers providers located in the State of New Jersey. Unless there is a true medical/accident emergency all providers out of state are not covered.
- The Garden State Plan network of providers is different than the providers under the NJ Educators Plan. See the following page.
- If anyone wishes to enroll in the Garden State Plan, they must complete the attached affidavit acknowledging they understand they may not use providers outside of New Jersey.