

# 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)
<b>Service Area</b>	Unrestricted	Unrestricted	Unrestricted	Unrestricted	Unrestricted/Restricted*	Unrestricted/Restricted*
<b>Hospital In-patient</b>	100%	80% after deductible	100% after \$150 copay	80% after deductible	100%	70% after deductible
<b>Skilled Nursing Facility</b>	100%	80% after deductible	100% after \$150 copay	80% after deductible	100% 120 days per calendar year.	70% after deductible 60 days per calendar year
	120 days per calendar year		100 days per calendar year			
<b>Hospital Pre-Admission Testing</b>	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
<b>Physician (Inpatient Surgery)</b>	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
<b>Primary Care (Office Visits)</b>	100% after \$35 copay	80% after deductible	100% after \$5 copay	100% after \$20 copay	100% after \$10 copay	70% after deductible
<b>Specialist (Office Visits)</b>	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
<b>Chiropractic</b>	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	
<b>Emergency Room</b>	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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	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
<b>Durable Medical Equipment</b>	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible
<b>Radiation/Chemotherapy Outpatient</b>	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
<b>Well-Child Immunizations</b>	100%	80% no deductible	100%	100%	100%	70% after deductible for children under 12 months of age only.
<b>Routine Adult Physical Exams</b>	100%	80% no deductible	100%	100%	100%	Not Covered
<b>X-Rays/Lab Tests</b>	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
<b>Maternity (Physician)</b>	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
<b>Well Child Care</b>	100%	80% no deductible	100%	100%	100%	Not Covered
<b>Alcohol Abuse (Office visit)</b>	100%	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
<b>Alcohol Abuse (In-patient)</b>	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible

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	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
<b>Mental Health (Inpatient)</b>	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
<b>Mental Health/Alcohol Abuse (Office visit)</b>	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
<b>Routine Vision Exam</b>	\$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	
<b>Physical/Speech Therapy</b>	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			
<b>Ambulance</b>	80% after deductible	80% after deductible	100%	100%	90%	70% after deductible
<b>Foot Orthotics</b>	100% after \$35 copay	80% after deductible	100% after \$5 copay	100% after \$20 copay	90% after \$10 copay	70% after deductible
<b>Oxygen &amp; Administration</b>	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible

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