

## Maple Shade Board of Education Simplified Medical & Prescription Plan Benefits Comparison

	Aetna Choice POS II 20		Aetna Choice POS II 20/20		Aetna QPOS 20		Horizon OMNIA In-Network Only		NJ Educators Health Plan		Garden State Health Plan NJ Only Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Medical:</b>												
Referral Required	No		No		YES	No	No	No	No		No	
Individual Deductible	None	\$200	None	\$200	None	\$500	None	\$1,500	None	\$350	None	\$350
Family Deductible	None	\$500	None	\$500	None	\$1,000	None	\$3,000	None	\$700	None	\$700
Coinsurance	10% (select serv)	30%	10% (select serv)	30%	None	40%	None	20%	10% (select serv)	30%	10% (select serv)	30%
Max. Coinsurance Single	\$800	\$4,000	\$800	\$5,000	None	\$4,000	None	\$4,500	\$500	\$2,000	\$500	\$2,000
Max. Coinsurance Family	\$1,600	\$9,000	\$1,600	\$12,500	None	\$8,000	None	\$9,000	\$1,000	\$5,000	\$1,000	\$5,000
Max. Out of Pocket Single	\$800	\$4,000	\$800	\$5,000	\$4,000	\$4,000	\$2,500	\$4,500	\$500	\$2,000	\$500	\$2,000
Max. Out of Pocket Family	\$1,600	\$9,000	\$1,600	\$12,500	\$8,000	\$8,000	\$5,000	\$9,000	\$1,000	\$5,000	\$1,000	\$5,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PCP Office Copay	\$20	70% after ded.	\$20	70% after ded.	\$20	60% after ded.	\$5	\$20	\$10	70% after ded.	\$10	70% after ded.
Specialist Office Copay	\$20	70% after ded.	\$20	70% after ded.	\$20	60% after ded.	\$15	\$30	\$15	70% after ded.	\$15	70% after ded.
Telemedicine	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0		\$0	Not Covered	\$0	Not Covered
Inpatient Hospital Copay	100%	70% after sep. \$200 ded	100%	70% after sep. \$500 ded	100%	60% after ded.	100% after \$150 copay per admission	80% after ded.	100%	70% after ded.	100%	70% after ded.
Emergency Room Copay	100% after \$50 copay		100% after \$100 copay		100% after \$100 copay		100% after \$100 copay		100% after \$125 copay		100% after \$125 copay	
<b>Prescription Drug Plan</b>												
Retail Generic Copay	\$5		\$3		\$3		\$3		\$5		\$5	
Retail Preferred Copay	\$20		\$18		\$18		\$10		\$10**		\$10**	
Retail Non-Preferred Copay	\$20		\$46		\$46		\$10		member pays difference**		member pays difference**	
Mail Order Generic Copay	\$10		\$5		\$5		\$5		\$10		\$10	
Mail Order Preferred Copay	\$40		\$36		\$36		\$15		\$20**		\$20**	
Mail Order Non-Preferred Copay	\$40		\$92		\$92		\$15		memberpays difference**		member pays difference**	

\* Under the current Aetna Choice POS II 20, POS II 20/20, QPOS 20, and OMNIA plans, the out-of-network reimbursement is 90th percentile of Fair Health. Under the NJ Educators Health Plan (NJEHP) and Garden State Plan (GSP), the out-of-network reimbursement is 200% of Medicare, which in some cases can be significantly lower reimbursement than Fair Health, and will result in higher out-of-pocket costs for the member.

\*\*Mandatory Generics – Under the NJ Educators Health Plan (NJEHP) and the Garden State Plan (GSP), if a Generic drug is available and you chose to fill a prescription with a Brand Name drug, you will be responsible for the Brand Name copay and the difference in cost between the Generic and Brand Name drug. Step Therapy is also included in this prescription coverage.