# North Brunswick Board of Education

## Simplified Medical/Prescription Plan Benefits Comparison

| | Negotiated Aetna $20/$35 Plan | | Educators Health Plan | |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-network |
| Referral Required | No | | No | |
| Individual Deductible | None | $300 | None | $350 |
| Family Deductible | None | $600 | None | $700 |
| Maximum Out of Pocket Single | $6,520 | $3,000 | $500 | $2,000 |
| Maximum Out of Pocket Family | $13,040 | $6,000 | $1,000 | $5,000 |
| Lifetime Benefit Maximum | Unlimited | | Unlimited | |
| Preventive Care | 100% | 70% no ded. | 100% | Not Covered |
| PCP Office Copay | $20 | 70% after ded. | $10 | 70% after ded, |
| Specialist Office Copay | $35 | 70% after ded. | $15 | 70% after ded, |
| Urgent Care Copay | $50 | 70% after ded. | $15 | 70% after ded, |
| Inpatient Hospital Copay | 100% | 70% after ded. | 100% | 70% after ded, |
| Outpatient Surgery Copay | 100% | 70% after ded. | 100% | 70% after ded, |
| Emergency Room Copay | 100% after $50 copay | | 100% after $125 copay | |
| Telemedicine Copay | $0 | | $15 | |
| **Benecard Prescription Drug** | | | | |
| Generic Copay - Retail | $10 | | $5 | |
| Brand Copay - Retail | $15 | | $10 | |
| Retail Brand w/Generic Available | $15 | | Member Pays the Difference | |
| Generic Copay - Mail Order | $10 | | $10 | |
| Brand Copay - Mail Order | $10 | | $20 | |
| Mail Order Brand w/Generic Available | $10 | | Member Pays the Difference | |