

Northern Burlington Regional Board of Education SHIF Medical and BeneCard Rx Comparison

	Aetna Choice POS II \$10 AmeriHealth PPO \$10		Aetna Choice POS II \$15 AmeriHealth PPO \$15		Aetna HMO \$10 AmeriHealth EPO \$10	Aetna NJ Educators Health Plan AmeriHealth NJ Educators Health Plan		Aetna Garden State Health Plan AmeriHealth Garden State Health Plan New Jersey Providers Only	
SHIF Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
	No		No		Aetna: No AmeriHealth: Yes	No		No	
Referral Required									
Individual Deductible	None	\$100	None	\$100	None (\$100 DME only)	None	\$350	None	\$350
Family Deductible	None	\$250	None	\$250	None (\$100 DME only)	None	\$700	None	\$700
Coinsurance	10% (select services)	20%	10% (select services)	30%	None	90% (select services)	30%	90% (select services)	30%
Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000	N/A	\$500	\$2,000	\$500	\$2,000
Max. Coinsurance Family	\$1,000	\$5,000	\$1,000	\$5,000	N/A	\$1,000	\$5,000	\$1,000	\$5,000
Max. Out of Pocket Single	\$400	\$2,000	\$6,320	\$2,000	\$6,320	\$500	\$2,000	\$500	\$2,000
Max. Out of Pocket Family	\$1,000	\$5,000	\$12,640	\$5,000	\$12,500	\$1,000	\$5,000	\$1,000	\$5,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PCP Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$10	\$10	70% after ded.	\$10	70% after ded.
Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$10	\$15	70% after ded.	\$15	70% after ded.
Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	100%	70% after ded.	100%	70% after ded.
Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$35 copay	100% after \$125 copay		100% after \$125 copay	
Telemedicine	\$0	Not Covered	\$0	Not Covered	\$10	\$0	Not Covered	\$0	Not Covered
Prescription Drug									
Retail Generic Copay	\$3		\$3		\$3	\$5		\$5	
Retail Preferred-Brand Copay	\$10		\$10		\$10	\$10		\$10	
Retail Non-Preferred Brand Copay	\$10		\$10		\$10	Member pays Difference		Member pays Difference	
Mail Order Generic Copay	\$5		\$5		\$5	\$10		\$10	
Mail Order Preferred-Brand Copay	\$15		\$15		\$15	\$20		\$20	
Mail Order Non-Preferred Brand Copay	\$15		\$15		\$15	Member pays Difference		Member pays Difference	

Under the current Aetna Choice POS II and AmeriHealth \$10 and \$15 Plans the out-of-network reimbursement is 90th percentile of Fair Health. Under the NJ Educators and Garden State Plans, 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 and Garden State Plans, if a Generic drug is available and you choose 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.