

South Brunswick Board of Education Simplified Medical & Prescription Plan Benefits Comparison

	Aetna Open Access Managed Choice \$15		Aetna Open Access Managed Choice \$20/\$30		Aetna Open Access Elect Choice Savings Plus*		Aetna Open Access Managed Choice NJ Educators Plan (NJEHP)		Aetna Open Access Managed Choice Garden State Plan (GSP) <i>New Jersey Providers Only</i>	
Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Required	No		No		No		No		No	
Individual Deductible	None	\$100	None	\$200	None	\$1,500	None	\$350	None	\$350
Family Deductible	None	\$250	None	\$500	None	\$3,000	None	\$700	None	\$700
Max. Out of Pocket Single	\$400	\$2,000	\$800	\$5,000	\$2,500	\$4,500	\$500	\$2,000	\$500	\$2,000
Max. Out of Pocket Family	\$800	\$5,000	\$1,600	\$12,500	\$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
PCP Office Copay	\$15	70% after ded.	\$20	70% after ded.	\$5	\$20	\$10	70% after ded.	\$10	70% after ded.
Specialist Office Copay	\$15	70% after ded.	\$30 (Copay for dep. child is \$20)	70% after ded.	\$15	\$30	\$15	70% after ded.	\$15	70% after ded.
Inpatient Hospital Copay	100%	70% after ded.	100%	70% after sep. \$500 ded	100% after \$150 copay per admission	80% after ded.	100%	70% after ded.	100%	70% after ded.
Outpatient Surgery Copay	100%	70% after ded.	100%	70% after ded.	100% after \$150 copay	80% after ded.	100%	70% after ded.	100%	70% after ded.
Preventive Care	100%	70% No ded.	100%	70% no ded.	100%	100%	100%	Not Covered	100%	Not Covered
Emergency Room Copay	100% after \$50 copay		100% after \$100 copay		100% after \$100 copay		100% after \$125 copay		100% after \$125 copay	
Prescription:										
Retail Generic Copay	\$10		\$10		\$10		\$5		\$5	
Single Source Brand Copay	\$20		\$20		\$20		\$10		\$10	
Multi-Source Brand Copay	\$30		\$30		\$30		\$10 Mandatory Generic		\$10 Mandatory Generic	
Mail Order Generic Copay	\$10		\$10		\$10		\$10		\$10	
Single Source Brand Mail Order Copay	\$20		\$20		\$20		\$20		\$20	
Multi-Source Brand Mail Order Copay	\$30		\$30		\$30		\$20 Mandatory Generic		\$20 Mandatory Generic	

* The Savings Plus Plan is no longer open to new enrollments or changes in coverage.