

Ewing Township Board of Education Plan Comparison 1/1/2021

[Plan Choices for Active Employees Hired Prior to January 31, 2017](#)

	<i>Aetna New Jersey Educators Health Plan</i>	<i>Aetna Choice POS II \$10</i>	<i>Aetna Choice POS II \$15</i>	<i>Aetna Choice POS II \$15/\$25</i>	<i>Aetna Choice POS \$20/\$20</i>	<i>Aetna Choice POS II \$20/\$35</i>	<i>Aetna HMO \$10</i>	<i>Aetna HMO \$15/\$25</i>	<i>Aetna HMO \$20/\$20</i>
	<b>Medical Cost Sharing (In Network Benefit Listed Unless Stated Otherwise)</b>								
In-Network Deductible	N/A	N/A	N/A	N/A	N/A	\$200 Individual; \$500 Family	\$100 on select services	\$100 on select services	\$100 on select services
Out of Network Deductible	\$350 Individual; \$700 Family	\$100 Individual; \$250 Family	\$100 Individual; \$250 Family	\$100 Individual; \$250 Family	\$200 Individual; \$500 Family	\$800 Individual; \$2,000 Family	N/A	N/A	N/A
In-Network Coinsurance	10%	10%	10%	10%	10%	20%	N/A	N/A	N/A
Out of Network Coinsurance	30%	20%	30%	30%	30%	40%	N/A	N/A	N/A
In-Network Coinsurance Maximum	N/A	N/A	\$400 Individual; \$1,000 Family	\$400 Individual; \$1,000 Family	\$800 Individual; \$2,000	\$2,000 Individual; \$5,000 Family	N/A	N/A	N/A
In-Network Out of Pocket Maximum	\$500 Individual; \$1,000 Family	\$400 Individual; \$1,000 Family	\$5,480 Individual; \$10,960 Family	\$5,480 Individual; \$10,960 Family	\$5,480 Individual; \$10,960 Family	\$5,480 Individual; \$10,960 Family	\$5,480 Individual; \$10,960 Family	\$5,480 Individual; \$10,960 Family	\$5,480 Individual; \$10,960 Family
Out of Network Out of Pocket Max	\$2,000 Individual; \$5,000 Family	\$2,000 Individual; \$5,000 Family	\$2,000 Individual; \$5,000 Family	\$2,000 Individual; \$5,000 Family	\$5,000 Individual; \$12,500 Family	\$6,500 Individual; \$13,000 Family	N/A	N/A	N/A
In- Network Primary Care Copay	\$10	\$10	\$15	\$15	\$20	\$20	\$10	\$15	\$20
In-Network Specialist Copay	\$15	\$10	\$15	\$25	\$20	\$35	\$10	\$25	\$20
In-Network Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
In-Network Diagnostic (X-Ray/blood work)	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Imaging (CT, PET scans, MRI)	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Hospital Stay	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
Out of Network Hospital Stay	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after \$200 copay	30% coinsurance after \$500 copay	40% coinsurance after \$600 copay	N/A	N/A	N/A
In- Network Outpatient Surgery	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
Out of Network Outpatient Surgery	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	4 % coinsurance after deductible	N/A	N/A	N/A
In-Network Emergency Room Copay	\$125	\$25	\$50	\$75	\$125	\$300	\$35	\$75	\$125
In-Network Urgent Care Copay	\$15	\$10	\$15	\$25	\$20	\$35	\$10	\$25	\$20
In-Network Ambulance	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance	20% coinsurance after deductible	No Charge	No Charge	No Charge
Mental/Behavioral Health outpatient	\$15	\$10	\$15	\$25	\$20	\$35	\$10	\$25	\$20
In-Network Mental/Behavioral Health inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-network Substance use disorder outpatient	\$15	No Charge	No Charge	No Charge	No Charge	\$35	No Charge	No Charge	No Charge
In-Network Substance use disorder inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Prenatal and postnatal care	\$15 for initial visit, then no charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
In-Network Delivery & all inpatient services	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Home Health Care	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Rehabilitation Services	\$15	\$10	\$15	\$25	\$20	\$35	\$10	\$25	\$20
In-Network Habilitation Services	\$15	\$10	\$15	\$25	\$20	\$35	\$10	\$25	\$20
In-Network Skilled nursing care	No Charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Durable medical equipment	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
In-Network Hospice service	No charge	No Charge	No Charge	No Charge	No Charge	20% coinsurance after deductible	No Charge	No Charge	No Charge
In-Network Eye exam	\$15	\$10	\$15	\$25	\$20	\$35	\$10	\$25	\$20

Aetna HMOs - Referrals are required. Employees selecting these plans must also select a Primary Care Physician for each member of the family.

Aetna Choice POS II - Referrals are not required for any of these plans. Selection of a Primary Care Physician is optional.

This document is intended as a brief comparison only. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. For more information, please contact Human Resources.