

Maple Shade Board of Education

Simplified Medical & Prescription Plan Benefits Comparison

July 1, 2020

	Aetna Choice POS II 20		Aetna Choice POS II 20/20		Aetna QPOS 20		Horizon OMNIA- In-Network Only	
Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2
Referral Required	No		No		YES	No	No	No
Individual Deductible	None	\$200	None	\$200	None	\$500	None	\$1,500
Family Deductible	None	\$500	None	\$500	None	\$1,000	None	\$3,000
Coinsurance	10% (select serv)	30%	10% (select serv)	30%	None	40%	None	20%
Max. Coinsurance Single	\$800	\$4,000	\$800	\$5,000	None	\$4,000	None	\$4,500
Max. Coinsurance Family	\$1,600	\$9,000	\$1,600	\$12,500	None	\$8,000	None	\$9,000
Max. Out of Pocket Single	\$800	\$4,000	\$800	\$5,000	\$4,000	\$4,000	\$2,500	\$4,500
Max. Out of Pocket Family	\$1,600	\$9,000	\$1,600	\$12,500	\$8,000	\$8,000	\$5,000	\$9,000
Lifetime Benefit Maximum	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
Specialist Office Copay	\$20	70% after ded.	\$20	70% after ded.	\$20	60% after ded.	\$15	\$30
Telemedicine	\$15	Not Covered	\$15	Not Covered	\$15	Not Covered	\$5	\$5
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.
Emergency Room Copay	100% after \$50 copay		100% after \$100 copay		100% after \$100 copay		100% after \$100 copay	
BeneCard Prescription								
Retail Generic Copay	\$5		\$3		\$3		\$3	
Retail Preferred Copay	\$20		\$18		\$18		\$10	
Retail Non-Preferred Copay	\$20		\$46		\$46		\$10	
Mail Order Generic Copay	\$10		\$5		\$5		\$5	
Mail Order Preferred Copay	\$40		\$36		\$36		\$15	
Mail Order Non-Preferred Copay	\$40		\$92		\$92		\$15	