

**SHAMONG TOWNSHIP BOARD OF EDUCATION
AETNA CHOICE POS II NEW JERSEY EDUCATORS HEALTH PLAN**

	Aetna Choice POS II NJ Educators Health Plan (By law this plan design cannot be changed or altered it is the same as Horizon)	
	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Hospital In-patient	100%	70% after deductible
Skilled Nursing Facility	100% 120 days per cal. Year	70% after deductible 60 days per cal. Year
Hospital Pre-Admission Testing	100%	70% after deductible
Physician (Surgery)	100%	70% after deductible
Primary Care (Office Visits)	100% after \$10 copay	70% after deductible
Specialist (Office Visits)	100% after \$15 copay	70% after deductible
Chiropractic	100% after \$15 copay	Lesser of \$35/visit or 75% of In-Network cost/visit
	30 visits per calendar year	
Emergency Room	100% after \$125 copay	
Durable Medical Equipment	90%	70% after deductible
Radiation/ Chemotherapy Outpatient	100%	70% after deductible

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Well-Child Immunizations	100%	70% after deductible for children under 12 months of age only
Adult Immunizations	100%	Not Covered
Routine Adult Physical Exams	100%	Not Covered
Routine OB/GYN Exam	100%	70% after deductible
Routine Eye Exam	100% after \$15 copay	Not Covered
Imaging Tests (MRIs, MRAs, CAT & PET Scans)	100%	70% after deductible
X-Rays/Lab Tests	100%	70% after deductible
Maternity (Physician)	100% after \$15 copay for initial visit	70% after deductible
Well Child Care	100%	70% no deductible
Alcohol Abuse (Outpatient)	100%	70% after deductible
Alcohol Abuse (In-patient)	100%	70% after deductible

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Mental Health (In-patient)	100%	70% after deductible
Mental Health (Office visit)	100% after \$15 copay	70% after deductible
Physical Therapy	100% after \$15 copay	75% of In-Network cost/visit, currently \$52
Ambulance	90%	70% after deductible
Acupuncture	100%	Lesser of \$60/visit or 75% of In-Network cost/visit
Diabetes Supplies	90%	70% after deductible
Deductibles (Individual)	N/A	\$350
Deductibles (Family Maximum)	N/A	\$700
Maximum Out-of-Pocket (Individual)	\$500	\$2,000
Maximum Out-of-Pocket (Family)	\$1,000	\$5,000
Annual/Lifetime Maximum	Unlimited	Unlimited