

# Shamong Township Board of Education

## Simplified Aetna Medical and Benecard Prescription Plan Benefits Comparison

	Aetna Choice POS II \$15		Aetna Choice POS II \$15/\$25		Aetna QPOS \$10	Horizon OMNIA		Aetna Choice NJEHP \$10/\$15	
Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Tier 1	Tier 2	In-Network	Out-of-Network
Referral Required	No		No		YES	No		No	
Individual Deductible	None	\$100	None	\$100	None	None	\$1,500	None	\$350
Family Deductible	None	\$250	None	\$250	None	None	\$3,000	None	\$700
Coinsurance	10% (select serv)	30%	10% (select serv)	30%	N/A	N/A	N/A	10% (select serv)	30%
Max. Coinsurance Single	\$400	\$2,000	\$400	\$2,000	N/A	N/A	N/A	\$500	\$2,000
Max. Coinsurance Family	\$800	\$5,000	\$800	\$5,000	N/A	N/A	N/A	\$1,000	\$5,000
Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$4,000	\$400	\$2,000	\$500	\$2,000
Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$8,000	\$800	\$4,000	\$1,000	\$5,000
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited	Unlimited		Unlimited	
PCP Office Copay	\$15	70% after ded.	\$15	70% after ded.	\$10	\$5	\$10	\$10	70% after ded.
Specialist Office Copay	\$15	70% after ded.	\$25	70% after ded.	\$10	\$5	\$10	\$15	70% after ded.
Inpatient Hospital Copay	100%	70% after ded.	100%	70% after ded. & \$200 copay	100%	100%	\$150 Copay	100%	70% after ded.
Emergency Room Copay	100% after \$50 copay		100% after \$75 copay		100% after \$35 copay	100% after \$25 copay		100% after \$125 copay	
Telemedicine	\$15 copay		\$15 copay		\$10 copay	\$5 copay		\$10 copay	
<b>Benecard Rx Alliance Prescription:</b>									
Retail Generic Copay	\$3		\$7		\$3	\$3		\$5	
Retail Preferred Copay	\$10		\$16		\$10	\$10		\$10 (Mandatory Generic)	
Retail Non-Preferred Copay	\$10		\$35		\$10	\$10		\$10 (Mandatory Generic)	
Mail Order Generic Copay	\$5		\$18		\$5	\$5		\$10	
Mail Order Preferred Copay	\$15		\$40		\$15	\$15		\$20 (Mandatory Generic)	
Mail Order Non-Preferred Copay	\$15		\$88		\$15	\$15		\$20 (Mandatory Generic)	