

Moorestown Township Board of Education
Medical & Prescription Plans for Administration Effective 7/1/2018

Aetna Plan Choice	BASE PLANS		LOWER COST OPTIONS		BUY-UP OPTIONS	
	ACPOS II \$15 & 10% RX	HDHP (HSA) \$2,500/\$5,000 & 20% RX <i>Hired after 7/1/2014</i>	HDHP (HSA) \$1,500/\$3,000 & 20% RX	PPO Core \$25/\$40 & Copay RX	POS II \$10 & 10% RX	HMO \$10 & 10% RX
Drug Card	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand
Reatil 30 Days	10% Coinsurance	20% after Ded.	20% after Ded.	\$15/\$35/\$50	10% Coinsurance	10% Coinsurance
Mail Order 90 Days	10% Coinsurance	20% after Ded.	20% after Ded.	\$30/\$70/\$100	10% Coinsurance	10% Coinsurance
Major Medical						
Office (PCP) Copay	\$15 Copay	20% after Ded.	0% after Ded.	\$25 Copay	\$10 Copay	\$10 Copay
Specialist Copay	\$15 Copay	20% after Ded.	0% after Ded.	\$40 Copay	\$10 Copay	\$10 Copay
In-Network Deductible (Individual / Family)	N/A	\$2,500 / \$5,000	\$1,500 / \$3,000	\$1,000 / \$2,000	N/A	N/A
In-Network Coinsurance	10%	20%	0%	20%	10%	N/A
In-Network (MOOP) Maximum out of pocket	\$400 / \$1,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$400 / \$1,000	\$6,350 / \$12,700
Out-Network Deductible (Individual / Family)	\$100 / \$250	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$100 / \$250	N/A
Out-Network Coinsurance	30%	40%	50%	40%	20%	N/A
Out of Network MOOP Maximum out of pocket	\$2,000 / \$5,000	\$6,350 / \$12,700	\$12,000 / \$24,000	\$5,000 / \$10,000	\$2,000 / \$5,000	N/A
Hospital Benefits						
Hospital In-Patient	100%	20% after Ded.	0% after Ded.	\$200 x 5	100%	100%
Surgical Out-Patient	100%	20% after Ded.	0% after Ded.	20%	100%	100%
Urgent Care	\$15 Copay	20% after Ded.	0% after Ded.	\$40 Copay	\$10 Copay	\$10 Copay
Emergency Room	\$50 Copay	20% after Ded.	0% after Ded.	\$100 & 20%	\$25 Copay	\$35 Copay
Other						
Referral Required?	No	No	No	No	No	YES
Preventative Care	100%	100%	100%	100%	100%	100%
Diagnostic Test	100%	20% after Ded.	0% after Ded.	\$40 Copay	100%	100%
Complex Imaging	100%	20% after Ded.	0% after Ded.	\$40 Copay	100%	100%
Employer Contributions	N/A	\$1,200/\$2,400	\$1,200/\$2,400	\$500 HRA	N/A	N/A
Single	\$1,033.00	\$748.00	\$943.00	\$830.00	\$1,084.00	\$1,065.00
Parent/Child	\$1,611.00	\$1,166.00	\$1,467.00	\$1,294.00	\$1,693.00	\$1,634.00
Husband/Wife	\$2,065.00	\$1,495.00	\$1,882.00	\$1,659.00	\$2,170.00	\$2,098.00
Family	\$2,642.00	\$1,914.00	\$2,407.00	\$2,207.00	\$2,778.00	\$2,681.00

This is intended as a brief comparison only of the available Aetna plans with rates for discussion and estimate purposes only.
For more detailed benefit summaries visit the online Employee Benefit Handbook at www.apbenefitsolutions.com.