

Moorestown Township Board of Education
Medical & Prescription Plans for MEA & General Staff Effective 7/1/2018

Aetna Plan Choices	BASE PLANS		LOWER COST OPTIONS			BUY-UP OPTIONS			
	HMO \$15 & Copay RX	ACPOS II \$15 & 10% RX	HDHP (HSA) \$1,500/\$3,000 & 20% RX	HDHP (HSA) \$2,500/\$5,000 & 20% RX	ACPOS II Core \$25/\$40 & Copay RX	ACPOS II \$15 & Copay RX	ACPOS II \$10 & 10% RX	ACPOS II \$10 & Copay RX	HMO \$10 & Copay 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	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand	Generic / Brand / Non-Preferred Brand
Reatil 30 Days	\$5/\$10/\$20	10% Coinsurance	20% after Ded.	20% after Ded.	\$15/\$35/\$50	\$5/\$10/\$20	10% Coinsurance	\$5/\$10/\$20	\$5/\$10/\$20
Mail Order 90 Days	\$5/\$15/\$25	10% Coinsurance	20% after Ded.	20% after Ded.	\$30/\$70/\$100	\$5/\$15/\$25	10% Coinsurance	\$5/\$15/\$25	\$5/\$15/\$25
Major Medical									
Office (PCP) Copay	\$15 Copay	\$15 Copay	0% after Ded.	20% after Ded.	\$25 Copay	\$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Specialist Copay	\$15 Copay	\$15 Copay	0% after Ded.	20% after Ded.	\$40 Copay	\$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
In-Network Deductible (Individual / Family)	N/A	N/A	\$1,500 / \$3,000	\$2,500 / \$5,000	\$1,000 / \$2,000	N/A	N/A	N/A	N/A
In-Network Coinsurance	N/A	10%	0%	20%	20%	10%	10%	10%	N/A
In-Network (MOOP) Maximum out of pocket	\$6,350 / \$12,700	\$400 / \$1,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$400 / \$1,000	\$400 / \$1,000	\$400 / \$1,000	\$6,350 / \$12,700
Out-Network Deductible (Individual / Family)	N/A	\$100 / \$250	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$100 / \$250	\$100 / \$250	\$100 / \$250	N/A
Out-Network Coinsurance	N/A	30%	50%	40%	40%	30%	20%	20%	N/A
Out of Network MOOP Maximum out of pocket	N/A	\$2,000 / \$5,000	\$12,000 / \$24,000	\$6,350 / \$12,700	\$5,000 / \$10,000	\$2,000 / \$5,000	\$2,000 / \$5,000	\$2,000 / \$5,000	N/A
Hospital Benefits									
Hospital In-Patient	100%	100%	0% after Ded.	20% after Ded.	\$200 x 5	100%	100%	100%	100%
Surgical Out-Patient	100%	100%	0% after Ded.	20% after Ded.	20%	100%	100%	100%	100%
Urgent Care	\$15 Copay	\$15 Copay	0% after Ded.	20% after Ded.	\$40 Copay	\$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Emergency Room	\$35 Copay	\$50 Copay	0% after Ded.	20% after Ded.	\$100 & 20%	\$50 Copay	\$25 Copay	\$25 Copay	\$35 Copay
Other									
Referral Required?	YES	No	No	No	No	No	No	No	YES
Preventative Care	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostic Test	100%	100%	0% after Ded.	20% after Ded.	\$40 Copay	100%	100%	100%	100%
Complex Imaging	100%	100%	0% after Ded.	20% after Ded.	\$40 Copay	100%	100%	100%	100%
Employer Contributions	N/A	N/A	\$1,200/\$2,400	\$1,200/\$2,400	\$500 HRA	N/A	N/A	N/A	N/A
Single	\$1,065.00	\$1,033.00	\$943.00	\$748.00	\$870.00	\$1,118.00	\$1,084.00	\$1,169.00	\$1,072.00
Parent/Child	\$1,662.00	\$1,611.00	\$1,467.00	\$1,166.00	\$1,359.00	\$1,781.00	\$1,693.00	\$1,863.00	\$1,672.00
Husband/Wife	\$2,132.00	\$2,065.00	\$1,882.00	\$1,495.00	\$1,742.00	\$2,277.00	\$2,170.00	\$2,382.00	\$2,145.00
Family	\$2,728.00	\$2,642.00	\$2,407.00	\$1,914.00	\$2,298.00	\$2,917.00	\$2,778.00	\$3,053.00	\$2,743.00

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.