

**Moorestown School District MEA and General Staff
Monthly Medical w/ Prescription Rates Effective 7/1/2017 to 6/30/2018**

New Base Plans- Aetna POS II \$15 w/ 10% Rx or HMO \$15 w/ Rx Retail Copays \$5/\$10/\$20

Aetna Choice POS II \$15 - Rx 10% Coinsurance

Prescription Plan-Employees that select this plan will pay 10% coinsurance for their prescriptions

Single	\$972.00
Parent / Child(ren)	\$1,512.00
Member / Spouse / Partner	\$1,939.00
Family	\$2,481.00

Aetna Choice HMO \$15 - Rx Retail Copays \$5/\$10/\$20

Prescription Plan – Employees that select this plan will have the following copays for prescriptions:

Retail Copay (30 Day) \$5 Generic / \$10 Preferred Brand / \$20 Non-Preferred Brand; Mail Order Copay (90 Day): \$5/\$15/\$25

Single	\$1,011.00
Parent / Child(ren)	\$1,579.00
Member / Spouse / Partner	\$2,024.00
Family	\$2,590.00

The following plans are also available, however if you pick a plan that has a higher monthly premium than the base plans above, you will need to pay any difference in premium in addition to your Chapter 78 contribution. If you pick a plan where the monthly premium is lower, your employee contribution under Chapter 78 will also be lower.

Aetna Choice POS II \$15 - Rx Retail Copays \$5/\$10/\$20

Prescription Plan – Employees that select this plan will have the following copays for prescriptions:

Retail Copay (30 Day) \$5 Generic / \$10 Preferred Brand / \$20 Non-Preferred Brand; Mail Order Copay (90 Day): \$5/\$15/\$25

Single	\$1,060.00
Parent / Child(ren)	\$1,689.00
Member / Spouse / Partner	\$2,159.00
Family	\$2,765.00

Aetna Choice POS II \$10 – Rx 10% Coinsurance

Prescription Plan - Employees that select this plan will pay 10% coinsurance for their prescriptions

Single	\$1,019.00
Parent / Child(ren)	\$1,588.00
Member / Spouse / Partner	\$2,036.00
Family	\$2,607.00

Aetna Choice POS II \$10 – Rx Retail Copays \$5/\$10/\$20

Prescription Plan – Employees that select this plan will have the following copays for prescriptions:

Retail Copay (30 Day) \$5 Generic / \$10 Preferred Brand / \$20 Non-Preferred Brand; Mail Order Copay (90 Day): \$5/\$15/\$25

Single	\$1,107.00
Parent / Child(ren)	\$1,765.00
Member / Spouse / Partner	\$2,256.00
Family	\$2,891.00

Aetna HMO \$10 - Rx Retail Copays \$5/\$10/\$20

Prescription Plan – Employees that select this plan will have the following copays for prescriptions:

Retail Copay (30 Day) \$5 Generic / \$10 Preferred Brand / \$20 Non-Preferred Brand; Mail Order Copay (90 Day): \$5/\$15/\$25

Single	\$1,017.00
Parent / Child(ren)	\$1,588.00
Member / Spouse / Partner	\$2,036.00
Family	\$2,604.00

SAVINGS! Lower Cost Plan Options

These lower cost plan options are available to staff that may be interested in lowering their monthly Chapter 78 employee contribution. Please carefully review the benefits covered under these options and compare them to your current plan selection before making any changes. Benefit information can be found on your Employee Benefit Communication Center at <http://moorestown.betterbenefitsolutions.com/>

Aetna PPO Core \$1,000/\$2,000 - This plan includes a \$500 Employer Contribution to a Health Reimbursement Account which you can use to pay for eligible out of pocket expenses.

PPO Core Prescription Plan- Retail \$15 Generic/\$35 Preferred Brand/ Non-Preferred \$50; Mail Order \$30/\$70/\$100

Single	\$782.00
Parent / Child(ren)	\$1,220.00
Member / Spouse / Partner	\$1,565.00
Family	\$2,081.00

High Deductible Health Plan \$1,500/\$3,000 - Once the deductible is met, medical benefits are covered 100% in-network. This plan includes a 25% Employer Contribution to a Health Savings Account (\$375 Single; \$750 Family) which you can use to pay for eligible out of pocket expenses.

HDHP Prescription Plan- In-network 20% coinsurance after deductible; Out of network 50% coinsurance after deductible

Single	\$874.00
Parent / Child(ren)	\$1,359.00
Member / Spouse / Partner	\$1,744.00
Family	\$2,230.00

High Deductible Health Plan \$2,500/\$5,000; 20% coinsurance after deductible - This plan includes a \$300 employer contribution to a health savings account.

HDHP \$2500 Prescription Plan- In-Network 20% coinsurance after deductible; Out of Network 40% coinsurance after deductible

Single	\$693.00
Parent / Child(ren)	\$1,080.00
Member / Spouse / Partner	\$1,385.00
Family	\$1,773.00