

Plainfield Board of Education Plan Comparison & ANNUAL Rates PASA 2021

	1	2	3
	ACPOS II \$5 (Administration)	ACPOS II \$10 (Administration)	Aetna NJ Educators Plan
Medical	CURRENT	CURRENT	CURRENT
In-Network Benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits
Network	Aetna POS	Aetna POS	Aetn POS
Deductible	N/A	N/A	N/A
Coinsurance	100%	100%	100%
Out of Pocket Max.	\$1,500/\$3,000	\$5,000/\$10,000	\$500/\$1000
Lifetime Max	Unlimited	Unlimited	Unlimited
PCP Office Visit Copay	\$5 Copay	\$10 Copay	\$10 Copay
Specialist Copay	\$5 Copay	\$10 Copay	\$15 Copay
Hospital Inpatient	100% per admission	100% per admission	100% per admission
Out-Patient Surgery	100% per visit/procedure	100% per visit/procedure	100% per admission
Emergency Room	\$25 Copay	\$25 Copay	\$125 Copay
Urgent Care	\$5 Copay	\$10 Copay	\$15 Copay
Ambulance	100%	100%	10% co-insurance
Preventative Care	100%	100%	100%
Diagnostic Testing/X-Rays	100%	100%	100%
Acupuncture	\$5 Copay	\$10 Copay	\$15 Copay
Chiropractic	\$5 Copay per visit 40 max	\$10 Copay per visit 60 max	\$15 Copay per visit 30 max
Durable Medical Equipment	100%	80%	10% co-insurance
Short Term Rehab- ST, PT, OT	\$5 Copay per visit 60 max	\$10 Copay per visit 60 max	\$15 Copay
Mental Health Inpatient	100%	100%	100%
Mental Health Outpatient	\$5 Copay	\$10 Copay	\$15 Copay
Mental Health Office Setting	\$5 Copay	\$10 Copay	\$15 Copay
Out-Network Benefits	Out-Network Benefits	Out-Network Benefits	Out-Network Benefits
Deductible	\$300/\$900	\$100/\$200	\$350/\$700
Coinsurance	70%/30%	80%/20%	70%/30%
Out of Pocket Max.	\$5,000/\$10,000	\$2,200/\$4,400	\$2,000/\$5,000
Dependent Age	26	26	26
Monthly Single	\$870.00	\$1,556.00	\$1,311.00
Monthly Member Spouse	\$1,579.00	\$2,825.00	\$2,380.00
Monthly Parent Child	\$1,567.00	\$2,804.00	\$2,363.00
Monthly Family	\$2,506.00	\$4,483.00	\$3,778.00
Pharmacy Benefits			
Retail Generic	\$5	\$5	\$5
Retail Brand	\$40	\$40	\$10
Mail Generic	\$5 up to a 90 day supply	\$5 up to a 90 day supply	\$10 up to a 90 day supply
Mail Brand	\$40 up to a 90 day supply	\$40 up to a 90 day supply	\$20 up to a 90 day supply
			Mandatory Generics
Monthly Single	\$172.94	\$172.94	\$196.63
Monthly Member Spouse	\$363.12	\$363.12	\$412.71
Monthly Parent Child	\$285.31	\$285.31	\$325.69
Monthly Family	\$415.00	\$415.00	\$468.91
Combined Medical and Rx 2020 Rates			
Monthly Single	\$1,042.94	\$1,728.94	\$1,507.63
Monthly Member Spouse	\$1,942.12	\$3,188.12	\$2,792.71
Monthly Parent Child	\$1,852.31	\$3,089.31	\$2,688.69
Monthly Family	\$2,921.00	\$4,898.00	\$4,246.91

	Aetna PPO	Aetna DMO
Dental		
Network	Aetna PPOII Network	Aetna DMO Network
Deductible	Ind. \$25/Fam. \$75	\$0
Preventive Services	100%	100%
Basic Services	85%	Covered according to schedule
Major Services	50%	Covered according to schedule
Annual Maximum	\$1,500	N/A
Orthodontic Services	50%	Covered according to schedule
Orthodontic Lifetime Max	\$1,500	N/A
Out-Network	Covered at 90th of R&C	Not Covered
Annual Single	\$41.81	\$16.41
Annual Member Spouse	\$87.79	\$34.47
Annual Parent Child	\$85.70	\$33.66
Annual Family	\$138.02	\$54.24

Vision	NVA Vision	
Network	In Network	Out-Network
Exam every 12 Mos.	100%	100% up to \$35
Lenses every 12 Mos	Every 12 Months	
Single	100%	100% up to \$25
Bifocal	100%	100% up to \$40
Trifocal	100%	100% up to \$55
Lenticular	100%	100% up to \$60
Frame every 24 Mos.	100% up to \$35	100% up to \$35
Contact Lenses	Every 12 Months	
Elective	100% up to \$100	100% up to \$140
Medically Necessary	100%	100% up to \$200
Annual Single	\$4.58	
Annual Member Spouse	\$11.46	
Annual Parent Child	\$11.46	
Annual Family	\$11.46	

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MANDATORY DEDUCTION CHART FOR NJEHP

BASE SALARY OR PENSION ¹ AMOUNT	Single	Parent/Child(ren)	2 Adults	Family ¹
Up to - \$40,000	1.7%	2.2%	2.8%	3.3%
\$ 40,001 - \$ 50,000	1.9%	2.5%	3.3%	3.9%
\$ 50,001 - \$ 60,000	2.2%	2.8%	3.9%	4.4%
\$ 60,001 - \$ 70,000	2.5%	3.0%	4.4%	5.0%
\$ 70,001 - \$ 80,000	2.8%	3.3%	5.0%	5.5%
\$ 80,001 - \$ 90,000	3.0%	3.6%	5.5%	6.0%
\$ 90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000 ³	3.6%	4.4%	6.6%	7.2%

¹ This deduction cannot exceed the Ch. 78 deduction. In every case, the lower deduction applies.

² Only applicable to retirees required to contribute under Ch. 78. Retirees currently receiving or eligible to receive premium-free health benefits will continue to do so.

³ For any employee earning a base salary above \$125,000, the maximum deduction will be based on a salary of \$125,000.

