

Plainfield Board of Education Plan Comparison & ANNUAL Rates PEA 2021

	1	2	3
<i>Medical</i>	Aetna ACPOS II (OAMC 300)	Aetna HMO	Aetna NJ Educators Plan
	<i>CURRENT</i>	<i>CURRENT</i>	<i>CURRENT</i>
<i>In-Network Benefits</i>	<i>In-Network Benefits</i>	<i>In-Network Benefits</i>	<i>In-Network Benefits</i>
	<i>Aetna POS</i>	<i>Aetna HMO</i>	<i>NO Difference Card</i>
<i>Network</i>			
Deductible	N/A	N/A	N/A
Coinsurance	100%	100%	100%
Out of Pocket Max.	\$1,500/\$3,000	Tier 1: \$2,500/\$5,000; Tier 2: \$4,500/\$9,000	\$500/\$1000
Lifetime Max	Unlimited	Unlimited	Unlimited
PCP Office Visit Copay	\$15Copay	Tier 1: \$5; Tier 2: \$15 Copay	\$10 Copay
Specialist Copay	\$15 Copay	\$15 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	\$15 Copay	\$15 Copay	\$15 Copay
Ambulance	100%	100%	10% co-insurance
Preventative Care	100%	100%	100%
Diagnostic Testing/X-Rays	100%	100%	100%
Acupuncture	\$15 Copay	\$15 Copay	\$15 Copay
Chiropractic	\$15 Copay per visit 40 max	\$15 Copay per visit 25 max	\$15 Copay per visit 30 max
Durable Medical Equipment	100%	100%	10% co-insurance
Short Term Rehab- ST, PT, OT	\$15 Copay per visit 40 max	\$15 Copay per visit 25 max	\$15 Copay
Mental Health Inpatient	100%	100%	100%
Mental Health Outpatient	\$15 Copay	\$15 Copay	\$15 Copay
Mental Health Office Setting	\$15 Copay	\$15 Copay	\$15 Copay
<i>Out-Network Benefits</i>	<i>Out-Network Benefits</i>	<i>Out-Network Benefits</i>	<i>Out-Network Benefits</i>
Deductible	\$300/\$900	N/A	\$350/\$700
Coinsurance	70%/30%	N/A	70%/30%
Out of Pocket Max.	\$2,200/\$4,400	N/A	\$2,000/\$5,000
Dependent Age	26	26	26
Monthly Single	\$790.00	\$1,044.00	\$1,311.00
Monthly Member Spouse	\$1,438.00	\$1,895.00	\$2,380.00
Monthly Parent Child	\$1,424.00	\$1,882.00	\$2,363.00
Monthly Family	\$2,277.00	\$3,008.00	\$3,778.00
Pharmacy Benefits			
Retail Generic	\$6	\$6	\$5
Retail Brand	\$15	\$15	\$10
Mail Generic	\$6 up to a 90 day supply	\$6 up to a 90 day supply	\$10 up to a 90 day supply
Mail Brand	\$15 up to a 90 day supply	\$15 up to a 90 day supply	\$20 up to a 90 day supply
Notes			Mandatory Generics
Monthly Single	\$214.86	\$214.86	\$196.63
Monthly Member Spouse	\$451.20	\$451.20	\$412.71
Monthly Parent Child	\$354.51	\$354.51	\$325.69
Monthly Family	\$515.65	\$515.65	\$468.91
Combined Medical and Rx 2021 Rates			
Monthly Single	\$1,004.86	\$1,258.86	\$1,507.63
Monthly Member Spouse	\$1,889.20	\$2,346.20	\$2,792.71
Monthly Parent Child	\$1,778.51	\$2,236.51	\$2,688.69
Monthly Family	\$2,792.65	\$3,523.65	\$4,246.91

<i>Dental</i>	<i>Aetna PPO</i>	<i>Aetna DMO</i>
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

<i>Vision</i>	<i>NVA Vision</i>	
Network	In Network	Out-Network
Exam every 12 Mos.	100%	100% up to \$35
<i>Lenses</i> 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
<i>Frame</i> every 24 Mos.	100% up to \$35	100% up to \$35
<i>Contact Lenses</i>	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	

MANDATORY DEDUCTION CHART FOR NJEHP

BASE SALARY OR PENSION ² 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.

