

Plainfield Board of Education Plan Comparison & ANNUAL Rates PASA 2023

| | 1 | 2 | 3 | 4 |
|------------------------------------|----------------------------------|-----------------------------------|-----------------------------|---------------------------------|
| | ACPOS II \$5 (Administration) | ACPOS II \$10 (Administration) | Aetna NJ Educators Plan | NJ Garden State Plan NJ ONLY |
| Medical | CURRENT | CURRENT | CURRENT | CURRENT |
| In-Network Benefits | In-Network Benefits | In-Network Benefits | In-Network Benefits | In-Network Benefits |
| Network | Aetna POS | Aetna POS | Aetn POS | Aetna POS |
| Deductible | N/A | N/A | N/A | N/A |
| Coinsurance | 100% | 100% | 100% | 100% |
| Out of Pocket Max. | \$1,500/\$3,000 | \$5,000/\$10,000 | \$500/\$1000 | \$500/\$1000 |
| Lifetime Max | Unlimited | Unlimited | Unlimited | Unlimited |
| PCP Office Visit Copay | \$5 Copay | \$10 Copay | \$10 Copay | \$10 Copay |
| Specialist Copay | \$5 Copay | \$10 Copay | \$15 Copay | \$15 Copay |
| Hospital Inpatient | 100% per admission | 100% per admission | 100% per admission | 100% per admission |
| Out-Patient Surgery | 100% per visit/procedure | 100% per visit/procedure | 100% per admission | 100% per admission |
| Emergency Room | \$25 Copay | \$25 Copay | \$125 Copay | \$125 Copay |
| Urgent Care | \$5 Copay | \$10 Copay | \$15 Copay | \$15 Copay |
| Ambulance | 100% | 100% | 10% co-insurance | 10% co-insurance |
| Preventative Care | 100% | 100% | 100% | 100% |
| Diagnostic Testing/X-Rays | 100% | 100% | 100% | 100% |
| Acupuncture | \$5 Copay | \$10 Copay | \$15 Copay | \$15 Copay |
| Chiropractic | \$5 Copay per visit 40 max | \$10 Copay per visit 60 max | \$15 Copay per visit 30 max | \$15 Copay per visit 30 max |
| Durable Medical Equipment | 100% | 80% | 10% co-insurance | 10% co-insurance |
| Short Term Rehab- ST, PT, OT | \$5 Copay per visit 60 max | \$10 Copay per visit 60 max | \$15 Copay | \$15 Copay |
| Mental Health Inpatient | 100% | 100% | 100% | 100% |
| Mental Health Outpatient | \$5 Copay | \$10 Copay | \$15 Copay | \$15 Copay |
| Mental Health Office Setting | \$5 Copay | \$10 Copay | \$15 Copay | \$15 Copay |
| Out-Network Benefits | Out-Network Benefits | Out-Network Benefits | Out-Network Benefits | Out-Network Benefits |
| Deductible | \$300/\$900 | \$100/\$200 | \$350/\$700 | NO OUT OF STATE |
| Coinsurance | 70%/30% | 80%/20% | 70%/30% | BENEFITS |
| Out of Pocket Max. | \$5,000/\$10,000 | \$2,200/\$4,400 | \$2,000/\$5,000 | |
| Dependent Age | 26 | 26 | 26 | |
| Monthly Single | \$918.00 | \$1,641.00 | \$1,383.00 | \$1,226.00 |
| Monthly Member Spouse | \$1,665.00 | \$2,981.00 | \$2,511.00 | \$2,225.00 |
| Monthly Parent Child | \$1,653.00 | \$2,958.00 | \$2,493.00 | \$2,209.00 |
| Monthly Family | \$2,644.00 | \$4,730.00 | \$3,985.00 | \$3,531.00 |
| Pharmacy Benefits | | | | |
| Retail Generic | \$40 | \$40 | \$5 | \$5 |
| Retail Brand | \$5 up to a 90 day supply | \$5 up to a 90 day supply | \$10 | \$10 |
| Mail Generic | \$40 up to a 90 day supply | \$40 up to a 90 day supply | \$10 up to a 90 day supply | \$10 up to a 90 day supply |
| Mail Brand | | | \$20 up to a 90 day supply | \$20 up to a 90 day supply |
| Notes | \$172.94 | \$172.94 | Mandatory Generics | Mandatory Generics |
| Monthly Single | \$363.12 | \$363.12 | \$196.63 | \$196.63 |
| Monthly Member Spouse | \$285.31 | \$285.31 | \$412.71 | \$412.71 |
| Monthly Parent Child | \$415.00 | \$415.00 | \$325.69 | \$325.69 |
| Monthly Family | \$515.65 | \$515.65 | \$468.91 | \$468.91 |
| Combined Medical and Rx 2021 Rates | | | | |
| Monthly Single | \$1,281.12 | \$2,004.12 | \$1,579.63 | \$1,422.63 |
| Monthly Member Spouse | \$1,950.31 | \$3,266.31 | \$2,923.71 | \$2,637.71 |
| Monthly Parent Child | \$2,068.00 | \$3,373.00 | \$2,818.69 | \$2,534.69 |
| Monthly Family | \$3,159.65 | \$5,245.65 | \$4,453.91 | \$3,999.91 |
| DU31 Medical Monthly | \$677.00 | \$988.00 | \$1,123.00 | \$1,162.00 |

| Dental | HIF Delta PPO | HIF Delta DMO |
|--------------------------------------|------------------------|-------------------------------|
| Network | Delta Dental Network | Delta Dental 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 |
| Monthly Single | \$41.00 | \$21.00 |
| Monthly Member Spouse | \$88.00 | \$45.00 |
| Monthly Parent Child | \$86.00 | \$40.00 |
| Monthly Family | \$138.00 | \$66.00 |
| *Dental will now have Carry Over Max | | |

| 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 |
| Monthly Single | \$4.24 | |
| Monthly Member Spouse | \$10.61 | |
| Monthly Parent Child | \$10.61 | |
| Monthly Family | \$10.61 | |