

Plainfield Board of Education Plan Comparison & ANNUAL Rates PEA 2023							
	1	2	3	4			
	Aetna ACPOS II (OAMC 300)	Aetna HNO	Aetna NJ Educators Plan	NJ Garden State Plan NJ ONLY			
Medical	CURRENT	CURRENT	CURRENT	CURRENT	Dental	HIF Delta PPO	HIF Delta DMO
In-Network Benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits	Network		
	Aetna POS	Aetna HNO	Aetna POS	Aetna POS	Deductible	Ind. \$25/Fam. \$75	\$0
Network					Preventive Services	100%	100%
Deductible	N/A	N/A	N/A	N/A	Basic Services	85%	Covered according to schedule
Coinsurance	100%	100%	100%	100%	Major Services	50%	Covered according to schedule
Out of Pocket Max.	\$1,500/\$3,000	Tier 1: \$2,500/\$5,000; Tier 2: \$4,500/\$9,000	\$500/\$1000	\$500/\$1000	Annual Maximum	\$1,500	N/A
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Orthodontic Services	50%	Covered according to schedule
PCP Office Visit Copay	\$15Copay	Tier 1: \$5; Tier 2: \$15 Copay	\$10 Copay	\$10 Copay	Orthodontic Lifetime Max	\$1,500	N/A
Specialist Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Out-Network	Covered at 90th of R&C	Not Covered
Hospital Inpatient	100% per admission	100% per admission	100% per admission	100% per admission	Monthly Single	\$41.00	\$21.00
Out-Patient Surgery	100% per visit/procedure	100% per visit/procedure	100% per admission	100% per admission	Monthly Member Spouse	\$88.00	\$45.00
Emergency Room	\$25 Copay	\$25 Copay	\$125 Copay	\$125 Copay	Monthly Parent Child	\$86.00	\$40.00
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Monthly Family	\$138.00	\$66.00
Ambulance	100%	100%	10% co-insurance	10% co-insurance	*Dental will now have Carry Over Max		
Preventative Care	100%	100%	100%	100%			
Diagnostic Testing/X-Rays	100%	100%	100%	100%	Vision	NVA Vision	
Acupuncture	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Network	In Network	Out-Network
Chiropractic	\$15 Copay per visit 40 max	\$15 Copay per visit 25 max	\$15 Copay per visit 30 max	\$15 Copay per visit 30 max	Exam every 12 Mos.	100%	100% up to \$35
Durable Medical Equipment	100%	100%	10% co-insurance	10% co-insurance	Lenses every 12 Mos	Every 12 Months	
Short Term Rehab- ST, PT, OT	\$15 Copay per visit 40 max	\$15 Copay per visit 25 max	\$15 Copay	\$15 Copay	Single	100%	100% up to \$25
Mental Health Inpatient	100%	100%	100%	100%	Bifocal	100%	100% up to \$40
Mental Health Outpatient	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Trifocal	100%	100% up to \$55
Mental Health Office Setting	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Lenticular	100%	100% up to \$60
Out-Network Benefits	Out-Network Benefits	Out-Network Benefits	Out-Network Benefits	Out-Network Benefits	Frame every 24 Mos.	100% up to \$35	100% up to \$35
Deductible	\$300/\$900	N/A	\$350/\$700	NO OUT OF STATE	Contact Lenses	Every 12 Months	
Coinsurance	70%/30%	N/A	70%/30%	BENEFITS	Elective	100% up to \$100	100% up to \$140
Out of Pocket Max.	\$2,200/\$4,400	N/A	\$2,000/\$5,000		Medically Necessary	100%	100% up to \$200
Dependent Age	26	26	26		Monthly Single	\$4.24	
Monthly Single	\$833.00	\$1,102.00	\$1,383.00	\$1,226.00	Monthly Member Spouse	\$10.61	
Monthly Member Spouse	\$1,514.00	\$1,999.00	\$2,511.00	\$2,225.00	Monthly Parent Child	\$10.61	
Monthly Parent Child	\$1,502.00	\$1,986.00	\$2,493.00	\$2,209.00	Monthly Family	\$10.61	
Monthly Family	\$2,402.00	\$3,173.00	\$3,985.00	\$3,531.00			
Pharmacy Benefits							
Retail Generic	\$6	\$6	\$5	\$5			
Retail Brand	\$15	\$15	\$10	\$10			
Mail Generic	\$6 up to a 90 day supply	\$6 up to a 90 day supply	\$10 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	\$20 up to a 90 day supply			
Notes			Mandatory Generics	Mandatory Generics			
Monthly Single	\$214.86	\$214.86	\$196.63	\$196.63			
Monthly Member Spouse	\$451.20	\$451.20	\$412.71	\$412.71			
Monthly Parent Child	\$354.51	\$354.51	\$325.69	\$325.69			
Monthly Family	\$515.65	\$515.65	\$468.91	\$468.91			
Combined Medical and Rx 2022 Rates							
Monthly Single	\$1,047.86	\$1,316.86	\$1,579.63	\$1,422.63			
Monthly Member Spouse	\$1,965.20	\$2,450.20	\$2,923.71	\$2,637.71			
Monthly Parent Child	\$1,856.51	\$2,340.51	\$2,818.69	\$2,534.69			
Monthly Family	\$2,917.65	\$3,688.65	\$4,453.91	\$3,999.91			
DU31 Medical Monthly	\$684.00	\$903.00	\$1,134.00	\$1,162.00			