



## Colts Neck Board of Education

School Health Insurance (Aetna) Plan Options  
Effective 1/1/2021

	Aetna Choice POS II Direct Access 10		Aetna Choice POS II Direct Access 10		Aetna Choice POS II Direct Access 15		Aetna Choice POS II Direct Access 15/25		Aetna Choice POS II Direct Access 20/30		Aetna Choice POS II Direct Access 20/35		Aetna Choice POS II OMNIA		Aetna Choice POS II NJEHP	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network**
Referral Required	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Annual Deductible	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$200/\$500	\$200/\$400	\$800/\$1,600	\$0	\$1,500/\$3,000	\$0	350/\$700
Coinsurance	100%	80%	100%	80%	100%	70%	100%	70%	100%	70%	80%	60%	100%	100%	100%	70%
Annual Out-of-Pocket Lifetime Maximum	\$400/\$800 Unlimited	\$2,000/\$5,000 Unlimited	\$400/\$800 Unlimited	\$2,000/\$5,000 Unlimited	\$400/\$800 Unlimited	\$2,000/\$5,000 Unlimited	\$400/\$800 Unlimited	\$2,000/\$5,000 Unlimited	\$800/\$1,600 Unlimited	\$5,000/\$12,500 Unlimited	\$2,000/\$4,000 Unlimited	\$5,000/\$10,000 Unlimited	\$400/\$800 Unlimited	\$2,000/\$4,000 Unlimited	\$500/\$1,000 Unlimited	\$2,000/\$5,000 Unlimited
<b>Physician Services:</b>																
Primary Care Physician	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$20.00	70%, after ded.	\$20.00	60%, after ded.	\$5.00	\$10	\$10	70%, after ded.
Specialist	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$30.00	70%, after ded.	\$35.00	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.
Preventative care	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.
Immunizations	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.
Routine Gyn. Exam/Pap	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.
Mammogram	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.
Urgent care	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$30.00	70%, after ded.	\$35.00	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.
<b>Maternity:</b>																
First OB Visit	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$30.00	70%, after ded.	\$35.00	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.
Hospital	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80%	60%, after ded.	100%	\$150 copay per admission after ded.	100%	70%, after ded.
<b>Hospital Services:</b>																
Inpatient Room & Board	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.
Outpatient Surgery-Facility	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.
Outpatient Surgery-Physician	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.
Emergency Room	\$25 (waived if admitted)	\$25 (waived if admitted)	\$25 (waived if admitted)	\$25 (waived if admitted)	\$50 (waived if admitted)	\$75 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$25 (waived if admitted)	\$25 (waived if admitted)	\$125 (waived if admitted)	\$125 (waived if admitted)
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Other Services:</b>																
Outpatient X-Ray/MRI/CT/Lab	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.
Outpatient PT, OT, ST	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$10.00	70%, after ded.	\$20.00	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.
Spinal Manipulation 30/yr.	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$30.00	70%, after ded.	\$35.00	60%, after ded.	\$5 - 25/yr.	\$10 - 25/yr	\$15	200% of Medicare
Skilled Nursing	100% - 120/yr.	80%, after ded. 60/yr.	100% - 120/yr.	80%, after ded. 60/yr.	100% - 120/yr.	70%, after ded. 60/yr.	100% - 120/yr.	70%, after ded. 60/yr.	100% - 120/yr.	70%, after ded. 60/yr.	80% after ded.- 120/yr.	60%, after ded. 60/yr.	100% - 100/yr.	\$150 copay after ded.- 100/yr.	100%	70%, after ded.
Emergency use Ambulance	10%	80%, after ded.	10%	80%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%	10%	70%, after ded.
Hospice	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%	100%	70%, after ded.
Home Health Care	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%	100%	70%, after ded.
Durable medical equip.	10%	80%, after ded.	10%	80%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.	80% after ded.	60%, after ded.	100%	100%	10%	70%, after ded.
Inpatient mental/drug rehab.	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	80% after ded.	60%, after ded.	100%	\$150 copay after ded.	100%	70%, after ded.
O/P Mental Health/drug rehab	100%	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$30.00	70%, after ded.	80% after ded.	60%, after ded.	100%	100% after ded.	100%	70%, after ded.
<b>PRESCRIPTION DRUG</b>	<b>Express Script</b>		<b>Express Script</b>		<b>Express Script</b>		<b>Express Script</b>		<b>Express Script</b>		<b>Express Script</b>		<b>Express Script</b>		<b>Express Script</b>	
Retail	10% coinsurance		\$5/\$10/\$20		10% coinsurance		15% coinsurance		15% coinsurance		\$7/\$21		\$5/\$10/\$20		\$5/\$10	
Mail Order			\$5/\$15/\$25								\$18/\$52		\$5/\$15/\$25		\$10/\$20	
Annual Copay Out-of-Pocket	Integrated w/Medical		\$1,470/\$2,940		Integrated w/medical		Integrated w/medical		Integrated w/medical		\$1,470/\$2,940		\$1,470/\$2,940		\$1,600/\$3,200	

\*Annual deductible and coinsurance applies for these services.

\*\*NJEHP has mandatory generic which means member pays the brand name drug copay plus the difference in cost between the brand name and the generic when choosing to fill a brand medication when a generic equivalent is available. Step therapy requires a member to try certain alternative medications before a requested medication will be covered.

\*\*Out-of-Network reimbursement is set at 200% of CMS for the NJEHP

This summary is a guide and for reference purposes only. Current and future summary plan documents will govern all benefits payable.