

Colts Neck Board of Education

School Health Insurance Fund (Aetna/ESI) Plan Options

2023



Benefits	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		Aetna Choice POS II Direct Access 15/25 (Base Plan)		Aetna Choice POS II (20/20) Direct Access 20/30	
	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
Referral Required	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	\$100/\$250	\$0	\$200/\$500
Coinsurance	100%	80%	100%	80%	100%	70%	100%	70%	100%	70%	100%	70%
Annual Out-of-Pocket	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$800/\$1,600	\$5,000/\$12,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Services:												
Primary Care Physician	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$20.00	70%, after ded.
Specialist	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	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%	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%	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%	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%	70%, after ded.
Urgent care	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
Maternity:												
First OB Visit	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
Hospital	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Hospital Services:												
Inpatient Room & Board	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, 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.	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.	100%	70%, after ded.
Emergency Room	\$25 (waived if admitted)		\$25 (waived if admitted)		\$50 (waived if admitted)		\$50 (waived if admitted)		\$75 (waived if admitted)		\$100 (waived if admitted)	
Other Services:												
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%	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.	\$15.00	70%, after ded.	\$20.00	70%, after ded.
Spinal Manipulation	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
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. After \$200 copay 60/yr.	100% - 120/yr.	70%, after ded. After \$500 copay 60/yr.
Emergency use Ambulance	10%	80%, after ded.	10%	80%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.	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.	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.	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.	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.	100%	70%, after ded.
O/P Mental Health/drug rehab	100%	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
PRESCRIPTION DRUG												
	Express Script		Express Script		Express Script		Express Script		Express Script		Express Script	
Retail	10% coinsurance		\$5/\$10/\$20		10% coinsurance		\$5/\$10/\$20		15% coinsurance		15% coinsurance	
Mail Order			\$5/\$15/\$25				\$5/\$15/\$25					
Annual Copay Out-of-Pocket	Integrated w/Medical		\$1,470/\$2,940		Integrated w/medical		\$1,470/\$2,940		Integrated w/medical		Integrated w/medical	

*Annual deductible and coinsurance applies for these services.
 This summary is a guide and for reference purposes only. Current and future summary plan documents will govern all benefits payable.

Colts Neck Board of Education

School Health Insurance Fund (Aetna/ESI) Plan Options

2023



Benefits	Aetna Choice POS II Direct Access 20/35		Aetna QPOS Horizon POS		Horizon OMNIA		Aetna Choice POS II NJEHP		Aetna ACPOS II GSHP - NJ Coverage ONLY	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Referral Required	No	No	Yes	Yes	No	No	No	No	No	No
Annual Deductible	\$200/\$400	\$800/\$1,600	\$0	\$500/\$1,000	\$0	\$1,500/\$3,000	\$0	350/\$700	\$0	350/\$700
Coinsurance	80%	60%	100%	60%	100%	100%	100%	70%	100%	70%
Annual Out-of-Pocket	\$2,000/\$4,000	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000	\$400/\$800	\$2,000/\$4,000	\$500/\$1,000	\$2,000/\$5,000	\$500/\$1,000	\$2,000/\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Services:										
Primary Care Physician	\$20.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$10	70%, after ded.	\$10	70%, after ded.
Specialist	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Preventative care	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Immunizations	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Routine Gyn. Exam/Pap	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Mammogram	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Urgent care	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Maternity:										
First OB Visit	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Hospital	80%	60%, after ded.	100%	60%, after ded.	100%	\$150 copay per admission after ded.	100%	70%, after ded.	100%	70%, after ded.
Hospital Services:										
Inpatient Room & Board	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient Surgery-Facility	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient Surgery-Physician	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Emergency Room	\$100 (waived if admitted)		\$35 (waived if admitted)		\$25 (waived if admitted)		\$125 (waived if admitted)		\$125 (waived if admitted)	
Other Services:										
Outpatient X-Ray/MRI/CT/Lab	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Outpatient PT, OT, ST	\$20.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Spinal Manipulation	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5 - 25/yr.	\$10 - 25/yr	\$15	\$35 dollar limit	\$15	\$35 dollar limit
Skilled Nursing	80% after ded.- 120/yr.	60%, after ded. After \$500 copay 60/yr.	100% -120/yr.	60%, after ded.60/yr	100% - 100/yr.	\$150 copay after ded.- 100/yr.	100%	70%, after ded.	100%	70%, after ded.
Emergency use Ambulance	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%	10%	70%, after ded.	10%	70%, after ded.
Hospice	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Home Health Care	80% after ded.	60%, after ded.	100%	60%, after ded. 100/yr	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Durable medical equip.	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%	10%	70%, after ded.	10%	70%, after ded.
Inpatient mental/drug rehab.	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	\$150 copay after ded.	100%	70%, after ded.	100%	70%, after ded.
O/P Mental Health/drug rehab	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100% after ded.	100%	70%, after ded.	100%	70%, after ded.
PRESCRIPTION DRUG										
	Express Script		Express Script		Express Script		Express Script		Express Script	
Retail	\$7/\$21		\$5/\$10/\$20		\$5/\$10/\$20		\$5/\$10		\$5/\$10	
Mail Order	\$18/\$52		\$5/\$15/\$25		\$5/\$15/\$25		\$10/\$20		\$10/\$20	
Annual Copay Out-of-Pocket	\$1,470/\$2,940		\$1,470/\$2,940		\$1,470/\$2,940		\$1,600/\$3,200		\$1,600/\$3,200	

*Annual deductible and coinsurance applies for these services.

**NJEHP & GSHP 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 & GSHP

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