

Brick Township Board of Education
2024 Side by Side Plan Comparison

Benefits	Aetna Choice POS II \$20	Aetna Choice POS II \$20/\$35	Aetna Choice II EPO	Aetna Choice POS II \$20 28% CAP
In- Network				
Deductible	\$0/\$0	\$200/\$400	\$250/\$500	\$0/\$0
Maximum Out of Pocket	\$400/\$800	\$2,500/\$5,000	\$5,000/\$12,500	\$400/\$1800
Coinsurance	100%	80%	50%	100%
Primary Care	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay
Specialist	\$20 Copay	\$35 Copay	\$50 Copay	\$20 Copay
Emergency Room	\$50 Copay	\$100 Copay	\$100 Copay then 50%	\$125 Copay
Inpatient Hospital	100%	80%	50%	100%
Out-of-Network				
Deductible	\$100/\$250	\$100/\$250	N/A	\$350/\$750
Maximum Out of Pocket	\$2,000/\$5,000	\$2,000/\$5,000	N/A	\$2,000/\$5,000
Coinsurance	70% (150% CMS)	60% (150% CMS)	N/A	70% (150% CMS)
Chiropractic Services	70% Coinsurance at 150% CMS	60% Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$35/visit or 75% In-Network cost/visit at 200% CMS
Acupuncture Services	70% Coinsurance at 150% CMS	60% Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$60/visit or 75% In-Network cost/visit at 200% CMS
Physical Therapy Services	70% Coinsurance at 150% CMS	60% Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$52/visit or 75% In-Network cost/visit at 200% CMS
Prescription Drug (CVS Caremark Rx)				
Formulary	Open	Open	Open	<u>Closed: Mandatory Generic</u>
Maximum Out of Pocket	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,600/\$3,200
Generic (Retail/Mail)	\$5/\$5	\$5/\$5	\$10/\$20	\$5/\$10
Preferred Brand (Retail/Mail)	\$20/\$30	\$20/\$30	\$40/\$40	\$10/\$20
Non-Preferred Brand (Retail/Mail)	\$35/\$50	\$35/\$50	\$60/\$120	Member Pays the Difference between Generic and Brand Plus Brand Copayment*

*Aetna \$20, \$20/\$35 and EPO Plans utilize Chapter 78 Year 4 contribution schedule. Aetna \$20 28% CAP plan contributions will be based on Chapter 78 Year 4 contribution schedule up to a maximum 28% on all coverage tiers.