

# Linden Board of Education – July 2021 Plan Compare

	Educators Health Plan		Aetna Direct Access \$10		Aetna Direct Access \$15	
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Individual Deductible</b>	\$0	\$350	None	\$100	None	\$100
<b>Family Deductible</b>	\$0	\$700	None	\$250	None	\$250
<b>Coinsurance</b>	None	30%	None	20%	None	30%
<b>Individual Out of Pocket Max</b>	\$500	\$2,000	\$400	\$2,000	\$400	\$2,000
<b>Family Out of Pocket Max</b>	\$1,000	\$5,000	\$800	\$5,000	\$800	\$5,000
<b>PCP Office Visits</b>	\$10 copay per visit	30% after Deductible	\$10 copay per visit	20% after Deductible	\$15 copay per visit	30% after Deductible
<b>Specialist Office Visits</b>	\$15 copay per visit	30% after Deductible	\$10 copay per visit	20% after Deductible	\$15 copay per visit	30% after Deductible
<b>Lab Services</b>	No Charge	30% after Deductible	No Charge	20% after Deductible	No Charge	30% after Deductible
<b>Inpatient Hospital Services</b>	No Charge	30% after Deductible	No Charge	20% after Deductible	No Charge	30% after Deductible
<b>ER at the Hospital</b>	\$125 copay; waived if admitted	\$125 copay; waived if admitted	\$25 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
<b>ER in Urgent Care Center</b>	\$15 copay per visit	30% after Deductible	No Charge	20% after Deductible	No Charge	30% after Deductible
<b>Outpatient PT/OT/ST</b>	\$15 copay per visit	30% after Deductible*	\$10 copay per visit	20% after Deductible	\$15 copay per visit	30% after Deductible
<b>Prescription Drugs</b>						
<b>Out of Pocket Maximum</b>	\$1,600 Individual / \$3,200 Family		\$5,000 Individual / \$10,000 Family		\$5,000 Individual / \$10,000 Family	
<b>Tier 1</b>	\$5 Retail / \$10 Mail	\$5 Retail / \$10 Mail	\$5 Retail / \$0 Mail	\$5 Retail / \$0 Mail	\$5 Retail / \$0 Mail	\$5 Retail / \$0 Mail
<b>Tier 2</b>	\$10 Retail / \$20 Mail	\$10 Retail / \$20 Mail	\$10 Retail / \$0 Mail	\$10 Retail / \$0 Mail	\$10 Retail / \$0 Mail	\$10 Retail / \$0 Mail
<b>Tier 3</b>	\$10 Retail / \$20 Mail**	\$10 Retail / \$20 Mail**	N/A	N/A	N/A	N/A
*Out of network maximum for physical therapy no more than \$52 allowed or 75% of in network cost per visit						
**Non-Preferred & Specialty - the member pays the brand copay plus the difference between the brand and equivalent generic.						

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	Aetna EPO	Omnia Plan		Aetna HDHP Direct Access	
Benefit	In-Network	<i>Maximum Savings</i>	<i>Standard Savings</i>	In-Network	Out-of-Network
<b>Individual Deductible</b>	None	None	\$1,500	\$1,500	\$1,500
<b>Family Deductible</b>	None	None	\$3,000	\$3,000	\$3,000
<b>Coinsurance</b>	None	None	20%	20%	40%
<b>Individual Out of Pocket Max</b>	\$2,500	\$2,500	\$4,500	\$2,500	\$3,500
<b>Family Out of Pocket Max</b>	\$5,000	\$5,000	\$9,000	\$5,000	\$7,000
<b>Prescription Drugs</b>					
<b>PCP Office Visits</b>	\$10 copay per visit	\$5 copay per visit	\$20 copay per visit	20% after Deductible	40% after Deductible
<b>Specialist Office Visits</b>	\$10 copay per visit	\$15 copay per visit	\$30 copay per visit	20% after Deductible	40% after Deductible
<b>Lab Services</b>	No Charge	No Charge	No Charge	20% after Deductible	40% after Deductible
<b>Inpatient Hospital Services</b>	No Charge	\$150 copay per confinement	20% after Deductible	20% after Deductible	40% after Deductible
<b>ER at the Hospital</b>	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted	20% after Deductible	20% after Deductible
<b>ER in Urgent Care Center</b>	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit	20% after Deductible	40% after Deductible
<b>Outpatient PT/OT/ST</b>	\$10 copay per visit	\$5 copay per visit	\$20 copay per visit	20% after Deductible	40% after Deductible
<b>Out of Pocket Maximum</b>	\$4,000 Individual / \$8,000 Family	\$350 Individual / \$700 Family		N/A	N/A
<b>Tier 1</b>	\$5 Retail / \$0 Mail	\$20 Retail / \$40 Mail	\$20 Retail / \$40 Mail	20% after Deductible	40% after Deductible
<b>Tier 2</b>	\$10 Retail / \$0 Mail	\$40 Retail / \$80 Mail	\$40 Retail / \$80 Mail	20% after Deductible	40% after Deductible
<b>Tier 3</b>	N/A	N/A	N/A	20% after Deductible	40% after Deductible