

Plainfield Board of Education Plan Comparison PEA 2020

	1	2	3
<i>Medical</i>	Aetna OAMC 100 (Formerly Horizon)	Aetna OAMC 300 (Formerly Oxford)	Aetna Savings Plus HNOnly (Formerly Omnia)
	<i>CURRENT</i>	<i>CURRENT</i>	<i>CURRENT</i>
<i>In-Network Benefits</i>	<i>In-Network Benefits</i>	<i>In-Network Benefits</i>	<i>In-Network Benefits</i>
<i>Network</i>	<i>Aetna OAMC w/ Difference Card</i>	<i>Aetna OAMC w/ Difference Card</i>	<i>Aetna HN w/ Difference Card</i>
Deductible	N/A	N/A	N/A
Coinsurance	100%	100%	100%
Out of Pocket Max.	\$5,000/\$10,000	\$1,500/\$3,000	Tier 1: \$2,500/\$5,000; Tier 2: \$4,500/\$9,000
Lifetime Max	Unlimited	Unlimited	Unlimited
PCP Office Visit Copay	\$15 Copay	\$15 Copay	Tier 1: \$5; Tier 2: \$15 Copay
Specialist Copay	\$15 Copay	\$15 Copay	\$15 Copay
Hospital Inpatient	100% per admission	100% per admission	100% per admission
Out-Patient Surgery	100% per visit/procedure	100% per visit/procedure	100% per visit/procedure
Emergency Room	\$25 Copay	\$25 Copay	\$25 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay
Ambulance	100%	100%	100%
Preventative Care	100%	100%	100%
Diagnostic Testing/X-Rays	100%	100%	100%
Acupuncture	\$15 Copay	\$15 Copay	\$15 Copay
Chiropractic	\$15 Copay per visit 60 max	\$15 Copay per visit 40 max	\$15 Copay per visit 25 max
Durable Medical Equipment	80%	100%	100%
Short Term Rehab- ST, PT, OT	\$15 Copay per visit 60 max	\$15 Copay per visit 40 max	\$15 Copay per visit 25 max
Mental Health Inpatient	100%	100%	100%
Mental Health Outpatient	\$15 Copay	\$15 Copay	\$15 Copay
Mental Health Office Setting	\$15 Copay	\$15 Copay	\$15 Copay
<i>Out-Network Benefits</i>	<i>Out-Network Benefits</i>	<i>Out-Network Benefits</i>	<i>Out-Network Benefits</i>
Deductible	\$100/\$200	\$300/\$900	N/A
Coinsurance	80%/20%	70%/30%	N/A
Out of Pocket Max.	\$5,000/\$10,000	\$2,200/\$4,400	N/A
Dependent Age	26	26	26
Single	\$1,392.61	\$811.59	\$1,072.22
Member Spouse	\$2,527.57	\$1,473.04	\$1,946.12
Parent Child	\$2,509.46	\$1,462.48	\$1,932.16
Family	\$4,012.09	\$2,338.20	\$3,089.07
Pharmacy Benefits			
Retail Generic	\$6	\$6	\$6
Retail Brand	\$15	\$15	\$15
Mail Generic	\$6 up to a 90 day supply	\$6 up to a 90 day supply	\$6 up to a 90 day supply
Mail Brand	\$15 up to a 90 day supply	\$15 up to a 90 day supply	\$15 up to a 90 day supply
Single	\$221.51	\$221.51	\$221.51
Member Spouse	\$465.15	\$465.15	\$465.15
Parent Child	\$365.47	\$365.47	\$365.47
Family	\$531.60	\$531.60	\$531.60
Combined Medical and Rx 2020 Rates			
Single	\$1,614.12	\$1,033.10	\$1,293.73
Member Spouse	\$2,992.72	\$1,938.19	\$2,411.27
Parent Child	\$2,874.93	\$1,827.95	\$2,297.63
Family	\$4,543.69	\$2,869.80	\$3,620.67

<i>Dental</i>	<i>Aetna PPO</i>	<i>Aetna DMO</i>
Network	Aetna PPOII Network	Aetna DMO Network
Deductible	Ind. \$25/Fam. \$75	\$0
Preventive Services	100%	100%
Basic Services	85%	Covered according to schedule
Major Services	50%	Covered according to schedule
Annual Maximum	\$1,500	N/A
Orthodontic Services	50%	Covered according to schedule
Orthodontic Lifetime Max	\$1,500	N/A
Out-Network	Covered at 90th of R&C	Not Covered
Single	\$37.00	\$16.41
Member Spouse	\$77.69	\$34.47
Parent Child	\$75.84	\$33.66
Family	\$122.14	\$54.24

<i>Vision</i>	<i>NVA Vision</i>	
	In Network	Out-Network
Network	100%	100% up to \$35
Exam every 12 Mos.	100%	100% up to \$35
<i>Lenses</i> every 12 Mos	Every 12 Months	
Single	100%	100% up to \$25
Bifocal	100%	100% up to \$40
Trifocal	100%	100% up to \$55
Lenticular	100%	100% up to \$60
<i>Frame</i> every 24 Mos.	100% up to \$35	100% up to \$35
<i>Contact Lenses</i>	Every 12 Months	
Elective	100% up to \$100	100% up to \$140
Medically Necessary	100%	100% up to \$200
Single	\$4.58	
Member Spouse	\$11.46	
Parent Child	\$11.46	
Family	\$11.46	