

# MEDICAL & PRESCRIPTION DRUG PLANS

## CENTRAL JERSEY HEALTH INSURANCE FUND - AETNA



	AETNA ACPOS \$ 15		AETNA ACPOS CORE		AETNA ACPOS BUY-UP	
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (Individual/Family)	None / None	\$100 / \$250	\$1,000 / \$2,000	\$2,500 / \$5,000	\$500 / \$1,000	\$1,250 / \$2,500
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$400 / \$1,000	\$2,000 / \$5,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$2,500 / \$5,000
PREVENTIVE CARE SERVICES	\$0 copay	30% after deductible	\$0 copay	40% after deductible	\$0 copay	30% after deductible
PRIMARY CARE PHYSICIAN (PCP) REQUIRED?	Not Required	Not Applicable	Not Required	Not Applicable	Not Required	Not Applicable
PCP OFFICE VISIT	\$15 copay	30% after deductible	\$25 copay	40% after deductible	\$20 copay	30% after deductible
SPECIALIST OFFICE VISIT	\$15 copay	30% after deductible	\$40 copay	40% after deductible	\$30 copay	30% after deductible
DIAGNOSTIC LABORATORY	100% Covered	30% after deductible	\$40 copay	40% after deductible	\$30 copay	30% after deductible
DIGANOSTIC X-RAY/IMAGING (MRI, CT-Scan)	100% Covered	30% after deductible	\$40 copay	40% after deductible	\$30 copay	30% after deductible
EMERGENCY ROOM	\$25 copay		\$100 copay then 20% after deductible		\$100 copay	
URGENT CARE CENTER	\$15 copay	30% after deductible	\$40 copay	\$40 copay	\$30 copay	\$30 copay
INPATIENT HOSPITAL	100% Covered	\$200 copay per admission then 30% after deductible	\$200 copay per day \$1,000 max/admission	40% after deductible	\$100 copay per day \$500 max/admission	30% after deductible
OUTPATIENT SURGERY	100% Covered	30% after deductible	20% coinsurance	40% after deductible	10% coinsurance	30% after deductible
SKILLED NURSING FACILITY	100% Covered	30% after deductible	\$200 copay per day \$1,000 max/admission	40% after deductible	\$100 copay per day \$500 max/admission	30% after deductible
HOME HEALTH CARE	100% Covered	30% after deductible	20% coinsurance	40% after deductible	10% coinsurance	30% after deductible
OUTPATIENT THERAPIES (PT, OT, Chiro)	100% Covered	30% after deductible	\$40 copay	40% after deductible	\$30 copay	30% after deductible
INPATIENT MENTAL HEALTH/SUBSTANCE ABUSE	100% Covered	30% after deductible	\$200 copay per day \$1,000 max/admission	40% after deductible	\$100 copay per day \$500 max/admission	30% after deductible
OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE	\$15 copay	30% after deductible	\$40 copay	40% after deductible	\$30 copay	30% after deductible
MATERNITY CARE	\$15 copay (initial visit only)	30% after deductible	\$40 copay (initial visit only)	40% after deductible	\$30 copay (initial visit only)	30% after deductible
PRESCRIPTION BENEFITS	RETAIL	MAIL ORDER	RETAIL	MAIL ORDER	RETAIL	MAIL ORDER
GENERIC	\$15 copay	\$15 copay	\$15 copay	\$30 copay	\$15 copay	\$30 copay
FORMULARY BRAND	\$15 copay	\$15 copay	\$35 copay	\$70 copay	\$35 copay	\$70 copay
NON-PRFERRED BRAND	\$15 copay	\$15 copay	\$50 copay	\$100 copay	\$50 copay	\$100 copay