Bellmawr Board of Education - 2019 Medical Plan Options

	Aetna HMO		Aetna POS \$15/\$25		Aetna Open Access \$15	
BENEFIT	In Network Only	In Network	Out of Network	In Network	Out of Network	
Deductible	\$0 Ind/\$0 Fam	\$0 Ind/\$0 Fam	\$100 Ind/\$250 Fam	\$0 Ind/\$0 Fam	\$100 Ind/\$250 Fam	
Out of Pocket Limit	\$5,300 Ind/\$10,600 Fam	\$400 Ind/\$1,000 Fam	\$2,000 Ind/\$5,000 Fam	\$400 Ind/\$1,000 Fam	\$2,000 Ind/\$5,000 Fam	
Primary Care	\$10 Copay	\$15 Copay	70% After Deductible	\$15 Copay	70% After Deductible	
Specialist	\$10 Copay	\$25 Copay	70% After Deductible	\$15 Copay	70% After Deductible	
Chiropractic Care	\$10 Copay (20 visits/calendar year)	\$25 Copay (30 visits/calendar year)	70% After Deductible	\$15. Copay (30 visits/calendar year)	70% After Deductible	
Dunas and the Court	Covered 100%	Covered 100%	70% After Deductible	Covered 100%	70% After Deductible	
Diagnostic (x-ray, blood work)	Covered 100%	Covered 100% Covered 100%	70% After Deductible	Covered 100%	70% After Deductible	
Imaging (CT/PET scans, MRIs)	Covered 100%	Covered 100%	70% After Deductible	Covered 100%	70% After Deductible	
Outpatient Surgery Facility Fee/Physician/Surgeon Fees	Covered 100%	\$200 Copay	70% After Deductible	Covered 100%	70% After Deductible	
	\$35 Copay	\$100 Copay		\$50 Copay No Coverage for Non-Emergency		
	Covered 100%		No Charge 70% Coinsurance for Non-Emergency		No Charge 30% Coinsurance for Non-Emergency	
IUIVEIII CAIE	3100.0049	\$25 Copay	70% After Deductible	\$15 Copay	70% After Deductible	
Facility Fee/Physician/Surgeon	Covered 100%	Covered 100%	70% After Deductible	Covered 100%	70% After Deductible	
Mental/Behavioral Health Outpatient	\$10 Copay	\$25 Copay Per Visit For Mental Health Covered 100% For Substance Abuse	70% After Deductible	\$15 Copay	70% After Deductible	
Mental/Behavioral Health Inpatient Substance Abuse Inpatient	Covered 100%	Covered 100%	70% After Deductible	Covered 100%	70% After Deductible	
Maternity Prenatal/Postnatal Care	\$10 Copay Covered 100%	\$25 Copay Per Pregnancy For Initial Visit Covered 100% For Inpatient Services	70% After Deductible	\$15 Copay Covered 100%	70% After Deductible	
Home Health Care	Covered 100%	Covered 100%	70% After Deductible (60 Visits)	Covered 100%	70% After Deductible	
Rehabilitation Services	\$10 Copay	\$25 Copay	70% After Deductible	\$15 Copay	70% After Deductible	
Habilitation Convices	\$10 Copay		70% After Deductible	\$15 Copay	70% After Deductible	
Skilled Nursing Care	Covered 100%	\$25 Copay Covered 100% (120 Visits)	70% After Deductible (60 Visits)	Covered 100%	70% After Deductible	
Durable Medical Equipment®	Plan Pays 100% after \$100 Deductible	90% Covered	70% After Deductible	10% Coinsurance	70% After Deductible	
Hospice Service	Covered 100%	Covered 100%	70% After Deductible	Covered 100%	70% After Deductible	
Eye Exam (1 routine exam/12 month)	\$10 Copay	\$25 Copay	Not Covered	\$15 Copay	Not Covered	
Medical Monthly Rates -7/1/19 to 6/30/20	HMO \$10 Monthly Rates	Aetna POS \$10 N	Aetna POS \$10 Monthly Rates		Aetna POS \$15 Monthly Rates	
Single	\$763		\$758		\$772	
Parent/Child(ren)	\$1,240		\$1,244		\$1,268	
Employee / Spouse	\$1,506 \$2,003	\$1,509 \$2,003		\$1,538 \$2,041		
Family	<i>3</i> 2,005	\$2,0	US .	\$2,04.	ı	

Preauthorization may be required for certain services.

PLEASE NOTE- This overview is being provided for informational purposes only and does not contain all the terms, conditions, exclusions and limitations of the insurance carrier's policy. Complete details of your program appear in the policy provided by the carrier, which govern the benefits and operation of your program. The policy supersedes if there should be any inconsistency or difference between its provisions and the information in this overview.

PLEASE NOTE - Those who elected the POS \$15/\$25 plan have been placed into the Open Access \$15 Plan until March 1st, 2020. You will pay the lower rates associated with the POS \$15 plan, though, until transitioned to the POS \$15 plan on 3/1/2020.