

	BASE PLAN PAT X \$10		NJHP		PAT XV - \$20/\$25		Aetna ACPOS II Core A		ACPOS II Core B	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>										
Individual	None	\$100	None	\$350	None	\$100	\$1,000	\$2,500	\$500	\$1,250
Family	None	\$200	None	\$700	None	\$200	\$2,000	\$5,000	\$1,000	\$2,500
<b>Payment Limit</b>										
Individual	\$5,300	\$2,000	\$500	\$2,000	\$1,500	\$400	\$2,000	\$5,000	\$1,000	\$2,500
Family	\$10,600	\$4,000	\$1,000	\$5,000	\$3,000	\$1,200	\$4,000	\$10,000	\$2,000	\$5,000
<b>Out of Network Restrictions</b>	n/a	none	n/a	Chiropractic, Acupuncture & PT have Limited Fee Schedule***	n/a	none	n/a	none	n/a	none
<b>Primary Care Physician Selection</b>	Required	Not Applicable	Required	Not Applicable	Required	Not Applicable	Not Required	Not applicable	Not Required	Not applicable
<b>Preventive Care</b>										
PrevCare/Screenings/Immunizations (as per ACA Guidelines)	\$0 copay	70% after Deductible	\$0 copay	70% after Deductible	\$0 copay	No Charge	\$0 copay	Not Covered	\$0 copay	Not Covered
<b>Physician's Office Visit</b>										
Primary Care Services	\$10 copay	70% after Deductible	\$10 copay	70% after Deductible	\$20 copay	80% after Deductible	\$25 copay Deductible waived	40% after Deductible	\$20 copay Deductible Waived	30% after Deductible
Specialist Services	\$10 copay	70% after Deductible	\$15 copay	70% after Deductible	\$25 copay	80% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay Deductible Waived	30% after Deductible
<b>Emergency Medical Care</b>										
Urgent Care	\$10 copay	70% after Deductible	\$15 copay	70% after Deductible	\$25 copay	80% after Deductible	\$40 copay Deductible waived	\$40 copay Deductible waived	\$30 copay Deductible Waived	\$30 copay Deductible Waived
Emergency Room	\$50 copay	\$50 copay	<b>\$125 copay</b>	\$125 copay	\$75 copay	\$75 copay	\$100 copay then 20% after Deductible	\$100 copay then 20% after Deductible	\$100 copay; Deductible Waived	\$100 copay
Emergency Transportation	No Charge	No Charge	10%	10%	No Charge	No Charge	20% after Deductible	20% after Deductible	10% after Deductible	10% after Deductible
<b>Hospital Care</b>										
Inpatient Coverage	No Charge	70% after Deductible	No Charge	70% after Deductible	No Charge	No Charge after deductible	\$200 copay per day, \$1,000 max per admission	60% after Deductible	\$100 copay per day, \$500 max per admission	70% after Deductible
Outpatient Surgery	No Charge	70% after Deductible	No Charge	70% after Deductible	No Charge	No Charge after deductible	20% after Deductible	60% after Deductible	10% after Deductible	70% after Deductible
<b>Prescription (provided through Benecard)</b>										
Retail (30 day supply)	\$15 Generic / \$20 Brand		<b>RETAIL (30day supply):</b> \$5 Generic; \$10 Brand w/NO Generic available; For Brand name drugs that have a Generic Available member pays the Difference between Brand and Generic*		\$15 Generic / \$20 Brand		\$15 Generic / \$20 Brand		\$15 Generic / \$20 Brand	
Mail Order (90 day supply)	\$15 Generic / \$20 Brand				\$15 Generic / \$20 Brand		\$15 Generic / \$20 Brand		\$15 Generic / \$20 Brand	
			<b>MAIL ORDER (90day supply):</b> \$10 Generic; \$20 Brand w/NO Generic available; For Brand name drugs that have a Generic Available member pays the Difference between Brand and Generic*							
			<b>Utilization Programs Required:</b> Mandatory Generic* Step Therapy* Closed Formulary*							
			***Chiropractic, Acupuncture & Physical Therapy have a different fee schedule. Reimbursement will be capped as follows: Chiropractic \$35; Acupuncture \$60; Physical Therapy \$52							
			*Policy allows clinical review to access desired medication at corresponding cost share							