## **Cinnaminson Board of Education**

Who Can Soloct This Plan?

Medical Coverage Selections - Schools Health Insurance Fund/Aetna/AmeriHealth Administrators

All Employees

| Will Call Select Tills Flail: | All Liliployees          | All Elliployees                     |
|-------------------------------|--------------------------|-------------------------------------|
|                               | NJ Educators Health Plan | Garden State Plan (NJ Network Only) |
| In-Network Benefits           | In Network               | In Network                          |
| Deductible                    | \$0 Individual           | \$0 Individual                      |
|                               | \$0 Family               | \$0 Family                          |
|                               |                          |                                     |

All Employees

| In-Network Benefits            | In Network                 | In Network                 |
|--------------------------------|----------------------------|----------------------------|
| Deductible -                   | \$0 Individual             | \$0 Individual             |
|                                | \$0 Family                 | \$0 Family                 |
| Out of Pocket Limit            | \$500 Individual           | \$500 Individual           |
|                                | \$1,000 Family             | \$1,000 Family             |
| Primary Care                   | \$10 copay                 | \$10 copay                 |
| Specialist                     | \$15 copay                 | \$15 copay                 |
| Preventive                     | No Charge                  | No Charge                  |
| Diagnostic (x-ray, blood work) | No Charge                  | No Charge                  |
| Imaging (CT/PET scans, MRIs)   | No Charge                  | No Charge                  |
| Outpatient Surgery             | No Charge                  | No Charge                  |
| Emergency Room                 | \$125 copay                | \$125 copay                |
| Emergency Transportation       | 90% covered                | 90% covered                |
| Urgent Care                    | \$15 copay                 | \$15 copay                 |
| Durable Medical Equipment      | 90% covered                | 90% covered                |
| Hospital Stay                  | No Charge                  | No Charge                  |
| Eye Exams                      | \$15 Copay                 | \$15 Copay                 |
|                                | (1 Exam/Calendar Year)     | (1 Exam/Calendar Year)     |
| Vision Hardware Reimbursement  | Not Applicable             | Not Applicable             |
| Out of Network Benefits        | Out of Network             | Out of Network             |
| Deductible                     | \$350 Ind/\$700 Family     | \$350 Ind/\$700 Family     |
| Coinsurance                    | 70% after deductible       | 70% after deductible       |
| Out of Pocket Limit            | \$2,000 Ind/\$5,000 Family | \$2,000 Ind/\$5,000 Family |

<sup>-</sup>Preauthorization may be required for certain services.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.

<sup>-</sup>GSP is a Network of NJ Providers only. Out of state services will not be covered unless it is a true medical emergency.

<sup>-</sup>For the NJEHP & GSP, the employee's contribution is based on the new salary based contribution schedule. For all other plans, your employee contribution will remain the same per your collective bargaining agreement.