

Wayne Township Public Schools

Current Aetna Plans vs. Aetna NJEHP "Equivalent" Plans

Effective January 1, 2021

	Direct Access	PPO	OMNIA	EPO	HDHP	NJ Educators Health Plan (NJEHP)
In-Network Deductible (Single/Family)	None	\$200/\$400	None	None	\$1,500/\$3,000	None
In-Network Maximum Out of Pocket (Single/Family)	\$400/\$800	None	\$400/\$800	\$2,500/\$5,000	\$5,000/\$10,000	\$500/\$1,000
In-Network Coinsurance	100%	100%	100%	100%	100%	100%
Primary Care Office Visit	\$10 copay	100% after ded.	\$5 copay	\$20 copay	100% after ded.	\$10 copay
Specialist Office Visit	\$25 copay	100% after ded.	\$5 copay	\$40 copay	100% after ded.	\$15 copay
Emergency Room	\$25 or \$100 copay	100% after ded.	\$25 copay	\$100 copay	100% after ded.	\$125 copay
In-Network Chiropractic	\$25 copay 30 visit max (combine in/out)	100% after ded. 60 visit max (combine in/out)	\$5 copay 25 visit max (combine in/out)	\$20 copay 25 visit max	100% after ded. 25 visit max (combine in/out)	\$15 copay
Out of Network Chiropractic	70% after ded. 30 visit max (combine in/out)	80% after ded. 60 visit max (combine in/out)	\$10 copay 25 visit max (combine in/out)	Not Covered	70% after ded. 25 visit max (combine in/out)	70% after deductible (up to \$35) or 75% of in-network payment, whichever is lower
In-Network Physical Therapy	\$10 copay	100% after ded.	\$5 copay 30 visit max (combine in/out)	\$20 copay 30 visit max	100% after ded. 30 visit max (combine in/out)	\$15 copay
Out of Network Physical Therapy	70% after ded.	80% after ded.	\$10 copay 30 visit max (combine in/out)	Not Covered	70% after ded. 30 visit max (combine in/out)	70% after deductible (up to \$52) or 75% of in-network payment, whichever is lower
In-Network Acupuncture	100%	100% after ded.	\$5 copay	Not Covered	100% after ded.	\$15 copay
Out of Network Acupuncture	70% after ded.	80% after ded.	\$10 copay	Not Covered	70% after ded.	70% after deductible (up to \$60) or 75% of in-network payment, whichever is lower
In-Patient Copay per Admission	100%	100% after ded.	100%	\$250 copay/day	100% after ded.	100%
Out-of-Network Deductible (Single/Family)	\$300/\$600	\$200/\$400	\$1,500/\$3,000	N/A	\$1,500/\$3,000	\$350/\$700
Out-of-Network Maximum Out of Pocket (Single/Family)	\$3,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000	N/A	\$10,000/\$20,000	\$2,000/\$5,000
Out-of-Network Coinsurance	70%	80%	100%	N/A	70%	70%*

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	Direct Access	PPO	OMNIA	EPO	HDHP	NJ Educators Health Plan (NJEHP)
Prescription Drug - Retail Pharmacy (up to 30-day supply)	\$10 Generic/\$20 Preferred Brand/\$30 Non-Preferred Brand OR \$20 Generic/\$40 Preferred Brand/\$60 Non-Preferred Brand	\$20 Generic/\$40 Preferred Brand/\$60 Non-Preferred Brand OR "Buy Up" \$7.50 Generic/\$15 Brand	\$10 Generic/\$20 Preferred Brand/\$30 Non-Preferred Brand	20% Coins.	70% after ded.	\$5 Generic/\$10 Preferred Brand/\$10 Non-Preferred Brand**
Prescription Drug - Mail Order (up to 90-day supply)	\$10 Generic/\$20 Preferred Brand/\$30 Non-Preferred Brand OR \$20 Generic/\$40 Preferred Brand/\$60 Non-Preferred Brand	\$20 Generic/\$40 Preferred Brand/\$60 Non-Preferred Brand OR "Buy Up" \$0	\$10 Generic/\$20 Preferred Brand/\$30 Non-Preferred Brand	20% Coins.	70% after ded.	\$10 Generic/\$20 Preferred Brand/\$20 Non-Preferred Brand**

**The out-of-network reasonable & customary allowances for Aetna's current plans are based on the Fair Health schedule. However, the allowances for the NJEHP are based on the significantly lower 200% of Medicare (CMS) schedule and will often result in members being "balance billed" from the provider for the full cost difference between the allowed amount and the provider's actual charge(s).*

***If a member (or doctor) chooses a Non-Preferred Brand drug when a Generic equivalent drug is available under the NJEHP's Rx Card plan, the member is responsible for the full cost difference between the Generic drug and the Non-Preferred Brand drug plus the higher Brand copay.*

Wayne Township Public Schools

Current Aetna Plans vs. Aetna NIEHP Medical and Rx Card Rate Comparisons

1/1/2021 - 6/30/2021

Aetna									
MEDICAL	Sub 03 PPO	Sub 45 Direct Access OAMC	Sub 65 Direct Access OAMC	Sub 85 Non WEA Direct Access OAMC	Sub 80 WEA Direct Access OAMC	Sub 55 All Employees HDHP	Sub 50 All Employees EPO	Sub 71 OMNIA Savings Plus	NIEHP (Equivalent)
Single	\$1,072.95	\$1,042.85	\$983.82	\$985.18	\$1,070.41	\$1,015.66	\$747.53	\$608.08	\$925.28
Husband/Wife	\$2,440.31	\$2,294.64	\$2,226.46	\$2,224.53	\$2,418.60	\$2,234.92	\$1,644.73	\$1,394.74	\$2,089.28
Parent/Child(ren)	\$1,612.91	\$1,566.75	\$1,478.79	\$1,480.79	\$1,608.93	\$1,525.93	\$1,123.06	\$914.25	\$1,390.76
Family	\$2,974.63	\$2,814.61	\$2,716.46	\$2,715.24	\$2,951.77	\$2,741.28	\$2,017.57	\$1,697.45	\$2,550.15

Aetna									
	WEA "Buy Up"	SUC/Admin Sub 75	Cust, Para, Transp. Sub 85,71	WEA	EPO	HDHP	NIEHP (Equivalent)		
RX CARD - Retail Pharmacy Copays	\$7.50/\$15	\$20/\$40/\$60	\$10/\$20/\$30	\$10/\$20/\$30	20% Coins.	70% after deductible	\$5/10/\$10		
Single	\$396.11	\$198.86	\$282.99	\$315.49	\$197.28	Included in the	\$265.78		
Husband/Wife	\$792.29	\$437.67	\$566.04	\$631.02	\$434.21	medical	\$531.62		
Parent/Child(ren)	\$594.21	\$298.79	\$424.53	\$473.27	\$296.42	rates	\$398.72		
Family	\$990.35	\$536.74	\$707.56	\$788.77	\$532.47		\$664.54		

