

**West Windsor-Plainsboro School District
Aetna Medical Plan Designs - Plan Year 2024**

	10 Plan Choice POS II	15 Plan Choice POS II	1525 Plan Choice POS II	NJ EHP**	NJ GSHP**	20 Plan Choice POS II	2035 Plan Choice POS II	HDHP	10 Aetna Select	1525 Aetna Select	20 Aetna Select	2035 Aetna Select
Network	Managed Choice POS (Open Access) - Nationwide coverage				Aetna Whole Health (NJ ONLY) Outside NJ (NONE)	Managed Choice POS (Open Access) - Nationwide coverage			Managed Choice POS (Open Access) - Nationwide coverage			
Medical Cost Sharing												
Primary Care Copayment	\$10	\$15	\$15	\$10	\$10	\$20	\$20		\$10	\$15	\$20	\$20
Specialist Care Copayment	\$10	\$15	\$25	\$15	\$15	\$20	\$35		\$10	\$25	\$20	\$35
Emergency Room Copayment	\$25	\$50	\$75	\$125	\$125	\$100	\$100		\$35	\$75	\$100	\$100
In-Network Deductible (Individual/Family)							\$200	\$1,500/\$3,000	\$100	\$100	\$100	\$200
In-Network Coinsurance	90% ¹	90% ¹	90% ¹	90% ¹	90% ¹	90% ¹	80%	80%				80%
In-Network Coinsurance Maximum (Individual/Family)												
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$800	\$400/\$800	\$400/\$800	\$500/\$1,000	\$500/\$1,000	\$800/\$1,600	\$2,000/\$4,000	\$2,500/\$5,000	\$5,880/\$11,760	\$5,880/\$11,760	\$5,880/\$11,760	\$2,000/\$4,000
Out-of-Network Deductible ² (Individual/Family)	\$100/\$250	\$100/\$250	\$100/\$250	\$350/\$700	\$350/\$700	\$200/\$500	\$800/\$2,000	Combined INN and OON				
Out-of-Network Coinsurance ²	80%	70%	70%	70%	70%	70%	60%	60%				
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$6,500/\$13,000	\$3,500/\$7,000				
Prescription Drug	Retail \$10/\$30/\$40 (30 day supply) Mail Order \$20/\$60/\$80 (31-90 day supply)			Retail: \$5 Generic/\$10 Pref. Brand Mail Order: \$10 Generic/\$20 Pref. Brand Non-Preferred Brand: brand copay plus the cost difference between the brand drug and the generic drug	Retail: \$5 Generic/\$10 Pref. Brand Mail Order: \$10 Generic/\$20 Pref. Brand Non-Preferred Brand: brand copay plus the cost difference between the brand drug and the generic drug	Retail \$10/\$30/\$40 (30 day supply) Mail Order \$20/\$60/\$80 (31-90 day supply)		20% after deductible	Retail \$10/\$30/\$40 (30 day supply) Mail Order \$20/\$60/\$80 (31-90 day supply)			

* Comparison for illustrative purposes only. Written plan document supersedes any errors on this illustration. Final benefits will be subject to "equal to or better than" letter as submitted by Aetna, and subject to State mandates.

** EHP & GSHP plans subject to change based on Ch. 44 legislation and future guidance issued by controlling legal authority.

¹ On select services.

² Out-of-Network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit and the provider's actual charge, which is the amount paid by the carrier, and the provider's actual charges. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the carrier's R&C, not the provider's actual charge. You are responsible for any charges in excess of R&C. R&C is 200% Medicare for EHP & GSHP plans, 90th percentile of FAIR Health for all other plans.

³ Applies to services that do not require a copayment.

⁴ Under EHP & GSHP Rx, if member fills brand where generic is available, ingredient cost difference does not apply toward out-of-pocket maximum and is member's full responsibility.