Mount Laurel Township - Retiree Medical Benefits Overview

SNJ Fund/ Aetna Plan Name	Aetna Choice POS II $10 Open Access	Aetna Choice POS II $15 Open Access	Aetna Choice POS II $15/$25 Open Access	Aetna HMO $10	Aetna HMO $20
IN-NETWORK (IN)					
Service Area Available	Nationwide	Nationwide	Nationwide	Nationwide Aetna HMO Network	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	Referral required	No referral required
Deductible					
Individual	$0	$0	$0	See DME	See DME
Family	$0	$0	$0	See DME	See DME
Coinsurance	10%	10%	10%	0%	0%
Coinsurance Out-of-Pocket Maximum: Ind/Fam	N/A	N/A	N/A	N/A	N/A
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)					
Individual	$400	$400	$400	$7,560	$8,099
Family	$1,000	$1,000	$1,000	$15,120	$16,198
HEALTH CARE SERVICES					
Primary Care Office Visit	$10	$15	$15	$10	$20
Annual Routine Physical (In-Network Only)	$0	$0	$0	$0	$0
Telemedicine	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	$10	$15	$25	$10	$30
Annual Routine Vision (In-Network Only)	$10	$15	$25	$10	$30
Chiropractic	$10	$15	$25	$10	$30
Physical/Occupational/Speech Therapy	$10	$15	$25	$10	$30 office visit/ $0 at an inpatient/outpatient facility
DIAGNOSTIC LABORATORY/RADIOLOGY/ADVANCED IMAGING					
Outpatient Laboratory/Radiology/Advanced Imaging	$0	$0	$0	$0	$0
Freestanding Laboratory/Radiology/Advanced Imaging	$0	$0	$0	$0	$0
EMERGENCY/URGENT MEDICAL					
Urgent Care Center	$10	$15	$25	$10	$30
Emergency Room	$25	$50	$75	$35	$125
Ambulance	10%	10%	10%	$0	$0
OTHER SERVICES					
Inpatient Facility	$0	$0	$0	$0	$0
Outpatient Facility	$0	$0	$0	$0	$0
Outpatient Behavioral Health	$10	$15	$25	$10	$30
Durable Medical Equipment (DME)	10%	10%	10%	$100 deductible, then covered in full	20% after deductible
OUT-OF-NETWORK (OON)					
Deductible - Individual	$100	$100	$100	No out-of-network benefits	No out-of-network benefits
Deductible - Family	$250	$250	$250		
Coinsurance after Deductible	20%	30%	30%		
Out-of-Pocket Coinsurance Maximum - Individual	$2,000	$2,000	$2,000		
Out-of-Pocket Coinsurance Maximum - Family	$5,000	$5,000	$5,000		
Inpatient Hospital Deductible	$200/stay	$200/stay	$200/stay		

-Preauthorization may be required for certain services.

-All plans with an out-of-network benefit have specified dollar limits for out-of-network chiropractic ($35), physical therapy ($52) and acupuncture ($60).

-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 the 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.

Mount Laurel Township

Retiree Prescription Benefits Overview

SNJ Fund / Express Scripts	$10/$22/$44	$10/$22/$44	$7/$16/$35	$3/$18/$46	$6/$12/$24
Corresponding SNJ Fund Medical Plan	Aetna Choice POS II $10	Aetna Choice POS II $15	Aetna Choice POS II $15/$25	Aetna Choice HMO $20	Aetna HMO $10
Retail: Generic Copayments	$10	$3	$7	$3	$6
Retail: Preferred Brand Copayments	$22	$10	$16	$18	$12
Retail: Non-Preferred Brand Copayments	$44	$10	$35	$46	$24
Retail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	$5	$5	$5	$5	$5
Mail: Preferred Brand Copayments	$28	$28	$40	$36	$18
Mail: Non-Preferred Brand Copayments	$55	$55	$88	$92	$30
Mail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$1,351/$2,702	$1,351/$2,702	$1,351/$2,702	$1,351/$2,702	$1,351/$2,702

Member Pays Difference - You pay the cost difference between the brand drug and the generic drug.

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