Lindenwold Borough - Medical Benefits Overview - SNJ Fund/Aetna

SNJ Fund/ Aetna Plan Name	Aetna Choice POS II PPO $10	Aetna Choice POS II PPO $15	Aetna Choice POS II PPO $15/$25	Aetna Choice POS II PPO $20
IN-NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible				
Individual	$0	$0	$0	$0
Family	$0	ourough	$0	$0
Coinsurance	10%	10%	10%	10%
Coinsurance Out-of-Pocket Maximum				
Individual	None	$400	$400	$800
Family	None	$1,000	$1,000	$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	$400	$7,360	$7,360	$7,360
Family	$1,000	$14,720	$14,720	$14,720
HEALTH CARE SERVICES				
Primary Care Office Visit	$10	$15	$15	$20
Annual Routine Physical (In-Network Only)	$0	$0	$0	$0
Direct Primary Care	$0	$0	$0	$0
First Responders Doctors Office (FRDOCS)	$0	$0	$0	$0
Telemedicine	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	$10	$15	$25	$20
Annual Routine Vision (In-Network Only)	$10	$15	$25	$20
Chiropractic	$10	$15	$25	$20
Physical/Occupational/Speech Therapy	$10	$15	$25	$20
DIAGNOSTIC LABORATORY/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory/Radiology/Advanced Imaging	$0	$0	$0	$0
Freestanding Laboratory/Radiology/Advanced Imaging	$0	$0	$0	$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	$10	$15	$25	$20
Emergency Room	$75	$100	$100	$125
Ambulance	10%	10%	10%	10%
OTHER SERVICES				
Inpatient Facility	$0	$0	$0	$0
Outpatient Facility	$0	$0	$0	$0
Outpatient Behavioral Health	$10	$15	$25	$20
Durable Medical Equipment (DME)	10%	10%	10%	10%
OUT-OF-NETWORK (OON)				
Deductible - Individual	$100	$100	$100	$200
Deductible - Family	$250	$250	$250	$500
Coinsurance after Deductible	20%	30%	30%	30%
Out-of-Pocket Coinsurance Maximum - Individual	$2,000	$2,000	$2,000	$5,000
Out-of-Pocket Coinsurance Maximum - Family	$5,000	$5,000	$5,000	$12,500
Inpatient Hospital Deductible	$200/stay	$200/stay	$200/stay	$500/stay

Lindenwold Borough - Medical Benefits Overview - SNJ Fund/Aetna

SNJ Fund/ Aetna Plan Name	Aetna HMO $10	OMNIA	
IN-NETWORK (IN)			
Service Area Available	Nationwide Aetna HMO Network	NJ only	Nationwide
Specialist Referral	Referral required	No referral required	No referral required
Deductible			
Individual	See DME	$0	$1,500
Family	See DME	$0	$3,000
Coinsurance	0%	0%	20% after deductible
Coinsurance Out-of-Pocket Maximum			
Individual	Not applicable	Not applicable	Not applicable
Family	Not applicable	Not applicable	Not applicable
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)			
Individual	$7,360	$2,500	$4,500
Family	$14,720	$5,000	$9,000
HEALTH CARE SERVICES			
Primary Care Office Visit	$10	$5	$20
Annual Routine Physical (In-Network Only)	$0	$0	$0
Direct Primary Care	Not available	$0	$0
First Responders Doctors Office (FRDOCS)	$0	$0	$0
Telemedicine	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	$10	$15	$30
Annual Routine Vision (In-Network Only)	$10	$15	$30
Chiropractic	$10	$15	$30
Physical/Occupational/Speech Therapy	$10	$5 office visit/ $15 outpatient facility	$20 office visit/ 20% after deductible at an outpatient facility
DIAGNOSTIC LABORATORY/RADIOLOGY/ADVANCED IMAGING			
Outpatient Laboratory/Radiology/Advanced Imaging	$0	$15	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	$0	$0	$0
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	$10	$15	$30
Emergency Room	$85	$100	$100
Ambulance	$0	$0	$0
OTHER SERVICES			
Inpatient Facility	$0	$150 per admission	20% after deductible
Outpatient Facility	$0	$150	20% after deductible
Outpatient Behavioral Health	$10	$15	$30 office visit/ 20% after deductible at an outpatient facility
Durable Medical Equipment (DME)	$100 deductible, then covered in full	$0	$0
OUT-OF-NETWORK (OON)			
Deductible - Individual Deductible - Family Coinsurance after Deductible Out-of-Pocket Coinsurance Maximum - Individual Out-of-Pocket Coinsurance Maximum - Family Inpatient Hospital Deductible	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits

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

Lindenwold Borough

Prescription Benefits Overview - SNJ Fund/Express Scripts

SNJ Fund / Express Scripts	$3/$10/$10	$3/$10/$10	$7/$16/$35	$3/$18/$46	$3/$10/$10	$7/$16/$35
Corresponding SNJ Fund Medical Plan	Aetna PPO $10	Aetna PPO $15	Aetna PPO $15/$25	Aetna PPO $20	Aetna HMO $10	OMNIA
Retail: Generic Copayments	$3	$3	$7	$3	$3	$7
Retail: Preferred Brand Copayments	$10	$10	$16	$18	$10	$16
Retail: Non-Preferred Brand Copayments	$10	$10	$35	$46	$10	$35
Retail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	$0	$0	$0	$0	$0	$0
Mail: Preferred Brand Copayments	$15	$15	$40	$36	$15	$40
Mail: Non-Preferred Brand Copayments	$15	$15	$88	$92	$15	$88
Mail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	$1,840/$3,680	$1,840/$3,680	$1,840/$3,680	$1,840/$3,680	$1,840/$3,680	$1,840/$3,680

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