

Delran Township

Medical Benefits Comparison - SNJ HIF - Effective 1/1/2027

NEW PLAN!

SNJ HIF/ Aetna Plan Name	Aetna Choice POS II \$10 Open Access	Aetna Choice POS II \$15 Open Access	Aetna HMO \$10	Aetna Whole Health	
IN-NETWORK (IN)					
Service Area Available	Nationwide	Nationwide	Nationwide Aetna HMO Network	NJ only	Nationwide
Specialist Referral	No referral required	No referral required	Referral required	No referral required	No referral required
Deductible					
Individual	\$0	\$0	\$100 for DME only	\$0	\$1,500
Family	\$0	\$0		\$0	\$3,000
Coinsurance	10%	10%	0%	0%	20% after deductible
Coinsurance Out-of-Pocket Maximum	Not applicable	Not applicable	Not applicable	Not applicable	
Total Out-of-Pocket Maximum (Copay + Deductible + Coinsurance)					
Individual	\$400	\$400	\$7,280	\$2,500	\$4,500
Family	\$1,000	\$1,000	\$14,560	\$5,000	\$9,000
HEALTH CARE SERVICES					
Primary Care Office Visit	\$10	\$15	\$10	\$5	\$20
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0	\$0
Telemedicine (CVS Virtual Care)	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit	\$10	\$15	\$10	\$15	\$30
Annual Routine Vision (In-Network Only)	\$10	\$15	\$10	\$15	\$30
Chiropractic	\$10	\$15	\$10	\$15	\$30
Physical/Occupational/Speech Therapy	\$10	\$15	\$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	\$0	\$0	\$15	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES					
Urgent Care Center	\$10	\$15	\$10	\$15	\$30
Emergency Room	\$25	\$50	\$35	\$100	\$100
Ambulance	10%	10%	\$0	\$0	\$0
OTHER SERVICES					
Inpatient Facility	\$0	\$0	\$0	\$150 per admission	20% after deductible
Outpatient Facility	\$0	\$0	\$0	\$150	20% after deductible \$30 office visit/ 20% after deductible at an outpatient facility
Outpatient Behavioral Health	\$10	\$15	\$10	\$15	
Durable Medical Equipment (DME)	10%	10%	\$100 deductible, then covered in full	\$0	\$0
OUT-OF-NETWORK (OON)					
Deductible - Individual	\$100	\$100	No out-of-network benefits	No out-of-network benefits	
Deductible - Family	\$250	\$250			
Coinsurance after Deductible	20%	30%			
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000			
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000			
Inpatient Hospital Deductible	\$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).

Prescription Benefits Overview - SNJ Fund/Express Scripts - Effective 1/1/2027

NEW PLAN!

SNJ Fund / Express Scripts	\$3/\$10/\$10	\$3/\$10/\$10	\$3/\$10/\$10	\$7/\$16/\$35
Corresponding SNJ Fund Medical Plan	Aetna Choice POS II \$10	Aetna Choice POS II \$15	Aetna HMO \$10	Aetna Whole Health
Retail: Generic Copayments	\$3	\$3	\$3	\$7
Retail: Preferred Brand Copayments	\$10	\$10	\$10	\$16
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$10	\$35
Retail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$0	\$0	\$0	\$0
Mail: Preferred Brand Copayments	\$15	\$15	\$15	\$40
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$15	\$88
Mail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640

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

-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.