

Atlantic Highlands Borough 202 Plan Options

	Aetna ACPOS II \$15 Plan [Match to QualCare \$15 PPO]		Aetna ACPOS II Core Plan [Match to QualCare Core Plan]		Aetna ACPOS II Buy-up Plan [Match to QualCare Buy-up Plan]		Aetna ACPOS II \$25/\$35 [Existing Aetna Plan]	
BENEFIT	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Period	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Deductible								
Individual	\$0	\$100	\$1,000	\$2,500	\$500	\$1,250	\$0	\$1,500
Family	\$0	\$250	\$2,000	\$5,000	\$1,000	\$2,500	\$0	\$3,000
Maximum Out-of-Pocket								
Individual	\$400	\$600	\$2,000	\$5,000	\$1,000	\$2,500	\$1,200	\$1,800
Family	\$1,000	\$1,500	\$4,000	\$10,000	\$2,000	\$5,000	\$3,000	\$4,500
Doctor's Office Visits								
Primary Care Office Visit	\$15 copay	70% after deductible	\$25 copay	60% after deductible	\$20 copay	70% after deductible	\$25 copay	60% after deductible
Specialist Office Visit	\$15 copay	70% after deductible	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$35 copay	60% after deductible
Maternity Visits	\$15 copay for initial visit	70% after deductible	\$40 copay for initial visit	60% after deductible	\$30 copay for initial visit	70% after deductible	\$35 copay for initial visit only	60% after deductible
Allergy Testing and Treatment	\$15 copay	70% after deductible	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$35 copay	60% after deductible
Preventive Care								
Routine Adult Physicals, GYN Exams,	100% covered	Not covered	100% covered	60% after deductible	100% covered	70% covered, deductible waived	100% covered	Not covered
PAP, Mammograms, Prostrate Cancer								
Screening, Colorectal Screening,								
Immunizations								
Well Child Exams								
Well Child Immunizations and Lead Screening								
Diagnostics Procedures								
Laboratory	100% covered	70% after deductible	\$40 copay	60% after deductible	\$30 copay	70% after deductible	100% covered	60% after deductible
Outpatient X-Ray/Radiology Services	100% covered	70% after deductible	\$40 copay	60% after deductible	\$30 copay	70% after deductible	100% covered	60% after deductible
Hospital Care								
Inpatient Hospital	100% covered	\$200 copay per day and 70% after deductible	\$200 copay per day, \$1000 max per admission	60% after deductible	\$100 copay per day, \$500 max per admission	70% after deductible	100% covered	60% after deductible
Emergency Care								
Emergency Room	\$25 copay		\$100 copay, then 80% covered		\$100 copay, then 80% covered		\$30 copay	
Ambulance	100% covered	70% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100% covered	60% after deductible
Urgent Care	\$15 copay		\$40 copay		\$30 copay		\$35 copay	
Outpatient Surgery								
Hospital Outpatient Surgery	100% covered	70% after deductible	Based on Place of Service	60% after deductible	Based on Place of Service	70% after deductible	\$35 copay	60% after deductible
Mental Health Services								
Inpatient	Same coverage as any other illness		Same coverage as any other illness		Same coverage as any other illness		Same coverage as any other illness	
Outpatient								
Substance Abuse Services								
Inpatient	Same coverage as any other illness		Same coverage as any other illness		Same coverage as any other illness		Same coverage as any other illness	
Outpatient								
Alcohol Abuse Services								
Inpatient	Same coverage as any other illness		Same coverage as any other illness		Same coverage as any other illness		Same coverage as any other illness	
Outpatient								
Prescription Drugs	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order		
Generic	\$15 copay	\$15 copay	\$15 copay	\$30 copay	\$15 copay	\$30 copay	\$10 copay	\$20 copay
Formulary	\$15 copay	\$15 copay	\$35 copay	\$70 copay	\$35 copay	\$70 copay	\$20 copay	\$40 copay
Non-Formulary	\$15 copay	\$15 copay	\$50 copay	\$100 copay	\$50 copay	\$100 copay	\$30 copay	\$60 copay