

Millville Board of Education Model Option Plans

Southern Coastal HIF Effective 2019	Current Plan		Current Plan		Current Plan	
	AETNA HNO \$15 (\$15/\$15)		AETNA ACPOS II CORE A		AETNA ACPOS II CORE B	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Deductible						
Individual	None	\$100	\$1,000	\$2,500	\$500	\$1,250
Family	None	\$250	\$2,000	\$5,000	\$1,000	\$2,500
After Deductible, plan pays	100%	70%	80%	60%	90%	70%
Out of Pocket Annual Limit						
Individual	\$5,480	\$2,000	\$2,000	\$5,000	\$1,000	\$2,500
Family	\$10,960 ²	\$5,000	\$4,000	\$10,000	\$2,000	\$5,000
Coinsurance Limit						
Individual	\$5,480	n/a	\$2,000	n/a	\$1,000	n/a
Family	\$10,960	n/a	\$4,000	n/a	\$2,000	n/a
Referral by Primary Care Physician Required	Not Required	Not applicable	Not Required	Not applicable	Not Required	Not applicable
Preventive Care						
Preventive Care/Screenings/Immunizations (as per ACA Guidelines)	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered
Physician's Office Visit						
Primary Care Services	\$15 copay	30% after Deductible	\$25 copay Deductible waived	40% after Deductible	\$20 copay	30% after Deductible
Specialists	\$15 copay	30% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay	30% after Deductible
Maternity OB Visit	\$15 copay	30% after Deductible	\$25 copay Deductible waived	40% after Deductible	\$20 copay	30% after Deductible
Diagnostic Procedures						
Diagnostic Laboratory	100%	30% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay	30% after Deductible
Diagnostic X-ray	100%	30% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay	30% after Deductible
Complex Imaging (Advanced Radiology i.e MRI, CATscan)	100%	30% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay	30% after Deductible
Emergency Medical Care						
Urgent Care	\$15 Copay	30% after Deductible	\$40 copay Deductible waived	\$40 copay Deductible waived	\$30 copay	\$30 copay
Emergency Room (medical emergencies & accidents)	\$50 copay	\$50 copay	\$100 copay then 20% Deductible waived	\$100 copay then 20% Deductible waived	\$100 copay (Deductible Waived)	\$100 copay (Deductible Waived)
Ambulance	100%	70%	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
Hospital Care						
Inpatient Coverage	100%	30% after Deductible	\$200 copay per day, \$1,000 max per admission Deductible waived	40% after Deductible	\$100 copay per day, \$500 max per admission Deductible Waived	30% after Deductible
Surgery						
Outpatient Surgery (Hospital or Freestanding)	100%	30% after Deductible	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
Mental Health Services & Substance Abuse						
Inpatient Coverage	100%	30% after Deductible	\$200 copay per day \$1,000 max per admission Deductible Waived	40% after Deductible	\$100 copay per day, \$500 max per admission Deductible Waived	30% after Deductible
Out Patient	\$15 copay	30% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay	30% after Deductible
Other Services						
Skilled Nursing Facility	100%	30% after Deductible	\$200 copay per day, \$1,000 max per admission	40% after Deductible	\$100 copay per day, \$500 max per admission	30% after Deductible
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	\$15 copay	30% after Deductible	\$40 copay Deductible waived	40% after Deductible	\$30 copay	30% after Deductible
Chiropractic Care	\$15 copay; 30 Visits per year	30% after Deductible	\$40 copay; 30 Visits per year (Deductible Waived)	40% after Deductible	\$30 copay; 30 Visits per year	30% after Deductible
Durable Medical Equipment	100%	30% after Deductible	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible

All Benefits Subject to Medical Necessity