

**Township of Ocean Board of Education - Benefit Comparison**

	<b>Aetna Garden State Health Plan</b>	<b>Horizon NJ Educator's Plan</b>	<b>Horizon Direct 10</b>	<b>Horizon Direct 15</b>
<b>In Network</b>	<b>Coverage</b>	<b>Coverage</b>	<b>Coverage</b>	<b>Coverage</b>
Member Coinsurance	10%, applies only to ER transportation care and durable medical equipment but capped at \$800 single and \$2,000 family	10%, applies only to ER transportation care and durable medical equipment but capped at \$800 single and \$2,000 family	10%, applies only to ER transportation care and durable medical equipment but capped at \$800 single and \$2,000 family	10%, applies only to ER transportation care and durable medical equipment but capped at \$800 single and \$2,000 family
Deductible	N/A	N/A	N/A	N/A
Out of pocket	\$500 single/\$1,000 family	\$500 / \$1,000 (covers all copayments, coinsurance)	\$400/\$1,000	\$6,250/\$13,040
Coinsurance Max.	\$500 single/\$1,000 family	\$500 / \$1,000 (covers all copayments, coinsurance)	\$400/\$1,000	\$400/\$1,000
Emergency Room	\$125	\$125	\$25	\$50
PCP Office visit	\$10	\$10	\$10	\$15
Specialist office	\$15	\$15	\$10	\$15
<b>Out of Network</b>	<b>Coverage</b>	<b>Coverage</b>	<b>Coverage</b>	<b>Coverage</b>
Member	30%	30% of the out of network fee schedule	20%	30%
Deductible	\$350/\$700	\$350/\$750	\$100/\$250	\$100/\$250
Out of Pocket	\$2000/\$5000	\$2,000 single / \$5,000 family	\$2,000/\$5,000	\$2,000/\$5,000
Routine Lab	Paid at out of network benefit level	Paid at out of network benefit level	Paid at out of network benefit level	Paid at out of network benefit level
Out of network fee	200% of CMS – Medicare	200% of CMS – Medicare	300% of CMS	300% of CMS
<b>Other</b>				
Chiropracti	Subject to 30 visits per year - combined in and out of network	Subject to 30 visits per year	Subject to 30 visits per year	Subject to 30 visits per year
<b>Prescription</b>	<b>Coverage</b>	<b>Coverage</b>	<b>Coverage</b>	<b>Coverage</b>
Generic	\$5	\$5	\$3	\$3
Preferred Brand	\$10	\$10	\$10	\$10
Non-Preferred Brand	Member pays difference*	Member pays difference*	\$25	\$25
Mail Order	2x retail co-pays	2x retail co-pays	2x retail co-pays	2x retail co-pays

**\* You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug**