

Mendham Borough Board of Education

Aetna Medical Plans - **Employees Hired On or After July 1, 2020**

July 1, 2023 Through June 30, 2024

	NJ Educators Plan (NJEHP)		Garden State Plan (GSHP)	
Referral for Specialist	No Referral Required		No Referral Required	
Provider Choice	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	N/A	\$350 Single \$700 Family	N/A	\$350 Single \$700 Family
Coinsurance	100%	70%	100%	70%
Out of Pocket Maximum (including deductible)	\$500 Single \$1,000 Family	\$2,000 Single \$5,000 Family	\$500 Single \$1,000 Family	\$2,000 Single \$5,000 Family
Coinsurance Maximum	N/A		N/A	
Primary Care Office Visit	\$10 copay	Ded & 30% Coins	\$10 copay	Ded & 30% Coins
Specialist Office Visit	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
Telemedicine	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
Urgent Care Visit	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
Annual Adult Physical	Covered at 100%	In Network Only	Covered at 100%	In Network Only
Lab	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
X-Ray	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
Inpatient Hospital	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
Outpatient Surgery	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
Emergency Room	\$125 Copay		\$125 Copay	
Ambulance	10% Coinsurance	Ded & 30% Coins	10% Coinsurance	Ded & 30% Coins
Inpatient MH & SA	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
Office Visit MH & SA	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
Routine Vision Exam	\$15 copay	In Network Only	\$15 copay	In Network Only
Vision Hardware	Not Covered		Not Covered	
Acupuncture	\$15 copay	75% of In-Network or \$60 max allowance	\$15 copay	75% of In-Network or \$60 max allowance
Bariatric Surgery	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
Physical Therapy	\$15 copay	75% of In-Network or \$52 max allowance	\$15 copay	75% of In-Network or \$52 max allowance
	Unlimited Visits		Unlimited Visits	
Occupational, Speech, Respiratory Therapy	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
	Unlimited Visits		Unlimited Visits	
Chiropractic Care	\$15 copay	75% of In-Network or \$35 max allowance	\$15 copay	75% of In-Network or \$35 max allowance
	30 Visits per Year		30 Visits per Year	
Durable Medical Equip	10% Coinsurance	Ded & 30% Coins	10% Coinsurance	Ded & 30% Coins
Home Health Care	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
	Unlimited Visits		Unlimited Visits	
Hospice Care	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
Private Duty Nursing	10% Coinsurance	Ded & 30% Coins	10% Coinsurance	Ded & 30% Coins
	Unlimited Visits		Unlimited Visits	
Skilled Nursing Facility	Covered at 100%	Ded & 30% Coins	Covered at 100%	Ded & 30% Coins
	120 Days per Year	60 Days per Year	120 Days per Year	60 Days per Year
Infertility (Doctor's Office)	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
	Limited to 4 Egg Retrievals per Lifetime		Limited to 4 Egg Retrievals per Lifetime	
Orthotics & Prosthetics	\$15 copay	Ded & 30% Coins	\$15 copay	Ded & 30% Coins
Out of Network Reimbursement	N/A	200% of Medicare	N/A	200% of Medicare

This overview describes the benefit plans available to you as an employee, the details of these plans are contained in the official Plan Documents. If there is a conflict between the information in the overview and the formal language of the Plan Document, the formal wording in the Plan Document will govern.

(1) Please note, the GSHP only provides coverage in New Jersey, there is no Out of State coverage.