

MEDICAL PLAN COMPARISON

PLAINFIELD BOE 7/1/2018 | MEDICAL PLAN COMPARISON

CARRIER



	Current 1		Current 2		NEW		NEW	
Subgroup	PEA		PEA		PEA		PEA	
Product	Horizon PPO		OMNIA		NJ Access		NJ Access	
Network	National		National		Freedom		Freedom	
Gatekeeper	Non-Gated		Gated		Non-Gated		Non-Gated	
Coverage Levels	N/A		Tier 1 / Tier 2		Replaces		Replaces	
					CSP01; CSP01C; CSP01R		CSP03; CSP03C; CSP03R	
Benefits								
Office Copay (PCP/SPC)	\$25/\$50 OV/Spec. Copay		T1: \$5/\$15 OV/Spec. Copay T2: \$20/\$30 OV/Spec. Copay		\$50/\$50 OV/Spec. Copay		\$50/\$50 OV/Spec. Copay	
ER Copay	\$100		\$100		ER \$100 (Base)		ER \$100 (Base)	
Hospital Copay	100% after deductible		T1: \$150, 100% after T2: 80% after deductible		No Copay (Base)		No Copay (Base)	
Deductible	\$2,500		T1: \$0 / T2: \$1,500		\$2,500		\$2,500	
Coinsurance	80% or 100%		T1: 100% / T2: 80%		80%		80%	
Max Out-of-Pocket (INN)	\$20,000		T1: \$2,500 / T2: \$4,500		\$5,000		\$5,000	
Out of Network								
Deductible	\$5,000		No Coverage		\$5,000		\$5,000	
Coinsurance	60%		No Coverage		60%		60%	
Max Out-of-Pocket (OON)	\$40,000		No Coverage		\$15,000		\$15,000	
Family Multiple:	2x Family Multiple		2x Family Multiple		2x Family Multiple		2x Family Multiple	
Rates (Billed)								
	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>
Single		\$1,010.28		\$764.62		\$676.44		\$691.69
Parent/Child(ren)		\$1,950.36		\$1,476.21		\$1,219.06		\$1,246.55
Husband/Wife		\$2,742.36		\$2,075.59		\$1,227.79		\$1,255.49
Family						\$1,948.64		\$1,992.62