



## Moorestown Township Board of Education Medical & Prescription Plans for MAA Effective 7/1/2026

	<b>NJ Only Plan</b> <small>Hired after 7/1/2020</small>		<b>Base Plan</b> <small>Hired after 7/1/2020</small>		<b>Additional Plan</b> <small>Hired prior to 7/1/2016</small>		<b>Low Cost Plan</b> <small>Only available if hired prior to 7/1/2020</small>	
	<b>MAA Plan #1</b>		<b>MAA Plan #2</b>		<b>MAA Plan #3</b>		<b>MAA Plan #4</b>	
<b>Aetna Plan Name</b>	<b>Garden State Plan (NJ Only Network)</b>		<b>NJ Educator's Health Plan</b>		<b>ACPOS II \$15 with 10% RX</b>		<b>ACPOS II HDHP \$2,500 with 20% RX</b>	
	In-Net	Out-Net	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Drug Card</b>	Generic/Brand/Non-Preferred		Generic/Brand/Non-Preferred		Generic/Brand/Non-Preferred		Generic/Brand/Non-Preferred	
Retail 30 Days / Mail Order 90 Days	\$5/\$10/\$10		\$5/\$10/\$10		10% Coinsurance		20% after Ded.	
RX Maximum Out-of-Pocket	\$1,6K/\$3,2K		\$1,6K/\$3,2K		Combined with Medical		Combined with Medical	
<b>Major Medical</b>								
Office (PCP) Copay	\$10 Copay	30% after Ded.	\$10 Copay	30% after Ded.	\$15 Copay	30% after Ded.	20% after Ded.	40% after Ded.
Specialist Copay	\$15 Copay	30% after Ded.	\$15 Copay	30% after Ded.	\$15 Copay	30% after Ded.	20% after Ded.	40% after Ded.
Deductible (Individual/Family)	\$0	\$350/\$700	\$0	\$350/\$700	\$0	\$100/\$250	\$2,5K/\$5K	\$2,5K/\$5K
Co-Insurance (Carrier/Member)	90/10	70/30	90/10	70/30	90/10	70/30	80/20	60/40
Max Out-of-Pocket (Ind./Family)	\$500/\$1K	\$2K/\$5K	\$500/\$1K	\$2K/\$5K	\$800/\$1,6K	\$2K/\$5K	\$5K/\$10K	\$6,350/\$12,7K
<b>Hospital Benefits</b>								
Hospital In-Patient	No charge	30% after Ded.	No charge	30% after Ded.	No charge	30% after Ded.	20% after Ded.	40% after Ded.
Surgical Out-Patient	No charge	30% after Ded.	No charge	30% after Ded.	No charge	30% after Ded.	20% after Ded.	40% after Ded.
Urgent Care Center	\$15 Copay	30% after Ded.	\$15 Copay	30% after Ded.	\$15 Copay	30% after Ded.	20% after Ded.	40% after Ded.
Emergency Room	\$125 Copay		\$125 Copay		\$50 Copay		20% after Ded.	
<b>Other</b>								
Referral Required?	No	No	No	No	No	No	No	No
Preventative Care	No charge	30% after Ded.	No charge	30% after Ded.	No charge	30% after Ded.	No charge	40% after Ded.
Diagnostic Test	No charge	30% after Ded.	No charge	30% after Ded.	No charge	30% after Ded.	20% after Ded.	40% after Ded.
Complex Imaging	No charge	30% after Ded.	No charge	30% after Ded.	No charge	30% after Ded.	20% after Ded.	40% after Ded.
<b>Employer Contributions</b>	N/A		N/A		N/A		<b>\$1,200/\$2,400</b>	
<b>Employee Contribution Structure</b>	<b>Chapter 44</b>		<b>Chapter 44</b>		<b>Chapter 78</b>		<b>Chapter 78</b>	
Single	\$1,547.00		\$1,590.00		\$1,886.00		\$1,458.00	
Employee/Child(ren)	\$2,430.00		\$2,499.00		\$2,949.00		\$2,275.00	
Employee/Spouse	\$3,111.00		\$3,200.00		\$3,776.00		\$2,916.00	
Family	\$3,983.00		\$4,097.00		\$4,837.00		\$3,734.00	
<b>Please circle the tier of coverage under the plan you wish to elect.</b>	<b>Single</b> Employee/Child(ren) Employee/Spouse Family		<b>Single</b> Employee/Child(ren) Employee/Spouse Family		<b>Single</b> Employee/Child(ren) Employee/Spouse Family		<b>Single</b> Employee/Child(ren) Employee/Spouse Family	

**Employee Signature:**

**Date:**

Rates/benefits in this comparison are for discussion/estimation purposes. Employees must compute their Chapter 44 or 78 contribution to determine payroll deduction.