



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

	NJ Only Plan <small>Hired after 7/1/2020</small>		Base Plan <small>Hired after 7/1/2020</small>		Additional Plan <small>Hired prior to 7/1/2020</small>		Lower Cost Plan <small>Hired prior to 7/1/2020</small>	
	MEA Plan #1		MEA Plan #2		MEA Plan #3		MEA Plan #4	
Aetna Plan Name	Garden State Plan (NJ Only Network)		NJ Educator's Health Plan		ACPOS II \$15 with Copay RX		ACPOS II HDHP \$2,500 20% RX with	
	In-Net	Out-Net	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Drug Card	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		\$0/\$10/\$20		20% after Ded.	
RX Maximum Out-of-Pocket	\$1,6K/\$3,2K		\$1,6K/\$3,2K		Combined with Medical		Combined with Medical	
Major Medical								
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
Hospital Benefits								
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.	
Other								
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.
Employer Contributions								
	N/A		N/A		N/A		\$1,200/\$2,400	
Employee Contribution Structure								
	Chapter 44		Chapter 44		Chapter 78		Chapter 78	
Single	\$1,547.00		\$1,590.00		\$1,919.00		\$1,458.00	
Employee/Child(ren)	\$2,430.00		\$2,499.00		\$3,006.00		\$2,275.00	
Employee/Spouse	\$3,111.00		\$3,200.00		\$3,846.00		\$2,916.00	
Family	\$3,983.00		\$4,097.00		\$4,930.00		\$3,734.00	
Please circle the tier of coverage under the plan you wish to elect.	Single Employee/Child(ren) Employee/Spouse Family		Single Employee/Child(ren) Employee/Spouse Family		Single Employee/Child(ren) Employee/Spouse Family		Single 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.