Newark Board of Education
Roger León, Superintendent

2025 Aetna Medical Benefits Plan Overview - Choice POS II Plans

	Choice POS II Network		Aetna Whole Health Network (NJ Providers and Facilities only)		Choice POS II Network		Choice POS II Network		Choice POS II Network	
	NBOE NJ Educators Plan (Aetna/Express Scripts)*		NBOE Garden State Health Plan (GSHP) (Aetna/Express Scripts)* There is no coverage for out of state providers in the GSHP (both in and out of network) except for true emergencies.		NBOE Choice POS II 10/15 (Aetna) *formerly known as PPO*		NBOE Choice POS II 20/35 (Aetna) *formerly known as PPO*		NBOE HD 1500 (Aetna)	
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK****	**IN-NETWORK**	**OUT-OF-NETWORK****	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Deductible (Individual/Family)	None	$350 / $700	None	$350 / $700	None	$200 / $500	$200 / $400	$800 / $2,000	$1,650 / $3,300	$1,650 / $3,300
After deductible, plan pays	100%	70%	100%	70%	100%	70%	80%	60%	80%	60%
Maximum Out of Pocket Payment Limit (Individual/Family)	$500 / $1,000	$2,000 / $5,000	$500 / $1,000	$2,000 / $5,000	$800 / $1,600	$5,000 / $12,500	$2,000 / $4,000	$5,000 / $12,500	$2,500 / $5,000	$3,500 / $7,000
Primary Care Physician Selection	**Not Required**		**Not Required**		**Not Required**		**Not Required**		**Not Required**	
Preventive Care										
Routine Adult Physician Exams / Immunizations	100%	**Not covered**	100%	**Not covered**	100%	70% After Deductible	100%	60% After deductible	100%	60% After deductible
Routine Well Child Exams / Immunizations	100%	Well Child Exams Not Covered; Child Immunizations 70%, deductible waived	100%	Well Child Exams Not Covered; Child Immunizations 70%, deductible waived	100%	70% After Deductible; deductible waived for child immunizations	100%	60% After Deductible; deductible waived for child immunizations	100%	60% After Deductible; deductible waived for child immunizations
Routine Gynecological Care Exams (1 per year)	100%	**70% after deductible**	100%	**70% after deductible**	100%	70% After Deductible	100%	60% After deductible	100%	60% After deductible
Routine Mammograms	100%	**70% after deductible**	100%	**70% after deductible**	100%	70% After Deductible	100%	60% After deductible	100%	60% After deductible
Physician's Office Visits										
Primary Care Services	$10 copay	70% after deductible	$10 copay	70% after deductible	$10 copay	70% after deductible	$20 copay	60% after deductible	80% after deductible	60% after deductible
CVS Virtual Primary Care	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A
CVS Minute Clinic	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A	$0 Copay after deductible	N/A
Specialist Services	$15 copay A referral is **not** required to visit a specialist.	70% after deductible	$15 copay A referral is **not** required to visit a specialist.	70% after deductible	$15 copay A referral is **not** required to visit a specialist.	70% after deductible	$35 copay A referral is **not** required to visit a specialist.	60% after deductible	80% after deductible A referral is **not** required to visit a specialist.	60% after deductible
Maternity OB Visits	$15 copay; first visit only 100%	70% after deductible	$15 copay; first visit only 100%	70% after deductible	$15 copay; first visit only 100%	70% after deductible	$35 copay; first visit only 100%	60% after deductible	100% (no deductible no copay)	60% after deductible
Allergy Testing and Treatment, OV copay may apply	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Diagnostics Procedures										
Laboratory*	100% in office or at Quest Diagnostics / LabCorp	70% after deductible	100% in office or at Quest Diagnostics / LabCorp	70% after deductible	100% in office or at Quest Diagnostics / LabCorp	70% after deductible	80% after deductible Quest Diagnostics / LabCorp	60% after deductible	80% after deductible Quest Diagnostics / LabCorp	60% after deductible
Outpatient X-Ray/Radiology Services	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Medical Care										
Emergency Room	**100% after $125 facility copay** (Copay waived if admitted)		**100% after $125 facility copay** (Copay waived if admitted)		100% after $100 facility copay (Copay waived if admitted)		100% after $100 facility copay (Copay waived if admitted)		80% after deductible	80% after deductible
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Ambulance (Emergency Only)	90%	70% after deductible	90%	70% after deductible	100% per trip, no deductible applies, after $100 copay	Paid same as in-network	100% per trip, no deductible applies, after $100 copay	Paid same as in-network	80% per trip after deductible	Paid same as in-network
Hospital Care										
Inpatient coverage	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Behavioral Health Services										
Alcohol/Substance Abuse Services	Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service	
Mental Health Services	Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service	
Other Services										
Skilled Nursing Facility	100% Limited to 120 days per benefit period	70% after deductible **Limited to 60 days per benefit period**	100% Limited to 120 days per benefit period	70% after deductible **Limited to 60 days per benefit period**	100% Limited to 120 days per benefit period	70% after deductible	80% after deductible Limited to 120 days per benefit period	60% after deductible	80% after deductible Limited to 120 days per benefit period The overall maximum per benefit period is 120 days combined In & Out-of-Network	60% after deductible Limited to 120 days per benefit period
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	100% after $15 copay	**70% after deductible for speech & occupational therapy and lesser of $52 or 75% of in-network cost /visit for physical therapy**	100% after $15 copay	**70% after deductible for speech & occupational therapy and lesser of $52 or 75% of in-network cost /visit for physical therapy**	100% after $15 copay	70% after deductible	100% after $20 copay	60% after deductible	80% after deductible	60% after deductible
Chiropractic Care	100% after $15 copay 30 visit maximum per benefit period	**70% after deductible to lesser of $35/visit or 75% of in-network cost**	100% after $15 copay 30 visit maximum per benefit period	**70% after deductible to lesser of $35/visit or 75% of in-network cost**	100% after $15 copay 30 visit maximum per benefit period	70% after deductible	100% after $20 copay 30 visit maximum per benefit period	60% after deductible	80% after deductible 30 visit maximum per benefit period	60% after deductible

Notes- ***Only plans available to employees hired or rehired on or after 07/01/2020.**

****Out of Network UCR - 200% of Medicare, employee cost of coverage based on % of salary.**

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2025 Aetna Medical Benefits Plan Overview - Select Plans

Aetna Select Network

	NBOE Select 10 (Aetna) *formerly known as HMO*		NBOE Select 15/25 (Aetna) *formerly known as HMO*		NBOE Select 20/20 (Aetna) *formerly known as HMO*		NBOE Select 20/35 (Aetna) *formerly known as HMO*	
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Deductible (Individual/Family)	None	N/A	None	N/A	None	N/A	$200 / $400	N/A
After deductible, plan pays	100%	N/A	100%	N/A	100%	N/A	80%	N/A
Maximum Out of Pocket Payment Limit (Individual/Family)	$5,480 / $10,960	N/A	$5,480 / $10,960	N/A	$5,480 / $10,960	N/A	$2,000 / $4,000	N/A
Primary Care Physician Selection	**Required**		**Required**		**Required**		**Required**	
Preventive Care								
Routine Adult Physician Exams / Immunizations	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Routine Well Child Exams / Immunizations	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Routine Gynecological Care Exams (1 per year)	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Routine Mammograms	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Physician's Office Visits								
Primary Care Services	$10 copay	Not Covered	$15 copay	Not Covered	$20 copay	Not Covered	$20 copay	Not Covered
CVS Virtual Primary Care	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A	$0 copay	N/A
CVS Minute Clinic	$0 copay	Not covered	$0 copay	Not Covered	$0 copay	Not Covered	$0 copay	Not Covered
Specialist Services	$10 copay A referral is required to visit a specialist.	Not Covered	$25 copay A referral is required to visit a specialist.	Not Covered	$20 copay A referral is required to visit a specialist.	Not Covered	$35 copay A referral is required to visit a specialist.	Not Covered
Maternity OB Visits	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Allergy Testing and Treatment	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Diagnostics Procedures								
Laboratory*	100% in office or at Quest Diagnostics / LabCorp	Not Covered	100% in office or at Quest Diagnostics / LabCorp	Not Covered	100% in office or at Quest Diagnostics / LabCorp	Not Covered	100% in office or at Quest Diagnostics / LabCorp	Not Covered
Outpatient X-Ray/Radiology Services	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Emergency Medical Care								
Emergency Room	100% after $35 facility copay (Copay waived if admitted)		100% after $75 facility copay (Copay waived if admitted)		100% after $100 facility copay (Copay waived if admitted)		100% after $100 facility copay (Copay waived if admitted)	
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Ambulance	100%		100%		100%		100% no deductible after $100 copay	
Hospital Care								
Inpatient coverage	100%	Not Covered	100%	Not Covered	100%	Not Covered	80% after deductible	Not Covered
Outpatient Surgery	100%	Not Covered	100%	Not Covered	100%	Not Covered	80% after deductible	Not Covered
Behavioral Health Services								
Alcohol/Substance Abuse Services	Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service	
Mental Health Services	Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service		Same as any other illness; benefit depends on place of service	
Other Services								
Skilled Nursing Facility	100% Limited to 120 days per benefit period	Not Covered	100% Limited to 120 days per benefit period	Not Covered	100% Limited to 120 days per benefit period	Not Covered	80% after deductible Limited to 120 days per benefit period	Not Covered
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	100% after $10 copay	Not Covered	100% after $20 Copay 60 visit maximum per benefit period combined In and Out-of-Network	Not Covered	100% after $20 copay 60 visit maximum per benefit period combined In and Out-of-Network	Not Covered	100% after $20 copay	Not Covered
Chiropractic Care	100% after office copay 20 visit maximum per benefit period	Not Covered	100% after $25 copay 20 visit maximum per benefit period	Not Covered	100% after $20 copay 20 visit maximum per benefit period	Not Covered	100% after $25 copay 20 visit maximum per benefit period	Not Covered

Note: Quest Diagnostics and LabCorp are the Preferred Provider for Laboratory services.