

Riverside Township Board of Education
2020-2021
Side-By-Side Plan Comparison

Good News for Riverside Township Board of Education Employees!

Riverside Township Board of Education is now offering employees more choices for their medical plan coverage. Employees can choose the coverage that best meets their needs.

	Aetna Patriot V Plan		Aetna Patriot X Plan		Aetna Premier Plan		* PPO Core		* PPO Buy Up	
Benefits	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
Deductible	None	\$100 Individual \$200 Family	None	\$100 Individual \$200 Family	None	\$1,000 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family	\$500 Individual \$1,000 Family	\$1,250 Individual \$2,500 Family
(Per Calendar Year)										
After Deductible Plan Pays	100%	70%	100%	80%	100%	70%	80%	60%	90%	70%
Primary Care Physician	\$5 Copay	70% Covered After Deductible	\$10 copay	80% Covered After Deductible	\$2 Copay	70% Covered After Deductible	\$25 Copay	60% Covered After Deductible	\$20 Copay	70% Covered After Deductible
Specialist	\$5 Copay	70% Covered After Deductible	\$15 Copay	80% Covered After Deductible	\$0 Copay	70% Covered After Deductible	\$40 Copay	60% Covered After Deductible	\$30 Copay	70% Covered After Deductible
Diagnostic Testing	No Charge	70% Covered After Deductible	No Charge	0% Coinsurance	No Charge	70% Covered After Deductible	\$40 Copay	60% Covered After Deductible	\$30 Copay	70% Covered After Deductible
Imaging (CT/PET scans/MRI)	No Charge	70% Covered After Deductible	No Charge	0% Coinsurance	No Charge	70% Covered After Deductible	\$40 Copay	60% Covered After Deductible	\$30 Copay	70% Covered After Deductible
Outpatient Surgery	No Charge	70% Covered After Deductible	No Charge	0% Coinsurance	No Charge	70% Covered After Deductible	20% Coinsurance	60% Covered After Deductible	10% Coinsurance	70% Covered After Deductible
Emergency Room	\$25 Copay	\$25 Copay	\$35 Copay	\$35 Copay	\$15 Copay	\$15 Copay	20% Coinsurance after \$100 Copay	20% Coinsurance after \$100 Copay	\$100 Copay	\$100 Copay
Hospital Stay (facility)	No Charge	70% Covered After Deductible	No Charge	0% Coinsurance	No Charge	70% Covered After Deductible	\$200 Per Day For First 5 Days	60% Covered After Deductible	\$100 Per Day First 5 Days	70% Covered After Deductible
Coverage	Monthly Premium Rates Effective 7/1/2020 to 6/30/2021									
Single	\$886.00		\$981.00		\$866.00		\$624.00		\$745.00	
Parent/Child(ren)	\$1,353.00		\$1,510.00		\$1,314.00		\$957.00		\$1,142.00	
Member/Spouse	\$1,740.00		\$1,940.00		\$1,695.00		\$1,231.00		\$1,468.00	
Family	\$2,311.00		\$2,580.00		\$2,245.00		\$1,632.00		\$1,949.00	
Overage Dependent to Age 31	\$575.00		\$575.00		\$524.00		\$406.00		\$485.00	

The above information is a brief overview of the benefit plans. Please review the benefit summaries posted on the on-line handbook at <https://www.riversideboebenefits.com/> before choosing a plan. If you are currently in the group's medical plan and do not choose one of the other options, you will automatically remain in your current plan. Once a plan election is made, that plan choice remains in effect until your next Open Enrollment unless you have a qualifying life event.

*Vision reimbursement does not apply to the PPO Core or PPO Buy Plans. Copay reimbursement does not apply to the Premier, PPO Core or PPO Buy Up plans.

***What Does the Deductible Apply to?** For the PPO Core and PPO Buy Up plans, the deductible is waived for many of the in-network services such as office visits to your Primary Care Physician and Specialists. The deductible is also waived for in-network services such as Preventive Care, Chiropractic Care, Inpatient Hospital Care, and Diagnostic Laboratory and X-Ray services. For other services, such as Outpatient Surgery, Ambulance, Home Health Care, Hospice, Durable Medical Equipment, Family Planning, etc. the deductible does apply. If you are considering changing plans, please review the complete benefit summaries and in order to determine if one of these plans would be a better option for you.

This overview contains a general description of your medical program for your use as a convenient reference. Complete details of your program appear in the policy, which govern the benefits and operation of your program. The policy supersedes if there should be any inconsistency or difference between its provisions and the information in this overview.