

MEDICAL PLANS

AETNA AND EXPRESS SCRIPTS



Randolph Township offers the following medical and prescription drug plans. The medical plan benefits are administered by Aetna, and the prescription drug plan benefits are administered by Express Scripts.

	OPEN ACCESS \$5	PATRIOT V QPOS	HMO	PREFERRED PLAN	\$3,000/\$5,000 HDHP	CHOICE \$5,000 HDHP
IN-NETWORK BENEFITS						
Calendar Year Deductible (Individual/Family)	N/A	N/A	N/A	\$500 / \$1,000	\$3,500 / \$5,000	\$5,000 / \$5,000
Out-Of-Pocket Maximum (Individual/Family)	\$400 / \$1,000	N/A	\$4,000 / \$8,000	\$2,000 / \$4,000	\$3,500 / \$5,000	\$5,000 / \$5,000
Preventive Care Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Required?	N/A	N/A	Yes	No	No	No
PCP Visit	\$5 copay	\$5 copay	\$10 copay	\$20 copay	100% after deductible	100% after deductible
Specialist Visit	\$5 copay	\$5 copay	\$10 copay	\$40 copay	100% after deductible	100% after deductible
Diganostic Laboratory	Plan pays 100%	Plan pays 100%	Plan pays 100%	80% after deductible	100% after deductible	100% after deductible
Diagnostic X-Ray/Imaging (MRI, CT-Scan)	Plan pays 100%	Plan pays 100%	Plan pays 100%	80% after deductible	100% after deductible	100% after deductible
Emergency Room	\$25 copay	\$25 copay	\$35 copay	80% after \$100 copay	100% after deductible	100% after deductible
Urgent Care Center	\$5 copay	\$5 copay	\$10 copay	\$40 copay	100% after deductible	100% after deductible
Inpatient Hospital	Plan pays 100%	Plan pays 100%	Plan pays 100%	80% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	\$5 copay	Plan pays 100%	Plan pays 100%	80% after deductible	100% after deductible	100% after deductible
Skilled Nursing Facility	Plan pays 100%	Plan pays 100%	Plan pays 100%	80% after deductible	100% after deductible	100% after deductible
Home Health Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	80% after deductible	100% after deductible	100% after deductible
Outpatient Therapies (PT, OT, Chiropractic)	\$5 copay	\$5 copay	\$10 copay	\$40 copay	100% after deductible	100% after deductible
Outpatient Mental Health/Substance Abuse	\$5 copay	\$5 copay	\$10 copay	\$40 copay	100% after deductible	100% after deductible
Infertility Services	\$5 copay	\$5 copay	\$10 copay	\$40 copay	100% after deductible	100% after deductible
OUT-OF-NETWORK BENEFITS						
Calendar Year Deductible (Individual/Family)	\$100 / \$200	\$100 / \$200	N/A	\$500 / \$1,000	\$3,500 / \$5,000	\$5,000 / \$5,000
Out-Of-Pocket Maximum (Individual/Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	N/A	\$4,000 / \$8,000	\$7,500 / \$7,500	\$7,500 / \$7,500
Coinsurance	70% after deductible	70% after deductible	N/A	60% after deductible	80% after deductible	80% after deductible
PRESCRIPTION BENEFITS						
Retail (up to a 30-day supply)						
Generic	90% deductible waived	90% deductible waived	\$10 copay	80% after deductible	100% after deductible	100% after deductible
Preferred Brand	90% deductible waived	90% deductible waived	\$20 copay	80% after deductible	100% after deductible	100% after deductible
Non-Preferred Brand	90% deductible waived	90% deductible waived	\$30 copay	80% after deductible	100% after deductible	100% after deductible
Specialty	90% deductible waived	90% deductible waived	\$30 copay	80% after deductible	100% after deductible	100% after deductible
Mail Order (up to a 90-day supply)						
Generic	90% deductible waived	90% deductible waived	\$5 copay	80% after deductible	100% after deductible	100% after deductible
Preferred Brand	90% deductible waived	90% deductible waived	\$15 copay	80% after deductible	100% after deductible	100% after deductible
Non-Preferred Brand	90% deductible waived	90% deductible waived	\$25 copay	80% after deductible	100% after deductible	100% after deductible
Specialty	90% deductible waived	90% deductible waived	\$25 copay	80% after deductible	100% after deductible	100% after deductible