

Riverside Township - Medical and Prescription Plan Options

MEDICAL PLAN OPTIONS			
Benefits	Aetna Choice POS II \$10 (Open Access)	Aetna Choice POS II \$15 (Open Access)	Aetna Choice HMO \$10 Copay
Deductible	None	None	\$100 for DME only
Out of Pocket Limit	\$400 Ind / \$1000 Family	\$400 Ind / \$1,000 Family	\$6,960 Ind / \$13,920 Family
Primary Care	\$10 Copay	\$15 Copay	\$10 Copay
Specialist	\$10 Copay	\$15 Copay	\$10 Copay
Preventive	No Charge	No Charge	No Charge
Diagnostic (x-ray, blood work)	No Charge	No Charge	No Charge
Imaging (CT/PET scans, MRIs)	No Charge	No Charge	No Charge
Outpatient Surgery	No Charge	No Charge	No Charge
Emergency Room	\$25 Copay	\$50 Copay	\$35 Copay
Emergency Transportation	10% Coinsurance	10% Coinsurance	No Charge
Urgent Care	\$10 Copay	\$15 Copay	\$10 Copay
Durable Medical Equipment	10% Coinsurance	10% Coinsurance	\$100 Deductible
Hospital Stay	No Charge	No Charge	No Charge
Out of Network Benefits			
Deductible	\$100 Ind / \$250 Family	\$100 Ind / \$250 Family	Not Covered
Coinsurance	20%	30%	Not Covered
Out of Pocket Limit	\$2,000 Ind / \$5,000 Family	\$2,000 Ind / \$5,000 Family	N/A
*PRESCRIPTION PLAN			
Out of Pocket Limit	\$1,740 Ind/\$3,480 Family		
Retail Copays (Up to 30 day Supply)			
Generic Drug	\$3 Copay		
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay		
Brand Name Drug (Generic Alternative Available)	Member pays the applicable brand copayment plus the cost difference between the brand drug & generic.		
Mail Order (Up to 90 day Supply)			
Generic Drug	\$0 Copay		
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$15 Copay		
Brand Name Drug (Generic Alternative Available)	Member pays the applicable brand copayment plus the cost difference between the brand drug & generic.		

*Utilization programs also apply.

Please note, if any benefits should differ from the Carrier's plan document, the Carrier's plan document supersedes this document.