

Medical Benefits

Aetna®

Your Plan Options

RWJBarnabas Health offers a choice between two medical plans, with options varying based on whether you live in or outside of New Jersey.

- **Live in New Jersey?** Choose between the Core Plan and the Flex Plan.
- **Live outside of New Jersey?** Choose between the Core Plan and the Out-of-Area (OOA) Plan.

Core Plan	Flex Plan	Out-of-Area (OOA) Plan
• You live in New Jersey or outside of New Jersey and primarily use care within the RWJBarnabas Health system or within our HTC partner network • Lowest payroll contributions	• You live in New Jersey, but want to pay less out-of-pocket when using care outside the RWJBarnabas Health system or in other states • Higher payroll contributions than the Core Plan	• You live outside of New Jersey • You are offered this in place of the Flex Plan, to make accessing care outside of the state more affordable for you • Contributions are the same as the Core Plan

Understanding the Plan Network Tiers

The medical plans each include three tiers of coverage: **Premier, Extended and Aetna® Network**. Your out-of-pocket costs depend on the plan you choose and your provider's network tier. You can use providers in any tier throughout the year.

Note: The Flex Plan and Out-of-Area Plan include an additional Out-of-Network tier that applies to providers who are not part of the Aetna® network.

Premier (Tier 1)	Extended (Tier 2)	Aetna® Network (Tier 3)	Out-of-Network
Look for the label "Maximum Savings" on Aetna® provider search	Look for the label "Standard Plus Savings" on Aetna® provider search	Look for the label "Standard Savings" on Aetna® provider search	Not listed on Aetna® provider search
• RWJBH facilities • RWJBH employed doctors • RWJBH Joint Venture facilities and practices • RWJBH Clinically Integrated Network practices	• Certain RWJBH-affiliated doctors • Health care Transformation Consortium (HTC) facilities and employed doctors: ○ AtlantiCare ○ Atlantic Health System ○ Capital Health ○ CentraState Healthcare System ○ Holy Name ○ Hunterdon Health ○ Saint Peter's Healthcare System ○ St. Joseph's Health ○ Valley Health System	• All other providers who participate in Aetna®'s network • Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health) • Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering and New York-Presbyterian)	• Any provider who does not participate in Aetna®'s network

* No deductible, copayment or coinsurance applies, except the Emergency Room copayment.

Have Questions?

Care Navigation

(Provider Search and Appointments)

Call: **844.424.2628**

Monday – Friday from 8 a.m. – 7 p.m. ET

Aetna® Concierge

(Claims and Coverage Questions)

Call: **855.546.5415**

Monday – Friday from 8 a.m. – 6 p.m. ET

Core Medical Plan

	Premier (Tier 1)	Extended (Tier 2)	Aetna® Network (Tier 3)
Key Plan Terms			
Deductible Individual/Family	\$0/\$0	\$1,000/\$2,000	\$2,500/\$5,000
Coinsurance*	You pay 0%	You pay 20%	You pay 50%
Out-of-Pocket Maximum** Individual/Family (Includes medical and prescription deductible, coinsurance and copays)	\$1,500/\$3,000	\$2,500/\$5,000	\$7,000/\$14,000
Office Visits¹			
Primary Care Office Visit	\$0 copay	\$20 copay	\$40 copay
Specialist Office Visit	\$0 copay	\$40 copay	\$80 copay
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Routine Eye Exam²	\$0 copay	\$0 copay	\$0 copay
Behavioral Health (Provider Office or ABA Therapy)	\$0 copay	\$0 copay	\$0 copay
Physical, Speech & Occupational Therapy³	\$0 copay	\$40 copay	\$80 copay
Diagnostics			
Diagnostic Laboratory (Includes LabCorp and Quest)	\$0 copay	\$0 copay	\$0 copay
Radiology (i.e., X-ray/Ultrasound)	\$0 copay	\$50 copay	You pay 50%*
Complex Imaging (i.e., CT/MRI/Nuclear Scan)	\$0 copay	\$200 copay	You pay 50%*
Facilities⁴			
Inpatient Hospital Care/Surgery Facility	\$0 copay	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 50%*
Professional	\$0 copay	You pay 20%*	You pay 50%*
Outpatient Hospital Care/Surgery Facility	\$0 copay	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 50%*
Professional	\$0 copay	You pay 20%*	You pay 50%*
Emergency Room⁵	\$350 copay	\$350 copay	\$350 copay
Urgent Care	\$0 copay	\$50 copay	\$100 copay
RWJBH Virtual Care through KeyCare	\$0 copay		

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.

** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.

¹ Deductibles do not apply to routine office visits in any tier. When a procedure is performed during an office visit by a Tier 3 provider, the deductible and applicable coinsurance apply to the procedure.

² One exam per year.

³ 45 visits per year for OT/ST/PT (separate for each therapy type) across all plan tiers.

⁴ Covered services provided at Tier 1 facilities are not subject to deductible or coinsurance.

⁵ Emergency Room (ER) facility copay waived if admitted. ER copay still applies in Observation status.

Note: For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

Note: Not all services may be available through Tier 1. Members may need to access care from providers across multiple tiers throughout the year. Standard in-network benefits and applicable cost-sharing (such as copayments, coinsurance and deductibles) will apply.

Flex Medical Plan

	Premier (Tier 1)	Extended (Tier 2)	Aetna [®] Network (Tier 3)	Out-of-Network
Key Plan Terms				
Deductible Individual/Family	\$0/\$0	\$1,000/\$2,000	\$1,000/\$2,000	\$7,500/\$15,000
Coinsurance*	You pay 0%	You pay 20%	You pay 30%	You pay 60%
Out-of-Pocket Maximum** Individual/Family (Includes medical and prescription deductible, coinsurance and copays)	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000	\$15,000/\$30,000
Office Visits¹				
Primary Care Office Visit	\$0 copay	\$20 copay	\$30 copay	You pay 60%*
Specialist Office Visit	\$0 copay	\$40 copay	\$50 copay	You pay 60%*
Preventive Care	\$0 copay	\$0 copay	\$0 copay	You pay 60%*
Routine Eye Exam²	\$0 copay	\$0 copay	\$0 copay	Not Covered
Behavioral Health (Provider Office or ABA Therapy)	\$0 copay	\$0 copay	\$0 copay	You pay 60%*
Physical, Speech & Occupational Therapy³	\$0 copay	\$40 copay	\$50 copay	You pay 60%*
Diagnostics				
Diagnostic Laboratory (Includes LabCorp and Quest)	\$0 copay	\$0 copay	You pay 30%*	You pay 60%*
Radiology (i.e., X-ray/Ultrasound)	\$0 copay	\$50 copay	You pay 30%*	You pay 60%*
Complex Imaging (i.e., CT/MRI/Nuclear Scan)	\$0 copay	\$200 copay	You pay 30%*	You pay 60%*
Facilities⁴				
Inpatient Hospital Care/Surgery Facility	\$0 copay	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 30%*	\$1,500 copay then You pay 60%*
Professional	\$0 copay	You pay 20%*	You pay 30%*	You pay 60%*
Outpatient Hospital Care/Surgery Facility	\$0 copay	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 30%*	\$1,500 copay then You pay 60%*
Professional	\$0 copay	You pay 20%*	You pay 30%*	You pay 60%*
Emergency Room⁵	\$350 copay	\$350 copay	\$350 copay	\$350 copay
Urgent Care	\$0 copay	\$50 copay	You pay 30%*	You pay 60%*
RWJBH Virtual Care through KeyCare	\$0 copay			

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.

** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.

¹ Deductibles do not apply to routine office visits in any tier. When a procedure is performed during an office visit by a Tier 3 provider, the deductible and applicable coinsurance apply to the procedure.

² One exam per year.

³ 45 visits per year for OT/ST/PT (separate for each therapy type) across all plan tiers.

⁴ Covered services provided at Tier 1 facilities are not subject to deductible or coinsurance.

⁵ Emergency Room (ER) facility copay waived if admitted. ER copay still applies in Observation status.

Note: For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

Note: Not all services may be available through Tier 1. Members may need to access care from providers across multiple tiers throughout the year. Standard in-network benefits and applicable cost-sharing (such as copayments, coinsurance and deductibles) will apply.

Out-of-Area Medical Plan

	Premier (Tier 1)	Extended (Tier 2)	Aetna [®] Network (Tier 3)	Out-of-Network
Key Plan Terms				
Deductible Individual/Family	\$0/\$0	\$1,000/\$2,000	\$1,000/\$2,000	\$7,500/\$15,000
Coinsurance*	You pay 0%	You pay 20%	You pay 20%	You pay 60%
Out-of-Pocket Maximum** Individual/Family (Includes medical and prescription deductible, coinsurance and copays)	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000	\$15,000/\$30,000
Office Visits¹				
Primary Care Office Visit	\$0 copay	\$20 copay	You pay 20%*	You pay 60%*
Specialist Office Visit	\$0 copay	\$40 copay	You pay 20%*	You pay 60%*
Preventive Care	\$0 copay	\$0 copay	\$0 copay	You pay 60%*
Routine Eye Exam²	\$0 copay	\$0 copay	\$0 copay	Not Covered
Behavioral Health (Provider Office or ABA Therapy)	\$0 copay	\$0 copay	\$0 copay	You pay 60%*
Physical, Speech & Occupational Therapy³	\$0 copay	\$40 copay	You pay 20%*	You pay 60%*
Diagnostics				
Diagnostic Laboratory (Includes LabCorp and Quest)	\$0 copay	\$0 copay	You pay 20%*	You pay 60%*
Radiology (i.e., X-ray/Ultrasound)	\$0 copay	\$0 copay	You pay 20%*	You pay 60%*
Complex Imaging (i.e., CT/MRI/Nuclear Scan)	\$0 copay	\$200 copay	You pay 20%*	You pay 60%*
Facilities⁴				
Inpatient Hospital Care/Surgery Facility	\$0 copay	\$1,500 copay then You pay 20%	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 60%*
Professional	\$0 copay	You pay 20%*	You pay 20%*	You pay 60%*
Outpatient Hospital Care/Surgery Facility	\$0 copay	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 20%*	\$1,500 copay then You pay 60%*
Professional	\$0 copay	You pay 20%*	You pay 20%*	You pay 60%*
Emergency Room⁵	\$350 copay	\$350 copay	\$350 copay	\$350 copay
Urgent Care	\$0 copay	\$50 copay	You pay 20%*	You pay 60%*
RWJBH Virtual Care through KeyCare	\$0 copay			

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.

** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.

¹ Deductibles do not apply to routine office visits in any tier. When a procedure is performed during an office visit by a Tier 3 provider, the deductible and applicable coinsurance apply to the procedure.

² One exam per year.

³ 45 visits per year for OT/ST/PT (separate for each therapy type) across all plan tiers.

⁴ Covered services provided at Tier 1 facilities are not subject to deductible or coinsurance.

⁵ Emergency Room (ER) facility copay waived if admitted. ER copay still applies in Observation status.

Note: For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

Note: Not all services may be available through Tier 1. Members may need to access care from providers across multiple tiers throughout the year. Standard in-network benefits and applicable cost-sharing (such as copayments, coinsurance and deductibles) will apply.