

# About the Providers

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## Tier 1: Inner Circle

The providers in this tier includes those physicians with privileges at Saint Peter's who have agreed to be in our internal network, the Saint Peter's Inner Circle. By using these doctors and facilities, you will pay reduced copayments.

In Medical Plans, EPO and PPO, using the Inner Circle may qualify you for reduced copayments for office visits if using Saint Peter's University Hospital. Not all covered services are available within the Inner Circle.

*\*Note that any lab work ordered by your physician may be subject to out-of-pocket costs.*

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## Tier 2: HealthCare Transformation Consortium (HTC)

Healthcare Systems participating in the HTC include: Saint Peter's Healthcare System, Atlantic Health System, CentraState Healthcare System, Holy Name Medical Center, Hunterdon Healthcare System, and Virtua Health System. The HTC was developed to join under one single carrier, share best practices around cost-containment efforts and ensure high-quality care with more options for our employees and their dependents. If you and your dependents participate in our benefits program, you will have access to Aetna's national healthcare network along with the availability of care and treatment at any of the sites of care across the other five (5) consortium systems, creating more options and access for your personal healthcare needs. The providers located at any of the consortium systems will be considered as Tier 2 providers.

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## Tier 3: Aetna Network Providers

The providers in Tier 3 are all physicians that are in the New Jersey-Northern Network with Aetna. If you are outside the New Jersey-Northern Network, you will have access to Aetna's national network. For more information and to find participating doctors visit [aetna.com](https://www.aetna.com).

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## Tier 4: Out of Network Providers

The providers in Tier 4 include all doctors that do not participate in any of the tiers listed above.

*\*Note that Non-Emergency use of the Emergency Room is not covered*

# Medical Benefits

Administered by Aetna

## EPO Plan

In-Network Benefit	Tier 1	Tier 2	Tier 3
<b>Benefit Period</b>	Calendar Year		
<b>Deductible (Individual / Family)</b>	\$200 / \$400	\$350 / \$700	\$500 / \$1,000
<b>Coinsurance</b>	100%	100%	80%
<b>Out of Pocket Maximum (Individual / Family)</b>	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800
<b>Lifetime Maximum Benefits</b>	Unlimited		
<b>Preventive Care</b>	100%	100%	100%
<b>Office Visit Copay (Primary / Specialist)</b>	\$20 / \$40	\$25 / \$50	\$30 / \$60
<b>Diagnostic Laboratory</b>	100% after deductible	100% after deductible	80% after deductible
<b>Diagnostic X-Ray / Radiology Complex Copay (MRI/MRA/CT/PET Scans)</b>	100% after deductible	100% after deductible	80% after deductible
<b>Inpatient Hospital Care</b>	100% after deductible	100% after deductible	\$500 copay / day; no more than \$1,500 total copay then 80% after deductible
<b>Outpatient Surgery</b>	100% after deductible	\$200 after deductible	\$200 copay then 80% after deductible
<b>Emergency Room</b>	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay
<b>Prescription Tiers</b>	Generic / Preferred Brand / Non-Preferred Brand		
<b>Walgreens Rx Retail Copays (up to 30 day supply)</b>	\$15 / \$40 / \$60		
<b>Rx Retail Copays (up to 30 day supply)</b>	\$25 / \$50 / \$75		
<b>Mail Order or Walgreens Drug Copays (up to 90 day supply)</b>	\$40 / \$100 / \$150		



## PPO Plan

In-Network Benefit	Tier 1	Tier 2	Tier 3	Tier 4
<b>Benefit Period</b>	Calendar Year			
<b>Deductible (Individual / Family)</b>	\$200 / \$400	\$350 / \$700	\$500 / \$1,000	\$2,000 / \$4,000
<b>Coinsurance</b>	100%	100%	80%	65%
<b>Out of Pocket Maximum (Individual / Family)</b>	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$15,000 / \$30,000
<b>Lifetime Maximum Benefits</b>	Unlimited			
<b>Preventive Care</b>	100%	100%	100%	65% after deductible
<b>Office Visit Copay (Primary / Specialist)</b>	\$20 / \$40	\$25 / \$50	\$30 / \$60	65% after deductible
<b>Diagnostic Laboratory</b>	100% after deductible	100% after deductible	80% after deductible	65% after deductible
<b>Diagnostic X-Ray / Radiology Complex Copay (MRI/MRA/CT/PET Scans)</b>	100% after deductible	100% after deductible	80% after deductible	65% after deductible
<b>Inpatient Hospital Care</b>	100% after deductible	100% after deductible	\$500 copay/day; max \$1,500 80% after deductible	65% after deductible
<b>Outpatient Surgery</b>	100% after deductible	\$200 after deductible	\$200 copay then 80% after deductible	65% after deductible
<b>Emergency Room</b>	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay	100% after \$150 copay
<b>Prescription Tiers</b>	Generic / Preferred Brand / Non-Preferred Brand			
<b>Walgreens Rx Retail Copays (up to 30 day supply)</b>	\$15 / \$40 / \$60			
<b>Rx Retail Copays (up to 30 day supply)</b>	\$25 / \$50 / \$75			
<b>Mail Order or Walgreens Drug Copays (up to 90 day supply)</b>	\$40 / \$100 / \$150			

## HDHP with Health Savings Account (HSA) Plan

In-Network Benefit	Tier 1	Tier 2	Tier 3	Tier 4
<b>Benefit Period</b>	Calendar Year			
<b>Deductible (Individual / Family)</b>	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000
<b>Coinsurance</b>	100%	90%	80%	65%
<b>Out of Pocket Maximum (Individual / Family)</b>	\$6,900 / \$13,800	\$6,900 / \$13,800	\$6,900 / \$13,800	\$15,000 / \$30,000
<b>Lifetime Maximum Benefits</b>	Unlimited			
<b>Preventive Care</b>	100%	100%	100%	65% after deductible
<b>Office Visit Copay (Primary / Specialist)</b>	100% after deductible	90% after deductible	80% after deductible	65% after deductible
<b>Diagnostic Laboratory</b>	100% after deductible	90% after deductible	80% after deductible	65% after deductible
<b>Diagnostic X-Ray / Radiology Complex Copay (MRI/MRA/CT/PET Scans)</b>	100% after deductible	90% after deductible	80% after deductible	65% after deductible
<b>Inpatient Hospital Care</b>	100% after deductible	90% after deductible	80% after deductible	65% after deductible
<b>Outpatient Surgery</b>	100% after deductible	90% after deductible	80% after deductible	65% after deductible
<b>Emergency Room</b>	100% after deductible	100% after deductible	90% after deductible	90% after deductible
<b>Prescription Tiers</b>	Generic / Preferred Brand / Non-Preferred Brand			
<b>Walgreens Rx Retail Copays (up to 30 day supply)</b>	\$15 / \$40 / \$60 after deductible			
<b>Rx Retail Copays (up to 30 day supply)</b>	\$25 / \$50 / \$75 after deductible			
<b>Mail Order or Walgreens Drug Copays (up to 90 day supply)</b>	\$40 / \$100 / \$150 after deductible			

# Medical Contributions

## Employee Contributions: Bi-Weekly

Medical	EPO	PPO	H.S.A
<b>Salary: &lt; \$35,000</b>			
Employee Only	\$32.76	\$116.75	\$9.00
Employee + Spouse	\$68.79	\$245.17	\$18.91
Employee + Child(ren)	\$62.24	\$221.82	\$17.12
Family	\$101.55	\$361.92	\$27.92
<b>Salary \$35,000 - \$50,000</b>			
Employee Only	\$55.69	\$116.75	\$30.02
Employee + Spouse	\$116.94	\$245.17	\$63.05
Employee + Child(ren)	\$105.81	\$221.82	\$57.06
Family	\$172.63	\$361.92	\$93.07
<b>Salary: \$50,000 - \$75,999</b>			
Employee Only	\$65.52	\$125.09	\$36.03
Employee + Spouse	\$137.58	\$262.68	\$75.66
Employee + Child(ren)	\$124.48	\$237.67	\$68.48
Family	\$203.10	\$387.78	\$111.68
<b>Salary: \$76,000 - \$120,999</b>			
Employee Only	\$78.62	\$141.77	\$45.03
Employee + Spouse	\$165.10	\$297.71	\$94.57
Employee + Child(ren)	\$149.38	\$269.36	\$85.60
Family	\$243.72	\$439.48	\$139.60
<b>Salary: \$121,000 - \$249,999</b>			
Employee Only	\$88.44	\$154.27	\$51.04
Employee + Spouse	\$185.74	\$323.98	\$107.18
Employee + Child(ren)	\$168.05	\$293.12	\$97.01
Family	\$274.19	\$478.26	\$158.22
<b>Salary: &gt; \$250,000</b>			
Employee Only	\$98.27	\$166.78	\$60.05
Employee + Spouse	\$206.38	\$350.25	\$126.09
Employee + Child(ren)	\$186.72	\$316.89	\$114.13
Family	\$304.65	\$517.03	\$186.14

## Part Time Employee Contributions

Medical	EPO	PPO	HSA
Employee Only	\$98.27	\$166.78	\$60.05
Employee + Spouse	\$206.38	\$350.25	\$126.09
Employee + Child(ren)	\$186.72	\$316.89	\$114.13
Family	\$304.65	\$517.03	\$186.14