

# Institute for Advanced Study

## Medical Benefits Comparison

Aetna Plan Comparisons for NEW JERSEY - January 1, 2010 to December 31, 2010

	Enhanced Plan (New Jersey) Open Access POS Plan	Base Plan (New Jersey) Open Access POS Plan
<b>In-Network Coverage</b>		
Deductible	None	None
Coinsurance	100%	80% Plan - 20% Member
Maximum Out-of-Pocket (includes calendar year deductible)	\$1,000 Ind / \$2,000 Fam	\$2,000 Ind / \$4,000 Fam
Lifetime Maximum Benefit	Unlimited unless otherwise indicated	Unlimited unless otherwise indicated
Primary Care Physician Selection	Not Required	Not Required
Referral Requirements	None	None
Office Visit		
Primary Care	100% after \$10 copay	100% after \$20 copay
Specialist Office Visit	100% after \$15 copay	100% after \$30 copay
Preventive Care		
Routine Adult & Well-Child Exams (including immunizations)*	100% after \$10 copay	100% after \$20 copay
Routine GYN Care / Pap Test and Mammograms**	100% after \$15 copay	100% after \$30 copay
Vision Care		
Routine Eye Exam*	100% after \$15 copay	100% after \$30 copay
Eyewear	\$35 every 24 months	\$35 every 24 months
Maternity OB Visits	100% after \$15 copay (initial visit only)	100% after \$30 copay (initial visit only)
Diagnostic X-Ray and Laboratory Services	100%	100%
Emergency Care Services		
Hospital Emergency Room	100% after \$50 copay	100% after \$100 copay
Ambulance	100%	100%
Non-Emergency Use of Emergency Room or Ambulance	Not Covered	Not Covered
Inpatient Hospital Services	100%	80% coverage per admission
Outpatient Surgery	100%	80% coverage per visit
Outpatient Rehabilitation Therapy (includes speech, physical and occupational therapy)	100% after \$15 copay (limited to 60 visits per calendar year)	100% after \$30 copay (limited to 60 visits per calendar year)
Chiropractic Services	100% after \$15 copay (limited to 20 visits per calendar year)	100% after \$30 copay (limited to 20 visits per calendar year)
Mental Health Care		
Inpatient	100%	80% coverage per admission
Outpatient	100% after \$15 copay	100% after \$30 copay
Substance Abuse		
Inpatient	100%	80% coverage per admission
Outpatient	100% after \$15 copay	100% after \$30 copay
Retail (up to 30 day supply)		
Generic	\$10 copay	\$15 copay
Preferred Brand Name	\$20 copay	\$25 copay
Non-Preferred Brand Name	\$20 copay	\$40 copay
Mail-Order (31-90 day supply)		
Generic	\$20 copay	\$30 copay
Preferred Brand Name	\$40 copay	\$50 copay
Non-Preferred Brand Name	\$40 copay	\$80 copay

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	Enhanced Plan (New Jersey) Open Access POS Plan	Base Plan (New Jersey) Open Access POS Plan
<b>Out-of-Network Coverage</b>		
Deductible	\$200 Ind / \$400 Fam	\$2,000 Ind / \$4,000 Fam
Coinsurance	80% Plan - 20% Member	70% Plan - 30% Member
Maximum Out-of-Pocket (includes calendar year deductibe)	\$1,700 Ind / \$3,400 Fam	\$5,000 Ind / \$10,000 Fam
Lifetime Maximum Benefit	Unlimited unless otherwise indicated	Unlimited unless otherwise indicated
Preventive Care Maximum	\$150 per calendar year	\$150 per calendar year

\*Age and frequency schedules apply

\*\*Routine GYN Care Exam / Pap Test is limited to one per calendar year. Mammograms are limited to one baseline mammogram for females age 35-39 and one annual mammogram for females age 40 and over

**Please note:**

- The summary benefits outlined above are for illustrative purposes only. This is not a contract and some limitations and exlusions may apply. Payment of benefits is govern solely by the terms of the contract.

Please refer to the Aetna Schedule of Benefits for more details.

- Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage.