

VNA 2026 Medical/Rx Plan Comparison

	Simple Copay Plan	HDHP	Traditional PPO Plan
In-Network Benefits			
Referrals Required?	No	No	No
VNA HRA Funding (Individual/Family)	Over \$70k: \$500/\$1,000 \$70k or under: \$1,000/\$2,000	N/A	N/A
Deductible (Individual/Family)	\$0 / \$0	\$3,000 / \$6,000	\$2,000 / \$4,000
Out-of-Pocket Maximum (Individual/Family)	\$5,500 / \$11,000	\$6,000 / \$12,000	\$5,500 / \$11,000
Preventive Care	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0
Mammogram, PAP, PSA Tests	\$0	\$0	\$0
Office Visits			
PCP Office Visit	\$25 copay	You pay deductible, then 30%	\$20 copay
Specialist Office Visit	\$50 copay	You pay deductible, then 30%	\$40 copay
RWJBH Office Visit	\$0	You pay deductible, then 0%	\$0
Initial Maternity Visit	\$25 copay	You pay deductible, then 30%	\$20 copay
Subsequent Prenatal Visits	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Diagnostic Services			
Lab work and Radiology Services (X-Ray)	\$0	You pay deductible, then 30%	\$0
Complex Imaging (MRI, MRA, CAT Scan, PET Scan)	\$250 copay	You pay deductible, then 30%	You pay deductible, then 30%
Emergency Care			
Ambulance	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Emergency Room	\$500 copay	You pay deductible, then 30%	You pay deductible, then 30%
Urgent Care	\$50	You pay deductible, then 30%	You pay deductible, then 30%
Inpatient Services			
Inpatient Hospital	\$3,000 copay	You pay deductible, then 30%	You pay deductible, then 30%
Inpatient Professional Services	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facilities	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Outpatient Services			
Outpatient Facility	\$1,000 copay	You pay deductible, then 30%	You pay deductible, then 30%
Outpatient Professional Services	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Therapy (physical, occupational, speech)	\$25 copay	You pay deductible, then 30%	\$20 copay
Chiropractic Services	\$50 copay	You pay deductible, then 30%	\$40 copay
Cardiac Rehabilitation Services	\$25 copay	You pay deductible, then 30%	\$20 copay
Mental Health & Substance Use			
Inpatient	\$3,000 copay	You pay deductible, then 30%	You pay deductible, then 30%
Outpatient (Physician's Office)	\$25 copay	You pay deductible, then 30%	\$40 copay
Outpatient (All Other)	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Other Services			
Hospice	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Home Health Care	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Durable Medical Equipment	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Hearing Aids	\$0	You pay deductible, then 30%	You pay deductible, then 30%
Routine Hearing Exam	\$50 copay	You pay deductible, then 30%	\$40 copay
Acupuncture	\$25 copay	You pay deductible, then 30%	\$20 copay
Wigs	\$0	You pay deductible, then 30%	You pay deductible, then 30%

	Simple Copay Plan	HDHP	Traditional PPO Plan
Out-of-Network Benefits			
Deductible (Individual/Family)	In-Network benefits only except emergency care	\$3,000 / \$6,000	\$2,000 / \$4,000
Member Coinsurance		You pay 50%	You pay 50%
Out-of-Pocket Maximum (Individual/Family)		\$10,000 / \$20,000	\$10,000 / \$20,000
Prescription Benefits			
Deductible (Individual/Family)	\$0	Combined with Medical	\$100
Out-of-Pocket Maximum (Individual/Family)	Combined with Medical	Combined with Medical	Combined with Medical
Retail Pharmacy (Up to a 30-day supply)			
Generic	\$10 copay	You pay deductible, then 30%	\$10 copay
Brand Preferred	\$60 copay	You pay deductible, then 30%	\$40 copay
Brand Non-Preferred	\$75 copay	You pay deductible, then 30%	\$55 copay
Specialty Medications	\$0 copay	You pay deductible, then 30%	\$0 copay
Mail Order Pharmacy (Up to a 90-day supply)			
Generic	\$20 copay	You pay deductible, then 30%	\$20 copay
Brand Preferred	\$150 copay	You pay deductible, then 30%	\$100 copay
Brand Non-Preferred	\$188 copay	You pay deductible, then 30%	\$138 copay
Specialty Medications	\$0 copay	You pay deductible, then 30%	\$0 copay

Notes

Preventive Care

- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.

Ambulance

- Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

Emergency Room and Urgent Care

- Includes Professional, X-ray and/or Lab services performed and billed by the facility as part of the visit.
- An additional per scan copay of \$250 applies to Advanced Radiological Imaging for the Simple Copay Plan.
- Emergency Room per visit copay is waived if admitted for the Simple Copay Plan.

Inpatient Hospital

- Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Pharmaceutical Drugs.

Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facilities

- Annual Limit: 100 days

Outpatient Therapy Annual Limits

- Occupational, Physical, and Speech Therapy: 30 days each
- All other therapies (Includes Cognitive Therapy and Pulmonary Rehabilitation): 20 days
- Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies.
- Chiropractic Services: 25 days
- Cardiac Rehabilitation Services: 36 days

Inpatient Hospital and Outpatient Professional Services

- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists.

Mental Health & Substance Use

- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician's Office Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.

Home Health Care

- Annual Limit: 100 days (16 hour maximum per day)
- Includes outpatient private duty nursing when approved as medically necessary - Annual Limit: 30 days

Hearing Aids

- Maximum of 2 devices per 24 months
- Includes testing and fitting of hearing aid devices at Physician Office Visit cost share.

Wigs

- Maximum of \$500 per wig per 12 months