

Medford Lakes Board of Education Special Open Enrollment - Rates Effective January 1, 2021 to June 30, 2021

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Summary of Benefits	NJ Educators Health Plan		Aetna POS II \$10		Aetna POS II Core	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$0 Individual \$0 Family	\$350 Individual \$700 Family	\$0 Individual \$0 Family	\$100 Individual \$250 Family	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family
Out of Pocket Limit	\$500 Individual \$1,000 Family	\$2,000 Individual \$5,000 Family	\$400 Individual \$1,000 Family	\$2,000 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family
Primary Care	\$10 copay	70% after deductible	\$10 copay	80% after deductible	\$25 copay	60% after deductible
Specialist	\$15 copay	70% after deductible	\$10 copay	80% after deductible	\$40 copay	60% after deductible
Preventive	No Charge	Not Covered; 30% Coinsurance for Immunizations, Mammograms, and Gynecological Exams	No Charge	Not Covered except 20% Coinsurance for Mammograms & Gynecological Exams	No Charge	60% after deductible
Diagnostic (x-ray, blood work)	No Charge	70% after deductible	No Charge	80% after deductible	\$40 copay	60% after deductible
Imaging (CT/PET scans, MRIs)	No Charge	70% after deductible	No Charge	80% after deductible	\$40 copay	60% after deductible
Outpatient Surgery	No Charge	70% after deductible	No Charge	80% after deductible	20% Coinsurance	60% after deductible
Emergency Room	\$125 copay		\$25 Copay		20% Coinsurance after \$100 Copay	
Emergency Transportation	10% Coinsurance	10% Coinsurance	10% Coinsurance	80% after deductible	20% Coinsurance	20% Coinsurance
Urgent Care	\$15 copay	70% after deductible	\$10 copay	80% after deductible	\$40 copay	\$40 copay
Durable Medical Equipment	10% Coinsurance	70% after deductible	10% Coinsurance, No Deductible	80% after deductible	20% Coinsurance	60% after deductible
Hospital Stay	No Charge	70% after deductible	No Charge	80% after deductible	\$200 copay per day up to 5 days	60% after deductible
Eye Exam	\$15 copay (1 exam/calendar year)	Not Covered	\$10 copay (1 exam/calendar year)	Not Covered	No Charge (1 exam/24 months)	Not Covered
Vision Hardware Reimbursement	Not Applicable		Not Applicable		Not Applicable	
•Preauthorization may be required for certain services.	*NJ Educators Health Plan		POS \$10 Monthly Rates		PPO Core Monthly Rates	
	Single \$857.00		Single \$867.00		Single \$728.00	
	Parent/Child(ren) \$1,252.00		Parent/Child(ren) \$1,266.00		Parent/Child(ren) \$1,062.00	
	Employee/Spouse \$1,874.00		Employee/Spouse \$1,895.00		Employee/Spouse \$1,588.00	
	Family \$2,180.00		Family \$2,205.00		Family \$1,848.00	

*For the NJ Educators Health Plan, the employee's contribution is based on the new salary based contribution schedule, not the monthly premium rates listed above. If you remain in your current district offered medical plan, your employee contribution will remain the same per your collective bargaining agreement.

For employees hired prior to 7/1/2020, If you are currently in a medical plan offered by the district, you can either remain in your current plan selection or move to the NJ Educators Health Plan. You cannot move to any other plan offered by the district during the special open enrollment.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plan Some plan limitations may apply. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.

Medford Lakes Board of Education

Special Open Enrollment - Rates Effective January 1, 2021 to June 30, 2021

Prescription Coverage Selections - Schools Health Insurance Fund/ Express Scripts

Prescription Coverage -	NJ Educators Health Plan	Rx Retail \$3/\$10	Rx Retail \$15/\$35/\$50
Retail Copays			
Generic	\$5 Copay	\$3 Copay	\$15 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay	\$10 Copay	\$35 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference	10 Copay	\$50 Copay
Retail Dispensing Limitation	30 day supply	30 day supply	30 day supply
Mail Order			
Generic	\$10 Copay	\$5 Copay	\$30 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay	\$15 Copay	\$70 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference	\$15 Copay	\$100 Copay
Mail Order Dispensing Limitation	90 day supply	90 day supply	90 day supply
Additional Features			
*Step Therapy	Applies	Applies	Not Applicable
**Mandatory Generic	Applies	Not Applicable	Not Applicable
***Mail Order for Specialty Medications	Applies	Applies	Applies
****Closed Formulary	Applies	Applies	Applies
Prescription Monthly Rates			
Single	\$146.00	\$173.00	\$189.00
Parent/Child(ren)	\$212.00	\$252.00	\$278.00
Employee/Spouse	\$334.00	\$397.00	\$414.00
Family	\$334.00	\$397.00	\$481.00

*Step Therapy- Where more than one medication in a certain drug class has been shown to be clinically effective but a varying costs, Step Therapy requires a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate.

**Mandatory Generics- The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

***Accredo is the specialty pharmacy for Express Scripts. Specialty pharmaceuticals typically require special handling and patient monitoring.

****Closed Formulary - Certain medications are excluded from the covered drug list. A great majority of brand-name medications and generic medications are included in the formulary. All conditions with excluded medications have covered clinically equivalent medications.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical, prescription, dental, and vision programs. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.