Medford Lakes Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?	All Employees	All Employees	Hired Before 7/1/20
	NJ Educators Health Plan	**Garden State Plan (NJ Providers Only)**	**Aetna POS II $10**
In-Network Benefits	**In Network**	**In Network**	**In Network**
Deductible	$0 Individual	$0 Individual	$0 Individual
	$0 Family	$0 Family	$0 Family
Out of Pocket Limit	$500 Individual	$500 Individual	$400 Individual
	$1,000 Family	$1,000 Family	$1,000 Family
Primary Care	$10 copay	$10 copay	$10 copay
Specialist	$15 copay	$15 copay	$10 copay
Preventive	No Charge	No Charge	No Charge
Diagnostic (x-ray, blood work)	No Charge	No Charge	No Charge
Imaging (CT/PET scans, MRIs)	No Charge	No Charge	No Charge
Outpatient Surgery	No Charge	No Charge	No Charge
Emergency Room	$125 copay	$125 copay	$25 copay
Emergency Transportation	90% covered	90% covered	90% covered
Urgent Care	$15 copay	$15 copay	$10 copay
Durable Medical Equipment	90% covered	90% covered	90% covered
Hospital Stay	No Charge	No Charge	No Charge
Eye Exams	$15 Copay (1 exam/calendar Year)	$15 Copay (1 exam/calendar Year)	$10 Copay (1 exam/calendar year)
Vision Hardware Reimbursement	Not Applicable	Not Applicable	Not Applicable
Out of Network Benefits	**Out of Network**	**Out of Network**	**Out of Network**
Deductible	$350 Ind/$700 Family	$350 Ind/$700 Family	$100 Ind/$250 Family
Coinsurance	70% after deductible	70% after deductible	80% after deductible
Out of Pocket Limit	$2,000 Ind/$5,000 Family	$2,000 Ind/$5,000 Family	$2,000 Ind/$5,000 Family

-Preauthorization may be required for certain services.

-GSP is network of NJ Providers only. Out of state services will not be covered unless it is a true medical emergency.

-For the NJEHP & GSP, the employee's contribution is based on the new salary based contribution schedule. For all other plans, your employee contribution will remain the same per your collective bargaining agreement.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. 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.

Medford Lakes Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?	MLEA Before 7/1/20	MLEA Before 7/1/20
	Aetna Patriot X $15	**Aetna QPOS Premier $2**
In-Network Benefits	**In Network**	**In Network**
Deductible	$0 Individual	$0 Individual
	$0 Family	$0 Family
Out of Pocket Limit	$1,500 Individual	$6,350 Individual
	$3,000 Family	$12,700 Family
Primary Care	$15 copay	$2 copay
Specialist	$20 copay	No Charge
Preventive	No Charge	No Charge
Diagnostic (x-ray, blood work)	No Charge for Lab $20 copay for X-Ray	No Charge
Imaging (CT/PET scans, MRIs)	$20 copay	No Charge
Outpatient Surgery	No Charge	No Charge
Emergency Room	$50 copay	$50 copay
Emergency Transportation	No Charge	No Charge
Urgent Care	$20 copay	No Charge
Durable Medical Equipment	80% covered after OON Deductible	70% covered after OON Deductible
Hospital Stay	No Charge	No Charge
Eye Exams (1 exam/12 months to 19; 1 exam/24 months after 19)	$20 Copay	$2 Copay
Vision Hardware Reimbursement	$70 Maximum/24 Months	$100 Maximum/24 Months
Out of Network Benefits	**Out of Network**	**Out of Network**
Deductible	$200 Ind/$400 Family	$1,000 Ind/$3,000 Family
Coinsurance	80% after deductible	70% after deductible
Out of Pocket Limit	$2,000 Ind/$5,000 Family	$2,000 Ind/$5,000 Family

-Preauthorization may be required for certain services.

-For the NJEHP & GSP, the employee's contribution is based on the new salary based contribution schedule. For all other plans, your employee contribution will remain the same per your collective bargaining agreement.

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Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?	Hired Before 7/1/20	Hired Before 7/1/20	Hired Before 7/1/20
	Aetna POS II Core	**Aetna POS Buy Up**	**Aetna HDHP w/ Rx**
In-Network Benefits	**In Network**	**In Network**	**In Network**
Deductible	$1,000 Individual	$500 Individual	$1,500 Individual
	$2,000 Family	$1,000 Family	$3,000 Family
Out of Pocket Limit	$2,000 Individual	$1,000 Individual	$6,250 Individual
	$4,000 Family	$2,000 Family	$12,500 Family
Primary Care	$25 copay	$20 copay	80% covered
Specialist	$40 copay	$30 copay	80% covered
Preventive	No Charge	No Charge	No Charge
Diagnostic (x-ray, blood work)	$40 copay	$30 copay	80% covered
Imaging (CT/PET scans, MRIs)	$40 copay	$30 copay	80% covered
Outpatient Surgery	80% covered	90% covered	80% covered
Emergency Room	80% covered after $100 copay	$100 copay	80% covered
Emergency Transportation	80% covered	90% covered	80% covered
Urgent Care	$40 copay	$30 copay	80% covered
Durable Medical Equipment	80% covered	90% covered	80% covered
Hospital Stay	$200 copay/day, up to 5 days	$100 copay/day, up to 5 days for Facility 90% covered for Physician/Surgeon	80% covered
Eye Exams (1 Exam/24 Months)	No Charge	No Charge	No Charge
Vision Hardware Reimbursement	Not Applicable	Not Applicable	Not Applicable
Out of Network Benefits	**Out of Network**	**Out of Network**	**Out of Network**
Deductible	$2,500 Ind/$5,000 Family	$1,250 Ind/$2,500 Family	$1,350 Ind/$2,700 Family
Coinsurance	60% after deductible	70% after deductible	50% after deductible
Out of Pocket Limit	$5,000 Ind/$10,00 Family	$2,500 Ind/$5,000 Family	$6,250 Ind/$12,500 Family

-Preauthorization may be required for certain services.

-For the NJEHP & GSP, the employee's contribution is based on the new salary based contribution schedule. For all other plans, your employee contribution will remain the same per your collective bargaining agreement.

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-To be compliant with the IRS High Deductible Health Plan (HDHP) limits for 2023, the HDHP deductible will be increased to $1,500/$3,000.

Medford Lakes Board of Education

Prescription Coverage Selections - Express Scripts

Who Can Select This Plan?	All Employees	Hired Before 7/1/20	Hired Before 7/1/20
	NJEHP/GSP	Rx Retail $3/$10 Applies to POS $10, Pat X, Premier	Rx Retail $15/$35/$50 Applies to Core & Buy Up
Retail Copays			
Generic	$5 Copay	$3 Copay	$15 Copay
Brand Name Drug (Generic Alternative Not 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 Not 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

*__Step Therapy__ programs are designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, Step Therapy programs require a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases the higher cost medication without a prior approval, there will be no coverage for the higher cost medication. Benecard employs Step Therapy in each of the following drug categories: Proton Pump Inhibitors (Ulcer/Reflux medications), SSRI/SSNRI (Antidepressants), Osteoporosis, Nasal Steroids, Hypnotics, Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program.

**__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.

***__Mail Order for Specialty Medications__ - Requires that specialty pharmaceutical medications be obtained through Benecard Central Fill Specialty. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or 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. Please note, the formulary list updates throughout the year; for the most up to date version of the formulary please refer to the Express Scripts website: https://www.express-scripts.com/

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription program. 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.