

# Medford Lakes Board of Education

## Open Enrollment - Plans Effective July 1, 2022 to June 30, 2023

### Medical Coverage Selections - Schools Health Insurance Fund/Aetna

#### Who Can Select This Plan?

	All Employees	All Employees
	NJ Educators Health Plan	Garden State Plan (NJ Providers Only)
<b>In-Network Benefits</b>	<b>In Network</b>	<b>In Network</b>
<b>Deductible</b>	\$0 Individual \$0 Family	\$0 Individual \$0 Family
<b>Out of Pocket Limit</b>	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
<b>Primary Care</b>	\$10 copay	\$10 copay
<b>Specialist</b>	\$15 copay	\$15 copay
<b>Preventive</b>	No Charge	No Charge
<b>Diagnostic (x-ray, blood work)</b>	No Charge	No Charge
<b>Imaging (CT/PET scans, MRIs)</b>	No Charge	No Charge
<b>Outpatient Surgery</b>	No Charge	No Charge
<b>Emergency Room</b>	\$125 copay	\$125 copay
<b>Emergency Transportation</b>	90% covered	90% covered
<b>Urgent Care</b>	\$15 copay	\$15 copay
<b>Durable Medical Equipment</b>	90% covered	90% covered
<b>Hospital Stay</b>	No Charge	No Charge
<b>Eye Exams</b>	\$15 Copay (1 exam/calendar Year)	\$15 Copay (1 exam/calendar Year)
<b>Vision Hardware Reimbursement</b>	Not Applicable	Not Applicable
<b>Out of Network Benefits</b>	<b>Out of Network</b>	<b>Out of Network</b>
<b>Deductible</b>	\$350 Ind/\$700 Family	\$350 Ind/\$700 Family
<b>Coinsurance</b>	70% after deductible	70% after deductible
<b>Out of Pocket Limit</b>	\$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.

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# Medford Lakes Board of Education

## Open Enrollment - Plans Effective July 1, 2022 to June 30, 2023

### 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 \$10	Aetna Patriot X	Aetna POS II \$10
<b>In-Network Benefits</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>
<b>Deductible</b>	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family
<b>Out of Pocket Limit</b>	\$400 Individual \$1,000 Family	\$6,350 Individual \$12,700 Family	\$400 Individual \$1,000 Family
<b>Primary Care</b>	\$10 copay	\$15 copay	\$10 copay
<b>Specialist</b>	\$10 copay	\$30 copay	\$10 copay
<b>Preventive</b>	No Charge	No Charge	No Charge
<b>Diagnostic (x-ray, blood work)</b>	No Charge	No Charge for Lab \$30 copay for X-Ray	No Charge
<b>Imaging (CT/PET scans, MRIs)</b>	No Charge	\$30 copay	No Charge
<b>Outpatient Surgery</b>	No Charge	\$30 copay for Facility	No Charge
<b>Emergency Room</b>	\$25 copay	\$150 copay	\$25 copay
<b>Emergency Transportation</b>	90% covered	No Charge	90% covered
<b>Urgent Care</b>	\$10 copay	\$30 copay	\$10 copay
<b>Durable Medical Equipment</b>	90% covered	No Charge	90% covered
<b>Hospital Stay</b>	No Charge	No Charge	No Charge
<b>Eye Exams</b>	\$10 Copay (1 exam/calendar year)	\$30 Copay (1 Exam/24 Months)	\$10 Copay (1 exam/calendar year)
<b>Vision Hardware Reimbursement</b>	Not Applicable	700 Maximum/24 Months	Not Applicable
<b>Out of Network Benefits</b>	<b>Out of Network</b>	<b>Out of Network</b>	<b>Out of Network</b>
<b>Deductible</b>	\$100 Ind/\$250 Family	\$300 Ind/\$600 Family	\$100 Ind/\$250 Family
<b>Coinsurance</b>	80% after deductible	70% after deductible	80% after deductible
<b>Out of Pocket Limit</b>	\$2,000 Ind/\$5,000 Family	\$400 Ind/\$1,200 Family	\$10,000 Ind/\$30,000 Family

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### Medical Coverage Selections - Schools Health Insurance Fund/Aetna

#### Who Can Select This Plan?

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

-Preauthorization may be required for certain services.

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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
<b>In-Network Benefits</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>
<b>Deductible</b>	\$1,000 Individual \$2,000 Family	\$500 Individual \$1,000 Family	\$1,350 Individual \$2,700 Family
<b>Out of Pocket Limit</b>	\$2,000 Individual \$4,000 Family	\$1,000 Individual \$2,000 Family	\$6,250 Individual \$12,500 Family
<b>Primary Care</b>	\$25 copay	\$20 copay	80% covered
<b>Specialist</b>	\$40 copay	\$30 copay	80% covered
<b>Preventive</b>	No Charge	No Charge	No Charge
<b>Diagnostic (x-ray, blood work)</b>	\$40 copay	\$30 copay	80% covered
<b>Imaging (CT/PET scans, MRIs)</b>	\$40 copay	\$30 copay	80% covered
<b>Outpatient Surgery</b>	80% covered	90% covered	80% covered
<b>Emergency Room</b>	80% covered after \$100 copay	\$100 copay	80% covered
<b>Emergency Transportation</b>	80% covered	90% covered	80% covered
<b>Urgent Care</b>	\$40 copay	\$30 copay	80% covered
<b>Durable Medical Equipment</b>	80% covered	90% covered	80% covered
<b>Hospital Stay</b>	\$200 copay/day, up to 5 days	\$100 copay/day, up to 5 days for Facility 90% covered for Physician/Surgeon	80% covered
<b>Eye Exams (1 Exam/24 Months)</b>	No Charge	No Charge	No Charge
<b>Vision Hardware Reimbursement</b>	Not Applicable	Not Applicable	Not Applicable
<b>Out of Network Benefits</b>	<b>Out of Network</b>	<b>Out of Network</b>	<b>Out of Network</b>
<b>Deductible</b>	\$2,500 Ind/\$5,000 Family	\$1,250 Ind/\$2,500 Family	\$1,350 Ind/\$2,700 Family
<b>Coinsurance</b>	60% after deductible	70% after deductible	50% after deductible
<b>Out of Pocket Limit</b>	\$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.

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# Medford Lakes Board of Education

## Open Enrollment - Plans Effective July 1, 2022 to June 30, 2023

### 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
<b>Retail Copays</b>			
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
<b>Mail Order</b>			
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
<b>Additional Features</b>			
*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/>

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