

Delran Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna/AmeriHealth Administrators

Who Can Select This Plan?

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

-GSP is a 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.

Delran Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna & AmeriHealth Administrators

Who Can Select This Plan?

Who Can Select This Plan?	Hired Before 7/1/20	Hired Before 7/1/20	Hired Before 7/1/20	Hired Before 7/1/20
	Aetna/AHA POS \$10	Aetna/AHA POS \$15/\$25	Aetna/AHA POS \$20/\$30	Aetna/AHA HNO \$20/\$35
In-Network Benefits	In Network	In Network	In Network	In Network
Deductible	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$200 Individual \$500 Family
Out of Pocket Limit	\$400 Individual \$1,000 Family	Network Coinsurance: Individual \$400/\$1,000 Family; Network Copays: Individual \$5,039/Family \$9,878	Network Coinsurance: Individual \$800/\$2,000 Family; Network Copays: Individual \$4,639/Family \$8,878	Network Coinsurance: Individual \$2,000/\$5,000 Family; Network Copays: Individual \$3,480/Family \$5,960
Primary Care	\$10 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$25 copay	\$30 copay	\$35 copay
Preventive	No Charge	No Charge	No Charge	No Charge
Diagnostic (x-ray, blood work)	No Charge	No Charge	No Charge	80% after deductible
Imaging (CT/PET scans, MRIs)	No Charge	No Charge	No Charge	80% after deductible
Outpatient Surgery	No Charge	No Charge	No Charge	80% after deductible
Emergency Room	\$25 copay	\$75 copay	\$125 copay	\$300 copay
Emergency Transportation	90% covered	90% covered	90% covered	80% after deductible
Urgent Care	\$10 copay	\$25 copay	\$30 copay	\$35 copay
Durable Medical Equipment	90% covered	90% covered	90% covered	80% after deductible
Hospital Stay	No Charge	No Charge	No Charge	80% after deductible
Eye Exams (1 exam/calendar year)	\$10 Copay	\$25 Copay	\$30 Copay	\$35 Copay
Vision Hardware Reimbursement	Not Applicable	\$200 Maximum/24 Months	\$200 Maximum/24 Months	\$200 Maximum/24 Months
Out of Network Benefits	Out of Network	Out of Network	Out of Network	Out of Network
Deductible	\$100 Ind/\$250 Family	\$100 Ind/\$250 Family	\$200 Ind/\$500 Family	Covered for Emergency Services Only
Coinsurance	80% after deductible	70% after deductible & \$200 copay per inpatient stay	70% after deductible & \$500 copay per inpatient stay	
Out of Pocket Limit	\$2,000 Ind/\$5,000 Family	\$2,000 Ind/\$5,000 Family	\$5,000 Ind/\$12,500 Family	

-Preauthorization may be required for certain services.

For the NJ Educators Health Plan, the employee's contribution is based on the new salary based contribution schedule. If you remain in your current district offered medical plan, your employee contribution will remain the same per your collective bargaining agreement.

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Delran Board of Education

Prescription Coverage Selections - Benecard/Rx Alliance

Who Can Select This Plan?	All Employees	Hired Before 7/1/20	Admins Hired Before 7/1/20
	NJEHP/GSP	Rx Retail \$10/\$20/\$30	Rx Retail \$1 (Admin.)
Retail Copays			
Generic	\$5 Copay	\$10 Copay	\$1 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay	\$20 Copay	\$1 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**	\$30 Copay	\$1 Copay
Retail Dispensing Limitation	30 day supply	34 day supply or 100 units	34 day supply or 100 units
Mail Order			
Generic	\$10 Copay	\$20 Copay	\$0 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay	\$40 Copay	\$0 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**	\$60 Copay	\$0 Copay
Mail Order Dispensing Limitation	90 day supply	90 day supply	34 day supply or 100 units
Additional Features			
*Step Therapy	Applies	Not Applicable	Not Applicable
**Mandatory Generic	Applies	Not Applicable	Not Applicable
***Mail Order for Specialty Medications	Applies	Applies	Applies
****Performance Preferred Medication	Applies	Applies	Not Applicable

***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. 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.

******Performance Preferred Medications -** The Performance Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications. A great majority of brand-name medications and generic medications are included on the Performance Preferred Medication List. In addition, the list also excludes several medications. If purchased, members would be responsible for paying 100% of the medication cost of these excluded medications identified in the Performance Preferred Medication List. Please note, the Performance Preferred Medication List updates throughout the year, and for the most up to date version please refer to Benecard's website: <https://www.benecardpbf.com/PBF/>

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.