

Deptford Township Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/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 (Per Calendar Year)	\$0 Individual	\$0 Individual
	\$0 Family	\$0 Family
Out of Pocket Limit (Per Calendar Year)	\$500 Individual	\$500 Individual
	\$1,000 Family	\$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 (Per Calendar Year)	\$350 Ind/\$700 Family	\$350 Ind/\$700 Family
Coinurance	70% after deductible	70% after deductible
Out of Pocket Limit (Per Calendar Year)	\$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.

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Medical Coverage Selections - Schools Health Insurance Fund/AmeriHealth Administrators

	AmeriHealth PPO 10	AmeriHealth PPO 20/40
Summary of Benefits	In Network	In Network
Deductible (Per Calendar Year)	\$0 Individual \$0 Family	\$0 Individual \$0 Family
Out of Pocket Limit (Per Calendar Year)	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Primary Care	\$10 copay	\$20 copay
Specialist	\$10 copay	\$40 copay
Preventive	No Charge	No Charge
Diagnostic (x-ray, blood work)	No Charge	\$40 copay X-ray; blood work no charge
Imaging (CT/PET scans, MRIs)	No Charge	\$80 copay
Outpatient Surgery	No Charge	\$100 copay
Emergency Room	\$35 copay	\$100 copay
Emergency Transportation	No Charge	No Charge
Durable Medical Equipment	No Charge	50% Coinsurance
Urgent Care	\$10 copay	\$40 copay
Hospital Stay	No Charge	\$200 copay up to 5 copays per stay
Eye Exam (1 exam/plan year)	\$10 Copay	\$20 Copay
Out of Network Benefits	Out of Network	Out of Network
Deductible (Per Calendar Year)	\$250 Ind/\$500 Family	\$1,000 Ind/\$3,000 Family
Coinsurance	80% after deductible	70% after deductible
Out of Pocket Limit (Per Calendar Year)	\$1,000 Ind/\$2,000 Family	\$6,000 Ind/\$12,000 Family

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Prescription Coverage Selections - Schools Health Insurance Fund/Express Scripts

Prescription Benefits	NJ Educators Health Plan/GSP	Rx Retail \$10/\$20/\$30 (PPO \$10 Plan) & (PPO \$20/\$40 Plan)
Retail Copays (Up to 30 day Supply)		
Generic	\$5 Copay	\$10 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay	\$20 Copay (Preferred Brand)
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**	\$30 Copay (Non-Preferred Brand)
Mail Order (Up to 90 day Supply)		
Generic	\$10 Copay	\$10 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay	\$20 Copay (Preferred Brand)
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**	\$30 Copay (Non-Preferred Brand)
Additional Features		
*Step Therapy	Applies	Not Applicable
**Mandatory Generic	Applies	Not Applicable
***Mail Order for Specialty Medications	Applies	Applies
****Closed Formulary	Applies	Applies

*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. Please note, the formulary updates throughout the year, and for the most up to date version 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 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.