

South Harrison Board of Education

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 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

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

-Preauthorization may be required for certain services.

-For the NJEHP & GSP, the employee's contribution is based on new salary based contribution schedules. For all other plans, your employee contributions will

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

South Harrison Board of Education
Plans Effective July 1, 2022 to June 30, 2023
 Prescription Coverage Selections - Express Scripts

Who Can Select This Plan?	All Employees
	Rx Retail \$5/\$10 NJEHP & GSP
Retail Copays (30 Day Supply)	
Generic	\$5 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay
Non- Preferred Brand Name Drug (or Generic Alternative Available)	Member Pays the Difference*
Retail Dispensing Limitation	30 day supply
Mail Order (90 Day Supply)	
Generic	\$10 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay
Non-Preferred Brand Name Drug (or Generic Alternative Available)	Member Pays the Difference**
Mail Order Dispensing Limitation	90 day supply
Additional Features	
*Step Therapy	Applies
**Mandatory Generic	Applies
***Mail Order for Specialty Drugs	Applies
****Closed Formulary	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.