

South Harrison Board of Education

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