

# Bellmawr School District Special Open Enrollment - Rates Effective January 1, 2021 to June 30, 2021

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

| Summary of Benefits   | NJ Educators Health Plan                        |  | Aetna HMO 10                                    |  | Aetna POS 15/25                                 |                                      |
|---|---|--|---|--|---|--------------------------------------|
|   | In Network                                      | Out of Network   | In Network                                      | Out of Network                             | In Network                                      | Out of Network                       |
| <b>Deductible</b>   | \$0 Individual<br>\$0 Family                    | \$350 Individual<br>\$700 Family   | \$0 Individual<br>\$0 Family                    | <b>COVERED FOR EMERGENCY SERVICES ONLY</b> | \$0 Individual<br>\$0 Family                    | \$100 Individual<br>\$250 Family     |
| <b>Out of Pocket Limit</b>  | \$500 Individual<br>\$1,000 Family              | \$2,000 Individual<br>\$5,000 Family   | \$5,300 Individual<br>\$10,600 Family           |  | \$400 Individual<br>\$1,000 Family              | \$2,000 Individual<br>\$5,000 Family |
| <b>Primary Care</b>   | \$10 copay                                      | 70% after deductible   | \$10 copay                                      |  | \$15 copay                                      | 70% after deductible                 |
| <b>Specialist</b>   | \$15 copay                                      | 70% after deductible   | \$10 copay                                      |  | \$25 copay                                      | 70% after deductible                 |
| <b>Preventive</b>   | No Charge                                       | Not Covered;<br>30% Coinsurance for<br>Immunizations, Mammograms, &<br>Gynecological Exams | No Charge                                       |  | No Charge                                       | 70% after deductible                 |
| <b>Diagnostic (x-ray, blood work)</b>   | No Charge                                       | 70% after deductible   | No Charge                                       |  | No Charge                                       | 70% after deductible                 |
| <b>Imaging (CT/PET scans, MRIs)</b>   | No Charge                                       | 70% after deductible   | No Charge                                       |  | No Charge                                       | 70% after deductible                 |
| <b>Outpatient Surgery</b>   | No Charge                                       | 70% after deductible   | No Charge                                       |  | \$200 Copay                                     | 70% after deductible                 |
| <b>Emergency Room</b>   | \$125 copay                                     | \$125 Copay  | \$35 copay                                      |  | \$100 copay                                     | \$100 Copay                          |
| <b>Emergency Transportation</b>   | 10% Coinsurance                                 | 10% Coinsurance  | No Charge                                       |  | No Charge                                       | No Charge                            |
| <b>Durable Medical Equipment</b>  | 10% Coinsurance                                 | 70% after deductible   | \$100 deductible; than 100%                     |  | 10% Coinsurance                                 | 70% after deductible                 |
| <b>Urgent Care</b>  | \$15 copay                                      | 70% after deductible   | \$10 copay                                      |  | \$25 copay                                      | 70% after deductible                 |
| <b>Hospital Stay</b>  | No Charge                                       | 70% after deductible   | No Charge                                       |  | No Charge                                       | 70% after deductible                 |
| <b>Eye Exam</b>   | \$15 Copay<br>(1 exam/calendar year)            | Not Covered  | \$10 copay<br>(1 exam/12 months)                |  | \$25 copay<br>(1 exam/12 months)                | Not Covered                          |
| <b>Vision Hardware Reimbursement</b>  | Not Applicable                                  |  | Not Applicable                                  |  | Not Applicable                                  |                                      |
| <ul style="list-style-type: none"> <li>● Preauthorization may be required for certain services.</li> <li>● If you are enrolled in the HMO plan, you must pick a Primary Care Physician. Referrals are also required to see a Specialist.</li> </ul> | <b>*NJ Educators Health Plan Monthly Rates</b>  |  | <b>HMO 10 Monthly Rates</b>                     |  | <b>POS 15/25 Monthly Rates</b>                  |                                      |
|   | Single \$825.00                                 |  | Single \$838.00                                 |  | Single \$833.00                                 |                                      |
|   | Parent/Child(ren) \$1,353.00                    |  | Parent/Child(ren) \$1,362.00                    |  | Parent/Child(ren) \$1,366.00                    |                                      |
|   | Employee/Spouse \$1,641.00<br>Family \$2,179.00 |  | Employee/Spouse \$1,654.00<br>Family \$2,200.00 |  | Employee/Spouse \$1,657.00<br>Family \$2,200.00 |                                      |

\*For the NJ Educators Health Plan, the employee's contribution is based on the new salary based contribution schedule, not the monthly premium rates listed above. If you remain in the Aetna HMO \$10 copay plan or the Aetna POS \$15/\$25 plan, your employee contribution will remain the same per your collective bargaining agreement.

For employees hired prior to 7/1/2020, If you are currently in the Aetna HMO \$10 or Aetna POS \$15/\$25, you can either remain in your current plan selection or move to the NJ Educators Health Plan. You cannot move from the HMO \$10 to the POS \$15/\$25, or vice versa, during the special open enrollment.

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.

## Bellmawr School District

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#### Prescription Coverage Selections - Schools Health Insurance Fund/Express Scripts

| Prescription Coverage -                                    | NJ Educators Health Plan   | Rx Retail \$3/\$10/\$10 |
|--|----------------------------|-------------------------|
| <b>Retail Copays (Up to 30 day Supply)</b>                 |                            |                         |
| Generic  | \$5 Copay                  | \$3 Copay               |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$10 Copay                 | \$10 Copay              |
| Brand Name Drug (Generic Alternative Available)            | Member Pays the Difference | \$10 Copay              |
| <b>Mail Order (Up to 90 day Supply)</b>                    |                            |                         |
| Generic  | \$10 Copay                 | \$5 Copay               |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$20 Copay                 | \$15 Copay              |
| Brand Name Drug (Generic Alternative Available)            | Member Pays the Difference | \$15 Copay              |
| <b>Additional Features</b>                                 |                            |                         |
| *Step Therapy  | Applies                    | Not Applicable          |
| **Mandatory Generic  | Applies                    | Not Applicable          |
| ***Mail Order for Specialty Medications                    | Applies                    | Applies                 |
| ****Closed Formulary                                       | Applies                    | Applies                 |
| <b>Prescription Monthly Rates</b>                          |                            |                         |
| Single   | \$177.00                   | \$210.00                |
| Parent/Child(ren)  | \$292.00                   | \$347.00                |
| Employee/Spouse  | \$354.00                   | \$421.00                |
| Family   | \$469.00                   | \$557.00                |

\*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.

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