

Lumberton Township Board of Education
Plans Effective July 1, 2021 to June 30, 2022
Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?

All Employees

Summary of Benefits	NJ Educators Health Plan	
	In Network	Out of Network
Deductible	\$0 Individual	\$350 Individual
	\$0 Family	\$700 Family
Out of Pocket Limit	\$500 Individual	\$2,000 Individual
	\$1,000 Family	\$5,000 Family
Primary Care	\$10 copay	70% after deductible
Specialist	\$15 copay	70% after deductible
Preventive	No Charge	Not Covered; 30% Coinsurance for Immunizations, Mammograms, & Gynecological Exams
Diagnostic (x-ray, blood work)	No Charge	70% after deductible
Imaging (CT/PET scans, MRIs)	No Charge	70% after deductible
Outpatient Surgery	No Charge	70% after deductible
Emergency Room	\$125 copay	\$125 Copay
Emergency Transportation	10% Coinsurance	10% Coinsurance
Urgent Care	\$15 copay	70% after deductible
Durable Medical Equipment	10% Coinsurance	70% after deductible
Hospital Stay	No Charge	70% after deductible
Eye Exam (1 Exam/Calendar Year INN/OON Combined)	\$15 copay	Not Covered

-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.

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.

Lumberton Township Board of Education
Plans Effective July 1, 2021 to June 30, 2022
Prescription Coverage Selections - Benecard/Rx Alliance

Who Can Select This Plan?	All Employees
	NJ Educators Health Plan
Retail Copays	
Generic	\$5 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$10 Copay
Brand Name Drug (Generic Alternative Available)	Member Pays the Difference**
Retail Dispensing Limitation	30 day supply
Mail Order	
Generic	\$10 Copay
Brand Name Drug (Generic Alternative <u>Not</u> Available)	\$20 Copay
Brand Name Drug (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 Medications	Applies
****Performance Preferred Medications	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.

******Performance Preferred Medications** 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 list. 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 Medications list updates throughout the year; 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 plan. Some plan limitations may apply. Please refer to the carrier plan documents 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.