

Bellmawr School District

Rates Effective January 1, 2021 to June 30, 2021

Prescription Coverage Selections - Schools Health Insurance Fund/Express Scripts

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

*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.

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

Rates Effective January 1, 2021 to June 30, 2021

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Summary of Benefits	NJ Educators Health Plan	
	In Network	Out of Network
Deductible	\$0 Individual \$0 Family	\$350 Individual \$700 Family
Out of Pocket Limit	\$500 Individual \$1,000 Family	\$2,000 Individual \$5,000 Family
Primary Care	\$10 copay	70% after deductible
Specialist	\$15 copay	70% after deductible
Preventive	No Charge	Not Covered
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	70% after deductible
Durable Medical Equipment	10% Coinsurance	70% after deductible
Urgent Care	\$10 copay	70% after deductible
Hospital Stay	No Charge	70% after deductible
Eye Exam	\$15 Copay (1 Exam/Calendar Year)	Not Covered
Vision Hardware Reimbursement	Not Applicable	
●Preauthorization may be required for certain services.	*NJ Educators Health Plan Monthly Rates	
	Single \$825.00	
	Parent/Child(ren) \$1,353.00	
	Employee/Spouse \$1,641.00	
	Family \$2,179.00	

*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.

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