

Bellmawr School District

Open Enrollment - Plans Effective July 1, 2021 to June 30, 2022

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?	All Employees		Employees Hired <u>Before</u> 7/1/20		Employees Hired <u>Before</u> 7/1/20	
	NJ Educators Health Plan		Aetna HMO 10		Aetna POS 15/25	
Summary of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
				COVERED FOR EMERGENCY SERVICES ONLY		
Deductible	\$0 Individual	\$350 Individual	\$0 Individual		\$0 Individual	\$100 Individual
	\$0 Family	\$700 Family	\$0 Family		\$0 Family	\$250 Family
Out of Pocket Limit	\$500 Individual	\$2,000 Individual	\$5,300 Individual		\$400 Individual	\$2,000 Individual
	\$1,000 Family	\$5,000 Family	\$10,600 Family		\$1,000 Family	\$5,000 Family
Primary Care	\$10 copay	70% after deductible	\$10 copay		\$15 copay	70% after deductible
Specialist	\$15 copay	70% after deductible	\$10 copay		\$25 copay	70% after deductible
Preventive	No Charge	Not Covered; 30% Coinsurance for Immunizations, Mammograms, & Gynecological Exams	No Charge		No Charge	70% after deductible
Diagnostic (x-ray, blood work)	No Charge	70% after deductible	No Charge		No Charge	70% after deductible
Imaging (CT/PET scans, MRIs)	No Charge	70% after deductible	No Charge		No Charge	70% after deductible
Outpatient Surgery	No Charge	70% after deductible	No Charge		\$200 Copay	70% after deductible
Emergency Room	\$125 copay	\$125 Copay	\$35 copay		\$100 copay	\$100 Copay
Emergency Transportation	10% Coinsurance	10% Coinsurance	No Charge		No Charge	No Charge
Durable Medical Equipment	10% Coinsurance	70% after deductible	\$100 deductible; than 100%		10% Coinsurance	70% after deductible
Urgent Care	\$15 copay	70% after deductible	\$10 copay		\$25 copay	70% after deductible
Hospital Stay	No Charge	70% after deductible	No Charge		No Charge	70% after deductible
Eye Exam	\$15 Copay (1 exam/calendar year)	Not Covered	\$10 copay (1 exam/12 months)		\$25 copay (1 exam/12 months)	Not Covered

- Preauthorization may be required for certain services.
- If you are enrolled in the HMO plan, you must pick a Primary Care Physician. Referrals are also required to see a Specialist.

*For the NJ Educators Health Plan, the employee's contribution is based on the new salary based contribution schedule. 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.

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

Who Can Select This Plan?

All Employees

Employees Hired Before 7/1/20

Prescription Coverage -	NJ Educators Health Plan	Rx Retail \$3/\$10/\$10
Retail Copays (Up to 30 day Supply)		
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
Mail Order (Up to 90 day Supply)		
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
Additional Features		
*Step Therapy	Applies	Not Applicable
**Mandatory Generic	Applies	Not Applicable
***Mail Order for Specialty Medications	Applies	Applies
****Closed Formulary	Applies	Applies

*Step Therapy- Where more than one medication in a certain drug class has been shown to be clinically effective but at 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. Please note, the formulary may change throughout the year, and for a copy of the most up to date version, please refer to Express Scripts website: <https://www.express-scripts.com/>

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Dental & Vision Coverage Selections

Who Can Select These Options? All Employees

Delta Dental Premier Plan	VSP Vision Plan
Preventive & Diagnostic - Covered 100% (exams, cleanings, x-rays)	Exam - \$25 Copay / Once every 12 months
Basic Services - Covered 70% after deductible (Fillings, extractions, endodontics, periodontics, sealants)	Frames - \$130 allowance / once every 24 months
Crowns & Prosthodontics - Covered 50% after deductible (crowns, bridgework, repairs, dentures, inlays)	Lenses -Single vision, lined bifocal, and lined trifocal every 24 months; combined with exam
Calendar Year Maximum - \$1,500.00	Contact Lenses (instead of frames) - \$130 allowance every 24 months, \$60 copay
Calendar Year Deductible - \$50 Individual / \$150 Family	Lens Enhancements Savings
Orthodontia (Dependent Children Only)	Laser Vision Correction Discounts
Full Comprehensive Treatment - Covered 50% Maximum (Lifetime) - \$1,500.00	

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