

Southampton Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?

| | All Employees | All Employees | Hired Before 9/1/18 | Hired Before 9/1/18 |
|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| | NJ Educators Health Plan | *Garden State Plan (NJ Network Only) | Aetna Patriot V \$10 | Aetna Patriot X \$15 |
| In-Network Benefits | In Network | In Network | In Network | In Network |
| Deductible | \$0 Individual \$0 Family | \$0 Individual \$0 Family | \$0 Individual \$0 Family | \$0 Individual \$0 Family |
| Out of Pocket Limit | \$500 Individual \$1,000 Family | \$500 Individual \$1,000 Family | \$5,300 Individual \$10,600 Family | \$5,300 Individual \$10,600 Family |
| Primary Care | \$10 copay | \$10 copay | \$10 copay | \$15 copay |
| Specialist | \$15 copay | \$15 copay | \$10 copay | \$20 copay |
| Preventive | No Charge | No Charge | No Charge | No Charge |
| Diagnostic (x-ray, blood work) | No Charge | No Charge | No Charge | No Charge |
| Imaging (CT/PET scans, MRIs) | No Charge | No Charge | No Charge | No Charge |
| Outpatient Surgery | No Charge | No Charge | No Charge | No Charge |
| Emergency Room | \$125 copay | \$125 copay | \$50 copay | \$50 copay |
| Emergency Transportation | 90% covered | 90% covered | No Charge | No Charge |
| Urgent Care | \$15 copay | \$15 copay | \$10 copay | \$20 copay |
| Durable Medical Equipment | 90% covered | 90% covered | No Charge | No Charge |
| Hospital Stay | No Charge | No Charge | No Charge | No Charge |
| Eye Exams | \$15 Copay (1 exam/calendar Year) | \$15 Copay (1 exam/calendar Year) | \$10 Copay (1 exam/12 months) | \$20 Copay (1 exam/12 months) |
| Vision Hardware Reimbursement | Not Applicable | Not Applicable | \$100 max/24 months | \$70 Maximum/24 Months |
| Out of Network Benefits | Out of Network | Out of Network | Out of Network | Out of Network |
| Deductible | \$350 Ind/\$700 Family | \$350 Ind/\$700 Family | \$100 Ind/\$200 Family | \$100 Ind/\$200 Family |
| Coinsurance | 70% after deductible | 70% after deductible | 70% after deductible | 80% after deductible |
| Out of Pocket Limit | \$2,000 Ind/\$5,000 Family | \$2,000 Ind/\$5,000 Family | \$2,000 Ind/\$4,000 Family | \$400 Ind/\$1,200 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 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 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.

Southampton Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?

Hired Before 7/1/20

Hired Before 7/1/20

Hired Before 7/1/20

| | Aetna EPO \$15/\$25 | Aetna PPO Core | Aetna HDHP \$1350/\$2700 |
|---------------------------------------|--|--------------------------------------|---------------------------------------|
| In-Network Benefits | In Network | In Network | In Network |
| Deductible | \$0 Individual \$0 Family | \$1,000 Individual \$2,000 Family | \$1,350 Individual \$2,700 Family |
| Out of Pocket Limit | \$4,000 Individual \$8,000 Family | \$2,000 Individual \$4,000 Family | \$6,250 Individual \$12,500 Family |
| Primary Care | \$15 copay | \$25 copay | 80% covered |
| Specialist | \$25 copay | \$40 copay | 80% covered |
| Preventive | No Charge | No Charge | No Charge |
| Diagnostic (x-ray, blood work) | No Charge for Lab \$25 copay for X-Ray | \$40 copay | 80% covered |
| Imaging (CT/PET scans, MRIs) | \$25 copay | \$40 copay | 80% covered |
| Outpatient Surgery | No Charge | 80% Covered | 80% covered |
| Emergency Room | \$100 copay | 80% Covered after \$100 copay | 80% covered |
| Emergency Transportation | No Charge | 80% Covered | 80% covered |
| Urgent Care | \$15 copay | \$40 copay | 80% covered |
| Durable Medical Equipment | No Charge | 80% covered | 80% covered |
| Hospital Stay | \$50 copay/day, up to 5 days for Facility No Charge for Physician/Surgeon | \$200 copay/day up to 5 days | 80% covered |
| Eye Exams | No Charge (1 exam/12 months) | No Charge (1 exam/24 months) | No Charge (1 exam/24 months) |
| Vision Hardware Reimbursement | \$200 max/24 months | Not Applicable | Not Applicable |
| Out of Network Benefits | Out of Network | Out of Network | Out of Network |
| Deductible | Emergency Services Covered Only | \$2,500 Ind/\$5,000 Family | \$1,350 Ind/\$2,700 Family |
| Coinsurance | | 60% after deductible | 50% after deductible |
| Out of Pocket Limit | | \$5,000 Ind/\$10,000 Family | \$6,250 Ind/\$12,500 Family |

-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 remain the same per your collective bargaining agreement.

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Southampton Board of Education

Prescription Coverage Selections - Express Scripts

| Who Can Select This Plan? | All Employees | Hired Before 9/1/18 | Teachers After 9/1/18, Cust., Sec., Admin. Staff |
|--|--|-----------------------|--|
| | NJ Educators Health Plan & Garden State Plan | Retail \$10/\$25/\$50 | Retrail \$10/\$25/\$50 (Step Therapy) |
| Retail Copays | | | |
| Generic | \$5 Copay | \$10 Copay | \$10 Copay |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$10 Copay | \$25 Copay | \$25 Copay |
| Brand Name Drug (Generic Alternative Available) | Member Pays the Difference** | \$50 Copay | \$50 Copay |
| Retail Dispensing Limitation | 30 day supply | 34 day supply | 30 day supply |
| Mail Order | | | |
| Generic | \$10 Copay | \$20 Copay | \$20 Copay |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$20 Copay | \$50 Copay | \$50 Copay |
| Brand Name Drug (Generic Alternative Available) | Member Pays the Difference** | \$100 Copay | \$100 Copay |
| Mail Order Dispensing Limitation | 90 day supply | 90 day supply | 90 day supply |
| Additional Features | | | |
| *Step Therapy | Applies | Not Applicable | Applies |
| **Mandatory Generic | Applies | Not Applicable | Not Applicable |
| ***Mail Order for Specialty Medications | Applies | Applies | Applies |
| ****Closed Formulary | Applies | Applies | 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.

******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 list updates throughout the year; for the most up to date version of the formulary please refer to the Express Scripts website: <https://www.express-scripts.com/>

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