

Kingsway Regional School District

Plans Effective July 1, 2022 to June 30, 2023

Medical Coverage Selections - Schools Health Insurance Fund/AmeriHealth Administrators

| Who Can Select This Plan? | All Employees | All Employees |
|---------------------------------------|--------------------------------------|--------------------------------------|
| | NJ Educators Health Plan | Garden State Plan (NJ Network Only) |
| In-Network Benefits | In Network | In Network |
| Deductible | \$0 Individual \$0 Family | \$0 Individual \$0 Family |
| Out of Pocket Limit | \$500 Individual \$1,000 Family | \$500 Individual \$1,000 Family |
| Primary Care | \$10 copay | \$10 copay |
| Specialist | \$15 copay | \$15 copay |
| Preventive | No Charge | No Charge |
| Diagnostic (x-ray, blood work) | No Charge | No Charge |
| Imaging (CT/PET scans, MRIs) | No Charge | No Charge |
| Outpatient Surgery | No Charge | No Charge |
| Emergency Room | \$125 copay | \$125 copay |
| Emergency Transportation | 90% covered | 90% covered |
| Urgent Care | \$15 copay | \$15 copay |
| Durable Medical Equipment | 90% covered | 90% covered |
| Hospital Stay | No Charge | No Charge |
| Eye Exams | \$15 Copay (1 Exam/Calendar Year) | \$15 Copay (1 Exam/Calendar Year) |
| Vision Hardware Reimbursement | Not Applicable | Not Applicable |
| Out of Network Benefits | Out of Network | Out of Network |
| Deductible | \$350 Ind/\$700 Family | \$350 Ind/\$700 Family |
| Coinsurance | 70% after deductible | 70% after deductible |
| Out of Pocket Limit | \$2,000 Ind/\$5,000 Family | \$2,000 Ind/\$5,000 Family |

***Garden State Plan is a network of NJ providers only. Out of state providers are not covered except for emergency services.**

Preauthorization may be required for certain services.

For both the Garden State Plan and NJ Educators Health Plan, the employee's contribution is based on the new salary based contribution schedule. For all other plan options, your employee contribution will be based on Chapter 78 and 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.

Kingsway Regional School District

Plans Effective July 1, 2022 to June 30, 2023

Medical Coverage Selections - Schools Health Insurance Fund/AmeriHealth Administrators

| Who Can Select This Plan? | Employees Hired Before 7/1/20 | Employees Hired Before 7/1/20 | Employees Hired Before 7/1/20 | Employees Hired Before 7/1/20 |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| | AmeriHealth PPO 20 | AmeriHealth EPO 20/40 | AmeriHealth EPO 30/50 | AmeriHealth EPO H.S.A. \$1400 |
| Summary of Benefits | In Network | In Network | In Network | In Network |
| Deductible | \$0 Individual \$0 Family | \$0 Individual \$0 Family | \$0 Individual \$0 Family | \$1,400 Individual \$2,700 Family |
| Out of Pocket Limit | \$1,000 Individual \$2,000 Family | \$2,500 Individual \$5,000 Family | \$3,000 Individual \$6,000 Family | \$2,500 Individual \$5,000 Family |
| Primary Care | \$20 copay | \$20 copay | \$30 copay | 50% after deductible |
| Specialist | \$20 copay | \$40 copay | \$50 copay | 50% after deductible |
| Preventive | No Charge | No Charge | No Charge | No Charge |
| Diagnostic (x-ray, blood work) | No Charge | No Charge | No Charge | 50% after deductible; No charge after deductible for bloodwork |
| Imaging (CT/PET scans, MRIs) | No Charge | No Charge | No Charge | 50% after deductible |
| Outpatient Surgery | No Charge | \$200 copay | \$300 copay | 50% after deductible |
| Emergency Room | \$75 copay | \$100 copay | \$100 copay | 50% after deductible |
| Emergency Transportation | No Charge | No Charge | No Charge | 50% after deductible |
| Urgent Care | \$20 copay | \$40 copay | \$50 copay | 50% after deductible |
| Durable Medical Equipment | No Charge | 50% Coinsurance | 50% Coinsurance | 50% after deductible |
| Hospital Stay | No Charge | \$250 per day up to 5 days | \$500 per day up to 5 days | 50% after deductible |
| Eye Exam | No Charge (1 exam/12 months) | No Charge (1 exam/12 months) | No Charge | No Charge |
| Vision Hardware Reimbursement | \$100 Maximum/12 Months | \$100 Maximum/12 Months | \$100 Maximum/12 Months | \$100 Maximum/12 Months |
| Out of Network Benefits | Out of Network | Out of Network | Out of Network | Out of Network |
| Deductible | \$250 Ind/\$500 Family | EMERGENCY SERVICES ONLY | EMERGENCY SERVICES ONLY | EMERGENCY SERVICES ONLY |
| Coinsurance | 78% after deductible | | | |
| Out of Pocket Limit | \$1,000 Ind/\$2,000 Family | | | |

-Preauthorization may be required for certain services.

-For the Garden State Plan and NJ Educators Health Plan, the employee's contribution is based on the new salary based contribution schedule. For all other plan options, your employee contribution will be based on Chapter 78 and 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.

Kingsway Regional School District

Plans Effective July 1, 2022 to June 30, 2023

Prescription Coverage Selections - Schools Health Insurance Fund/Express Scripts

| Who Can Select This Plan? | All Employees | Employees Hired <u>Before 7/1/20</u> |
|--|---|--------------------------------------|
| | **NJ Educators Health Plan & Garden State Plan | Rx Retail \$8/\$18/\$18 |
| Retail Copays | | |
| Generic | \$5 Copay | \$8 Copay |
| Brand with <u>No</u> Generic Alternative | \$10 Copay | \$18 Copay |
| Brand with Generic Alternative | Member Pays the Difference** | \$18 Copay |
| Retail Dispensing Limitation | 30 day supply | 90 day supply |
| Mail Order | | |
| Generic | \$10 Copay | \$8 Copay |
| Brand with <u>No</u> Generic Alternative | \$20 Copay | \$8 Copay |
| Brand with Generic Alternative | Member Pays the Difference** | \$8 Copay |
| Mail Order Dispensing Limitation | 90 day supply | 90 day supply |
| 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 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- NJEHP and GSP**- 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/>

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription 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.