

# 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)
<b>In-Network Benefits</b>	<b>In Network</b>	<b>In Network</b>
<b>Deductible</b>	\$0 Individual	\$0 Individual
	\$0 Family	\$0 Family
<b>Out of Pocket Limit</b>	\$500 Individual	\$500 Individual
	\$1,000 Family	\$1,000 Family
<b>Primary Care</b>	\$10 copay	\$10 copay
<b>Specialist</b>	\$15 copay	\$15 copay
<b>Preventive</b>	No Charge	No Charge
<b>Diagnostic (x-ray, blood work)</b>	No Charge	No Charge
<b>Imaging (CT/PET scans, MRIs)</b>	No Charge	No Charge
<b>Outpatient Surgery</b>	No Charge	No Charge
<b>Emergency Room</b>	\$125 copay	\$125 copay
<b>Emergency Transportation</b>	90% covered	90% covered
<b>Urgent Care</b>	\$15 copay	\$15 copay
<b>Durable Medical Equipment</b>	90% covered	90% covered
<b>Hospital Stay</b>	No Charge	No Charge
<b>Eye Exams</b>	\$15 Copay (1 Exam/Calendar Year)	\$15 Copay (1 Exam/Calendar Year)
<b>Vision Hardware Reimbursement</b>	Not Applicable	Not Applicable
<b>Out of Network Benefits</b>	<b>Out of Network</b>	<b>Out of Network</b>
<b>Deductible</b>	\$350 Ind/\$700 Family	\$350 Ind/\$700 Family
<b>Coinsurance</b>	70% after deductible	70% after deductible
<b>Out of Pocket Limit</b>	\$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

### Prescription Coverage Selections - Schools Health Insurance Fund/Express Scripts

Who Can Select This Plan?	All Employees
<b>NJ Educators Health Plan &amp; Garden State Plan</b>	
<b>Retail Copays</b>	
Generic	\$5 Copay
Brand with <u>No</u> Generic Alternative	\$10 Copay
Brand with Generic Alternative	Member Pays the Difference**
Retail Dispensing Limitation	30 day supply
<b>Mail Order</b>	
Generic	\$10 Copay
Brand with <u>No</u> Generic Alternative	\$20 Copay
Brand with Generic Alternative	Member Pays the Difference**
Mail Order Dispensing Limitation	90 day supply
<b>Additional Features</b>	
*Step Therapy	Applies
**Mandatory Generic	Applies
***Mail Order for Specialty Medications	Applies
****Closed Formulary	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.