

Kingsway Regional School District

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 Individual
	\$0 Family	\$0 Family
Out of Pocket Limit	\$500 Individual	\$500 Individual
	\$1,000 Family	\$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

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. \$1600
Summary of Benefits	In Network	In Network	In Network	In Network
Deductible	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$1,600 Individual \$3,200 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	80% 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.

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Kingsway Regional School District

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.