

Riverside Township Board of Education

Medical Coverage Selections - Schools Health Insurance Fund/Aetna

Who Can Select This Plan?

All Employees

All Employees

Hired Before 7/1/20

Hired Before 7/1/20

| | NJ Educators Health Plan | *Garden State Plan (NJ Network Only) | Aetna QPOS Patriot V | Aetna QPOS Patriot X |
|---------------------------------------|--------------------------------------|---|--|---|
| 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 | \$400 Individual \$800 Family | \$4,000 Individual \$8,000 Family |
| Primary Care | \$10 copay | \$10 copay | \$5 copay | \$10 copay |
| Specialist | \$15 copay | \$15 copay | \$5 copay | \$15 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 | \$25 copay | \$35 copay |
| Emergency Transportation | 90% covered | 90% covered | No Charge | No Charge |
| Urgent Care | \$15 copay | \$15 copay | \$5 copay | \$15 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) | \$5 Copay (1 exam/12 months up to 19; 1 exam/24 months after 19) | \$15 Copay (1 exam/12 months up to 19; 1 exam/24 months after 19) |
| Vision Hardware Reimbursement | Not Applicable | Not Applicable | \$100 max/24 months | \$70 max/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 | \$500 Ind/\$1,400 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.

Riverside Township 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 QPOS Premier | Aetna POS II Core | Aetna POS II Buy Up |
| In-Network Benefits | In Network | In Network | In Network |
| Deductible | \$0 Individual \$0 Family | \$1,000 Individual \$2,000 Family | \$500 Individual \$1,000 Family |
| Out of Pocket Limit | \$4,000 Individual \$8,000 Family | \$2,000 Individual \$4,000 Family | \$1,000 Individual \$2,000 Family |
| Primary Care | \$2 copay | \$25 copay | \$20 copay |
| Specialist | No Charge | \$40 copay | \$30 copay |
| Preventive | No Charge | No Charge | No Charge |
| Diagnostic (x-ray, blood work) | No Charge | \$40 copay | \$30 copay |
| Imaging (CT/PET scans, MRIs) | No Charge | \$40 copay | \$30 copay |
| Outpatient Surgery | No Charge | 80% covered | 90% covered |
| Emergency Room | \$15 copay | 80% covered after \$100 copay | \$100 copay |
| Emergency Transportation | No Charge | 80% covered | 90% covered |
| Urgent Care | No Charge | \$40 copay | \$30 copay |
| Durable Medical Equipment | 90% covered | 80% covered | 90% covered |
| Hospital Stay | No Charge | \$200 copay per, up to 5 days No Charge for Physician/Surgeon | \$100 copay per day, up to 5 days 90% covered for Physician/Surgeon |
| Eye Exams | \$2 copay (1 exam/12 months up to 19; 1 exam/24 months after 19) | No Charge (1 exam/24 months) | No Charge (1 exam/24 months) |
| Vision Hardware Reimbursement | \$100 max/24 months | Not Applicable | Not Applicable |
| Out of Network Benefits | Out of Network | Out of Network | Out of Network |
| Deductible | \$1,000 Ind/\$2,000 Family | \$2,500 Ind/\$5,000 Family | \$1,250 Ind/\$2,500 Family |
| Coinsurance | 70% after deductible | 60% after deductible | 70% after deductible |
| Out of Pocket Limit | \$10,000 Ind/\$20,000 Family | \$5,000 Ind/\$10,000 Family | \$2,500 Ind/\$5,000 Family |

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-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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Riverside Township Board of Education

Prescription Coverage Selections - Benecard

Who Can Select This Plan?

| | All Employees | Hired Before 7/1/20 | Hired Before 7/1/20 | Hired Before 7/1/20 |
|--|------------------------------|----------------------------|-------------------------------|--------------------------------|
| | NJEHP / GSP | Rx Retail \$5/10 | Retail Option A \$5/\$25/\$40 | Retail Option B \$10/\$30/\$40 |
| Retail Copays | | | | |
| Generic | \$5 Copay | \$5 Copay | \$5 copay | \$10 copay |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$10 Copay | \$10 Copay | \$25 copay | \$30 copay |
| Brand Name Drug (Generic Alternative Available) | Member Pays the Difference** | \$10 Copay | \$40 copay | \$45 copay |
| Retail Dispensing Limitation | 30 day supply | 34 day supply or 100 units | 34 day supply or 100 units | 34 day supply or 100 units |
| Mail Order | | | | |
| Generic | \$10 Copay | \$5 Copay | \$5 copay | \$20 copay |
| Brand Name Drug (Generic Alternative <u>Not</u> Available) | \$20 Copay | \$5 Copay | \$25 copay | \$60 copay |
| Brand Name Drug (Generic Alternative Available) | Member Pays the Difference** | \$5 Copay | \$40 copay | \$90 copay |
| Mail Order Dispensing Limitation | 90 day supply | 90 day supply | 90 day supply | 90 day supply |
| Additional Features | | | | |
| *Step Therapy | Applies | Not Applicable | Not Applicable | Not Applicable |
| **Mandatory Generic | Applies | Not Applicable | Not Applicable | Not Applicable |
| ***Mail Order for Specialty Medications | Applies | Applies | Applies | Applies |
| ****Performance Preferred Medication | Applies | Not Applicable | 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. 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.

******Performance Preferred Medications** - The Performance Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications. A great majority of brand-name medications and generic medications are included on the Performance Preferred Medication List. In addition, the list also excludes several medications. If purchased, members would be responsible for paying 100% of the medication cost of these excluded medications identified in the Performance Preferred Medication List. Please note, the Performance Preferred Medication List updates throughout the year, and for the most up to date version please refer to Benecard's website: <https://www.benecardpbf.com/PBF/>

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription program. Some plan limitations may apply. 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.