

# NJ Educator's Health Plan (NJEHP)

## BENEFITS-AT-A-GLANCE

IN-NETWORK BENEFITS	
<b>Member Coinsurance</b>	10%, applies only to Emergency Medical Transportation care and durable medical equipment
<b>Deductible</b>	N/A
<b>Out-of-Pocket Maximum*</b>	\$500 single / \$1,000 family
<b>Emergency Room</b>	\$125 copay
<b>PCP Office Visit</b>	\$10 copay
<b>Specialist Office Visit</b>	\$15 copay
<b>Physical Therapy</b>	\$15 copay
<b>Chiropractic Care</b>	\$15 copay
<b>Durable Medical Equipment (DME)</b>	10% coinsurance
<b>Acupuncture</b>	\$15 copay
OUT-OF-NETWORK BENEFITS	
<b>Member Coinsurance</b>	30% of the out-of-network fee schedule
<b>Deductible</b>	\$350 single / \$700 family
<b>Out-of-Pocket Maximum*</b>	\$2,000 single / \$5,000 family
PHARMACY	
<b>Out-of-Pocket Maximum**</b>	\$1,600 single / \$3,200 family
<b>Generic Drugs</b>	\$5 copay retail (30 day supply) / \$10 copay mail (90 day supply)
<b>Brand Name Drugs</b>	\$10 copay retail (30 day supply) / \$20 copay mail (90 day supply)
<b>Mandatory Generic</b>	Member pays difference in cost between generic and brand, plus brand copayment
<b>Formulary</b>	PBM's closed formulary
<b>Step Therapy (non-grandfathered)</b>	Member must use the most cost-effective, clinically efficacious preferred treatment prior to progressing to alternate therapies

NOTE: All services subject to medical necessity. Benefits for Illustrative Purposes only.

\* In-network out-of-pocket maximum includes all medical plan copayments. Out-of-network out-of-pocket maximum includes deductible and coinsurance.

\*\* Pharmacy benefit out-of-pocket maximum is separate from medical plan out-of-pocket maximum.

\*\*\* The NJEHP include these prescription drug benefits which will be provided through your current Pharmacy Benefit Manager.

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## Contribution Schedule Effective 1/1/21

For the NJ Educators Health Plan, employee contributions will be based on your salary. This new salary based contribution is only for this plan, and does not apply to any other plans currently offered by the school district.

The NJ Educators Health plan contains both medical and prescription coverages, that are tied together.

For any other coverages offered by the district, such as dental coverage, your employee contribution is not changing.

<b>NJEHP Salary Based Contribution -</b>	<b><u>Single</u></b>	<b><u>P/C</u></b>	<b><u>E/S</u></b>	<b><u>Family</u></b>
<b>\$00,000 - \$40,000</b>	<b>1.7%</b>	<b>2.2%</b>	<b>2.8%</b>	<b>3.3%</b>
<b>\$40,001 - \$50,000</b>	<b>1.9%</b>	<b>2.5%</b>	<b>3.3%</b>	<b>3.9%</b>
<b>\$50,001 - \$60,000</b>	<b>2.2%</b>	<b>2.8%</b>	<b>3.9%</b>	<b>4.4%</b>
<b>\$60,001 - \$70,000</b>	<b>2.5%</b>	<b>3.0%</b>	<b>4.4%</b>	<b>5.0%</b>
<b>\$70,001 - \$80,000</b>	<b>2.8%</b>	<b>3.3%</b>	<b>5.0%</b>	<b>5.5%</b>
<b>\$80,001 - \$90,000</b>	<b>3.0%</b>	<b>3.6%</b>	<b>5.5%</b>	<b>6.0%</b>
<b>\$90,001 - \$100,000</b>	<b>3.3%</b>	<b>3.9%</b>	<b>6.0%</b>	<b>6.6%</b>
<b>\$100,001 - \$125,000*</b>	<b>3.6%</b>	<b>4.4%</b>	<b>6.6%</b>	<b>7.2%</b>

PLEASE NOTE:

\*Employees with salaries above \$125,000 shall pay the same percentages as those listed for the \$100,001 to \$125,000 salary range, times their actual salary. For example, if your annual salary is \$130,000, and you elect family coverage, your employee contribution would be \$130,000 x 7.2%.

\*This is for the medical and prescription benefits only under the NJEHP option, and does not apply to any other benefits you may be enrolled in with the school district.

\*In no case shall an employee contribution exceed the maximum amount as calculated under Chapter 78.

\*The contributions will be ½ the above amounts for members selecting the Garden State Plan, which will be rolled out for an effective date of 7/1/2021.

\*Chapter 2 (1.5% of salary) is mandated minimum employee contribution (GSP)