NJ Educator's Health Plan (NJEHP)

BENEFITS-AT-A-GLANCE

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

NJ Educator's Health Plan (NJEHP)

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.

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

PLEASE NOTE:

*Employees with salaries above $125,000, shall pay at the $125,000 rate.

*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)