

# SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

## COMPARISON OF PLANS

| ACTIVE EMPLOYEES         | Direct 10                               | Direct 15                               | NJEHP                                       |
|--------------------------|---|---|---|
| Employee Premium Sharing | Chapter 78 or locally negotiated amount | Chapter 78 or locally negotiated amount | Percent of salary (see chart on other side) |

| NETWORK: National network – NOT limited to NJ doctors and facilities |               |                               |               |
|--|---------------|-------------------------------|---------------|
| Deductible (Single/Family)   | None          | None                          | None          |
| In-Network Coinsurance   | 10%           | 10%                           | 10%           |
| Primary Care Physician Copayment                                     | \$10          | \$15                          | \$10          |
| Specialist Copayment   | \$10          | \$15                          | \$15          |
| Emergency Room Copayment   | \$25          | \$50                          | \$125         |
| Total In-Network Coinsurance and Copayment Maximum (Single/Family)   | \$400/\$1,000 | \$6,520/\$13,040 <sup>1</sup> | \$500/\$1,000 |

|   |                                 |                                 |                               |
|---|---------------------------------|---------------------------------|-------------------------------|
| Deductible (Single/Family)                                  | \$100/\$250                     | \$100/\$250                     | \$350/\$700                   |
| Out-of-Network Coinsurance                                  | 20%                             | 30%                             | 30%                           |
| Total Out-of-Network, Out-of-Pocket Maximum (Single/Family) | \$2,000/\$5,000                 | \$2,000/\$5,000                 | \$2,000/\$5,000               |
| Maximum Provider Reimbursement (Reasonable and Customary)   | 90% of Fair Health <sup>2</sup> | 90% of Fair Health <sup>2</sup> | 200% of Medicare <sup>2</sup> |

|  |      |      |   |
|--|------|------|---|
| Retail – Generic                       | \$3  | \$3  | \$5                                     |
| Retail – Brand w/ No Generic Available | \$10 | \$10 | \$10                                    |
| Retail – Brand w/ Generic Available    | \$10 | \$10 | Member pays the difference <sup>3</sup> |
| Mail – Generic                         | \$5  | \$5  | \$10                                    |
| Mail – Brand w/ No Generic Available   | \$15 | \$15 | \$20                                    |
| Mail – Brand w/ Generic Equivalent     | \$15 | \$15 | Member pays the difference <sup>3</sup> |

<sup>1</sup> Coinsurance is capped at \$400/\$1,000 (Single/Family)

<sup>2</sup> In many instances, 200% of Medicare produces lower payment to providers than 90% of Fair Health. This can result in a larger balance billing liability for the patient when utilizing out-of-network services. When a provider bills more than the maximum reimbursement, the member is responsible for 100% of the difference between the billed amount and the maximum reimbursement. Chiropractic, acupuncture, and physical therapy have a different fee schedule that will apply equally to all plans. Chiropractic: \$35/visit or 75% of the in-network cost per visit, whichever is less. Acupuncture \$60/visit or 75% of the in-network cost per visit, whichever is less. Physical therapy: in-network cost per visit. Currently \$52.

<sup>3</sup> The prescription drug plan will be OptumRx Premium Formulary, which directs prescriptions to more cost-effective, clinically equivalent medications. For brand-name drugs with generic equivalents available, the plan will pay the cost of the generic equivalent. Members who choose to fill the prescription with the brand-name drug will be responsible for the difference in the cost of the prescription. A medical appeal process is available.