

# NJ Educator's Health Plan (NJEHP)

## BENEFITS-AT-A-GLANCE

IN-NETWORK BENEFITS	COVERAGE
<b>Member Coinsurance</b>	10%, applies only to Emergency Medical Transportation care and durable medical equipment but capped at \$800 single / \$2,000 family
<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.