

NJ Educators Health Program (NJEHP) Simplified Medical/Prescription Plan Benefits Overview

	NJ Educators Health Plan	
	In-Network	Out-of-Network
Referral Required	No	
Individual Deductible	None	\$350
Family Deductible	None	\$700
Coinsurance	10% (Select Services)	30%
PCP Office Copay	\$10	30% after deductible
Specialist Office Copay	\$15	30% after deductible
Inpatient Hospital	100%	30% after deductible
Emergency Room Copay	\$125	
Maximum Out of Pocket	\$500	\$2,000
Coinsurance Max Family	\$1,000	\$5,000
Retail Pharmacy Copay		
Retail Generic Copay*	\$5	
Retail Brand w/ No Generic Available*	\$10	
Retail Brand w/ Generic Available *	Member Pays the Difference	
Mail Order Pharmacy Copay		
Mail Order Generic Copay*	\$10	
Mail Order Brand w/ No Generic Available *	\$20	
Mail Order Brand w/ Generic Available*	Member Pays the Difference	

***What you need to know about the prescription coverage:**

* **Mandatory Generic:** You pay the cost difference between the generic and brand name plus the brand copay when a generic is available

* **Step Therapy** is included. This can require a trial of a lower-cost prescription drug before the approval of the higher-cost prescription, where clinically appropriate. New NJEHP enrollees will be required to repeat step therapy even if completed previously.

* There is a formulary on this plan. Please review the NJEHP Prescription Formulary attached to this bulletin to check if your medications, both generic and brand name, are covered.