

Piscataway Township BOE

Open Enrollment

Brown & Brown Insurance
May 16, 2022 – June 16, 2022



Employee Benefits Consulting & Brokerage | Labor Relations & Human Resources Support
Client Services & Claims Adjudication | Compliance & Regulatory Guidance | Enrollment & Decision Support Technology

Discussion Items

- **Brown & Brown Insurance**
- **Open Enrollment**
- **NJPL 2020 Chapter 44**
- **New Jersey Educators Health Plan (NJEHP)**
- **Garden State Health Plan (GSHP)**
- **“Side-by-Side” Plan Menu Comparison**
- **What Happens Next?**
- **Additional Resources**

Brown & Brown Insurance

Who Are We?

We are group insurance brokers, advisors, and consultants. We specialize in New Jersey public employers. We put our clients first...always.

What Do We Do?

We design, market, and manage employee benefit plans using “best practices” and a culture of ethics consistent with our values.



What Are Our Credentials?

- Representing **320** NJ school districts (**52%** of the marketplace)
- Relationships with over **30** insurance carriers, TPAs, and PBMs
- Teams chaired by industry leaders with avg. of **25+** years experience
- Subsidiary of Brown & Brown, Inc. (NYSE: BRO)
- **10,000** employees and **290** offices worldwide



Open Enrollment

- At Open Enrollment You Can:
 - Enroll or remove a dependent
 - Enroll yourself and any eligible dependents if currently waiving
 - Waive coverage
 - If waiving, you must complete a waiver form. You may re-enroll within 30 days as the result of a qualified “life event” or at Open Enrollment for any reason for a July 1st effective date
 - Enroll your child who is under 31 but over 26 if they qualify under Chapter 375 (special forms required)
 - Change to a less expensive medical plan to INCREASE YOUR NET PAY pursuant to relevant policy or collective negotiations agreement.
- If any changes are being made, enrollment forms must be completed and returned to the Human Resources by June 16th, 2022 by 4PM
- Any changes made will be effective **July 1, 2022**

NJPL 2020 Chapter 44

- **New hires as of 7/1/20 or later must be enrolled in NJEHP 1/1/21 through 12/31/27 (7 years)**
- **As of 7/1/22, a second offering is available to employees hired on or after 7/1/20: Garden State Health Plan**
- **Pre-Medicare retirees, current and future, will be enrolled in NJEHP starting 1/1/21**
- **Employees in NJEHP will realize automatic salary-based contributions roughly half the dollar contribution value of Chapter 78 Phase 4. And GSHP salary contribution percentages will be half of those for NJEHP**
- **Requires employee contribution in NJEHP be no greater than Chapter 78**
- **Nothing about the law changes how districts administer health plan waivers**

NJ EDUCATORS HEALTH PLAN

		NJEHP
IN-NETWORK	NETWORK: National network - NOT limited to NJ doctors and facilities	
	Deductible (Single/Family)	None
	In-Network Coinsurance	10%
	Primary Care Physician Copayment	\$10
	Specialist Copayment	\$15
	Emergency Room Copayment	\$125
	Total In-Network Coinsurance and Copayment Out-of-Pocket Maximum (Single/Family)	\$500/\$1,000
	Inpatient Hospitalization	No charge
OUT-OF-NETWORK	Deductible (Single/Family)	\$350/\$700
	Out-of-Network Coinsurance	30%
	Total Out-of-Network, Out-of-Pocket Maximum (Single/Family)	\$2,000/\$5,000
	Inpatient Hospitalization	No charge
	Maximum Provider Reimbursement (Reasonable and Customary)	200% of Medicare*
PRESCRIPTION DRUG	Retail – Generic	\$5
	Retail – Brand w/ No Generic Available	\$10
	Retail – Brand w/ Generic Available	Member pays the difference**
	Mail – Generic	\$10
	Mail – Brand w/ No Generic Available	\$20
	Mail – Brand w/ Generic Equivalent	Member pays the difference**

* 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.

** 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.

CONTRIBUTION SCHEDULE¹

BASE SALARY OR PENSION² AMOUNT

LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/child(ren)</u>	<u>Two Adults</u>	<u>Family</u>
Up to - \$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	3.6%	4.4%	6.6%	7.2%

¹ This contribution cannot exceed the previous Ch. 78 contribution. In every case, the lower contribution applies.

² Only applicable to retirees required to contribute under Ch. 78. Retirees currently receiving or eligible to receive premium-free health benefits will continue to do so.

³ For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.



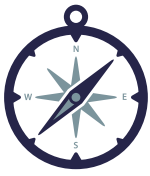
NJDPB
Pensions & Benefits

GARDEN STATE HEALTH PLAN

School Employees' Health Benefits Program (SEHBP)

Member Contribution Rates

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$10,000	1.50%	\$150	1.50%	\$150	1.65%	\$165	1.50%	\$150
\$11,000	1.50%	\$165	1.50%	\$165	1.65%	\$182	1.50%	\$165
\$12,000	1.50%	\$180	1.50%	\$180	1.65%	\$198	1.50%	\$180
\$13,000	1.50%	\$195	1.50%	\$195	1.65%	\$215	1.50%	\$195
\$14,000	1.50%	\$210	1.50%	\$210	1.65%	\$231	1.50%	\$210
\$15,000	1.50%	\$225	1.50%	\$225	1.65%	\$248	1.50%	\$225
\$16,000	1.50%	\$240	1.50%	\$240	1.65%	\$264	1.50%	\$240
\$17,000	1.50%	\$255	1.50%	\$255	1.65%	\$281	1.50%	\$255
\$18,000	1.50%	\$270	1.50%	\$270	1.65%	\$297	1.50%	\$270
\$19,000	1.50%	\$285	1.50%	\$285	1.65%	\$314	1.50%	\$285
\$20,000	1.50%	\$300	1.50%	\$300	1.65%	\$330	1.50%	\$300
\$21,000	1.50%	\$315	1.50%	\$315	1.65%	\$347	1.50%	\$315
\$22,000	1.50%	\$330	1.50%	\$330	1.65%	\$363	1.50%	\$330
\$23,000	1.50%	\$345	1.50%	\$345	1.65%	\$380	1.50%	\$345
\$24,000	1.50%	\$360	1.50%	\$360	1.65%	\$396	1.50%	\$360
\$25,000	1.50%	\$375	1.50%	\$375	1.65%	\$413	1.50%	\$375
\$26,000	1.50%	\$390	1.50%	\$390	1.65%	\$429	1.50%	\$390
\$27,000	1.50%	\$405	1.50%	\$405	1.65%	\$446	1.50%	\$405
\$28,000	1.50%	\$420	1.50%	\$420	1.65%	\$462	1.50%	\$420
\$29,000	1.50%	\$435	1.50%	\$435	1.65%	\$479	1.50%	\$435
\$30,000	1.50%	\$450	1.50%	\$450	1.65%	\$495	1.50%	\$450
\$31,000	1.50%	\$465	1.50%	\$465	1.65%	\$512	1.50%	\$465
\$32,000	1.50%	\$480	1.50%	\$480	1.65%	\$528	1.50%	\$480
\$33,000	1.50%	\$495	1.50%	\$495	1.65%	\$545	1.50%	\$495
\$34,000	1.50%	\$510	1.50%	\$510	1.65%	\$561	1.50%	\$510
\$35,000	1.50%	\$525	1.50%	\$525	1.65%	\$578	1.50%	\$525
\$36,000	1.50%	\$540	1.50%	\$540	1.65%	\$594	1.50%	\$540
\$37,000	1.50%	\$555	1.50%	\$555	1.65%	\$611	1.50%	\$555
\$38,000	1.50%	\$570	1.50%	\$570	1.65%	\$627	1.50%	\$570
\$39,000	1.50%	\$585	1.50%	\$585	1.65%	\$644	1.50%	\$585
\$40,001	1.50%	\$600	1.65%	\$600	1.95%	\$660	1.50%	\$600
\$41,000	1.50%	\$615	1.65%	\$615	1.95%	\$677	1.50%	\$615
\$42,000	1.50%	\$630	1.65%	\$630	1.95%	\$693	1.50%	\$630
\$43,000	1.50%	\$645	1.65%	\$645	1.95%	\$710	1.50%	\$645
\$44,000	1.50%	\$660	1.65%	\$660	1.95%	\$726	1.50%	\$660
\$45,000	1.50%	\$675	1.65%	\$675	1.95%	\$743	1.50%	\$675
\$46,000	1.50%	\$690	1.65%	\$690	1.95%	\$759	1.50%	\$690
\$47,000	1.50%	\$705	1.65%	\$705	1.95%	\$776	1.50%	\$705
\$48,000	1.50%	\$720	1.65%	\$720	1.95%	\$792	1.50%	\$720
\$49,000	1.50%	\$735	1.65%	\$735	1.95%	\$809	1.50%	\$735
\$50,000	1.50%	\$750	1.65%	\$750	1.95%	\$825	1.50%	\$750
\$50,001	1.50%	\$750	1.95%	\$750	2.20%	\$825	1.50%	\$750
\$51,000	1.50%	\$765	1.95%	\$765	2.20%	\$842	1.50%	\$765
\$52,000	1.50%	\$780	1.95%	\$780	2.20%	\$858	1.50%	\$780
\$53,000	1.50%	\$795	1.95%	\$795	2.20%	\$875	1.50%	\$795



NJDPB
Pensions & Benefits

GARDEN STATE HEALTH PLAN

School Employees' Health Benefits Program (SEHBP)

Member Contribution Rates

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$54,000	1.50%	\$810	1.95%	\$1,053	2.20%	\$1,188	1.50%	\$810
\$55,000	1.50%	\$825	1.95%	\$1,073	2.20%	\$1,210	1.50%	\$825
\$56,000	1.50%	\$840	1.95%	\$1,092	2.20%	\$1,232	1.50%	\$840
\$57,000	1.50%	\$855	1.95%	\$1,112	2.20%	\$1,254	1.50%	\$855
\$58,000	1.50%	\$870	1.95%	\$1,131	2.20%	\$1,276	1.50%	\$870
\$59,000	1.50%	\$885	1.95%	\$1,151	2.20%	\$1,298	1.50%	\$885
\$60,000	1.50%	\$900	1.95%	\$1,170	2.20%	\$1,320	1.50%	\$900
\$60,001	1.50%	\$900	2.20%	\$1,320	2.50%	\$1,500	1.50%	\$900
\$61,000	1.50%	\$915	2.20%	\$1,342	2.50%	\$1,525	1.50%	\$915
\$62,000	1.50%	\$930	2.20%	\$1,364	2.50%	\$1,550	1.50%	\$930
\$63,000	1.50%	\$945	2.20%	\$1,386	2.50%	\$1,575	1.50%	\$945
\$64,000	1.50%	\$960	2.20%	\$1,408	2.50%	\$1,600	1.50%	\$960
\$65,000	1.50%	\$975	2.20%	\$1,430	2.50%	\$1,625	1.50%	\$975
\$66,000	1.50%	\$990	2.20%	\$1,452	2.50%	\$1,650	1.50%	\$990
\$67,000	1.50%	\$1,005	2.20%	\$1,474	2.50%	\$1,675	1.50%	\$1,005
\$68,000	1.50%	\$1,020	2.20%	\$1,496	2.50%	\$1,700	1.50%	\$1,020
\$69,000	1.50%	\$1,035	2.20%	\$1,518	2.50%	\$1,725	1.50%	\$1,035
\$70,000	1.50%	\$1,050	2.20%	\$1,540	2.50%	\$1,750	1.50%	\$1,050
\$70,001	1.50%	\$1,050	2.50%	\$1,750	2.75%	\$1,925	1.65%	\$1,155
\$71,000	1.50%	\$1,065	2.50%	\$1,775	2.75%	\$1,953	1.65%	\$1,172
\$72,000	1.50%	\$1,080	2.50%	\$1,800	2.75%	\$1,980	1.65%	\$1,188
\$73,000	1.50%	\$1,095	2.50%	\$1,825	2.75%	\$2,008	1.65%	\$1,205
\$74,000	1.50%	\$1,110	2.50%	\$1,850	2.75%	\$2,035	1.65%	\$1,221
\$75,000	1.50%	\$1,125	2.50%	\$1,875	2.75%	\$2,063	1.65%	\$1,238
\$76,000	1.50%	\$1,140	2.50%	\$1,900	2.75%	\$2,090	1.65%	\$1,254
\$77,000	1.50%	\$1,155	2.50%	\$1,925	2.75%	\$2,118	1.65%	\$1,271
\$78,000	1.50%	\$1,170	2.50%	\$1,950	2.75%	\$2,145	1.65%	\$1,287
\$79,000	1.50%	\$1,185	2.50%	\$1,975	2.75%	\$2,173	1.65%	\$1,304
\$80,000	1.50%	\$1,200	2.50%	\$2,000	2.75%	\$2,200	1.65%	\$1,320
\$80,001	1.50%	\$1,200	2.75%	\$2,200	3.00%	\$2,400	1.80%	\$1,440
\$81,000	1.50%	\$1,215	2.75%	\$2,228	3.00%	\$2,430	1.80%	\$1,458
\$82,000	1.50%	\$1,230	2.75%	\$2,255	3.00%	\$2,460	1.80%	\$1,476
\$83,000	1.50%	\$1,245	2.75%	\$2,283	3.00%	\$2,490	1.80%	\$1,494
\$84,000	1.50%	\$1,260	2.75%	\$2,310	3.00%	\$2,520	1.80%	\$1,512
\$85,000	1.50%	\$1,275	2.75%	\$2,338	3.00%	\$2,550	1.80%	\$1,530
\$86,000	1.50%	\$1,290	2.75%	\$2,365	3.00%	\$2,580	1.80%	\$1,548
\$87,000	1.50%	\$1,305	2.75%	\$2,393	3.00%	\$2,610	1.80%	\$1,566
\$88,000	1.50%	\$1,320	2.75%	\$2,420	3.00%	\$2,640	1.80%	\$1,584
\$89,000	1.50%	\$1,335	2.75%	\$2,448	3.00%	\$2,670	1.80%	\$1,602
\$90,000	1.50%	\$1,485	2.75%	\$2,475	3.00%	\$2,700	1.80%	\$1,620
\$90,001	1.50%	\$1,485	3.00%	\$2,700	3.30%	\$2,970	1.95%	\$1,755
\$91,000	1.50%	\$1,502	3.00%	\$2,730	3.30%	\$3,003	1.95%	\$1,775
\$92,000	1.50%	\$1,518	3.00%	\$2,760	3.30%	\$3,036	1.95%	\$1,794
\$93,000	1.50%	\$1,535	3.00%	\$2,790	3.30%	\$3,069	1.95%	\$1,814
\$94,000	1.50%	\$1,551	3.00%	\$2,820	3.30%	\$3,102	1.95%	\$1,833



NJDPB
Pensions & Benefits

GARDEN STATE HEALTH PLAN

School Employees' Health Benefits Program (SEHBP)

Member Contribution Rates

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$95,000	1.65%	\$1,568	3.00%	\$2,850	3.30%	\$3,135	1.95%	\$1,853
\$96,000	1.65%	\$1,584	3.00%	\$2,880	3.30%	\$3,168	1.95%	\$1,872
\$97,000	1.65%	\$1,601	3.00%	\$2,910	3.30%	\$3,201	1.95%	\$1,892
\$98,000	1.65%	\$1,617	3.00%	\$2,940	3.30%	\$3,234	1.95%	\$1,911
\$99,000	1.65%	\$1,634	3.00%	\$2,970	3.30%	\$3,267	1.95%	\$1,931
\$100,000	1.80%	\$1,800	3.00%	\$3,000	3.30%	\$3,300	1.95%	\$1,950
\$100,001	1.80%	\$1,800	3.30%	\$3,300	3.30%	\$3,300	2.20%	\$2,200
\$101,000	1.80%	\$1,818	3.30%	\$3,333	3.60%	\$3,636	2.20%	\$2,222
\$102,000	1.80%	\$1,836	3.30%	\$3,366	3.60%	\$3,672	2.20%	\$2,244
\$103,000	1.80%	\$1,854	3.30%	\$3,399	3.60%	\$3,708	2.20%	\$2,266
\$104,000	1.80%	\$1,872	3.30%	\$3,432	3.60%	\$3,744	2.20%	\$2,288
\$105,000	1.80%	\$1,890	3.30%	\$3,465	3.60%	\$3,780	2.20%	\$2,310
\$106,000	1.80%	\$1,908	3.30%	\$3,498	3.60%	\$3,816	2.20%	\$2,332
\$107,000	1.80%	\$1,926	3.30%	\$3,531	3.60%	\$3,852	2.20%	\$2,354
\$108,000	1.80%	\$1,944	3.30%	\$3,564	3.60%	\$3,888	2.20%	\$2,376
\$109,000	1.80%	\$1,962	3.30%	\$3,597	3.60%	\$3,924	2.20%	\$2,398
\$110,000	1.80%	\$1,980	3.30%	\$3,630	3.60%	\$3,960	2.20%	\$2,420
\$111,000	1.80%	\$1,998	3.30%	\$3,663	3.60%	\$3,996	2.20%	\$2,442
\$112,000	1.80%	\$2,016	3.30%	\$3,696	3.60%	\$4,032	2.20%	\$2,464
\$113,000	1.80%	\$2,034	3.30%	\$3,729	3.60%	\$4,068	2.20%	\$2,486
\$114,000	1.80%	\$2,052	3.30%	\$3,762	3.60%	\$4,104	2.20%	\$2,508
\$115,000	1.80%	\$2,070	3.30%	\$3,795	3.60%	\$4,140	2.20%	\$2,530
\$116,000	1.80%	\$2,088	3.30%	\$3,828	3.60%	\$4,176	2.20%	\$2,552
\$117,000	1.80%	\$2,106	3.30%	\$3,861	3.60%	\$4,212	2.20%	\$2,574
\$118,000	1.80%	\$2,124	3.30%	\$3,894	3.60%	\$4,248	2.20%	\$2,596
\$119,000	1.80%	\$2,142	3.30%	\$3,927	3.60%	\$4,284	2.20%	\$2,618
\$120,000	1.80%	\$2,160	3.30%	\$3,960	3.60%	\$4,320	2.20%	\$2,640
\$121,000	1.80%	\$2,178	3.30%	\$3,993	3.60%	\$4,356	2.20%	\$2,662
\$122,000	1.80%	\$2,196	3.30%	\$4,026	3.60%	\$4,392	2.20%	\$2,684
\$123,000	1.80%	\$2,214	3.30%	\$4,059	3.60%	\$4,428	2.20%	\$2,706
\$124,000	1.80%	\$2,232	3.30%	\$4,092	3.60%	\$4,464	2.20%	\$2,728
\$125,000	1.80%	\$2,250	3.30%	\$4,125	3.60%	\$4,500	2.20%	\$2,750
More than \$125,000		\$2,250		\$4,125		\$4,500		\$2,750

Piscataway Township Board of Education

Medical Plan Comparison

July 1, 2022 - June 30, 2023

*****COMPARISON IS FOR ILLUSTRATIVE PURPOSE ONLY. PLEASE SEE FOOTNOTES BELOW*****

Monthly Rates: 7/1/22 - 6/30/23	Educators Health Plan (EHP)**		Garden State Health Plan (GSHP)**	
Monthly PREMIUM: Plan rates DO NOT include separate ESI Prescription Drug plan rates				
Single	\$	952.12	\$	904.51
Parent/Child(ren)	\$	1,542.44	\$	1,465.32
2 Adult	\$	2,085.15	\$	1,980.89
Family	\$	2,618.34	\$	2,487.42
	In-Network	Non-Network	In-Network	Non-Network
Network	Aetna Choice POS II (Open Access)		Inside NJ - Aetna Choice POS II (NJ ONLY) Outside NJ (NONE)	
Annual Deductible				
Individual	\$0	\$350	\$0	\$350
Family	\$0	\$700	\$0	\$700
Coinsurance	90% ⁶	70% of R&C ²	90% ⁶	70% of R&C ²
Annual Out of Pocket Maximum (Includes Deductible)				
Individual	\$500	\$2,000	\$500	\$2,000
Family	\$1,000	\$5,000	\$1,000	\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Inpatient Services (room and board; physician visits)	100%	70% after deductible	100%	70% after deductible
Emergency Room	100% after \$125 copay waived if admitted	100% after \$125 copay waived if admitted	100% after \$125 copay waived if admitted	100% after \$125 copay waived if admitted
Ambulance	90%	90%	90%	90%
Radiation/Chemotherapy Outpatient	100%	70% after deductible	100%	70% after deductible
X-Ray and Lab Tests	100%	70% after deductible	100%	70% after deductible
Home Health Care	100%	70% after deductible	100%	70% after deductible
	90 visits per calendar year		90 visits per calendar year	
Skilled Nursing Facility	100%	70% after deductible	100%	70% after deductible
	120 days per calendar year		120 days per calendar year	
Hospice	100%	70% after deductible	100%	70% after deductible
	Unlimited		Unlimited	
Surgery/Anesthesia	100%	70% after deductible	100%	70% after deductible
Physician Office Visits	\$10 Copay (PCP) \$15 Copay (Specialist)	70% after deductible	\$10 Copay (PCP) \$15 Copay (Specialist)	70% after deductible
Annual Physical Exams	100%	70% (No deductible)	100%	70% (No deductible)
Annual Well Child Care	100%	70% (No deductible)	100%	70% (No deductible)
Immunizations (except if travel or job related)	100%	70% (No deductible)	100%	70% (No deductible)
Annual OB-Gyn Exam	100%	70% (No deductible)	100%	70% (No deductible)
Annual Mammogram (baseline and women over age 40)	100%	70% (No deductible)	100%	70% (No deductible)
Annual Prostate screening (men over 50)	100%	70% (No deductible)	100%	70% (No deductible)

Piscataway Township Board of Education

Medical Plan Comparison

July 1, 2022 - June 30, 2023

	Educators Health Plan (EHP)**		Garden State Health Plan (GSHP)**	
	In-Network	Non-Network	In-Network	Non-Network
Maternity (including pre-natal)	\$15 copay for 1st prenatal visit, then 100%	70% after deductible	\$15 copay for 1st prenatal visit, then 100%	70% after deductible
	Includes coverage for child dependents		Includes coverage for child dependents	
Infertility services	\$15 copay	70% after deductible	\$15 copay	70% after deductible
	Subject to limitations set by NJ Mandates		Subject to limitations set by NJ Mandates	
Allergy Testing and Treatment	\$15 copay	70% after deductible	\$15 copay	70% after deductible
Acupuncture	\$15 copay	70% after deductible, limited to \$60/visit	\$15 copay	70% after deductible, limited to \$60/visit
Nutritional Counseling	\$15 copay	70% after deductible	\$15 copay	70% after deductible
	3 visits per calendar year		3 visits per calendar year	
Chiropractic Care	\$15 copay	70% after deductible, limited to \$35/visit	\$15 copay	70% after deductible, limited to \$35/visit
	30 visits per calendar year		30 visits per calendar year	
Short Term Therapies (Physical, Cognitive, Occupational, Respiratory, Speech)	\$15 copay	70% after deductible, limited to \$52/visit	\$15 copay	70% after deductible, limited to \$52/visit
	Unlimited		Unlimited	
Other Therapies (Chelation, dialysis, Infusion)	100%	70% after deductible	100%	70% after deductible
	Unlimited		Unlimited	
Private Duty Nursing	90%	70% after deductible	90%	70% after deductible
	30 visits per calendar year		30 visits per calendar year	
Wigs (if needed due to specific diagnosis like Chemo)	100% to \$1500 maximum		100% to \$1500 maximum	
Hearing Aids	100%	70% after deductible	100%	70% after deductible
	\$5,000 per hearing aid per 24 month, no age restriction		\$5,000 per hearing aid per 24 month, no age restriction	
Durable Medical Equipment/Medical Supplies	100%	70% after deductible	100%	70% after deductible
Prosthetics and Orthotics	100%	70% after deductible	100%	70% after deductible
Inpatient Mental Illness/Substance Abuse/Alcohol Treatment ⁴	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness
Outpatient Mental Illness/Substance Abuse/Alcohol Treatment ⁴	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness
Routine Vision Exam	\$15 copay	Not Covered	\$15 copay	Not Covered
Vision Hardware	Not Covered		Not Covered	
Prescription Drug Benefit	Covered under separate RX carrier with separate premium rates Must take the EHP Rx with the EHP Medical		Covered under separate RX carrier with separate premium rates Must take the GSHP Rx with the GSHP Medical	
Child Dependent Termination age	Children covered to End of month they turn age 26		Children covered to End of month they turn age 26	
PRE-ADMISSION REVIEW	No preadmission review		No preadmission review	

Comparison is for illustrative purposes only. Written plan documents will supersede any errors on this illustration.

****EHP & GSHP plans subject to change based on Ch. 44 legislation and future guidance issued by controlling legal authority.**

- Under the POS Plan, in order for services to be considered in-network, you must be seen by your Primary Care Physician, or have services referred by your Primary Care Physician.
- Out-of-network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit and the provider's actual charge, which is the amount paid by the carrier, and the provider's actual charges. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the carrier's R&C, not the provider's actual charge.
- In-network out-of-pocket expenses apply to out-of-network out of pocket expenses.
- Mental health conditions and Alcohol/Substance Abuse treatment are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit
- If you have a family contract, the entire \$5,000 family deductible must be satisfied before any payment is made under this plan, except for routine physicals.
- On select services.

Piscataway Township Board of Education
Medical Plan Comparison
July 1, 2022 - June 30, 2023

	Traditional (Preferred PPO)	Open Access (PPO)		Educators Health Plan (EHP)**		Garden State Health Plan (GSHP)**		POS #1		POS #2		High Deductible Plan	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network ¹	Non-Network	In-Network ¹	Non-Network	In-Network	Non-Network
Maternity (including pre-natal)	100%	\$10 copay for 1st prenatal visit, then 100%	80% after deductible	\$15 copay for 1st prenatal visit, then 100%	70% after deductible	\$15 copay for 1st prenatal visit, then 100%	70% after deductible	\$5 copay for 1st prenatal visit, then 100%	70% after deductible	\$15 copay for 1st prenatal visit, then 100%	70% after deductible	Deductible then 100%	70% after deductible
	Includes coverage for child dependents	Includes coverage for child dependents		Includes coverage for child dependents		Includes coverage for child dependents		Includes coverage for child dependents		Includes coverage for child dependents		Does NOT include dependent child pregnancies	
Infertility services	80% after deductible	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible	\$5 copay	70% after deductible	\$15 PCP/\$30 Specialist copay	70% after deductible	Deductible then 100%	70% after deductible
	Subject to limitations set by NJ Mandates	Subject to limitations set by NJ Mandates		Subject to limitations set by NJ Mandates		Subject to limitations set by NJ Mandates		Subject to limitations set by NJ Mandates		Subject to limitations set by NJ Mandates		Subject to limitations set by NJ Mandates	
Allergy Testing and Treatment	80% after deductible	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible	\$5 copay	70% after deductible	\$15 PCP/\$30 Specialist copay	70% after deductible	Deductible then 100%	70% after deductible
Acupuncture	80% after deductible	\$10 copay	80% after deductible	\$15 copay	70% after deductible, limited to \$60/visit	\$15 copay	70% after deductible, limited to \$60/visit	\$5 copay	70% after deductible	\$30 Specialist copay	70% after deductible	Deductible then 100%	70% after deductible
Nutritional Counseling	80% after deductible	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible	\$5 copay	70% after deductible	\$30 Specialist copay	70% after deductible	Deductible then 100%	70% after deductible
	Unlimited	3 visits per calendar year		3 visits per calendar year		3 visits per calendar year		3 visits per calendar year		3 visits per calendar year		3 visits per calendar year	
Chiropractic Care	80% after deductible	\$10 copay	80% after deductible	\$15 copay	70% after deductible, limited to \$35/visit	\$15 copay	70% after deductible, limited to \$35/visit	\$5 copay	70% after deductible	\$30 Specialist copay	70% after deductible	Deductible then 100%	70% after deductible
	Unlimited	30 visits per calendar year		30 visits per calendar year		30 visits per calendar year		Unlimited. No referrals.		30 visits per calendar year. No referrals.		Limited to 20 visits per calendar year	
Short Term Therapies (Physical, Cognitive, Occupational, Respiratory, Speech)	80% after deductible	\$10 copay	80% after deductible	\$15 copay	70% after deductible, limited to \$52/visit	\$15 copay	70% after deductible, limited to \$52/visit	\$5 copay	70% after deductible	\$30 Specialist copay	70% after deductible	Deductible then 100%	70% after deductible
	Unlimited	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		60 consecutive in-patient days per condition/calendar year; 90 outpatient visits per calendar year	
Other Therapies (Chelation, dialysis, Infusion)	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	Deductible then 100%	70% after deductible
	Unlimited	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Private Duty Nursing	80% after deductible	100%	80% after deductible	90%	70% after deductible	90%	70% after deductible	100%	70% after deductible	100%	70% after deductible	Deductible then 100%	70% after deductible
	30 visits per calendar year	30 visits per calendar year		30 visits per calendar year		30 visits per calendar year		Unlimited		Unlimited		Unlimited	
Wigs (if needed due to specific diagnosis like Chemo)	80% after deductible up to \$1500 maximum	100% to \$1500 maximum		100% to \$1500 maximum		100% to \$1500 maximum		100% to \$1500 maximum		100% to \$1500 maximum		Deductible then 100%	70% after deductible
												\$1500 maximum per benefit period	
Hearing Aids	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	Deductible then 100%	70% after deductible
	\$5,000 per hearing aid per 24 month, no age restriction	\$5,000 per hearing aid per 24 month, no age restriction		\$5,000 per hearing aid per 24 month, no age restriction		\$5,000 per hearing aid per 24 month, no age restriction		\$5,000 per hearing aid per 24 month, no age restriction		\$5,000 per hearing aid per 24 month, no age restriction		\$5,000 per hearing aid per 24 month, no age restriction	
Durable Medical Equipment/Medical Supplies	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	Deductible then 100%	70% after deductible
Prosthetics and Orthotics	80% after deductible	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	Deductible then 100%	70% after deductible
Inpatient Mental Illness/Substance Abuse/Alcohol Treatment ⁴													
Outpatient Mental Illness/Substance Abuse/Alcohol Treatment ⁴	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness
	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness	Covered as any other illness
Routine Vision Exam	Not covered	Covered under Vision Plan		\$15 copay	Not Covered	\$15 copay	Not Covered	Covered under Vision Plan		Covered under Vision Plan		Not covered	
Vision Hardware	Not covered	Covered under Vision Plan		Not Covered		Not Covered		Covered under Vision Plan		Covered under Vision Plan		Not covered	
Prescription Drug Benefit													
	Covered under separate RX carrier with separate premium rates	Covered under separate RX carrier with separate premium rates		Covered under separate RX carrier with separate premium rates Must take the EHP Rx with the EHP Medical		Covered under separate RX carrier with separate premium rates Must take the GSHP Rx with the GSHP Medical		Covered under separate RX carrier with separate premium rates		Covered under separate RX carrier with separate premium rates		Tier 1-\$10 copay; Tier 2-\$25 copay Tier 3-\$50 copay Mail Order - 2x retail Pharmacy claims are subject to the in-network deductible. After deductible satisfied, then applicable copay will apply.	Not covered at non-participating pharmacy
Child Dependent Termination age	Children covered to End of month they turn age 26	Children covered to End of month they turn age 26		Children covered to End of month they turn age 26		Children covered to End of month they turn age 26		Children covered to End of month they turn age 26		Children covered to End of month they turn age 26		Children covered to End of month they turn age 26	
PRE-ADMISSION REVIEW	No preadmission review	No preadmission review		No preadmission review		No preadmission review		Required for in and out of network hospitals.		Required for in and out of network hospitals.		Required on all surgeries/admissions/x-rays and extensive diagnostic tests	

Comparison is for illustrative purposes only. Written plan documents will supersede any errors on this illustration.

**EHP & GSHP plans subject to change based on Ch. 44 legislation and future guidance issued by controlling legal authority.

1 Under the POS Plan, in order for services to be considered in-network, you must be seen by your Primary Care Physician, or have services referred by your Primary Care Physician.

2 Out-of-Network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit and the provider's actual charge, which is the amount paid by the carrier, and the provider's actual charges. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the carrier's R&C, not the provider's actual charge. You are responsible for any charges in excess of R&C. R&C is 200% Medicare for EHP & GSHP plans, 140% Medicare for the HDHP and 90th percentile of FAIR Health for all other plans.

3 In-network out-of-pocket expenses apply to out-of-network out of pocket expenses.

4 Mental health conditions and Alcohol/Substance Abuse treatment are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

5 If you have a family contract, the entire \$5,000 family deductible must be satisfied before any payment is made under this plan, except for routine physicals.

6 On select services.

Piscataway Board of Education

Prescription Programs

Administered by Express Scripts

	HIRE DATE		PREMIUM SAVER	EHP/GSP Rx
	Pre 12/2008	Post 12/2008		
	1000ACT-PTEA 1000ACT-PPSA 1000ACT-Non-Unit	2000ACT-PTEA 2000ACT-PPSA 2000ACT-Non-Unit	3000ACT-PTEA 3000ACT-PPSA 3000ACT-Non-Unit	4000ACT-PTEA 4000ACT-PPSA 4000ACT-Non-Unit
Monthly Rates: 7/1/22-6/30/23				
Employee	\$220.18	\$165.55	\$120.85	\$198.17
Parent/Child(ren)	\$383.11	\$288.06	\$210.28	\$344.81
2 Adult	\$479.99	\$360.90	\$263.46	\$432.01
Family	\$587.87	\$442.02	\$322.68	\$529.11
Copay (Retail)				
Generic	\$ 10	\$ 10	\$ 20	\$ 5
Preferred Brand	\$ 15	\$ 25	\$ 50	\$ 10
Non-Preferred Brand	\$ 30	\$ 50	\$ 100	Cost Difference*
Copay (Mail Order)				
Generic	\$ 20	\$ 20	\$ 40	\$ 10
Preferred Brand	\$ 30	\$ 50	\$ 100	\$ 20
Non-Preferred Brand	\$ 60	\$ 100	\$ 200	Cost Difference*
Retail Dispensing Limits	90 days (1 retail copay per 30 day supply)	90 days (1 retail copay per 30 day supply)	90 days (1 retail copay per 30 day supply)	30 days (1 retail copay per 30 day supply)
Mail Order Dispensing Limit	90 days (1 mail order copay)	90 days (1 mail order copay)	90 days (1 mail order copay)	90 days (1 mail order copay)
ESI Programs	Targeted Compound Management			
	Safeguard Rx			
			Step Therapy Prior & Specialty Auth. Specialty Step Therapy Drug Quality Management Value Enhanced Network Exclusive Home Delivery	Step Therapy Prior & Specialty Auth. Closed Formulary Mandatory Generic Mandatory Mail Order for Specialty Medications

* When generic equivalent medication is available, the member is responsible for the brand copayment plus the cost difference between the generic and the brand medication.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Horizon Benefit Options Piscataway TWP BOE #86230

* Deductible applies

+ Annual Maximum applies

(DOP / HDC D with ortho)

		Dental Option Plan in-network	Dental Option Plan out of network	HDC Plan D
Annual Deductible		\$25 per person \$75 per family		NONE
Out-of-network		Yes		No
Annual Maximum		\$1,000		NONE
Ortho Life timeMaximum		\$750		\$1,000
COVERED SERVICES		OUT-OF-POCKET COSTS	OUT-OF-POCKET COSTS	OUT-OF-POCKET COSTS
Exams and Preventive Services+	Eligible exams Fluoride treatment (child) Sealant application Prophylaxis	0%	20%	0%
X-rays+	Panoramic Full-mouth X-rays	0%	20%	0%
Space Maintainers*+	Space Maintainers – fixed unilateral/bilateral	0%	20%	0%
Restorations and Repairs*+	Amalgam restorations Composite restorations (other than for molars)	20%	20%	0%
Endodontics*+	Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid	20%	20%	0%
	Root canal therapy molar Denture adjustments and repairs	20%	20%	0% \$26
Periodontics*+	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance	20%	20%	0%
	Osseous Surgery	20%	20%	\$200
Oral Surgery*+	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess	20%	20%	0%
	Surgical extractions - impacted	20%	20%	\$80-\$92
COVERED SERVICES		OUT-OF-POCKET COSTS	OUT-OF-POCKET COSTS	OUT-OF-POCKET COSTS
Major Restoration*+	Crowns	20%	20%	\$210
Dentures*+	Complete and partial dentures	20%	20%	\$250
Fixed Bridges*+	Retainers and pontics	20%	20%	\$210
Orthodontic Procedures* (per optional rider)	Children and [Adult Orthodontic Rider (coverage beyond child removal age)]	50% up to \$750	50%	50%, \$1,000

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.

Dental Vocabulary

Visits and Exams

Fluoride Treatment - a prescription strength fluoride product that helps strengthen the tooth surface and prevent cavities.

Sealant Application - a composite material used to seal the decay-prone pits, fissures and grooves of children's teeth to prevent tooth decay.

Space Maintainer - a dental appliance that fills the space of a lost tooth or teeth and prevents other teeth from moving into the space. Used especially in orthodontic and pediatric treatment.

Prophylaxis - the scaling and polishing procedure performed to remove calculus, plaque and stains from teeth.

Restorations and Repairs

Restoration - any material or device used to replace tooth structure lost because of decay or fracture.

Amalgam - an alloy used to restore teeth.

Composite Restoration - a tooth-colored material used to restore teeth.

Endodontics

Endodontics - the dental specialty that deals with injuries to or diseases of the pulp, or nerve, of the tooth.

Pulp Cap - procedure used by which pulp is covered with a dressing or cement.

Pulpotomy - to remove a portion of the tooth's pulp.

Root Canal Therapy - the process of treating disease or inflammation of the pulp or root canal. This involves removing the pulp and tooth's nerves and filling the canal(s) with an appropriate material for a permanent seal.

Anterior - refers to the teeth and tissues toward the front of the mouth.

Molar - the broad, multicusped back teeth used for grinding food.

Bicuspid - a two-cusped tooth found between the molar and the cuspid.

Periodontics

Periodontics - the dental specialty that deals with injuries or diseases of the gums and supporting tissues.

Scaling - a procedure used to remove plaque, calculus and stains from the teeth.

Root Planning - the process of scaling and planning root surfaces to remove all calculus, plaque and infected tissue.

Gingivectomy - the surgical removal of gingival (gum) tissue.

Osseous Surgery - surgery performed to correct damage to gingival (gum) tissue and supporting structures as a result of periodontal disease.

Oral Surgery

Surgical Extractions - extraction of an unerupted tooth by making a surgical incision.

Incision and Drainage of Abscess - making an incision so the trapped liquids in the infected tissue can escape.

Major Restoration

Crowns - the portion of the tooth that is covered by enamel. Also a dental restoration that covers the area of the tooth and restores it to its original shape.

Dentures

Complete Dentures - a dental prosthesis that replaces all the natural teeth of a single dental arch.

Partial Dentures - a dental prosthesis that replaces one or more, but less than all, of the natural teeth and associated structures in an arch.

Fixed Bridges

Retainers - the part of a fixed bridge that attaches a false tooth to a natural tooth or implant.

Pontics - an artificial tooth used in a fixed bridge to replace a missing tooth.

What Happens Next?

- If you are not making any changes, your medical, prescription and dental benefit choices will automatically roll over.
- If you are continuing to WAIVE, you must complete a new waiver form and return to Human Resources by June 16th with a copy front and back of your medical cards.
- If you are making changes, you need to complete an enrollment form and return to Human Resources by June 16th.
- If you are enrolling in GSHP, you need to complete an enrollment form and return to Human Resources by June 16th.

Additional Resources

- **Meritain:**
 - <https://www.meritain.com/resources-for-members-meritain-health-insurance/>
- [ESI Prescription](#)
- [Horizon Dental](#)
- **Your District's Business Office or Human Resources Office**
- **Brown & Brown Insurance**
 - Joe Auleta
 - Account Specialist
 - E: Joe.Auleta@bbrown.com

