



TFEA employees Benefit Guide

NJEHP—EFFECTIVE DATE JANUARY 2021 - JUNE 2021



2021-2021

The Township of Franklin Public Schools understands your benefits are an important part of your overall compensation. Health Care costs in our country continue to rise. More than ever, it is imperative that you utilize those health care dollars to the best of your ability.

This brochure is designed to give you an overview of the benefits offered by the Township of Franklin Public Schools so you can make an informed decision when it comes to providing coverage for you and your family.

If you have any questions regarding any of your benefits, please contact our broker:

Joel Sand,
Kistler Tiffany Benefits
(m) 609-220-5350
jsand@ktbenefits.com

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TFEA-Medical Plan Options

**Base Plan: AmeriHealth PPO \$25
Aetna Choice POS II \$25**

NJEHP: AmeriHealth & Aetna
(Best we could figure based on information provided)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Contribution Calculation	Salary Based % of	Cost of Plan (Ch. 78)	Salary Based % of	Salary (Ch. 44)
Calendar Year Deductible	Individual: \$0 Family: \$0	Individual: \$500 Family: \$1,000	Individual: \$0 Family: \$0	Individual: \$500 Family: \$1,000
Out-of-Pocket Maximum/Payment Limit	Individual: \$3,000 Family: \$6,000	Individual: \$3,000 Family: \$6,000	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance (Member Responsibility)	0%	20%	10%	30%
Physician Services Primary Care Office Visit Specialist Office Visit Adult & Child Preventive Care/Immunizations	\$25 copay per visit \$25 copay per visit No charge	20% after deductible 20% after deductible 20% after deductible	\$10 copay per visit \$15 copay per visit No charge	30% after deductible 30% after deductible 30% after deductible
Diagnostic/Imaging (Outpatient Facility) Laboratory Diagnostic X-ray Imaging (MRI/MRA, CT/CTA, PET Scan)	No charge No charge 0% after deductible	20% after deductible 20% after deductible 20% after deductible	? ? ?	30% after deductible 30% after deductible 30% after deductible
Outpatient Surgery Facility Fee (e.g. ambulatory surgical center) Physician/Surgeon Fees	0% after deductible 0% after deductible	20% after deductible 20% after deductible	? ?	30% after deductible 30% after deductible
Inpatient Hospitalization Facility Fee (e.g. hospital room) Physician/Surgeon Fees	0% after deductible 0% after deductible	20% after deductible 20% after deductible	0% after deductible 0% after deductible	30% after deductible 30% after deductible
Emergency Medical Attention Emergency Room (Waived if admitted) Emergency Ambulance Services Urgent Care	\$100 copay/visit, no deductible 0% after deductible \$25 copay/visit, no deductible	\$100 copay/visit, no ded 0% after deductible \$20 copay/visit, no ded	\$125 copay/visit 10% after deductible \$15 copay/visit	\$125 copay/visit ? ?
Mental Health/Behavioral/Substance Abuse Outpatient Inpatient	\$25 copay, no deductible 0% after deductible	20% after deductible 20% after deductible	? ?	30% after deductible 30% after deductible
Other Special Needs Home Health Care Rehabilitation Services Habilitation Services Skilled Nursing Care Durable Medical Equipment Hospice Services Inpatient	0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible Not covered 20% after deductible 20% after deductible 20% after deductible	? ? ? 10% 10% 10%	? ? ? 30% after deductible 30% after deductible 30% after deductible
Prescriptions Retail Pharmacy (30 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs Prescriptions - Mail Order (90 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs	\$10 copay \$20 copay \$20 copay \$10 copay \$20 copay \$20 copay	25%, no deductible 25%, no deductible 25%, no deductible N/A N/A N/A	New PBM closed formulary and Step-Therapy \$5 copay \$10 copay \$ Difference Between Generic and Brand \$10 copay \$20 copay \$ Difference Between Generic and Brand	? ? ? N/A N/A N/A

This Benefit Guide and all content contained are summarized for illustrative purposes only and is not intended as a guarantee of insurance for any specific benefit level. All Insurance warranties and eligibility are based on insurance carrier and employer policies and contracts. Kistler Tiffany Benefits is not a Fiduciary of the Plan. Benefit levels and insurance terms are subject to change and/or any correction. For specific benefits, Members must refer to the Insurance Carrier SBC and materials for all specific terms and details prior to obtaining services. The Company and Kistler Tiffany Benefits are not responsible for typographical errors or omissions.



**Buy-Up Plan: AmeriHealth PPO \$10
Aetna Choice POS II \$10**

**HSA Plan: AmeriHealth PPO HDHP
Aetna HNO HDHP**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Contribution Calculation	Salary Based % of	Cost of Plan (Ch. 78)	Salary Based % of	Cost of Plan (Ch. 78)
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$1,350 Family: \$2,700	N/A N/A
Out-of-Pocket Maximum/Payment Limit	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$2,500 Family: \$5,000	N/A N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	N/A
Coinsurance (Member Responsibility)	20%	20%	20%	N/A
Physician Services Primary Care Office Visit Specialist Office Visit Adult & Child Preventive Care/Immunizations	\$10 copay after deductible \$10 copay after deductible No charge	20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible No charge	N/A N/A N/A
Diagnostic/Imaging (Outpatient Facility) Laboratory Diagnostic X-ray Imaging (MRI/MRA, CT/CTA, PET Scan)	10% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible	N/A N/A N/A
Outpatient Surgery Facility Fee (e.g. ambulatory surgical center) Physician/Surgeon Fees	0% after deductible 20% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	N/A N/A
Inpatient Hospitalization Facility Fee (e.g. hospital room) Physician/Surgeon Fees	0% after deductible 20% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	N/A N/A
Emergency Medical Attention Emergency Room (Waived if admitted) Emergency Ambulance Services Urgent Care	100% after deductible 20% after deductible 10\$ no deductible	100% after deductible 20% after deductible 100% After deductible	20% after deductible 20% after deductible 20% after deductible	N/A N/A N/A
Mental Health/Behavioral/Substance Abuse Outpatient Inpatient	0% after deductible 0% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	N/A N/A
Other Special Needs Home Health Care Rehabilitation Services Habilitation Services Skilled Nursing Care Durable Medical Equipment Hospice Services Inpatient	20% after deductible 20% after deductible 20% after deductible 0% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	N/A N/A N/A N/A N/A N/A
Prescriptions Retail Pharmacy (30 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs Prescriptions - Mail Order (90 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs	\$10 copay \$20 copay \$20 copay \$10 copay \$20 copay \$20 copay	25%, no deductible 25%, no deductible 25%, no deductible N/A N/A N/A	\$10 copay after deductible \$40 copay after deductible \$60 copay after deductible \$30 copay after deductible \$120 copay after deductible \$180 copay after deductible	N/A N/A N/A N/A N/A N/A

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Dental Plan



Delta Dental Plan - SHIF

BENEFIT	DELTA DENTAL PREMIER
Calendar Year Deductible	Individual: \$25.00 Family: \$75.00
Calendar Year Maximum	\$1,000.00
Preventive & Diagnostic Services (No Deductible): Exams, Cleanings X-rays - Full mouth or panoramic X-rays - Bitewing X-rays - Single films Fluoride Treatment Space Maintainers Consultations	100%
Remaining Basic Services & Crowns (After deductible): Fillings - composite & amalgam Extractions, Oral Surgery Endodontics Periodontics Sealants Crowns and crown-related procedures Inlays	60%
Prosthodontics & Crowns (After deductible): Bridgework Full and partial dentures Repair of dentures	50%



Employee Dental Rate

DELTA DENTAL—SHIF	
Enrollment Tier	Premium
Employee Only	\$25.00
Employee & Child	\$75.00
Employee & Children	\$75.00
Employee & Spouse	\$75.00
Family	\$75.00



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Flexible Spending Account (FSA)



www.flexfacts.com

TFPS will continue to offer the Flexible Spending Accounts (FSAs) benefit. There are three types of Flexible Spending Accounts (FSAs) available and all accounts allow you to set aside money for eligible expenses on a pre-tax basis. Our FSA plans run on a calendar year basis and there is a separate open enrollment for these coverages. Please review their information on the TFPS employee website.

What is a Flexible Spending Account (FSA)?

Flexible Spending Accounts (FSA) allow you to pay for certain medical and/or dependent care expenses with pre-tax dollars. Pre-tax deductions are generally withheld before Federal, State, Local and FICA or Medicare taxes are assessed on this income. You can save about \$30.00 for every \$100.00 you elect to

MEDICAL FLEXIBLE SPENDING ACCOUNT

Helps you pay for health care expenses not covered or only partially covered by your health, dental or vision insurance. This account can be used to pay expenses for you or any of your qualified dependents. Funds in the account are available on the first day of the plan year or your effective date.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Helps you pay for certain dependent care expenses allowing you and your spouse (if applicable) to work. Childcare expenses are eligible for children through age 12. Disabled or elder daycare expenses are eligible, regardless of age.

COMMUTER FLEXIBLE SPENDING ACCOUNT

A commuter account allows you to set aside pre-tax dollars for mass transit and parking expenses associated with your daily commute to work.



	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS
Health Care FSA	<ul style="list-style-type: none"> • Medical Plan Deductibles/Coinsurance • Dr. Office Visit Copays • Medical Provider & Hospital Copays • Durable Medical Equipment • Insulin & Diabetic Supplies • Over the Counter Drugs WITH a Prescription • Dental Plan Deductibles/Coinsurance • Prescription Drugs • Eyeglasses, lenses, frames & Contact lenses • Denture adhesives • Ear supplies (e.g. ear plugs) • First aid supplies (e.g. band-aids) • Health monitors 	Maximum contribution is \$2,650 per year	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.
Dependent Care FSA	<ul style="list-style-type: none"> • Before-and after-school programs • Nursery school or pre-school tuition • Summer day camp • Care in a home by a licensed provider 	Maximum contribution is \$5,000 per year	Funds are only available once they are deducted from the employee's payroll and deposited into their account.
Commuter Account	<ul style="list-style-type: none"> • A commuter account allows you to set aside pre-tax dollars for mass transit and parking expenses associated with your daily commute to work. There are two types of commuter accounts: mass transit and parking. 	up to \$265 for mass transit expenses and \$265 for parking expenses	You have the option to enroll in one or both accounts. You choose a monthly election amount. The money is placed in your account via payroll deduction and then used to pay for eligible commuting expenses

FSA participants required to keep all receipts and itemized statements for all purchases even if the card transaction is substantiated at the point of sale. The flex company will notify you (the Participant) when documentation is required under IRS rules. If notified that documentation is required, please send the documentation directly to the flex company via first class mail or through a secure email messaging system. A failure to provide the documentation substantiating a claim will result in denial of the claim and deactivation of the debit card. A failure to comply with IRS substantiation requirements can result in the disqualification of the Plan which, in turn, can result in adverse tax consequences.

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Disclosures

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as “continuation coverage,” applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

INFORMATION NOTICE OF PRIVACY PRACTICES (HIPAA) In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your local Human Resources Department.

SPECIAL ENROLLMENT RIGHTS (HIPAA) If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

CREDITABLE COVERAGE You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

PRE-EXISTING CONDITION NOTIFICATION (HIPAA) A group health plan may not impose a pre-existing condition exclusion with respect to a participant or dependent before notifying the participant, in writing, of:

- The existence and terms of any preexisting condition exclusion under the plan;
- The rights of individuals to demonstrate creditable coverage (and any applicable waiting periods);
- The right of the individual to request a certificate from a prior plan or issuer, if necessary; and,
- That the current plan (or issuer) will assist in obtaining a certificate from any prior plan or issuer, if necessary.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT) Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) is a medical child support order issued under State law that creates or recognizes the existence of an “alternate recipient's” right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An “alternate recipient” is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. To speak to someone directly, call the CHIP Helpline at **1-877-KIDS NOW** or go to **www.insurekidsnow.org** to find out how to apply.

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Disclosures

EXPANSION OF COVERAGE FOR YOUNG ADULTS Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the company's group health plan. For more information contact Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW) On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. As required by this law, annual notice of the mandated post-mastectomy benefits must be provided to all covered persons.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedemas.

The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and Providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

MICHELLE'S LAW Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan.

Coverage will be continued until:

- 1) one year from the start of the medically necessary leave of absence, or
- 2) the date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) GINA amends the Employee Retirement Income Security Act (ERISA), the Public Health Services Act, and the Internal Revenue Code, and takes effect for employers with fifteen (15) or more employees on November 21, 2009. GINA also amends the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and provides that genetic information must be treated as health information and that improper use or disclosure is not permitted. GINA prohibits covered entities from the following: the use of genetic information in making decisions related to any terms, conditions, or privileges of employment; intentionally acquiring genetic information; prohibits retaliation; and requires confidentiality with respect to genetic information. GINA also prohibits health plans and insurers from using genetic information in enrollment restrictions and premium adjustments, requesting or requiring genetic testing.

Exceptions These prohibitions do not apply to cases where an individual currently has a disease or disorder. Although covered entities may not request, require, or purchase genetic information of an employee/applicant or family member of an employee/applicant, inadvertent acquisitions of genetic information are not prohibited. Genetic information may be requested where health or genetic services are offered by the employer under a bona fide wellness program or to monitor the effects of hazardous substances in the workplace provided certain conditions are met. Employers may request or require family medical history from employees to comply with the certification provisions of the Family and Medical Leave Act (FMLA) or state family and medical leave laws or to comply with the Americans with Disabilities Act Amendments Act (ADAAA) or other federal or state laws.

PATIENT PROTECTION MODEL DISCLOSURE The HMO and POS plan options generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. A list of primary care providers and participating health care professionals who specialize in obstetrics or gynecology can be found at cigna.com.



SHIF & KTB Client Service Team:

Joel Sand: jsand@ktbenefits.com

EMPLOYEE RESOURCE REFERENCE SHEET

Direct access to trained professionals to assist you with health and benefits-related

AmeriHealth Administrators

Customer Service Call Center:
(P) 800-480-5031
www.myahabenefits.com

Aetna

Customer Service Call Center:
(P) 855-281-8858
www.aetna.com

Express Scripts - Prescription

Customer Service Call Center: (P) 800-467-2006
www.express-scripts.com

Contact if Trouble filling a prescription at the pharmacy?

Telemedicine

With telemedicine, you have access to high-quality care—at no cost*!

Teladoc (for Aetna members):

Call 1.855.Teladoc (835.2362)

Visit www.Teladoc.com/Aetna

Go to Teladoc.com/Mobile to learn more or download the mobile app from the App Store or Google Play

MDLive (for AmeriHealth members):

Call 1.888.964.0942

Visit www.mdlive.com/ahatpa

Go to mdlive.com/mobileapp to learn more or download the mobile app from the App Store or Google Play

*see SHIF manual if in a HDHP you may be subject to fee/copay if not satisfied deductible



With Guardian Nurses, your peace of mind is just a phone call away.

Call 215.836.0260 or toll-free 888.836.0260

When calling, please reference the SHIF and provide your school's name.

TFEA-Medical Plan Options



Base Plan: AmeriHealth PPO \$25 Aetna Choice POS II \$25

NJEHP: AmeriHealth & Aetna (Best we could figure based on information provided)

Buy-Up Plan: AmeriHealth PPO \$10 Aetna Choice POS II \$10

HSA Plan: AmeriHealth PPO HDHP Aetna HNO HDHP

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Contribution Calculation	Salary Based % of	Cost of Plan (Ch. 78)	Salary Based % of	Salary (Ch. 44)
Calendar Year Deductible	Individual: \$0 Family: \$0	Individual: \$500 Family: \$1,000	Individual: \$0 Family: \$0	Individual: \$500 Family: \$1,000
Out-of-Pocket Maximum/Payment Limit	Individual: \$3,000 Family: \$6,000	Individual: \$3,000 Family: \$6,000	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance (Member Responsibility)	0%	20%	10%	30%
Physician Services Primary Care Office Visit Specialist Office Visit Adult & Child Preventive Care/Immunizations	\$25 copay per visit \$25 copay per visit No charge	20% after deductible 20% after deductible 20% after deductible	\$10 copay per visit \$15 copay per visit No charge	30% after deductible 30% after deductible 30% after deductible
Diagnostic/Imaging (Outpatient Facility) Laboratory Diagnostic X-ray Imaging (MRI/MRA, CT/CTA, PET Scan)	No charge No charge 0% after deductible	20% after deductible 20% after deductible 20% after deductible	? ? ?	30% after deductible 30% after deductible 30% after deductible
Outpatient Surgery Facility Fee (e.g. ambulatory surgical center) Physician/Surgeon Fees	0% after deductible 0% after deductible	20% after deductible 20% after deductible	? ?	30% after deductible 30% after deductible
Inpatient Hospitalization Facility Fee (e.g. hospital room) Physician/Surgeon Fees	0% after deductible 0% after deductible	20% after deductible 20% after deductible	0% after deductible 0% after deductible	30% after deductible 30% after deductible
Emergency Medical Attention Emergency Room (Waived if admitted) Emergency Ambulance Services Urgent Care	\$100 copay/visit, no deductible 0% after deductible \$25 copay/visit, no deductible	\$100 copay/visit, no ded 0% after deductible \$20 copay/visit, no ded	\$125 copay/visit 10% after deductible \$15 copay/visit	\$125 copay/visit ? ?
Mental Health/Behavioral/Substance Abuse Outpatient Inpatient	\$25 copay, no deductible 0% after deductible	20% after deductible 20% after deductible	? ?	30% after deductible 30% after deductible
Other Special Needs Home Health Care Rehabilitation Services Habilitation Services Skilled Nursing Care Durable Medical Equipment Hospice Services Inpatient	0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible Not covered 20% after deductible 20% after deductible	? ? ? 10% 10% 10%	? ? ? 30% after deductible 30% after deductible 30% after deductible
Prescriptions Retail Pharmacy (30 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs Prescriptions - Mail Order (90 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs	\$10 copay \$20 copay \$20 copay \$10 copay \$20 copay \$20 copay	25%, no deductible 25%, no deductible 25%, no deductible N/A N/A N/A	New PBM closed formulary and Step-Therapy \$5 copay \$10 copay \$ Difference Between Generic and Brand \$10 copay \$20 copay \$ Difference Between Generic and Brand	? ? ? N/A N/A N/A

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Contribution Calculation	Salary Based % of	Cost of Plan (Ch. 78)	Salary Based % of	Cost of Plan (Ch. 78)
Calendar Year Deductible	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$1,350 Family: \$2,700	N/A N/A
Out-of-Pocket Maximum/Payment Limit	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$2,500 Family: \$5,000	N/A N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	N/A
Coinsurance (Member Responsibility)	20%	20%	20%	N/A
Physician Services Primary Care Office Visit Specialist Office Visit Adult & Child Preventive Care/Immunizations	\$10 copay after deductible \$10 copay after deductible No charge	20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible No charge	N/A N/A N/A
Diagnostic/Imaging (Outpatient Facility) Laboratory Diagnostic X-ray Imaging (MRI/MRA, CT/CTA, PET Scan)	10% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible	N/A N/A N/A
Outpatient Surgery Facility Fee (e.g. ambulatory surgical center) Physician/Surgeon Fees	0% after deductible 20% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	N/A N/A
Inpatient Hospitalization Facility Fee (e.g. hospital room) Physician/Surgeon Fees	0% after deductible 20% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	N/A N/A
Emergency Medical Attention Emergency Room (Waived if admitted) Emergency Ambulance Services Urgent Care	100% after deductible 20% after deductible 10\$ no deductible	100% after deductible 20% after deductible 100% After deductible	20% after deductible 20% after deductible 20% after deductible	N/A N/A N/A
Mental Health/Behavioral/Substance Abuse Outpatient Inpatient	0% after deductible 0% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	N/A N/A
Other Special Needs Home Health Care Rehabilitation Services Habilitation Services Skilled Nursing Care Durable Medical Equipment Hospice Services Inpatient	20% after deductible 20% after deductible 20% after deductible 0% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	N/A N/A N/A N/A N/A N/A
Prescriptions Retail Pharmacy (30 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs Prescriptions - Mail Order (90 day supply) Generic Drugs Preferred Drugs Non-Preferred Drugs	\$10 copay \$20 copay \$20 copay \$10 copay \$20 copay \$20 copay	25%, no deductible 25%, no deductible 25%, no deductible N/A N/A N/A	\$10 copay after deductible \$40 copay after deductible \$60 copay after deductible \$30 copay after deductible \$120 copay after deductible \$180 copay after deductible	N/A N/A N/A N/A N/A N/A

This Benefit Guide and all content contained are summarized for illustrative purposes only and is not intended as a guarantee of insurance for any specific benefit level. All Insurance warranties and eligibility are based on insurance carrier and employer policies and contracts. Kistler Tiffany Benefits is not a Fiduciary of the Plan. Benefit levels and insurance terms are subject to change and/or any correction. For specific benefits, Members must refer to the Insurance Carrier SBC and materials for all specific terms and details prior to obtaining services. The Company and Kistler Tiffany Benefits are not responsible for typographical errors or omissions.

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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 but capped at \$800 single / \$2,000 family
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.