## Medford Lakes Board of Education 2020 - 2021 Open Enrollment

**General Staff Medical and Prescription Plan Options** 

	*GENERAL STAFF Medical Plans						Lower Cost Plan Options					
		POS II \$10		Patriot X \$10		Premier \$2		PPO Core	PPO Buy Up		НДНР	
Primary Conav:								\$25 Copay;	\$20 Copay;	209	% Coinsurance After	
Primary Copay:		\$10 Copay		\$10 Copay		\$2 Copay		Deductible Waived	Deductible Waived		Deductible	
Specialist Copay:								\$40 Copay;	\$30 Copay;	209	% Coinsurance After	
specialist copay.		\$10 Copay		\$15 Copay		\$0 Copay		Deductible Waived	Deductible Waived		Deductible	
Coverage		Monthly Premium Rates Effective 7/1/2020 through 6/30/2021										
Single	\$	867.00	\$	1,148.00	\$	1,006.00	\$	728.00	\$ 869.00	\$	988.00	
Parent/Child	\$	1,266.00	\$	1,672.00	\$	1,489.00	\$	1,062.00	\$ 1,268.00	\$	1,456.00	
Husband/Wife	\$	1,895.00	\$	2,498.00	\$	2,220.00	\$	1,588.00	\$ 1,897.00	\$	2,176.00	
Family	\$	2,205.00	\$	2,918.00	\$	2,548.00	\$	1,848.00	\$ 2,210.00	\$	2,521.00	

								PPO Core and	PPO Buy	Up	High Deductible HP		
		*GENERAL	STAFF P	rescription	Pla	ıns		Prescripti	on Plan		Prescription Plan		
Potail Conav							\$1	15 Generic / \$35 For	mulary B	rand / \$50			
Retail Copay:	\$3 Generic / \$10 Brand Name							Non-Formul	ary Bran	d	20% Coinsurance After		
Mail Order Conav							\$3	30 Generic / \$70 Fori	rand / \$100	Deductible			
Mail Order Copay:	\$5 Generic / \$15 Brand						Non-Formulary Brand						
Dispensing Limitation:													
Dispensing Limitation.	Retail: 30 day supply / Mail Order: 90 day supply						Retail: 30 Day Supply / Mail Order: 90 Day Supply						
Coverage				Monthly P	ren	nium Rates Effect	tive	7/1/2020 through (	6/30/202	1			
Single	\$	173.00	\$	173.00	\$	173.00	\$	189.00	\$	189.00			
Parent/Child	\$	252.00	\$	252.00	\$	252.00	\$	278.00	\$	278.00	Included in Medical		
Husband/Wife	\$	397.00	\$	397.00	\$	397.00	\$	414.00	\$	414.00	included in Medical		
Family	\$	397.00	\$	397.00	\$	397.00	\$	481.00	\$	481.00			

<sup>\*</sup>Employees selecting either the Patriot X \$10 or the Premier \$2 plan will have to pay the difference in premium between that plan and the POS \$10 plan. Please Note: Copay Reimbursements and Vision Eyewear do not apply to the POS 10, PPO Core, PPO Buy Up, or HDHP plans.

Benefits under the new plan options should be carefully reviewed if you are considering making a change. Complete Benefit Summaries are posted on the online Beneportal at https://www.medfordlakesboebenefits.com/

Once you make a change, you will not be able to change again until the next open enrollment, unless you have a qualifying life event (marriage, birth of child, divorce, etc.).

## Medford Lakes Board of Education 2020 - 2021 Open Enrollment Administration Medical and Prescription Plan Options

	*Admir	nistration Medical P	lans	Lower Cost Medical Plan Options				
						High Deductible Health		
	Pat V \$5	Patriot X \$15	Premier \$7	PPO Core	PPO Buy Up	Plan		
Primary Copay	ĆE Canavi	\$15 Copay	\$7 Copay	\$25 Copay;	\$20 Copay; Deductible	20% Coinsurance After		
	\$5 Copay	\$15 Copay	37 Copay	Deductible Waived	Waived	Deductible		
Specialist Copay	\$5 Copay	\$20 Copay	\$5 Copay	\$40 Copay;	\$30 Copay; Deductible	20% Coinsurance After		
	ээ сорау	320 Copay	ээ сорау	Deductible Waived	Waived	Deductible		
Coverage	Monthly Premium Rates Effective 7/1/2020 through 6/30/2021							
Single	\$947.00	\$1,138.00	\$992.00	\$728.00	\$869.00	\$998.00		
Parent/Child	\$1,381.00	\$1,655.00	\$1,475.00	\$1,062.00	\$1,268.00	\$1,456.00		
Husband/Wife	\$2,061.00	\$2,474.00	\$2,200.00	\$1,588.00	\$1,897.00	\$2,176.00		
Family	\$2,405.00	\$2,890.00	\$2,560.00	\$1,848.00	\$2,210.00	\$2,521.00		

	*Administrati	on Current Drocerin	tion Dlans	PPO Core an	d PPO Buy Up	High Deductible HP		
	Administrati	*Administration Current Prescription Plans			Prescription Plan			
Retail Copay	\$10 Gov	neric / \$15 Brand Na	amo	\$15 Generic / \$35 Forr	nulary Brand / \$50 Non-			
Кетан Сорау	\$10 961	ilelic / \$13 Bialiu Na	ille	Formula	ary Brand	20% Coinsurance After		
Mail Order Copay	il Order Copay \$5 Copay		\$30 Generic / \$70 Fo	ormulary Brand / \$100	Deductible			
Iviali Order Copay		ээ сорау		Non-Form				
Dispensing Limitation	Up to a 90 day supp	ly for 1 copay regard	dless of quantity	Retail 30 Day Supply / Mail Order 90 Day Supply				
Coverage								
Single	\$232.00	\$232.00 \$232.00 \$232.			\$189.00			
Parent/Child	\$341.00	\$341.00	\$341.00	\$278.00	\$278.00	Included in Medical		
Husband/Wife	\$537.00	\$537.00			\$414.00	included in Medical		
Family	\$537.00	\$537.00	\$537.00	\$481.00	\$481.00			

<sup>\*</sup>Employees selecting either the Patriot X \$15 or the Premier \$7 plan will have to pay the difference in premium between that plan and the Patriot V \$10 plan.

Please Note Copay Reimbursements and Vision Eyewear do not apply to the PPO Core, PPO Buy Up, or HDHP plans.

Benefits under the new plan options should be carefully reviewed if you are considering making a change. Complete Benefit Summaries are posted on the online Beneportal at https://www.medfordlakesboebenefits.com/

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## Medford Lakes Board of Education 2020 - 2021 Open Enrollment MLEA Medical and Prescription Plan Options

	*MLI	EA Current Medical	Plans	Lower Cost Medical Plan Options					
						High Deductible			
	POS II \$10	Patriot X \$15	Premier \$2	**PPO Core	PPO Buy Up	Health Plan			
Drimary Canavy				\$25 Copay;	\$20 Copay;	20% Coinsurance After			
Primary Copay:	\$10 Copay	\$15 Copay	\$2 Copay	Deductible Waived	Deductible Waived	Deductible			
Specialist Copay:				\$40 Copay;	\$30 Copay;	20% Coinsurance After			
specialist copay.	\$10 Copay	\$20 Copay	\$0 Copay	Deductible Waived	Deductible Waived	Deductible			
Coverage		Monthly Premium Rates Effective 7/1/2020 through 6/30/2021							
Single	\$ 867.00	\$ 1,136.00	\$ 999.00	\$ 728.00	\$ 869.00	\$ 998.00			
Parent/Child	\$ 1,266.00	\$ 1,652.00	\$ 1,485.00	\$ 1,062.00	\$ 1,268.00	\$ 1,456.00			
Husband/Wife	\$ 1,895.00	\$ 2,470.00	\$ 2,212.00	\$ 1,588.00	\$ 1,897.00	\$ 2,176.00			
Family	\$ 2,205.00	\$ 2,888.00	\$ 2,570.00	\$ 1,848.00	\$ 2,210.00	\$ 2,521.00			

								PPO Core and	PPO	Buy Up	High Deductible HP		
	MLEA Current Prescription Plan						Prescription Plan				Prescription Plan		
Potail Conave							\$15 (	Generic / \$35 Foi	mula	ry Brand / \$50			
Retail Copay:	\$3 Generic / \$10 Brand Name							Non-Formu	lary B	rand	20% Coinsurance After		
Mail Order Conav							\$30 G	ieneric / \$70 For	y Brand / \$100	Deductible			
Mail Order Copay:		\$5 Generic / \$15 Brand Name						Non-Formulary Brand					
Dispensing Limitation:													
Disperising Limitation.	Retail: 30 day supply / Mail Order: 90 day supply						Retail: 30 Day Supply / Mail Order: 90 Day Supply				90 Day Supply		
Coverage			Mo	onthl	ly Pren	nium Rates Eff	ective	7/1/2020 throu	gh 6/3	30/2021			
Single	\$	173.00	\$ 173	3.00	\$	173.00	\$	189.00	\$	189.00			
Parent/Child	\$	252.00	\$ 252	2.00	\$	252.00	\$	278.00	\$	278.00	Included in Medical		
Husband/Wife	\$	397.00	\$ 397	7.00	\$	397.00	\$	414.00	\$	414.00	included in Medical		
Family	\$	397.00	\$ 397	7.00	\$	397.00	\$	481.00	\$	481.00			

<sup>\*</sup>Employees selecting either the Patriot X \$15 or the Premier \$2 plan will have to pay the difference in premium between that plan and the Patriot V \$10 plan.

Please Note: Copay Reimbursements and Vision Eyewear do not apply to the POS 10, PPO Core, PPO Buy Up, or HDHP plans.

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Once you make a change, you will not be able to change again until the next open enrollment, unless you have a qualifying life event (marriage, birth of child, divorce, etc.).

<sup>\*\*</sup>For Members of the MLEA Hired After 7/1/2013- Board pays 100% for Aetna PPO Core (POS II) plan (after employee contribution). Members may choose a higher priced plan and pay the difference in premium.