

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	HDHP
Primary Copay:	\$10 Copay	\$10 Copay	\$2 Copay	\$25 Copay; Deductible Waived	\$20 Copay; Deductible Waived	20% Coinsurance After Deductible
Specialist Copay:	\$10 Copay	\$15 Copay	\$0 Copay	\$40 Copay; Deductible Waived	\$30 Copay; Deductible Waived	20% Coinsurance After 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

	*GENERAL STAFF Prescription Plans			PPO Core and PPO Buy Up Prescription Plan		High Deductible HP Prescription Plan
Retail Copay:	\$3 Generic / \$10 Brand Name			\$15 Generic / \$35 Formulary Brand / \$50 Non-Formulary Brand		20% Coinsurance After Deductible
Mail Order Copay:	\$5 Generic / \$15 Brand			\$30 Generic / \$70 Formulary Brand / \$100 Non-Formulary Brand		
Dispensing Limitation:	Retail: 30 day supply / Mail Order: 90 day supply			Retail: 30 Day Supply / Mail Order: 90 Day Supply		
Coverage	Monthly Premium Rates Effective 7/1/2020 through 6/30/2021					
Single	\$ 173.00	\$ 173.00	\$ 173.00	\$ 189.00	\$ 189.00	Included in Medical
Parent/Child	\$ 252.00	\$ 252.00	\$ 252.00	\$ 278.00	\$ 278.00	
Husband/Wife	\$ 397.00	\$ 397.00	\$ 397.00	\$ 414.00	\$ 414.00	
Family	\$ 397.00	\$ 397.00	\$ 397.00	\$ 481.00	\$ 481.00	

*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 on-line 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

	*Administration Medical Plans			Lower Cost Medical Plan Options		
	Pat V \$5	Patriot X \$15	Premier \$7	PPO Core	PPO Buy Up	High Deductible Health Plan
Primary Copay	\$5 Copay	\$15 Copay	\$7 Copay	\$25 Copay; Deductible Waived	\$20 Copay; Deductible Waived	20% Coinsurance After Deductible
Specialist Copay	\$5 Copay	\$20 Copay	\$5 Copay	\$40 Copay; Deductible Waived	\$30 Copay; Deductible Waived	20% Coinsurance After 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

	*Administration Current Prescription Plans			PPO Core and PPO Buy Up Prescription Plan		High Deductible HP Prescription Plan
Retail Copay	\$10 Generic / \$15 Brand Name			\$15 Generic / \$35 Formulary Brand / \$50 Non-Formulary Brand		20% Coinsurance After Deductible
Mail Order Copay	\$5 Copay			\$30 Generic / \$70 Formulary Brand / \$100 Non-Formulary Brand		
Dispensing Limitation	Up to a 90 day supply for 1 copay regardless of quantity			Retail 30 Day Supply / Mail Order 90 Day Supply		
Coverage	Monthly Premium Rates Effective 7/1/2020 through 6/30/2021					
Single	\$232.00	\$232.00	\$232.00	\$189.00	\$189.00	Included in Medical
Parent/Child	\$341.00	\$341.00	\$341.00	\$278.00	\$278.00	
Husband/Wife	\$537.00	\$537.00	\$537.00	\$414.00	\$414.00	
Family	\$537.00	\$537.00	\$537.00	\$481.00	\$481.00	

*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 on-line 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
MLEA Medical and Prescription Plan Options

	*MLEA Current Medical Plans			Lower Cost Medical Plan Options		
	POS II \$10	Patriot X \$15	Premier \$2	**PPO Core	PPO Buy Up	High Deductible Health Plan
Primary Copay:	\$10 Copay	\$15 Copay	\$2 Copay	\$25 Copay; Deductible Waived	\$20 Copay; Deductible Waived	20% Coinsurance After Deductible
Specialist Copay:	\$10 Copay	\$20 Copay	\$0 Copay	\$40 Copay; Deductible Waived	\$30 Copay; Deductible Waived	20% Coinsurance After 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

	MLEA Current Prescription Plan			PPO Core and PPO Buy Up Prescription Plan		High Deductible HP Prescription Plan
Retail Copay:	\$3 Generic / \$10 Brand Name			\$15 Generic / \$35 Formulary Brand / \$50 Non-Formulary Brand		20% Coinsurance After Deductible
Mail Order Copay:	\$5 Generic / \$15 Brand Name			\$30 Generic / \$70 Formulary Brand / \$100 Non-Formulary Brand		
Dispensing Limitation:	Retail: 30 day supply / Mail Order: 90 day supply			Retail: 30 Day Supply / Mail Order: 90 Day Supply		
Coverage	Monthly Premium Rates Effective 7/1/2020 through 6/30/2021					
Single	\$ 173.00	\$ 173.00	\$ 173.00	\$ 189.00	\$ 189.00	Included in Medical
Parent/Child	\$ 252.00	\$ 252.00	\$ 252.00	\$ 278.00	\$ 278.00	
Husband/Wife	\$ 397.00	\$ 397.00	\$ 397.00	\$ 414.00	\$ 414.00	
Family	\$ 397.00	\$ 397.00	\$ 397.00	\$ 481.00	\$ 481.00	

*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.

**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.

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 on-line 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.).