

Fort Lee Board of Education Open Enrollment for 2024

SEHBP	NJ Educators Health Plan	Aetna Garden State Health Plan	NJ Direct 10	NJ Direct 15
In- Network PCP/Specialist Copay	\$10/\$15	\$10/\$15	\$10	\$15
Out of Network Coinsurance	70%* Maximum OOP \$2,000/\$5,000	70%* Maximum OOP \$2,000/\$5,000	80% Maximum OOP \$2,000/\$5,000	70% Maximum OOP \$2,000/\$5,000
Out of Network Deductible	\$350/\$700	\$350/\$700	\$100/\$250	\$100/\$250
Emergency Room	\$125	\$125	\$25 copay	\$50 copay
In-Network Coinsurance Out of Pocket Maximum	\$500/\$1000 Office visit copays, expenses covered at 90% (Ambulance, DME, Private Duty Nursing)	\$500/\$1000 Office visit copays, expenses covered at 90% (Ambulance, DME, Private Duty Nursing)	\$400/\$1000 Office visit copays, expenses covered at 90%, (Ambulance, DME, Private Duty Nursing)	\$400/\$1000 Expenses covered at 90%, (Ambulance, DME, Private Duty Nursing)
2024 SEHBP Monthly Medical Rates				
Single	\$908.26	\$784.01	\$1,080.78	\$1,028.87
2 Adults	\$1,816.52	\$1,568.01	\$2,161.56	\$2,057.75
Family	\$2,597.62	\$2,242.26	\$3,091.03	\$2,942.58
Parent/Child	\$1,689.36	\$1,458.25	\$2,010.25	\$1,913.70
Benecard Prescription Plans	EHP \$5/\$10**	GSHP \$5/\$10**	\$3/\$10	\$7/\$16/\$35
Rates subject to change at July 1, 2024 renewal	\$228.24	\$228.24	\$254.03	\$230.39
	\$458.48	\$458.48	\$508.05	\$460.79
	\$657.59	\$657.59	\$726.53	\$658.93
	\$426.56	\$426.56	\$472.49	\$428.54

^{*}Out of Network Services are reimbursed at 200% of Medicare fee schedule allowance. Your physician can balance bill you the amount over and above the Medicare allowance, resulting in a greater out of pocket cost to you. Also, Out of Network coverage for chiropractic and acupuncture services are limited to no more than \$35 a visit for chiropractic and \$60 a visit for acupuncture or 75% of the in network cost per visit, whichever is less. Physical therapy

The Garden State Health Plan is administered by Aetna and utilizes their Whole Health NJ Network. The plan is NJ network-only.

Prepared by: Brown Brown Benefit Advisors 9/28/2023

^{**}The EHP & GSHP Prescription Drug plan is a mandatory generic plan with a closed formulary. If you elect to use a Brand name drug that has a generic equivalent you will pay the \$10 Brand copay plus the difference in cost between he generic and Brand name.