

Gloucester County Institute of Technology Medical/Prescription Plans

BENEFIT	NJ Educators Health Plan		Actna Garden State Health Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible			New Jersey Providers ONLY- Out of state coverage only for true medical emergencies	
Individual	None	\$350	None	\$350
Family	None	\$700	None	\$700
Coinsurance	100%	70%	100%	70%
Maximum Out-of-Pocket				
Individual	\$500	\$2,000	\$500	\$2,000
Family	\$1,000	\$5,000	\$1,000	\$5,000
Doctor's Office Visits				
Primary Care Office Visit	\$10 copay	70% after deductible	\$10 copay	70% after deductible
Primary Care Physician Selection	Not Required		Not Required	
Specialist Office Visit	\$15 copay	70% after deductible	\$15 copay	70% after deductible
	A referral is not required to visit a specialist		A referral is not required to visit a specialist	
Maternity Visits	\$15 copay	70% after deductible	100%	70% after deductible
Preventive Care				
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening,	100% covered	Not Covered	100% covered	Not Covered (Exception - 70% after deductible for GYN exams and Mammograms. Deductible does not apply to child immunizations)
Immunizations				
Diagnostics Procedures				
Laboratory (office setting)	100% covered	70% after deductible	100% covered	70% after deductible
Outpatient X-Ray/Radiology Services	100% covered	70% after deductible	100% covered	70% after deductible
Hospital Care				
Inpatient Admission	100%	70% after deductible	100%	70% after deductible
Pre-admission Testing	100%	70% after deductible	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible	100%	70% after deductible
Emergency Care				
Emergency Room	\$125 copay		\$125 copay	
Ambulance	90%	70% after deductible	90%	
Urgent Care	\$15 copay	70% after deductible	\$15 copay	70% after deductible
Outpatient Surgery				
Hospital Outpatient Surgery	100%	70% after deductible	100%	70% after deductible
Surgery in an Ambulatory Surgical Center	100%	70% after deductible	100%	70% after deductible
Mental Health/Substance Abuse Services				
Inpatient	100%	70% after deductible	100%	70% after deductible
Outpatient	100%	70% after deductible	100%	70% after deductible
Office Setting	\$15 copay	70% after deductible	\$15 copay	70% after deductible
Other Services				
Durable Medical Equipment	90%	70% after deductible	90%	70% after deductible
Chiropractic Care visit	\$15 copay	\$35 max reimbursement	\$15 copay	75% of in-network cost up to \$35/visit
Physical Therapy visit	\$15 copay	\$52 max reimbursement	\$15 copay	75% of in-network cost up to \$52/visit for Physical Therapy
Prescription Drugs				
	Retail	Mail Order	Retail	Mail Order
Generic	\$5 copay	\$10 copay	\$5 copay	\$10 copay
Preferred brand	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Non-Preferred Brand	\$10 copay	\$20 copay	\$10 copay	\$20 copay

Notes:

- The GSP is a NJ Network of Providers only. Out of state services will not be covered unless it is a true medical emergency.
- Preauthorization may be required for certain services. □
- For the NJEHP & GSP, the employee's contribution is based on new salary based contribution schedules. For all other plans, your employee contributions will remain the same per your collective bargaining agreement.
- The Following Features may apply to your prescription plan:

Step Therapy programs are designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, Step Therapy programs require a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases the higher cost medication without a prior approval, there will be no coverage for the higher cost medication. Acredo employs Step Therapy in each of the following drug categories: Proton Pump Inhibitors (Ulcer/Reflux medications), SSRI/SSNRI (Antidepressants), Osteoporosis, Nasal Steroids, Hypnotics, Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program.

Mandatory Generics- The pharmacist must dispense the generic equivalent medication when one is available. If the member fills the brand name drug instead, they will be responsible for the brand copay plus the difference in cost between the generic and brand name drug.

Mail Order for Specialty Medications - Requires that specialty pharmaceutical medications be obtained through Acredo. Acredo is the specialty pharmacy for Express Scripts. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring.

Closed Formulary - Certain medications are excluded from the covered drug list. A great majority of brand-name medications and generic medications are included in the formulary. All conditions with excluded medications have covered clinically equivalent medications. Please note, the formulary list updates throughout the year; for the most up to date version of the formulary please refer to the Express Scripts website: <https://www.express-scripts.com/>

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**Gloucester County Institute of Technology
Medical/Prescription Plans**

BENEFIT	Aetna Choice POS II \$10 Plan		Aetna Choice POS II \$15 Plan		Aetna Choice POS II \$15/\$25 Plan		Aetna Choice POS II \$20/\$35 Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible								
Individual	None	\$100	None	\$100	None	\$100	\$200	\$800
Family	None	\$250	None	\$250	None	\$250	\$400	\$1,600
Coinsurance	100%	80%	100%	70%	100%	70%	80%	60%
Maximum Out-of-Pocket								
Individual	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$2,500	\$5,000
Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$5,000	\$10,000
Doctor's Office Visits								
Primary Care Office Visit	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible	\$20 copay	60% after deductible
Primary Care Physician Selection	Not Required		Not Required		Not Required		Not Required	
Specialist Office Visit	\$10 copay A referral is not required to visit a specialist.	80% after deductible	\$15 copay A referral is not required to visit a specialist.	70% after deductible	\$25 copay A referral is not required to visit a specialist.	70% after deductible	\$35 copay A referral is not required to visit a specialist.	60% after deductible
Maternity Visits	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$25 copay	70% after deductible	\$35 copay	60% after deductible
Preventive Care								
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening, Immunizations	100%	80% (no deductible)	100%	70% (no deductible)	100%	70% (no deductible)	100%	60% (no deductible)
Diagnostics Procedures								
Laboratory (office setting)	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	100%	60% after deductible
Outpatient X-Ray/Radiology Services	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	100%	60% after deductible
Hospital Care								
Inpatient Admission	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible and \$200 copay	80% after deductible	60% after deductible and \$500 copay
Pre-admission Testing	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible
Surgery in Hospital	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible
Inpatient Physician Services	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible
Emergency Care								
Emergency Room	\$25 copay		\$50 copay		\$75 copay		\$100 copay	
Emergent Ambulance	90%		90%		90%		80% after deductible	
Urgent Care	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$25 copay	70% after deductible	\$35 copay	60% after deductible
Outpatient Surgery								
Hospital Outpatient Surgery	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible
Surgery in an Ambulatory Surgical Center	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible
Mental Health/Substance Abuse Services								
Inpatient	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible and \$200 copay	80% after deductible	60% after deductible and \$500 copay
Outpatient	100%	80% after deductible	100%	70% after deductible	100%	70% after deductible	80% after deductible	60% after deductible
Office Setting	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$25 copay	70% after deductible	\$35 copay	60% after deductible
Other Services								
Durable Medical Equipment	90%	80% after deductible	90%	70% after deductible	90%	70% after deductible	80% after deductible	60% after deductible
Chiropractic Care visit	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$25 copay	70% after deductible	\$35 copay	60% after deductible
Physical Therapy visit	\$10 copay	80% after deductible	\$15 copay	70% after deductible	\$15 copay	70% after deductible	\$20 copay	60% after deductible
Prescription Drugs								
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Generic	\$3 copay	\$5 copay	\$3 copay	\$5 copay	\$7 copay	\$18 copay	\$7 copay	\$18 copay
Preferred Brand	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$16 copay	\$40 copay	\$21 copay	\$52 copay
Non-Preferred Brand	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$35 copay	\$88 copay	\$21 copay	\$52 copay

Notes:

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**Gloucester County Institute of Technology
Medical/Prescription Plans**

BENEFIT	Aetna QPOS \$10 Plan		Aetna QPOS \$15/\$25 Plan		Aetna QPOS \$20/\$20 Plan		HORIZON OMNIA 10	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1	TIER 2
Deductible								
Individual	None	\$500	None	\$500	None	\$500	\$0	\$1,500
Family	None	\$1,000	None	\$1,000	None	\$1,000	\$0	\$3,000
Coinsurance	100%	60%	100%	60%	100%	60%	100%	100%
Maximum Out-of-Pocket								
Individual		\$4,000		\$4,000		\$4,000	\$400	\$2,000
Family		\$8,000		\$8,000		\$8,000	\$800	\$4,000
Doctor's Office Visits								
Primary Care Office Visit	\$10 copay	60% after deductible	\$15 copay	60% after deductible	\$20 copay	60% after deductible	\$5 copay	\$10 copay
Primary Care Physician Selection	Required		Required		Required		Not Required	
Specialist Office Visit	\$10 copay A referral is required to visit a specialist.	60% after deductible	\$25 copay A referral is required to visit a specialist.	60% after deductible	\$20 copay A referral is required to visit a specialist.	60% after deductible	\$5 copay A referral is not required to visit a specialist.	\$10 copay
Maternity Visits	\$10 copay	60% after deductible	\$25 copay	60% after deductible	\$20 copay	60% after deductible	\$5 copay	\$10 copay
Preventive Care								
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening, Immunizations	100%	60% (no deductible)	100%	60% (no deductible)	100%	60% (no deductible)	100%	100%
Diagnostics Procedures								
Laboratory (office setting)	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100%
Outpatient X-Ray/Radiology Services	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100%
Hospital Care								
Inpatient Admission	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	\$150 copay per admission after deductible
Pre-admission Testing	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
Surgery in Hospital	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
Inpatient Physician Services	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
Emergency Care								
Emergency Room		\$35 copay		\$75 copay		\$100 copay		\$25 copay
Emergent Ambulance		100%		100%		100%		100%
Urgent Care	\$10 copay	60% after deductible	\$25 copay	60% after deductible	\$20 copay	60% after deductible	\$5 copay	\$10 copay
Outpatient Surgery								
Hospital Outpatient Surgery	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
Surgery in an Ambulatory Surgical Center	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
Mental Health/Substance Abuse Services								
Inpatient	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	\$150 copay per admission after deductible
Outpatient	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
Office Setting	\$10 copay	60% after deductible	\$25 copay	60% after deductible	\$20 copay	60% after deductible	\$5 copay	\$10 copay
Other Services								
Durable Medical Equipment	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100%
Chiropractic Care visit	\$10 copay	60% after deductible	\$25 copay	60% after deductible	\$20 copay	60% after deductible	\$5 copay	\$10 copay
Physical Therapy visit	\$10 copay	60% after deductible	\$15 copay	60% after deductible	\$20 copay	60% after deductible	\$5 copay	\$10 copay
Prescription Drugs	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Generic	\$3 copay	\$5 copay	\$7 copay	\$18 copay	\$3 copay	\$5 copay	\$3 copay	\$5 copay
Preferred brand	\$10 copay	\$15 copay	\$16 copay	\$40 copay	\$18 copay	\$36 copay	\$10 copay	\$15 copay
Non-Preferred Brand	N/A	N/A	\$35 copay	\$88 copay	\$46 copay	\$92 copay	\$10 copay	\$15 copay

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