Readington Township Board of Education
AmeriHealth Medical Plan Designs - Plan Year 2021*
with Educator Health Plan (EHP)**

7/1/21-6/30/22	PPO $10, 10% MMRx	PPO $15, 10% MMRx	PPO $15/$25, 15% MMRx	PPO $15/$25, $7/$16/$35 Rx	PPO $20/$20, 15% MMRx	PPO $20/$35, 20% MMRx	HMO $10, $5/$10/$20 Rx [5]	HMO $20, $3/$18/$46 Rx [5]	HMO $20/$35, $7/$21 Rx [5]	EHP, $5/$10/Mbr Rx [7]
MONTHLY PREMIUM INCLUSIVE OF RX:**										
Single	$ 1,053.66	$ 994.59	$ 962.52	$ 965.89	$ 911.91	$ 786.58	$ 1,046.89	$ 925.87	$ 806.45	$ 965.47
Parent/Child(ren)	$ 1,791.22	$ 1,690.86	$ 1,636.26	$ 1,642.04	$ 1,550.25	$ 1,337.22	$ 1,779.73	$ 1,573.98	$ 1,370.97	$ 1,641.54
2 Adult	$ 2,107.28	$ 1,989.23	$ 1,925.01	$ 1,931.82	$ 1,823.81	$ 1,573.16	$ 2,093.83	$ 1,851.72	$ 1,612.89	$ 1,931.02
Family	$ 2,844.85	$ 2,685.45	$ 2,598.77	$ 2,607.96	$ 2,462.13	$ 2,123.79	$ 2,826.64	$ 2,499.86	$ 2,177.39	$ 2,607.04
Composite Rate Difference vs. PPO $10		**-6%**	**-9%**	**-8%**	**-13%**	**-25%**	**-1%**	**-12%**	**-23%**	**-8%**
Medical Cost Sharing										
Primary Care Copayment	$10	$15	$15	$15	$20	$20	$10	$20	$20	$10
Specialist Care Copayment	$10	$15	$25	$25	$20	$35	$10	$20	$35	$15
Emergency Room Copayment	$25	$50	$75	$75	$100	$100	$35	$100	$100	$125
In-Network Deductible (Individual/Family)						$200/$500	No Deductible	No Deductible	$200/$400	
In-Network Coinsurance	10% [1]	10% [1]	10% [1]	10% [1]	10% [1]	20% [3]			20% [3]	10% [1]
In-Network Coinsurance Maximum (Individual/Family)		$400/$1,000	$400/$1,000	$400/$1,000	$800/$2,000	$2,000/$5,000			$2,000/$4,000	$500/$1,000
In-Network Out-of-Pocket Maximum (Individual/Family)	$400/$1,000	$5,280/$10,560	$5,280/$10,560	$5,280/$10,560	$5,280/$10,560	$5,280/$10,560	$5,280/$10,560	$5,280/$10,560	$5,280/$10,560	$500/$1,000
Out-of-Network Deductible [2] (Individual/Family)	$100/$250	$100/$250	$100/$250	$100/$250	$200/$500	$800/$2,000				$350/$700
Out-of-Network Coinsurance [2]	20%	30%	30%	30%	30%	40%				30%
Out-of-Network Out-of-Pocket[6] Maximum (Individual/Family)	$2,000/$5,000	$2,000/$5,000	$2,000/$5,000	$2,000/$5,000	$5,000/$12,500	$6,500/$13,000				$2,000/$5,000
Out-of-Network Inpatient Hospital Deductible			No Deductible	No Deductible	No Deductible	No Deductible				Deductible applies
Prescription Drug Copayments[7]										
Retail (30 day): Generic Copayments	10%	10%	15%	$7.00	15%	20%	$5.00	$3.00	$7.00	$5.00
Retail (30 day): Preferred Copayments	10%	10%	15%	$16.00	15%	20%	$10.00	$18.00	$21.00	$10.00
Retail (30 day): Non-Preferred Copayments	10%	10%	15%	$35.00	15%	20%	$20.00	$46.00	$21.00	member pays difference
Mail (90 day): Generic Copayments	10%	10%	15%	$7.00	15%	20% [4]	$5.00	$3.00	$7.00 [4]	$10.00
Mail (90 day): Preferred Copayments	10%	10%	15%	$16.00	15%	20% [4]	$10.00	$18.00	$21.00 [4]	$20.00
Mail (90 day): Non-Preferred Copayments	10%	10%	15%	$35.00	15%	20% [4]	$20.00	$46.00	$21.00	member pays difference

**** Comparison is for illustrative purposes only. Written plan documents will supersede any errors on this illustration. Final benefits will be subject to "equal to or better than" letter as submitted by AmeriHealth, and subject to State mandates.***

***** EHP plan subject to change based on Ch. 44 legislation and future guidance issued by controlling legal authority.***

[1] On select services.

[2] After deductible. Out-of-Network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit and the provider's actual charge, which is the amount paid by the carrier, and the provider's actual charges. This amount may be significant. It is important to note that all percentages for out-of-network services are percentages of the carrier's R&C, not the provider's actual charge. You are responsible for any charges in excess of R&C. R&C is 200% Medicare for EHP plan, 80% of FAIR Health for all other plans.

[3] Applies to services that do not require a copayment.

[4] For maintenance prescription drugs, mail order is mandatory under the 2035 plan.

[5] Service areas for AmeriHealth HMO plans are limited to New Jersey, Delaware, and 9 bordering PA counties.

[6] Out-of-Pocket maximum includes deductible, coinsurance and copayments. Charges in excess of Reasonable and Customary do not count toward out-of-pocket maximum.

[7] Under EHP Rx, if member fills brand where generic is available, ingredient cost difference does not apply toward out-of-pocket maximum and is member's full responsibility. EHP plan includes mandatory generic/step-therapy/closed formulary