Q1. What are the biggest differences between my current plan and the NJEHP?
A. The most impactful differences are as follows:

- **The prescription.** The NJEHP prescription benefit requires
  1. **Mandatory Generics** – when a Generic Drug is available for a prescribed Brand Drug, the
     Generic Drug must be dispensed, and appropriate Contribution charged. The Member has the
     option of obtaining the Brand Drug by paying the brand Contribution plus difference in price
     between the Brand Drug and the equivalent Generic Drug.
  2. **Step Therapy** – Requires Clinical Review of certain more costly prescription drugs, where such
     drugs have shown no added benefit regarding efficacy or side effects over lower cost
     therapeutic alternatives. Step Therapy may require a trial of lower cost prescription drugs
     before approval of the higher cost prescription drug, where clinically appropriate.
  3. **Closed Formulary** – A list developed by the Prescription Carrier of medication approved to be
     the most cost-effective in treating a medical condition. The closed formulary will also include a
     list of excluded medications.

- **Out of Network Chiropractic, Acupuncture & Physical Therapy:** the reimbursement for these
  services will be capped as follows: Chiropractic at $35; Acupuncture at $60; Physical Therapy at
  $52. Out of Network providers are permitted to balance bill for the difference!

- **Emergency Room** Copay will be $125 copay per visit

Q2. How do we find out if our doctors are in the network (NJEHP) before we decide to switch?
A. The Network will not change. It will be the same In-Network providers as your current plan. You can
   look up doctors by logging into your member portal at www.aetna.com or www.ahatpa.com

Q3. What if I just want to keep my current plan? Do I need to complete a form?
A. **YES!!!** In order to keep your current plan you must complete and return the Affirmative Election Form.

Q4. During the Special Open Enrollment period, will we be able to add spouses if we’re not switching plans?
A. **No.** This is a Special Open Enrollment which only allows for members to choose either their Current Plan
   or to the new Educators Plan.

Q5. Is the NJEHP the only plan now offered to retired teachers?
A. PRE-65 Retirees covered under the SHB will only be offered the NJEHP.
   PRE-65 Retirees covered under the Group’s HIF plan can keep their current plan or elect the NJEHP.
   OVER-65 Retirees covered under the SHB: Plans are not changing

Q6. Are ALL Philadelphia doctors and hospitals out of network?
A. **No.** The NJEHP’s In-Network is the same as the current Network which allows access to Philadelphia
   providers.

Q7. I heard, beginning July 2021, there will be an alternative plan (Garden State) that is NJ-only.
A. Correct. This is optional for people who are OK staying in NJ only.
Q8. I have a child on my insurance, and she lives in Florida. Under the NJEHP plan, would she still have in-network providers available in Florida?
   A. Yes. (See Question 2).

Q9. How do we know if we reached that in-network out of pocket max?
   A. You can check how much you have accrued towards your out of network expenses through your online member portal at www.aetna.com or www.ahatpa.com

Q10. Does Behavioral Health fall under Specialist Copay?
   A. Yes.

Q11. If we switch to the NJEHP, will we still have Benecard for our prescriptions?
   A. Yes. Benecard will be the carrier for the prescription portion of the NJEHP, just as they are the prescription carrier for the other medical plans in the Coastal HIF.

Q12. If we choose the NJEHP, will the percent of salary contribution be before or after 403b contribution?
   A. Before. The Ch44 contribution towards the NJEHP will be based on your gross annual salary.

Q13. Does this change the plans for older children as well?
   A. Adult children’s coverage [Chapter 375/Dep31] will be the same as the Parent/Employee is enrolled in. For example, if the employee switches to the NJEHP, then the adult child will be moved to the NJEHP as well.

Q14. If you switch in January to the NJEHP, are you forced into the Garden State Plan with NJ only doctors next year or can you keep it?
   A. No. You will not be forced or required to enroll in the Garden State Plan at any time.

Q15. Do those percentages of salary (CH44) include Medical and Rx?
   A. Yes. The CH44 percentage of salary contributions will be applied to the entire cost of the NJEHP which includes both medical and prescriptions.

Q16. Will there be a nice spreadsheet for this new plan like they have for our old plan?
   A. Yes, there will be a spreadsheet comparing the benefits for the current plans along with the NJEHP.

Q17. If we take the NJEHP in January, could we switch back later if we didn’t like it?
   A. Yes. If you do not like the NJEHP, you will be able to switch back during the traditional Annual Open Enrollment effective date of 7/1/2021. Keep in mind if you elect the NJEHP for 1/1/2021, you will be subject to the prescription plan changes as well as the medical plan changes until 7/1/2021.

Q18. When can we expect the Plan Comparison and the Affirmative Election Form for this Special Open Enrollment?
   A. The Special Open Enrollment materials will be 10/1-10/9.