

SEHBP Plan Year 2019 Retiree Health Benefits - Non-Medicare Eligible

On September 17, 2018, the School Employees’ Health Benefits Program Plan Design Committee (SEHBPDC) approved plans for plan year 2019 for non-Medicare retirees. These plans will be effective January 1, 2019. The current medical and prescription plans, and the benefit levels for each of these plans, will be the same in 2018.

Rate changes for the medical and prescription premiums for non-Medicare plans for plan year 2019 are:

	Medical	Prescription
2019 percentage increases for 2019	3.1%	(27.9)
Net decrease	(3.4%)	

While there will be no change in the benefit levels in medical and prescription of the current plans, there will be one additional plan offered beginning January 1, 2019. This new plan, “Direct 0”, will have the following benefits:

	In-network	Out-of-Network
Primary Care Payment	\$0	20% coinsurance
Specialist Care Payment	\$0	20% coinsurance
ER Copayment	\$50	\$50
Deductible (Individual/Family)	\$0	\$100/\$250
Out-of-Pocket Maximum (Individual/Family)	\$400/\$1,000	\$2,000/\$5,000
Cost Basis	In-network negotiated rates	200% of Medicare allowance
Chiropractic Services	\$0	\$35/visit or 75% of in-network cost
Acupuncture Services	\$0	\$60/visit or 75% of in-network cost
Physical Therapy Services	\$0	Average of in-network cost
NJWELL – A wellness program	\$500 member/\$1,000 two adults	
Prescription Drug Copayments	Managed Formulary	
Retail (30 day supply): Generic	\$10	
Retail (30 day supply): Preferred Brand	\$21	
Retail (30 day supply): Non-Preferred Brand	MPD*	
Mail (90 day supply): Generic	\$5	
Mail (90 day supply): Preferred Brand	\$31	
Mail (90 day supply): Non-Preferred Brand	MPD*	
Prescription Drug Out-of-Pocket Maximum	\$1,411 (individual) /\$2,822 (family)	

*Member pays the difference: Member pays the applicable generic copayment as listed, plus the cost difference between the brand drug and the generic drug.