



2022 Prescription Plan Comparison

EXPRESS SCRIPTS®		2022 Prescription Plan Comparison			
ACTIVE/ OVERAGE DEPENDENT/COBRA		\$0/\$20 Prescription Plan		NJ Educators Prescription Plan	
Express Scripts Formulary Name		Basic Formulary		National Formulary	
Prescription BENEFITS		IN - NETWORK	OUT - OF - NETWORK	IN - NETWORK	OUT - OF - NETWORK
MOOP (Maximum out-of-pocket limit)		\$1580 - Individual/ \$3160 - Family	Not included in the Out of Pocket Max	\$1,600 - Individual/ \$3,200 - Family	Not included in the Out of Pocket Max

GENERIC DRUGS

Mandatory Generics with Dispense as written (DAW)

RETAIL	\$0.00	20% coinsurance after copay	\$5.00	Copay + amount above the Allowed Amount
MAIL ORDER	\$0.00	20% coinsurance after copay	\$10.00	Copay + amount above the Allowed Amount

PREFERRED BRAND NAME DRUGS

RETAIL	\$20.00	20% coinsurance after copay	\$10.00	Copay + amount above the Allowed Amount
MAIL ORDER	\$20.00	20% coinsurance after copay	\$20.00	Copay + amount above the Allowed Amount

NON-PREFERRED BRAND NAME DRUGS

RETAIL	\$20.00	20% coinsurance after copay	\$10.00	Copay + amount above the Allowed Amount
MAIL ORDER	\$20.00	20% coinsurance after copay	\$20.00	Copay + amount above the Allowed Amount

\$0/\$20 Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy. Contraceptives covered up to a 6 month supply. Contraceptive copay strategy applies. Performance Enhancing Drugs limited to 6 tablets per month. Oral and injectable fertility drugs included (physician charges for injections are not covered under RX, medical coverage is limited). A limited list of over-the-counter medications are covered when filled with a prescription.	NJEHP Prescription Plan will include: Step Therapy Program Mandatory Generics Program Mandatory Mail Order for Specialty Medications Program (subject to 90-day supply and mail order copay)
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The NJEHP Prescription Program includes Step Therapy, Mandatory Generics Program as well as Mandatory Mail-Order for Specialty Medication and a Restrictive Closed Formulary (National Formulary)

Benefit comparison is for illustrative purposes. It is not a contract and some limitations and exclusions may apply. Please refer to benefit summaries/booklets for detailed information.

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PLEASE NOTE: This line will only be active effective 1/1/2022