

Long Branch Board of Education Medical Plan Comparison Integrity 10 v. SEHBP Direct 10

| | Integrity 10 | | SEHBP Direct Access 10 | |
|---|---|---|---|---|
| | In-Network | Non-Network | In-Network | Non-Network |
| Annual Deductible | | | | |
| Individual | \$0 | \$100 | \$0 | \$100 |
| Family | \$0 | \$250 | \$0 | \$250 |
| Coinsurance | 100%; 90% on select services | 80% of R&C ¹ | 100%; 90% on select services | 80% of R&C ¹ |
| Annual Out of Pocket Maximum (Includes Coinsurance and Copays) | | | | |
| Individual | \$400 | \$2,000 | \$400 | \$2,000 |
| Family | \$1,000 | \$5,000 | \$1,000 | \$5,000 |
| Lifetime Maximum | Unlimited | | Unlimited | |
| Hospital Inpatient Services (room and board; physician visits) | 100% | 80% after deductible | 100% | 80% after deductible |
| Emergency Room | 100% after \$50 copay waived if admitted | 100% after \$50 copay waived if admitted | 100% after \$25 copay waived if admitted | 100% after \$25 copay waived if admitted |
| Ambulance | 90%; non-emergency condition excluded | 90%; non-emergency condition excluded | 90%; non-emergency condition excluded | 80% after deductible; non-emergency condition excluded |
| Radiation/Chemotherapy Outpatient | 100% | 80% after deductible | 100% | 80% after deductible |
| X-Ray and Lab Tests | 100% | 80% after deductible | 100% | 80% after deductible |
| Home Health Care | 100% | 80% after deductible | 100% | 80% after deductible |
| | Unlimited | | Requires Pre-approval | |
| Skilled Nursing Facility | 100% | 80% after deductible | 100% | 80% after deductible |
| | 120 days per calendar year combined | | 120 days per calendar year combined | |
| Private Duty Nursing (outpatient) | 90% | 80% after deductible | 90% | 80% after deductible |
| Hospice | 100% | 80% after deductible | 100% | 80% after deductible |
| | 10 days (lifetime max) | | Requires Pre-approval | |
| Surgery/Anesthesia | 100% | 80% after deductible | 100% | 80% after deductible |
| Physician Office Visits ² | \$10 Copay (PCP) \$10 Copay (Specialist) | 80% after deductible | \$10 Copay (PCP) \$10 Copay (Specialist) | 80% after deductible |
| Annual Physical Exams | 100% | Not Covered | 100% | Not Covered |
| Annual Well Child Care | 100% | Not Covered | 100% | Not Covered |
| Immunizations (except if travel or job related) | 100% | Not Covered; Well Child immunizations: 80% after deductible (up to age 1) | 100% | Not Covered; Well Child immunizations: 80% after deductible (up to age 1) |
| Annual OB-Gyn Exam | 100% | 80% after deductible | 100% | 80% after deductible |
| Annual Mammogram (baseline and women over age 40) | 100% | 80% after deductible | 100% | 80% after deductible |
| Annual Prostate screening (men over 50) | 100% | Not Covered | 100% | Not Covered |

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| | Integrity 10 | | SEHBP Direct Access 10 | |
|---|---|------------------------------|---|---|
| | In-Network | Non-Network | In-Network | Non-Network |
| Maternity (including pre-natal) | \$10 copay for 1st prenatal visit, then 100% | 80% after deductible | \$10 copay for 1st prenatal visit, then 100% | 80% after deductible |
| Infertility services | \$10 copay | 80% after deductible | \$10 copay | 80% after deductible |
| | Subject to limitations set by NJ Mandates | | Subject to limitations set by NJ Mandates | |
| Allergy Testing and Treatment | \$10 copay | 80% after deductible | \$10 copay | 80% after deductible |
| Acupuncture | \$10 copay | 80% after deductible | \$10 copay | 80% after deductible, limited to \$60/visit |
| Chiropractic Care | \$10 copay | 80% after deductible | \$10 copay | 80% after deductible, limited to \$35/visit |
| | 30 visits per calendar year | | 30 visits per calendar year | |
| Short Term Therapies (Physical, Cognitive, Occupational, Respiratory, Speech) | \$10 copay | 80% after deductible | \$10 copay | 80% after deductible, limited to \$52/visit |
| | Unlimited | | Unlimited | |
| Other Therapies (Chelation, dialysis, Infusion) | 100% | 80% after deductible | 100% | 80% after deductible |
| | Unlimited | | Unlimited | |
| Hearing Aids | 100% | 80% after deductible | 100% | 80% after deductible |
| | One hearing aid for each impaired ear once in a 24-month period, only for members are 19 or younger | | One hearing aid for each impaired ear once in a 24-month period, only for members are 15 or younger | |
| Durable Medical Equipment/Medical Supplies | 90% | 80% after deductible | 90% | 80% after deductible |
| Prosthetics and Orthotics | 90% | 80% after deductible | 90% | 80% after deductible |
| Inpatient Mental Illness/Substance Abuse/Alcohol Treatment ³ | Covered as any other illness | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Outpatient Mental Illness/Substance Abuse/Alcohol Treatment ³ | Covered as any other illness | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Routine Vision Exam | \$10 copay (one annual exam/year) | Not Covered | \$10 copay (one annual exam/year) | Not Covered |
| Vision Hardware | Covered under Standalone Vision Plan | | Not Covered | |
| Child Dependent Termination age | Children covered to End of Year they turn age 26 | | Children covered to End of Year they turn age 26 | |

Comparison is for illustrative purposes only. Written plan documents will supersede any errors on this illustration.

1 Out-of-Network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit 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 90th percentile of FAIR Health for Integrity 10 and SEHBP Direct 10 plans.

2 Copayments apply to in-network primary care and specialist office visits unless otherwise indicated

3 Mental health conditions and Alcohol/Substance Abuse treatment are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit

Long Branch Board of Education Medical Plan Comparison Integrity 15 v. SEHBP Direct 15

| | Integrity 15 | | SEHBP Direct Access 15 | |
|---|---|--|---|--|
| | In-Network | Non-Network | In-Network | Non-Network |
| Annual Deductible | | | | |
| Individual | \$0 | \$100 | \$0 | \$100 |
| Family | \$0 | \$250 | \$0 | \$250 |
| Coinsurance | 100%; 90% on select services | 70% of R&C ¹ | 100%; 90% on select services | 70% of R&C ¹ |
| Annual Out of Pocket Coinsurance Maximum (Includes coinsurance) | | | | |
| Individual | \$400 | \$2,000 | \$400 | \$2,000 |
| Family | \$1,000 | \$5,000 | \$1,000 | \$5,000 |
| Overall Annual Out of Pocket Maximum (Includes copay, coinsurance, and deductible) | | | | |
| Individual | \$5,280 | \$2,000 | \$6,960 | \$2,000 |
| Family | \$10,560 | \$5,000 | \$13,920 | \$5,000 |
| Lifetime Maximum | Unlimited | | Unlimited | |
| Hospital Inpatient Services (room and board; physician visits) | 100% | 70% after deductible | 100% | 70% after deductible |
| Emergency Room | 100% after \$50 copay waived if admitted | 100% after \$50 copay waived if admitted | 100% after \$50 copay waived if admitted | 100% after \$50 copay waived if admitted |
| Ambulance | 90%; non-emergency condition excluded | 90%; non-emergency condition excluded | 90%; non-emergency condition excluded | 70%; non-emergency condition excluded |
| Radiation/Chemotherapy Outpatient | 100% | 70% after deductible | 100% | 70% after deductible |
| X-Ray and Lab Tests | 100% | 70% after deductible | 100% | 70% after deductible |
| Home Health Care | 100% | 70% after deductible | 100% | 70% after deductible |
| Skilled Nursing Facility | Unlimited | | Requires Pre-approval | |
| | 100% | 70% after deductible | 100% | 70% after deductible |
| Private Duty Nursing (outpatient) | 120 days per calendar year combined | | 120 days per calendar year | |
| Hospice | 90% | 70% after deductible | 90% | 70% after deductible |
| Surgery/Anesthesia | 100% | 70% after deductible | 100% | 70% after deductible |
| | 10 days (lifetime max) | | Requires Pre-approval | |
| Physician Office Visits ² | \$15 Copay (PCP) \$15 Copay (Specialist) | 70% after deductible | \$15 Copay (PCP) \$15 Copay (Specialist) | 70% after deductible |
| Annual Physical Exams | 100% | Not Covered | 100% | Not Covered |
| Annual Well Child Care | 100% | Not Covered | 100% | Not Covered |
| Immunizations (except if travel or job related) | 100% | Not Covered; Well Child immunizations: 70% after deductible (up to age 1) | 100% | Not Covered; Well Child immunizations: 70% after deductible (up to age 1) |
| Annual OB-Gyn Exam | 100% | 70% after deductible | 100% | 70% after deductible |
| Annual Mammogram (baseline and women over age 40) | 100% | 70% after deductible | 100% | 70% after deductible |
| Annual Prostate screening (men over 50) | 100% | Not Covered | 100% | Not Covered |

Long Branch Board of Education Medical Plan Comparison Integrity 15 v. SEHBP Direct 15

| | Integrity 15 | | SEHBP Direct Access 15 | |
|---|---|------------------------------|---|---|
| | In-Network | Non-Network | In-Network | Non-Network |
| Maternity (including pre-natal) | \$15 copay for 1st prenatal visit, then 100% | 70% after deductible | \$15 copay for 1st prenatal visit, then 100% | 70% after deductible |
| Infertility services | \$15 copay Subject to limitations set by NJ Mandates | 70% after deductible | \$15 copay Subject to limitations set by NJ Mandates | 70% after deductible |
| Allergy Testing and Treatment | \$15 copay | 70% after deductible | \$15 copay | 70% after deductible |
| Acupuncture | \$15 copay | 70% after deductible | \$15 copay | 70% after deductible, limited to \$60/visit |
| Chiropractic Care | \$15 copay 30 visits per calendar year | 70% after deductible | \$15 copay 30 visits per calendar year | 70% after deductible, limited to \$35/visit |
| Short Term Therapies (Physical, Cognitive, Occupational, Respiratory, Speech) | \$15 copay Unlimited | 70% after deductible | \$15 copay Unlimited | 70% after deductible, limited to \$52/visit |
| Other Therapies (Chelation, dialysis, Infusion) | 100% Unlimited | 70% after deductible | 100% Unlimited | 70% after deductible |
| Hearing Aids | 100% One hearing aid for each impaired ear once in a 24-month period, only for members are 19 or younger | 70% after deductible | 100% One hearing aid for each impaired ear once in a 24-month period, only for members are 15 or younger | 70% after deductible |
| Durable Medical Equipment/Medical Supplies | 90% | 70% after deductible | 90% | 70% after deductible |
| Prosthetics and Orthotics | 90% | 70% after deductible | 90% | 70% after deductible |
| Inpatient Mental Illness/Substance Abuse/Alcohol Treatment ³ | Covered as any other illness | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Outpatient Mental Illness/Substance Abuse/Alcohol Treatment ³ | Covered as any other illness | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Routine Vision Exam | \$10 copay | Not Covered | \$15 copay (one annual exam/year) | Not Covered |
| Vision Hardware | Covered under Standalone Vision Plan | | Not Covered | |
| Child Dependent Termination age | Children covered to End of Year they turn age 26 | | Children covered to End of Year they turn age 26 | |

Comparison is for illustrative purposes only. Written plan documents will supersede any errors on this illustration.

1 Out-of-Network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit 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 90th percentile of FAIR Health for Integrity 15 and SEHBP Direct 15 plans.

2 Copayments apply to in-network primary care and specialist office visits unless otherwise indicated

3 Mental health conditions and Alcohol/Substance Abuse treatment are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit

Long Branch Board of Education Medical Plan Comparison Integrity Educator Health Plan (EHP) v. SEHBP Educator Health Plan (EHP)

| | Integrity Educator Health Plan (EHP) | | SEHBP Educator Health Plan (EHP) | |
|---|---|--|---|--|
| | In-Network | Non-Network | In-Network | Non-Network |
| Annual Deductible | | | | |
| Individual | \$0 | \$350 | \$0 | \$350 |
| Family | \$0 | \$700 | \$0 | \$700 |
| Coinsurance | 100%; 90% on select services | 70% of R&C ¹ | 100%; 90% on select services | 70% of R&C ¹ |
| Annual Out of Pocket Coinsurance Maximum (Includes coinsurance) | | | | |
| Individual | \$500 | \$2,000 | \$500 | \$2,000 |
| Family | \$1,000 | \$5,000 | \$1,000 | \$5,000 |
| Overall Annual Out of Pocket Maximum (Includes copay, coinsurance, and deductible) | | | | |
| Individual | \$500 | \$2,000 | \$500 | \$2,000 |
| Family | \$1,000 | \$5,000 | \$1,000 | \$5,000 |
| Lifetime Maximum | Unlimited | | Unlimited | |
| Hospital Inpatient Services (room and board; physician visits) | 100% | 70% after deductible | 100% | 70% after deductible |
| Emergency Room | 100% after \$125 copay waived if admitted | 100% after \$125 copay waived if admitted | 100% after \$125 copay waived if admitted | 100% after \$125 copay waived if admitted |
| Ambulance | 90% | 70% after deductible | 90%; non-emergency condition excluded | 70% after deductible; non-emergency condition excluded |
| Radiation/Chemotherapy Outpatient | 100% | 70% after deductible | 100% | 70% after deductible |
| X-Ray and Lab Tests | 100% | 70% after deductible | 100% | 70% after deductible |
| Home Health Care | 100% | 70% after deductible | 100% | 70% after deductible |
| | Unlimited | | Requires Pre-approval | |
| Skilled Nursing Facility | 100% | 70% after deductible | 100% | 70% after deductible |
| | 120 days per calendar year combined | | 120 days per calendar year combined | |
| Private Duty Nursing (outpatient) | 90% | Not Covered | 90% | 70% after deductible |
| Hospice | 100% | 70% after deductible | 100% | 70% after deductible |
| | Requires Pre-approval | | Requires Pre-approval | |
| Surgery/Anesthesia | 100% | 70% after deductible | 100% | 70% after deductible |
| Physician Office Visits ² | \$10 Copay (PCP) \$15 Copay (Specialist) | 70% after deductible | \$10 Copay (PCP) \$15 Copay (Specialist) | 70% after deductible |
| Annual Physical Exams | 100% | Not Covered | 100% | Not Covered |
| Annual Well Child Care | 100% | Not Covered | 100% | Not Covered |
| Immunizations (except if travel or job related) | 100% | Not Covered; Well Child immunizations: 70% after deductible (up to age 1) | 100% | Not Covered; Well Child immunizations: 70% after deductible (up to age 1) |
| Annual OB-Gyn Exam | 100% | 70% after deductible | 100% | 70% after deductible |
| Annual Mammogram (baseline and women over age 40) | 100% | 70% after deductible | 100% | 70% after deductible |
| Annual Prostate screening (men over 50) | 100% | Not Covered | 100% | Not Covered |

Long Branch Board of Education Medical Plan Comparison Integrity Educator Health Plan (EHP) v. SEHBP Educator Health Plan (EHP)

| | Integrity Educator Health Plan (EHP) | | SEHBP Educator Health Plan (EHP) | |
|---|---|--|---|---|
| | In-Network | Non-Network | In-Network | Non-Network |
| Maternity (including pre-natal) | \$15 copay for 1st prenatal visit, then 100% | 70% after deductible | \$15 copay for 1st prenatal visit, then 100% | 70% after deductible |
| Infertility services | \$15 copay | 70% after deductible | \$15 copay | 70% after deductible |
| | Subject to limitations set by NJ Mandates | | Subject to limitations set by NJ Mandates | |
| Allergy Testing and Treatment | \$15 copay | 70% after deductible | \$15 copay | 70% after deductible |
| Acupuncture | \$15 copay | Lesser of \$60 or 75% of negotiated charge | \$15 copay | 70% after deductible, limited to \$60/visit |
| Chiropractic Care | \$15 copay | Lesser of \$35 or 75% of negotiated charge | \$15 copay | 70% after deductible, limited to \$35/visit |
| | 30 visits per calendar year | | 30 visits per calendar year | |
| Short Term Therapies (Physical, Cognitive, Occupational, Respiratory, Speech) | \$15 copay | Lesser of \$52 or 75% of negotiated charge | \$15 copay | 70% after deductible, limited to \$52/visit |
| | Unlimited | | Unlimited | |
| Other Therapies (Chelation, dialysis, Infusion) | 100% | 70% after deductible | 100% | 70% after deductible |
| | Unlimited | | Unlimited | |
| Hearing Aids | 100% | 70% after deductible | 100% | 70% after deductible |
| | One hearing aid for each impaired ear once in a 24-month period, only for members are 15 or younger | | One hearing aid for each impaired ear once in a 24-month period, only for members are 15 or younger | |
| Durable Medical Equipment/Medical Supplies | 90% | 70% after deductible | 90% | 70% after deductible |
| Prosthetics and Orthotics | \$15 copay | 70% after deductible | 90% | 70% after deductible |
| Inpatient Mental Illness/Substance Abuse/Alcohol Treatment ³ | Covered as any other illness | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Outpatient Mental Illness/Substance Abuse/Alcohol Treatment ³ | Covered as any other illness | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Routine Vision Exam | \$15 copay (one annual exam/year) | Not Covered | \$15 copay (one annual exam/year) | Not Covered |
| Vision Hardware | Not Covered | | Not Covered | |
| Child Dependent Termination age | Children covered to End of Year they turn age 26 | | Children covered to End of Year they turn age 26 | |

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1 Out-of-Network providers may bill you for difference between the carrier's Reasonable and Customary (R&C) limit 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% CMS for Integrity EHP and SEHBP EHP plans.

2 Copayments apply to in-network primary care and specialist office visits unless otherwise indicated

3 Mental health conditions and Alcohol/Substance Abuse treatment are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit