

**SHBP PDC RESOLUTION 2020-6**

**RESOLUTION OF THE STATE HEALTH BENEFITS PROGRAM PLAN DESIGN COMMITTEE TO REDUCE THE RETIREE PRESCRIPTION DRUG COPAYMENT FOR EGWP SPECIALTY MEDICATION**

WHEREAS, pursuant to N.J.S.A. 52:14-17.29 et seq., the State Health Benefits Program (SHBP) provides health coverage to qualified employees and retirees of the State and participating local employers; and

WHEREAS, the SHBP was enacted in 1961 for the purpose of providing affordable health care coverage for public employees on a cost effective basis; and

WHEREAS, pursuant to N.J.S.A. 52:14-17.28, the State Health Benefits Commission contracts with carriers to provide the State Health Benefit Program (SHBP) to eligible participants; and

WHEREAS, all SHBP plans, with the exception of Medicare Advantage plans, are self-funded, which means that the money paid out for benefits comes directly from a SHBP fund supplied by the State, participating local employers, and member premiums; and

WHEREAS, the SHBP Plan Design Committee recognizes that pharmaceuticals, an integral part of medical treatment, keep patients healthier and extend or save lives and in many situations, proper pharmaceutical use is documented to save money by avoiding costly hospitalization, emergency room use, moving to a nursing home or repeat visits to specialists; and

WHEREAS, the SHBP Plan Design Committee recognizes the Center for Medicare and Medicaid Services (CMS) PY 2020 criteria for the Employer Group Waiver Plan (EGWP) specialty tier as drugs that exceed the \$670 threshold for a 30-day supply.

WHEREAS, on October 30, 2019 the SHBP Plan Design Committee adopted resolution 2019-13 establishing 30 day copays in the Employer Group Waiver Plan (EGWP) (attached)

**NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:**

1. 30 day co-pays for Specialty Pharmacy in the Employer Group Waiver Plan (EGWP) shall be as follows:

	Aetna MA PPO ESA 10	Aetna MA PPO ESA 15			Aetna MA Open Access HMO	Aetna MA Open Access HMO 1525	
			Horizon NJ DIRECT 1525	Horizon NJ DIRECT 2030	Horizon HMO	Horizon HMO 1525	Horizon HMO 2030
Mail: Generic Copayments	\$1	\$1	\$1	\$1	\$1	\$1	\$1
Mail: Preferred Brand Copayments	\$9	\$9	\$13	\$12	\$6	\$13	\$12

Mail: Non-Preferred Brand Copayments	\$18	\$18	\$29	\$30	\$10	\$29	\$30
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2. This provision shall continue for one plan year and will continue thereafter only by an affirmative majority vote of the Committee.

DATED: August 31, 2020



2019-13