Newark Board of Education
Roger León, Superintendent

2026 Prescription Plans Comparison

EXPRESS SCRIPTS®

2026 Prescription Plans Comparison

ACTIVE/ OVERAGE DEPENDENT/COBRA	$0/$20 Prescription Plan		NJ Educators Prescription Plan and Garden State Prescription Plan	
Express Scripts Formulary Name	National Preferred Formulary		National Preferred Formulary	
Prescription Plan Benefits	**IN - NETWORK**	**OUT - OF - NETWORK**	**IN - NETWORK**	**OUT - OF - NETWORK**
MOOP (Maximum out-of-pocket limit)	$1,580 - Individual/ $3,160 - 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 and GSP 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 co-pay)

The NJEP and GSP Prescription Programs includes Step Therapy, Mandatory Generics Program as well as Mandatory Mail-Order for Specialty Medication and a Restrictive Closed 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.

Express Scripts Dedicated NEWARK BOE Telephone: 1-844-424-8882