



Overview of Health Benefit Options

Barnegat Township School District

October 2020



Employee Benefits Consulting & Brokerage | Labor Relations & Human Resources Support
Client Services & Claims Adjudication | Compliance & Regulatory Guidance | Enrollment & Decision Support Technology



Agenda

- 2021 Health Plan Options
- Affirmative Enrollment Procedures
- Network & Administrative Procedures
- 2021 EHP Health & Rx Side by Side Comparison
- Out-of-Network Benefits with Dollar Limits
- Out-of-Network Reimbursement Procedures
- NJEHP Prescription Drug Benefits
- Prescription Drug Benefits/ New EHP Rx Plan
- Employee Premium Sharing overview
- NJEHP Contribution Schedule
- Important Dates & Questions



2021 Health Plan Options

- Effective January 1, 2021, Chapter 44 requires all School Districts to offer the Educators Health Plan alongside your existing collectively bargained plans:
 - ❖ Direct Access 10
 - ❖ Direct Access 15
 - ❖ Direct Zero



Open Enrollment Procedure

□ Employees hired prior to July 1, 2020

- ❖ Affirmative enrollment is required. If you do not submit, you will be placed in the Educators Health Plan effective 1/1/2021
- ❖ If you are choosing to maintain your current level of coverage, you will need to make that selection on the affirmative election form and return to the Business Office



Open Enrollment Procedure

□ Employees hired prior to July 1, 2020

- ❖ If voluntarily enrolling in the Educators Health Plan, please complete the affirmative election form and return to the Business Office

- ❖ If continuing to waive coverage, please complete the affirmative election form and return to the Business Office



Open Enrollment Procedure

- **Employees hired on or after July 1, 2020**

- All employees hired on or after July 1, 2020 must take the NJEHP as of January 1, 2021 and remain in the plan until January 1, 2028
 - ❖ You must complete the affirmative election form

 - ❖ The NJEHP and the proposed Garden State Plan (effective 7/1/2021) will be the only plans available for new Hires until 1/1/2028



Network & Administrative Procedures

- All plans allow members to visit health professionals in or out of network unless
- Members are **not required** to choose a primary care physician and there are **no referrals required** for these plans
- Members have access to the Horizon BCBS NJ Direct Managed Care Network in the state of New Jersey
- Members have access to the Global Core Network outside of New Jersey and outside of the country
(formally BlueCard PPO Worldwide)



2021 Horizon Health Plan Options

2021 Horizon Health Plan Options

	Direct Access Zero	Direct Access \$10	Direct Access \$15	New Jersey Educators Health Plan
Medical Cost Sharing				
Primary Care Copayment	\$0	\$10	\$15	\$10
Specialist Care Copayment	\$0	\$10	\$15	\$15
Emergency Room Copayment	\$25	\$25	\$50	\$125
In-network Deductible				
In-network Coinsurance	10% ¹	10% ¹	10% ¹	10% ¹
In-network Coinsurance Maximum				
In-network Out-of-Pocket Maximum (Individual/Family)	\$400/\$800	\$400/\$800	\$400/\$800	\$500/\$1,000
Out-of-Network Deductible	\$100/\$250	\$100/\$250	\$100/\$250	\$350/\$700
Out-of-Network Coinsurance ²	20% ³	20%	30%	30% ³
Out-of-Network Out-of-Pocket Maximum	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000
Out-of-Network Inpatient Hospital Deductible	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)
Out-of-Network Acupuncture Services	Coinsurance after Deductible (see above)	Coinsurance after Deductible (see above)	Coinsurance after Deductible (see above)	Lessor of \$60/visit of 75% of In-Network cost/visit
Out-of-Network Physical Therapy Services	Coinsurance after Deductible (see above)	Coinsurance after Deductible (see above)	Coinsurance after Deductible (see above)	Lessor of \$52/visit of 75% of In-Network cost/visit



Out of Network Benefits with Dollar Limits

- **The Educators Health Plan implements restrictions on certain benefits:**
 - ◆ **Acupuncture Therapies**
Limited to the lesser of \$60 per visit or 75% of the in-network cost per visit

 - ◆ **Physical Therapy Coverage**
Limited to the average of in-network cost per visit. Currently \$52.



Out-Of-Network Reimbursement Procedure

□ **Out-of-Network Professional Services**

- ❖ Services are reimbursed based on an allowed amount not charges

□ **Balance Billing**

- ❖ The difference between the allowed amount and the provider's actual charges. Balance billing does not apply towards the out-of-pocket limits

□ **Out-of-Network allowance for professional services for Existing Bargained Plan Options**

- ❖ 90th Percentile of Fair Health

□ **Out-of-Network allowance for professional services in the NJEHP**

- ❖ 200% of CMS



2021 Benecard Rx Plan Options

2021 Benecard Prescription Drug Plans

	Benecard Base Plan	New Jersey Educators Health Plan
Prescription Drug Copayments		
Retail: Generic Copayments	\$10	\$5
Retail: Preferred Brand Copayments	\$20	\$10
Retail: Non-Preferred Brand Copayments	\$20	Member pays difference*
Mail Order: Generic Copayments	\$0	\$10
Mail Order: Preferred Brand Copayments	\$0	\$20
Mail Order: Non-Preferred Brand Copayments	\$0	Member pays difference*
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$1,600/\$3,200

Note: Retail - 30-day supply. Mail Order - 90-day supply. Oral contraceptive coverage is available under the medical and prescription drug plans.

* You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.



NJEHP Prescription Drug Benefits

- **The NJEHP comes with a prescription drug copay plan:**
 - ❖ \$5 copay for retail generic drugs
 - \$10 copay for mail order generic drugs
 - ❖ \$10 copay for retail brand name drugs
 - \$20 copay for mail order brand name drugs

- **Mandatory Generic Plan**
 - ❖ For brand name drugs with generic equivalents, member pays the difference in cost between the brand name and the generic drug plus brand copay

- **Closed Formulary** – directs prescriptions to more cost-effective clinically equivalent medications



Employee Premium Sharing

□ Direct Access Plans

- ❖ Employee benefit contributions will be based on Chapter 78 or locally negotiated amount (% of premium)

□ NJEHP Health & Rx Plan

- ❖ Employee benefit contributions will be based on a percentage of salary
- ❖ Percentage varies based on salary and contract type (single, 2 adult, family or parent/child(ren))



NJEHP Medical & Rx Contribution Schedule

BASE SALARY

LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/Child(ren)</u>	<u>Two Adult</u>	<u>Family</u>
Up to - \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000	3.6%	4.4%	6.6%	7.2%

1. This contribution cannot exceed the previous Chapter 78 contributions. In every case, the lower contribution applies.
2. For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.



NJEHP Medical & Rx Contribution Calculator



Barnegat Township Board of Education 1/1/21 - 7/31/21 Contribution Calculator

Enter Yearly Salary					
Employee Type		10 Month ▼			
Medical Coverage					
Coverage Level	Family ▼	Contribution Percent	Monthly Total	Employee Monthly Total	Per Paycheck Amount
Plan Name	DA Zero ▼	0.00%	\$0.00	\$0.00	\$0.00
Prescription Coverage					
Coverage Level	Family ▼	Contribution Percent	Monthly Total	Employee Monthly Total	Per Paycheck Amount
Plan Name	Benecard- Non Admin ▼	0.00%	\$0.00	\$0.00	\$0.00
Per Paycheck Total					\$0.00

This calculator is provided for information purposes only. All calculations are estimates, and may differ from the actual amounts deducted from payroll.



Knowledge You Can Trust™

Important Dates

- The Affirmative election period is:
October 19th to November 13th
- All affirmative election forms must be returned to the Board Office on or before: **November 13, 2020**
- Effective Date of coverage for changes during this open enrollment period is: **January 1, 2021**



Questions

You can contact us with any questions you have in regards to your benefits!

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