



Overview of Health Benefit Options

Egg Harbor 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
 - ❖ Direct Access 15/25
 - ❖ Point of Service 10
 - ❖ OMNIA



Open Enrollment Procedure

- **Employees hired prior to July 1, 2020**
 - ❖ October 19, 2020 begins the annual open enrollment period
 - ❖ 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
 - ❖ If you would like to elect to enroll in a different plan option, please complete the affirmative election form as well as the Horizon enrollment form



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 electing or continuing to waive coverage, please complete the affirmative election form and the District waiver form and return to the Business Office
 - ❖ If adding any dependents to your coverage, please fill out the affirmative election form and complete a medical and prescription enrollment 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 enrolled in the OMNIA plan
- Members are **not required** to choose a primary care physician and there are **no referrals required** for these plans, unless enrolled in the Point of Service
- 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, except Point of Service (*formally BlueCard PPO Worldwide*)



2021 Horizon Health Plan Options

2021 Horizon Health Plan Options

	Direct Access Zero	Direct Access \$15	New Jersey Educators Health Plan
Medical Cost Sharing			
Primary Care Copayment	\$0	\$15	\$10
Specialist Care Copayment	\$0	\$15	\$15
Emergency Room Copayment	\$25	\$50	\$125
In-network Deductible			
In-network Coinsurance	10% ¹	10% ¹	10% ¹
In-network Coinsurance Maximum			
In-network Out-of-Pocket Maximum (Individual/Family)	\$400/\$800	\$400/\$800	\$500/\$1,000
Out-of-Network Deductible	\$100/\$250	\$100/\$250	\$350/\$700
Out-of-Network Coinsurance ²	20% ³	30%	30% ³
Out-of-Network Out-of-Pocket Maximum	\$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 Chiropractic Services	Coinsurance after Deductible (see above)	Coinsurance after Deductible (see above)	Lessor of \$35/visit of 75% of In-Network cost/visit
Out-of-Network Acupuncture Services	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)	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
 - ❖ **Chiropractic Care**
Limited to the lesser of \$35 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	\$10	\$10
Retail: Non-Preferred Brand Copayments	\$10	Member pays difference*
Mail Order: Generic Copayments	\$10	\$10
Mail Order: Preferred Brand Copayments	\$10	\$20
Mail Order: Non-Preferred Brand Copayments	\$10	Member pays difference*
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,300/\$2,600	\$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, Point of Service and OMNIA 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



Egg Harbor Township Board of Education 1/1/21 - 6/30/21 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	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 9th
- All affirmative election forms must be returned to the Board Office on or before: **November 9, 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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