

# *South River Board of Education*

## **Memorandum**

Date: July 1, 2024

To: All Employees with a start date of July 1, 2020 or later

From: Johnny Rosa  
Business Administrator

Re: **Horizon New Jersey Educator's Plan (NJEHP) / Garden State Health Plan (GSHP) Enrollment**

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In accordance with P.L. 2020, Chapter 44 which was signed into Law on July 1, 2020, all employees with a start date of July 1, 2020 or later have the opportunity to enroll into the NJ Educators Plan or Garden State Health Plan benefits package. All Medical and Prescription Drug plan will be subject to Ch. 44 Contribution Table (please see attached)

### **Summary of Medical Benefits**

Effective July 1, 2020 Medical and Prescription Drug plans will be provided by **Horizon**. Horizon Medical and Prescription Drug Plan is offered to all employees. If you choose to visit participating physicians and facilities, most benefits will be covered after an office visit copay of \$10 under the Horizon NJEHP or GSHP. In addition to this, you will not be required to obtain a referral from a Primary Care Physician. Please be informed that Summary of Benefits and Coverage (SBC) can be found on the District's webpage. This can be located under the link "Staff", "Health Care Programs"

If you choose to visit out-of-network providers, benefits will be covered at 70% after a \$2,000 single/\$5,000 family deductible. However, if you do choose to see out-of-network providers, you may be subject to balance-billing above the Reasonable and Customary limit. **Please note, the GSHP covers New Jersey only. There is no coverage (In Network or Out of Network) outside of New Jersey.**

### **Summary of Prescription Drug Benefits**

The Prescription Drug benefits will be provided by **Horizon**, the prescription drug copayments are listed below:

#### **Horizon New Jersey Educator's Plan (NJEHP) / Garden State Health Plan (GSHP):**

- \$5 copayment for Generic Retail Drugs (30-Day Supply)
- \$10 copayment for Preferred Brand Name Retail Drugs (30-Day Supply)
- \$10 copayment for Non-Preferred Brand Name Retail Drugs (30-Day Supply)\*\*
- \$10 copayment for Generic Mail-Order Drugs (90-Day Supply)
- \$20 copayment for Preferred Brand Name Mail-Order Drugs (90-Day Supply)
- \$20 copayment for Preferred Brand Name Mail-Order Drugs (90-Day Supply)\*\*

*\*\*Please note, Non-Preferred Brand & Specialty Drugs could carry an additional cost if there is Generic alternative available. Please consult the Horizon plan documents for additional information.*

## Dental Benefits

Dental benefits be offered through Delta Dental. A new staff member may purchase the family plan at a cost of the difference between the singly and family plans. For those taking family coverage, non-tenured employee contributions will be \$397.08. Employee Contributions will be payroll deducted in equal amounts based on your regular pay cycle.

## Benefits Waiver Program Option

As an alternative to the new benefits package, the Board of Education also offers employees a Benefits Waiver Program that will enable you to receive money for opting out of the benefits program if you can show proof of other medical coverage. Employees who choose this option will receive a one-time payment issued by the Board of Education on or about June 15<sup>th</sup> of the current year of which the election is made. Please note this additional amount is fully taxable to the employee and is considered non-pensionable earnings.

In order to be eligible for the program, you (and your eligible dependents, if any) must be covered by another health benefits program and show proof of other coverage. **The proof of other coverage required by the Board is a letter from the company that offers your alternative coverage stating that you (and any eligible dependents) are currently enrolled.**

If you choose to participate in the plan, you will be eligible for a payment in the amount of 25% of the Medical, Prescription Drug, and Dental Plan Premium capped at \$5,000. Also, the calculation for determining the 25% payment for the Dental is based off the SREA contracts' capped premium amount of \$822.60. You can choose to opt out of only the Horizon Medical/Rx Plan and remain enrolled in the Dental Plan, or vice-versa. You can also elect to opt out of both the Horizon Medical/Rx Plan and the Dental Plan to maximize your waiver payment. For the 2024/2025 plan year, the waiver amounts are listed below. The amount of the opt out will depend on when you submit the opt out forms to the board office.

	Medical/Rx	Dental
Singe Waiver:	\$3,868.56	\$182.91
Two Adults Waiver:	\$5,000.00*	\$205.65*
Parent/ChildWaiver:	\$5,000.00*	\$205.65*
Family Waiver:	\$5,000.00*	\$205.65*

\*Cannot be combined.

Please note, however, that if you waive Horizon Medical Plan, you must also waive the Rx program, as it is part of the Horizon Medical Plan. Payment will be made on or about June 15<sup>th</sup> of the current year.

**In order to participate in the Waiver Program, you must elect to opt out of the South River Health Benefits Plan each and every year during the District's annual Open Enrollment.** Also, it is the responsibility of the employee to opt out of the South River Health Benefits Program each and every year. The District WILL NOT contact you or automatically send you the Waiver of Health Benefits form. If you do not opt out of the benefits plan at Open Enrollment each year, you, along with your eligible dependents, will be automatically re-enrolled in the plan effective July 1<sup>st</sup> and no waiver payment will be made the following year.

Please note that should the District need to re-enroll you in the plan, re-enrollment will occur only for the Medical and Prescription Drug benefits (not the Dental Plan). In addition to this, the Board Office will re-enroll you based on the employee and dependent information as provided on the Waiver of Health Benefits

Acknowledgment form. If this information is no longer accurate, you must report the changes to the Board Office during the Open Enrollment in May (or during a special enrollment period should you wish to re-enroll in the plan within the year due to a qualifying event change). You are eligible to re-enroll in the Dental Plan, but you must fill out the appropriate enrollment form during Open Enrollment. Due to the fact that you may be subject to employee contributions, you will not be automatically enrolled in the Dental Plan without filling out an enrollment form.

### **Your Required Actions**

You must complete a Horizon enrollment form. If you choose to opt out of the benefit plans and take advantage of the Benefits Waiver Program, you must also complete the necessary forms available on the district website. A copy of your birth certificate and marriage license, if applicable, is required to process your waiver forms or your benefit enrollment forms. You may fill out the waiver form at any time throughout the school year. Please keep in mind that your opt out payment is pro-rated, meaning your payment is based on the number of months during the plan that you opted out. Please be reminded if an employee elects to waive medical coverage, they must provide proof of alternative medical coverage.

### **Important Reminders**

- If you elect to waive medical coverage, you must provide proof of alternative medical coverage and complete the Waiver of Health Benefits Acknowledgment form and Waiver of Health Benefits form. The forms must be completed and returned to the Board Office.
- You will receive an ID card in the mail. Please remember to show your ID card to your Primary Care Physician and Pharmacy.
- Copies of birth certificates and marriage licenses, if applicable, are required for both waiving coverage and health care enrollment.

### **Questions?**

Should you have any question relating to the Horizon Medical or Prescription Drug plans, please contact your Association President for assistance. You may also call our Health Benefits Consultant, Acrisure at 1-866-315-8505 to ask questions about benefits, or visit the Horizon website: [www.horizonblue.com](http://www.horizonblue.com). Enrollment and Waiver forms can be found at <http://www.srivernj.org> or you may contact Beth DePinto at the Board Office for hard copies.