

Chesterfield Township Board of Education

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September 2020

TO: All Health Benefit Eligible Employees

FROM: Andrew Polo, Business Administrator

RE: NJ Educators Health Plan

As you are aware, a new health care plan has been introduced for all individuals eligible for health care in school districts. The New Jersey Educators Health Plan will soon be in effect for Chesterfield Township Board of Education. I wanted to take this opportunity to explain the details of the plan to you so when open enrollment begins, you can make an informed decision if you wish to switch health coverage.

Information:

- Chesterfield will offer the NJEHP to all employees eligible for health benefits.
- The plan will be effective January 1, 2021. Open enrollment will be in October 2020 and information will be distributed electronically.
- If you are a new employee (hired after July 1, 2020) — you will have current health benefits coverage until December 31, 2020, and *then you will be automatically enrolled in the NJEHP.* Your enrollment in the NJEHP will be for a period of seven years (12/31/2027).
- The NJEHP plan covers medical and prescription. Dental is not part of the NJEHP. The current dental plan at Chesterfield will not change.
- If you work in the same district as your spouse, you will not be forced to take NJEHP for one person.

If you are in any of the current plans and choose to go in the NJEHP and then decide you want to go back to your original plan, you must wait until open enrollment in May 2021. **Note: if you are a new employee after 7/1/2020 this option is not available to you.**

NJ EDUCATORS HEALTH PLAN

		NJEHP
IN-NETWORK	NETWORK: National network - NOT limited to NJ doctors and facilities	
	Deductible (Single/Family)	None
	In-Network Coinsurance	10%
	Primary Care Physician Copayment	\$10
	Specialist Copayment	\$15
	Emergency Room Copayment	\$125
	Total In-Network Coinsurance and Copayment OOP Maximum (Single/Family)	\$500/\$1,000
	Inpatient Hospitalization	No charge

OUT-OF-NETWORK	Deductible (Single/Family)	\$350/\$700
	Out-of-Network Coinsurance	30%
	Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000
	Inpatient Hospitalization	No charge
	Maximum Provider Reimbursement (Reasonable and Customary)	200% of Medicare*

PRESCRIPTION DRUG	Retail - Generic	\$5
	Retail - Brand w/ No Generic Available	\$10
	Retail - Brand w/ Generic Available	Member pays the difference**
	Mail - Generic	\$10
	Mail - Brand w/ No Generic Available	\$20
	Mail - Brand w/ Generic Equivalent	Member pays the difference**

* Chiropractic, acupuncture, and physical therapy have a different fee schedule.

** For brand-name drugs with generic equivalents available, the plan will pay the cost of the generic equivalent. Members who choose to fill the prescription with the brand-name drug will be responsible for the difference in the cost of the prescription. A medical appeal process is available.

CONTRIBUTION SCHEDULE¹

BASE SALARY OR PENSION² AMOUNT

LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	Single	Parent/child(ren)	Two Adults	Family
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	3.6%	4.4%	6.6%	7.2%

¹ This contribution cannot exceed the previous Ch. 78 contribution. In every case, the lower contribution applies.

² Only applicable to retirees required to contribute under Ch. 78. Retirees currently receiving or eligible to receive premium-free health benefits will continue to do so.

³ For any employee earning a base salary above \$125,000 the maximum contribution will be based on a salary of \$125,000.