

2026 HEALTHCARE CHANGES FAQ



This FAQ is designed to provide a summary of information on the changes being made to the South Orange & Maplewood Board of Education health insurance plans. This does not detail all the benefit definitions, coverages, provisions, restrictions, and exclusions, but is intended to answer some of the questions you may have in preparation for this transition to our new program. The formal Summary Benefits of Coverage documents will follow once finalized and more information will be provided during our open enrollment sessions.

Medical & Prescription Coverage

Q. What is changing and when?

Effective January 1, 2026, The District is changing our medical administrator to Meritain. Meritain is an **Aetna** company and uses **the Aetna Choice POS II** network of providers which will be replacing our current Horizon plans.

Prescription coverage will be through Aetna's parent company, CVS Caremark.

Q. Why is The District changing plans?

Due to the rising costs of healthcare, The District needed to evaluate our current plans. During this evaluation, we determined by changing our health insurance plans, we can help control the costs of providing these important benefits to you with no change in benefit levels.

Q. What do I need to do?

All eligible and enrolled employees will automatically carry over to the same, comparable, Meritain Health plans. This will be a passive enrollment. If you would like to change your current plan, you can contact Human Resources.

Q. Will I be getting new benefit cards after open enrollment?

Meritain will send you a new ID card with a Coordination of Benefits (COB) Form. Please make sure to complete the form and return it to Meritain as instructed. This is required for claims to be processed. Please note that your ID card will be sent in a generic envelope. ID cards can also be accessed by registering on the Meritain and CVS Caremark websites once the plans are effective.

Q. How does the Aetna medical provider network compare to Horizon's?

Aetna and Horizon medical provider networks are very comparable and similar in size. There is over a 94% match for members seeing providers that participate in both networks.

Q. Are the medical or prescription benefits changing?

The medical and prescription benefits are not changing with regard to copayments, deductibles, coinsurance, etc. Benefits will be identical to what you currently have.

Q. Will coverage for dependents end at the end of the calendar year when the dependent turns 26 OR on the dependents 26th birthday?

The plans and coverage levels are all going to be mirrored with what is currently in place. Benefits will end the last day of the year in which a dependent turns age 26.

Q. How do I find out if my doctor participates with the Aetna medical plan network?

Visit: [Provider Search - Home | Aetna](#)

And select the Aetna Choice POS II (Open Access) network from the drop-down list.

Aetna Open Access Plans

Aetna Choice® POS II (Open Access)

Q. Is out-of-state coverage available?

Yes, the Aetna Choice POS II network is national.

Q. What lab/imaging facility does Aetna use?

Most labs are in-network, but the major ones are LabCorp & Quest. To search for a provider, you can visit: [Provider Search - Home | Aetna](#)

Q. Do Pre-existing conditions apply when getting new insurance?

No, as per the ACA preexisting conditions do not apply. Your current enrollment will be rolled in to its equivalent plan under Aetna.

Q. What if I have a doctor's appointment, surgery or procedure, on or shortly after January 1st?

If you already have received prior authorization for any service, please contact your provider immediately to notify them of the change in carriers so new authorizations can be obtained if needed.

Any pre-authorizations in place with the NJ SEHBP WILL NOT carry over to Meritain (even if you are already enrolled in Aetna), so this will need to be taken care of by you and/or your provider.

Q. What happens if I am currently receiving treatment by a non-participating Aetna provider?

If you are currently receiving treatment by a non-participating Aetna provider, and your treatment is expected to continue after January 1st, please have the transition of care form completed and submit it to Meritain. Meritain will then review the criteria and advise you of their determination for any transition of care, if approved.

Q. What is the process for obtaining prior authorization or continuing medical case management services?

Meritain, as with most insurance administrators, has the same processes and care regimen as Horizon (as long as in-network) and will submit for prior authorization.

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Q. Are there any new benefits with Meritain?

Meritain, using the Aetna network, offers care at CVS MinuteClinic's. Members have access to eligible services virtually or at any in-network MinuteClinic. This can be a great lower-cost alternative to visiting the emergency room (ER) or urgent care. There are over 900+ clinic locations nationally. Walk-in locations are open 7 days a week and virtual care is also available 7 days a week.

Q. Will my prescription coverage be affected?

Your prescription benefit will not be changing; however, it is important to note that formularies for all PBM's do change every 6 months.

The prescription drug list (PDL) is below and current as of October 2025) and to each with who they apply to:

You can look up medications here:

- [CVS Caremark Formulary](#)

If you are currently taking a maintenance or specialty medication using the mail order program, you will need to submit a new prescription to CVS Caremark, and/or obtain another authorization, if applicable. Another way would be for your physician to submit your prescriptions using e-prescribe services available to them.

Q. Will GLP1's be covered?

Yes, GLP-1s will continue to be covered for diabetes and/or weight loss, however, Wegovy will be the preferred medication if prescribed for weight loss.

Q. Is there a gym reimbursement benefit?

Yes, Meritain will provide a \$20 gym reimbursement on a monthly basis once you submit the reimbursement form.

Q. What incentives, if any, would the new plan offer?

Aside from the gym reimbursement benefit, Meritain offers a discount program called LifeMart. LifeMart is one of the largest members-only online discount shopping websites. It offers exclusive savings from top brands on major purchases and everyday essentials, all in one convenient location. Members can find deals to save on travel, entertainment, food and groceries, fitness and much more. The LifeMart mobile app can be downloaded here:



Q. What if I have a question that I need answered before the plan start date?

If you have any questions before the plan start date, our brokers have set up a "help-line" email address where you can request assistance. Your inquiry will be responded to within 24 hours and the email address is:

SOMSDHelpline@fairviewinsurance.com

Here are a few links to videos you may find helpful:

Mobile App

[Meritain Mobile App](#)

All About Common Health Care Terms

[Understanding terms a member may come across in their health care benefits](#)

All About Understanding the Advantages of In-Network Providers

[Why it's good to stay in your provider network](#)

All About Precertification

[Overview of what precertification is, how it works and what to expect](#)

All About Your EOB

[How to read an EOB and what information it contains](#)

Employee Contributions

The employee contributions for the new plan year will be structured as they currently are today.

The premium rates are listed below, with links to the tables that outline how to derive the contributions:

Direct 10

- Single: \$1,774.83
- +Spouse: \$3,549.67
- +Child(ren): \$3,301.18
- Family: \$5,076.02

The determined cost for Direct 10 will be the calculation for Direct 15, plus rate difference (between Direct 10 & Direct 15).

Direct 15

- Single: \$1,703.21
- +Spouse: \$3,406.44
- +Child(ren): \$3,167.98
- Family: \$4,871.19

[Chapter 78 Percentage of Premium Scales \(page 2\)](#)

Educators Health Plan

- Single: \$1,284.29
- +Spouse: \$2,568.56
- +Child(ren): \$2,388.76
- Family: \$3,673.05

[Chapter 44 Percentage of Salary \(pages 1-3\)](#)

Garden State Health Plan

- Single: \$1,137.02
- +Spouse: \$2,274.04
- +Child(ren): \$2,114.86
- Family: \$3,251.88

[Chapter 44 Percentage of Salary \(pages 4-6\)](#)