

South River Board of Education

Memorandum

Date: July 1, 2026

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**

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

Medical and Prescription Drug plans will be provided by **Horizon**. Horizon Medical and Prescription Drug Plan is offered to all eligible 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 \$350 single/\$750 family deductible. There is an out-of-pocket maximum of \$2,000 single/\$5,000 family. 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 are 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 \$401.76 annually, \$20.09 per pay. Employee Contributions will be payroll deducted in equal amounts based on your regular pay cycle.

Your Required Actions

You must complete the online enrollment process. If you choose to opt out of the benefit plans and take advantage of the Benefits Waiver Program, you must also complete the necessary steps by **June 1, 2026**. A copy of your marriage license and birth certificates for any dependents, if applicable, is required to process your waiver or your benefit enrollment. You may complete the waiver 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 and Waiver of Health Benefits form. The waiver process must be completed no later than **June 1, 2026**. Failure to do so will result in your re-enrollment in the Horizon health plan.
- 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. Enrollment and Waiver forms can be found at <http://www.sriversnj.org> or you may contact Beth DePinto at the Board Office for hard copies.