

NEW JERSEY SCHOOL EMPLOYEES HEALTH BENEFITS PROGRAM

Harrison Board of Education

I. WELCOME/INTRODUCTION – effective date is November 1, 2015

II. SEHBP GENERAL INFORMATION, PROCEDURES & RULES

- **How to Enroll** – Everyone must fill out an SEHBP Enrollment Application.
- **ID Cards** – Cards for all plans are mailed to the address on the application
- **Eligibility**
 - **Employees**
 - **Dependents** – spouse or civil union partner & children (until the end of the year they turn age 26).
 - **Marriage Certificate and Federal Tax Return** - as per the New Jersey Division of Pensions & Benefits employees covering their spouse must provide a copy of their marriage certificate (civil or religious) and a copy of the top half of the front page of the most recently filed federal tax return (1040) for employee & spouse.
 - **Birth Certificate for Children**- as per the New Jersey Division of Pensions & Benefits, employees covering their children must provide a copy of the covered children’s birth certificates that list the employee as the parent.
 - For parents covering children who have:
 - Stepchildren (birth certificate must show spouse’s name and marriage certificate must be included).
 - Foster children, guardianship cases, and wards, you must submit legal documentation with the enrollment application for the above children to be enrolled.
- **Changing Coverage**
 - **Life Events** – marriage, birth, loss of other coverage, etc. 60 day window to complete form and for it to be received at the NJ Division of Pensions and Benefits
 - **Open Enrollment Period for employees** - month of October, every year. The effective date of the new plan is the following January 1st.
- **Dual Coverage within the SHBP/SEHBP is not allowed** (cash incentive for waiving dual SHBP/SEHBP coverage is not allowed)
- **NJ WELL**

III. MEDICAL PLANS:

- **NJ DIRECT PPO PLANS:**
 - Administered by **Horizon Blue Cross Blue Shield of NJ**
 - Extensive network of physicians & hospitals **in NJ** (called the **Horizon Managed Care Network**)
 - Nationwide network of physicians and hospitals **outside of New Jersey** via the national Blue Cross Blue Shield system (**Blue Card PPO**) – use ID card prefix “NJX”
 - In and out-of-network coverage
 - No selection of a Primary Care Physician required
 - No referrals required for specialists visits
 - NJ DIRECT Member Service - 1-800-414-7427
 - www.HorizonBlue.com/shbp

NJ DIRECT PPO plans are identical except in the following areas:

- **NJ DIRECT PPO 10 –**
 - \$10 office visit copayment
 - \$25 emergency room copayment
 - Out-of-network reimbursement: 80% after \$100 deductible
 - **Copayments count toward out-of-pocket maximum**
 - Out of pockets maximums per member (\$400 in network/\$2,000 out of network)
- **NJ DIRECT PPO 15 –**
 - \$15 office visit copayment
 - \$50 emergency room copayment
 - Out-of-network reimbursement: 70% after \$100 deductible
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pockets maximums per member (\$400 in network/\$2,000 out of network)
- **NJ DIRECT PPO 1525 –**
 - \$15 office visit copayment (\$25 specialist office visit copayment)
 - \$75 emergency room copayment
 - Out-of-network reimbursement: 70% after \$100 deductible (\$200 inpatient hospital deductible)
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pockets maximums per member (\$400 in network/\$2,000 out of network)
- **NJ DIRECT PPO 2030 –**
 - \$20 office visit copayment (Specialist office visit copayment: \$30 Adult/\$20 Child)
 - \$125 emergency room copayment
 - Out-of-network reimbursement: 70% after \$200 deductible (\$500 inpatient hospital deductible)
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pocket maximums per member (\$800 in network/\$5,000 out of network)
- **NJ DIRECT PPO 2035 –**
 - \$20 office visit copayment (\$35 specialist office visit copayment)
 - \$300 emergency room copayment
 - In-network deductible: \$200
 - Out-of-network reimbursement: 60% after \$800 deductible (\$600 inpatient hospital deductible)
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pocket maximums per member (\$2,000 in network/\$6,500 out of network)
- **NJ DIRECT PPO HD1500 –**
 - Copayments do not apply
 - In-network coverage 80% after deductible
 - Out-of-network reimbursement 60% after deductible
 - Deductible \$1,500 single/\$3,000 all others (combined in network/out of network)
 - Out of pocket maximum: in-network:\$1,000 single/\$2,000 all others; Out of network: \$2,000 single/\$4,000 all others
 - Employer Health Savings Account (HSA) Funding: \$300
 - Express Scripts Prescription coverage subject to deductible and coinsurance
 - Cannot be enrolled in Medicare, medical Flexible Spending Account (FSA), or have another medical plan and have the HSA (unless the other medical plan is a qualified High Deductible (HD) plan).

Aetna Freedom PPO Plans are identical in except in the following areas -

- **Aetna Freedom PPO Member Service** - 1-877-782-8365 or www.aetna.com/statenj
- **Aetna Freedom PPO 10** –
 - \$10 office visit copayment
 - \$25 emergency room copayment
 - Out-of-network reimbursement: 80% after \$100 deductible
 - **Copayments count toward out-of-pocket maximum**
 - Out of pockets maximums per member (\$400 in network/\$2,000 out of network)
- **Aetna Freedom PPO 15** –
 - \$15 office visit copayment
 - \$50 emergency room copayment
 - Out-of-network reimbursement: 70% after \$100 deductible
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pockets maximums per member (\$400 in network/\$2,000 out of network)
- **Aetna Freedom PPO 1525** –
 - \$15 office visit copayment (\$25 specialist office visit copayment)
 - \$75 emergency room copayment
 - Out-of-network reimbursement: 70% after \$100 deductible (\$200 inpatient hospital deductible)
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pockets maximums per member (\$400 in network/\$2,000 out of network)
- **Aetna Freedom PPO 2030** –
 - \$20 office visit copayment (Specialist office visit copayment: \$30 Adult/\$20 Child)
 - \$125 emergency room copayment
 - Out-of-network reimbursement: 70% after \$200 deductible (\$500 inpatient hospital deductible)
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pocket maximums per member (\$800 in network/\$5,000 out of network)
- **Aetna Freedom PPO 2035** –
 - \$20 office visit copayment (\$35 specialist office visit copayment)
 - \$300 emergency room copayment
 - In-network deductible: \$200
 - Out-of-network reimbursement: 60% after \$800 deductible (\$600 inpatient hospital deductible)
 - Copayments DO NOT count toward out-of-pocket maximum
 - Out of pocket maximums per member (\$2,000 in network/\$6,500 out of network)
- **Aetna Value HD1500** –
 - Copayments do not apply
 - In-network coverage 80% after deductible
 - Out-of-network reimbursement 60% after deductible
 - Deductible \$1,500 single/\$3,000 all others (combined in network/out of network)
 - Out of pocket maximum:
In network:\$1,000 single/\$2,000 all others; Out of network: \$2,000 single/\$4,000 all others
 - Employer Health Savings Account (HSA) Funding: \$300
 - Express Scripts Prescription coverage subject to deductible and coinsurance
 - Cannot be enrolled in Medicare, medical Flexible Spending Account (FSA), or have another medical plan and have the HSA (unless the other medical plan is a qualified High Deductible (HD) plan).

◆ **Horizon HMO and Aetna HMO - Health Maintenance Organizations**

- Standardized Benefits
- Various Provider and Hospital Networks
- Various Service Areas nationwide
- No Out-of-Network Coverage other than Medical Emergencies
- Must pick Primary Care Physician (PCP)
- Must get referral from PCP to see Specialists
- Horizon HMO Member Service and website
1-800-414-7427 or www.horizonblue.com/shbp
- Aetna HMO Member Service and website
1-877-782-8365 or www.aetna.com/statenj

• **Horizon HMO and Aetna HMO plans are generally identical except in the following areas:**

- **Horizon HMO and Aetna HMO –**
 - \$10 office visit copayment
 - \$35 emergency room copayment
- **Horizon HMO 1525 and Aetna HMO 1525 –**
 - \$15 office visit copayment (\$25 specialist office visit copayment)
 - \$75 emergency room copayment
- **Horizon HMO 2030 and Aetna HMO 2030 –**
 - \$20 office visit copayment (Specialist office visit copayment: \$30 Adult/\$20 Child)
 - \$125 emergency room copayment
- **Horizon HMO 2035 and Aetna HMO 2035 –**
 - \$20 office visit copayment (\$35 specialist office visit copayment)
 - \$300 emergency room copayment
 - \$200 in-network deductible