

Sussex Wantage Regional School District

Board of Education Office
27 Bank Street, Sussex, NJ 07461

<p align="center">2019 - 2020 OPEN ENROLLMENT Important Information about your Medical/Prescription Drug and Dental Coverage effective July 1, 2019</p>
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May 2, 2019

It's Open Enrollment Time! Accordingly, this announcement together with various attachments have been prepared/assembled in order to provide you with the information you need to make informed decisions concerning your health care coverage for the July 1, 2019 to June 30, 2020 plan year.

As you are aware, all employees (per Chapter 78 legislation) are required to contribute toward the cost of their healthcare coverage. The contributions are calculated using a percentage of premium based upon earnings and the coverage tier selected. (Coverage tier = Single, Member/Spouse, Parent/Child(ren), or Family).

We encourage you to review this announcement and all attachments in their entirety before making your elections for the upcoming plan year.

<p align="center">MEDICAL/PRESCRIPTION DRUG - July 1, 2019 – June 30, 2020</p>

Horizon BCBSNJ will continue to insure/administer our Medical and Prescription Drug benefits.

Your Medical Plan Options are as follows. The benefits of each plan are unchanged:

- PPO Medical Plan - Available to staff with tenure, not before.
- Direct Access Medical Plan – Available to all employees.
- EPO – Available to all employees.

Important Note: If you change to a different medical plan, any out-of-network deductible already satisfied for the 2019 calendar year will be carried over from the old plan to the new plan (except to the EPO plan). Horizon BCBSNJ will complete the process manually on or around mid-August 2019.

In addition, the District offers TWO Prescription Drug Card Options:

	<u>Option #1</u>	<u>Option #2</u>
Retail Copays (for up to a 34 day supply)	\$10 Generic \$20 Preferred Brand \$40 Non-Preferred Brand	\$15 Generic \$25 Preferred Brand \$40 Non-Preferred Brand
Mail Order Copays (each 90 day supply)	\$5 Generic \$10 Preferred Brand \$20 Non-Preferred Brand	\$30 Generic \$50 Preferred Brand \$80 Non-Preferred Brand

PLAN COMPARISONS / SUMMARIES: A PowerPoint is attached, providing a high level overview of the Medical/Rx options. In addition, detailed benefit summaries for each of your Medical/Rx plan options are included for your review.

COST: Your cost is based upon the cost to the District and your salary tier as per the Chapter 78 contribution schedule. A Percentage of Premium Calculator is provided as a separate attachment for your use.

DENTAL – July 1, 2019 – June 30, 2020

The Dental Plan is currently with Delta Dental and the District is entering the second year of a two-year rate guarantee. As per Chapter 78 legislation, you must also contribute toward the cost of your Dental coverage, if elected. The dental plan rates are broken out by coverage tier (ex: Employee Only; Employee +1; Employee + 2 or more).

A brief overview of the Dental Plan follows:

	<u>In Network</u>	<u>Out-of-Network</u>
Network	Premier/Advantage	N/A (reimbursement subject to Delta’s maximum allowable charge)
Calendar Year Deductible	\$25 Single/\$75 Family (waived for preventive/diagnostic services)	
Basic Services & Crowns	70%	
Prostodontics	50%	
Dental Calendar Year Maximum	\$1,000 (per person)	
Orthodontia	50% subject to per lifetime maximum of \$1,000	

COST: Your cost is based upon the cost to the District and your salary tier as per the Chapter 78 contribution schedule. A Percentage of Premium Calculator is provided as a separate attachment for your use.

VOLUNTARY VISION – July 1, 2019 – June 30, 2020

We are will continue to offer the voluntary Vision plan through Superior Vision. This is 100% employee paid. Some of the plan highlights are the following:

- \$10 copay for exams
- Non-participating provider allowances
- Walmart is part of the network

Rates:	2019-2020
Employee Only	\$6.40
2 Adults	\$10.87
Employee + Child(ren)	\$11.49
Family	\$17.26

OPEN ENROLLMENT ALLOWS YOU TO.....

Select coverage for yourself and/or your eligible dependents if you and/or they are not currently enrolled under the Sussex Wantage Regional School District’s Health Benefit’s.

Note: Under the **Group Medical/Prescription Drug Program**, young, adult, children are covered until the end of the calendar year in which the child attains the age of 26. This is per Health Care Reform and true regardless of the child’s financial status and/or full-time student status. Under the **Group Dental plan**, children are covered from Birth to Age 23. (Health Care Reform “Dependent to 26” is NOT applicable to free-standing dental plans).

OPEN ENROLLMENT REQUIREMENTS

- ALL EMPLOYEES who wish to be covered under the District’s Medical/Rx and/or Dental programs MUST complete and submit a Section 125 Premium Only (conversion) Plan form. This form is included among the attachments.
- If you wish to change plans and/or coverage for yourself and/or your dependents, enrollment forms MUST be completed and returned to **Nancy Sisto** in the Board of Education office. Horizon Medical/Rx, Delta Dental, and Superior Vision Enrollment forms are included in the attachments. (To denote Rx choice, hand-write on the Horizon enrollment form Rx #1 OR Rx #2).
- ALL NECESSARY FORMS are due to the Board of Education office by **NO LATER than MAY 24, 2019.** If you do not make any selections and/or you do not submit your forms by MAY 24, 2019, you, as a benefit eligible employee, will continue to be enrolled in the plan that you previously elected.
- Please fax, email or mail ALL forms to:

Nancy Sisto
 Sussex Wantage Regional Board of Education
 27 Bank Street
 Sussex, NJ 07461
nsisto@swregional.org
 Phone: 973-875-3175 x4513
 Fax: 973-702-0764

REMINDER: Changes in enrollment or plans between July 1, 2019 and June 30, 2020 are not permitted unless you experience a qualifying life event and apply for any coverage/enrollment changes within 30 days of the qualifying life event. In the case of New Hires effective July 1, 2008 or after, you are also permitted to make changes upon attainment of tenure OR, 4 years of service if categorized as Support Personnel.

OTHER NOTES

- You can verify a health care provider’s network status by going to the following Horizon website address: www.horizonblue.com. When asked to “Select Your Plan”, choose either:
 - ✓ EPO/Direct Access Plan
 - In New Jersey: choose “Horizon Direct Access” or “Horizon Advantage EPO”
 - Out-of-State: choose “Blue Card” PPO
 - ✓ PPO
 - In New Jersey: choose “Horizon PPO”
 - Out-of-State: choose “Blue Card” PPO

- Horizon ID cards for those who are making changes will arrive within 7-10 days of the date you submit your enrollment changes. Employees who do not make changes will not receive new ID cards but will utilize the ID card(s) already issued.

- “Proof of Coverage” letters and Temporary ID Cards are available via Horizon’s Member portal.

- **Helpful Pharmacy Tools:** Employees and their covered dependents should visit the Horizon BCBSNJ website to access helpful tools relative to your pharmacy benefits. The following instructions should assist in obtaining access to Horizon’s Pharmacy tools:
 - a) Go to: www.horizonblue.com
 - b) On the top of the page, above the Horizon logo, click on “Members” link.
 - c) On Member’s page under Education Center, click on “Pharmacy & Prescriptions”
 - d) Log on to use the Prescription Tools
 - e) On the Prescription Tools page, you will be able to: see if your medications are preferred or non-preferred medications; locate a pharmacy; identify generic medications; check drug interactions, etc.