

# Brick Township Board of Education

## BTEA Open Enrollment FAQ 2024



Insurance | Risk Management | Consulting

### Open Enrollment

#### Q. When is Open Enrollment?

Open Enrollment will be held from Wednesday, May 15<sup>th</sup> through Friday May 31<sup>st</sup>

#### Q. What changes are happening with this enrollment?

Your current health benefits are remaining the same. There are no plan changes or new plan options for the plan year beginning 7/1/2024.

#### Q. How do I make changes to my current plan elections?

- During Open Enrollment, you will need to log on to Employee Navigator to make a selection for health plan enrollment for you and your dependents, if you are enrolling for the first time or if you would like to make any changes.
- Visit [www.employeenavigator.com](http://www.employeenavigator.com)
- For first time use, register as a new user with Company Identifier: **BTBOE**

*\*On Wednesday 5/15 when Open Enrollment begins, you will be receiving a direct email with instructions on how to begin the process in Employee Navigator*

- If you make an enrollment change, you will be receiving new ID cards by the last week of June.

#### Q. If I like the plan that I am currently enrolled in, do I have to log on to Employee Navigator? Will my current enrollment just be transferred over?

No, if you are making no changes to your current benefits you do not need to log onto Employee Navigator, and your plan information will roll over effective 7/1/2024.

#### Q. What if I have questions on the current plan options?

If you have any questions throughout Open Enrollment, please contact our broker team who will be able to assist.

- Gallagher Contacts:
  - Joseph Colombo [Joseph\\_Colombo@ajg.com](mailto:Joseph_Colombo@ajg.com)
  - Mario Karcic [Mario\\_Karcic@ajg.com](mailto:Mario_Karcic@ajg.com)
  - Lynsey Eddy [Lynsey\\_Eddy@ajg.com](mailto:Lynsey_Eddy@ajg.com)

#### Q. Are there any additional contacts which can provide assistance during Open Enrollment?

If you have any questions pertaining to the medical and prescription benefits, you can also reach out to the Partnership Integrity Health Member Advocate, Angela Archiello. [angela.archiello@partnershiphealthcenters.com](mailto:angela.archiello@partnershiphealthcenters.com)

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### NJ Educators Health Plan:

#### Q. What is Chapter 44?

On July 1, 2020, Governor Phil Murphy signed P.L. Chapter 44 (S2273/A20), which will reduce the health care contributions for certain school employees who elect the New Jersey Educators Health Plan (NJEHP).

#### Q. What health plans will be available to BTEA employees during Open Enrollment 2023?

- ALL BTEA Employees **hired on or after July 1, 2020** will only have the option to enroll in the New Jersey Educators Health Plan (NJEHP) or waive coverage.
- ALL BTEA Employees **hired prior to July 1, 2020** will have the option to enroll in the NJEHP in addition to the Aetna Choice II \$20 Plan, Aetna Choice II \$20/\$35 Plan, Aetna EPO Plan, and the new Aetna Choice II \$20 28% CAP plan.

#### Q. What do contributions look like under the NJEHP?

The Chapter 44 contribution schedule provides employee contribution relief compared to the Chapter 78 Year 4 schedule used for the district's other plans.

Salary	Coverage Level Percentages			
	Single	Parent & Child	Member & Spouse	Family
\$40,000 or less	1.70%	2.20%	2.80%	3.30%
>\$40,000 to \$50,000	1.90%	2.50%	3.30%	3.90%
>\$50,000 to \$60,000	2.20%	2.80%	3.90%	4.40%
>\$60,000 to \$70,000	2.50%	3.00%	4.40%	5.00%
>\$70,000 to \$80,000	2.80%	3.30%	5.00%	5.50%
>\$80,000 to \$90,000	3.00%	3.60%	5.50%	6.00%
>\$90,000 to \$100,000	3.30%	3.90%	6.00%	6.60%
>\$100,000 to \$125,000	3.60%	4.40%	6.60%	7.20%
More than \$125,000	Percentage to be contributed shall be the same as for a base salary/allowance of \$125,000			

### Q. What is the plan design of the New Jersey Educators Health Plan?

<b>Aetna New Jersey Educators Health Plan</b>	
Primary Care Copayment	\$10
Specialist Care Copayment	\$15
Emergency Room Copayment	\$125 (to be waived if admitted)
In-Network Deductible	\$0
In-Network Coinsurance	10% applicable to Emergency Transportation & Durable Medical Equipment Only
In-Network Out-of-Pocket Maximum (Individual/Family)	\$500/\$1,000 (*Covers all In-Network copayments, coinsurance & deductible)
Out-of-Network Allowance	200% of CMS
Out-of-Network Deductible (Individual/Family)	\$350/\$700
Out-of-Network Coinsurance	30% of Out-of-Network fee schedule
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000
Out-of-Network Inpatient Hospital Deductible	30% of Out-of-Network fee schedule
Out-of-Network Acupuncture	Lesser of 75% of In-Network cost/visit OR \$60 MAX/visit
Out-of-Network Physical Therapy	Lesser of 75% of In-Network cost/visit OR \$52 MAX/visit
Out-of-Network Chiropractic Services	Lesser of 75% of In-Network cost/visit OR \$35 MAX/visit
<b>CVS Caremark Prescription Drug Coverage &amp; Copayments</b>	
Prescription Drug Annual Out-of-Pocket Maximum (Individual/Family)	\$1,600 /\$3,200
Generic (Retail/Mail Order)	\$5 30 Day Supply/\$10 90 Day Supply
Preferred Brand	\$10 30 Day Supply/\$20 90 Day Supply
Non-Preferred Brand	Members plays the difference between generic & brand plus brand copayment*

### Q. What are the major differences between the Aetna Choice II \$20 Plan and the NJEHP?

- The most significant differences are an increase in copayment for emergency room visits that do not result in a hospital admission, the out-of-network deductible and coinsurance, and a different reimbursement schedule for all out-of-network providers.
- For prescription drugs, there will be a closed formulary, new copayments and the mandatory use of generic drugs when they are available
- The NJEHP utilizes the same network of providers as the Aetna Choice II \$20 Plan.

### Q. Are Out-of-State Providers covered under this plan?

Yes. The NJEHP provides access to Aetna's National Network for both In-Network and Out-of-Network Services. **This plan utilizes the same network of providers as the Aetna Choice II \$20 Plan.**

### Q. What are the Out-of-Network reimbursements like on the NJEHP?

- Chapter 44 calls for a new out-of-network reimbursement structure which is 200% of Centers for Medicare & Medicaid Services (CMS). This schedule allows for Out-of-Network providers to balance bill members a greater amount than the district's current plans.
- "200% of CMS" means that the plan reimburses member for Out-of-Network services based on 200% of the rate set by Medicare. Because the plan has 70% coinsurance for Out-of-Network services, Aetna/Meritain will pay 70% of the 200% Medicare rate and members will be subject for the remaining amount.

### Q. Are there any specific services which have benefit limits?

If you use an Out-of-Network provider for Physical Therapy, Acupuncture or Chiropractic Services, you must meet your annual deductible. Then you will be subject to any amount exceeding the Out-of-Network benefit limits for the services shown below:

- ✓ Physical Therapy: Lesser of 75% of the In-Network Cost or \$52 MAX per visit
- ✓ Acupuncture for Pain Management: Lesser of 75% of the In-Network Cost or \$60 MAX per visit
- ✓ Chiropractic Services: Lesser of 75% of the In-Network Cost or \$35 MAX per visit

*Please Note: There is a 30-visit maximum per calendar year for both In-Network and Out-of-Network Chiropractic Services*

### Q. Is the Out-of-Pocket Maximum for the Medical Plan separate from the Prescription Drug Out-of-Pocket Maximum?

Yes. The out-of-pocket costs for the health plan and the prescription drug plan are separate.

### Q. Do I have access to brand name medications on the NJ Educators Health Plan?

Yes. The NJEHP gives access to brand name medications if there is no generic available on the market and the brand name medication is listed on the formulary.

- Mandatory Generic Substitution: If there is a generic available, but you prefer to use a brand name medication, then you will be responsible for the difference between the retail cost of the generic and brand name medication plus the brand name copay

### Q. Can the difference paid between generic and non-preferred brand prescription drugs be applied to the Out-of-Pocket Maximum?

No. Any difference paid between generic and non-preferred brand prescription drugs is not to be applied to the Out-of-Pocket Maximum.

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**Q. Does the NJEHP include an annual vision eye exam?**

Yes, the NJEHP includes 1 routine eye exam per calendar year for BOTH adults and children.

**Q. Do I still have access to the fitness reimbursement from Meritain with the NJEHP?**

Yes, you will still be able to submit for fitness reimbursements if enrolled in the NJEHP. Please continue to use the current fitness documents and process in place.

**Q. Can I still go to the Partnership Integrity Health Center on the NJ Educators Health Plan?**

Yes, all active Brick Township members who are enrolled in the Medical & Prescription benefits have access to the free services provided by the Partnership Integrity Health center regardless of which plan you are in.

**Q. Can I still get my prescriptions from the Partnership Integrity Health Center on the NJ Educators Health Plan?**

Yes, you will continue to have access to the Pharmacy at the Partnership Integrity Health Center on the NJEHP.

**Aetna Choice II \$20 28% CAP Plan (For BTEA Hired Prior to 7/1/2020 ONLY):**

**Q. What is the Aetna Choice II \$20 28% CAP Plan?**

The Aetna Choice II \$20 28% CAP Plan is a plan option from the district, which offers both In-Network and Out-of-Network benefits with a mandatory generic formulary.

**Q. What is the plan design of the Aetna Choice II \$20 28% CAP Plan?**

Aetna Choice II \$20 28% CAP Plan	
Primary Care Copayment	\$20
Specialist Care Copayment	\$20
Emergency Room Copayment	\$125 (to be waived if admitted)
In-Network Deductible	\$0
In-Network Coinsurance	100%
In-Network Out-of-Pocket Maximum (Individual/Family)	\$500/\$1,000 (*Covers all In-Network copayments, coinsurance & deductible)
Out-of-Network Allowance	150% of CMS
Out-of-Network Deductible (Individual/Family)	\$350/\$700
Out-of-Network Coinsurance	30% of Out-of-Network fee schedule
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000
Out-of-Network Inpatient Hospital Deductible	30% of Out-of-Network fee schedule
Out-of-Network Acupuncture	Lesser of 75% of In-Network cost/visit OR \$60 MAX/visit

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Out-of-Network Physical Therapy	Lesser of 75% of In-Network cost/visit OR \$52 MAX/visit
Out-of-Network Chiropractic Services	Lesser of 75% of In-Network cost/visit OR \$35 MAX/visit
<b>CVS Caremark Prescription Drug Coverage &amp; Copayments</b>	
Prescription Drug Annual Out-of-Pocket Maximum (Individual/Family)	\$1,600 /\$3,200
Generic (Retail/Mail Order)	\$5 30 Day Supply/\$10 90 Day Supply
Preferred Brand	\$10 30 Day Supply/\$20 90 Day Supply
Non-Preferred Brand	Members plays the difference between generic & brand plus brand copayment*

### Q. What are the major differences between the Aetna Choice II \$20 Plan and the Aetna Choice II \$20 28% CAP Plan?

- The most significant differences are an increase in copayment for emergency room visits that do not result in a hospital admission, the out-of-network deductible and a different reimbursement schedule for acupuncture, physical therapy and chiropractic out-of-network providers.
- For prescription drugs, there will be a closed formulary, new copayments and the mandatory use of generic drugs when they are available
- The CAP plan's employee contributions do not exceed 28%.
- The CAP Plan utilizes the same network of providers as the Aetna Choice II \$20 Plan.

### Q. Does the Aetna Choice II \$20 28% CAP Plan have the same Rx coverage as the NJ Educators Health Plan?

Yes, the 28% CAP Prescription Plan utilizes the same mandatory generic formulary as the NJEHP and has the same copay structure and out-of-pocket maximums.



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### Q. What is the contribution schedule of the Aetna Choice II \$20 28% CAP Plan?

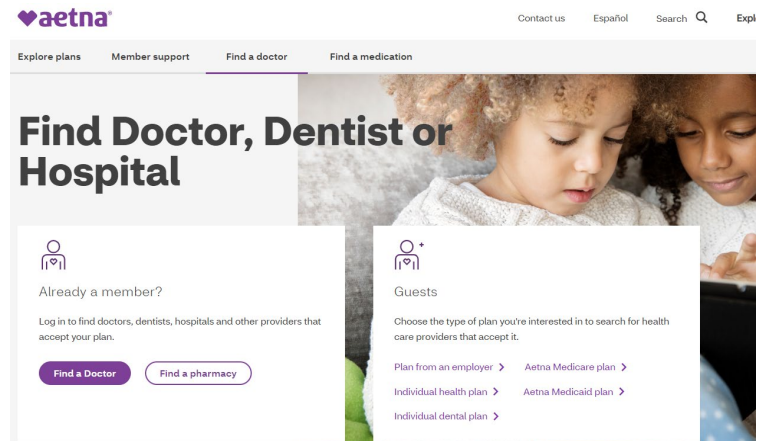
Salary	Coverage Level Percentages			
	Single	Parent & Child	Member & Spouse	Family
\$20,000 or less	4.50%	3.50%	3.50%	3.00%
\$20,000-\$24,999.99	5.50%	3.50%	3.50%	3.00%
\$25,000-\$29,999.99	7.50%	4.50%	4.50%	4.00%
\$30,000-\$34,999.99	10.00%	6.00%	6.00%	5.00%
\$35,000-\$39,999.99	11.00%	7.00%	7.00%	6.00%
\$40,000-\$44,999.99	12.00%	8.00%	8.00%	7.00%
\$45,000-\$49,999.99	14.00%	10.00%	10.00%	9.00%
\$50,000-\$54,999.99	20.00%	15.00%	15.00%	12.00%
\$55,000-\$59,999.99	23.00%	17.00%	17.00%	14.00%
\$60,000-\$64,999.99	27.00%	21.00%	21.00%	17.00%
\$65,000-\$69,999.99	28.00%	23.00%	23.00%	19.00%
\$70,000-\$74,999.99	28.00%	26.00%	26.00%	22.00%
\$75,000-\$79,999.99	28.00%	27.00%	27.00%	23.00%
\$80,000-\$84,999.99	28.00%	28.00%	28.00%	24.00%
\$85,000-\$89,999.99	28.00%	28.00%	28.00%	26.00%
\$90,000-\$94,999.99	28.00%	28.00%	28.00%	28.00%
\$95,000-\$99,999.99	28.00%	28.00%	28.00%	28.00%
\$100,000-\$109,999.99	28.00%	28.00%	28.00%	28.00%
\$110,000 & Over	28.00%	28.00%	28.00%	28.00%

### Q. What is the provider network for the Aetna Choice II \$20 28% CAP Plan?

The Aetna Choice II \$20 28% CAP Plan utilizes the same network of providers as the Aetna Choice II \$20 Plan.

#### Aetna DocFind Instructions:

1. Visit [www.aetna.com](http://www.aetna.com)
2. At the top of the page, click on “Find a Doctor”
3. In the middle of the page under “Guests,” click on “Plan from Employer”
4. Type in your zip code, city, county or state, then click Search
5. “Select a Plan”



If you are enrolling in the...	DocFind Plan is...
Aetna Choice POS II \$20 Aetna Choice POS II \$20/\$35 <b>Aetna Choice POS II \$20 28% CAP</b> <b>Aetna NJ Educators Health</b>	<i>Category= Aetna Open Access Plans</i> <i>Plan Name= <b>Aetna Choice POS II (Open Access)</b></i>
Aetna Choice II EPO	<i>Category= Aetna Open Access Plans</i> <i>Plan Name= <b>Elect Choice EPO (Open Access)</b></i>