



Pompton Lakes Board of Education Employee Benefits Carrier Transition

Effective January 1, 2024 the Pompton Lakes Board of Education will be moving directly to Horizon Blue Cross Blue Shield for their medical coverages. In order to prepare for this transition, we have attached information and listed several key facts below:


- You will be transferred to the same benefit plan you are currently enrolled in under the SEHBP, unless you made any plan changes during the recent open SEHBP enrollment. Then those changes will be reflected on the new Horizon BCBS plan effective January 1, 2024.
- If you have a handicapped child continuing on your benefits over the age of 26, it will not be necessary for the child to go through the approval process again.
- If you currently have approved medical authorizations for procedures, that were given by Horizon Blue Cross Blue Shield under the State Plan, you will not need to go through the authorization process again. It will carry over to the new Horizon coverage.
- Your Horizon Blue Cross Blue Shield ID# will be the same 3HZN-----, with the exception of the three-letter prefix. The new prefix will be YHQ.
- New ID cards will be sent directly to your home in December.
- It is not necessary to present marriage certificates, birth certificates and income tax returns for this transition.
- It will not be necessary to complete a new enrollment form for this transition.

There are no changes being made to the BeneCard Prescription Plan, the Delta Dental Plan or VSP Vision Plan.
All three will remain as is.


In order to inform you about these plans and to provide you with the opportunity to obtain answers to your questions, we will be coordinating with Integrity Consulting, our health benefits consultants, to hold an employee orientation meeting. Comparison of benefits are attached to this announcement.

**The employee orientation session, place and time, will be announced shortly.
Be sure to attend, in order to have your questions answered.**


**POMPTON LAKES BOARD OF EDUCATION COMPARISON
 SCHOOL EMPLOYEES' HEALTH BENEFIT PLAN HORIZON NJ DIRECT 15
 AND
 HORIZON BLUE CROSS BLUE SHIELD DIRECT ACCESS 15**

	SEHBP Horizon NJ Direct 15		Horizon Blue Cross Blue Shield Direct Access 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital In-patient	100%	70% after deductible	100%	70% after deductible
Skilled Nursing Facility	100% 120 days per cal. Year	70% after deductible 60 days per cal. Year	100% 120 days per cal. Year	70% after deductible 60 days per cal. Year
Hospital Pre-Admission Testing	100%	70% after deductible	100%	70% after deductible
Ambulatory Surgical Center	100%	70% after deductible	100%	70% after deductible
Physician (Surgery)	100%	70% after deductible	100%	70% after deductible
Primary Care (Office Visits)	100% after \$15 copay	70% after deductible	100% after \$15 copay	70% after deductible


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	SEHBP Horizon NJ Direct 15		Horizon Blue Cross Blue Shield Direct Access 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Specialist (Office Visits)	100% after \$15 copay	70% after deductible	100% after \$15 copay	70% after deductible
Chiropractic	100% after \$15 copay	70% after deductible Maximum \$35 per visit*	100% after \$15 copay	70% after deductible
	30 visits per calendar year – Based on medical necessity		30 visits per calendar year – Based on medical necessity	
Emergency Room	100% after \$50 copay		100% after \$50 copay	
Durable Medical Equipment	90%	70% after deductible	90%	70% after deductible
Radiation/ Chemotherapy Outpatient	100%	70% after deductible	100%	70% after deductible
Well-Child Immunizations	100%	Not Covered, except for children under 12 months 70% no deductible	100%	70% no deductible


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AND
HORIZON BLUE CROSS BLUE SHIELD DIRECT ACCESS 15**

	SEHBP Horizon NJ Direct 15		Horizon Blue Cross Blue Shield Direct Access 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Immunizations	100%	Not Covered	100%	70% no deductible
Routine Adult Physical Exams	100%	Not Covered	100%	70% no deductible
Routine OB/GYN Exam	100%	70% after deductible	100%	70% no deductible
Routine Eye Exam	100% after \$15 copay	Not Covered	100% after \$15 copay	Not Covered
Imaging Tests (MRIs, MRAs, CAT & PET Scans)	100%	70% after deductible	100%	70% after deductible
X-Rays/Lab Tests	100%	70% after deductible	100%	70% after deductible
Maternity (Physician)	100% after \$15 copay for initial visit	70% after deductible	100% after \$15 copay for initial visit	70% after deductible


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	SEHBP Horizon NJ Direct 15		Horizon Blue Cross Blue Shield Direct Access 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Well Child Care	100%	Not Covered	100%	70% no deductible
Alcohol Abuse (Outpatient)	100%	70% after deductible	100%	70% after deductible
Alcohol Abuse (In-patient)	100%	70% after deductible	100%	70% after deductible
Mental Health (In-patient)	100%	70% after deductible	100%	70% after deductible
Mental Health (Office visit)	100% after \$15 copay	70% after deductible	100% after \$15 copay	70% after deductible
Physical/Speech/ Occupational Therapy	100% after \$15 copay	70% after deductible Maximum of \$52 per visit*	100% after \$15 copay	70% after deductible

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	SEHBP Horizon NJ Direct 15		Horizon Blue Cross Blue Shield Direct Access 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Ambulance	90%	70% after deductible	90%	70% after deductible
Acupuncture	100% after \$15 copay	70% after deductible Maximum of \$60 per visit*	100% after \$15 copay	70% after deductible
Diabetes Supplies	90%	70% after deductible	90%	70% after deductible
Deductibles (Individual)	N/A	\$150	N/A	\$150
Deductibles (Family Maximum)	N/A	\$250	N/A	\$250
Maximum Coinsurance Out-of-Pocket (Individual)	\$400	\$2,000	\$400	\$2,000

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	SEHBP Horizon NJ Direct 15		Horizon Blue Cross Blue Shield Direct Access 15	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum Coinsurance Out-of-Pocket (Family)	\$1,000	\$5,000	\$800	\$5,000
Maximum Out-of-Pocket (Individual) (coinsurance & deductible)	\$400	\$2,000	\$400	\$2,000
Maximum Out-of-Pocket (Family) (coinsurance & deductible)	\$1,000	\$5,000	\$800	\$5,000
Annual/Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Dependent Definitions	Your dependents are your lawful spouse or civil union partner and your dependent children until the <u>end of the year</u> in which they turn age 26.		Your dependents are your lawful spouse or civil union partner and your dependent children until the <u>end of the year</u> in which they turn age 26.	

*** Chiropractic, acupuncture, and physical therapy have a different fee schedule that applies to the SEHBP NJ Direct 15. These dollar caps do not apply to the Horizon Direct Access 15.**


Highlighted fields are better benefits

The network utilized by both the SEHBP NJ Direct 15 and the Horizon Blue Cross Blue Shield Direct Access 15 is the same network.


**POMPTON LAKES BOARD OF EDUCATION COMPARISON
SCHOOL EMPLOYEES' HEALTH BENEFIT PLAN HORIZON NJEHP
AND
HORIZON BLUE CROSS BLUE SHIELD NJEHP**

	SEHBP Horizon NJEHP		Horizon Blue Cross Blue Shield NJEHP	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Hospital In-patient	100%	70% after deductible	100%	70% after deductible
Skilled Nursing Facility	100% 120 days per cal. Year	70% after deductible 60 days per cal. Year	100% 120 days per cal. Year	70% after deductible 60 days per cal. Year
Hospital Pre-Admission Testing	100%	70% after deductible	100%	70% after deductible
Ambulatory Surgical Center	100%	70% after deductible	100%	70% after deductible
Physician (Surgery)	100%	70% after deductible	100%	70% after deductible
Primary Care (Office Visits)	100% after \$10 copay	70% after deductible	100% after \$10 copay	70% after deductible
Specialist (Office Visits)	100% after \$15 copay	70% after deductible	100% after \$15 copay	70% after deductible


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AND
HORIZON BLUE CROSS BLUE SHIELD NJEHP**

	SEHBP Horizon NJEHP		Horizon Blue Cross Blue Shield NJEHP	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Chiropractic	100% after \$15 copay	Lesser of \$35/visit or 75% of In-Network cost/visit after deductible	100% after \$15 copay	70% after deductible
	30 visits per cal. year – Based on medical necessity		30 visits per cal. year – Based on medical necessity	
Emergency Room	100% after \$125 copay		100% after \$125 copay	
Durable Medical Equipment	90%	70% after deductible	90%	70% after deductible
Radiation/ Chemotherapy Outpatient	100%	70% after deductible	100%	70% after deductible
Well-Child Immunizations	100%	70% after deductible for children under 12 months of age only	100%	70% no deductible
Adult Immunizations	100%	Not Covered	100%	70% no deductible


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	SEHBP Horizon NJEHP		Horizon Blue Cross Blue Shield NJEHP	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Routine Adult Physical Exams	100%	Not Covered	100%	70% no deductible
Routine OB/GYN Exam	100%	70% after deductible	100%	70% no deductible
Routine Eye Exam	100% after \$15 copay	Not Covered	100% after \$15 copay	Not Covered
Imaging Tests (MRIs, MRAs, CAT & PET Scans)	100%	70% after deductible	100%	70% after deductible
X-Rays/Lab Tests	100%	70% after deductible	100%	70% after deductible
Maternity (Physician)	100% after \$15 copay for initial visit	70% after deductible	100% after \$15 copay for initial visit	70% after deductible
Well Child Care	100%	Not Covered	100%	70% no deductible


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	SEHBP Horizon NJEHP		Horizon Blue Cross Blue Shield NJEHP	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Alcohol Abuse (Outpatient)	100%	70% after deductible	100%	70% after deductible
Alcohol Abuse (In-patient)	100%	70% after deductible	100%	70% after deductible
Mental Health (In-patient)	100%	70% after deductible	100%	70% after deductible
Mental Health (Office visit)	100% after \$15 copay	70% after deductible	100% after \$15 copay	70% after deductible
Physical Therapy	100% after \$15 copay	75% of In-Network cost/visit currently \$52 after deductible	100% after \$15 copay	75% of In-Network cost/visit currently \$52 after deductible
Ambulance	90%	70% after deductible	90%	70% after deductible
Acupuncture	100% after \$15 copay	Lesser of \$60/visit or 75% of In-Network cost/visit after deductible	100% after \$15 copay	Lesser of \$60/visit or 75% of In-Network cost/visit after deductible

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	SEHBP Horizon NJEHP		Horizon Blue Cross Blue Shield NJEHP	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Diabetes Supplies	90%	70% after deductible	90%	70% after deductible
Deductibles (Individual)	N/A	\$350	N/A	\$350
Deductibles (Family Maximum)	N/A	\$700	N/A	\$700
Maximum Coinsurance Out-of-Pocket (Individual)	\$500	\$2,000	\$500	\$2,000
Maximum Coinsurance Out-of-Pocket (Family)	\$1,000	\$5,000	\$1,000	\$5,000
Maximum Out-of-Pocket (Individual) (copays, coinsurance & deductible)	\$500	\$2,000	\$500	\$2,000
Maximum Out-of-Pocket (Family) (copays, coinsurance & deductible)	\$1,000	\$5,000	\$1,000	\$5,000
Annual/Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

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	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Dependent Definitions	Your dependents are your lawful spouse or civil union partner and your dependent children until the <u>end of the year</u> in which they turn age 26.		Your dependents are your lawful spouse or civil union partner and your dependent children until the <u>end of the year</u> in which they turn age 26.	

***The Out of Network Fee Schedule is 200% CMS on both the SEHBP NJEHP & HBCBS NJEHP**

*** Out of Network Chiropractic, acupuncture, and physical therapy have a different fee schedule that applies to the SEHBP NJEHP. Only acupuncture and physical therapy have a different fee schedule that applies to the Horizon Blue Cross Blue Shield NJEHP.**

Highlighted Fields are better benefits.

The network, utilized by both the SEHBP NJEHP and the Horizon Blue Cross Blue Shield NJEHP, is the same network.