

CHAPTER 44 FREQUENTLY ASKED QUESTIONS

ABOUT CHAPTER 44

1. Q. What is Chapter 44?

- A. On July 1, 2020, Governor Murphy signed P.L. 2020, Chapter 44 (S2273/A20), which will reduce the health care contributions for certain school employees who elect the newly created New Jersey Educators Health Plan (NJEHP) or the Garden State Health Plan (GSHP). As a result, the College is required to create the equivalent of these new plans, starting with the NJEHP this July 1. All employees will be able to enroll in the GSHP for January 1, 2022 during the designated Open Enrollment.

2. Q. What health plans will be available during Open Enrollment?

- A. All new employees hired *on or after* July 1, 2020 will have the option to enroll in the New Jersey Educators Health Plan (NJEHP) or waive coverage. Note that the GSHP will not be available until later this year during the Fall Open Enrollment period.

All employees hired *prior to* July 1, 2020 will be enrolled in the NJEHP unless that employee affirmatively elects to waive coverage, **or** affirmatively elects to remain enrolled in an existing College health care plan.

Eligible individuals who affirmatively elect to remain enrolled in their current health care plan or another existing College health care plan will continue to pay contributions based upon the Chapter 78 contribution grid. The Chapter 78 contribution grid can be found on the [MCJHIF website](#).

PLAN COSTS

3. Q. What do contributions look like under the NJEHP only?

- A. Employees are required to contribute a percentage of their base salary as applicable. See the chart below.

SALARY	COVERAGE LEVEL PERCENTAGES			
	SINGLE	PARENT & CHILD	MEMBER & SPOUSE/PARTNER	FAMILY
\$40,000 or Less	1.7%	2.2%	2.8%	3.3%
>\$40,000 to \$50,000	1.9%	2.5%	3.3%	3.9%
>\$50,000 to \$60,000	2.2%	2.8%	3.9%	4.4%
>\$60,000 to \$70,000	2.5%	3.0%	4.4%	5.0%
>\$70,000 to \$80,000	2.8%	3.3%	5.0%	5.5%
>\$80,000 to \$90,000	3.0%	3.6%	5.5%	6.0%
>\$90,000 to \$100,000	3.3%	3.9%	6.0%	6.6%
>\$100,000 to \$125,000	3.6%	4.4%	6.6%	7.2%
More than \$125,000	Percentage to be contributed shall be the same as for a base salary/allowance of \$125,000.			

PLAN ROLLOUT

4. Q. If an employee who was hired prior to July 1, 2020, elects to join the NJEHP for Plan Year 2021, are they able to move back to other College health care plans?

- A. Yes. Employees hired prior to July 1, 2020 have the option to switch to existing College health care plans, or the NJEHP. Plan changes may only occur during a designated enrollment period or immediately following a qualifying HIPAA event.

PLAN DESIGN

5. Q. What is the Plan Design of the New Jersey Educator's Health Plan?

A. Please see the chart below.

MEDICAL COVERAGE AND COPAYMENT(S) / COINSURANCE

NEW JERSEY EDUCATORS HEALTH PLAN	
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 certain services, including Emergency Transportation and Durable Medical Equipment
In-Network Out-of-Pocket Maximum (Individual/Family)	\$500 single/\$1,000 Family (covers all in network copayments, coinsurance, and deductible)
Out-of-Network Allowance	200% CMS
Out-of-Network Deductible (Individual/Family)	\$350 single/\$700 Family
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	Out-of-Network Deductible applies (see above)
Out-of-Network Physical Therapy Services	75% of in-network cost/service (\$52)
Out-of-Network Acupuncture Services	Lesser of \$60/visit or 75% of in-network cost/visit
Out-of-Network Chiropractic Services	Lesser of \$35/visit or 75% of in-network cost/visit

PRESCRIPTION DRUG COVERAGE AND COPAYMENT(S)

Retail: Generic	\$5 – 30-day supply
Retail: Preferred Brand	\$10 – 30-day supply
Retail: Non-Preferred Brand	Member Pays Difference between generic and brand <i>plus</i> brand copayment**
Mail: Generic	\$10 – 90-day supply
Mail: Preferred Brand	\$20 – 90-day supply
Mail: Non-Preferred Brand	Member pays difference between generic and brand <i>plus</i> brand copayment**
Prescription Drug Annual Out-of-Pocket Maximum (Individual/Family)	\$1,600 single/\$3200 family (Indexed Annually Pursuant to Federal Law)

**This cost to the member does not apply to the out-of-pocket maximum

6. Q. What are the major differences between the Horizon Choice plan and the NJEHP?

A. 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. Members will still be able to utilize the same network of providers with the NJEHP as they did with Horizon Choice.

Unlike the Horizon Choice Health Care Plan, NJEHP does not require referrals from a Primary Care Physician (PCP). The NJEHP also adds the Horizon BlueCard, which provides in-network access to nationwide Blue Cross Blue Shield providers.

PLAN DESIGN (Continued)

7. Q. What are the major differences between the Horizon Choice plan and the NJEHP? (Continued)

- A. Members switching to NJEHP from any College plan other than Horizon Choice may be required to submit new prior authorizations for specific services.

For prescription drugs, there will be a closed formulary, different levels of copayments, mandatory use of generic drugs when they are available, required mail order pharmacy for specialty prescriptions, and a step therapy program for certain types of medication.

RETIREES

8. Q. Does Chapter 44 impact non-Medicare Eligible Retirees?

- A. Yes. Chapter 44 mandates that all non-Medicare Retirees must be enrolled in the NJEHP. Non-Medicare Retirees will not have the option to enroll in any other plan; however, they will have the ability to waive coverage on a yearly basis.

9. Q. Does Chapter 44 impact Medicare-Eligible Retirees?

- A. No. Medicare-Eligible Retirees maintain their current plan choices and contribution schedules.

OUT-OF-NETWORK REIMBURSEMENT CHANGES

10. Q. Why are out-of-network reimbursements different for the NJEHP?

- A. Chapter 44 calls for a new out-of-network reimbursement structure. This includes out-of-network reimbursements for physical therapy, acupuncture, and chiropractic care, along with other services at 200 percent of Centers for Medicare & Medicaid Services (CMS) reimbursement amounts.

In the NJEHP, if you use an out-of-network provider for physical therapy, acupuncture, or chiropractic services, you must meet your annual deductible. Then, you will pay the coinsurance amount, plus any amount exceeding the out-of-network benefit limits shown below:

- **Physical Therapy:** \$52 per visit
- **Acupuncture for Pain Management:** \$60 per visit
- **Chiropractic Services:** \$35 per visit

Please Note: There is a 30-visit maximum per calendar year for both in-network and out-of-network chiropractic services.

11. Q. Can I continue to receive out-of-network physical therapy, acupuncture, or chiropractic services?

- A. Yes. However, you will be subject to out-of-network coinsurance if you see an out-of-network provider and may be able to save money when you receive these services from an in-network provider.

12. Q. Is the out-of-pocket maximum for the health plan separate from the prescription drug out-of-pocket maximum?

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

13. Q. Can the difference paid between generic and non-preferred brand prescription drugs be applied to the out-of-pocket maximum?

- A. No. Any difference paid between generic and non-preferred brand prescription drugs is not to be applied to the out-of-pocket maximum.