



HEALTH INSURANCE BENEFITS

Linden Public School's Employee Benefits are designed to provide a comprehensive program to help you meet your health care needs. The information presented below provides a brief overview of the benefits currently available to eligible employees.

Newly hired employees are eligible for insurance coverage based on their Pension system enrollment.

Eligibility

Teachers' Pension & Annuity Fund (TPAF)

- Eligible for individual or family insurance coverage effective as of hire date.
- Direct Access 15 (base plan), EPO or the Horizon HSA plan provided at calculated contribution.
- Non-tenured TPAF employees may buy-up to the Direct Access 10 plan at an additional cost.
- TPAF class reach tenure: Prior to 9/1/12: 3 years & 1 day; Post 9/1/12: 4 years & 1day

Public Employee Retirement System (PERS – Non-Paraprofessionals)

- Eligible for individual or family insurance coverage effective as of hire date.
- Direct Access 15 (base plan), EPO or the Horizon HSA plan provided at calculated contribution.
- PERS employees may buy-up to the Direct Access 10 plan at an additional cost. You can be enrolled after you have worked 3 years and 1 day at no additional cost.

Public Employee Retirement System (PERS –Full-Time Paraprofessionals)

- Eligible for individual insurance coverage on hire date.
- Dependent coverage available at an additional monthly cost.
- Dependents can be enrolled after you have worked 3 years and 1 day at no additional cost with the exception of dependent dental coverage, which will continue to be a buy-up.

Per New Jersey law effective May 28, 2010 (Chapter 78, P.L. 2011), all employees are required to contribute towards the cost of the medical and prescription plans. All employees contribute at the year 4 percentage of premium. See attached calculator sheet enclosed. Employee contributions are made on a pre-tax basis.

Your Health Insurance

Horizon Blue Cross Blue Shield Medical Benefits	<ul style="list-style-type: none"> • All the medical plans cover Preventive care at 100% in-network. All other services will be covered after the applicable copay in-network. The Direct Access plans allow for out-of-network coverage after a deductible and applicable coinsurance. Please note that using non-participating providers will result in higher out of pocket costs for you. The EPO is in-network only, however, no PCP selection is required and no referrals are required for any of the plans. The HSA has a high deductible that must be met first before any benefits are payable.
Horizon / Prime Therapeutics Prescription Drug Benefits	<ul style="list-style-type: none"> • Prescription Drug coverage is provided through Horizon via Prime Therapeutics (except for the Horizon HSA Plan). It is a two-tiered copay at retail: \$5 generic copay and \$10 for a brand name drug for a 30-day supply. Mail Order is a \$0 copay for a 90-day supply of maintenance medications. • The Prescription RXBin #016499; RxPCN #HZRX. • Prior-authorization may be required for certain medications. • Horizon Member Services: Group Number: 086479 #800-355-2583; www.horizonblue.com

Horizon / DGNJ Dental Benefits	Linden BOE offers two dental plan options: Horizon Dental Option plan and Dental Group of NJ.
	<p>OPTION #1: Horizon Dental Option plan (DOP) If you like the freedom to visit any dentist, without referrals, this plan design is right for you. From simple cleanings to complex restorations, pediatric care to periodontal work, even orthodontics and oral surgery, the Horizon DOP plan has you covered.</p> <ul style="list-style-type: none"> • Choose any licensed dentist. If you select one from Horizon's network, you'll pay less out of pocket for covered benefits. • You may also visit dentists outside of the network, but your share of the cost may be higher and you may need to submit your own claims. Plus, you may be balanced billed for dental charges above our coverage levels. • Horizon Customer Service: Group Number: 96702: 1-800-433-6825; www.horizonblue.com
	<p>OPTION #2: Dental Group of NJ (DGNJ) The dental plan from DGNJ requires you to choose a <u>primary care dentist</u> (PCD). There are no deductibles and no claims forms. And out-of-pocket expenses are generally low, too.</p> <ul style="list-style-type: none"> • Your PCD is your key to maximum coverage — managing your overall dental care and referring you to other DGNJ network dentists when needed. • You use the same dentist for your whole family. • When you visit the dentist's office, show your ID card. Some situations may require a copay. • Provides coverage for all dental services including preventative, basic, major and orthodontia. There is no deductible and no annual maximum limit.
Flexible Spending Account: Health Care	<p>Each year, you can elect to contribute funds on a pre-tax basis to the Health Care Flexible Spending Account through payroll deductions to pay for certain unreimbursed medical, dental, vision and hearing expenses on a pre-tax basis. A Benefit Visa Card is provided by Benefit Resource, Inc. and provides convenience offering immediate reimbursement.</p> <ul style="list-style-type: none"> • Minimum Contribution: \$100/year; Maximum Contribution: \$2,600/year • Roll-over Allowance: \$500 or less
Dependent Care	<p>A Dependent Care FSA can be used to reimburse dependent care expenses for a qualified person. These expenses enable you to be gainfully employed and, if married, enable your spouse to be gainfully employed, look for work or attend school full-time. The tax-free amount you can set aside per calendar year in a Dependent Care FSA is \$5,000 if single or if married and filing jointly; \$2,500 if married and filing separately.</p> <p>Benefit Resources Customer Service: 1-800-473-9595; www.benefitresource.com</p>
Claim Issues	<p>For all initial claim questions, please contact the appropriate carrier. If it isn't resolved after the first or second attempt, please see below.</p>
Benefit Contacts	<p>For detailed benefit, eligibility questions and <u>escalating claim issues</u>, please contact:</p> <p>Sara Simon, Benefits Coordinator/Confidential Secretary Phone: 908-486-2800 ext. 8023 Email: ssimon@lindenps.org</p> <p>Or you may contact our Broker at: Denise Gigantino, Account Manager, BGIA Phone: (800)272-6771 x7231 Fax: 732-791-1635 dgigantino@bgjains.com</p>

LINDEN BOARD OF EDUCATION — COMPARISON OF HEALTH INSURANCE PLANS

	Horizon Direct Access 15 (Base Plan)	Horizon Direct Access 10 (Buy-up Plan)	Horizon EPO¹	Horizon HDHP Direct Access 1500*
Medical Cost Sharing				High Deductible Health Plan – meets ACA minimum essential requirement
Primary Care Copayment	\$15	\$10	\$10	20% after deductible
Specialist Care Copayment	\$15	\$10	\$10	20% after deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%, no deductible
Chiropractic Care	\$15 copay up to 30 visits	\$10 copay up to 30 visits	\$10 copay up to 25 visits	20% after deductible, up to 30 visits
Vision - Routine Eye Exam	\$15 copay	\$10 copay	\$10 copay	20% after deductible
Vision Hardware	Not Covered	Not Covered	\$50 reimbursement every 24 months	Not Covered
Acupuncture	\$15 copay	\$10 copay	\$10 copay	20% after deductible
Diabetic Supplies	90%	90%	100%	20% after deductible
Durable Medical Equipment (DME)	90%	90%	50%	20% after deductible
Emergency Room Copayment	\$50	\$25	\$100	20% after deductible
In-Network Deductible	N/A	N/A	N/A	\$1,500 / \$3,000 aggregate
In-Network Coinsurance	0% / 10% ²	0% / 10% ²	0% / 50% ²	20% after deductible
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$800	\$400/\$800	\$2,500/\$5,000	\$2,500/\$5,000
Out-of-Network Deductible (Individual/Family) ³	\$100/\$250	\$100/\$250	No out of network covered	See In-Network Deductible
Out-of-Network Coinsurance ³	30%	20%	No out of network covered	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	n/a	\$3,500/\$7,000
Out-of-Network Inpatient Hospital Deductible	Out of network deductible applies	Out of network deductible applies	n/a	In-network deductible applies
Health Savings Account Fund ⁴	n/a	n/a	n/a	Available
Prescription Drug Copayments				
Retail: Generic/Brand Copayments	\$5.00 / \$10.00	\$5.00 / \$10.00	\$5.00 / \$10.00	Subject to deductible and 20% coinsurance
Mail: Generic/Brand Copayments	\$0.00	\$0.00	\$0.00	

¹ Service areas for Horizon EPO plan is the same as the Direct Access plans and also includes BlueCard PPO National Network. ² On select services. ³ After Deductible ⁴ Health Savings Accounts are funded by the employee and can be used for qualified medical expenses without federal tax liability. Differences are highlighted in YELLOW.

NOTE FOR TPAF NEW HIRES: The buy-up plan is an additional premium until you have reached tenure. PERS NEW HIRES are eligible for individual coverage but can choose to buy up to dependent coverage.

This is a summary and not intended to provide total information or a guarantee of coverage.