



Probation Association of New Jersey

Serving New Jersey Since 1904

An affiliate of the American Probation and Parole Association

2409 Paynters Road

Wall, NJ 08736

Phone (732) 223-1799 Fax (732) 223-8363

Website: www.panj.org

PANJ PCR Open Enrollment Information for March 2021

Members who are automatically converted to the NJ DIRECT plans, but who do not wish to remain in those plans may change their plan via Benefitsolver (Please see attachment to email for instructions) to an HMO, Tiered Network Plan, or HDHP during this special open enrollment period from March 15, 2021, to March 25, 2021.

Effective Date of Coverage and Deductions: The effective date of coverage for the new plans will be April 24, 2021 and deductions will be seen in the April 16, 2021 paycheck.

In March 2021, PANJ PCR members will have a special open enrollment for State Health Benefits which includes a new PPO plan that replaces NJDirect 15 and all other PPO plans.

The new PPO plan is called “NJDirect/Direct 2019 PPO” for PANJ PCR members. The new PPO plans have the same Horizon network, no gatekeepers, and similar benefits – but with lower employee contributions.

In this document, NJ Direct and NJ Direct 2019 will be referred to as the “new PPO plan”, because all plans have the same benefits.

Why did Unions and the State negotiate the new PPO Plan?

Unions negotiated the new PPO plan in order to provide significant savings to our members and to get off of the Chapter 78 schedule of payments while providing excellent health coverage. Our share for the premiums goes from a percentage of the premium, to a percentage of pay. The percentages of pay are considerably less than the percentage of premium. We negotiated this plan to reduce what our members contribute towards the cost of health benefits from each paycheck.

How much savings is there in the new PPO plan?

PANJ members will save between 1.5% and 3% of pay under the NEW PPO plan on their premiums off the Chapter 78 schedule. That amounts to hundreds, even thousands of dollars a year, depending on your salary and coverage level. (See attached Member Contribution Chart to find your savings.)

If I am currently in Direct 15 or one of the other Direct plans, will I have to change my doctors under the new PPO Plan?

No- The new plan is a PPO with the EXACT same network of doctors, hospitals and providers that Direct 15 had. The network is identical. This is the same national network of providers as NJ Direct 15.

Will my co-pays increase?

The co-pay for medical remains exactly the same - \$15 (unless you join a Primary Care Medical

Home in which case your co-pay is \$0.) Urgent care co-pays of \$15 also do not increase. Rx copays go up to \$7 for generics and \$16 for brand name when filled at a retail pharmacy. Generic Maintenance Meds are covered for a \$0 co-pay when filled via mail order through OptumRx.

Will any other current co-pays increase?

Emergency Room copays where you are not admitted increase to \$150. If you are admitted to the hospital from the Emergency Room, the co-pay is waived.

Workers hired after July 1, 2019 will have a \$100 in-network deductible. This deductible includes normal office co-pays and prescription co-pays. However, that deductible will not apply to preventative care (annual physicals or annual gynecological exams), any pediatric examination, for obstetrics, or for the second examination under the Wellness Program.

Are there any other changes to the Plan?

The Out-of-Network Reimbursement rate changes from a “90% of Fair health” rate to 175% of CMS rate. Out-of-Network costs drive up costs to the plan by a huge amount and very few of our members use doctors out-of-network because the Horizon network is very large. If you currently go out-of-network, you are now being balanced billed for the amount that the State does not pay for out-of-network. The CMS rate is based upon the Medicare (not Medicaid) rate and it may result in a lower reimbursement rate than Fair Health, in which case, if you continue to go out-of-network, you may have some increased costs.

The new PPO plan creates some protections if someone must go out-of-network, including having an out-of-pocket maximum after which the reimbursement rate is higher.

There are also special protections for obstetrics and mental healthcare if someone is currently using out of-network care in those areas.

Will I notice the change from NJ Direct 15 to the new PPO plan?

If you are currently in a Horizon NJ Direct Plan, and you continue to go to the same doctors you have who are covered under the Plan, the only thing you will notice is that you pay a few more dollars for prescription drugs and you will contribute less from every paycheck for your health insurance.

If you use out-of-network services, you may notice a lower reimbursement. The overwhelming percentage of our members will not notice any difference in their coverage.

If I am in the HMO, Omnia or High Deductible Plan, do I have to change to the new PPO plan?

No. If you want to stay in the Horizon HMO or Horizon Omnia, or a High Deductible plan, that is up to you, however if you remain in the HMO or HD plan, you will continue contributing on the Chapter 78 schedule. If you enroll in Omnia, the contributions are less than the new PPO plan.

Does this Plan have other ways for me to save money on healthcare?

Yes. The Wellness Incentive – where you go to the doctor for your physical and complete a Wellness survey and go for a follow up visit – is being increased. If you signed up for Wellness, the incentive was \$250 for an individual and \$250 for a spouse. Now it is \$350 for an individual and \$350 for a spouse.

Are there any changes to the Tiered Network plan– Horizon OMNIA?

We negotiated to reduce the employee contribution for Omnia. Contributions are set at only 75% of the contribution for the NEW PPO Plan. This means that if all your doctors are “Tier 1”, you may be able to select the Tiered Network and save 25% more than what our new plan saves.

I am interested in the Direct Primary Care Medical Home (DPCMH) program where I have unlimited visits for primary care with \$0 co-pays. Is that still covered?

Yes- You can continue in the DPCMH, or you can sign up for the DPCMH, have zero co-pays, and still have complete access to the full network at no additional cost.

Change in healthcare? I want to keep my doctors.

You are going to be able to keep your doctors and the high level of care. The new PPO Plan reduces the amount we have to pay for health care from every paycheck and mirrors the current NJ Direct 15 plan.

To view available PANJ PCR plan options, click the link below:

<https://www.nj.gov/treasury/pensions/documents/hb/oe2021/ha1059.pdf>

To calculate the cost of your plan choice, click the link below:

<https://www.horizonblue.com/shbp/plans/premium-contribution-calculator>