
THANK YOU VISITING THE FAIRFIELD PUBLIC SCHOOLS OPEN ENROLLMENT
Q & A WEBINAR.

YOU CAN SUBMIT YOUR QUESTIONS VIA THE CHAT FEATURE. 

IF YOU ARE DIALING IN WE WILL CALL ON YOU TO MAKE SURE YOUR QUESTION IS
ANSWERED. 

PLEASE VISIT WWW.IMACPORTAL.COM. FOR ALL BENEFIT PLAN INFORMATION
AND FORMS.

USERNAME [FBOE](#) AND THE PASSWORD IS [fboe07004](#).

PLEASE FEEL FREE TO CONTACT IMAC WITH ANY BENEFIT OR CLAIM QUESTIONS
973-450-9800

INFO@IMACAGENCY.COM

FAIRFIELD PUBLIC SCHOOLS

2022 OPEN ENROLLMENT PRESENTATION



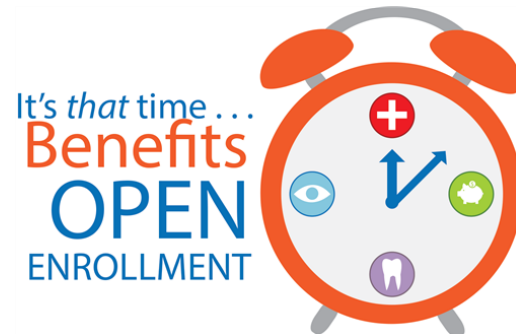
IMAC INSURANCE AGENCY



- Broker for the BOE's medical benefits
- Insurance advocate for employees
 - IMAC Insurance Agency is the insurance broker for the District health benefits, including the medical, prescription and dental insurance benefits. IMAC can assist you with any benefit questions or claims problems that you are unable to resolve with regard to your benefits. Our dedicated member liaisons have the ability and the resources to resolve your issue and answer your questions quickly and efficiently.
 - If anyone has a specific plan coverage question or existing claim problem that cannot be resolved after contacting the insurance carrier, please call IMAC Insurance Agency for assistance by calling **973-450-9800**. You can also contact IMAC by sending an email to **info@imacagency.com** and a representative will get back to you.
 - Available to answer any questions regarding plan offerings as well as any other benefit / enrollment questions

OVERVIEW

- The 2022 Open Enrollment period is April 25th through May 13th
- There are no plan changes to the medical, prescription, dental, or vision plans.
- Open enrollment is your annual opportunity to review your plan options to make any plan changes.
- Employees hired after July 1, 2020 are required to be enrolled in the New Jersey Educators Health Plan (NJEHP) or Garden State Health Plan (GSHP) as per P.L. 2020, Chapter 44 (S2273/A20) and stay in the NJEHP or GSHP plan until 2028.



2022 OPEN ENROLLMENT PLAN OPTIONS

- Choice of the following 4 Medical Plans:
 - Aetna \$10
 - Aetna \$25
 - NJEHP
 - GSHP
 - With the exception of true medical emergency care, the GSHP does not cover any service that takes place outside the State of New Jersey.

The Aetna logo is displayed in a large, purple, lowercase sans-serif font. A registered trademark symbol (®) is located to the upper right of the letter 'a'.

Medical Plan Comparison

■ NJEHP & GSHP Plan Differences

- NJEHP utilize the same network of providers and the same prescription formulary as in Aetna \$10 & Aetna \$25.
- GSHP utilizes a **different network of providers** from the Aetna \$10, Aetna \$25, & NJEHP for medical coverage. GSHP only offers coverage in the State of NJ except in the case of true medical emergency.
- GSHP utilizes the **same formulary for prescription drug coverage** as the Aetna \$10, Aetna \$25, & NJEHP
- Contributions for the NJEHP & GSHP will be calculated as a percentage of salary, rather than a percentage of premium. GSHP contributions are half of the percentages used for NJEHP.
- \$10 Primary Care Physician Office Visit Copay
- \$15 Specialist Office Visit Copay
- \$125 Emergency Copay
- Out-of-pocket costs may be higher if you use out-of-network providers

NJEHP Out of Network Coverage

- **What does 70% (200% of CMS) mean for out of network reimbursement?**
 - Network providers have agreed to a certain fee schedule. If you use out-of-network providers, they can charge whatever they want. If a provider's charge is more than the plan allowance, this is called a "balance bill."
 - The NJEHP & GSHP plan sets an out-of-network reimbursement rate of 200% of the Medicare reimbursement for covered services. The difference between what the plan allows and the out-of-network provider charges is the responsibility of the patient if the provider chooses to bill the patient.
- **The out of network reimbursement under NJEHP & GSHP are lesser than under Aetna 10.**

OUT OF NETWORK CHARGES & BALANCE BILLING

NJEHP OR GSHP EXAMPLE

\$100

Total Amount Billed by Provider

\$50

Determined UCR Allowed Amount for Covered Services

\$15

30% Coinsurance Amount to be Paid by Member

\$35

70% Coinsurance Amount Paid by Aetna

\$50 Balance Due by Member Known as
“Balance Billing”

**This is a hypothetical example, not
intended to be used as an actual
determination of benefit coverage.**

Medical Plan Comparison – Aetna \$10 vs. Aetna \$25 vs. NJEHP vs. GSHP

	Aetna \$10	Aetna \$25	NJEHP	GSHP COVERAGE IN NJ ONLY
Network	Aetna Choice POS II (Open Access)	Aetna Choice POS II (Open Access)	Aetna Choice POS II (Open Access)	New Jersey -Choice POS II Multi -Tier
Primary Care Copay	\$10	\$25	\$10	\$10
Specialist Copay	\$10	\$25	\$15	\$15
Annual Adult Physical (In Network Only)	No Copay	No Copay	No Copay	No Copay
Lab Work (x-ray, blood, CT, PET, MRIs)	In: No Charge in office or LabCorp / Quest Out: Ded & 20% Coinsurance	In: No Charge in office or LabCorp / Quest Out: Ded & 30% Coinsurance	In: No Charge in office or LabCorp / Quest Out: Ded & 30% Coinsurance	In: No Charge in office or LabCorp / Quest Out: Ded & 30% Coinsurance

Medical Plan Comparison – Aetna \$10 vs. Aetna \$25 vs. NJEHP vs. GSHP

	Aetna \$10	Aetna \$25	NJEHP	GSHP COVERAGE IN NJ ONLY
Annual Deductible	In-Network: \$0 Out Net: \$100 / \$250	In-Network: \$100 / \$250 Out Net: \$1,500 / \$3,000	In-Network: \$0 Out Net: \$350 / \$700	In-Network: \$0 Out Net: \$350 / \$700
Out of Pocket Max	In: \$400/\$1,000 Out: \$2,000/\$5,000	In: \$400/\$800 Out: \$4,000/\$10,000	In: \$500 / \$1,000 Out: \$2,000/\$5,000	In: \$500 / \$1,000 Out: \$2,000/\$5,000
Coinsurance	80% (80th percentile of HIAA)	70% (200% of CMS)	70% (200% of CMS)	70% (200% of CMS)
Referral	Not Required	Not Required	Not Required	Not Required
Outpatient Surgery	In: No Charge Out: Ded & 20% Coinsurance	In: No Charge Out: Ded & 30% Coinsurance	In: No Charge Out: Ded & 30% Coinsurance	In: No Charge Out: Ded & 30% Coinsurance
Emergency Room	\$25 Copay	\$100 Copay	\$125 Copay	\$125 Copay

EXPRESS SCRIPTS 1 800-698-3757 OR VISIT WWW.EXPRESS-SCRIPTS.COM

- Prescription plan costs correspond to medical plan selected. Formulary of prescription drugs is the same in all plans offered in the District.

Aetna \$10

- Retail (30 day supply)
 - Generic Drugs \$10
 - Preferred Brand Name Drugs \$20
 - Non-Preferred Drugs \$20
- Mail Order (90 day supply)
 - Generic Drugs \$10
 - Preferred Brand Name Drugs \$10
 - Non-Preferred Drugs \$10

Aetna \$25

- \$20 generic / \$40 brand retail & mail order
- includes SEHBP utilization management - dose optimization step therapy, member pays the difference between generic and brand if generic is available

NJEHP & GSHP

- Retail (30 day supply)
 - Generic Drugs \$5
 - Preferred Brand Name Drugs \$10
 - Non-Preferred Drugs Member pays difference
- Mail Order (90 day supply)
 - Generic Drugs \$10
 - Preferred Brand Name Drugs \$20
 - Non-Preferred Drugs Member pays difference

NEXT STEPS



- Complete Enrollment Form if not currently enrolled or Waiver Form if waiving coverage
- Utilize the IMAC Portal to:
 - Evaluate different plan options by reviewing plan designs
 - Compare your Chapter 78 / 44 contributions, by plan, to determine your payroll deductions
- Utilize the Aetna Doctor & Hospital Finder to look up participating providers
- Select a plan for the 2022- 2023 Year
 - You will be eligible to switch plans during the next Open Enrollment period in May 2023
- **Submit Enrollment Form or Waiver Form by May 13th and return to the business office via email to Michelle Adams adamsm@fpsk6.org.**

IMAC PORTAL INSTRUCTIONS

We are happy to announce that our new employee health benefits information portal is now open. On this site, all employees will be able to do the following:

- View summaries and plan documentation information about our medical, prescription drug and dental plans
- Download claim and enrollment change forms
- Use a Chapter 78 / 44 calculator
- Find links to sources of health related information

The link for the portal is www.IMACPortal.com. Once there, you will be prompted to enter your username and password, which is **FBOE** and the password is **fboe07004**. The information on the portal is all of a general nature. No specific claim information or other personal information can be accessed through our portal.



ENROLLMENT FORM

Gateway / BMED Regional Health Insurance Fund

c/o PERMA, PO BOX 99106, Camden, NJ 08101

Employee/Participant Information (Employee, Dep 31)			
Please PRINT and fill this section out COMPLETELY			
Social Security #:	Last Name:	First Name:	M.I.:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Address:	
City:	State:	Zip:	Home Phone #: Work Phone #:
E-mail:	PCP # (if required):	Division (if any):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Are you or your spouse Medicare eligible? You: <input type="checkbox"/> No <input type="checkbox"/> Yes because of age <input type="checkbox"/> Yes because of disability Spouse: <input type="checkbox"/> No <input type="checkbox"/> Yes because of age <input type="checkbox"/> Yes because of disability		
Other Group Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No *Attach copy of Coverage Card (front & back) and carrier address			
Dependent Information (Spouse, Child or Children)			
Please PRINT and fill this section out COMPLETELY Please list all <u>eligible</u> dependents only			
Spouse			
Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PCP # (if required):	
Child(ren)			
Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PCP # (if required):	
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PCP # (if required):	
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PCP # (if required):	
Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Completed by Employer	
Employer Name: Fairfield BOE	
Action to be Taken: <input type="checkbox"/> New Enrollment – Effective Date: _____ <input type="checkbox"/> Return from Leave of Absence – Effective Date: _____ <input type="checkbox"/> Enrollment Change – Effective Date: _____	Signature of Certifying Officer: _____ Phone #: _____ Date Mailed: _____

Due Back
May 13th to
the Business
Office

CHAPTER 375

- **Over Age Children until Age 31**
- Certain children over age 26 may be eligible for coverage until age 31 under Chapter 375. This includes a child by blood or law who is under the age of 31; is unmarried; has no dependent(s) of his or her own; lives in New Jersey or is a full-time student at an accredited public or private college or university; and is not covered in any way under a group or individual health benefits plan, church plan, or entitled to Medicare.
- The covered parent or child is responsible for the entire cost of coverage. These children are not eligible for dental or vision benefits.
- For more information visit https://www.state.nj.us/dobi/division_consumers/du31.html

CONTRIBUTION CALCULATOR



2022-2023 Fairfield Public Schools Contribution Calculator

Click on one of the below option for the contribution calculator which will calculate your health benefit contributions

Aetna \$10

New Jersey Educators
Health Plan

Aetna \$25

Dental & Vision
Contributions

Garden State
Health Plan



AETNA FITNESS BENEFIT PROGRAM AWARD

- Subscribers eligible for an exercise facility reimbursement of \$200 per 6 month period and Spouses eligible for a reimbursement of \$100 per 6 month period



Fitness Program Award Reimbursement Request

Submit Claims To:
Aetna
PO Box 981106
El Paso, TX 79998-1106
FAX: 1-859-455-8650

Failure to complete form in full may cause delay in payment.

Employee Instructions:

- Complete Parts 1 and 2 in full.
- Attach receipts for all expenses incurred for program reimbursement.
- You must meet the requirements described on the previous page.

Part 1

Employee Name (First, Middle, Last)		Date of Birth (MM/DD/YYYY)	Member ID Number
Employee Address (Street, City, State, ZIP Code)			
Employer Name FAIRFIELD BOARD OF EDUCATION (BERGEN MUNICIPAL)			
Dependent Name(s)	Gender	Date of Birth (MM/DD/YYYY)	Relationship to Insured
1.	<input type="checkbox"/> M <input type="checkbox"/> F		
2.	<input type="checkbox"/> M <input type="checkbox"/> F		
3.	<input type="checkbox"/> M <input type="checkbox"/> F		
4.	<input type="checkbox"/> M <input type="checkbox"/> F		

Part 2

Fitness Program	
Address (Street, City, State, ZIP Code)	
Program Attended	Health Club Reimbursement and Health Education <input type="checkbox"/> S9451 – Exercise classes, Gym membership
Date(s) Program Attended	

Employee Certification

I certify that these expenses were incurred by myself or an eligible dependent. These classes were attended for the full term of the class offered and attendance can be verified by the provider listed above.
Employee's Signature _____ Date _____



ACRISURE Agency Partner

**PLEASE FEEL FREE TO CONTACT IMAC INSURANCE
WITH ANY BENEFIT OR CLAIM QUESTIONS**



IMAC INSURANCE AGENCY

540 MILL STREET

BELLEVILLE, NJ 07109

973-450-9800 OFFICE

973-450-9892 FAX

INFO@IMACAGENCY.COM

