

## Self-Insured Medical Bid Q & A

Effective January 1, 2020, all active employee and non-Medicare retiree health benefit plans will be administered solely by Horizon Blue Cross Blue Shield of New Jersey (Horizon). Horizon will also implement Horizon Health Guides, an enhanced Navigation and Advocacy Model with enhanced customer service programs tied to Clinical Management, Medical Management, Disease Management and improvement of population health.

1. Q. What does the award to Horizon mean?
  - A. In the past, the State offered medical plans through both Aetna and Horizon. After a public bidding process, the State awarded the sole administration of active employee and non-Medicare retiree health benefit plans to Horizon only.
2. Q. Who is affected by this medical plan change?
  - A. Current active employees and non-Medicare retirees (under age 65) enrolled in Aetna medical plans are affected by this change and will be moved to Horizon plans.
3. Q. When is this effective?
  - A. The change is effective December 21, 2019, for State Biweekly Employees and January 1, 2020, for State Monthly, Local Government, and Local Education Employees, and all non-Medicare retirees.
4. Q. Why did the State make this change?
  - A. The State is required to periodically bid all public contracts, and the former contract between the State and both Aetna and Horizon was set to expire for Plan Year 2020. The selection of one vendor was the result of a thorough evaluation, subject to public bidding laws and rules.
5. Q. How are the medical plans changing?
  - A. The medical plans are not changing; however, the administration of the medical plans is changing solely to Horizon. There are no changes to plan benefits, since the Horizon medical plans cover the same benefits as the Aetna plans. Horizon will also be implementing Horizon Health Guides, a Navigation and Advocacy Model with enhanced customer service programs tied to Clinical Management, Medical Management, Disease Management and improvement of population health. Again, there are no changes to plan benefits as a result of this move.
6. Q. Can I continue my coverage with Aetna?
  - A. No. If you are an active employee or a non-Medicare retiree you will not be able to continue your medical plan coverage with Aetna. However, you will become eligible for coverage with Aetna once you are Medicare eligible. If you are nearing the age of 65, there is additional information about the Medicare Advantage coverage with Aetna located on the Division of Pensions & Benefits (NJDPB) website.
7. Q. Do I need to enroll in Horizon?
  - A. No, you do not need to do anything. The NJDPB will automatically enroll you into the corresponding Horizon medical plan. For example, if you are in the Aetna Freedom 15 plan you will be automatically moved to the Horizon NJ DIRECT15 plan.
8. Q. What if I want to change plans?
  - A. For active employees, the 2019 SHBP/SEHBP Open Enrollment is your opportunity to review plan choices and select a plan that best meets your needs. You can change to a different Horizon plan during the Open Enrollment by completing a *Health Benefits*

*Enrollment and/or Change Form* and submitting it through your employer. The SHBP/SEHBP Open Enrollment is October 1 - 31, 2019.

Retirees can change plans at any time, provided that they have been in their current plan for a minimum of 12 months, or when rates change.

Applications and other information are available on the NJDPB website at:  
[www.nj.gov/treasury/pensions/](http://www.nj.gov/treasury/pensions/)

9. Q. What about the Medicare Advantage plans?
  - A. Aetna will continue to administer the Medicare Advantage plans for Medicare-eligible retirees over age 65.
10. Q. What if my spouse or dependent is over age 65?
  - A. If your spouse or dependent is over age 65 and eligible for Medicare, he/she will be enrolled in the Aetna Medicare Advantage plan that corresponds to your Horizon plan. Because you are under age 65, you will be enrolled in the Horizon plan.
11. Q. What about the Aetna dental plans?
  - A. Aetna will continue to administer the Aetna Dental Expense Plan (DEP) and Aetna Dental Provider Organization (DPO) plan.
12. Q. What happens if I'm being treated for a complex condition at the time of the change?
  - A. A change in your medical plan doesn't mean a change in your care. The NJDPB is coordinating with Horizon for members who are currently receiving treatment, but you should also reach out to Horizon at 1-800-414-7427 to get help if dealing with an active course of treatment, such as a scheduled surgery or ongoing therapy for a complex medical condition like cancer or dialysis.
13. Q. What happens if I have to go into the hospital on December 31, 2019?
  - A. If you are a State Biweekly Employee, your new plan with Horizon will be effective December 21, 2019, and would cover this service. For all other employees or non-Medicare retirees, hospital services on December 31, 2019, will still be covered under Aetna; and Horizon would assume coverage as of January 1, 2020.
14. Q. What about my doctors or hospitals?
  - A. Many of the providers and hospitals with Aetna and Horizon overlap. You should check with Horizon to confirm that your providers participate in the Horizon Blue network.
15. Q. What about my HMO provider?
  - A. If you are enrolled in an Aetna HMO you will need to select a primary care physician who participates with the Horizon HMO. Horizon will be contacting you to remind you to select a primary care physician in the coming weeks/months.
16. Q. What happens to money in my Health Savings Account (HSA)?
  - A. If you are enrolled in an Aetna High Deductible Health Plan, you will be able to do a trustee-to-trustee transfer to move HSA funds to a Horizon HSA administrator. You can request a HSA Transfer Form from Horizon.
17. Q. What if I need more information?
  - A. You can contact Horizon BCBSNJ Member Services at 1-800-414-7427 or find information for SHBP/SEHBP members on the Horizon website at:  
<http://shbp.horizonblue.com/>