



IMPORTANT BENEFIT UPDATE

**EFFECTIVE 3/1/2023
CHANGES IN MEDICAL
AND PRESCRIPTION CARRIERS**

New Medical and Prescription Carrier Southern New Jersey Regional Employee Benefits Fund

Effective March 1, 2023, Delran Township will be joining the Southern New Jersey Regional Employee Benefits Fund (SNJREBF) for your medical and prescription benefits. The SNJREBF is currently comprised of 34 other townships and municipalities that have come together to purchase their health benefits.

MEDICAL FAQ's

Under the SNJREBF, members will have two medical carriers to choose from, Aetna and AmeriHealth Administrators. All of your current plan options and benefits **WILL REMAIN THE SAME!** You will automatically be enrolled in the plan you are currently enrolled in.

If You Are Currently Enrolled In This Plan...		The New Plan Name Will Be...
State Plan Options		SNJREBF /Plan Name
NJ Direct Access \$10 Copay	→	Aetna Choice POS II (Open Access) \$10 Copay Or AmeriHealth Administrators PPO \$10 copay
NJ Direct Access \$15 Copay	→	Aetna Choice POS II (Open Access) \$15 Copay Or AmeriHealth Administrators PPO \$15 copay
Horizon HMO	→	Aetna HMO Or AmeriHealth Administrators EPO \$10 copay

Important! Choose a Carrier

All employees will need to pick a carrier, either Aetna or AmeriHealth Administrators, by completing the attached form. Please complete and turn into the Business Office by no later than **Friday, January 27th.**

Carrier Websites

- Aetna – www.aetna.com
- AmeriHealth Administrators- www.myahabenefits.com

Beginning 3/1/23, you can register on the carrier website to view your plan information and claims history.

How to Contact Member Services

- **Aetna** - Call 800-370-4526 or the number on your Aetna Member ID Card
- **AmeriHealth Administrators** – Call 800-480-5031 or the number on your AmeriHealth Administrators ID card

How to Locate Participating Providers

AETNA

Step 1: Visit Aetna’s website at www.aetna.com

Step 2: At the top of the webpage, click on “**Find A Doctor**”

Step 3: On right side of page under the section labeled “**Not a member yet**” select “**Plan from an employer**” (1st choice on the list)

Step 4: Under Continue as a Guest, enter you zip code, city, state or county

Step 5: You will be asked to “**Select a Plan**”. Use the Key below to help you make the correct selection:

If you are enrolling in an...	DocFind Plan selection is...
Aetna Choice POS II plan (NJ Direct 10 and NJ Direct 15 under State Plan)	Category Heading = <u>Aetna Open Access Plans</u> Plan Name = Aetna Choice POS II (Open Access)
Aetna HMO (Horizon HMO under State Plan)	Category Heading = <u>Aetna Standard Plan</u> Plan Name = HMO

Step 6: Click **CONTINUE** to search for the type of provider.

AMERIHEATH ADMINISTRATORS

STEP 1: Visit the AHA website at www.myahabenefits.com

STEP 2: At the bottom of the webpage on the right, click on “Find A Doctor”

STEP 3: Choose your location. Choose a network (should already say AmeriHealth Administrators)

STEP 3: Search providers by category, specialty and much more.

Diagnostic Testing Provider

Under **Aetna**, members may use Quest Diagnostics or LabCorp.

- Visit the **Quest Diagnostics** website to find a location near you or to make an appointment- <http://www.questdiagnostics.com/>
- To find a **LabCorp** facility near you or to make an appointment- <https://www.labcorp.com/>

Under **AmeriHealth Administrators**, members may use LabCorp.

- To find a **LabCorp** facility near you or to make an appointment- <https://www.labcorp.com/>

Existing Conditions and Transition to the SNJREBF

Please let your provider know you are changing carriers and provide them with your new Member ID Card as soon as you receive it. **New ID cards will be arriving in late February.** Services under the new coverage cannot be received prior to the effective date. Begin using your new ID card 3/1/23.

Pre-existing Conditions

Pre-existing conditions are covered. You or your dependents cannot be denied coverage because of a pre-existing condition.

I already have surgery approved and scheduled for the first week in March. How can I be assured that this will still be approved by Aetna or AmeriHealth? What information will I need to provide my doctor regarding this change?

Please inform your doctor that your health insurance carrier is changing and provide them with your new member ID as soon as you receive it. Your provider can contact Aetna or AmeriHealth directly to ensure that all necessary approvals are in place in time for your surgery.

I am currently enrolled in a Horizon plan and receiving ongoing treatment for a condition. What would happen if my doctor is not a participating provider under the new Aetna/AmeriHealth Administrators coverage?

If you are in an active course of treatment and your doctor is non-participating with the new carrier that you have selected (Aetna or AmeriHealth Administrators), you will need to complete the **Transition of Coverage (TOC)** form. Once the carrier approves the TOC treatment this allows you to continue to receive treatment from your current provider for a limited period of time after the transition. This process only applies if your doctor does NOT participate with the new carrier that you select.

My child goes to school out of State. How will they be covered under this new plan?

Members can find participating providers through the carrier websites or by contacting member services. If they are enrolled in a plan with out-of-network coverage, they may also utilize their out-of-network benefits. They are covered for Emergency Care anywhere.

Prescription FAQ's

Express Scripts is the Pharmacy Benefit Manager for the SNJREBF.

- Member Services - Members can call Express Scripts Member Services at **(800) 467-2006** or visit the website at – www.express-scripts.com.
- **Register Your Account – (on 3/1/2023 or later)** Get the most out of your prescription benefits and set up your account at www.express-scripts.com. (Access ID cards, refill medications, see which medications are covered, etc.)

Under Express Scripts, you will be offered **the same prescription copays** that you have with the SHBP.

If You Are Enrolled in this Prescription Plan-	You Will Continue to Have this Prescription Plan-
Optum Rx Retail Copays: \$3 Generic/ \$10 Brand Mail Order: \$0 Generic / \$15 Brand	Express Scripts Retail Copays: \$3 Generic/ \$10 Brand Mail Order: \$0 Generic / \$15 Brand
Retail or Mail Order Brand Name Drugs with Generic Equivalent: Member Pays the Copay Plus the Difference	Retail or Mail Order Brand Name Drugs with Generic Equivalent: Member Pays the Copay Plus the Difference

Network Considerations

- Walgreen's is not a participating provider.
- Some Rite Aid's are excluded as well as a few "mom and pop" shops.
- CVS, Shop-Rite, Target, Walmart, Acme, and other large box chain pharmacies are in-network.

Mail Order

- For maintenance medications, members should utilize the Express Scripts mail order program. A 90-day supply of your medication will be conveniently delivered to your home. See the attached

flyer for options on how to set up your mail order delivery or contact Express Scripts at **877.603.1032** to get started.

- If possible, **obtain a 90-day fill prior to the transition (3/1/2023)** so that you have a supply on hand as you set up your new mail order program.

Formulary Considerations

- Formularies vary from one pharmacy benefit manager to another. Under Express Scripts, some drugs are excluded, but there are FDA approved alternatives for all excluded drugs.
- If members have already tried the approved alternative and had an adverse reaction, they can have their provider file an appeal to prove medical necessity to remain on their existing drug.
- Members who have a drug denied due to a formulary restriction can contact the our Member Advocacy team for assistance at **800-563-9929**. Our Member Advocacy team can assist the member in working with the SNJREBF to get approval for a one-time 30-day courtesy fill if needed.
- **Be proactive!** Check out the attached Express Scripts formulary prior to the **3/1/2023** change. If your prescription is listed as a formulary exclusion, speak to your doctor now about the approved alternative.

Prior Authorization

Some drugs may require prior authorization. Prior authorization is a program that monitors certain prescription drugs to assure that the medication you are prescribed is the most safe and effective for your diagnosis. Similar to healthcare plans that approve a medical procedure before it's done to ensure the necessity of the test, if you're prescribed a certain medication, that drug may need a "prior authorization." This program makes sure you're getting a prescription that is suitable for the intended use and covered by your pharmacy benefit. Please see the attached flyer for further details.

Specialty Medications

- Specialty Medications require special handling, careful administration, and ongoing patient care management. Specialty Medication's must be ordered through the Express Scripts specialty pharmacy provider, Accredo.
- To get started, visit the Accredo website at www.accredo.com or contact them at **1-877-ACCREDITO (222-7336)**. Please see the attached flyer for additional details about Accredo.

Have Questions About Your Benefits?

Representatives from our Insurance Broker, Conner Strong & Buckelew, will be onsite on the following dates and times to answer any questions you may have about the transition.

- Tuesday, January 24th - 9am to 10am
- Wednesday, January 25th – 9am to 10am
- Thursday, January 26th - 2pm to 3pm

Member Advocacy

The Conner Strong & Buckelew's Member Advocacy Team provides assistance to you and your dependents with any questions you may have regarding your benefits.

Contact our **Member Advocacy Team** for assistance!

- Phone: **800.563.9929**
- Email: cssteam@connerstrong.com