

MARSD Open Enrollment

May 11 to May 22

Agenda

1. Plans offered in Matawan
2. Differences between the plans
3. Questions
4. Calculating my contribution
5. Examples of each plan and the contribution for next year
6. Using the Brown & Brown calculator
7. Questions
8. Open enrollment directions
9. Aetna DocFind
10. Questions

If you have a question, please type it in the chat.

What Plans are Offered in MARSD?

Horizon Plans (Through June 30, 2026)	Aetna Plans (Beginning July 1, 2026)
Direct Access 15	Aetna Choice POS II (Open Access)
Direct Access 15/25	Aetna Choice POS II (Open Access)
Direct Access 20/30	Aetna Choice POS II (Open Access)
Direct Access HDHP	Aetna Choice POS II (Open Access)
Direct Access NJEHP	Aetna Choice POS II (Open Access)
Horizon Garden State Plan	Aetna Whole Health New Jersey Choice POS II

Plan Eligibility		
Hired Prior to July 1, 2018	Hired Between July 1, 2018 and June 30, 2020	Hired on or after July 1, 2020
15	20/30	NJEHP
15/25	HDHP	GSHP
20/30	NJEHP	
HDHP	GSHP	
NJEHP		
GSHP		

What are the Plan Differences?

All current Horizon plans with the exception of the Garden State Plan have the same network of doctors. The Garden State Plan network is limited to doctors within New Jersey, except for emergency care.

Aetna's coverage will be equal to or better than the coverage currently provided by Horizon; however, not all doctors within Horizon's network participate in Aetna's network.

What are the Plan Differences?

Direct Access 15: \$15 copay for all doctor visits

Direct Access 15/25: \$15 copay for primary doctor and \$25 for specialist

Direct Access 20/30: \$20 copay for primary doctor and \$30 for specialist
(Dependent children pay \$20 copay for specialist)

Direct Access HDHP: \$1600 deductible for single and \$3200 deductible for family

Direct Access NJEHP: \$10 copay for primary doctor and \$15 for specialist

Garden State Health Plan: \$10 copay for primary doctor and \$15 for specialist

* Out of Pocket Maximums, Emergency Room Copay, and Out of Network Coverage differ among some of the plans

Side-by-Side Medical Comparison	SHIF PPO \$15	SHIF PPO \$15/\$25	SHIF PPO \$20/\$30	SHIF HDHP	SHIF NJEHP	SHIF GSHP
Primary Care Copayment	\$15	\$15	\$20	\$0	\$10	\$10
Specialist Care Copayment	\$15	\$25	\$30	\$0	\$15	\$15
Emergency Room Copayment	\$100	\$100	\$100	\$0	\$125	\$125
In-Network Deductible				\$1,600/\$3,200		
In-Network Coinsurance	10% (On Selected Services)	10% (On Selected Services)	10% (On Selected Services)	0%	10% (On Selected Services)	10% (On Selected Services)
In-Network Coinsurance Maximum (Individual/Family)						
In-Network Out-of-Pocket Maximum (Individual/Family)	\$400/\$800	\$400/\$800	\$800/\$1600	\$5,000/\$10,000	\$500/\$1000	\$500/\$1000
Out-of-Network Deductible (Individual/Family)	\$100/\$250	\$100/\$250	\$200/\$400	\$1,600/\$3,200	\$350/\$700	\$350/\$700
Out-of-Network Coinsurance	30%	30%	30%	30%	30%	30%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$5,000/\$12,500	\$10,000/\$20,000	\$2,000/\$5,000	\$2,000/\$5,000
Out-of-Network Inpatient Hospital Deductible	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)	N/A	Out-of-Network Deductible applies (see above)	Out-of-Network Deductible applies (see above)
Side-by-Side Rx Comparison	Benecard	Benecard	Benecard	Horizon	Benecard	Benecard
Retail: Generic Copays	\$3	\$3	\$3	Embedded In Medical	\$5	\$5
Retail: Preferred Brand Copays	\$10	\$10	\$10	Embedded In Medical	\$10	\$10
Retail: Non-Preferred Brand Copays	\$10	\$10	\$10	Embedded In Medical	Member pays difference + Brand Co-pay	Member pays difference + Brand Co-pay
Mail: Generic Copays	\$5	\$5	\$5	Embedded In Medical	\$10	\$10
Mail: Preferred Brand Copays	\$15	\$15	\$15	Embedded In Medical	\$20	\$20
Mail: Non-Preferred Brand Copays	\$15	\$15	\$15	Embedded In Medical	Member pays difference	Member pays difference
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	N/A	\$1,600/\$3,200	\$1,600/\$3,200

Questions

How is My Contribution Calculated?

Chapter 78 Plans (**Direct 15**, **15/25**, **20/30** and **HDHP**)

- Direct 15 and Direct 15/25 pay a percentage of the premium based on salary
- Direct 20/30 and HDHP pay a percentage of the premium based on salary

Chapter 44 Plans (**NJEHP** and **GSHP**)

- Pay a percentage of salary regardless of the cost of the premium

2025 -2026 Healthcare Distribution

Coverage	15	15/25	20/30	HDHP	NJEHP	GSHP
Family	27	0	46	0	125	4
2 Adults	24	1	13	0	25	1
Parent/Child	8	1	8	0	24	0
Single	14	0	14	1	74	5
Total	73	2	81	1	248	10

2026 -2027 Contribution Comparison

Family Plan	15	15/25	20/30	HDHP	NJEHP	GSHP
\$99,275	\$18,621.51	\$18,155.19	\$13,102.23	\$10,280.79	\$6,552.15	\$3,276.08
\$68,050	\$12,200.30	\$11,894.78	\$8,584.22	\$6,735.69	\$3,402.50	\$1,701.25
\$44,160	\$4,494.85	\$4,382.29	\$3,162.61	\$2,481.57	\$1,722.24	\$861.12
\$30,710	\$3,210.61	\$3,130.21	\$2,259.00	\$1,772.55	\$1,013.43	\$506.72

2026 -2027 Contribution Comparison

2 Adult Plan	15	15/25	20/30	HDHP	NJEHP	GSHP
\$99,275	\$13,689.50	\$13,351.10	\$9,640.73	\$7,435.80	\$5,956.50	\$3,276.08
\$68,050	\$10,495.29	\$10,235.85	\$7,391.22	\$5,700.78	\$2,994.20	\$1,701.25
\$44,160	\$3,650.53	\$3,560.29	\$2,570.86	\$1,982.88	\$1,457.28	\$8,61.12
\$30,710	\$2,737.90	\$2,670.22	\$1,928.15	\$1,487.16	\$8,59.88	\$506.72

2026 -2027 Contribution Comparison

P/C Plan	15	15/25	20/30	HDHP	NJEHP	GSHP
\$99,275	\$12,469.21	\$12,105.61	\$8,733.61	\$6,917.40	\$3,871.73	\$1,935.86
\$68,050	\$9,559.73	\$9,280.97	\$6,695.77	\$5,303.34	\$2,041.50	\$1,020.75
\$44,160	\$3,325.12	\$3,228.16	\$2,328.96	\$1,844.64	\$1,104.00	\$662.40
\$30,710	\$2,493.84	\$2,421.12	\$1,746.72	\$1,383.48	\$675.62	\$460.65

2026 -2027 Contribution Comparison

Single Plan	15	15/25	20/30	HDHP	NJEHP	GSHP
\$99,275	\$7,985.67	\$7,788.27	\$5,623.85	\$4,340.70	\$3,276.08	\$1,638.04
\$68,050	\$6,616.70	\$6,453.14	\$4,659.76	\$3,596.58	\$1,701.25	\$1,020.75
\$44,160	\$2,737.94	\$2,670.26	\$1,928.18	\$1,488.24	\$839.04	\$662.40
\$30,710	\$2,281.62	\$2,225.22	\$1,606.82	\$1,240.20	\$522.07	\$460.65

2026 -2027 Healthcare Calculator

Brown and Brown Calculator

Questions

Open Enrollment Directions

Who needs to take action?

You only need to submit paperwork during open enrollment if you plan to:

- Add or remove dependents from coverage
- Change your medical, dental, or vision elections (if eligible)
- Enroll in district health benefits for the first time
- Continue or begin waiving district health benefits
- Enroll in or re-elect a Flexible Spending Account (FSA), Dependent Care Account (DCAP), or Health Savings Account (HSA)

If you are keeping your current benefit elections and making no changes, no action is required unless you are currently waiving coverage or wish to participate in an FSA, DCAP, or HSA.

Open Enrollment Directions

Employees Currently Waiving Benefits

If you are currently waiving district health benefits and wish to continue your waiver for the 2026–2027 plan year, you must submit:

- A new waiver form
- Updated proof of alternate coverage (insurance ID cards will not be accepted)

Please note that medical and prescription benefits must be waived together.

Failure to submit updated waiver documentation by the deadline may result in forfeiture of the waiver incentive and automatic enrollment into the district’s default medical plan.

Is My Doctor in Aetna's Network?

- DO NOT ASK IF YOUR CURRENT DOCTOR ACCEPTS AETNA
Doctors can accept insurance on the out of network side but not on the in network side
- ASK YOUR DOCTORS IF THEY PARTICIPATE IN THE AETNA CHOICE POS II (OPEN ACCESS) NETWORK FOR ALL PLANS EXCEPT THE GSP
- ASK YOUR DOCTORS IF THEY PARTICIPATE IN THE AETNA WHOLE HEALTH NEW JERSEY POS II NETWORK FOR THE GSP
- TO USE AETNA'S DOCTOR FIND, SEE LINDSEY CASE'S EMAIL FROM MAY 1st

Questions