

The Board of Chosen Freeholders of the County of Monmouth

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MEMO TO : All Eligible Monmouth County Employees

FROM : Gerald R. Plotnick, Benefits Coordinator

DATE : August 19, 2009

RE : Special Open Enrollment 8/24/09 – 9/11/09

Effective October 1, 2009, the Aetna Point-of-Service Plan will be replaced by the Horizon Direct Access Point-of-Service Plan.

Although the new Horizon Direct Access Point of Service Plan does not require referrals, the Plan still requires you to select a Primary Care Physician [PCP]. This plan puts a great emphasis on consultation with your PCP for all care. The PCP will determine whether specialty care is appropriate and in conjunction with Managed Care Protocols so that your claim can be processed properly. This includes the ability to see an in-network specialist outside New Jersey after consultation and approval by your PCP.

Horizon members will have access to a toll free 24 hour Nurse Line, 1-888-624-3096, staffed by Registered Nurses.

It is imperative to note that regardless of which plan you currently have, or which plan you wish to have, **all employees must complete a new "Medical Open Enrollment Form"**. A new Medical Open Enrollment Form has been designed for Monmouth County employees to include enrollment in the Horizon Direct Access Point-of-Service Plan, the QualCare HMO Plan and the I.A.A. Indemnity Plan for those eligible. The form will be available from the Benefits Liaison in your department on Thursday, August 20, 2009 and on the County's Intranet – Personnel/Personnel Polices & Forms/Employee Forms. Please complete the form and return it to your Benefits Liaison. Enrollment kits with additional information including directories will be available from your Benefits Liaison when received from Horizon.

When completing the form:

In Section C of the Medical Open Enrollment Form, list yourself and all dependents, including your spouse, your civil union partner, dependent child[ren] under 23 years of age and anyone eligible as a dependent as a result of a court order.

Please note that in all instances where a dependent's last name is different from your last name, you must provide verification that such person is eligible to be your dependent. Examples are legal custody orders and Certificates of Civil Union. Verification must be provided at the time of submission of a Medical Open Enrollment Form.

Information and Q&A sessions:

Representatives from Horizon and QualCare will be at all sessions. You are encouraged to attend one of the sessions and may use work time to attend, however, Supervisory pre-approval is required. Representatives of both health care plans will be at each session to assist you in completing the required Medical Open Enrollment Forms. The completed Medical Enrollment Forms must be given to the Benefits Liaison in your department.

8/24/09 9:30 – 11:30 AM Location: Agricultural Bldg.
1:30 – 3:30 PM 4000 Kozloski Rd., Freehold

8/26/09 9:30 – 11:30 AM Location: MC Library Headquarters (**park in rear**)
1:30 – 3:30 PM 125 Symmes Rd., Manalapan

Please note that Horizon has set up an open enrollment telephone number for you to speak with and ask questions of their customer service representatives. The number is 800-722-2583 and will be operational from September 1st until October 15th.

All Medical Open Enrollment Forms must be received with supporting documentation when necessary no later than 4:00 P.M. Friday September 11, 2009.

Listed below are the bi-weekly payroll deductions for the I.A.A. Indemnity Program.

<u>Type of Coverage</u>	<u>I.A.A. Indemnity Program</u>	<u>QualCare HMO</u>	<u>Horizon Direct Access Point-of-Service Plan</u>
Single	\$25.79	-0-	-0-
Husband/Wife	\$70.68	-0-	-0-
Family	\$83.91	-0-	-0-
Parent/Child(ren)	\$44.23	-0-	-0-

SCHEDULE A

Maximum Amount of Elective Contributions

October 1, 2009 through September 30, 2009

**Maximum Amount of Elective
Contributions per Plan Year**

<u>Plan</u>	<u>S</u>	<u>H/W</u>	<u>FAM.</u>	<u>P/C</u>
Horizon Direct Access Point-of-Service Plan	-0-	-0-	-0-	-0-
QualCare HMO	-0-	-0-	-0-	-0-
I.A.A. Indemnity Program	\$670.54	\$1,837.68	\$2,181.66	\$1,149.98

GRP/ef

Cc: Robert Czech, County Administrator