

Horizon BCBSNJ Medical & Prescription Plan

Frequently Asked Questions

As you are aware, the District has terminated membership under the NJ State Educators Health Benefit Plan (SEHBP) and joined the NJSolutions/JHIF who contracts with Horizon Blue Cross Blue Shield of NJ for medical and prescription benefit administration. The effective date of new coverage will begin on March 1, 2026. Please find helpful information below to assist with the transition.

Horizon Blue Cross Blue Shield of NJ Plan FAQ

Q: Will my new Horizon plan be the same as the current plan?

A: Yes, the Horizon BCBSNJ plan will be **equal to or better** than your existing SEHBP plan. This means that your copays, coinsurance, deductible, maximum out of pocket limits and coverages and exclusions are the same as the existing plan.

Q: Are referrals required under the Horizon plans?

A: No, Horizon Direct Access plans DO NOT require referrals.

Q: Am I required to select a Primary Care Physician (PCP)?

A: No. Primary Care Physician (PCP) selection is not required under the Direct Access plans.

Q: What are the benefits of seeing a Horizon “preferred provider”?

A: To receive **maximum benefit** from your healthcare plan, it will always be in your best interest to utilize Horizon in-network providers. Network providers have agreed upon fees that must be accepted as payment in full. These negotiated rates are generally lower than the billed amount, which helps keep premium rates lower overall. Network providers also have the responsibility verifying that all prerequisites are satisfied with the rendered services. Any precertification, authorization or confirmation of coverage is the responsibility of a network provider.

As with the current SEHBP plans, non-network providers are not required to accept usual and customary payment amounts as payment in full. The provider may bill the patient any amount exceeding the usual and customary amount. Non-network providers are not responsible for any precertification or authorization prior to treatment. The member will be responsible to make sure that all due diligence, such as precertification, authorization and confirmation of coverage is in place before receiving treatment.

Q: If an employee is currently being treated by a physician, can the employee continue treatment with that doctor as an in-network provider?

A: Horizon’s network of providers is the same as through the SEHBP Horizon plans.

Q: Does Horizon have an online member portal to access benefit information, ID cards, claims detail, etc.?

A: Yes, members can register for online access at www.Horizonblue.com.

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Q: How many ID cards will I receive?

A: You will receive 1 new ID card for employee coverage only and 2 ID cards for all other tiers of coverage. Information for both Medical and Prescription coverage will be on one card.

Q: Will Horizon administer the Prescription Plan?

A: The Horizon prescription plan will be administered by Horizon's preferred pharmacy benefit manager, PRIME Therapeutics. Amazon Pharmacy will be the prescription home delivery service for mail order. See included Horizon informational flyers for more information.

Important to Note: New Prescriptions should be obtained from your prescribing physician on or after March 1, 2026. Existing drug prior authorizations and mail order prescriptions under the SEHBP will not be transferred to Prime Therapeutics or Amazon Pharmacy.

Q: When will my dependent child(ren) age out of the plan?

A: The age out rules have not changed under the Horizon plan. The dependent child(ren) will continue to age off the medical and prescription plans at the end of the year when they turn 26. At this time, the dependent child(ren) will receive a COBRA notice to elect continuation of coverage. OR the employee may ask for a continuation of coverage under New Jersey Dependent to Age 31 law. Both laws have different eligibility criteria.