



Presents

**2026 Employee Benefits Open
Enrollment Presentation**

Open Enrollment

Open Enrollment: December 16, 2025 – December 22, 2025

- Open Enrollment will run from **Tuesday, December 16th, through Monday, December 22nd, 2025.**
 - Benefits will be effective **January 1st, 2026, through December 31st, 2026**
 - Medical/Rx will continue to be offered through Horizon BCBS NJ with no plan design changes.
 - Dental will continue to be managed by Guardian with no plan design changes.
 - Vision will also continue through VSP with no plan design changes.
 - **NEW!** NYNJ will be offering Utopia WellCare, a functional nutritional resources which utilizes your built-in plan nutrition benefits.
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2026 Benefits Information

Benefits Overview	
2026 NYNJ BENEFITS	
Medical	Voluntary Dental
Prescription	Utopia WellCare
Voluntary Vision	Additional Benefits

Medical Plan Options



Horizon BCBS Medical and Prescription Drug Plans						
	OMNIA Gold		OMNIA Gold BlueCard		OMNIA Platinum	
Benefits	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Annual Deductible (Individual / Family)	\$1,350 / \$2,700	\$2,500 / \$5,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$0 / \$0	\$2,000 / \$4,000
Out-of-Pocket Maximum (Individual / Family)	\$8,550 / \$17,100	\$9,000 / \$18,000	\$7,250 / \$14,500	\$9,200 / \$18,400	\$3,550 / \$7,100	\$5,750 / \$11,500
Coinsurance	0%	30%	20%	40% after deductible	0%	30%
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider	\$20	\$30 after deductible	\$20	\$30	\$15	\$20
Specialist	\$40	\$50 after deductible	\$40	\$50	\$25	\$35
Diagnostic X-rays	\$50 after deductible	30% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$15 after deductible	30% coinsurance after deductible
MRI/MRA, CT Scans/PET	\$75 after deductible	30% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$15 after deductible	30% coinsurance after deductible
Inpatient Hospital (per stay)	\$500 after deductible	30% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$350 after deductible	30% coinsurance after deductible
Outpatient Hospital (per visit)	\$250 after deductible	30% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$15 after deductible	30% coinsurance after deductible
Emergency Room	\$100 after deductible then 10% coinsurance	\$100 after deductible then 10% coinsurance	\$100 after deductible then 20% coinsurance	\$100 after deductible then 20% coinsurance	\$100 after deductible	\$100
Urgent Care	\$75	\$75 after deductible	\$75	\$75	\$50 after deductible	\$70

- NYNJ will continue to offer three medical plan options through Horizon BCBS NJ, all of which are traditional EPO plan networks

Prescription Drug Plan

Prescription Drug Coverage			
	OMNIA Gold*	OMNIA Gold BlueCard	OMNIA Platinum
Benefits			Tier 1
Retail (30-day supply)			
Preferred Generic	\$10 after deductible	\$10	\$5
Preferred Brand	\$40 after deductible	\$40	\$15
Non-preferred Brand	\$75 after deductible	\$75	\$30
Mail Order (90-day supply)			
Preferred Generic	\$20 after deductible	\$20	\$10
Preferred Brand	\$80 after deductible	\$80	\$30
Non-preferred Brand	\$150 after deductible	\$150	\$60

- Using the mail-order program through CVS Caremark for your maintenance medications will save you money. You will receive a **90-day (3-month) supply** for the equivalent of **(2) retail copays**. In addition to the savings, your prescriptions will be delivered right to your home.
- To begin using mail-order, simply complete the mail-order form and send along with your prescription(s) written for a 90-day supply of medication. Forms can be obtained online at www.amazon.com/horizonblue
- *Please note the OMNIA Gold Plan has an Rx deductible of \$250 Individual / \$500 Family

Voluntary Dental Plan

Guardian DentalGuard PPO Plan		
Benefits	In-Network	Out-of-Network
Annual Deductible (applies to Basic & Major care)	\$50 Once the deductible is met by each of three family members, no further deductibles apply	
Annual Maximum/Person	\$1,000	\$1,000
Preventive and Diagnostic Exams, cleanings, x-rays, sealants	0%	0%
Basic Services Fillings, simple extractions, scaling & root planing, general anesthesia	20%	20%
Major Services Dentures, single crowns	50%	50%
Orthodontic Care	Not Covered	

- The dental plan will continue to have in and out of network benefits, with \$1,000 annual maximum

Voluntary Vision Plan

VSP Vision		
Benefit	In-Network	Out-of-Network
Frequency (Exams, Lenses, Frames, and Contact Lenses)	Covered once every 12 months for exams, lenses, and contact lenses Covered once every 24 months for frames	
Exam Copay	\$10	Up to \$39 reimbursement
Basic Eyeglasses Lenses Copay		
Single Vision	\$25 Copay	Up to \$23 reimbursement
Lined Bifocal		Up to \$37 reimbursement
Lined Trifocal		Up to \$49 reimbursement
Lenticular		Up to \$64 reimbursement
Frames		
Frame Allowance (any frame available, including frames for prescription sunglasses)	Up to \$130 allowance 20% discount on amount over \$130	Up to \$46 reimbursement
Contact Lenses		
Elective contact Lenses	\$130 allowance	Up to \$100 reimbursement
Necessary Contact Lenses	Covered in full after copay	Up to \$210 reimbursement



Additional Benefits

NEW! Functional Nutritional Counseling



- **Utopia WellCare** is a Functional Nutrition Resource that helps you develop a better overall relationship with your health via a comprehensive Functional Nutrition Services provided by Board Certified Register Dietitians.
- **How it Works?** Utopia Wellcare provided one on one virtual consultations with dietitians at no cost to you. Consultations are covered under preventive care through your insurance carrier and offers **6 FREE** visits.

Services Include:

- **Mood Regulation.**
 - Depression, PMS, PMDD.
- **Stress and Anxiety.**
 - Brain gut imbalance.
- **Body Composition.**
 - Weight Loss, Build Muscle.
- **Cardiovascular Issues.**
 - High Blood pressure, cholesterol.
- **Endocrine Imbalance**
 - Diabetes, hormone resistant weight loss
- **Kidney Imbalance & Cancer**
- **Autoimmunity**
 - Lupus, Hashimoto, Psoriasis
- **Allergies and Environmental exposures**
 - Mast Cell Activation
- **Gastro-Intestinal Disorders**
 - Gas, bloating constipation, food sensitivity

Email: info@utopiawellcare.com or visit www.utopiawellcare.com

NEW! Member Advocacy Team (MAC)

- The Member Advocacy program is designed to help you with your benefits related needs.
- The Member Advocacy team can help answer questions or resolve issues including the following:
 - Understanding how your benefit plan works
 - Questions regarding a bill you received from a provider
 - Researching a claim that was not paid properly
- You can reach a Member Advocacy representative by doing the following:
 - Calling **(800) 563-9929** Monday through Friday, 8:30 am to 5:00 pm
 - Visiting www.connerstrong.com
 - Emailing cssteam@connerstrong.com





Thank you!
