



# 2024-2025 **BENEFITS GUIDE**

**For Benefits Effective:  
July 1, 2024 - June 30, 2025**

Deptford Township Board of Education offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



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## DON'T FORGET!

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.



# ELIGIBILITY & MAKING PLAN CHANGES



## WHEN CAN I ENROLL?

New hires are eligible to enroll the first of the month following the date of hire. If the date of hire is the first of the month, then coverage begins on the first.

## MAKING PLAN CHANGES

You cannot make changes to your elections or covered dependents during the plan year unless you experience a qualified life event. To make a change, you must contact your personnel department **within 60 days of the event**.

### Qualified life events include:

- Marriage
- Loss or reduction of coverage for you or your spouse
- Birth or adoption of a child (must be reported **within 60 days of the event**)
- Death of a covered dependent
- Divorce

## WHO IS ELIGIBLE?

Full-time employees who work a regular schedule of 30 hours or more per week are eligible to enroll in the benefits described in this Guide.

Please remember that only eligible dependents can be enrolled. Eligible dependents include:

- An employee's spouse (to whom you are legally married)
- Person of the same sex with whom you have entered into a Civil Union, requires documentation.
- Employee's child(ren) term the end of the year of their 26<sup>th</sup> birthday for medical and prescription and term the end of the month in which they attain age 19 if not a full-time student. If a full-time student, then the end of the month in which they attain age 23.
- Legally adopted or any child in a guardianship relationship
- A covered child who is not capable of self support when he or she reaches the end of the year they turn age 26 due to a mental illness or incapacity or a physical disability.

For additional details on what constitutes an eligible dependent, please refer to the plan documents.

If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (e.g. birth certificate, marriage certificate etc.).

# MEDICAL PLAN OPTIONS: AMERIHEALTH ADMINISTRATORS

Through the SHIF, Deptford Board of Education offers the following medical plan options to their staff, administered by AmeriHealth Administrators. Please note, when you enroll in the medical plan you will automatically be enrolled in the corresponding prescription plan.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Express Scripts.**
- All other employees may elect any district offered plan design.

**NOTE:** Dependents are eligible for benefits until the end of the calendar year he/she turns age 26.

	AMERIHEALTH PPO \$10	AMERIHEALTH PPO \$20/\$40	NJ EDUCATORS PLANS (NJEHP)	GARDEN STATE PLAN (GSP)
<b>IN-NETWORK BENEFITS</b>				
<b>Deductible</b>				
Individual	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
<b>Out-of-Pocket Maximum</b>				
Individual	\$1,000	\$2,000	\$500	\$500
Family	\$2,000	\$4,000	\$1,000	\$1,000
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Primary Care Physician Visit</b>	\$10 copay	\$20 copay	\$10 copay	\$10 copay
<b>Specialist Office Visit</b>	\$10 copay	\$40 copay	\$15 copay	\$15 copay
<b>Diagnostic Laboratory (Bloodwork/X-rays)</b>	100%	Bloodwork: 100% X-rays: \$40 copay	100%	100%
<b>Diagnostic Imaging (MRI, CT-Scan)</b>	100%	\$80 copay	100%	100%
<b>Emergency Room</b>	\$35 copay	\$100 copay	\$125 copay	\$125 copay
<b>Urgent Care Center</b>	\$10 copay	\$40 copay	\$15 copay	\$15 copay
<b>Inpatient Hospital</b>	100%	Facility Fee: \$200 copay (max 5 copays per stay)	100%	100%
<b>Durable Medical Equipment</b>	No Charge	Member pays 50% coinsurance	Member pays 10% coinsurance	Member pays 10% coinsurance
<b>Eye Exam</b>	\$10 copay Limited to Once/Plan year	\$20 copay Limited to Once/Plan year	\$15 copay Limited to Once/Calendar year	\$15 copay Limited to Once/Calendar year
<b>Vision Hardware</b>	\$50 Reimbursement Two Plan Years Combined In/Out-of-Network	\$50 Reimbursement Two Plan Years Combined In/Out-of-Network	Not Applicable	Not Applicable
<b>OUT-OF-NETWORK BENEFITS</b>				
<b>Deductible</b>				
Individual	\$250	\$1,000	\$350	\$350
Family	\$500	\$3,000	\$700	\$700
<b>Out-of-Pocket Maximum</b>				
Individual	\$1,000	\$6,000	\$2,000	\$2,000
Family	\$2,000	\$12,000	\$5,000	\$5,000
<b>Coinsurance (% Plan Pays)</b>	80%	70%	70%	70%

**GSP is made up of a network of NJ Providers only. Only true medical emergencies will be covered outside of NJ.**

For the NJ Educators Health Plan and Garden State Plan, an employee's contribution is based on the new salary-based contribution schedule under Chapter 44. All other medical plans follow the Chapter 78 contribution schedule.

*Certain services may require prior authorization. Please refer to the carrier plan documents for full details.*

# FIND AN AMERIHEALTH ADMINISTRATORS PROVIDER

## TO FIND PARTICIPATING AMERIHEALTH ADMINISTRATORS PROVIDERS:

- **STEP 1:** Visit the AHA website at [www.myahabenefits.com](http://www.myahabenefits.com)
- **STEP 2:** At the bottom of the webpage on the right, click on “**Find A Doctor**”
- **STEP 3:** Search providers by category, specialty and much more!

Once you search for a list of doctors, you can click on the provider’s name and then view information such as:

- Credentials
- Hospital affiliations
- Reviews from other members
- Office hours
- Gender
- Specialty
- Language spoken
- National Provider Number (NPI)

Easily compare up to five doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews, and more.

**Please note:** If searching for a Garden State Plan Provider, for accurate results, fill in your location and search for the Local Value Network at the top of the page.



# PRESCRIPTION DRUG PLAN: EXPRESS SCRIPTS



Members can realize the greatest savings by using generic medications and filling their maintenance medications through the Express Scripts Mail Order Program. Members can receive a 90-day supply for one (1) copay through mail order.

	RX \$10/\$20/\$30	NJEHP/GSP
<b>RETAIL PHARMACY (30-DAY SUPPLY)</b>		
Generic	\$10 copay	\$5 copay
Brand Without a Generic Alternative	\$20 copay	\$10 copay
Brand With a Generic Alternative	\$30 copay (non-preferred brand)	Member pays Brand copay plus difference in cost between Generic & Brand Drug*
<b>MAIL ORDER (90-DAY SUPPLY)</b>		
Generic	\$10 copay	\$10 copay
Brand Without a Generic Alternative	\$20 copay	\$20 copay
Brand With a Generic Alternative	\$30 copay (non-preferred brand)	Member pays Brand copay plus difference in cost between Generic & Brand Drug*

## MANDATORY GENERICS PROGRAM\*

Requires your pharmacist to dispense the generic equivalent medication when one is available. If you or your physician prefers the brand name medication rather than an available generic equivalent, you will be charged the brand copayment plus the network cost differential between the generic and brand medications.

## STEP THERAPY PROGRAM (NJEHP & GSP PLANS)

The Step Therapy Program is designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, the Step Therapy program requires a trial with lower cost medications before approval of the higher cost medication, where clinically appropriate. If you purchase the higher cost medication without prior approval, there will be **NO** coverage for the higher cost medication.

## FORMULARY LIST

A guide for selecting clinically and therapeutically appropriate medications. This list includes a majority of brand and generic medications, and also lists certain medications which will not be covered. The formulary updates throughout the year, and brand and generic drugs may move to non-formulary status if a generic version becomes available.

For the most up to date version of the formulary, please visit the Express Scripts website at: [www.express-scripts.com](http://www.express-scripts.com).



# EXPRESS SCRIPTS DIGITAL ID CARD

## **NEW!** YOUR PRESCRIPTION ID CARD IS NOW DIGITAL.

*Connect to your digital prescription ID  
card. Anytime. Anywhere.*

No more digging through cards at the pharmacy counter. Easily create your digital profile at [www.express-scripts.com](http://www.express-scripts.com) or on the Express Scripts mobile app to gain instance access to your prescription ID card. You can view your card online or even on the app, download it to your digital wallet, or even print a card from the Express Scripts website.

### **A digital profile also helps you connect to:**

- Lower-cost medical options
- Nearby, in-network pharmacies
- More ways to manage your medications

## **DON'T WAIT UNTIL YOU ARE AT THE PHARMACY. CONNECT TO YOUR ID CARD TODAY.**

Visit [www.express-scripts.com](http://www.express-scripts.com) or download the Express Scripts mobile app to create your profile in a few easy steps. You can also text **JOIN** to **69717** for a link to the Express Scripts registration page.

Scan the QR code to  
download the mobile  
app from the App  
Store or Google Play.



# UNDERSTANDING YOUR PRESCRIPTION DRUG PROGRAM

## HOW TO GET STARTED WITH EXPRESS SCRIPTS HOME DELIVERY

### Contact Express Scripts

- For transfers from a retail pharmacy, sign in at **Express-Scripts.com**, or
- Speak with a prescription benefit specialist by calling **800.698.3757** (7:30 a.m. – 5 p.m., Central, Monday-Friday)

### DIY—Do It Yourself

- Complete a home delivery order form
- Get a 90-day prescription from your doctor plus refills for up to one year (if applicable)
- Include your home delivery copayment (acceptable forms include credit/debit card, check or money order)
- Mail your form and prescription to Express Scripts at the address on the form. You can also have your doctor ePrescribe or fax your prescription.

**Your medication will arrive by mail within 8 days of receipt of your initial prescription.**

## RECOMMENDED DRUG DOSING

Your Prescription Drug plan includes a program that reviews prescribed drug quantities to ensure your medications are being safely prescribed in accordance with FDA guidelines. The drug quantity review program provides the medications you need for good health, while making sure the dose you are receiving is considered safe. For instance, if FDA guidelines allow one pill/dose per day the program will allow a maximum of 30 pills for a month's supply. This quantity will give you the right amount to take for a daily dose considered safe and effective.





# SAVE MONEY USING MAIL ORDER EXPRESS SCRIPTS

## HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER? COMPARE FOR YOURSELF...

NJHP/GSP		
RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Generic Copay <b>\$5</b>	Generic Copay <b>\$10</b>	<b>\$20</b>
Annual Cost <i>(\$5 per month x 12 fills)</i> <b>\$60</b>	Annual Cost <i>(\$10 per order x 4 fills per year)</i> <b>\$40</b>	
Preferred Brand Copay <b>\$10</b>	Preferred Brand Copay <b>\$20</b>	<b>\$40</b>
Annual Cost <i>(\$10 per month x 12 fills)</i> <b>\$120</b>	Annual Cost <i>(\$20 per order x 4 fills per year)</i> <b>\$80</b>	

## HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER? COMPARE FOR YOURSELF...

RX \$3/\$10/\$10		
RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Generic Copay <b>\$3</b>	Generic Copay <b>\$5</b>	<b>\$16</b>
Annual Cost <i>(\$3 per month x 12 fills)</i> <b>\$36</b>	Annual Cost <i>(\$5 per order x 4 fills per year)</i> <b>\$20</b>	
Preferred Brand Copay <b>\$10</b>	Preferred Brand Copay <b>\$15</b>	<b>\$60</b>
Annual Cost <i>(\$10 per month x 12 fills)</i> <b>\$120</b>	Annual Cost <i>(\$15 per order x 4 fills per year)</i> <b>\$60</b>	



# DENTAL PLAN: DELTA DENTAL



The Board will pay for Single coverage only up to the annual maximum per the collective bargaining agreement. Contributions will be based upon the Chapter 78 percentage. Employees are also responsible for the difference between the Single coverage and the cost to add your dependents. To locate participating dentists, call **800.335.8265** or visit [www.deltadentalnj.com](http://www.deltadentalnj.com).

**PLEASE NOTE: Members electing the Premier Buy-Up Plan must pay the full cost of the monthly premium.**

	PREMIER ADVANTAGE	PREMIER BUY-UP	DELTACARE
<b>BENEFITS</b>			
<b>Provider Network</b>	Members may select participating providers or go out-of-network. Members realize the greatest savings by visiting a participating provider.	Members may select participating providers or go out-of-network. Members realize the greatest savings by visiting a participating provider.	Members must visit a Delta Care provider for services. Members may not seek services out-of-network.
<b>Calendar Year Maximum (per patient)</b>	\$1,500	\$2,000	None
<b>Deductible</b>	None	None	None
<b>Preventive &amp; Diagnostic</b> Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	100%	100%	100%
<b>Basic Services</b> Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	100%	100%	100%
<b>Major Services</b> Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	60%	70% Includes Implants	60%
<b>Orthodontia Benefits (children age 19 and below)</b>	Not Covered	Not Covered	Adults and Children up to \$1,500 copay, then covered 100%



# SAVE TIME AND MONEY!

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing Telemedicine and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast.

## KNOW WHERE TO GET CARE

Visits to the ER can be very costly, so before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from Telemedicine or at an Urgent Care Center instead.

Telemedicine	Urgent Care Center	Emergency Room
<ul style="list-style-type: none"> <li>• Cold/Flu</li> <li>• Allergies</li> <li>• Animal/insect bite</li> <li>• Bronchitis</li> <li>• Skin problems</li> <li>• Respiratory infection</li> <li>• Sinus problems</li> <li>• Strep throat</li> <li>• Pink eye/ Eye irritation</li> <li>• Urinary issues</li> <li>• Dermatology</li> <li>• Behavioral health</li> </ul>	<ul style="list-style-type: none"> <li>• Allergic reactions</li> <li>• Bone x-rays, sprains or strains</li> <li>• Nausea, vomiting, diarrhea</li> <li>• Fractures</li> <li>• Whiplash</li> <li>• Sports injuries</li> <li>• Cuts and minor lacerations</li> <li>• Infections</li> <li>• Tetanus vaccinations</li> <li>• Minor burns and rashes</li> </ul>	<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke symptoms</li> <li>• Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath</li> <li>• Coughing up blood</li> <li>• High fever with stiff neck, confusion or difficulty breathing</li> <li>• Sudden loss of consciousness</li> <li>• Excessive blood loss</li> </ul>



## HOW TO ACCESS TELEMEDICINE 24/7

### \$0 COST TELEMEDICINE VS. VIRTUAL OFFICE VISITS

Please note that Telemedicine services are different from virtual/telephonic office visits with your participating provider. Most Fund Health Plans have a **\$0 copay for the Telemedicine services.**

**Virtual/Telephonic Office Visits with your participating provider may require a copay or coinsurance** in accordance with your specific health plan. For more information on your cost-share for virtual office visits, please consult your insurance carrier at the customer service number on the back of your ID card.

### TELADOC

- Call **855.835.2362**
- Visit **www.TeladocHealth.com**
- Go to **www.Teladoc.com/Mobile** to learn more or download the mobile app from the App Store or Google Play



# CVS MINUTE CLINICS AND HEALTH HUBS\*



**CVS Minute Clinics offer a broad range of services to keep you and your family healthy. In addition to diagnosing and treating illnesses, injuries and skin conditions, they provide wellness services including vaccinations, physicals, screenings and monitoring for chronic conditions.**

- Located in select CVS pharmacies and Target stores nationwide
- No appointment necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family doctor
- Open seven days a week with convenient evening hours

## **CVS MINUTE CLINIC PRACTITIONERS CAN:**

- Treat common illnesses, like strep throat, ear ache, pink eye and sinus infection
- Treat minor injuries and skin conditions
- Provide vaccinations such as flu, pneumonia and hepatitis A/B
- Write prescriptions when appropriate
- Treat patients 18 months and older



**CVS® HealthHUB offers an expanded range of health services and wellness products for everyday care and chronic conditions. To learn more or to find a HealthHUB location, visit [CVS.com/HealthHUB](https://www.cvs.com/HealthHUB).**

## **HEALTH HUBS OFFER THE FOLLOWING SERVICES:**

- Nutritional Counseling
- Durable Medical Equipment
- A Health Concierge
- Enhanced Minute Clinic service offerings
- Enhanced Pharmacist counseling services
- Community programs and meeting spaces

***\* Prior to visiting a Minute Clinic or Health Hub, please check with your medical insurer to find out which facilities in your area may be participating with your plan.***

# GET TO KNOW GUARDIAN NURSES



*Struggling with a healthcare issue?*

## TAKE ADVANTAGE OF THIS UNION BENEFIT

Our Mobile Care Coordinator RNs, backed by a team of registered nurses, are ready to respond whenever you are struggling with a healthcare issue.

### GUARDIAN NURSES CAN:

- **VISIT YOU AT HOME** or in the hospital to assess your care needs.
- **GO WITH YOU** to see doctors, to ask questions and to get answers.
- **BE YOUR GUIDE**, coach and advocate for any healthcare issue.
- **MAKE APPOINTMENTS** so you can be seen as quickly as possible.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **RESOLVE PROBLEMS** with billing, claims and health insurance.
- **GET THINGS YOU NEED** such as healthcare equipment.
- **PROVIDE DECISION SUPPORT** when considering treatments or surgery.
- **EXPLAIN A NEW DIAGNOSIS** to help you make informed decisions.

### WHO IS ELIGIBLE?

The services of our Mobile Care Coordinator Nurses are available to members of the Schools Health Insurance Fund and their covered dependents. **All services are offered at no charge to you and are confidential.**



To request help from our Mobile Care Coordinator or the team at Guardian Nurses, call **609.703.0623** or **609.414.6093**.

# MAXIMIZE YOUR BENEFITS



## ALWAYS CONSIDER YOUR IN-NETWORK OPTIONS FIRST

You will typically pay less for covered services when providers are in-network with your medical plan. In-network providers agree to discounted fees. You are responsible only for any copay or deductible that is included in your plan design.

**The amount you are required to pay out-of-pocket for out-of-network services may be significant.**

## TO LOCATE PARTICIPATING IN-NETWORK PROVIDERS:

Visit [www.myahabenefits.com](http://www.myahabenefits.com), select “Members” and then “Find a Doctor.”

## MAKE SURE YOU ARE USING IN-NETWORK LABS

**AmeriHealth Administrators Participants** must be sure that their providers send all blood work to a **LabCorp** location or other free standing lab. **Quest Diagnostics is not participating in the AmeriHealth Administrators network.**

**\* Please Note: COVID-19 vaccines, including boosters are covered at \$0 copay at in-network locations only. COVID-19 At Home Testing Kits are not covered by the plan. Members are responsible for the full cost of the kits. Diagnostic COVID-19 testing at labs and other providers will remain covered but will be applied at the appropriate cost share.**

## IN-PATIENT OR OBSERVATION:

The difference between *inpatient* and *observation* status is important because benefits and provider payments are based on the status. Patients admitted under observation status are considered outpatients, even though they may stay in the hospital and receive treatment in a hospital bed.

Hospital admission status may affect coverage for services such as skilled nursing. Some health plans, including Medicare, require a three-day hospital inpatient stay minimum before covering the cost of rehabilitative care in a skilled nursing care center. However, observation stays regardless of length, do not count towards the requirement.

A new law requires hospitals to give Medicare patients notice of an observation status within 36 hours. This status determines how the hospital bills your health plan. Even if you are NOT under Medicare, when you or your family member arrives at the hospital, you can ask questions like:

- Is the patient’s status *inpatient* or *observation*?
- How long will the hospital stay be?
- Will there be a need for specialized skilled or rehab care after discharged?

Asking these questions throughout the hospital stay is important because hospitals can change the status from one day to the next. You can ask to have the status changed, but it is important to do so while still in the hospital. If necessary, you can request the hospital’s patient advocate for assistance.

# BENEFITS MEMBER ADVOCACY CENTER

*Need help navigating your benefits? Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!*

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

## CONTACT BENEFITS MAC

You can contact Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday-Friday, 8:30 am to 5:00 pm ET
- Via the web:  
**[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)**
- Via fax: **856.685.2253**
- Via email: **[cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)**



# BENEFITS CONTACTS & RESOURCES



QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/ADDRESS
<b>Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.</b>	Please contact your entity's Human Resources/Benefits Office		
<b>Medical Benefits - AmeriHealth</b> Benefit questions, claims, locating a provider, printing new ID Cards	<b>AmeriHealth Administrators</b>	844.352.1706	www.myahabenefits.com
<b>Prescription Drug Benefits</b>	<b>Express Scripts</b>	800.467.2006	www.express-scripts.com
<b>Dental Benefits</b>	Please see the reverse side of your ID card		
<b>Nurse Advocacy</b>	<b>Guardian Nurses</b>	888.836.0260	www.guardiannurses.com

**All plans above may not be offered by your employer. If you are not sure in which plan you are enrolled and/or eligible to elect, please refer to your ID card or contact your employer.**



HealthyLearn is a health and wellness resource available to all HIF members that provides a wealth of health and wellness information in a simple, straightforward manner.

## ADDITIONAL FEATURES INCLUDE:

- Health Resources
- Health Tip-of-the-Day
- Symptom Checker and HealthTrackers
- Wellness and Disease Management
- Nutrition and Weight Loss
- HealthTrackers
- And much more!

Learn more and get started on your path to wellness today by visiting HealthyLearn at [healthylearn.com/connerstrong](http://healthylearn.com/connerstrong).





# LEGAL NOTICES

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

The Fund offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

## Patient Protection and Affordable Care Act

Please note: the Fund medical plans are considered compliant with the Patient Protection and Affordable Care Act. There are no annual limits, dependent children can be covered to age 26 and preventive care is covered at 100% with no member cost-sharing and the pre-existing exclusion limitations have been removed.

As new Health Care Reform requirements become effective, the Fund plans will be modified. We are fully committed to complying with all regulations and intend to notify you as soon as possible of any change(s).

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

**ALABAMA – Medicaid**  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

**ALASKA – Medicaid**  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

**ARKANSAS – Medicaid**  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA – MEDICAID**  
Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**  
Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-766-9012

# LEGAL NOTICES

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment Website: [www.mymaineconnection.gob/benefits/s/?language=en\\_US](http://www.mymaineconnection.gob/benefits/s/?language=en_US)  
Phone: 1-800-442-6003 TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/mashealth/pa>  
Phone: 1-800-862-4840 TTY: 711  
Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1-573-751-2005

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# INSURANCE MARKETPLACE NOTICE

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

## PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Deptford Board of Education		4. Employer Identification Number (EIN) 21-6000342	
5. Employer Address 890 Bankbridge Road., Ste 100		6. Employer phone number 856-232-2700	
7. City Sewell	8. State NJ	9. Zip Code 08080	
10. Who can we contact about employee health coverage at this job? Kelly Green			
11. Phone number (if different from above) 856-232-2700 x 3004		12. Email address Green.k@deptfordschools.org	

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



*This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical, prescription, dental, and vision programs. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.*