



2023-2024

EMPLOYEE BENEFITS GUIDE

FOR BENEFITS EFFECTIVE:
JULY 1, 2023 THROUGH JUNE 30, 2024

West Deptford 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.



WELCOME TO WEST DEPTFORD BOARD OF EDUCATION!



Questions?

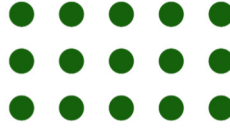
If you have questions about your benefits, please contact the Conner Strong & Buckelew Member Advocacy Team at **800.563.9929** (Monday through Friday, 8:30 am to 5 pm ET) or go to www.connerstrong.com/memberadvocacy and complete the fields.

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WELCOME!



The West Deptford Board of Education is committed to providing our employees with a comprehensive, valuable benefits package and the resources you need to understand all the options available to you.

As an employer, we recognize that our team members are our most valuable assets. The health and well-being of our team members and that of your families is important to us as is the overall health and well-being of the organization. This is why we are committed to sustaining the high value benefit plans we make available.

We encourage you to carefully review this guide to familiarize yourself with our 2023-2024 benefit offerings and ensure that you are making the best benefits decisions for you and your eligible family members.

What Do You Need to Do Now?

In order to enroll in medical, prescription, and/or dental coverage, you must submit an enrollment form to the Business Office.

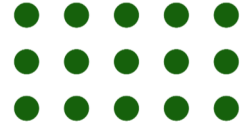
Please refer to your BenePortal site to obtain a copy of a SHIF enrollment form.

For questions regarding your monthly employee contributions, please reach out to your Business Office.



MEDICAL PLAN OPTIONS

AETNA & AMERIHEALTH ADMINISTRATORS



Through the SHIF, West Deptford BOE offers the following medical plan options to their staff, administered by Aetna and AmeriHealth Administrators.

- **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.

	NJEHP	GSP*	POS/PP0 10	POS/PP0 15	POS/PP0 15/25
IN-NETWORK BENEFITS					
Calendar Year Deductible					
Individual	None	None	None	None	None
Family					
Coinsurance Maximum					
Individual	Member pays 10% on select services	Member pays 10% on select services	None	\$400	\$400
Family				\$1,000	\$1,000
Out-of-Pocket Maximum					
Individual	\$500	\$500	\$400	\$5,039	\$5,039
Family	\$1,000	\$1,000	\$1,000	\$9,878	\$9,878
PCP Required/Referral Required for Specialist Visit	No	No	No	No	No
Preventive Services	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
PCP Office Visits	\$10 Copay	\$10 Copay	\$10 Copay	\$15 Copay	\$15 Copay
Specialist Office Visit	\$15 Copay	\$15 Copay	\$10 Copay	\$15 Copay	\$25 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Inpatient Hospital	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Outpatient Surgery	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Ambulance	10% Coinsurance	10% Coinsurance	10% Coinsurance	10% Coinsurance	10% Coinsurance
Emergency Room	\$125 Copay	\$125 Copay	\$25 Copay	\$50 Copay	\$75 Copay
Durable Medical Equipment	10% Coinsurance	10% Coinsurance	10% Coinsurance	10% Coinsurance	10% Coinsurance
Vision Exam	\$15 Copay**	\$15 Copay**	\$10 copay**	\$15 copay**	\$25 copay**
OUT-OF-NETWORK BENEFITS					
Deductible					
Individual	\$350	\$350	\$100	\$100	\$100
Family	\$700	\$700	\$250	\$250	\$250
Out-of-Pocket Maximum					
Individual	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Family	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Coinsurance (% Plan Pays)	70%***	70%***	80%***	70%***	70%*** Additional \$200 Copay per Inpatient Hospital Stay

* GSP is a network of NJ providers only. Out of state services will not be covered unless it is a true medical emergency.

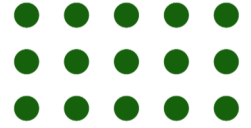
** Once every calendar year.

** After deductible.

The above is an overview of your medical plan option and does not contain all of the benefits or limitations that may apply to the plan. Please see the plan document from the carrier for greater detail.

MEDICAL PLAN OPTIONS

AETNA & AMERIHEALTH ADMINISTRATORS



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- 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.

	POS/PPO 20/30	HMO/EPO 10	HMO 15/25	HMO/EPO 20/30
IN-NETWORK BENEFITS				
Calendar Year Deductible				
Individual	None	\$100 on Durable Medical Equipment	\$100 on Durable Medical Equipment	\$100 on Durable Medical Equipment
Family				
Coinsurance Maximum				
Individual	\$800	N/A	N/A	N/A
Family	\$2,000			
Out-of-Pocket Maximum				
Individual	\$4,639	\$5,439	\$5,439	\$5,439
Family	\$8,878	\$10,878	\$10,878	\$10,878
PCP Required/Referral Required for Specialist Visit	No	Yes (Aetna Only)	Yes	Yes (Aetna Only)
Preventive Services	100% Covered	100% Covered	100% Covered	100% Covered
PCP Office Visits	\$20 Copay	\$10 Copay	\$15 Copay	\$20 Copay
Specialist Office Visit	\$20 Copay	\$10 Copay	\$25 Copay	\$20 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered	100% Covered	100% Covered
Inpatient Hospital	100% Covered	100% Covered	100% Covered	100% Covered
Outpatient Surgery	100% Covered	100% Covered	100% Covered	100% Covered
Ambulance	10% Coinsurance	100% Covered	100% Covered	100% Covered
Emergency Room	\$125 Copay	\$35 Copay	\$75 Copay	\$125 Copay
Durable Medical Equipment	10% Coinsurance	0% Coinsurance After \$100 deductible	0% Coinsurance After \$100 deductible	0% Coinsurance After \$100 deductible
Vision Exam	\$20 Copay*	\$10 copay**	\$25 copay**	\$20 copay**
OUT-OF-NETWORK BENEFITS				
Deductible				
Individual	\$200	N/A	N/A	N/A
Family	\$500			
Out-of-Pocket Maximum				
Individual	\$5,000	N/A	N/A	N/A
Family	\$12,500			
Coinsurance (% Plan Pays)	70%***	N/A	N/A	N/A
	Additional \$500 Copay per Inpatient Hospital Stay			

* Once every calendar year.

** Once every 12 months.

*** After deductible.

The above is an overview of your medical plan option and does not contain all of the benefits or limitations that may apply to the plan. Please see the plan document from the carrier for greater detail.

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:

- **Aetna Participants:** Visit www.aetna.com and select “Find a Doctor.”
- **AmeriHealth Administrators Participants:** Visit www.myahbenefits.com, select “Members” and then “Find a Doctor.”

Make Sure You are Using In-Network Labs

- **Aetna Participants** may use either **Quest Diagnostics** or **LabCorp** for lab work.
- **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.**

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.



HOW TO FIND IN-NETWORK PROVIDERS

To Find Participating Aetna Providers

- STEP 1:** Visit Aetna’s website at www.aetna.com
- STEP 2:** At the middle of the webpage on the right, click on “**Find a Doctor**”
- STEP 3:** On the right side of the page under Guest, select “**Plan from an employer**” (1st choice on the list)
- STEP 4:** Under Continue as a Guest, enter your zip code, city, state or county
- STEP 5:** You will be asked to “**Select a Plan**”. Use the key below to help you make the correct selection:

IF YOU’RE ENROLLING IN...	DOCFIND PLAN SELECTION IS...
NJ Educators Health Plan	Category Heading = Aetna Open Access Plans Plan Name = Aetna Choice POS II (Open Access)
Aetna Garden State Plan	Category Heading = Aetna Whole Health Plan Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II

How to Find Participating AmeriHealth Administrators Providers

- STEP 1:** Visit the AHA website at 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 providers name and then view information such as:

- Credentials
- Hospital affiliations
- Review 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.



TELEMEDICINE

TELADOC



ACCESS TO HIGH QUALITY CARE AT A LOWER COST - WITH A **\$0 COPAY!**

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. Plan members can use readily available technology and tools - toll-free number, secure website, or mobile app - to consult with a U.S. board certified physician.

With access to doctors 24 hours a day, 365 days a year. Teladoc provides lost cost telemedicine that can help improve outcomes, speed recovery and eliminate wait time.

Plan members can consult with a licensed physician by: calling the toll-free number, logging into the secure website, or using the mobile app. Physicians can also prescribe medications, if needed.

When to Use Teladoc

Teladoc doctors can treat a wide range of non-emergency conditions, including:

- Acne
- Allergies
- Cold and flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary tract infections
- Vaginitis
- Vomiting

Mental Healthcare Services Enhancement

This enhancement allows members to have 24/7 video access to licensed psychiatrists, therapists, and psychologists to help treat a broad range of issues. Common conditions members may utilize the service for are:

- Anxiety/Stress
- Depression
- Work Pressures
- ADHD

The services are confidential and secure, and are also available at a \$0 copay* to all employees currently enrolled in benefits with the district.

**Members participating in a High Deductible Health Plan (HDHP) may have a copay if their INN deductible has not been met.*

Get Started With Teladoc Today

To take advantage of this great benefit, contact Teladoc in any of the following ways:

- **Via phone:** [855.835.2362](tel:855.835.2362)
- **Via the web:** www.TeladocHealth.com
- **Via mobile app:** Go to www.Teladoc.com/Mobile to learn more or download the mobile app from the App Store or Google Play



KNOW WHERE TO GET CARE

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

- Cold/Flu
- Allergies
- Animal/insect bite
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- Strep throat
- Pink eye/ Eye irritation
- Urinary issues

Urgent Care Center

- Allergic reactions
- Bone x-rays, sprains or strains
- Nausea, vomiting, diarrhea
- Fractures
- Whiplash
- Sports injuries
- Cuts and minor lacerations
- Infections
- Tetanus vaccinations
- Minor burns and rashes

Emergency Room

- Heart attack
- Stroke symptoms
- Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath
- Coughing up blood
- High fever with stiff neck, confusion or difficulty breathing
- Sudden loss of consciousness
- Excessive blood loss

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 SHIF Health Plans have a \$0 copay for the Telemedicine Services (Teladoc) listed below.

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 visits, please consult your insurance carrier at the customer service number on the back of your ID card.

Teladoc

- **Via phone:** [855.835.2362](tel:855.835.2362)
- **Via the web:** www.TeladocHealth.com
- **Via mobile app:** Go to www.Teladoc.com/Mobile to learn more or download the mobile app from the App Store or Google Play



URGENT CARE CENTERS

Urgent Care Centers are on **average 80% less costly than** Emergency Rooms. Plus, the Urgent Care copay matches your Specialist copay!

Urgent care centers are a **convenient, cost-effective** medical care alternative when your primary care physician is unavailable. Typically no appointments are necessary at most urgent care centers, and hours extend beyond regular doctor's office hours making them available earlier and later than your primary care physician. Most are open **7 days a week!** **To find an In-Network Urgent care center near you visit your medical carrier's website**

Treatment at urgent care centers are useful and appropriate for medical services that are not an emergency and require additional treatment such as:

- Allergies
- Asthma
- Sore Throat
- Stiches
- Ear Infection

Below is the emergency room cost compared against the urgent care cost for certain medical plans offered to employees of West Deptford:

Plans	Emergency Room Copay	Urgent Care Copay	Estimated Savings
NJEHP	\$125	\$15	\$110
GSP*	\$125	\$15	\$110
POS/PP0 \$10	\$25	\$10	\$15
POS/PP0 \$15	\$50	\$15	\$35

* GSP is a network of NJ providers only. Out of state services will not be covered unless it is a true medical emergency.

If your medical need is more urgent or life-threatening, please go right to the Emergency Room



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 appointments 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.*

PRESCRIPTION DRUG OPTIONS

EXPRESS SCRIPTS

Through the SHIF, West Deptford BOE offers the following prescription plan options to their staff, administered by Express Scripts.

- **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.

	NJEHP/GSP	RX \$3/\$10/\$10	RX \$7/\$16/\$35	RX \$3/\$18/\$46	RX \$7/\$21
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)					
Generic	\$5 Copay	\$3 copay	\$7 copay	\$3 copay	\$7 copay
Brand Without Generic Alternative	\$10 Copay	\$10 copay	\$16 copay	\$18 copay	\$21 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$10 copay	\$35 copay	\$46 copay	\$21 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)					
Generic	\$10 Copay	\$5 copay	\$18 copay	\$5 copay	\$18 copay
Brand Without Generic Alternative	\$20 Copay	\$15 copay	\$40 copay	\$36 copay	\$52 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$15 copay	\$88 copay	\$92 copay	\$52 copay

Save on Your Prescriptions

Using the mail order program for your maintenance medications will save you money. You will receive up to a 90-day (3-month) supply for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home. Refilling your order is easy and can be done over the phone.

For more information or to begin using mail order, simply contact Express Scripts at [800.467.2006](tel:800.467.2006).



DIGITAL ID CARD

EXPRESS SCRIPTS

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 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 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.



ADDITIONAL PRESCRIPTION PLAN INFORMATION

EXPRESS SCRIPTS

The following additional features may apply to your prescription drug coverage.

- **Mandatory Generics:** Pharmacists must dispense the generic equivalent medication when available. If a member fills the brand name drug instead, they will be responsible for the brand drug copay plus the difference in cost between the brand and generic medication. (Applies to NJEHP & GSP).
- **Step Therapy:** Requires a trial with a lower cost medication before the member is given approval for a higher cost medication, when clinically appropriate. If a member purchases the higher cost medication without prior approval, then the medication will not be covered. (Applies to NJEHP & GSP).
- **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 name drugs may move to non-formulary status if a generic version becomes available during the year. For the most up to date version, please visit the Express Scripts website using the following link: www.express-scripts.com



HOME DELIVERY AND RECOMMENDED DRUG DOSING

EXPRESS SCRIPTS

Getting started with Home Delivery

Contact Express Scripts

- For transfers from a retail pharmacy, sign in at www.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 \$5	Generic Copay \$10	\$20
Annual Cost (<i>\$5 per month x 12 fills</i>) \$60	Annual Cost (<i>\$10 per order x 4 fills per year</i>) \$40	
Preferred Brand Copay \$10	Preferred Brand Copay \$20	\$40
Annual Cost (<i>\$10 per month x 12 fills</i>) \$120	Annual Cost (<i>\$20 per order x 4 fills per year</i>) \$80	



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

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

CHAPTER 78 PERCENTAGE OF PREMIUM SCHEDULE

Pursuant to P.L. Chapter 78, all West Deptford Board of Education employees have a contribution arrangement for health benefits that is consistent with NJ State statute. Eligible employees and their eligible dependents share in the cost of healthcare premiums in accordance with the following schedule. The schedule is based upon employees' annual wages and coverage tier (Employee, Employee & Spouse/Child or Family coverage) and represents Year 4 of P.L. Chapter 78 contributions.

Please Note: Employees enrolled in the NJEHP & GSP for medical and prescription benefits will follow a new salary-based contribution schedule. Please refer to the following pages for information regarding these contribution schedules.

SALARY RANGE (ANNUAL)	EMPLOYEE ONLY
<\$20,000	4.5%
20,000–24,999.99	5.5%
25,000–29,999.99	7.5%
30,000–34,999.99	10%
35,000–39,999.99	11%
40,000–44,999.99	12%
45,000–49,999.99	14%
50,000–54,999.99	20%
55,000–59,999.99	23%
60,000–64,999.99	27%
65,000–69,999.99	29%
70,000–74,999.99	32%
75,000–79,999.99	33%
80,000–94,999.99	34%
95,000 and over	35%

SALARY RANGE (ANNUAL)	EMPLOYEE & SPOUSE OR EMPLOYEE & CHILD(REN)
<\$25,000	3.5%
25,000–29,999.99	4.5%
30,000–34,999.99	6%
35,000–39,999.99	7%
40,000–44,999.99	8%
45,000–49,999.99	10%
50,000–54,999.99	15%
55,000–59,999.99	17%
60,000–64,999.99	21%
65,000–69,999.99	23%
70,000–74,999.99	26%
75,000–79,999.99	27%
80,000–84,999.99	28%
85,000–99,999.99	30%
100,000 and over	35%

SALARY RANGE (ANNUAL)	EMPLOYEE & FAMILY
<\$25,000	3%
25,000–29,999.99	4%
30,000–34,999.99	5%
35,000–39,999.99	6%
40,000–44,999.99	7%
45,000–49,999.99	9%
50,000–54,999.99	12%
55,000–59,999.99	14%
60,000–64,999.99	17%
65,000–69,999.99	19%
70,000–74,999.99	22%
75,000–79,999.99	23%
80,000–84,999.99	24%
85,000–89,999.99	26%
90,000–94,999.99	28%
95,000–99,999.99	29%
100,000–109,999.99	32%
110,000 and over	35%



NJ EDUCATOR'S HEALTH PLAN (NJEHP)

CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

The Chapter 44 NJ Educators' Health Plan is tied to a new salary based employee contribution schedule, that applies only to medical and prescription benefits. It does not apply to any other coverage that may be offered by the district, such as dental coverage. **For contributions for all other medical, plans, prescription plans, or separate lines of coverage, please speak with your Business Office.**

NJEHP Salary Based Contribution	Single	Parent + Child	Employee + Spouse	Family
\$0.00 - \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000*	3.6%	4.4%	6.6%	7.2%

Please Note:

- Employees with salaries above \$125,000 shall pay at the \$125,000 rate.
- This is for the medical and prescription benefits **ONLY** under the NJEHP, and **DOES NOT** apply to any other benefits you may be enrolled in with the district.
- For additional assistance regarding your employee contributions, please refer to your Business Office.



GARDEN STATE PLAN (GSP)

CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

The Chapter 44 Garden State Plan is tied to a new salary based employee contribution schedule, that applies only to medical and prescription benefits. It does not apply to any other coverage that may be offered by the district, such as dental coverage. **For contributions for all other medical, plans, prescription plans, or separate lines of coverage, please speak with your Business Office.**

GSP Salary Based Contribution	Single	Parent + Child	Employee + Spouse	Family
\$0.00 - \$40,000	1.50%	1.50%	1.50%	1.65%
\$40,001 - \$50,000	1.50%	1.50%	1.65%	1.95%
\$50,001 - \$60,000	1.50%	1.50%	1.95%	2.20%
\$60,001 - \$70,000	1.50%	1.50%	2.20%	2.50%
\$70,001 - \$80,000	1.50%	1.65%	2.50%	2.75%
\$80,001 - \$90,000	1.50%	1.80%	2.75%	3.00%
\$90,001 - \$100,000	1.65%	1.95%	3.00%	3.30%
\$100,001 - \$125,000*	1.80%	2.20%	3.30%	3.60%

Please Note:

- Employees with salaries above \$125,000 shall pay at the \$125,000 rate.
- This is for the medical and prescription benefits **ONLY** under the GSP, and **DOES NOT** apply to any other benefits you may be enrolled in with the district.
- For additional assistance regarding your employee contributions, please refer to your Business Office.



DENTAL PLAN OPTIONS

DELTA DENTAL



Below is a summary of the dental plan options available to you and your family through the SHIF, administered by Delta Dental. For additional information regarding your dental contributions, please refer to your Business Office for assistance.

NOTE: Dependents are eligible for benefits until the end of the calendar year that he or she turns 23.

PREMIER PLAN

PREMIER PLAN (ADMIN STAFF ONLY)

IN-NETWORK BENEFITS		
Calendar Year Deductible		
Individual	Employees: \$0	\$0
Family	Dependents: \$0	
Calendar Year Maximum (per patient)	Employees: \$1,000	\$1,000
	Dependents: \$1,000	
Preventive & Diagnostic Services		
Exams, Cleanings, Bitewing X-rays (each twice in a calendar year)	Employees: 100% / Dependents: 50%	100%
Fluoride Treatment (Once in a calendar year, children to age 19)	Employees: 100% / Dependents: 50%	100%
Basic Services		
Fillings, Extractions	Employees: 80% / Dependents: 50%	80%
Endodontics (root canal)	Employees: 80% / Dependents: 50%	80%
Periodontics, Oral Surgery	Employees: 80% / Dependents: 50%	80%
Major Services		
Crowns, Gold Restorations	Employees: 50% / Dependents: 50%	50%
Bridgework	Employees: 50% / Dependents: 50%	50%
Full and Partial Dentures	Employees: 50% / Dependents: 50%	50%

This is for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, please consult your benefit booklet or contact Delta Dental's service department at 800-452-9310.

Find a Dental Provider

- Visit www.deltadental.com
- One there, you may sign into your account or continue as a guest.
- Choose **a plan to start** (i.e. Delta Dental Premier Plan)
- Click **Search by Current Location** and enter **Zip Code** to limit options



GUARDIAN NURSES

STRUGGLING WITH A HEALTHCARE ISSUE?

For Your Benefit...

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

- Visit you at home or in the hospital to assess your care needs.
- Be your guide, coach and advocate for any healthcare issue.
- Make appointments so you can be seen as quickly as possible.
- Go with you to see doctors, to ask questions and to get answers.
- Identify providers for all care needs and second opinions.
- Get things you need such as healthcare equipment.
- Provide decision support when you are thinking about 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 (SHIF) and their covered dependents. All services are free and confidential. "

Contact Information

To request help from our Mobile Care Coordinators or the team at Guardian Nurses, call **215.836.0260** or toll-free **888.836.0260**.



BENEFITS MEMBER ADVOCACY CENTER

CONNER STRONG & BUCKELEW

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:

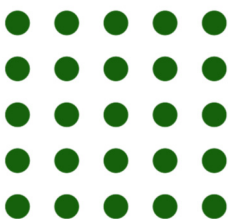
- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that you benefit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

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

How to Contact Member Advocacy?

You may contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via email: cssteam@connerstrong.com



VALUE-ADDED SERVICES

CONNER STRONG & BUCKELEW

Benefit Perks

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at: www.connerstrong.corestream.com

HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Learn more at:

<https://marketplace.huskwellness.com/connerstrong>

GoodRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: www.goodrx.com

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: www.healthylearn.com/connerstrong



QUESTIONS? WHO TO CALL...

The resources identified below are available to assist you with any questions that you may have about your benefits.

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/EMAIL
Benefit Inquiries	Ellen Reese Business Office	856-848-4300 ext. 3215	ereese@wdeptford.k12.nj.us
Medical Benefits - Aetna Benefit questions, claims, locating	Aetna	800-370-4526	www.aetna.com
Medical Benefits - Amerihealth Administrators Benefit questions, claims, locating a provider, printing new ID cards	AmeriHealth Administrators	800-480-5031	www.myahabenefits.com
Prescription Benefits - Express Scripts Benefit questions, claims, locating a provider, printing new ID cards	Express Scripts	800-467-2006	www.express-scripts.com
Dental Benefits - Delta Dental Benefit questions, claims, locating a provider, printing new ID cards	Delta Dental	800-452-9310	www.deltadental.com
Plan Options, Benefit Questions and Claims Issues	Member Advocacy	800-563-9929	www.connerstrong.com/memberadvocacy



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.

West Deptford BOE 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 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 West Deptford BOE 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.

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 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 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, 2023. 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
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/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

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://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): 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: 678-561-1162 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

LEGAL NOTICES

KANSAS – Medicaid

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

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
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.lahipp.gov
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
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 617-886-8102

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

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/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>
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>
<http://www.oregonhealthcare.gov/index-es.html>
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: <http://gethipptexas.com/>
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://www.coverva.org/hipp/>
<https://www.coverva.org/en/famis-select>
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/>
<https://dhr.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, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565



DISCLAIMER: This guide provides a brief summary of the benefits available to you. West Deptford Board of Education reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.