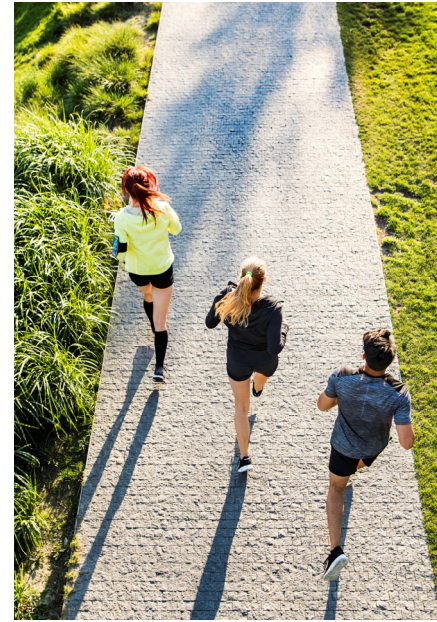
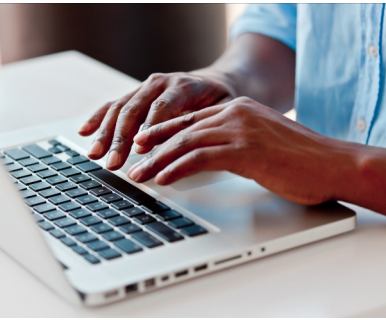




Berlin Borough School District
Where Students Discover Their Potential

**SCHOOLS
HEALTH**
INSURANCE FUND 



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EMPLOYEE BENEFITS GUIDE

For the coverage period ending on June 30, 2026

Welcome to Berlin Borough School District!



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!

At Berlin Borough School District we are 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 asset. 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 2025-2026 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 the Business Office.



Eligibility & Enrollment Information

Who is Eligible to Elect Benefits?

Full-time employees who work a regular schedule of 30 hours or more per week over 12 months a year (unless the usual work schedule is 10 months a year), are eligible to enroll in the benefits described in this guide.

Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following: Legal spouse/civil union partner, Biological child(ren), Legally adopted child(ren), Foster child(ren), Stepchild(ren) as long as natural parent remains married to the employee and resides in the employee's household, Child(ren) for whom you are responsible for under a court-order, Grandchild(ren) for whom you are responsible for under a court-order, Child(ren) until the end of the year they turn age 26 for medical and prescription drug benefits. Child(ren) until the end of the year they turn age 23, or if a full-time student, to age 25 for dental coverage. If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (i.e. birth certificate, marriage certificate, proof of full-time status, etc.). Delta Dental will request proof of student status once per year. Applicable documentation must be submitted to the business office.

Dependent to 31 Coverage

Your dependent(s) under 31 can be covered by electing to continue coverage for young adults after age 26. DU31 is a New Jersey law that allows children older than the child-dependent age in a parents' coverage to elect to remain covered until age 31, if certain other eligibility standards are met.

Go to www.state.nj.us/dobi/division_consumers/du31.html for more information regarding dependent coverage to age 31.

How Often Can I Change Plan Elections?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, civil union partnership status change, divorce, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse/civil union partner, commencement or termination of adoption proceedings, or change in spouse's/civil union partner's benefits or employment status. You must notify Human Resources and provide all the required documentation, within 60 days of experiencing a qualified status change.

Employee Resources

Member Advocacy

Employee benefits can be complex, making it difficult to fully understand your coverage and use it properly. Member Advocacy allows you to speak to a specially trained and experienced Member Advocate who can answer your questions and help you get the most out of your benefits.

You Can Contact Member Advocacy for Assistance if You:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab, or hospital
- Are unclear on how your benefits work
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (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?

- 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**
- Via fax: **856.685.2253**



BenePortal

Online Benefits Information

At Berlin Borough School District, you have access to a full-range of valuable employee benefit programs. With BenePortal, you are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week!

By using BenePortal, our online tool that houses our benefit program information, you can:

- Review medical/prescription drug and dental plan options
- Explore additional employee resources available to you
- Find links to carrier websites
- Download plan documents, forms, etc.

Logging into BenePortal is easy! Simply visit **www.berlinboebenefits.com** from your computer, tablet or smartphone!

Medical Benefits:

Aetna

Through the SHIF, Berlin Borough BOE offers the following medical plan options to their staff, administered by Aetna.

- **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 options offered by the district.

NOTE: Young adults are eligible for benefits until the end of the calendar year that he/she turns 26.

NJ EDUCATOR'S HEALTH PLAN (NJEHP) & GARDEN STATE PLAN (GSP)*

IN-NETWORK BENEFITS	
Calendar Year Deductible (Individual / Family)	None
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$500 / \$1,000
Coinurance	Member pays 10% for select services
Preventive Care Services	Plan pays 100%
PCP Office Visits	\$10 copay
Specialist Office Visit	\$15 copay
Inpatient Hospital	No Charge
Outpatient Surgery	No Charge
Diagnostic Lab	No Charge
Emergency Room	\$125 copay
OUT-OF-NETWORK BENEFITS	
Calendar Year Deductible (Individual / Family)	\$350 / \$700
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$2,000 / \$5,000
Coinurance (% Plan Pays)	Plan pays 70%**

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

** After deductible

MONTHLY MEDICAL PREMIUMS***

	NJ EDUCATORS HEALTH PLAN (NJEHP)	GARDEN STATE PLAN (GSP)
Employee	\$949.00	\$913.00
Employee & Child(ren)	\$1,765.00	\$1,699.00
Employee & Spouse	\$1,895.00	\$1,823.00
Family	\$2,713.00	\$2,609.00

*** For the NJEHP & GSP, the employee's contribution is based on new salary based contribution schedules. For all other plans, your employee contributions will remain the same per your collective bargaining agreement. Please see your Business Office for additional information.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. 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.

Medical Benefits:

Aetna

Through the SHIF, Berlin Borough BOE offers the following medical plan options to their staff, administered by Aetna.

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- All other employees may elect any options offered by the district.

NOTE: Young adults are eligible for benefits until the end of the calendar year that he/she turns 26.

	AETNA QPOS \$15	AETNA HMO \$2	ACPOS II \$3,500 DED MEC PLAN
IN-NETWORK BENEFITS			
Calendar Year Deductible Individual / Family	None	None	\$3,500 / \$7,000
Calendar Year Out-of-Pocket Maximum Individual / Family	\$5,300 / \$10,600	\$1,500 / \$3,000	\$6,000 / \$12,000
Coinsurance	Plan pays 100%	Plan pays 100%	Member pays 30% for select services
Preventive Care Services	100%, no copay	100%, no copay	100%, no copay
PCP Office Visits	\$15 copay	\$2 copay	\$35 copay
Specialist Office Visit	\$15 copay	100%, no copay	\$70 copay
Inpatient Hospital	100%	100%	\$200 facility copay for first 5 days/visit, then Plan pays 100%
Outpatient Surgery	100%	100%	\$100 facility copay per visit
Diagnostic Lab	100%	100%	\$70 copay
Emergency Room	\$75 copay	\$15 copay	\$150 copay
OUT-OF-NETWORK BENEFITS			
Calendar Year Deductible Individual / Family	\$100 / \$200	Not Covered	\$7,000 / \$14,000
Calendar Year Out-of-Pocket Maximum Individual / Family	\$2,000 / \$4,000	Not Covered	\$12,000 / \$24,000
Coinsurance (% Plan Pays)	Plan pays 70%*	Not Covered	Plan pays 50%*

* After deductible

MONTHLY MEDICAL PREMIUMS**

	QPOS \$15	HMO \$2	ACPOS II \$3,500 DED MEC
Employee	\$1,019.00	\$1,025.00	\$647.00
Employee & Child(ren)	\$1,898.00	\$1,906.00	\$793.00
Employee & Spouse	\$2,041.00	\$2,050.00	\$1,049.00
Family	\$2,919.00	\$2,932.00	\$1,399.00

** For the NJEHP & GSP, the employee's contribution is based on new salary based contribution schedules. For all other plans, your employee contributions will remain the same per your collective bargaining agreement. Please see your Business Office for additional information.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. 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.

CVS Health Virtual Care

For Aetna covered members

Your care. Your Way. Convenient and affordable virtual care wherever you need it.

From your therapy appointments to quick care, CVS Health Virtual Care has got you covered. You can use CVS Health Virtual Care in addition to your traditional network of providers.

Access is included as part of your medical plan from Aetna, a CVS Health company because healthier happens together.

- **On-Demand Care:** Access 24/7 quick care for minor illnesses and injuries.
- **Mental Health Services:** Get counseling for things like anxiety and stress, plus psychiatry services for medication management.
- Extend to **in-person care** when needed at nearby MinuteClinic locations or in-network provider clinics.

Get started today with CVS Health Virtual Care!

- Activate your virtual care benefit by visiting www.cvs.com/virtual-care
- Create an account and confirm your details
- Schedule a mental health appointment, or request on-demand care 24/7/365



Maximize Your Benefits

Using In-Network Providers

Consider Your In-Network Options First

You will typically pay less for covered services when you visit providers that are part of your medical plan's network. In-network providers agree to discounted fees. You are responsible only for any copay, coinsurance, or deductible that is included in your plan design. To verify that your providers are in-network, call the number on the back of your ID cards.

Limit Your Use of Out-of-Network Providers

The percentage of costs covered for out-of-network care is based on the plan allowance. If the plan allowance is less than the provider's actual charge, the provider may bill you for the difference between these two amounts. **The amount you are required to pay out-of-pocket may be significant.**

Finding In-Network Providers

Visit www.aetna.com and select "Find a Doctor".

Using In-Network Labs

Aetna plan members may use either **Quest Diagnostics** or **LabCorp** for lab work.



Save Time and Money With Urgent Care Centers!

Urgent Care Centers are a **convenient, cost-effective** medical care alternative when your primary care physician is unavailable. Urgent Care Centers copay match your Specialist copay. 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.

To find a clinic near you, contact your medical carrier to locate a facility.

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

How to Find In-Network Providers:

Aetna



- 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...	
Aetna Choice POS II Plans (POS II, NJEHP)	Category Heading = <u>Aetna Open Access Plans</u> Plan Name = Aetna Choice POS II (Open Access)
Aetna HMO	Category Heading = <u>Aetna Standard Plan</u> Plan Name = HMO
Aetna Garden State Plan (SI GSHP AWH CPII Docfind Lookup)	Category Heading = <u>Aetna Whole Health Plan</u> Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II

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



Prescription Drug Benefits:

Express Scripts

Through the SHIF, Berlin Borough 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 options offered by the district.

NOTE: Young adults are eligible for benefits until the end of the calendar year that he/she turns 26.

	NJEHP & GSP	RX \$15/\$30/\$30 PLAN	RX \$20/\$35/\$50 PLAN
RETAIL	UP TO A 30-DAY SUPPLY	UP TO A 30-DAY SUPPLY	UP TO A 30-DAY SUPPLY
Generic	\$5 copay	\$15 copay	\$20 copay
Brand Without Generic Alternative	\$10 copay	\$30 copay	\$35 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$30 copay	\$50 copay
MAIL ORDER	UP TO A 90-DAY SUPPLY	UP TO A 90-DAY SUPPLY	UP TO A 90-DAY SUPPLY
Generic	\$10 copay	\$15 copay	\$20 copay
Brand Without Generic Alternative	\$20 copay	\$30 copay	\$35 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$30 copay	\$50 copay
MONTHLY PRESCRIPTION PREMIUMS			
Employee	\$178.00	\$204.00	\$207.00
Employee & Child(ren)	\$217.00	\$249.00	\$253.00
Employee & Spouse	\$286.00	\$327.00	\$333.00
Family	\$382.00	\$438.00	\$435.00

Mandatory Mail Order Program

Employees must use the mail order program through Express Scripts for maintenance medications. Once the initial prescription and two refills are filled at the retail pharmacy, the mail order program is mandatory for coverage of the ongoing prescriptions. This means you are required to transition to mail order or pay the full cost of the medication.

Please Note:

- The prescription drug plan has dispensing limits when you receive your medication from a retail pharmacy. You may receive up to a 30 day supply at a retail pharmacy.
- Prior authorizations, clinical review and step therapy may apply to certain medications. Please refer to the Express Scripts formulary listing for more information or contact Express Scripts directly at **800.462.2006**.

Additional Prescription Information:

Express Scripts

The following additional features will apply to prescription drug coverage under the NJEHP or GSP.

- **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.
- **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.
- **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.



Digital ID Card:

Express Scripts



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.



Home Delivery and Recommended Drug Dosing:

Express Scripts

How to get started with Express Scripts 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...*

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

RETAIL RX \$15/\$30/\$30		
RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Generic Copay \$15	Generic Copay \$15	\$120
Annual Cost (\$15 per month x 12 fills) \$180	Annual Cost (\$15 per order x 4 fills per year) \$60	
Preferred Brand Copay \$30	Preferred Brand Copay \$30	\$240
Annual Cost (\$30 per month x 12 fills) \$360	Annual Cost (\$30 per order x 4 fills per year) \$120	

RETAIL RX \$20/\$35/\$50		
RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Generic Copay \$5	Generic Copay \$10	\$160
Annual Cost (\$20 per month x 12 fills) \$35	Annual Cost (\$20 per order x 4 fills per year) \$80	
Preferred Brand Copay \$35	Preferred Brand Copay \$35	\$280
Annual Cost (\$35 per month x 12 fills) \$420	Annual Cost (\$35 per order x 4 fills per year) \$140	

Mobile Care Coordinators:

Guardian Nurses

Struggling With a Healthcare Issue?

Call Guardian Nurses Healthcare Advocates

If you or a dependent is ill with a serious and/or catastrophic condition, chances are you could use some help. Our Mobile Care Coordinator RNs, 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** to get you seen as quickly as possible.
- **GO WITH YOU TO SEE DOCTORS**, ask questions and get answers.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **PROVIDE DECISION SUPPORT** when you are thinking about treatments or surgery.
- **EXPLAIN A NEW DIAGNOSIS** to help you make informed decisions.
- **GET THINGS YOU NEED** such as healthcare equipment.



Who is Eligible?

The services of our Mobile Care Coordinator Nurses are available to members of the Schools Health Insurance Fund and covered dependents.

All services are free and confidential.

With Guardian Nurses, your peace of mind is just a phone call away. Call 215.836.0260 or toll-free 888.836.0260. When calling, please reference Conner Strong & Buckelew and provide your school's name.

Get Quality Care From Anywhere

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
• Cold/Flu • Allergies • Animal/insect bite • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/ Eye irritation • Urinary issues	• 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	• 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** (CVS Virtual Care) 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 office visits, please consult your insurance carrier at the customer service number on the back of your ID card.

CVS Virtual Care

- Call **877.933.4321**
- Visit **www.cvs.com/virtual-care**

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>

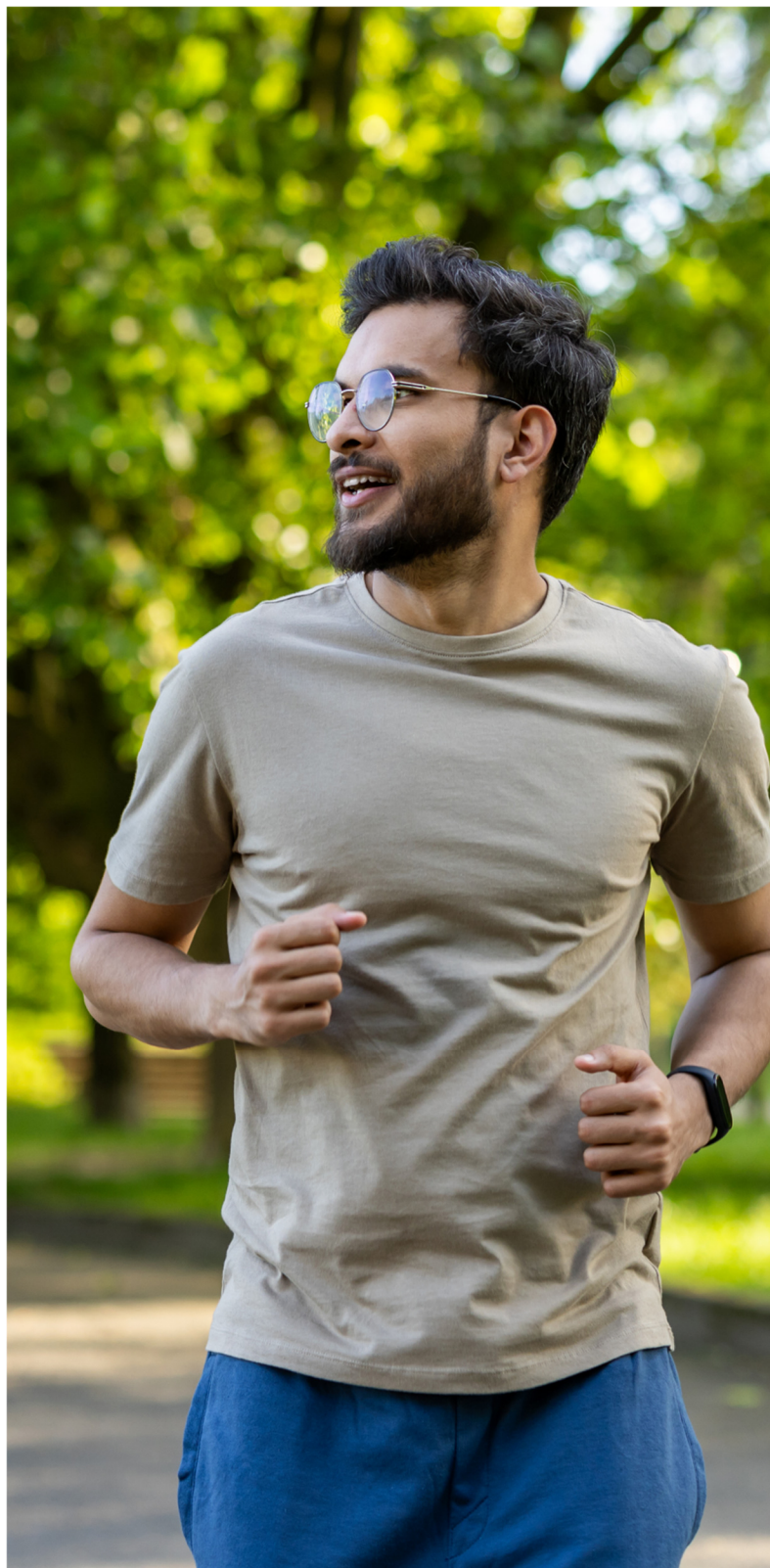
GoodRX

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



Hospital Safety Grade

Leapfrog

Know where to get care!

Before you decide which hospital to use for elective care; whether in your network or not, it is advisable to check the hospital's quality rating. You can do so by checking their Leapfrog Group ("Leapfrog") score.

Leapfrog is an independent, national not-for-profit organization founded more than a decade ago by the nation's leading employers and private health care experts. They strive to make giant "leaps" forward in the safety, quality, and affordability of health care in the U.S. by promoting transparency through our data collection and public reporting initiatives.

With their goal of saving lives by reducing errors, injuries, accidents, and infections, the Leapfrog Group focuses on measuring and publicly reporting hospital performance through the annual Leapfrog Hospital Survey.

The survey is a trusted, transparent, and evidence-based national tool in which over 2,300 hospitals voluntarily participate free of charge. The Leapfrog Group advocates for public access to quality and safety data from all U.S. hospitals. Their letter-based rating system (i.e., A, B, C, etc.) makes it easy for consumers and patients to make informed decisions about their quality and ability to deliver care effectively.

Getting started

Patients can check with their physician with questions about hospital quality. The service is free. To look up all Hospital Quality scores nationally, visit www.hospitalsafetygrade.org.



Dental Benefits:

Delta Dental

Below is a summary of the dental plan option 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: Dependent children are eligible for benefits from age 2 until the end of the year in which they turn 23. Or until the end of the year in which they turn age 25 for full-time student dependents enrolled in an accredited school, college, or university. Annual student verification is required.

PPO PLUS PREMIER ADVANTAGE PROGRAM

BENEFITS	IN-NETWORK
Primary Care Dentist Selection	Not Required
Calendar Year Deductible	
Individual	\$50
Family Aggregate	\$150
Calendar Year Maximum (per patient)	\$1,500
Preventive Care Exams, Cleanings, Bitewing X-rays, Sealants (permanent molars only), Fluoride Treatment	Plan pays 100% NO deductible
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery	Plan pays 80% after deductible
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures, Osseous Surgery	Plan pays 60% after deductible for Bridgework & Full/Partial Dentures Plan pays 80% after deductible for all other Major Services
Orthodontia Benefits (Adult and Child)	Plan pays 50% after deductible
Orthodontia Lifetime Maximum (per patient)	\$1,000

NOTE: This summary 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.

MONTHLY DENTAL PREMIUM

TIER	PPO PLUS PREMIER ADVANTAGE PROGRAM
Employee	\$48.00
Employee & Child(ren)	\$90.00
Employee & Spouse	\$97.00
Family	\$139.00

Finding a Dental Provider

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

Chapter 78 Percentage of Premium Schedule

Pursuant to P.L. Chapter 78, all Berlin Borough School District 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 or GSP for medical and prescription benefits will follow a new salary-based contribution schedule. Please refer to the specific NJEHP & GSP Ch. 44 Contribution Schedules for information regarding this contribution schedule.

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, prescription plans, or 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, prescription plans, or 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.



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/ADDRESS
Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.	Member Advocacy	800.563.9929	www.connerstrong.com/memberadvocacy
Medical Benefits Benefit questions, claims, locating a provider, printing new ID Cards	Aetna	800.370.4526	www.aetna.com
Prescription Benefit	Express Scripts	800.467.2006	www.express-scripts.com
Dental Benefits	Delta Dental	Please see reverse side of your ID card	Please see reverse side of your ID card
Telemedicine	CVS Virtual Care	877.933.4321	www.cvs.com/virtual-care
Nurse Advocacy	Guardian Nurses	888.836.0260	www.guardiannurses.com



Access Information On the Go!

The Aetna Mobile App allow members to access to ID cards and claims information, search for participating providers and much more—directly from your smartphone or mobile device. Download the app today at the website shown above.

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.

A Summary of Benefits and Coverage (SBC) will be available for your review at the Open Enrollment meetings or by request to Human Resources. These documents will summarize important information about health coverage in a standard format. If you would like a hard copy of the SBC, you may obtain one from Human Resources.

Patient Protection and Affordable Care Act

Please note: the Schools Health Insurance 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 Schools Health Insurance 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.

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 July 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
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

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

Legal Notices

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

Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fss/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services 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: 1-800-967-4660

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://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
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: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

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: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.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 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

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: <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 and CHIP

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

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)

Legal Notices

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite 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

Utah's Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-562-3022

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-MyWVHIP (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 July 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

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

Insurance Marketplace Notice

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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 is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Insurance Marketplace Notice

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Diane Lang, Business Administrator at 856-767-0129 ext. 216. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Insurance Marketplace Notice

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 Berlin Borough Board of Education		4. Employer Identification Number (EIN) N/A	
5. Employer Address 215 South Franklin Ave		6. Employer phone number 856-767-0129	
7. City Berlin Borough	8. State NJ	9. Zip Code 08009	
10. Who can we contact about employee health coverage at this job? Diane Lang			
11. Phone number (if different from above) N/A		12. Email address langd@bcsberlin.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - Some employees. Eligible employees are: Full-time employees who work a regular schedule of 30 hours or more per week over 12 months a year (unless the usual work schedule is 10 months a year), are eligible to enroll in the benefits.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Eligible dependents include all of the following: Legal spouse/civil union partner, Biological child(ren), Legally adopted child(ren), Foster child(ren), Stepchild(ren) as long as natural parent remains married to the employee and resides in the employee's household, Child(ren) for whom you are responsible for under a court order, Grandchild(ren) for whom you are responsible for under a court-order, Child (ren) until the end of the year they turn age 26 for medical and prescription drug benefits.
- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary week to week (perhaps you are an hourly employee or you work on a commission bases), if you are newly employed mid-year, or if you have other income losses, you may still qualify for the premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



ABOUT THIS BENEFITS SUMMARY

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.