2023-2024

EMPLOYEE BENEFITS GUIDE

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

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

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

WELCOME TO DELRAN TOWNSHIP BOARD OF EDUCATION!

Questions?

If you have questions about your benefits, please contact the Conner Strong & Buckelew Benefits Member Advocacy Center 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.

Inside This Guide

WELCOME!

At Delran Township Board of Education 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 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 your medical (SHIF), prescription (Benecard), or dental (Horizon) enrollment form.

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

ENROLLMENT & MAKING PLAN CHANGES

What Do You Need to Do Now?

For a medical, dental, and/or prescription plan enrollment form, please refer to the My Benefits section of the BenePortal site. Return the completed form to your Benefits Department.

For questions regarding your monthly employee contributions please reach out to your Business Office at **benefits@delranschools.org**.

How Often Can I Change Plan Elections?

IRS Section 125 prohibits you from changing your enrollment during the plan year. Unless you have a qualified life event, you cannot make changes to the benefits you elect until the next Open Enrollment period.

Qualified life events include: marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits.

If you experience one of these qualifying life events, you must notify your benefits administrator within 31 days of the event.

MEDICAL PLAN OPTIONS

AETNA & AMERIHEALTH ADMINISTRATORS

Through the SHIF, Delran Township Board of Education 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 Benecard**.
- 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.

	GSP*	NJ EHP
IN-NETWORK BENEFITS		
Calendar Year Deductible Individual Family	None	None
Coinsurance Maximum Individual Family	Member pays 10% on select services	Member pays 10% on select services
Out-of-Pocket Maximum Individual Family	$500 $1,000	$500 $1,000
PCP Required/Referral Required for Specialist Visit	No	No
Preventive Services	100% Covered	100% Covered
PCP Office Visits	$10 Copay	$10 Copay
Specialist Office Visit	$15 Copay	$15 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered
Inpatient Hospital	100% Covered	100% Covered
Outpatient Surgery	100% Covered	100% Covered
Ambulance	10% Coinsurance	10% Coinsurance
Emergency Room	$125 Copay	$125 Copay
Durable Medical Equipment	10% Coinsurance	10% Coinsurance
Vision Exam Materials	$15 Copay (Once every calendar year) N/A	$15 Copay (Once every calendar year) N/A
OUT-OF-NETWORK BENEFITS		
Deductible Individual Family	$350 $700	$350 $700
Out-of-Pocket Maximum Individual Family	$2,000 $5,000	$2,000 $5,000
Coinsurance (% Plan Pays)	70% after deductible	70% after deductible

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

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.

	PPO 10	PPO 15/25	PPO 20/30	EPO 20/35
IN-NETWORK BENEFITS				
Calendar Year Deductible Individual Family	None	None	None	$200 $500
Coinsurance Maximum Individual Family	N/A	$400 $1,000	$800 $2,000	$2,000 $5,000
Out-of-Pocket Maximum Individual Family	$400 $1,000	$5,039 $9,878	$4,639 $8,878	$3,480 $5,960
PCP Required/Referral Required for Specialist Visit	No	No	No	No
Preventive Services	100% Covered	100% Covered	100% Covered	100% Covered
PCP Office Visits	$10 Copay	$15 Copay	$20 Copay	$20 Copay
Specialist Office Visit	$10 Copay	$25 Copay	$30 Copay	$35 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered	100% Covered	80%*
Inpatient Hospital	100% Covered	100% Covered	100% Covered	80%*
Outpatient Surgery	100% Covered	100% Covered	100% Covered	80%*
Ambulance	10% Coinsurance	10% Coinsurance	10% Coinsurance	20% Coinsurance
Emergency Room	$25 Copay	$75 Copay	$125 Copay	$300 Copay
Durable Medical Equipment	10% Coinsurance	10% Coinsurance	10% Coinsurance	20% Coinsurance
Vision Exam Materials	$10 copay N/A	$25 copay $200 Reimbursement***	$30 copay $200 Reimbursement ***	$35 copay $200 Reimbursement***
OUT-OF-NETWORK BENEFITS				
Deductible Individual Family	$100 $250	$100 $250	$200 $500	N/A
Out-of-Pocket Maximum Individual Family	$2,000 $5,000	$2,000 $5,000	$5,000 $12,500	N/A
Coinsurance (% Plan Pays)	80%*	70%*	70%*	N/A

* After deductible
** Once every calendar year
*** Reimbursement every two years

CVS MINUTE CLINICS AND HEALTH HUBS*

minute clinic®

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

HealthHUB

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.

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.*

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.myahabenefits.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...
All PPO Plans: NJEHP, PPO 10, PPO 15, PPO 20/30, EPO 20/35	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 low 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

Effective 9/1/2021, the SHIF expanded the telemedicine service to include mental healthcare. 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**
- **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 an urgent care is 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 a list of the medical plans, the emergency room cost, an urgent care center cost and your medical cost.

Plans	Emergency Room Copay	Urgent Care Copay	Estimated Savings
GSP*	$125	$15	$110
NJ EHP	$125	$15	$110
PPO 10	$25	$10	$15
PPO 15/25	$75	$25	$50
PPO 20/30	$125	$30	$95
EPO 20/35	$300	$35	$265

* GSP is a NJ Network of 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

PRESCRIPTION DRUG OPTIONS

BENECARD

Through the SHIF, Delran Township Board of Education offers the following prescription plan options to their staff, administered by Benecard, the Pharmacy Benefit Manager.

- 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 Benecard.
- 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.

	GSP & NJEHP	BENECARD RETAIL $10/$20/$30
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		
Generic	$5 Copay	$10 Copay
Preferred Brand	$10 Copay	$20 Copay
Non-Preferred Brand	Member Pays Difference	$30 Copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)		
Generic	$10 Copay	$20 Copay
Preferred Brand	$20 Copay	$40 Copay
Non-Preferred Brand	Member Pays Difference	$60 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 Benecard at 877.723.6005.

SAVE MONEY USING MAIL ORDER

BENECARD

HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER?

COMPARE FOR YOURSELF...

BENECARD RETAIL $10/$20/$30		
RETAIL PHARMACY	**MAIL ORDER**	**ANNUAL SAVINGS**
Preferred Brand Copay **$20**	Preferred Brand Copay **$40**	**$80**
Annual Cost *($20 per month x 12 fills)* **$240**	Annual Cost *($60 per order x 4 fills per year)* **$160**	
Non-Preferred Brand Copay **$30**	Non-Preferred Brand Copay **$60**	**$120**
Annual Cost *($30 per month x 12 fills)* **$360**	Annual Cost *($60 per order x 4 fills per year)* **$240**	

HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER?

COMPARE FOR YOURSELF...

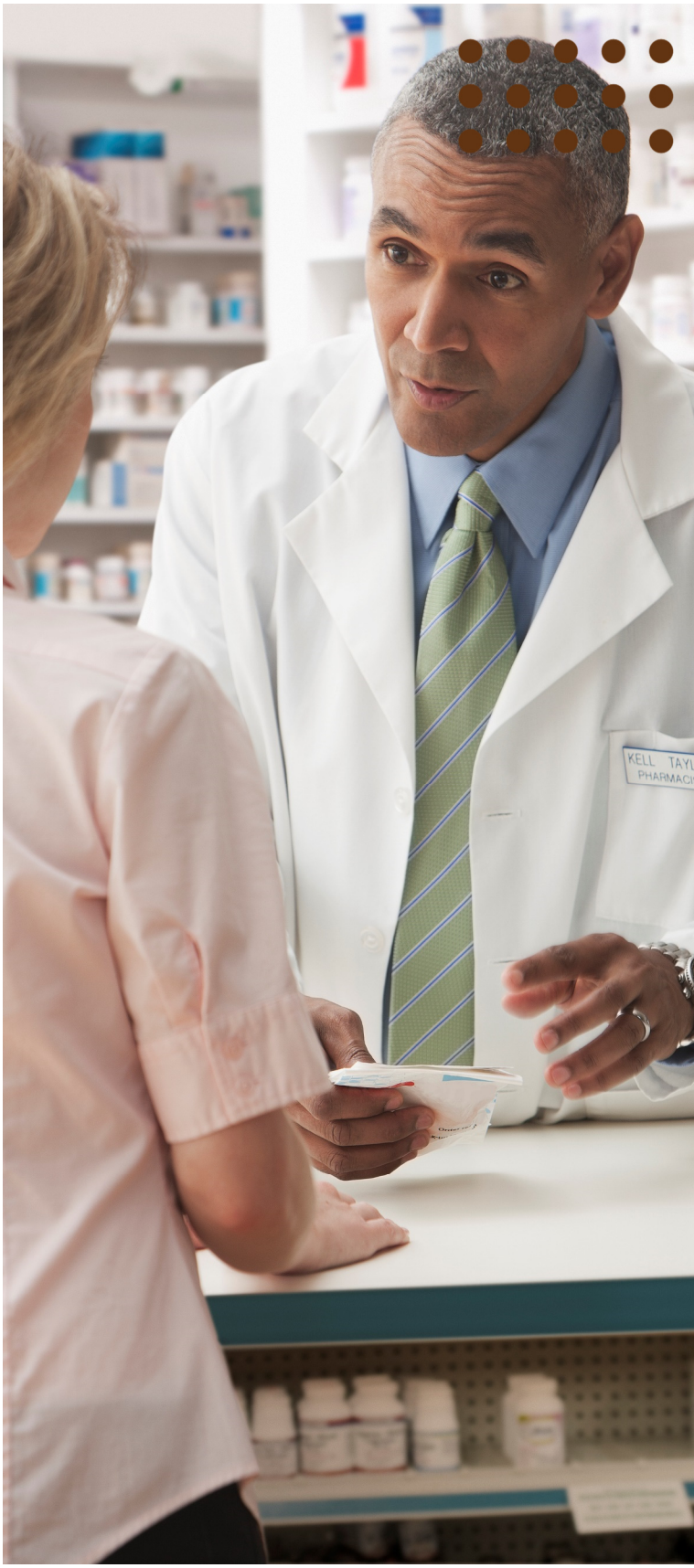
NJ EHP AND GSP		
RETAIL PHARMACY	**MAIL ORDER**	**ANNUAL SAVINGS**
Generic Copay **$5**	Generic Copay **$10**	**$20**
Annual Cost *($5 per month x 12 fills)* **$60**	Annual Cost *($10 per order x 4 fills per year)* **$40**	
Preferred Brand Copay **$10**	Preferred Brand Copay **$20**	**$40**
Annual Cost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

ADDITIONAL PRESCRIPTION PLAN INFORMATION

BENECARD

The following additional features will apply to some of the prescription plan offerings. Please refer to the Benecard Member Brochures posted on your BenePortal for further details.

- **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 only).
- **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 only).
- **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 Benecard website using the following link: **www.benecardpbf.com/PBF**



DENTAL PLAN OPTIONS

HORIZON

Below is a summary of the dental plan options available to you and your family, administered by Horizon. For additional information regarding your dental contributions, please contact the Benefits Administrator at your Business Office for assistance. **NOTE:** Dependents are eligible for benefits until the end of the calendar year that he or she turns 23.

	DENTAL OPTION PLAN	HORIZON DENTAL CHOICE PLAN A	TOTAL CARE
BENEFITS			
Calendar Year Deductible Individual Family	$0	$0	$0
Calendar Year Maximum (per patient)	$2,000	N/A	N/A
COVERED SERVICES	**OUT-OF-POCKET COSTS**	**OUT-OF-POCKET COSTS**	**OUT-OF-POCKET COSTS**
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (Once in a calendar year, children to age 19)	 0% 0%	 0% 0%	 0% 0%
Basic Services Fillings, Extractions Endodontics (root canal) Periodontics, Oral Surgery	 25% 25% 25%	 0%* 0%* 0%*	 0% 0% 0%
Major Services Crowns, Gold Restorations Bridgework Full and Partial Dentures	 50% 50% 50%	 50% 50% 50%	 0% 0% 0%

* 50% coverage for surgical extractions (impacted), root canals (molars), and osseous surgery.

This is for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, please consult your benefit booklet or contact Horizon's Member Services department at 1-800-355-BLUE (2583)..

Find a Dental Provider

- Visit **www.horizonblue.com/doctorfinder**
- Once there, select **"What are you looking for"** and enter **"Dentist"**
- Choose **a plan to start** (i.e. Dental Option Plan, Dental Choice Plan A, or Total Care Plan)
- Enter **Zip Code** then click **"Search"**

CHAPTER 78 PERCENTAGE OF PREMIUM SCHEDULE

Pursuant to P.L. Chapter 78, all Delran Township 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.

FLEXIBLE SPENDING ACCOUNTS

BENEFIT EXPRESS/WEX

A Flexible Spending Account (FSA) allows you to have money deducted from your pay on a pre-tax basis and put into an account that you can use to pay for eligible expenses. There are three types of accounts available to all employees of the District, administered by Benefit Express: **Medical, Dependent Day Care and Commuter (Parking & Transit).**

Please note, the plan year for all accounts runs from January 1st through December 31st. For additional information, please refer to your BenePortal site or contact the Benefits Administrator in your Business Office.

Medical FSA

To participate in the Medical FSA you must make an election before the beginning of the plan year. If you participate, you will elect to have a specified amount of pre-tax money deducted from your paycheck each pay period. Once enrolled, you will be issued a debit card to access funds in your Flexible Spending Account. Present your card at the time of payment to make qualified purchases for medical goods and services. Alternatively, you may submit a receipt for a qualified expenses, and be reimbursed from this account.

Common expenses that are eligible include copays, deductibles, prescriptions, vision and dental expenses. The maximum you can contribute for the 2023 calendar year is **$3,050**.

A complete list of expenses eligible under the Medical FSA is available at **www.myfsaexpress.com** or by visiting the IRS website.

Please note, an FSA is a "Use-It-Or-Lose-It" account. Any unused contributions will **not** rollover into the new plan year.

Dependent Day Care FSA

Common expenses that are eligible include; daycare facilities, after school programs, summer day camp, and in-home babysitters.

The maximum you can contribute during the plan year is $5,000 per family unit. If you are married filing separately the maximum contribution is $2,500. Dependent children are covered under this account to the age of 13.

Like the Medical FSA, unused contributions will not roll over into the new plan year.

Commuter Benefits

You can put aside pre-tax dollars to pay for mass transit and parking expenses associated with your daily commute to work. Employees of the District are also allowed to enroll in one of or both a Mass Transit or Parking account.

Qualifying expenses range from buses, ferries, ridesharing services (Uber & Lyft), and parking expenses near your place of employment.

For a full list of eligible and ineligible expenses, please visit **www.myfsaexpress.com** or your BenePortal site.

The maximum amount you may contribute for parking and transit is **$300 per month** via payroll deductions.

Contact Benefit Express

Phone: 877.369.2153

Email: help@benefitexpress.com

Website: www.myfsaexpress.com

RAMP HEALTH

LOOK FORWARD TO A NEW SCHOOL YEAR IN BETTER HEALTH!

Your Well-Being and Quality of Life is Important

You can schedule a private time and place to meet with the Wellness Coach as often as you like, and the Wellness Coach is available via phone and email as well.

In addition, your Wellness Coach may approach you and ask for a few minutes to discuss a variety of topics that may be of interest to you or your family. We realize your time is important and promise to make our interactions, quick, meaningful and to the point.

Who is Your Wellness Coach?

Your Wellness Coach is a resource dedicated to helping you lead a long, healthy and productive life. Your Wellness Coach is your ally, someone who will work for you, with you, and beside you, as you travel down the path to a healthier tomorrow.

Contact Information

Name: **Alexandra (Mayer) Giampapa B.S., CPT**
Senior Wellness Coach, Wellness Coaches

Cell Phone: **856.393.5496**

Email: **agiampapa@wcusa.com**

Website: **https://ramphealth.com**

How Can Your Coach Help?

Your Wellness Coach is a healthcare professional, and will gladly answer any questions or provide help and advice on the following:

- **Any Health and Wellness topic**, including: Nutrition and Weight Control, Exercise, Fitness and Conditioning, Tobacco Cessation, Stress or Depression, High Blood Pressure, Diabetes, Heart Disease, Cancer
- **Health Metric Testing**, including: Blood Pressure Screenings, Body Composition Testing, Hydration Testing
- Management of minor aches and pains or muscle soreness

Everything is 100% Confidential!

Everything you discuss with your Coach will be 100% confidential. Simply put, what you discuss with your Coach, stays with your Coach. Ramp Health is a HIPAA compliant company.

CORPORATE WELLNESS NUTRITION

A DIVISION OF RAMP HEALTH

Now more than ever, we all need help overcoming stress, building resiliency, and improving well-being.

What to Expect - Nutrition Counseling

- One-on-one sessions
- 45-60 Minutes Long
- Offered Virtually
- 100% Confidential & HIPAA-Protected

Expert Providers: Registered Dieticians (RD)

Your Registered Dietician will provide an in-depth nutrition assessment by analyzing what you eat and how you feel using proven interventions to customize a plan that works for you. All RDs have:

- A 4-year Bachelor's degree
- Completed a one (1) year residency internship program
- Sat for a national exam to become licensed and credentialed
- Maintained continuing education requirements

Registered Dieticians are recognized as the nutrition experts and provide support in areas such as:

- Chronic Disease Management
- Weight Management
- Menu Planning
- Grocery Shopping
- Mindful Eating
- Nutrition Behavior Change

A No-Cost Solution

Nutrition Counseling is a covered benefit under your company's insurance plan! AmeriHealth covers up to six (6) visits per benefit year. Aetna covers up to ten (10) visits based on medical necessity. Sign up for your first visits to see if you qualify!

On a different plan? Sign up to see if you qualify. Available to spouses and dependents.

Sign Up in Your Healthy Ways Digital Platform

- Scan the QR code to begin registration. If you already have an account go to **https://portal.healthyways.com** to log in and book an appointment.
- Check your inbox for an email from **support@wcusa.com** to verify your account.
- Log in and schedule your appointment.

Scan the QR Code to get started!

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 your 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.

Contact the Benefits MAC

You may contact the Benefits Member Advocacy Center 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**

BENEPORTAL

ONLINE BENEFITS RESOURCE

At Delran Township Board of Education, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

Secure Online Access

Simply go to **www.delranboebenefits.com** to access your benefits information today!

Mobile-Friendly Site

BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

Other Features Include:

- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!

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: **https://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: **https://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	**Barbara Farquhar**	856-461-6800 ext. 1024	Benefits@delranschools.org
Medical Benefits - Aetna Benefit questions, claims, locating a provider, printing new ID cards	**Aetna** PPO (Aetna Choice POS II, NJ EHP and GSP) and EPO	855-281-8858	www.aetna.com
Medical Benefits - Amerihealth Administrators Benefit questions, claims, locating a provider, printing new ID cards	**AmeriHealth Administrators** PPO and EPO NJEHP and GSP	844-352-1706	www.myahabenefits.com
Prescription Benefits - Benecard Benefit questions, claims, locating a provider, printing new ID cards	**Benecard**	877-723-6005	www.benecardpbf.com
Dental Benefits - Horizon Benefit questions, claims, locating a provider, printing new ID cards	**Horizon**	800-355-2583	www.horizonblue.com
FSA/DCA/Commuter - Benefit Express Account questions, claims, resources, new debit card	**Benefit Express/Wex**	877-369-2153	www.myfsaexpress.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.

Delran 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 Delran 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 Delran 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, 2022. 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): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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: 678-561-1162 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

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

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: KIHIPP.PROGRAM@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.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website:
https://www.maine.gov/dhhs/ofi/applications-forms
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: 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: HHSHIPPProgram@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://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
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
Website:
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

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: 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: http://www.greenmountaincare.org/
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://dhhr.wv.gov/bms/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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. Delran Regional School District 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.