



## Colts Neck Board of Education



# Employee Benefit Open Enrollment Guide

**July 1, 2023 - June 30, 2024**

**Colts Neck Board of Education**

<https://www.coltsneckschools.org>



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# How to Enroll



## COLTS NECK BOARD OF EDUCATION WILL HOLD A PASSIVE OPEN ENROLLMENT

“Passive” open enrollment means if you are currently enrolled in benefits, your current plan elections will remain in place from July 1, 2023 through June 30, 2024, unless you elect to make a change. To obtain enrollment forms to make a change, please contact your Benefits Administrator.

### ENROLLMENT INSTRUCTIONS

You must complete an enrollment form and return it to your benefits administrator by **May 12, 2023** if:

- You wish to add coverage for an eligible dependent
- You are currently enrolled and wish to terminate coverage for yourself or a covered dependent
- You would now like to elect coverage for yourself and your eligible dependent(s) in your employer's health benefits effective on July 1, 2023
- You are an employee, non-Medicare retiree or COBRA participant that is currently enrolled in coverage and you wish to change your current plan elections, effective July 1, 2023

ID CARDS New ID card will only be issued if you making changes to your plan elections for 2023.

If you do not complete your enrollment during your designated window, you may not be able to enroll or make changes unless you experience a qualifying event, or until the next open enrollment period.

# Mid-Year Changes



**IF YOU DO NOT MAKE A CHANGE AT THIS TIME, unless you have a qualifying event, you will not be able to make changes to the benefits you elect until the next open enrollment period.** The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. If you experience a qualified “change in status,” you must make any associated enrollment or benefit changes within 30 days of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. You have the right to elect coverage during the plan year if your or your dependent’s Medicaid/Children’s Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

**Qualified changes in status include:** Change in legal marital status; Change in number of dependents; Change in employment status of employee, spouse, or dependent; A dependent newly satisfies or ceases to satisfy eligibility requirements; Change in place of residence; Loss of certain other health coverage; Court judgment, decree, or order; Medicare or Medicaid entitlement; Significant cost or other coverage changes; Family Medical Leave Act (FMLA) leave of absence; Reduction of hours; Exchange/Marketplace enrollment. Please note that there are several conditions and/or limitations that apply to the events listed above. **Please contact Human Resources if you have any questions or believe that you may qualify for an election change.**

# Annual Open Enrollment



**During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover.** Changes can only be made outside of the annual enrollment period if you experience a qualified family status change that permits changes in your plan election. So now is the time to carefully review your options.

Open Enrollment for our benefit plans will be conducted **May 1<sup>st</sup>, 2023, through May 12<sup>th</sup>, 2023**. Elections you make during open enrollment will become effective **July 1, 2023**. This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.

## What's New for 2023

### **Express Scripts will no longer issue physical ID cards.**

- *Due to the frequency in which plans and benefits can change, effective April 1, 2023, ESI will no longer issue physical ID cards. Digital ID cards are available at anytime, with the most up to date information.*
- *For additional instructions, click [here](#).*

# Contact Information

Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Account Manager at Brown & Brown Insurance who will be able to assist you with all things related to your benefits. Your Account Manager will be working in conjunction with the Human Resources Department so that benefit needs are addressed in a timely fashion.

**Keri Coyle**  
 Senior Account Specialist  
 (732) 515-3066  
[keri.coyle@bbrown.com](mailto:keri.coyle@bbrown.com)

**Office Hours:** Monday through Friday  
 8:00 am to 5:00 pm **EST**

**Danielle DeMaio**  
 Secretary to Business Administrator  
 (732) 946-0055 Ext. 4101  
[demaio@coltsneckschools.org](mailto:demaio@coltsneckschools.org)

**Office Hours:** Monday through Friday  
 8:30 am to 4:00 pm **EST**

Plan	Carrier	Phone	Website
Medical	Aetna	800.370.4526	<a href="http://www.aetna.com">www.aetna.com</a>
Medical (Omnia Only)	Horizon BC/BS	800.355.2583	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Prescription	Express Scripts	800.467.2006	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Specialty Pharma	Accredo	877.895.9697	<a href="http://www.accredo.com">www.accredo.com</a>
Dental	Horizon BC/BS	800.433.6825	<a href="http://www.horizonblue.com/dental">www.horizonblue.com/dental</a>
Vision	Aetna	877.973.3238	<a href="http://www.aetnavision.com">www.aetnavision.com</a>



# Medical Plan



The medical plans are arranged through School Health Insurance Fund, with Aetna as the administrator for the Medical Plans and Express Scripts as the administrator for the Prescription Plans. Only the Omnia Plan has Horizon BC/BS as the administrator.

**Aetna Choice Plans (POS Plans)** allow you to choose to see in-network providers or non-network providers. When you use a provider who participates in the **POS II** Network your out of pocket expenses for covered services will be lower. Therefore, it is to your advantage to use in-network providers, but it is not required.

**Garden State Health Plan** allows you to choose to see providers ONLY in New Jersey. When you use a provider who participates in the **Aetna Whole Health** Network your out of pocket expenses for covered services will be lower when using a non-network provider. While this plan does cover non-network providers, they must be located in NJ. If outside of NJ, it will not be covered by the plan.

**Horizon (Omnia) Plan** allows you to choose to see Tier I providers or Tier II providers. When you use a provider who participates in the **Omnia** Network your out of pocket expenses for covered services will be lower when using a Tier I provider. This plan does NOT cover non-network providers.

**Due to the Chapter 44 Law, if you were hired on or after July 1, 2020 you must remain in either the Educator Health Plan or Garden State Health Plan if you choose to elect coverage with the district.**

# Colts Neck Board of Education

## School Health Insurance Fund (Aetna/ESI) Plan Options

2023



Benefits	Aetna Choice POS II Direct Access 10		Aetna Choice POS II Direct Access 10		Aetna Choice POS II Direct Access 15		Aetna Choice POS II Direct Access 15		Aetna Choice POS II Direct Access 15/25 (Base Plan)		Aetna Choice POS II (20/20) Direct Access 20/30	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Required	No	No	No	No	No	No	No	No	No	No	No	No
Annual Deductible	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$100/\$250	\$0	\$200/\$500
Coinsurance	100%	80%	100%	80%	100%	70%	100%	70%	100%	70%	100%	70%
Annual Out-of-Pocket	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$400/\$800	\$2,000/\$5,000	\$800/\$1,600	\$5,000/\$12,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Services:</b>												
Primary Care Physician	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$20.00	70%, after ded.
Specialist	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
Preventative care	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Immunizations	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Routine Gyn. Exam/Pap	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Mammogram	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Urgent care	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
<b>Maternity:</b>												
First OB Visit	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
Hospital	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
<b>Hospital Services:</b>												
Inpatient Room & Board	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient Surgery-Facility	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient Surgery-Physician	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Emergency Room	\$25 (waived if admitted)		\$25 (waived if admitted)		\$50 (waived if admitted)		\$50 (waived if admitted)		\$75 (waived if admitted)		\$100 (waived if admitted)	
<b>Other Services:</b>												
Outpatient X-Ray/MRI/CT/Lab	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient PT, OT, ST	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$20.00	70%, after ded.
Spinal Manipulation	\$10.00	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
Skilled Nursing	100% - 120/yr.	80%, after ded. 60/yr.	100% - 120/yr.	80%, after ded. 60/yr.	100% - 120/yr.	70%, after ded. 60/yr.	100% - 120/yr.	70%, after ded. 60/yr.	100% - 120/yr.	70%, after ded. After \$200 copay 60/yr.	100% - 120/yr.	70%, after ded. After \$500 copay 60/yr.
Emergency use Ambulance	10%	80%, after ded.	10%	80%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.
Hospice	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Home Health Care	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Durable medical equip.	10%	80%, after ded.	10%	80%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.	10%	70%, after ded.
Inpatient mental/drug rehab.	100%	80%, after ded.	100%	80%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.	100%	70%, after ded.
O/P Mental Health/drug rehab	100%	80%, after ded.	\$10.00	80%, after ded.	\$15.00	70%, after ded.	\$15.00	70%, after ded.	\$25.00	70%, after ded.	\$20.00	70%, after ded.
<b>PRESCRIPTION DRUG</b>												
	Express Script		Express Script		Express Script		Express Script		Express Script		Express Script	
Retail	10% coinsurance		\$5/\$10/\$20		10% coinsurance		\$5/\$10/\$20		15% coinsurance		15% coinsurance	
Mail Order			\$5/\$15/\$25				\$5/\$15/\$25					
Annual Copay Out-of-Pocket	Integrated w/Medical		\$1,470/\$2,940		Integrated w/medical		\$1,470/\$2,940		Integrated w/medical		Integrated w/medical	

\*Annual deductible and coinsurance applies for these services.  
 This summary is a guide and for reference purposes only. Current and future summary plan documents will govern all benefits payable.



# Colts Neck Board of Education

## School Health Insurance Fund (Aetna/ESI) Plan Options

**2023**



Benefits	Aetna Choice POS II Direct Access 20/35		Aetna QPOS Horizon POS		Horizon OMNIA		Aetna Choice POS II NJEHP		Aetna ACPOS II GSHP - NJ Coverage ONLY	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Referral Required	No	No	Yes	Yes	No	No	No	No	No	No
Annual Deductible	\$200/\$400	\$800/\$1,600	\$0	\$500/\$1,000	\$0	\$1,500/\$3,000	\$0	350/\$700	\$0	350/\$700
Coinsurance	80%	60%	100%	60%	100%	100%	100%	70%	100%	70%
Annual Out-of-Pocket	\$2,000/\$4,000	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000	\$400/\$800	\$2,000/\$4,000	\$500/\$1,000	\$2,000/\$5,000	\$500/\$1,000	\$2,000/\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Services:</b>										
Primary Care Physician	\$20.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$10	70%, after ded.	\$10	70%, after ded.
Specialist	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Preventative care	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Immunizations	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Routine Gyn. Exam/Pap	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Mammogram	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Urgent care	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
<b>Maternity:</b>										
First OB Visit	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Hospital	80%	60%, after ded.	100%	60%, after ded.	100%	\$150 copay per admission after ded.	100%	70%, after ded.	100%	70%, after ded.
<b>Hospital Services:</b>										
Inpatient Room & Board	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient Surgery-Facility	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Outpatient Surgery-Physician	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%, after ded.	100%	70%, after ded.	100%	70%, after ded.
Emergency Room	\$100 (waived if admitted)		\$35 (waived if admitted)		\$25 (waived if admitted)		\$125 (waived if admitted)		\$125 (waived if admitted)	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Other Services:</b>										
Outpatient X-Ray/MRI/CT/Lab	100%	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Outpatient PT, OT, ST	\$20.00	60%, after ded.	\$10	60%, after ded.	\$5.00	\$10	\$15	70%, after ded.	\$15	70%, after ded.
Spinal Manipulation	\$35.00	60%, after ded.	\$10	60%, after ded.	\$5 - 25/yr.	\$10 - 25/yr	\$15	\$35 dollar limit	\$15	\$35 dollar limit
Skilled Nursing	80% after ded.- 120/yr.	60%, after ded. After \$500 copay 60/yr.	100% -120/yr.	60%, after ded.60/yr	100% - 100/yr.	\$150 copay after ded.- 100/yr.	100%	70%, after ded.	100%	70%, after ded.
Emergency use Ambulance	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%	10%	70%, after ded.	10%	70%, after ded.
Hospice	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Home Health Care	80% after ded.	60%, after ded.	100%	60%, after ded. 100/yr	100%	100%	100%	70%, after ded.	100%	70%, after ded.
Durable medical equip.	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100%	10%	70%, after ded.	10%	70%, after ded.
Inpatient mental/drug rehab.	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	\$150 copay after ded.	100%	70%, after ded.	100%	70%, after ded.
O/P Mental Health/drug rehab	80% after ded.	60%, after ded.	100%	60%, after ded.	100%	100% after ded.	100%	70%, after ded.	100%	70%, after ded.
<b>PRESCRIPTION DRUG</b>										
	Express Script		Express Script		Express Script		Express Script		Express Script	
Retail	\$7/\$21		\$5/\$10/\$20		\$5/\$10/\$20		\$5/\$10		\$5/\$10	
Mail Order	\$18/\$52		\$5/\$15/\$25		\$5/\$15/\$25		\$10/\$20		\$10/\$20	
Annual Copay Out-of-Pocket	\$1,470/\$2,940		\$1,470/\$2,940		\$1,470/\$2,940		\$1,600/\$3,200		\$1,600/\$3,200	

\*Annual deductible and coinsurance applies for these services.

\*\*NJEHP & GSHP has mandatory generic which means member pays the brand name drug copay plus the difference in cost between the brand name and the generic when choosing to fill a brand medication when a generic equivalent is available. Step therapy requires a member to try certain alternative medications before a requested medication will be covered.

\*\*Out-of-Network reimbursement is set at 200% of CMS for the NJEHP & GSHP

This summary is a guide and for reference purposes only. Current and future summary plan documents will govern all benefits payable.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Colts Neck Township Board of Education  
Horizon Dental Option Plan with ortho

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar Year	
<b>DEDUCTIBLE</b>		
Individual	\$0	
Family	\$0	
<b>BENEFIT PERIOD MAXIMUM</b>	\$1,000 (per person)	
Benefit Period Maximum Applies To	<b>Preventive &amp; Diagnostic, Treatment &amp; Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays</b>	
<b>Orthodontics Maximum</b>	\$500	
Orthodontics	Lifetime	
<b>COINSURANCE</b>		
<b>Preventive Diagnostic</b>		
Exam and Preventive Services Exams	100%	100%
Fluoride Treatment	100%	100%
Sealants Application	100%	100%
Adult Prophylaxis	100%	100%
X-rays (Bitewing & Full Mouth)	100%	100%
<b>Treatment and Therapy</b>		
Space Maintainers	85%	85%
Amalgam Restorations	85%	85%
Composite Restorations - Anterior & Bicuspid	85%	85%
Denture Adjustments	85%	85%
Denture Repairs	85%	85%
Simple Extractions	85%	85%
<b>Endodontics</b>		
Root Canal Therapy - Anterior & Bicuspid	85%	85%
Root Canal Therapy - Molar	85%	85%
<b>Periodontics</b>		
Scaling & Root Planing	85%	85%
Gingivectomy	85%	85%
Periodontal Maintenance	85%	85%
Osseous Surgery	85%	85%
<b>Oral Surgery</b>		
Surgical Extractions	85%	85%
Partial Bony Extractions	85%	85%
Complete Bony Extractions	85%	85%
<b>Prosthodontics</b>		
Bridgework	50%	50%
Partial Dentures	50%	50%
<b>Crowns and Onlays</b>		
Crown – porcelain fused to high noble metal	85%	85%
<b>Orthodontics</b>	50%	50%
<b>Orthodontics Eligibility</b>	Adult & Child	
<b>Eligibility</b>	Dependent Children of enrolled employees are covered to the end of the year age <b>23</b> .	
<b>Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.</b>		

Products are provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name, symbols and Making Healthcare Work® are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2012 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

Quality health plans & benefits  
 Healthier living  
 Financial well-being  
 Intelligent solutions



# Aetna Vision<sup>SM</sup> Preferred

visit [www.aetnavision.com](http://www.aetnavision.com)

## Municipal Reinsurance Health Insurance Fund (Full Plan - Gold)

Effective Date: 01-01-2018  
 External Plan ID: 1014647-101  
 Line Value: 336  
 Frequency: 12/12/24

**In Network**

**Out of Network**

### Exam Aetna Vision Network

**Use your Exam coverage once every calendar year.**

	In Network	Out of Network
Routine/Comprehensive Eye Exam	\$10 Copay	\$40 Reimbursement
Standard Contact lens Fit/Follow up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered

### Eyeglass Lenses /Lens options

**Use your Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses.**

	In Network	Out of Network
Single Vision lenses	\$0 Copay	\$35 Reimbursement
Bifocal Vision lenses	\$0 Copay	\$55 Reimbursement
Trifocal Vision lenses	\$0 Copay	\$100 Reimbursement
Lenticular Vision lenses	\$0 Copay	\$100 Reimbursement
Standard Progressive Vision lenses	\$65 Copay	\$55 Reimbursement
Premium Progressive Vision lenses <sup>1</sup>	20% Discount off retail minus \$120 plan allowance plus \$65 Copay = member out-of-pocket	\$55 Reimbursement
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of \$15	Not Covered
Standard Polycarbonate lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard Polycarbonate Lenses - Children to age 19	Member pays discounted fee of \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Photochromic/Transitions plastic	Member pays 80% of Retail	Not Covered
Polarized	Member pays 80% of Retail	Not Covered

### Contact Lenses

**Use your Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR contact lenses.**

	In Network	Out of Network
Conventional contact lenses	\$200 Allowance** Additional 15% off balance over the allowance	\$105 Reimbursement
Disposable contact lenses	\$200 Allowance	\$105 Reimbursement
Medically necessary contact lenses	\$0 Copay	\$250 Reimbursement

### Frames

**Use your Frame coverage once every 2 calendar years.**

	In Network	Out of Network
Any Frame available, including frames for prescription sunglasses	\$200 Allowance Additional 20% off balance over the Allowance.	\$100 Reimbursement

## Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.

	In Network	Out of Network
Additional pairs of eyeglasses or prescription sunglasses. Discount applies to purchases made after the plan allowances** have been exhausted.	Up to a 40% Discount	No Discount
Non-covered items such as cleaning cloths and contact lens solution <sup>2</sup>	20% Discount	No Discount
Lasik Laser vision correction or PRK from U.S. Laser Network <sup>3</sup> only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	No Discount
Retinal Imaging <sup>4</sup>	Member pays a discounted fee up to \$39	No Discount
Replacement contact lenses	Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online. Visit <a href="http://www.aetnavision.com">www.aetnavision.com</a> for details	No Discount

## Partial list of exclusions and limitations

Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See your plan booklet for details.

\*You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the providers actual charge. Claim forms can be found at [www.aetnavision.com](http://www.aetnavision.com) or by calling customer service Mon-Sun @ 877-9-SEE-AETNA. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111.

\*\*Frame allowance is a one-time use benefit. Contact lens allowance is a declining balance benefit and can be used throughout the benefit period.

<sup>1</sup>Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information.

<sup>2</sup>Non covered discounts may not be available in all states.

<sup>3</sup>Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

<sup>4</sup>Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

### Key Definitions

**Copayment** - The fixed amount paid by the member under the plan. Providers should collect all copayments

**Allowance** - Dollar amount to be applied toward the cost of materials or a service

**Reimbursement** - Dollar amount to be paid to the member from Aetna up to the providers' billed charge

**Out-of-Pocket** - The amount the member must pay after benefits have been applied

**Discount** - Percentage off the providers billed charge or retail cost

**Standard Polycarbonate** - 1.5 mm center thickness with spherical curves

**Standard Scratch-Resistant Coating** - Front-side factory scratch coat

**Standard Progressive Lens** - Multi-focal design that produce a gradual change in focus without lines or junctions

**Conventional Contact Lens** - Lenses intended for ongoing, daily-wear use; rigid gas-permeable lenses are included

**Disposable Contact Lens** - Lenses that are designed and labeled to be replaced at specified time intervals (e.g., daily, weekly, monthly)

**Medically Necessary Contact Lenses** - To correct visual acuity to 20/40 or better if such correction is not possible with conventional lenses; or if aphakic lenses are prescribed after cataract surgery

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See your plan booklet for details.

Coverage is not provided for the following:

- Special vision procedures, such as orthoptics, vision therapy, or vision training.
- Vision services that are covered in whole or in part; under any other part of this plan; or under any other plan of group benefits provided by the policyholder; or under any workers' compensation law or any other law of like purpose.
- For prescription sunglasses or light sensitive lenses in excess of the amount which would be covered for non-tinted lenses.
- Replacement of lost, stolen or broken prescription lenses or frames.

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

This quote is based on a contract situs of New Jersey. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

This material is for information only, and is not an offer or invitation to contract.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.



# How to Locate a Provider

## Medical

### TO FIND PARTICIPATING AETNA PROVIDERS:

- **STEP 1:** Visit Aetna's website at [www.aetna.com](http://www.aetna.com)
- **STEP 2:** At the middle of the of the webpage on the right, click on "Find A Doctor"
- **STEP 3:** On right side of 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: PPO Admin, PPO 15, PPO 10, EHP	Category Heading = <a href="#">Aetna Open Access Plans</a> Plan Name = Aetna Choice POS II (Open Access)
<a href="#">Aetna Garden State Plan</a> (SI GSHP AWH CPII Docfind Lookup: <a href="#">CLICK HERE</a> )	Category Heading = <a href="#">Aetna Whole Health Plan</a> Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II

## Dental

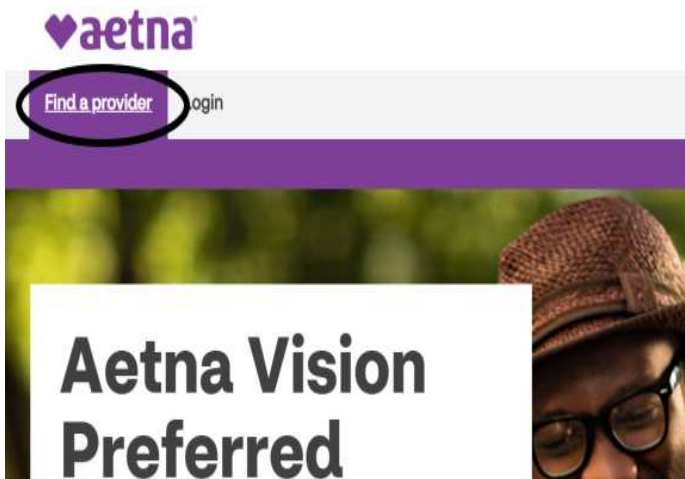


### Horizon Dental

[www.horizonblue.com/dental](http://www.horizonblue.com/dental)

1. Click Find a Dentist
2. Select your Plan: Dental Option Plan
3. Enter your Zip code and click FIND

## Vision



### Aetna Vision

[www.aetnavision.com](http://www.aetnavision.com)

1. Click Find a Provider
2. Enter a zip code and click SEARCH

# Employee Contributions

The **Colts Neck Board of Education** Benefits Plan is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for **medical, prescription, dental, vision** will be made with pre-tax dollars. **You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.”** You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars.


Along with this Guide you will be supplied a contribution calculator. For the **Educator Health Plan** and the **Garden State Health Plan** you will use **Chapter 44** Contribution Schedule. For **all other plans**, the **Chapter 78** Schedule will be used.

## To use the Calculator:



## Colts Neck Board of Education 7/01/23 - 6/30/24 Contribution Calculator

Enter Yearly Salary					
Employee Type		10 Month	Plan names notated with an * are buy up options, where the additional costs have been added to the final amount		
Medical Coverage					
Coverage Level	Single	Percent of Salary	Monthly Total Premium	Employee Cost per 10 Month	Per Paycheck Amount
Plan Name	EHP	0.00%	\$0.00	\$0.00	\$0.00
<b>Per Paycheck Total</b>					<b>\$0.00</b>

 *This calculator is provided for information purposes only. All calculations are estimates, and may differ from the actual amounts deducted from payroll.*

- 1) Enter Yearly Salary
- 2) Select Employee Type: 10 Month or 12 Month
- 3) Select Coverage Level
- 4) Select Plan

## Waivers

You may opt out of the district’s insurance plan and be reimbursed \$1,200 for a Single waiver, \$1,700 for a Parent/Child(ren) waiver, \$2,600 for a 2 Adult waiver, or \$3,000 for a Family waiver.

**Colts Neck Board of Education**  
**Medical/Rx Rates**  
**July 1, 2023 - June 30, 2024**

Coverage Status	SHIF 10 - Rx 10%				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,222.00	\$1,041.00	\$180.00	\$1.00	\$1,222.00
2 Adult	\$2,445.00	\$2,083.00	\$359.00	\$3.00	\$2,445.00
Family	\$3,498.00	\$2,980.00	\$514.00	\$4.00	\$3,498.00
Parent/Child	\$2,276.00	\$1,939.00	\$334.00	\$3.00	\$2,276.00
Coverage Status	SHIF 10 - Rx 5/10/20				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,206.00	\$965.00	\$240.00	\$1.00	\$1,206.00
2 Adult	\$2,412.00	\$1,930.00	\$479.00	\$3.00	\$2,412.00
Family	\$3,451.00	\$2,761.00	\$686.00	\$4.00	\$3,451.00
Parent/Child	\$2,244.00	\$1,795.00	\$446.00	\$3.00	\$2,244.00
Coverage Status	SHIF 15 - Rx 10%				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,147.00	\$906.00	\$240.00	\$1.00	\$1,147.00
2 Adult	\$2,293.00	\$1,811.00	\$479.00	\$3.00	\$2,293.00
Family	\$3,279.00	\$2,589.00	\$686.00	\$4.00	\$3,279.00
Parent/Child	\$2,134.00	\$1,685.00	\$446.00	\$3.00	\$2,134.00
Coverage Status	SHIF 15 - Rx 5/10/20				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,146.00	\$905.00	\$240.00	\$1.00	\$1,146.00
2 Adult	\$2,290.00	\$1,808.00	\$479.00	\$3.00	\$2,290.00
Family	\$3,277.00	\$2,587.00	\$686.00	\$4.00	\$3,277.00
Parent/Child	\$2,132.00	\$1,683.00	\$446.00	\$3.00	\$2,132.00
Coverage Status	SHIF 1525 - Rx 15%				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,099.00	\$869.00	\$229.00	\$1.00	\$1,099.00
2 Adult	\$2,203.00	\$1,739.00	\$461.00	\$3.00	\$2,203.00
Family	\$3,148.00	\$2,486.00	\$658.00	\$4.00	\$3,148.00
Parent/Child	\$2,047.00	\$1,616.00	\$428.00	\$3.00	\$2,047.00
Coverage Status	SHIF 2020 - Rx 15%				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,047.00	\$817.00	\$229.00	\$1.00	\$1,047.00
2 Adult	\$2,097.00	\$1,633.00	\$461.00	\$3.00	\$2,097.00
Family	\$2,998.00	\$2,336.00	\$658.00	\$4.00	\$2,998.00
Parent/Child	\$1,949.00	\$1,518.00	\$428.00	\$3.00	\$1,949.00
Coverage Status	SHIF 2035 - Rx 7/21				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$854.00	\$674.00	\$179.00	\$1.00	\$854.00
2 Adult	\$1,709.00	\$1,349.00	\$357.00	\$3.00	\$1,709.00
Family	\$2,443.00	\$1,929.00	\$510.00	\$4.00	\$2,443.00
Parent/Child	\$1,591.00	\$1,255.00	\$333.00	\$3.00	\$1,591.00
Coverage Status	SHIF POS - Rx 5/10/20				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,186.00	\$945.00	\$240.00	\$1.00	\$1,186.00
2 Adult	\$2,372.00	\$1,890.00	\$479.00	\$3.00	\$2,372.00
Family	\$3,392.00	\$2,702.00	\$686.00	\$4.00	\$3,392.00
Parent/Child	\$2,206.00	\$1,757.00	\$446.00	\$3.00	\$2,206.00
Coverage Status	Omnia - Rx 5/10/20				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$968.00	\$727.00	\$240.00	\$1.00	\$968.00
2 Adult	\$1,937.00	\$1,455.00	\$479.00	\$3.00	\$1,937.00
Family	\$2,770.00	\$2,080.00	\$686.00	\$4.00	\$2,770.00
Parent/Child	\$1,802.00	\$1,353.00	\$446.00	\$3.00	\$1,802.00
Coverage Status	SHIF EHP - Rx 5/10				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$1,023.00	\$833.00	\$189.00	\$1.00	\$1,023.00
2 Adult	\$2,192.00	\$1,808.00	\$381.00	\$3.00	\$2,192.00
Family	\$2,931.00	\$2,383.00	\$544.00	\$4.00	\$2,931.00
Parent/Child	\$1,907.00	\$1,550.00	\$354.00	\$3.00	\$1,907.00
Coverage Status	SHIF GSHP - Rx 5/10				
	7/1/23-6/30/24	SHIF Medical	SHIF Rx	SHIF Vision	Total
Single	\$952.00	\$762.00	\$189.00	\$1.00	\$952.00
2 Adult	\$2,039.00	\$1,655.00	\$381.00	\$3.00	\$2,039.00
Family	\$2,730.00	\$2,182.00	\$544.00	\$4.00	\$2,730.00
Parent/Child	\$1,776.00	\$1,419.00	\$354.00	\$3.00	\$1,776.00

# EXPRESS SCRIPTS DIGITAL ID CARD

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

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

No more digging through cards at the pharmacy counter. Easily create your digital profile at **www.express-scripts.com** 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.





# UNDERSTANDING YOUR PRESCRIPTION DRUG PROGRAM

## HOW TO GET STARTED WITH EXPRESS SCRIPTS HOME DELIVERY

### Contact Express Scripts

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

### DIY—Do It Yourself

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

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

## RECOMMENDED DRUG DOSING

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



# SAVE TIME AND MONEY!

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

## KNOW WHERE TO GET CARE

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

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



## HOW TO ACCESS TELEMEDICINE 24/7

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

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

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

### **TELADOC (Aetna members)**

- Call **1.855.Teladoc (835.2362)**
- Visit **[www.Teladoc.com/Aetna](http://www.Teladoc.com/Aetna)**
- Go to **[Teladoc.com/Mobile](http://Teladoc.com/Mobile)** to learn more or download the mobile app from the App Store or Google Play



# 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 appointment necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family doctor
- Open seven days a week with convenient evening hours

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

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

## **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](https://www.cvs.com/HealthHUB).**

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

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

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

# GET TO KNOW GUARDIAN NURSES



*Struggling with a healthcare issue?*

## TAKE ADVANTAGE OF THIS UNION BENEFIT

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

### GUARDIAN NURSES CAN:

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

### WHO IS ELIGIBLE?

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



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

# MAXIMIZE YOUR BENEFITS

## ALWAYS CONSIDER YOUR IN-NETWORK OPTIONS FIRST

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

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

## TO LOCATE PARTICIPATING IN-NETWORK PROVIDERS:

- **Aetna Participants:** Visit [www.aetna.com](http://www.aetna.com) and select “Find a Doctor.”

## MAKE SURE YOU ARE USING IN-NETWORK LABS

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

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



## IN-PATIENT OR OBSERVATION:

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

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

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

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

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

# LEGAL NOTICES

## Availability of Summary Health Information

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

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

## Patient Protection and Affordable Care Act

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

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

## Newborns' and Mothers' Health Protection Act

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

## Women's Health and Cancer Rights Act

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

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

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto: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](mailto:hipp@dhcs.ca.gov)

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

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

GEORGIA – Medicaid  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162 Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-561-1162 Press 2

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

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

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

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

# LEGAL NOTICES

## LOUISIANA – Medicaid

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

## MAINE – Medicaid

Enrollment Website:  
[www.mymaineconnection.gov/benefits/s/?language=en\\_US](http://www.mymaineconnection.gov/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: 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: [HHSHIPProgram@mt.gov](mailto:HHSHIPProgram@mt.gov)

## NEBRASKA – Medicaid

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

## NEVADA – Medicaid

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

## NEW HAMPSHIRE – Medicaid

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

## NEW JERSEY – Medicaid and CHIP

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

## NEW YORK – Medicaid

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

## NORTH CAROLINA – Medicaid

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

## NORTH DAKOTA – Medicaid

Website:  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

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

## OREGON – Medicaid

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

## PENNSYLVANIA – Medicaid and CHIP

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

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct 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: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>  
<https://www.coverva.org/en/famis-select>  
Phone: 1-800-432-5924

## WASHINGTON – Medicaid

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

## WEST VIRGINIA – Medicaid and CHIP

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

## WISCONSIN – Medicaid and CHIP

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

## WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

## U.S. Department of Labor

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

## U.S. Department of Health and Human Services

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



*This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.*

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