2024-2025

BENEFITS GUIDE

For Benefits Effective: July 1, 2024 through June 30, 2025

Welcome!

At Rancocas Valley Regional High School 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 2024-2025 benefit offerings and ensure that you are making the best benefits decisions for you and your eligible family members.

What Do You Need to Do Now?

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

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

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

Eligibility & Enrollment Information

Who is Eligible to Elect Benefits?

Full-time employees, who work a regular schedule of 35 hours or more per week, are eligible to enroll in the benefits described in this Guide.

Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following: Legal spouse/civil union partner, Biological child(ren), Legally adopted child(ren), Foster child(ren), Stepchild(ren) as long as natural parent remains married to the employee and resides in the employee's household, Child(ren) for whom you are responsible for under a court-order, Grandchild(ren) for whom you are responsible for under a court-order, Child(ren) through the end of the calendar year in which they turn age 26 for medical and prescription drug benefits, and Child(ren) up to age 19, or if a full-time student, up to age 23 for dental coverage. If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (i.e. birth certificate, marriage certificate, proof of full-time status, etc.).

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

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

How Often Can I Change Plan Elections?

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

Aetna

Utilizing Virtua Network Providers

Virtua Brings You High Quality, Accessible, Affordable Health Care!

Do you utilize Virtua Network providers? If yes, save money by enrolling in the Aetna Virtua ACO POSII plan! Patients who use providers and facilities in the Aetna Whole Health - Virtua plan can choose from close to 2,000 primary care physicians and specialists, and a wide range of high quality services provided at our three hospitals and six urgent care centers.

Visit **www.teladoc.com/aetna** to view a full list of network doctors, or call **888.847.8823** for help finding the right doctor.

The Virtua ACO Network includes:

- 3 Hospitals
- 6 Urgent Care Centers
- Close to 2,000 of the region's highly regarded physicians

Quality Healthcare

Virtua Physician Partners must meet rigorous quality criteria to participate in our network.

Quality Service

Members have the ability to be guided through the system and provider network by a personalized health navigation team.

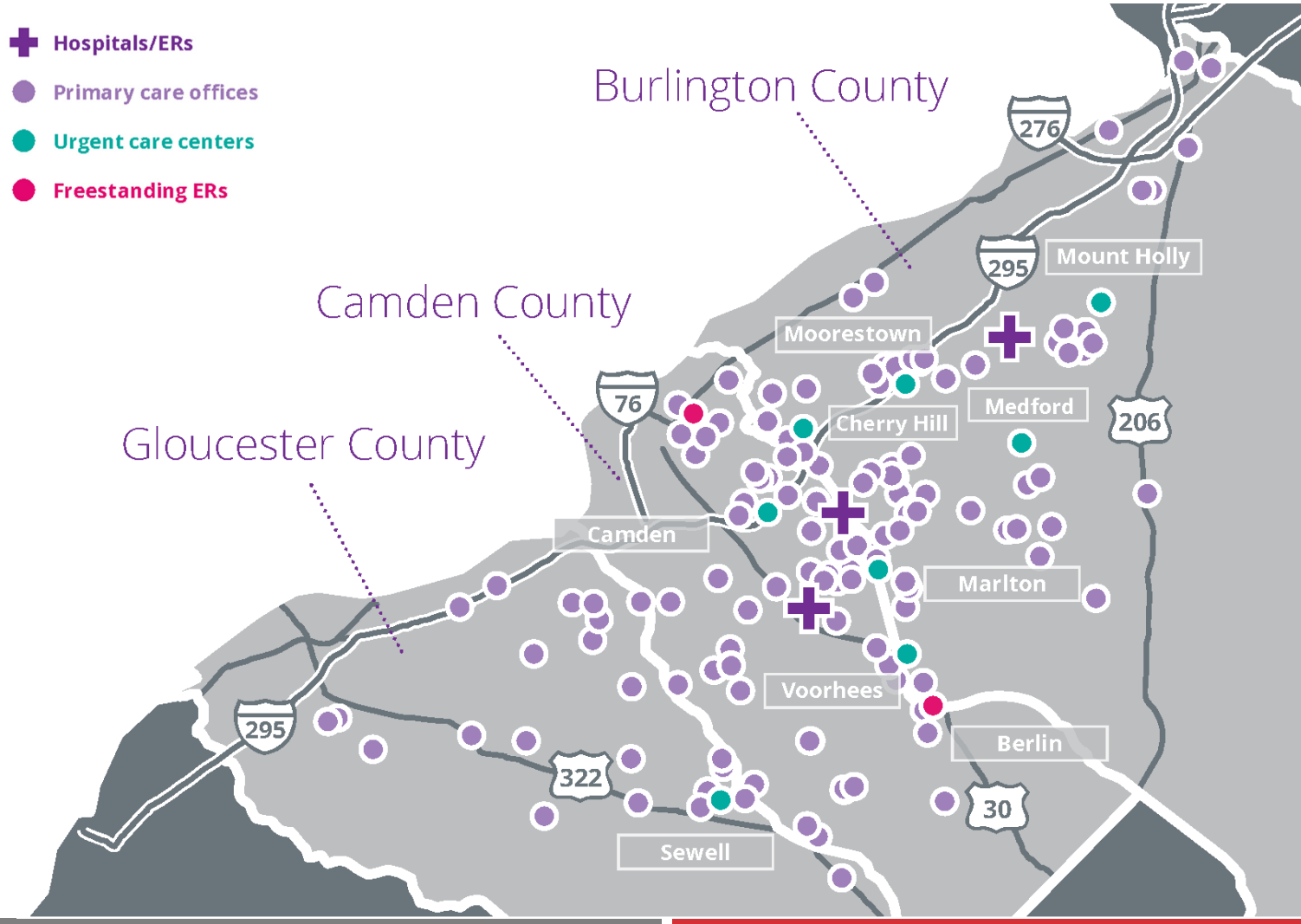
Aetna

Virtua Network

Our Network Includes:

- 175 + primary care practitioners
- 750+ specialists
- 3 hospitals/ERs
- 2 freestanding ERs
- 8 urgent care centers

Visit www.aetna.com/docfind for more up to date information on doctors and facilities.



Aetna

Virtua Plan Facilities

HOSPITALS/EMERGENCY ROOMS	ZIP	CITY	ADDRESS
Virtua Marlton Hospital	08053	Marlton	90 Brick Road
Virtua Memorial Hospital	08060	Mount Holly	175 Madison Avenue
Virtua Voorhees Hospital	08043	Voorhees	100 Bowman Drive.
URGENT CARE CENTERS	**ZIP**	**CITY**	**ADDRESS**
Virtua Express Urgent Care - Cherry Hill	08034	Cherry Hill	315 Route 70 East
Virtua Express Urgent Care - Marlton	08053	Marlton	1001 Route 73
Virtua Express Urgent Care - Medford	08055	Medford	128 Route 70
Virtua Express Urgent Care - Moorestown	08057	Moorestown	401 Young Avenue
Virtua Express Urgent Care - Mount Holly	08060	Mount Holly	555 High Street
Virtua Express Urgent Care - Voorhees	08043	Voorhees	158 Route 73
Virtua Express Urgent Care - Washington Township	08080	Sewell	239 Hurfville-Cross Keys Road
Viruta Express Urgent Care - Westmont	08108	Westmont	602 West Cuthbert Avenue
FREESTANDING EMERGENCY ROOMS	**ZIP**	**CITY**	**ADDRESS**
Virtua Health & Wellness Center - Berlin	08009	Berlin	100 Townsend Avenue
Virtua Health & Wellness Center - Camden	08104	Camden	1000 Atlantic Avenue

Medical Benefits:

Aetna

Through the SHIF, Rancocas Valley Regional High School offers the following medical plan options to their staff, administered by Aetna.

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

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

	NJEHP	GSP*	PAT V $10 HIGH	PAT V $10 LOW	PAT X $15
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/Family	$0/$0	$0/$0	$0/$0	$0/$0	$0/$0
Out-of-Pocket Maximum Individual/Family	$500/$1,000	$500/$1,000	$5,300/$10,600	$1,500/$3,000	$5,300/$10,600
Coinsurance	Member pays 10% on select services	Member pays 10% on select services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Preventive Care Services	Plan pays 100%	Plan pays 100%	No Charge	Plan pays 100%	Plan pays 100%
PCP Office Visit	$10 copay	$10 copay	$10 copay	$10 copay	$15 copay
Specialist Office Visit	$15 copay	$15 copay	$15 copay	$15 copay	$25 copay
Inpatient Hospital	Plan pays 100%	Plan pays 100%	No Charge	No Charge	No Charge
Outpatient Surgery	Plan pays 100%	Plan pays 100%	No Charge	No Charge	No Charge
Diagnostic Lab & X-Ray	Lab: Plan pays 100% X-Ray: Plan pays 100%	Lab: Plan pays 100% X-Ray: Plan pays 100%	Lab: Plan pays 100% X-Ray: $10 copay	Lab: Plan pays 100% X-Ray: $15 copay	Lab: Plan pays 100% X-Ray: $25 copay
Durable Medical Equipment	Plan pays 90%	Plan pays 90%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Emergency Room	$125 copay	$125 copay	$35 copay	$35 copay	$35 copay
Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Vision Exam Materials	 $15 copay** None	 $15 copay** None	 $15 copay*** $100 max/24 months	 $15 copay*** None	 $25 copay*** $70 max/24 months
OUT-OF-NETWORK BENEFITS					
Deductible Individual/Family	$350/$700	$350/$700	$100/$200	$5,000/$15,000	$100/$200
Out-of-Pocket Maximum Individual/Family	$2,000/$5,000	$2,000/$5,000	$2,000/$4,000	$10,000/$30,000	$400/$1,200
Coinsurance	Plan pays 70%****	Plan pays 70%****	Plan pays 70%****	Plan pays 50% ****	Plan pays 80%****

***** **GSP is a network of NJ providers only. Out of state services will not be covered unless it is a true medical emergency.**
** One exam/calendar year
*** One exam/12 months up to age 19; one exam/24 months after age 19
**** After deductible

Medical Benefits:
Aetna

Through the SHIF, Rancocas Valley Regional High School offers the following medical plan options to their staff, administered by Aetna.

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

	ACPOSII VIRTUA ACO		ACPOSII CORE	ACPOSII BUY-UP
	VIRTUA NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible Individual/Family	$0/$0	$1,500/$3,000	$1,000/$2,000	$500/$1,000
Out-of-Pocket Maximum Individual/Family	$1,000/$2,000	$4,000/$8,000	$2,000/$4,000	$1,000/$2,000
Coinsurance	Plan pays 100%	Plan pays 80%	Plan pays 80%	Plan pays 90%
Preventive Care Services	No Charge	No Charge	No Charge	No Charge
PCP Office Visit	$10 copay	Plan pays 80%	$25 copay	$20 copay
Specialist Office Visit	$10 copay	Plan pays 80%	$40 copay	$30 copay
Inpatient Hospital	No Charge	Plan pays 80%	**Facility:** $200 copay for first 5 days/visit, no charge thereafter **Surgeon:** No Charge	**Facility:** $100 copay for first 5 days/visit, no charge thereafter **Surgeon:** No Charge
Outpatient Surgery	No Charge	Plan pays 80%	Plan pays 80%	**Facility:** Plan pays 90% **Surgeon:** Plan pays 90%
Diagnostic Lab & X-Ray	Lab: Plan pays 100% X-Ray: Plan pays 100%	Lab: Plan pays 80% X-Ray: Plan pays 80%	Lab: $40 copay X-Ray: $40 copay	Lab: $30 copay X-Ray: $30 copay
Durable Medical Equipment	Plan pays 100%	Plan pays 80%	Plan pays 80%	Plan pays 90%
Emergency Room	$100 copay	$100 copay	Plan pays 80% after $100 copay	$100 copay
Ambulance	Plan pays 100%	Plan pays 80%	Plan pays 80%	Plan pays 90%
Vision Exam	$10 copay*	Plan pays 80%*	Plan pays 100%**	Plan pays 100%**
OUT-OF-NETWORK BENEFITS				
Deductible Individual/Family	$3,000/$6,000		$2,500/$5,000	$1,250/$2,500
Out-of-Pocket Maximum Individual/Family	$6,000/$12,000		$5,000/$10,000	$2,500/$5,000
Coinsurance	Plan pays 60%***		Plan pays 60%***	Plan pays 70%***

* One exam/12 months
** One exam/24 months
*** After deductible

How to Find In-Network Providers

Aetna

To Find Participating Aetna Providers

- **STEP 1:** Visit Aetna's website at **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..
NJ Educators Health Plan	Category Heading = **Aetna Open Access Plans** Plan Name = Aetna Choice POS II (Open Access)
Garden State Plan	Category Heading = **Aetna Whole Health Plan** Plan Name = NJ Aetna Whole Health New Jersey Choice POS II

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.

Locate an In-Network Provider

Visit **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 bloodwork.

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

Telemedicine:
Teladoc

With telemedicine, you have access to high-quality care - at no cost!

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 improve outcomes, speed recovery, and eliminate wait time.

Convenient Care From Board Certified Physicians

Plan members can consult with a licensed physician by: calling a toll-free number, logging into a secure website, or using the mobile app. Physicians can prescribe medication when needed. A wide range of non-emergency conditions may be treated, including:

- Allergies or respiratory problems
- Cold and flu
- Diarrhea, vomiting and stomach issues
- Urinary tract infections
- Ear problems
- Fever or headache
- Pink eye
- Insect bites, rashes and skin irritations
- Sore throat

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.

Start Using Teladoc Today!

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

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

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

Know Where to Get Care

Save Time and Money!

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

Know Where to Get Care

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

Telemedicine	Urgent Care Center	Emergency Room
• Cold/Flu • Allergies • Animal/ insect bite • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/ Eye irritation • Urinary issues	• Allergic reactions • Bone x-rays, sprains or strains • Nausea, vomiting, diarrhea • Fractures • Whiplash • Sports injuries • Cuts and minor lacerations • Infections • Tetanus vaccinations • Minor burns and rashes	• Heart attack • Stroke symptoms • Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath • Coughing up blood • High fever with stiff neck, confusion or difficulty breathing • Sudden loss of consciousness • Excessive blood loss

How to Access Telemedicine 24/7

$0 Cost Telemedicine vs. Virtual Office Visits

Please note that Telemedicine services are different from virtual/telephonic office visits with your participating provider. Most SHIF Health Plans have a $0 copay for the Telemedicine Services (Teladoc) listed below.

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

Teladoc (Aetna Members)

- **Via phone: 855.835.2362**
- **Via the web: www.Teladoc.com/Aetna**
- **Via mobile app:** Go to **www.Teladoc.com/Mobile** to learn more or download the mobile app from the App Store or Google Play

Urgent Care Centers

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

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

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

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

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

Below is the emergency room cost compared against the urgent care cost for certain medical plans offered to employees of Ranacocas Valley Regional High School:

Plans	Emergency Room Copay	Urgent Care Copay	Estimated Savings
NJEHP	$125	$15	$110
GSP*	$125	$15	$110
Patriot Low	$35	$15	$20
Patriot High	$35	$15	$20
Patriot X	$35	$25	$10
Virtua Provider	$100	$10	$90
Buy-Up	$100	$30	$70
Core	$100	$40	$60

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

CVS Minute Clinics and Health Hubs*

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

HealthHUB.

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

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

Prescription Drug Benefits:
Benecard

Through the SHIF, Rancocas Valley Regional High School 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 that he/she turns 26.

	NJEHP/GSP	RETAIL $7.50/$25
RETAIL	**UP TO A 30 DAY SUPPLY**	**UP TO 34 DAY SUPPLY OR UP TO 100 DOSES**
Generic	$5 copay	$7.50 copay
Brand Without Generic Alternative	$10 copay	$25 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	$25 copay
MAIL-ORDER	**UP TO A 90 DAYSUPPLY**	**UP TO A 90 DAYSUPPLY**
Generic	$10 copay	$7.50 copay
Brand Without Generic Alternative	$20 copay	$25 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	$25 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.

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**

Save Money Using Mail Order:

Benecard

HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER?

COMPARE FOR YOURSELF...

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

Chapter 78 Percentage of Premium Schedule

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

Please Note: Employees enrolled in the NJEHP or GSP for medical and prescription benefits will follow a new salary-based contribution schedule. Please refer to the specific NJEHP & GSP Ch. 44 Contribution Schedules for information regarding this contribution schedule.

Salary Range (Annual)	Employee Only
<$20,000	4.5%
20,000—24,999.99	5.5%
25,000—29,999.99	7.5%
30,000—34,999.99	10%
35,000—39,999.99	11%
40,000—44,999.99	12%
45,000—49,999.99	14%
50,000—54,999.99	20%
55,000—59,999.99	23%
60,000—64,999.99	27%
65,000—69,999.99	29%
70,000—74,999.99	32%
75,000—79,999.99	33%
80,000—94,999.99	34%
95,000 and over	35%

Salary Range (Annual)	Employee & Spouse OR Employee & Child(ren)
<$25,000	3.5%
25,000—29,999.99	4.5%
30,000—34,999.99	6%
35,000—39,999.99	7%
40,000—44,999.99	8%
45,000—49,999.99	10%
50,000—54,999.99	15%
55,000—59,999.99	17%
60,000—64,999.99	21%
65,000—69,999.99	23%
70,000—74,999.99	26%
75,000—79,999.99	27%
80,000—84,999.99	28%
85,000—99,999.99	30%
100,000 and over	35%

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

NJ Educator's Health Plan (NJEHP):

Chapter 44 Salary Based Contribution Schedule

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

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

Please Note:

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

Garden State Plan (GSP):

Chapter 44 Salary Based Contribution Schedule

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

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

Please Note:

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

Dental Benefits:
Delta Dental

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

NOTE: Dependent children are eligible for benefits from age 2 to 19, or up to age 23 for full-time students enrolled in an accredited school, college, or university.

	PPO PLUS PREMIER ADVANTAGE PROGRAM
BENEFITS	**IN-NETWORK**
Primary Care Dentist Selection	Not Required
Calendar Year Deductible Individual Family Aggregate	 $25 N/A
Calendar Year Maximum (per patient)	$1,500
Preventive Care Exams, Cleanings, Bitewing X-rays, Sealants (permanent molars only), Fluoride Treatment	Plan pays 100% NO deductible
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery	Plan pays 80% after deductible
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures, Osseous Surgery	Plan pays 70% after deductible
Orthodontia Benefits (child only) Appliance must be placed prior to age 20	Plan pays 50% after deductible
Orthodontia Lifetime Maximum (per patient)	$2,000

Employee Resources

BenePortal

Online Benefits Information

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

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

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

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

Benefits Member Advocacy Center

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 benefitd questions
- Search for participating 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 benefits plans have to offer

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

How to Contact the Benefits MAC?

- 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 fax: **856.685.2253**

Mobile Care Coordinators:
Guardian Nurses

Struggling With a Healthcare Issue?

Call Guardian Nurses Healthcare Advocates

If you or a dependent is ill with a serious and/or catastrophic condition, chances are you could use some help. Our Mobile Care Coordinator RNs, backed by a team of registered nurses, are ready to respond whenever you are struggling with a healthcare issue. They can:

- **VISIT YOU AT HOME** or in the hospital to assess your care needs.
- **BE YOUR GUIDE**, coach and advocate for any healthcare issue.
- **MAKE APPOINTMENTS** to get you seen as quickly as possible.
- **GO WITH YOU TO SEE DOCTORS**, ask questions and get answers.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **PROVIDE DECISION SUPPORT** when you are thinking about treatments or surgery.
- **EXPXLAIN A NEW DIAGNOSIS** to help you make informed decisions.
- **GET THINGS YOU NEED** such as healthcare equipment.

Who is Eligible?

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

To request help from our Mobile Care Coordinators or the team at Guardian Nurses, call 609.472.3273 or 609.472.1797.

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

Benefit Contacts

LINE OF COVERAGE	CONTACT	PHONE NUMBER	WEBSITE
Medical	Aetna	800-370-4526	www.aetna.com
Mobile Care Coordinators	Guardian Nurses	609.472.3273 or 609.472.1797	www.guardiannurses.com
Telemedicine	Teladoc	855-835-2362	www.Teladoc.com/Aetna
Prescription Drug	Benecard	877-723-6005	www.benecardpbf.com
Dental	Delta Dental	Please see the reverse side of your ID card	Please see the reverse side of your ID card
Member Advocacy	Conner Strong & Buckelew	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.

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

Special Enrollment Notice

Loss of other coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

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

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

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

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

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

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

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

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

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

Legal Notices

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

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

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

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

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

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

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

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

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

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

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

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

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/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/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

Legal Notices

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

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

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

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

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

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Insurance Marketplace Notice

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

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

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

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

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

PART B: Information about Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Rancocas Valley Regional High School		4. Employer Identification Number (EIN) 21-0000256
5. Employer Address 520 Jacksonville Road		6. Employer phone number 609-267-0830
7. City Mount Holly	8. State NJ	9. Zip Code 08060
10. Who can we contact about employee health coverage at this job? Stephanie Spencer		
11. Phone number (if different from above)	12. Email address sspencer@rvrhs.com	

Insurance Marketplace Notice cont.

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

- As your employer, we offer a health plan to:
  - Some employees. Eligible employees are: Full-time employees, who work a regular schedule of 35 hours or more per week. For twelve (12) month employees: Effective as of first day immediately following 30 days of continuous employment, if not employed on the Effective Date. For ten (10) month employees: Effective as of September 1st if hired prior to that date. If hired during the school year, effective as of the first day following 30 days of continuous employment.
- With respect to dependents:
  - We do offer coverage. Eligible dependents are: Spouse, Civil Unions, & Children
- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

ABOUT THIS BENEFITS SUMMARY

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