Important News! New Ways to Access Your Health Benefits Online

Dear Paramus Board of Education Health Benefits Eligible Employee:

The New Jersey School Employees' Health Benefits Program (SEHBP) and the New Jersey Division of Pensions & Benefits (NJDPB) are excited to announce a new portal, Benefitsolver, for accessing all your health benefit enrollment needs, including the fall Annual Open Enrollment period.

What You Need to Know

Through Benefitsolver, you can access information about your health benefits and complete your enrollment applications online. You'll be able to add new dependents and upload documentation right to the website, as well as confirm your coverage and get links to all your health benefit vendors. You'll have multiple ways to access the new portal including 24/7 access via a new mobile app.

What You Need to Do

Beginning June 1, 2021, you will be able to log in to review your health benefit information. *

- Navigate to: http://mynjbenefitshub.nj.gov
    a. Click Register
    b. Enter Social Security Number and Date of Birth
    c. Enter Company Key = SHBP/SEHBP
    d. Click Continue

Once you're on the Benefitsolver website, you will be asked to enter your personal email address so we can keep in touch with you – send you reminders, confirmations of enrollment, and important information about how to get the most out of your benefits.

From there, download the MyChoice Mobile App so you can have your benefits at your fingertips – even take a picture of your insurance cards and store them in the app, so you're never without them!

Don't worry, your personal information is safe with us, we don't share this with outside vendors.

Please see the enclosed flyer with detailed information about how you can download the mobile app and have all your benefits information at your fingertips.

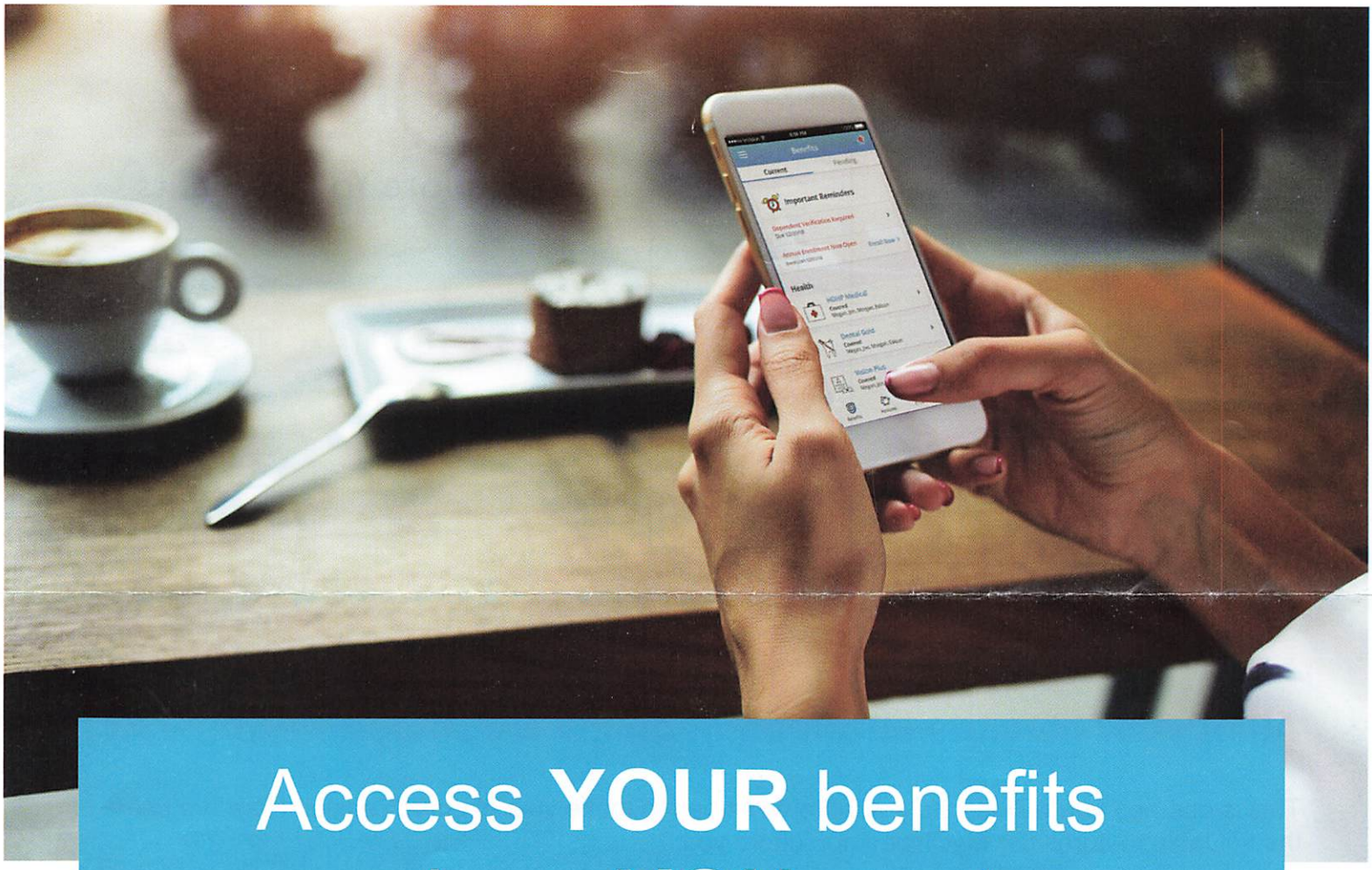
If you have questions regarding your benefits, please see your employer or call the NJDPB Office of Client Services at 609-292-7524.

If you have trouble accessing the Benefitsolver website, please see your Human Resources Representative.

**You may also be able to access Benefitsolver via your myNewJersey account at https://www.state.nj.us/treasury/pensions/*

We look forward to assisting you with your health benefits in 2021 and beyond.

Enclosure



Access **YOUR** benefits where **YOU** want

Never again be stuck at the doctor's office without your ID card.

Getting married or having a baby? Upload your dependents here.

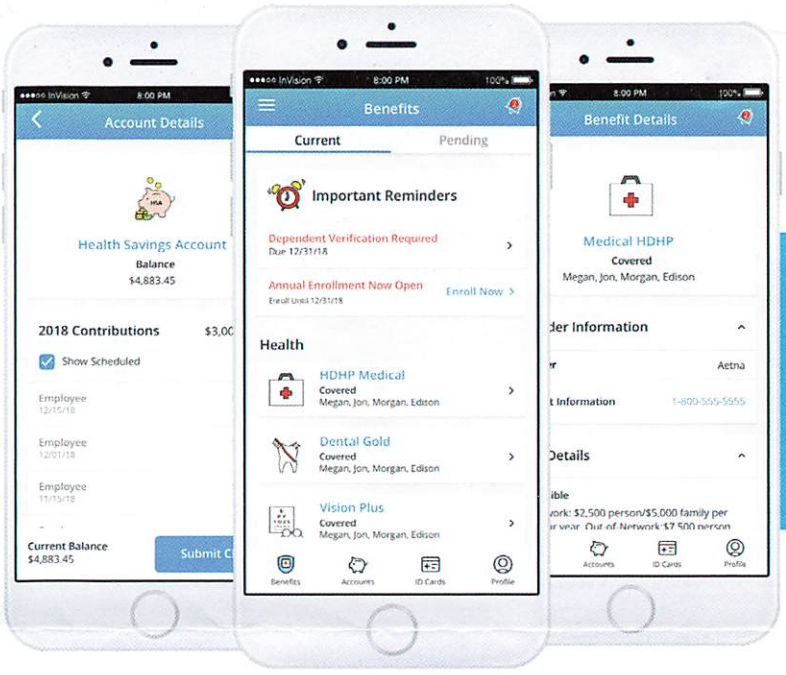
Find out if your benefits cover that upcoming surgery.

Call or chat with a Member Services Advocate at anytime, day or night.

NJDPB
Pensions & Benefits

Explore Your Benefits

MyChoice℠
MOBILE APP



NJDPB
Pensions & Benefits

Explore Your Benefits

All your benefits in the palm of your hand

All of your benefits information on the MyChoice℠ Mobile App!

This is one app you will definitely want to download to make your life much easier. Here are some of the valuable features the MyChoice app offers you:

Current Benefits – View your current medical, dental, vision plans, medical savings accounts, voluntary and supplement benefits.

Beneficiaries – View your listed primary and contingent beneficiaries for applicable insurance policies.

Messages – Stay on top of important deadlines, send and receive important documentation in regards to your benefits, such as dependent verification and EOI.

ID Card – View your virtual card. Keep all of your Medical ID information at the tip of your fingers!

Contact Info – Easily contact a representative for general questions about your benefits, benefits enrollment, life events or required documentation.

You can do all this with a few taps of a finger, plus much more!

My Choice MOBILE APP

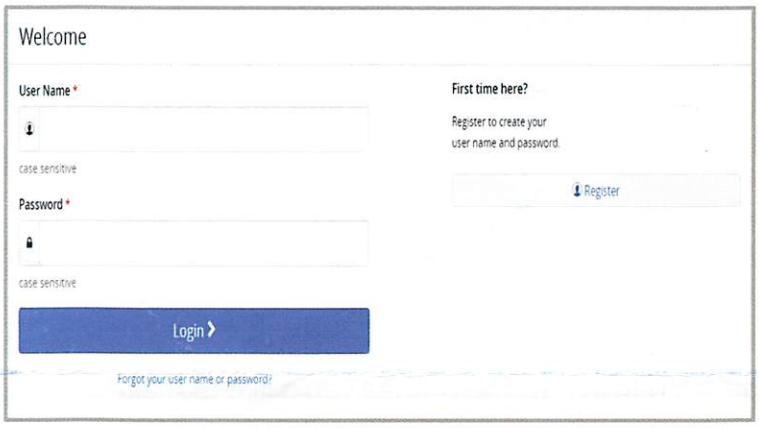
Download the app now!
Once you download it, log into **Benefitsolver** to receive your access code.

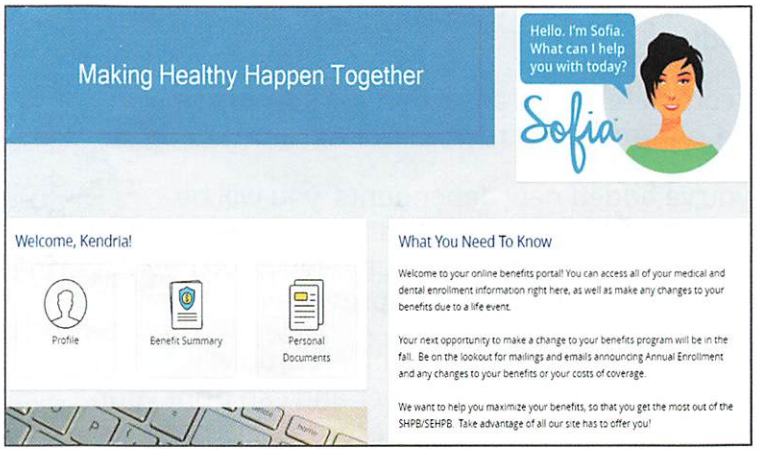
Download on the App Store

GET IT ON Google Play

How to access your benefits

NJDPB
Pensions & Benefits





HOW TO LOGIN:

Navigate to: http://mynjbenefitshub.nj.gov and click Register.

Enter Social Security Number and Date of Birth.

Company Key = SHBP/SEHBP

LET'S KEEP IN TOUCH

You'll be asked to provide an email address so we can send you the latest information on your benefits, including Annual Open Enrollment information.

EXPLORE YOUR SITE

Explore the site to learn about your benefits. You'll find lots of helpful information in the **Reference Center**.

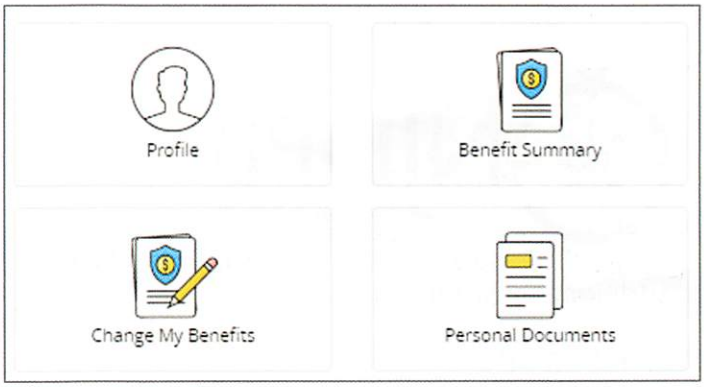
REVIEW YOUR BENEFITS

Click the **Benefit Summary** button on the home page to review your personal information, your covered dependents, and your medical, prescription, and dental plan details.

FOR HELP

Sofia, your personal benefits assistant, can answer questions and guide you through the site.

Contact your local Human Resources Department, Benefits Administrator, or your Certifying Officer for additional assistance.



CHANGE YOUR BENEFITS OR INFORMATION

To report a Qualifying Life Event, such as a Marriage or Birth/Adoption, start by clicking the Change My Benefits button.

Select your Life Event from the Life Event box and enter the effective date of the change.

To change your contact information, start by clicking the Change My Benefits button.

Select Basic Info and click Address and Phone Number Information Change. Enter the effective date of the change.

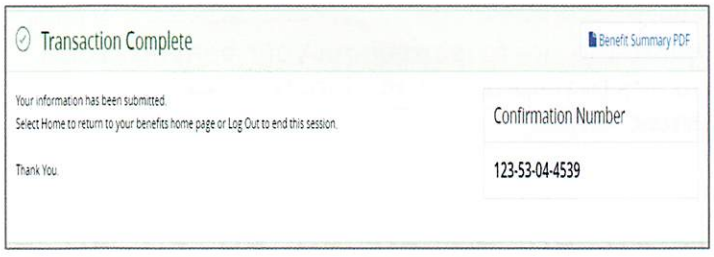
CONTINUE YOUR CHANGE

The next set of screens will walk you through your enrollment step by step, showing you the available options relevant to the change you'd like to make.

Make sure your personal information, elections, and dependents are accurate, then click **Looks Good!**

To complete your transaction, click **Approve**. On the Confirmation screen, click **I Agree.**

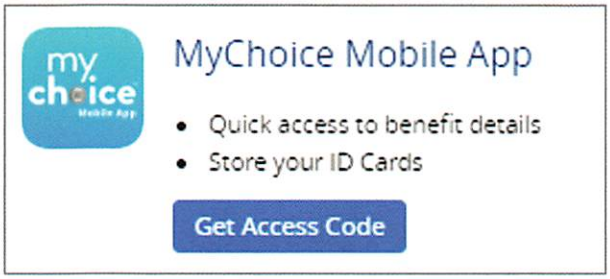
If you've added new dependents, you will be prompted to provide supporting documentation. Your employer will verify all uploaded documents before your dependent is approved.



When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.

AFTER YOU ENROLL

Return to the Home page to check for any additional tasks needed to complete your enrollment. View or download your Benefit Summary, and download the **MyChoice Mobile App**.



Visit this site anytime you want to learn more about your benefits or even search for a new provider and Book an Appointment using **Amino!**

amino

Please complete and submit Insurance Enrollment OR Waiver Form and related documents, listed below.

(m-p-d-v)

Multiple Coverage under the SHBP/SEHBP is prohibited

State statute specifically prohibits two members who are each enrolled in SHBP/SEHBP plans from covering each other. Therefore, an eligible individual may only enroll in the SHBP/SEHBP as an employee or retiree, or be covered as a dependent.
Eligible children may only be covered by one participating subscriber.

For Example, a husband and wife both have coverage based on their employment and have children eligible for coverage. One may choose Family coverage, making the spouse and children the dependents and ineligible for any other SHBP/SEHBP coverage; or one may choose Single coverage and the spouse may choose Parent and Child(ren) coverage.

If you **ENROLL** in or **WAIVE** medical and prescription health insurance coverage you need to log into Benefitsolver for online instructions on how to proceed, and if needed, upload supporting documents. Benefitsolver login instructions follow, beginning on the next page. Please note the copy of what to look for below.

AFTER THE PARAMUS BOARD OF EDUCATION ENTERS YOU IN BENEFITSOLVER AS A NEW HIRE ELIGIBLE FOR MEDICAL AND PRESCRIPTION INSURANCE, YOU WILL RECEIVE ONE EMAIL FROM NJDPB (Pensions & Benefits) WITH BENEFITSOLVER INSTRUCTIONS. IT IS IMPORTANT THAT YOU READ AND ENTER REQUIRED INFORMATION SO THAT YOU CAN BE ENROLLED IN OR WAIVE COVERAGE.

If you **ENROLL** in or **WAIVE** **dental** and **vision** insurance coverage **you need to follow instructions from the Frontline Central email you will receive from the district.** You will submit through Frontline Central, either the enrollment forms **OR** the waiver form.

Eligible dependent children may remain on medical and prescription plans through December 31st of the year they turn 26; and December 31st of the year they turn 19, or up to 23, if full time students. At that point they will be offered Cobra. If they voluntarily terminate coverage earlier, please advise Ruth Smith in HR and cobra will be offered if applicable. Remember to notify Delta Dental and VSP with full time student verification EVERY SEMESTER. Spring verification provides coverage through 12/31 of that year. Fall verification provides coverage through 12/31 of that year and will need to be updated regularly, if applicable.

SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

2023 COMPARISON OF PLANS

	ACTIVE EMPLOYEES	Direct 10	Direct 15	NJEHP	GSHP
COST	Employee Premium Sharing	Chapter 78 or locally negotiated amount	Chapter 78 or locally negotiated amount	Percent of salary (see chart on other side)	Percent of salary (see chart on other side)
		NETWORK: National network – NOT limited to NJ doctors and facilities			NETWORK: Limited to NJ doctors and facilities
IN-NETWORK	Deductible (Single/Family)	None	None	None	None
	In-Network Coinsurance	10%	10%	10%	10%
	Primary Care Physician Copayment	$10	$15	$10	$10
	Specialist Copayment	$10	$15	$15	$15
	Emergency Room Copayment	$25	$50	$125	$125
	Total In-Network Coinsurance and Copayment Maximum (Single/Family)	$400/$1,000	$7,280/$14,560[1]	$500/$1,000	$500/$1,000
	Inpatient Hospitalization	No charge	No charge	No charge	No charge
OUT-OF-NETWORK	Deductible (Single/Family)	$100/$250	$100/$250	$350/$700	$350/$700
	Out-of-Network Coinsurance	20%	30%	30%	30%
	Total Out-of-Network OOP Maximum (Single/Family)	$2,000/$5,000	$2,000/$5,000	$2,000/$5,000	$2,000/$5,000
	Inpatient Hospitalization	90% of Fair Health[2]	90% of Fair Health[2]	200% of Medicare[2]	No charge
	Maximum Provider Reimbursement (Reasonable and Customary)	90% of Fair Health[2]	90% of Fair Health[2]	200% of Medicare[2]	200% of Medicare[2]
PRESCRIPTION DRUG	Retail – Generic	$3	$3	$5	$5
	Retail – Brand w/ No Generic Available	$10	$10	$10	$10
	Retail – Brand w/ Generic Available	$10	$10	Member pays the difference[4]	Member pays the difference[4]
	Mail – Generic	$5	$5	$10	$10
	Mail – Brand w/ No Generic Available	$15	$15	$20	$20
	Mail – Brand w/ Generic Equivalent	$15	$15	Member pays the difference[4]	Member pays the difference[4]

[1] Coinsurance is capped at $400/$1,000 (Single/Family)

[2] In many instances, 200% of Medicare produces lower payment to providers than 90% of Fair Health. This can result in a larger balance billing liability for the patient when utilizing out-of-network services. When a provider bills more than the maximum reimbursement, the member is responsible for 100% of the difference between the billed amount and the maximum reimbursement.

[3] Chiropractic, acupuncture, and physical therapy have a different fee schedule that will apply equally to all plans.

[4] The prescription drug plan will be a Closed Formulary, which directs prescriptions to more cost- effective, clinically equivalent medications. For brand-name drugs with generic equivalents available, the plan will pay the cost of the generic equivalent. Members who choose to fill the prescription with the brand-name drug will be responsible for the difference in the cost of the prescription. A medical appeal process is available.

Paramus Board of Education
Group # 07360
Delta Dental PPO Plus Premier™

Preventive & Diagnostic	100%
* Exams, Cleanings & Bitewing X-rays (each twice per calendar year)	
* Fluoride Treatment (children to age 19)	
Remaining Basic	85%
* Fillings, Extractions	
* Endodontics (root canal)	
* Periodontics, Major Oral Surgery	
* Sealants	
Crowns & Prosthodontics	50%
* Crowns, Gold Restorations (over natural teeth)	
* Bridgework	
* Full & Partial Dentures	
* Repair of Dentures	
Calendar Year Maximum (per patient)	$1,700
Orthodontic Benefits, full comprehensive treatment (Child Only)	50%
* Lifetime Maximum (per patient)	$2,000

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPO℠ dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home, or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your MEMBER ID.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

Check Out vsp.com

As a VSP® member, you have access to **vsp.com** and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Your VSP Dashboard

Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

Personalized Benefits Section

The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

Special Offers and Savings

We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than $3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

Improved Find a Doctor Page

The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **Premier Program** banner to find a VSP network eye doctor that will help you maximize your savings!

vsp vision care

VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.

Create a vsp.com account to get the most out of your vision benefits.

VSP
Vision care for life

Your Vision Benefit Summary

Keep your eyes healthy with EDUCATION ASSOCIATION OF PARAMUS and VSP® Vision Care.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit **vsp.com** or call **800.877.7195**.
- **Review your benefit information.** Visit **vsp.com** to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. You'll have access to great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Plan Information

VSP Doctor Network: VSP Signature

Benefit	Description	Copay
Your Coverage with a VSP Doctor		
WellVision Exam	• Focuses on your eyes and overall wellness • Every plan year*	$0
Prescription Glasses		$35
Frame	• $120 allowance for a wide selection of frames • 20% off amount over your allowance • Every plan year	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every plan year	Included in Prescription Glasses
Lens Options	• Tints/Photochromic lenses-Transitions • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens options	$0 $50 $80 - $90 $120 - $160
Contacts (instead of glasses)	• $120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every plan year	$0
Additional Coverage	• Primary Eyecare	
Extra Savings and Discounts	**Glasses and Sunglasses** • 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. **Retinal Screening** • Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to $45	Lined Trifocal Lenses....up to $85
Frame.....up to $47	Progressive Lenses.....up to $85
Single Vision Lenses.....up to $45	Contacts.....up to $105
Lined Bifocal Lenses.....up to $65	Tints.....up to $5

*Plan year begins in July
VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

PARAMUS BOARD OF EDUCATION BENEFIT QUESTIONS AND CONTACTS

Initial contact for coverage questions should be to the carriers as they can readily access your benefit and utilization files. If no resolution, contact the broker and if difficulties continue, contact Lindsay Schels at Lschels@paramusschools.org or x 3054.

Contact information for health insurance carriers and broker, Brown & Brown Insurance:

Active Employees:	**Telephone**	**Website**
Horizon Blue Cross Blue Shield	1-800-414-7427	www.horizonblue.com
Aetna	1-877-782-8365	www.aetnastatenj.com
Optum Rx	1-800-788-4863	www.optumrx.com
Delta Dental	1-800-452-9310	http://www.deltadentalnj.com
VSP (Vision)	1-800- 877-7195	https://www.vsp.com
Retirees:	**Telephone**	
NJ Division of Pensions & Benefits	1-609-292-7524	
Horizon/NJ Direct	1-800-414-7427	
Aetna Plans	1-877-782-8365	
Aetna Medicare Plan	1-866-234-3129	
Optum Rx	1-800-788-4863	

HEALTH CARE ADVOCATES

GALLAGHER

Senior Account Manager

Mario Karcic- 973-921-8410

Mario_Karcic@ajg.com

Senior Account Manager

Ana Serrano- 972-921-8411

Ana_Serrano@ajg.com

Employee Benefits Specialist

Natalie Fenton-

609-430-4129

Natalie_Fenton@ajg.com

Billing & Enrollment Specialist

Linda Orlando-

609-430-4126

Linda_Orlando@ajg.com

For your reference:

District website - http://www.paramus.k12.nj.us/Employee-Resources - for additional health insurance information on and forms.
State of NJ - https://www.state.nj.us/treasury/pensions/hb-ac ve-sehbp.shtml

Disability Insurance Offer

Congratulations on your employment! If you are interested in enrolling in disability insurance, please contact the appropriate representative below to determine eligibility.

For employees who are members of a Paramus Board of Education bargaining unit:

David Knight – Prudential Representative
Educators Insurance Services, Inc.
O: (732) 918-2000 x 26
F: (732) 918-2001
David Knight (davidrknight@yahoo.com)

A message from, David Knight, Prudential Representative:

If you're a new NJEA member…

You can help protect your paycheck with a disability insurance plan endorsed by NJEA. You'll be pleased to know these plans are issued by a name you know and trust—**The Prudential Insurance Company of America (Prudential)**.

Consider these important facts:

As a new NJEA member, you are just beginning to accrue sick leave. If you can't work due to an accident, illness, behavioral/mental health or pregnancy, you can have help paying your rent/mortgage, health insurance premiums, child care, college tuition, and more.

School employees are typically not covered by New Jersey State Disability. Once your sick days are exhausted, your paycheck

Within the first 120 days of NJEA membership, coverage is guaranteed—you can enroll without answering any health questions or exams (pre-existing condition exclusion applies)

Pregnancy is a covered disability.

Premiums are conveniently deducted from your paycheck.

If you're transferring from another district…

When you transfer from another New Jersey school district, you can transfer the coverage you already have in the NJEA Endorsed Disability Program without answering any health questions if you act within **120 days**. Simply complete the online enrollment form.

More information is available in the ***brochure. https://www.educators-insurance.com/wp-content/uploads/NJEA_Brochure.pdf***

You may ***enroll online. https://enroll.njea.org***

For questions, contact**: David Knight https://www.educators-insurance.com/contact-us/david-knight/**

Disability Insurance Offer

For employees who **are not** members of a Paramus Board of Education bargaining unit:

Meryl Surgan – Aflac Representative
Independent Aflac Agent
O: 201.599.2387
F: 201.497.6286

A message from Meryl Surgan, Aflac representative:

Dear Staff:

My name is Meryl Surgan. As a representative of Aflac, I support the Paramus School District account. The District is making four awesome Aflac voluntary products available to you as part of your benefit package. I am available to answer your questions, to help you better understand the value of our products, and to determine if any are right for you and your family. Just use the calendar link in the website I have provided below to schedule a time.

Aflac's products are designed to help policyholders stop worrying about expense and start getting better. Premiums are usually under $10 per week. The four products available to you at this time are:

Accident Plans
Nobody plans to be in an accident, but when it happens, medical bills can start adding up fast. Aflac's accident insurance plans help employees be prepared by providing benefits for many costs associated with accidental injury. Coverage is both on and off the job.

Cancer Plans
In 1958, Aflac introduced its first cancer policy. The goal was to help protect individuals and their families from the damage that cancer can do both physically and financially. Aflac's Cancer plans can help with the treatment costs of cancer as well as costs not covered by major medical, such as out-of-pocket medical expenses or travel.

Short-Term Disability Plans
For many employees, temporary loss of income has long-term financial consequences. Aflac's Short-Term Disability policies provide benefits that allow employees to manage their bills, even during a temporary loss of income due to a disability. Don't forget that as a District employee, you do NOT participate in the NJ State program. If you become disabled, no income replacement is available to you other than sick leave and vacation days.

Life Insurance Plans
Protect your family financially in case something happens to you. Policies also available for children under the age of 18. Don't forget that life insurance is one of those plans that you need to have in place before you get sick. Certain diseases or conditions are automatic denials for life policies.

https://www.aflacenrollment.com/ParamusSchoolDistrict/MM7483843804

COBRA — The Continuation of Health Benefits

Information for:
State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

INTRODUCTION

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that most employers sponsoring group health plans offer employees and their eligible dependents — also known under COBRA as qualified beneficiaries — the opportunity to temporarily extend their group health coverage in certain instances where coverage under the plan would otherwise end. For State Health Benefits' Program (SHBP) and School Employees' Health Benefits Program (SEHBP) participants, COBRA is not a separate health program; it is a continuation of SHBP or SEHBP coverage under the provisions of the federal law. Businessolver is the COBRA Administrator for the SHBP and SEHBP.

Note: Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) during what is called a Special Enrollment Period. Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at: ***www.healthcare.gov***

ELIGIBILITY FOR COBRA

Employees enrolled in the SHBP or SEHBP may continue coverage under COBRA, in any plan for which the employee is eligible, if coverage ends because of:

- Reduction in working hours;
- Leave of absence; or
- Termination of employment for reasons other than gross misconduct.

Note: Employees who at retirement are eligible to enroll in SHBP or SEHBP Retired Group coverage cannot enroll for health benefit coverage under COBRA.

Spouses, civil union partners, same-sex domestic partners,* or children under the age of 26 enrolled in the SHBP or SEHBP may continue coverage under COBRA, in any plan for which the employee is eligible, if coverage ends because of:

- Death of the employee;
- End of the employee's coverage due to a reduction in working hours, leave of absence, or termination of employment for reasons other than gross misconduct;
- Divorce or legal separation of the employee and spouse;
- Dissolution of a civil union or domestic partnership; or
- Election of Medicare as the employee's primary insurance carrier (requires dropping the group coverage carried as an active employee).

Note: Each qualified beneficiary may independently elect COBRA coverage to continue in any or all of the coverage you had as an active employee or dependent (medical, prescription drug, dental, and/or vision). You and/or your dependents must enroll in the same plan you previously had. Plan changes may only be made once per year during the annual Open Enrollment period. You may elect to cover the same dependents you had as an active employee, or you can delete dependents to reduce your level of coverage. However, you cannot increase the level of your coverage, except during Open Enrollment, unless a qualifying event occurs (e.g., birth, adoption, marriage, civil union, domestic partnership) and you process your enrollment update online in Benefitsolver within 60 days of the qualifying event. Benefitsolver can be accessed by navigating to mynjbenefitshub or by logging in to your myNewJersey account.

DURATION OF COBRA COVERAGE

The length of your COBRA coverage continuation depends on the nature of the COBRA-qualifying event that entitled you to the coverage.

- For loss of coverage due to termination of employment, reduction of hours, or leave of ab-

**For more information about health benefits for civil union or domestic partners, including eligibility requirements, see the Civil Unions and Domestic Partnerships Fact Sheet.*

sence, the employee and/or dependents are entitled to 18 months of COBRA coverage. Time on a leave of absence just before enrollment in COBRA, unless under the federal and/or State Family Leave Act, counts toward the 18-month period and will be subtracted from the 18 months. Time a member spends on federal or State leave will not count as part of the COBRA eligibility period.

- If you receive a Social Security Disability determination for an illness or injury you had when you enrolled in COBRA or incurred within 60 days of enrollment, you and your covered dependents are entitled to an extra 11 months of COBRA coverage (up to a maximum of 29 months). You must provide proof within 60 days of the disability determination from the Social Security Administration or within 60 days of COBRA enrollment.
- For loss of coverage due to the death of the employee, divorce or legal separation, dissolution of a civil union or domestic partnership, other dependent ineligibility, or Medicare entitlement, the continuation term for dependents is 36 months.

COST OF COVERAGE

You are responsible for paying the cost of your coverage under COBRA, which is the full group rate plus a two percent administrative fee. Businessolver, the administrator of Benefitsolver, will bill you on a monthly basis.

EMPLOYEE / QUALIFIED BENEFICIARY RESPONSIBILITIES UNDER COBRA

The law requires that employees and/or their dependents:

- Keep Benefitsolver and the NJDPB informed of any changes to the address information of all possible qualified beneficiaries;
- Notify the employer that a divorce, legal separation, dissolution of a civil union or domestic partnership, or the death of the employee has occurred — notification must be given within 60 days of the date the event occurred. If you do not inform your employer of the change in dependent status within the 60-day requirement, you may forfeit your dependent's right to COBRA;
- Apply on Benefitsolver within 60 days of the loss of coverage;
- Pay the required monthly premiums in a timely manner. Subscribers may pay their premium online through Benefitsolver.
- Pay premiums, when billed, retroactive to the date of group coverage termination;
- Provide notice through Benefitsolver of any second qualifying event that results in an extension of the maximum coverage period. See the "Duration of COBRA Coverage" section; and
- Provide notice of any determination that a qualified beneficiary who had received a disability extension is no longer disabled. This notice must be provided through Benefitsolver within 30 days of determination by the Social Security Administration. Failure to provide timely notification may result in adjustments to any claims paid erroneously.

EMPLOYER RESPONSIBILITIES UNDER COBRA

The COBRA law requires employers and Benefitsolver to:

- Notify employees and their dependents of the COBRA provisions within 90 days of when the employee/dependents are first enrolled in the SHBP or SEHBP by mailing a notification letter to the home address;
- Send the *COBRA Notice* and instructions to log in to Benefitsolver within 14 days of receiving notice that a COBRA-qualifying event has occurred. The notice outlines the right to purchase continued health coverage, gives the date coverage will end, and the period of time over which coverage may be extended;
- Notify Businessolver within 30 days of the date of an employee's/dependent's qualifying event or loss of coverage; and
- Maintain records documenting their compliance with the COBRA law.

ENROLLING IN COBRA COVERAGE

The process for enrolling in coverage is different based on your employer:

- State, local government, and local education employees must apply using Benefitsolver.
- Dependents will receive a benefits packet with a paper application to complete and return to Businessolver. They will also follow the instructions provided to register with myNewJersey and create their Benefitsolver account. Once enrolled, the dependent can then make payments and changes to their enrollment online.

Continuation of coverage elections must be made in Benefitsolver within 60 days of the loss of coverage. Failure to do so within the time frame allowed by law is considered a decision not to enroll.

If you are retiring, you may be eligible for lifetime health, prescription drug, and dental coverage through the Retired Group of the SHBP or SEHBP. If you are eligible for Retired Group coverage, you are not eligible to continue coverage under COBRA. Consult your employer or the NJDPB prior to your retirement date.

FAILURE TO ELECT COBRA COVERAGE

In considering whether to elect continuation of coverage under COBRA, a qualified beneficiary should

take into account that a failure to continue group health coverage will affect future rights under federal law.

You have the right under federal law to request special enrollment in another group health plan for which you are otherwise eligible, such as a plan sponsored by your spouse's/partner's employer, within 30 days of the date your group coverage ends. You will also have the same special enrollment right at the end of the COBRA coverage period provided the continuation of coverage under COBRA is for the maximum time available to you.

AFTER YOU HAVE ENROLLED IN COBRA

You should be aware of the following information after you have enrolled in COBRA:

- Bills are sent by Businessolver. Any Billing questions must be referred to Benefitsolver COBRA Helpdesk at 1-833-929-1101.
- You will be billed monthly. Accounts delinquent over 45 days will be closed and insurance coverage terminated retroactively to the date of last payment, or to the end of the month in which claims were submitted. If you do not receive a monthly bill or misplace it, contact Businessolver. It is your responsibility to make payment on a timely basis.
- Once you are enrolled in COBRA, claims are handled just like active employee claims (i.e., using the same claim forms and procedures). However, you must indicate your status as a COBRA participant on all claim forms; this will help prevent claim processing issues. All COBRA premiums must be paid through the date of the claim in order for the claim to be processed. Questions about claims should be directed to the insurance carriers. The single exception is that vision plan claims are sent directly to the COBRA Administrator at the address previously shown.
- Plan administration under COBRA follows the same rules as for active employees. However, all activity is processed through Benefitsolver rather than the former employer. COBRA subscribers are permitted to change medical and/or dental plans and/or add coverage during the annual Open Enrollment period through Benefitsolver. All COBRA enrollees will receive Open Enrollment information mailed directly to their address on file with the SHBP or SEHBP.
- For State, local education, and local government subscribers and dependents, changes to coverage must be made online via Benefitsolver.
- To increase coverage, you have 60 days from the date of the qualifying event to make the change. To change plans because you have moved out of your plan's service area, you have 30 days to make the change.
- These changes must be requested within the specified time frames, otherwise they may only be made during the Open Enrollment period. You may decrease your coverage (delete a dependent) at any time, but not retroactively.

TERMINATION OF COBRA COVERAGE

Your COBRA benefits under the SHBP or SEHBP will terminate for any of the following reasons:

- Your employer (or former employer) no longer provides SHBP or SEHBP coverage to any of their employees. In this case, your employer will give you the opportunity to continue COBRA coverage through their new insurance plan for the balance of your COBRA continuation period;
- You become eligible for Medicare after you elect COBRA coverage (affects medical insurance coverage only; does not affect dental, prescription drug, or vision care coverage);
- You voluntarily cancel your coverage;
- You fail to pay your premiums; or
- Your eligible coverage continuation period ends.

CONVERSION OF COBRA COVERAGE

The COBRA law provides that you must be allowed to convert your coverage to an individual, non-group policy of the same health plan provided under the SHBP or SEHBP at the end of your COBRA enrollment period. You must complete your full coverage continuation period. Contact the health plan for details.

Note: There are no conversion provisions for prescription drug or dental coverage.

A NOTE ABOUT COVERAGE FOR CHILDREN AGE 26 UNTIL AGE 31

The NJDPB has specific guidelines about providing health coverage to children past the age of 26 until age 31 due to the enactment of P.L. 2005, c. 375 (Chapter 375). A child who attains age 26 and needs continued coverage can select either COBRA coverage or Chapter 375 coverage for medical benefits. Rates for COBRA coverage and Chapter 375 coverage can change annually; be sure to compare the rates prior to enrolling in either program.

Note: If the child opts to enroll in Chapter 375, he/she will not be permitted to enroll in COBRA once enrollment in Chapter 375 terminates.

Chapter 375 does not cover vision or dental benefits. If your child wishes to obtain those coverages, he/she must apply for them under COBRA.

The eligibility requirements for Chapter 375 are outlined in the *Health Benefits Coverage of Children Until Age 31 Under Chapter 375* Fact Sheet, which is available on our website.

MORE INFORMATION

If you need additional information about COBRA, see your human resources representative or benefits administrator, contact NJDPB Office of Client Services at (609) 292-7524, or send an email to: ***pensions.nj@treas.nj.gov*** You may also call the Benefitsolver COBRA helpdesk at 1-833-929-1101.

This fact sheet has been produced and distributed by:

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www.nj.gov/treasury/pensions

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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 _____

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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.

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[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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: Paramus Board of Education			4. Employer Identification Number (EIN): 22-6002187
5. Employer address: 145 Spring Valley Road			6. Employer phone number: 201-261-7800 ext. 3054
7. City: Paramus	8. State: NJ	9. ZIP code: 07652	
10. Who can we contact about employee health coverage at this job? Lindsay Schels			
11. Phone number (if different from above): 201-261-7800 ext. 3054		12. Email address: Lschels@paramusschools.org	

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

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time employees and part-time employees working 30 or more hours per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

*where applicable, spouse/civil union and children, dependent upon employee position

☐ We do not offer coverage.

☒ If checked, 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 from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)