



# 2024-2025

## EMPLOYEE BENEFITS GUIDE

FOR BENEFITS EFFECTIVE:  
JULY 1, 2024 THROUGH JUNE 30, 2025

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

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



# WELCOME TO BELLMAWR BOARD OF EDUCATION!



## Questions?

If you have questions about your benefits, please contact the Conner Strong & Buckelew Member Advocacy Team at **800.563.9929** (Monday through Friday, 8:30 am to 5 pm ET) or go to [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy) and complete the fields.

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# WELCOME!



The Bellmawr Board of Education is 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?

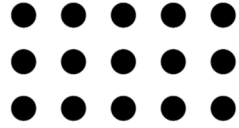
In order to enroll in medical, prescription, dental, and/or vision coverage, you must submit an enrollment form to the Business Office.

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

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



# ELIGIBILITY INFORMATION



## Who is Eligible to Elect Benefits?

Full-time employees.

## Who are Eligible Dependents?

- Spouse or Civil Union Partner
- Child(ren)

## When Does Coverage for Dependent Children End?

- **Medical Coverage:** Young adults will be covered through the end of the calendar year in which they turn age 26.
- **Prescription Coverage:** Young adults will be covered through the end of the calendar year in which they turn age 26.
- **Dental Coverage:** Dependent children are covered until the day in which they turn age 23.
- **Vision Coverage:** Dependent children are covered until the day in which they turn age 23.
- A covered child not capable of self support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability. Coverage for children with disabilities may continue only while the child is unmarried or does not enter into a civil union or domestic partnership, and the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage.
- To continue coverage for a handicapped child evidence of the child's incapacity and dependency must be provided to the Business Office at least 31 days prior to the termination of coverage.

## Benefit Waiting Period

No waiting period for a September 1st hire date. All other enrollments are a 60 day waiting period.

## NJ Dependent Under 31 Coverage

Certain young adults over age 26 may be eligible for continued coverage until age 31 under the NJ Dependent Under 31 for medical and prescription benefits, only. In order to be eligible for the coverage, the young adult must meet certain criteria such as:

- Under the age of 31
- Had previously maintained creditable coverage from any state
- Unmarried
- Has no children or dependents of their own
- Lives in New Jersey or, if not a New Jersey resident, is a full-time student at an accredited institution of higher education
- Not eligible for Medicare and is not actually covered under another group or individual health plan

For full eligibility details, please visit

[www.state.nj.us/dobi/division\\_consumers/du31.html](http://www.state.nj.us/dobi/division_consumers/du31.html)

or call the NJ Department's Consumer Protection Services at **609.292.7272**.

Please note, the young adult would be the one billed directly for coverage. Please contact the Business Office for monthly premium rates and enrollment forms.



# ENROLLMENT & MAKING PLAN CHANGES



## How to Enroll

You must complete an enrollment form if:

- You wish to add/terminate dependents from your medical, prescription drug or dental benefits coverage.
- You are enrolling in benefits for the first time.

Please refer to the BenePortal site for a copy of the enrollment form. **Completed forms must be returned to the Business Office.**

## How Often Can I Change Plan Elections?

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

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

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a “special enrollment period,” which is usually the 60-day period following the date that other coverage was lost, due to a qualified change in status.

**You must notify the Payroll and Benefits Administrator within 60 days of experiencing a qualified status change. For birth of a child or adoption, please notify the business office within 60 days.**

# MEDICAL PLAN OPTIONS

## AETNA



Through the Schools Health Insurance Fund (SHIF), Bellmawr BOE offers the following medical plan options to their staff, administered by Aetna.

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

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

	NJEHP	GSP*	HMO \$10	POS \$15/\$25
<b>IN-NETWORK BENEFITS</b>				
<b>Calendar Year Deductible</b>				
Individual	None	None	None	None
Family				
<b>Out-of-Pocket Maximum</b>				
Individual	\$500	\$500	\$5,300	\$400
Family	\$1,000	\$1,000	\$10,600	\$1,000
<b>Preventive Services</b>	100% covered	100% covered	100% covered	100% covered
<b>PCP Office Visits</b>	\$10 copay	\$10 copay	\$10 copay	\$15 copay
<b>Specialist Office Visit</b>	\$15 copay	\$15 copay	\$10 copay	\$25 copay
<b>Diagnostic Lab &amp; X-Ray</b>	100% covered	100% covered	100% covered	100% covered
<b>Inpatient Hospital</b>	100% covered	100% covered	100% covered	100% covered
<b>Outpatient Surgery</b>	100% covered	100% covered	100% covered	\$200 copay
<b>Ambulance</b>	10% coinsurance	10% coinsurance	100% covered	100% covered
<b>Emergency Room</b>	\$125 copay	\$125 copay	\$35 copay	\$100 copay
<b>Urgent Care</b>	\$15 copay	\$15 copay	\$10 copay	\$25 copay
<b>Durable Medical Equipment</b>	10% coinsurance	10% coinsurance	\$100 deductible then no charge	10% coinsurance
<b>Vision Exam</b> (1 exam every 12 months)	\$15 copay	\$15 copay	\$10 copay	\$25 copay
<b>OUT-OF-NETWORK BENEFITS</b>				
<b>Deductible</b>				
Individual	\$350	\$350		\$100
Family	\$700	\$700		\$250
<b>Out-of-Pocket Maximum</b>				
Individual	\$2,000	\$2,000	Coverage for Emergency Services Only	\$2,000
Family	\$5,000	\$5,000		\$5,000
<b>Coinsurance (% Plan Pays)</b>	70% after deductible	70% after deductible		70% after deductible

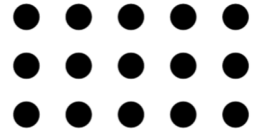
Note: Preauthorization may be required for certain services.

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

\*\* For the NJEHP & GSP, the employee's contribution is based on the new salary based contribution schedule. For all other plans your employee contribution will remain the same per your collective bargaining agreement.

\*\*\* This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.

# 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, coinsurance, or deductible that is included in your plan design. **The amount you are required to pay out-of-pocket for out-of-network services may be significant.**

## To Locate Participating In-Network Providers:

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

## Make Sure You are Using In-Network Labs

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



## In-Patient or Observation:

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

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

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

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

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

# HOW TO FIND IN-NETWORK PROVIDERS

## To Find Participating Aetna Providers

- STEP 1:** Visit Aetna’s website at [www.aetna.com](http://www.aetna.com)
- STEP 2:** At the middle of the webpage on the right, click on “**Find a Doctor**”
- STEP 3:** On the right side of the page under Guest, select “**Plan from an employer**” (1st choice on the list)
- STEP 4:** Under Continue as a Guest, enter your zip code, city, state or county
- STEP 5:** You will be asked to “**Select a Plan**”. Use the key below to help you make the correct selection:

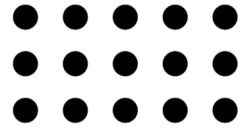
IF YOU'RE ENROLLING IN...	DOCFIND PLAN SELECTION IS...
<b>NJ Educators Health Plan POS \$15/\$25</b>	Category Heading = <b><u>Aetna Open Access Plans</u></b> Plan Name = Aetna Choice POS II (Open Access)
<b>Aetna Garden State Plan</b>	Category Heading = <b><u>Aetna Whole Health Plan</u></b> Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II
<b>HMO \$10</b>	Category Heading = <b><u>Aetna Standard Plans</u></b> Plan Name = HMO





# TELEMEDICINE

## TELADOC



### ACCESS TO HIGH QUALITY CARE AT A LOWER COST - WITH A **\$0 COPAY!**

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. Plan members can use readily available technology and tools - toll-free number, secure website, or mobile app - to consult with a U.S. board certified physician.

With access to doctors 24 hours a day, 365 days a year. Teladoc provides lost cost telemedicine that can help improve outcomes, speed recovery and eliminate wait time.

Plan members can consult with a licensed physician by: calling the toll-free number, logging into the secure website, or using the mobile app. Physicians can also prescribe medications, if needed.

### When to Use Teladoc

Teladoc doctors can treat a wide range of non-emergency conditions, including:

- Acne
- Allergies
- Cold and flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary tract infections
- Vaginitis
- Vomiting

### Mental Healthcare Services Enhancement

This enhancement allows members to have 24/7 video access to licensed psychiatrists, therapists, and psychologists to help treat a broad range of issues. Common conditions members may utilize the service for are:

- Anxiety/Stress
- Depression
- Work Pressures
- ADHD

The services are confidential and secure, and are also available at a \$0 copay\* to all employees currently enrolled in benefits with the district.

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

### Get Started With Teladoc Today

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

- **Via phone:** [855.835.2362](tel:855.835.2362)
- **Via the web:** [www.TeladocHealth.com](http://www.TeladocHealth.com)
- **Via mobile app:** Go to [www.Teladoc.com/Mobile](http://www.Teladoc.com/Mobile) to learn more or download the mobile app from the App Store or Google Play



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

## How to Access Telemedicine 24/7

### \$0 Cost Telemedicine vs. Virtual Office Visits

Please note that Telemedicine services are different from virtual/telephonic office visits with your participating provider. Most Schools Health Insurance Fund (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

- **Via phone:** [855.835.2362](tel:855.835.2362)
- **Via the web:** [www.TeladocHealth.com](http://www.TeladocHealth.com)
- **Via mobile app:** Go to [www.Teladoc.com/Mobile](http://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

Below is the emergency room cost compared against the urgent care cost for certain medical plans offered to employees of Bellmawr BOE:

Plans	Emergency Room Copay	Urgent Care Copay	Estimated Savings
NJEHP	\$125	\$15	\$110
GSP*	\$125	\$15	\$110
HMO \$10	\$35	\$10	\$25
POS \$15/\$25	\$100	\$25	\$75

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

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



# CVS MINUTE CLINICS AND HEALTH HUBS\*



**CVS Minute Clinics offer a broad range of services to keep you and your family healthy. In addition to diagnosing and treating illnesses, injuries and skin conditions, they provide wellness services including vaccinations, physicals, screenings and monitoring for chronic conditions.**

- Located in select CVS pharmacies and Target stores nationwide
- No appointments necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family doctor
- Open seven days a week with convenient evening hours

## **CVS Minute Clinic Practitioners Can:**

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



**CVS HealthHUB offers an expanded range of health services and wellness products for everyday care and chronic conditions. To learn more or to find a HealthHUB location, visit:**

<https://CVS.com/HealthHub>.

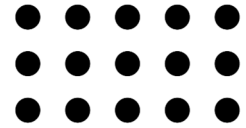
## **Health Hubs Offer the Following Services:**

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

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

# PRESCRIPTION DRUG OPTIONS

## EXPRESS SCRIPTS



Through the Schools Health Insurance Fund (SHIF), Bellmawr BOE offers the following prescription plan options to their staff, administered by Express Scripts.

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

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

	NJEHP/GSP	RX \$3/\$10/\$10
<b>RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)</b>		
<b>Generic</b>	\$5 Copay	\$3 copay
<b>Brand Without Generic Alternative</b>	\$10 Copay	\$10 copay
<b>Brand With Generic Alternative</b>	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$10 copay
<b>MAIL ORDER (UP TO A 90-DAY SUPPLY)</b>		
<b>Generic</b>	\$10 Copay	\$5 copay
<b>Brand Without Generic Alternative</b>	\$20 Copay	\$15 copay
<b>Brand With Generic Alternative</b>	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$15 copay
<b>ADDITIONAL FEATURES</b>		
<b>Step Therapy</b>		Not Applicable
<b>Mandatory Generic</b>		Not Applicable
<b>Mail Order for Specialty Medications</b>	Applies	Applies
<b>Closed Formulary</b>		Applies

## Save on Your Prescriptions

Using the mail order program for your maintenance medications will save you money. 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 Express Scripts at [800.467.2006](tel:800.467.2006).**



# DIGITAL ID CARD

## EXPRESS SCRIPTS

YOUR PRESCRIPTION ID CARD IS NOW DIGITAL!  
CONNECT TO YOUR DIGITAL PRESCRIPTION ID  
CARD ANYTIME, ANYWHERE.

No more digging through cards at the pharmacy counter. Easily create your digital profile at [www.express-scripts.com](http://www.express-scripts.com) or on the Express Scripts mobile app to gain instance access to your prescription ID card. You can view your card online or even on the app, download it to your digital wallet, or even print a card from the Express Scripts website.

### A digital profile also helps you connect to:

- Lower-cost medical options
- Nearby, in-network pharmacies
- More ways to manage your medications

**Don't wait until you are at the pharmacy. Connect to your ID card today.**

Visit [www.express-scripts.com](http://www.express-scripts.com) or download the Express Scripts mobile app to create your profile in a few easy steps. You can also text **JOIN** to **69717** for a link to the Express Scripts registration page.

Scan the QR code to  
download the mobile app from  
the App Store or Google Play.



# ADDITIONAL PRESCRIPTION PLAN INFORMATION

## EXPRESS SCRIPTS

The following additional features may apply to your prescription drug coverage.

- **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).
- **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).
- **Formulary List:** A guide for selecting clinically and therapeutically appropriate medications. This list includes a majority of brand and generic medications, and also lists certain medications which will not be covered. The formulary updates throughout the year, and brand name drugs may move to non-formulary status if a generic version becomes available during the year. For the most up to date version, please visit the Express Scripts website using the following link: [www.express-scripts.com](http://www.express-scripts.com)



# HOME DELIVERY AND RECOMMENDED DRUG DOSING

## EXPRESS SCRIPTS

### Getting started with Home Delivery

#### Contact Express Scripts

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

#### DIY—Do It Yourself

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

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

### Recommended Drug Dosing

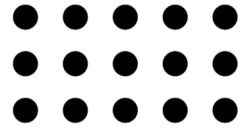
Your Prescription Drug plan includes a program that reviews prescribed drug quantities to ensure your medications are being safely prescribed in accordance with FDA guidelines. The drug quantity review program provides the medications you need for good health, while making sure the dose you are receiving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





# SAVE MONEY USING MAIL ORDER

## EXPRESS SCRIPTS



### HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER? COMPARE FOR YOURSELF...

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



### HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER? COMPARE FOR YOURSELF...

RX \$3/\$10/\$10		
RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Generic Copay <b>\$3</b>	Generic Copay <b>\$5</b>	<b>\$16</b>
Annual Cost ( <i>\$3 per month x 12 fills</i> ) <b>\$36</b>	Annual Cost ( <i>\$5 per order x 4 fills per year</i> ) <b>\$20</b>	
Preferred Brand Copay <b>\$10</b>	Preferred Brand Copay <b>\$15</b>	<b>\$60</b>
Annual Cost ( <i>\$10 per month x 12 fills</i> ) <b>\$120</b>	Annual Cost ( <i>\$15 per order x 4 fills per year</i> ) <b>\$60</b>	

# CHAPTER 78 PERCENTAGE OF PREMIUM SCHEDULE

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

**Please Note:** Employees enrolled in the NJEHP & GSP for medical and prescription benefits will follow a new salary-based contribution schedule. Please refer to the following pages for information regarding these contribution schedules.

SALARY RANGE (ANNUAL)	EMPLOYEE ONLY
<\$20,000	4.5%
20,000–24,999.99	5.5%
25,000–29,999.99	7.5%
30,000–34,999.99	10%
35,000–39,999.99	11%
40,000–44,999.99	12%
45,000–49,999.99	14%
50,000–54,999.99	20%
55,000–59,999.99	23%
60,000–64,999.99	27%
65,000–69,999.99	29%
70,000–74,999.99	32%
75,000–79,999.99	33%
80,000–94,999.99	34%
95,000 and over	35%

SALARY RANGE (ANNUAL)	EMPLOYEE & SPOUSE OR EMPLOYEE & CHILD(REN)
<\$25,000	3.5%
25,000–29,999.99	4.5%
30,000–34,999.99	6%
35,000–39,999.99	7%
40,000–44,999.99	8%
45,000–49,999.99	10%
50,000–54,999.99	15%
55,000–59,999.99	17%
60,000–64,999.99	21%
65,000–69,999.99	23%
70,000–74,999.99	26%
75,000–79,999.99	27%
80,000–84,999.99	28%
85,000–99,999.99	30%
100,000 and over	35%

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



# NJ EDUCATOR'S HEALTH PLAN (NJEHP)

## CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

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

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

### Please Note:

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



# GARDEN STATE PLAN (GSP)

## CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

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

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

### Please Note:

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



# DENTAL PLAN

## DELTA DENTAL



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

**NOTE:** Dependents are eligible for benefits until the day he or she turns 23.

### PREMIER PLAN

IN-NETWORK BENEFITS	
<b>Calendar Year Deductible</b>	
Individual	\$50
Family	\$150
<b>Calendar Year Maximum</b> (per patient)	\$1,500
<b>Preventive &amp; Diagnostic Services</b>	
Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (Once in a calendar year, children to age 19)	100% covered
<b>Basic Services</b>	
Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery	70% covered after deductible
<b>Major Services</b>	
Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50% covered after deductible
<b>Orthodontic Benefits</b>	
Full comprehensive treatment (Child Only)	50% covered Lifetime Maximum (Per Patient) \$1,500

This is for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, please consult your benefit booklet or contact Delta Dental's service department at 800-452-9310.

### Find a Dental Provider

- Visit [www.deltadental.com](http://www.deltadental.com)
- One there, you may sign into your account or continue as a guest.
- Choose a **plan to start** (i.e. Delta Dental Premier Plan)
- Click **Search by Current Location** and enter **Zip Code** to limit options





# VISION PLAN

## VSP

Below is a summary of the dental plan options available to you and your family through the Schools Health Insurance Fund (SHIF), administered by VSP. For additional information regarding your dental contributions, please refer to your Business Office for assistance. To find a provider, visit [www.vsp.com](http://www.vsp.com) or call **800.877.7195**.

**NOTE:** Dependents are eligible for benefits until the day he or she turns 23.

### VSP VISION PLAN

BENEFITS	
<b>Wellvision Exam</b> (Every 12 months) <ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Routine Retinal Screening</li> </ul>	\$25 copay for exam and glasses Up to \$39
<b>Essential Medical Eye Care</b> (Available as Needed) <ul style="list-style-type: none"> <li>• Retinal imaging for members with diabetes covered-in-full</li> <li>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>• Coordination with your medical coverage may apply. Ask your VSP network doctor for details</li> </ul>	\$20 per exam Available as needed
<b>Frames</b> (Every 24 months) <ul style="list-style-type: none"> <li>• \$150 Featured Frame Brands allowance</li> <li>• \$130 frame allowance</li> <li>• 20% savings on the amount over your allowance</li> </ul>	Combined with exam
<b>Lenses</b> (Every 24 months) <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal</li> <li>• Impact-resistant lenses for dependent children</li> </ul>	Combined with exam
<b>Lens Enhancements</b> (Every 24 months) <ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80-\$90 \$120-\$160
<b>Contact Lenses Instead of Glasses</b> (Every 24 months) <ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60

### ADDITIONAL SAVINGS

- Glasses and Sunglasses**
- Discover all your current eyewear offers and savings at [www.vsp.com/offers](http://www.vsp.com/offers)
  - 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.
- Laser Vision Correction**
- Average of 15% off the regular price; discounts available at contracted facilities
  - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor
- Exclusive Member Extras for VSP Members**
- Contact lens rebates, lens satisfaction guarantees, and more offers at [www.vsp.com/offers](http://www.vsp.com/offers)
  - Save up to 60% on digital hearing aids with TruHearing. Visit [www.vsp.com/offers/special-offers-hearing-aids](http://www.vsp.com/offers/special-offers-hearing-aids) for details
  - Enjoy everyday savings on health, wellness, and more with VSP simple values

# GUARDIAN NURSES

## STRUGGLING WITH A HEALTHCARE ISSUE?

### For Your Benefit...

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

- Visit you at home or in the hospital to assess your care needs.
- Be your guide, coach and advocate for any healthcare issue.
- Make appointments so you can be seen as quickly as possible.
- Go with you to see doctors, to ask questions and to get answers.
- Identify providers for all care needs and second opinions.
- Get things you need such as healthcare equipment.
- Provide decision support when you are thinking about treatments or surgery.
- Explain a new diagnosis to help you make informed decisions.

### Who is Eligible?

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

### Contact Information

To request help from our Mobile Care Coordinators or the team at Guardian Nurses, call **215.836.0260** or toll-free **888.836.0260**.



# BENEFITS MEMBER ADVOCACY CENTER

## CONNER STRONG & BUCKELEW

**Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!**

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that you benefit plans have to offer!

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

### How to Contact Member Advocacy?

You may contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:  
[www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via email: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)





# 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](http://www.goodrx.com)

### HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

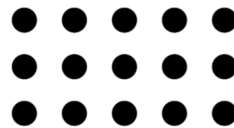
Learn more at: <https://healthylearn.com/connerstrong>



# QUESTIONS? WHO TO CALL...

The resources identified below are available to assist you with any questions that you may have about your benefits.

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/EMAIL
<b>Medical Benefits - Aetna</b> Benefit questions, claims, locating	<b>Aetna</b>	800-370-4526	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Prescription Benefits - Express Scripts</b> Benefit questions, claims, locating a provider, printing new ID cards	<b>Express Scripts</b>	800-467-2006	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>Dental Benefits - Delta Dental</b> Benefit questions, claims, locating a provider, printing new ID cards	<b>Delta Dental</b>	800-452-9310	<a href="http://www.deltadental.com">www.deltadental.com</a>
<b>Vision Benefits - VSP</b> Benefit questions, claims, locating a provider, printing new ID cards	<b>VSP</b>	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Plan Options, Benefit Questions and Claims Issues</b>	<b>Member Advocacy</b>	800-563-9929	<a href="http://www.connerstrong.com/memberadvocacy">www.connerstrong.com/memberadvocacy</a>
<b>Nurse Advocacy</b>	<b>Guardian Nurses</b>	215-836-0260	<a href="http://www.guardiannurses.com">www.guardiannurses.com</a>
<b>Telemedicine</b>	<b>Teladoc</b>	855-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>



# 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.

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

## Patient Protection and Affordable Care Act

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

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

## Newborns' and Mothers' Health Protection Act

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

## Women's Health and Cancer Rights Act

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

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

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

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If

you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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

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

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

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

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

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

# LEGAL NOTICES

## KANSAS – Medicaid

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

## KENTUCKY – Medicaid

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

## LOUISIANA – Medicaid

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

## MAINE – Medicaid

Enrollment Website: [www.mymaineconnection.gov/benefits/s/?language=en\\_US](http://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003 TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840 TTY: 711  
Email: [masspremassistance@accenture.com](mailto: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: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

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

## NEVADA – Medicaid

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

## NEW HAMPSHIRE – Medicaid

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

## NEW JERSEY – Medicaid and CHIP

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

## NEW YORK – Medicaid

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

## NORTH CAROLINA – Medicaid

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

## NORTH DAKOTA – Medicaid

Website: <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

## 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](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

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



DISCLAIMER: This guide provides a brief summary of the benefits available to you. Bellmawr Board of Education reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.