

EMPLOYEE BENEFITS GUIDE



BRICK TOWNSHIP
PUBLIC SCHOOLS
2024-2025



Welcome To Your Benefits!

Brick Township Public Schools is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet. Upon request, you will receive plan booklets, which give you more detailed information about each of these programs.

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Benefits Overview

Eligibility

All full-time employees (working 30+ hours per week) are eligible for Brick Township's benefits. Full-time employees will only be eligible for coverage as of Date of Hire under the following conditions:

- A 12-month employee with a 7/1 start date
- A 10-month employee with a 9/1 start date

There is a 60-day waiting period for all other employees.

Dependent Coverage: In addition to electing coverage for yourself, you may elect to cover your spouse and your child(ren). **If you are Non-Tenured BTEA, you may only be able to enroll your dependents if an upgrade cost is paid. Please reach out to Brick Township HR to confirm your eligibility*

- Medical and Prescription coverage is available up to age 26 regardless of marital or student status, financial dependency or residence
- Dental coverage is available up to age 19, or up to age 23 with student status verification

Elections made now will remain in effect until the next open enrollment period unless you or your family members experience a qualifying event.

Qualified Life Event

IRS regulations state that you cannot change your pre-tax benefit elections during the Plan Year unless you have a Qualified Life Event. Benefit contributions are made on a pre-tax basis.

Qualified Life Events include:

- Marriage
- Birth & Adoption
- Divorce or Legal Separation
- Death of spouse or dependent
- Change in coverage through a spouse's plan
- Loss of Dependent status
- Gain/loss of eligibility for Medicare or Medicaid
- Gain/loss of eligibility for a Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

You must notify Human Resources and submit any applicable forms and/or documentation within 31 days of the event to avoid the lapse in coverage. A special 60-day notification period applies to changes related to Medicaid or CHIP eligibility.

Only benefit changes which are consistent with the Qualified Life Event are permitted. Supportive documentation requirements can be found on the next page.



Benefits Overview

Qualified Life Event Supporting Documentation

The following documentation is necessary within 31 days of a qualifying life event in order for benefit changes to be considered finalized.

Marriage	Marriage Certificate AND copy of front page of most recently filed federal tax return that includes spouse
Birth and Adoption	Birth Certificate or adoption papers
Death of spouse or dependent	Copy of death certificate
Change of coverage through spouse's plan	Letter from employer, or proof of the open enrollment documentation
Loss of dependent status	Letter that shows coverage has ended
Gain/Loss of eligibility for Medicare/Medicaid	Letter from Medicare/Medicaid showing proof of effective date
Gain/Loss of eligibility for Children's Health Insurance Program (CHIP)	Letter from CHIP showing the effective date
Receiving a Qualified Medical Child Support Order (QMSCO)	Letter from the courts stating the QMSCO information

Contact Information

Benefit	Administrator	Website/Email	Phone Number
Medical	Aetna (through Meritain)	www.meritain.com	1-800-925-2272
Prescription	CVS Caremark	www.caremark.com	1-800-552-8159
Dental	Aetna Dental	www.aetna.com	1-877-238-6200
Voluntary Legal Insurance	ARAG Legal	www.araglegal.com	1-800-247-4184
Voluntary Pet Insurance	Nationwide	www.petinsurance.com/brickschools	1-800-540-2016
FSA	National Benefits Services (NBS)	www.nbsbenefits.com	1-855-399-3035
Gallagher Benefit Services Account Managers	Lynsey Eddy Mario Karcic	Lynsey_Eddy@ajg.com Mario_Karcic@ajg.com	609-524-3014 201-759-7730
Medicare Support	Gallagher Benefit Services – Stephen Porto	Stephen_Porto@ajg.com	518-365-6311

Open Enrollment 2024

What You Need To Do

Brick Township Public Schools Annual Open Enrollment will be taking place in May 15 through May 31 2024. **All benefit elections will become effective July 1, 2024 and will remain active through June 30, 2025 unless you experience a qualifying life event.**



Review Your Benefit Options

Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. Please refer to the plan booklets for more detailed information.



Make Your Election

During our annual open enrollment, make sure to choose the benefits that are right for you. All benefit elections must be made in Employee Navigator. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.



Medical Benefits: Aetna through Meritain

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. In case of an illness or injury, you and your family are covered with an excellent medical plan through Brick Township Public Schools. Brick Township offers you a choice of three medical plans. If you use in-network providers, your costs will be less.

Benefits	Aetna Choice POS II \$20	Aetna Choice POS II \$20/\$35	Aetna Choice II EPO	Aetna Choice POS II \$20 28% CAP
In- Network				
Deductible	\$0/\$0	\$200/\$400	\$250/\$500	\$0/\$0
Maximum Out of Pocket	\$400/\$800	\$2,500/\$5,000	\$5,000/\$12,500	\$400/\$800
Coinsurance	Plan pays 100%	Plan pays 80%	Plan pays 50%*	Plan pays 100%
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Office Visit	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay
PCP Required	No	No	No	No
Specialist	\$20 Copay	\$35 Copay	\$50 Copay	\$20 Copay
Referral Required for Specialist	No	No	No	No
Diagnostic Lab & X-Ray	Plan pays 100%	Plan pays 100%	100% in office setting, Plan pays 50% at inpatient facility	Plan pays 100%
Emergency Room	\$50 Copay	\$100 Copay	\$100 Copay then 50%	\$125 Copay
Inpatient Hospital	Plan pays 100%	Plan pays 80%	Plan pays 50%*	Plan pays 100%
Outpatient Surgery	Plan pays 100%	Plan pays 100%	Plan pays 50%*	Plan pays 100%
Vision	Exam \$20 Copay	Exam \$35 Copay	Not Covered	Exam \$20 Copay
Out-of-Network				
Deductible	\$100/\$250	\$100/\$250	N/A	\$350/\$750
Maximum Out of Pocket	\$2,000/\$5,000	\$2,000/\$5,000	N/A	\$2,000/\$5,000
Coinsurance	Plan pays 70%** (150% CMS)	Plan pays 60%** (150% CMS)	N/A	Plan pays 70%** (150% CMS)
Chiropractic Services	Plan pays 70%* Coinsurance at 150% CMS	Plan pays 60%* Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$35/visit or 75% In-Network cost/visit at 200% CMS
Acupuncture Services	Plan pays 70%* Coinsurance at 150% CMS	Plan pays 60%* Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$60/visit or 75% In-Network cost/visit at 200% CMS
Physical Therapy Services	Plan pays 70%* Coinsurance at 150% CMS	plan pays 60%* Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$52/visit or 75% In-Network cost/visit at 200% CMS

*After deductible

**Deductible waived for well baby and child exams/immunizations and routine GYN exam

***Aetna Choice POS II \$20 out-of-network fee schedule is dictated by collective bargaining agreement

All Plans follow the Chapter 78 Year 4 Contribution Schedule.

*Aetna Choice POS II \$20 28% CAP plan caps at 28% for all coverage tiers. Please contact HR for more details.

*BTEA Only Medical Benefits: Aetna through Meritain

- **Employees hired prior to 7/1/2020**, are eligible to enroll in all five plans below, including the grandfathered plans: Aetna Choice POS II \$20, Aetna Choice POS II \$20/35, Aetna Choice II EPO & Aetna Choice POS \$20 28% CAP. The grandfathered plans follow the **Chapter 78** contribution schedule.
- **Employees hired on 7/1/2020 or after**, are only eligible to enroll in the Aetna NJ Educators Health Plan. This plan is subject to the **Chapter 44** contribution schedule

Benefits	Aetna Choice POS II \$20	Aetna Choice POS II \$20/\$35	Aetna Choice II EPO	Aetna Choice POS II \$20 28% CAP	Aetna New Jersey Educators Health Plan
In- Network					
Deductible	\$0/\$0	\$200/\$400	\$250/\$500	\$0/\$0	\$0/\$0
Maximum Out of Pocket	\$400/\$800	\$2,500/\$5,000	\$5,000/\$12,500	\$400/\$800	\$500/\$1,000
Coinsurance	Plan pays 100%	Plan pays 80%	Plan pays 50%*	Plan pays 100%	Plan pays 100%*
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Office Visit	\$20 Copay	\$20 Copay	\$30 Copay	\$20 Copay	\$10 Copay
PCP Required	No	No	No	No	No
Specialist	\$20 Copay	\$35 Copay	\$50 Copay	\$20 Copay	\$15 Copay
Referral Required for Specialist	No	No	No	No	No
Diagnostic Lab & X-Ray	Plan pays 100%	Plan pays 100%	100% in office setting, Plan pays 50% at inpatient facility	Plan pays 100%	Plan pays 100%
Emergency Room	\$50 Copay	\$100 Copay	\$100 Copay then 50%	\$125 Copay	\$125 Copay
Inpatient Hospital	Plan pays 100%	Plan pays 80%	Plan pays 50%*	Plan pays 100%	Plan pays 100%
Outpatient Surgery	Plan pays 100%	Plan pays 100%	Plan pays 50%*	Plan pays 100%	Plan pays 100%
Vision	Exam \$20 Copay	Exam \$35 Copay	Not Covered	Exam \$20 Copay	Exam: \$15 Copay (children)
Out-of-Network					
Deductible	\$100/\$250	\$100/\$250	N/A	\$350/\$750	\$350/\$750
Maximum Out of Pocket	\$2,000/\$5,000	\$2,000/\$5,000	N/A	\$2,000/\$5,000	\$2,000/\$5,000
Coinsurance	Plan pays 70%* (150% CMS)	Plan pays 60%* (150% CMS)	N/A	Plan pays 70%* (150% CMS)	Plan pays 70%* (200% CMS)
Chiropractic Services	Plan pays 70%* Coinsurance at 150% CMS	Plan pays 60%* Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$35/visit or 75% In-Network cost/visit at 200% CMS	<u>Lesser of:</u> \$35/visit or 75% In-Network cost/visit at 200% CMS
Acupuncture Services	Plan pays 70%* Coinsurance at 150% CMS	Plan pays 60%* Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$60/visit or 75% In-Network cost/visit at 200% CMS	<u>Lesser of:</u> \$60/visit or 75% In-Network cost/visit at 200% CMS
Physical Therapy Services	Plan pays 70%* Coinsurance at 150% CMS	plan pays 60%* Coinsurance at \$150% CMS	N/A	<u>Lesser of:</u> \$52/visit or 75% In-Network cost/visit at 200% CMS	<u>Lesser of:</u> \$52/visit or 75% In-Network cost/visit at 200% CMS

*After deductible

**Deductible waived for well baby and child exams/immunizations and routine GYN exam

***Aetna Choice POS II \$20 out-of-network fee schedule is dictated by collective bargaining agreement

**** Aetna NJ Educators Health Plan In-Network Coinsurance 90% for Durable Medical Equipment & Emergency Transportation

Medical Benefits: Aetna through Meritain

Access your Aetna medical plan coverage anytime via the Meritain online member website:

- Review benefits and coverage details specific to your plan
- See where you are with your deductible and out-of-pocket maximums
- View and submit claims for your whole family

1

Go to www.meritain.com. Then, in the top right corner, click *Register*.

2

Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click *Continue*.

Please note: You may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

3

You will need to fill in your:

- Group ID (located on your member ID card).
- Member ID (located on your member ID card).
- Date of birth.
- Name.
- ZIP code.
- Email address.

You can also add the Meritain Health app to your iPhone or Android Mobile device for instant access to your electronic ID card and more!



You can then create a username and password. After that, you will be asked to confirm your email address—then you're done! The next time you log in, just use the same username and password.

Need help locating a participating Aetna provider?

- Visiting the Aetna website at www.aetna.com and
- Clicking the "Find a Doctor" button. Once there, you can search doctors and hospitals from their nationwide network.
- Please use the following naming conventions:

If you are enrolling in the...	Aetna DocFind Plan is...
<p>Aetna Choice POS II \$20 (Formerly Direct Access \$20)</p> <p>Aetna Choice POS II \$20/\$35 (Formerly Direct Access \$20/\$35)</p> <p>Aetna Choice POS II \$20 28% CAP Plan</p> <p>Aetna Choice POS II NJ Educators Health Plan</p>	<p>Category= Aetna Open Access Plans</p> <p>Plan Name= Aetna Choice POS II (Open Access)</p>
<p>Aetna Choice II EPO (Formerly Advantage EPO)</p>	<p>Category= Aetna Open Access Plans</p> <p>Plan Name= Elect Choice EPO (Open Access)</p>

Prescription Drug Plans: CVS Caremark

Please note: The Meritain/Aetna medical plans do not include prescription drug coverage. If you would like to enroll in prescription drug benefits, you must elect coverage in the CVS Caremark Rx plan which coincides with your medical plan selection.

Benefits	CVS Plan for Aetna Choice POS II \$20 & Aetna Choice POS II \$20/35	CVS Plan for Aetna Choice II EPO	CVS Plan for Aetna NJ Educators Health Plan & Aetna Choice POS II 28% CAP
Deductible	None	\$100 per person (MAX 3 per Family)	None
Rx Plan Maximum Out-of-Pocket	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,600 Individual \$3,200 Family
Retail Pharmacy UP TO A 30-DAY SUPPLY	Generic: \$5 Copay Preferred Brand: \$20 Copay Non-Preferred brand: \$35 Copay	Generic: \$10 Copay Preferred Brand: \$40 Copay Non-Preferred brand: \$60 Copay	Generic: \$5 Copay Preferred Brand \$10 Copay (if generic N/A) Non-Preferred Brand: Member pays the difference between Generic & Brand Plus Brand Copay
Mail Order UP TO A 90-DAY SUPPLY	Generic: \$5 Copay Preferred Brand: \$30 Copay Non-Preferred brand: \$50 Copay	Generic: \$20 Copay Preferred Brand: \$80 Copay Non-Preferred brand: \$120 Copay	Generic: \$10 Copay Preferred Brand \$20 Copay (if generic N/A) Non-Preferred Brand: Member pays the difference between Generic & Brand Plus Brand Copay

*Copays for Specialty Medications Charged per contract

Save on your prescriptions with MailOrder

Using the mail order program for your maintenance medications will save you money. You will receive **up to a 90-day (3-month) supply** for less than the retail copays.

In addition to the savings, your prescriptions will be delivered right to your home.

For mail order information via **Fast Start** call **800.875.0867**.

For members enrolling in the 28% CAP Plan or NJ Educators Health Plan, you will be subject to the following formulary guidelines:

Exclusive/Closed Formulary – Prescriptions not listed on the formulary will not be covered. You will be responsible for 100% of the drug cost

DAW 2 Dispense As Written (mandatory generics) - Requires the member to pay the difference between the generic and brand-name drug as well as the brand-name copay in a situation where the member chooses a brand name medication when a generic medication is available.

Step Therapy - A clinical quality feature that ensures members utilize medications in appropriate clinical order to ensure safety, quality and cost management. The program would impact prescriptions for the select drug classifications

Dental Benefits: Aetna Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with Aetna's dental benefit plan.

Benefits	PPO Plan (In & Out-of-Network)	DMO 1 Plan (In-Network Only)	DMO 2 Plan (In-Network Only)
Calendar Year Maximum	\$1,000	Unlimited	Unlimited
Preventive & Diagnostic Exams, Fluoride treatment (child), Sealant Application, Prophylaxis, X-rays (panoramic full mouth), Space Maintainers	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services Amalgam Restorations, Composite Fillings (anterior teeth only), Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Repair of Dentures	Plan pays 85%	Plan pays 100%	Plan pays 100%
Major Services Crowns, Bridgework, Full and Partial Dentures	Plan pays 60% after deductible	Plan pays 100%	Plan pays 100%
Orthodontic Benefits	Plan pays 60% (Adults and Children)	Plan pays 60% (Adults and Children)	Plan pays 100% (Children Only)
Lifetime Orthodontia Maximum	\$1,000 per person	Plan pays 60% of treatment plan	Unlimited

Disclaimer – The chart above shows a summary of services. Please review your benefit plan documents for a full listing of benefits.

*Please Note: As of 11/1/2023, Encore Dental has left the Aetna DMO network and is now a provider under the Aetna PPO Plan

Need help locating a participating Aetna dental provider?

- Go to www.aetna.com/docfind
- Under “Provider Types”, select “Dentists (Primary Care)”
- Next, enter your ZIP code and click “Search”
- You will be prompted to select a plan. In the drop-down menu, select either the “Dental PPO/PDN” or “Dental Maintenance Organization (DMO)” option, and click “Continue”
- The next page will show a list of local participating dental providers.

Voluntary Benefits: ARAG Legal

Brick Township's Voluntary ARAG Legal plan provides you and your family affordable legal protection and support services, including consultation and document review, estate planning, family matters, traffic violations, debt collection, and more.



Legal Insurance

Voluntary Plan Highlights:

- **Contributions through Payroll Deduction**
- Two Comprehensive Plan options:
 - **UltimateAdvisor** (includes all items listed with orange checkmark): **\$18.25 per month**
 - **UltimateAdvisor Plus** (includes all items listed with orange checkmark plus Identity Theft Protection): **\$22.00 per month**
- Connect to local attorneys in your area all for the cost of your monthly premium
- Mobile App Available for starting a case, locating an attorney and more!

Selecting an attorney? Read the Reviews!

To help you select a local network attorney who can address your legal need, we include ratings and reviews from members just like you, so you can make an informed, confident decision.



What does legal insurance cover?

A legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below – and many more – to help you address life's legal situations.

Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters

Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Wills

Which plan is right for you?

UltimateAdvisor **Plus**™ offers you all of the above and more including:

- ✓ Identity Theft Protection
- ✓ And more

More details please! →



See the complete list of what your plan covers at:

ARAGlegal.com/myinfo Access Code: **18919bt**

Voluntary Benefits: Nationwide Pet Insurance

Protecting your four-legged family members in an uncertain world isn't always easy. Nationwide® pet insurance helps you provide for your pets—and protect your pocketbook—by reimbursing you for eligible veterinary bills related to accidents, illnesses, preventive care and more.

Best of all, you'll receive preferred pricing as a Brick Township Board of Education member, making this peace-of-mind protection even more affordable. Plans are available for dogs, cats, birds and exotic pets, and our members are free to use any veterinarian—even specialists and emergency care providers.

Nationwide is the nation's oldest and largest pet health insurance provider, and is the #1 choice in America for pet insurance.

Voluntary Plan Highlights:

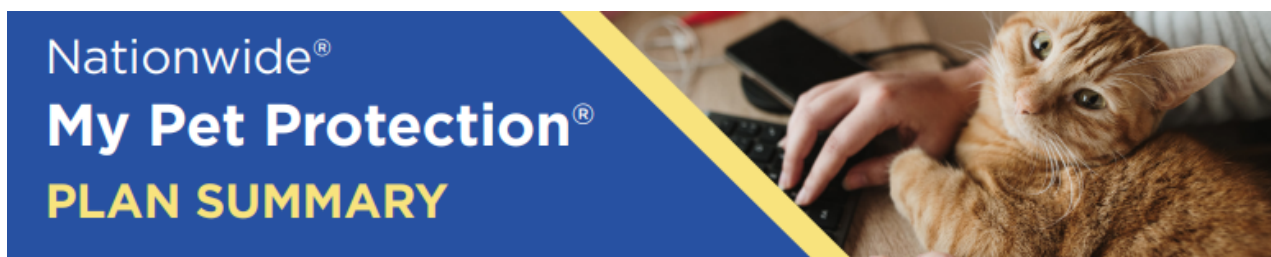
- Employee preferred pricing, directly billed to your home address*
- Visit any vet, anywhere
- Choose from 90%, 70%, and 50% reimbursement
- Low \$250 annual deductible
- Save more on pet prescriptions with Nationwide® PetRxExpress
- Easy online claim submission
- Unlimited 24/7 pet health advice from experts at vethelpline®

This benefit is not available via payroll deduction



Nationwide

Visit www.petinsurance.com/brickschools or call **877-738-7874** for a fast, no obligation quote, today



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) with an optional \$500 wellness benefit so you can find coverage that fits your budget.¹ Base plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage includes²:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness¹ and more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Flexible Savings Account: NBS

Brick Township’s FSA is administered by National Benefit Services (NBS). The Flexible Spending Account (FSA) plans allow you to set aside funds on a pre- tax basis to pay for qualified expenses. Because these funds are subtracted from your gross pay, your taxable income is reduced, less taxes are withheld, and your take home pay may be greater.

Brick Township Public Schools offers two FSA accounts, a Health Care FSA and a Dependent Care FSA. More detail on each account is below. Your FSA elections will be deducted in equal increments during the plan year.

Per IRS rules, changes to FSA enrollments are prohibited unless you experience a qualified life event.

Dependent Care FSA can only be used for expenses for a dependent who is younger than 13, a spouse who is unable to work and care for themselves, or another adult dependent who is unable to care for themselves and for whom you claim the dependent exemption on your taxes.

	2023 Maximum Contribution	Sample Eligible Expenses *
Health Care FSA	\$3,050 per year You can rollover up to \$610 to the next plan year	Doctor’s Office Copays Dentist Visits Orthodontics Prescription Drugs Vision Expenses
Dependent Care FSA	\$5,000 per year/per household	Preschool Summer day camp Before/after school programs

Visit www.nbsbenefits.com to learn more about these accounts and view other qualified expenses.

- To view your NBS member portal visit <https://my.nbsbenefits.com>
- You can also contact NBS directly at 1-855-399-3035



Reminder: FSA “Use It or Lose It” Rule

It is important that you carefully plan the amount of money that you set aside in your FSA. Due to IRS rules, you will lose any money you did not claim for expenses incurred from September 1st, 2023 through August 31st, 2024. You have 90 days from the end of the plan year to submit eligible expenses incurred during the plan year. In the Health Care FSA you are able to rollover a maximum of \$610.

Benefits Enrollment: Employee Navigator

In an effort to provide more comprehensive benefit information, we are now using Employee Navigator to complete Open Enrollment. **We strongly encourage you to review the information posted on the benefit site, even if you will not be making changes to your current health benefit plans.** Employee Navigator can be accessed via a computer or mobile device.

*****All changes processed during Open Enrollment will take effect as of July 1, 2024. The Employee Navigator Website can also be used to enter Qualifying Life Events.*****

To utilize the Employee Navigator system, you must register as a new user.

Go to www.employeenavigator.com

- Click Login
 - Click Register as a new user
 - Click Verify Your Account (See Below)
 - Enter the requested information on the page
- *IMPORTANT:** You must include the Company Identifier: **BTBOE**

Verify Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

Next

IMPORTANT

Every employee **MUST** complete each step and sign the enrollment whether they wish to make a change or not. You may check your progress by clicking 'View Steps' under the bar. The items with a green check mark next to them are complete and the items with a red dash are considered incomplete as shown.

Once all steps are completed, you will be directed to review the benefits selected and sign to complete enrollment.

By clicking on 'Click to Sign' you have "signed" your document. No further action is required and your enrollment is complete.


Once registered, you will begin the Open Enrollment process. This includes verifying personal and dependent information as well as providing an email address. Once completed, you will be directed to make plan selections as seen below.


Who am I enrolling?

Myself

Joe Testemployee (Spouse)


Which plan do I want?

	Aetna NJ Educators Health Plan (BTEA Only) 23-24	Effective on 09/02/23 Employee
	\$0.00	Cost per pay period
<input type="button" value="Compare"/>	<input type="button" value="Details"/>	<input type="button" value="Select"/>

	Medical Waiver 23-24	Effective on 07/01/23 Employee
	\$0.00	Cost per pay period
<input type="button" value="Compare"/>	<input type="button" value="Details"/>	<input type="button" value="Select"/>

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

**Signature required**
You've elected all your benefits but we still require a signature before advancing.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Benefit Resources

The following resources are available to all employees and dependents enrolled in the Brick Township Public Schools benefit plans.

Arthur J. Gallagher

AVAILABLE MONDAY-FRIDAY, 8:30 AM - 4:30 PM EST

The Arthur J. Gallagher team is available to assist you and your covered family members if you experience any of the following:

- You believe your claim was not paid properly
- You need clarification on information from the carrier
- You have a question regarding a bill from a doctor, lab or hospital
- You are unclear on how your benefits work
- You need help to resolve a benefits problem

You can contact your dedicated Account Managers:

- Lynsey Eddy at **609.524.3014** lynsey_eddy@ajg.com
- Mario Karcic, Jr. at **201.759.7730** mario_karcic@ajg.com

Your Benefits Website: Employee Navigator

YOUR BENEFITS INFORMATION IS A CLICKAWAY!

- All benefits-related information and downloads, including a summary of benefits coverage (SBC)
- Enrollment application for Open Enrollment
- Carrier links and contact information
- And much more...

Need Enrollment Assistance?

If you have any questions regarding the information in this guide, please contact the **Brick township Board of Education, Human Resources Department** at **732.785.3000, ext. 1005**.



REMINDER:

For first time use, you must create a username and login

- Go to **www.employeenavigator.com**
- Register as a new user and create your account
- Include the Company Identifier: **BTBOE**

Medicare Consultation Support



Insurance | Risk Management | Consulting

DID YOU KNOW?

If you are age 65 and still working or planning to retire soon, we now have a free resource for you to get answers to questions, like:

- What action must I take to avoid penalties?
- What is Medicare Part A, B, C, D, and Supplement Insurance?
- When and how do I enroll in Medicare?
- What Medicare plans are available to me?
- Can I save money and/or get better health insurance with Medicare rather than stay covered through my employer?

CONTACT:

Stephen Porto
Area Vice President,
Medicare Specialist,
Gallagher

Stephen_Porto@ajg.com
518 - 365 - 6311

www.ajg.com



Important Legal Notices

ALABAMA Medicaid	CALIFORNIA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA Medicaid	COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS Medicaid	FLORIDA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA Medicaid	MASSACHUSETTS Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA Medicaid	MINNESOTA 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	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
IOWA Medicaid and CHIP (Hawki)	MISSOURI Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS Medicaid	MONTANA Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY Medicaid	NEBRASKA 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 KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Important Legal Notices

<p>LOUISIANA Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488(LaHIPP)</p>	<p>NEVADA Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>MAINE Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>NEW HAMPSHIRE Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext5218</p>
<p>NEW JERSEY Medicaid and CHIP</p> <p>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</p>	<p>SOUTH DAKOTA Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>NEW YORK Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>TEXAS Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p>NORTH CAROLINA Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>UTAH Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>NORTH DAKOTA Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825</p>	<p>VERMONT Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>OKLAHOMA Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>VIRGINIA Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p>OREGON Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>WASHINGTON Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>PENNSYLVANIA Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>WEST VIRGINIA Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>RHODE ISLAND Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)</p>	<p>WISCONSIN Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>SOUTH CAROLINA Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WYOMING Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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

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

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

LEGAL NOTICES

Patient Protection and Affordable Care Act

Please note: the Brick Township Public Schools Inc. medical plans are considered compliant with the Patient Protection and Affordable Care Act.

Brick Township Public Schools Inc. 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.

Notice of Special Enrollment Period

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact Michelle Fabio, Human Resources/Health Benefits, (732) 785-3000 / Ext. 1005

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.

Mental Health Parity & Addiction Equity Act Disclosure

The Mental Health Parity & Addiction Equity act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Meritain/Aetna plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 1-800-925-2272.

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>.

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.

Brick Township Public Schools 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.

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or family member receiving assistive reproductive services.

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

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Important Notice from Brick Township Public Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Brick Township Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Brick Township Public Schools has determined that the prescription drug coverage offered by the Meritain/CVS plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

ABOUT THIS BENEFITS SUMMARY

This Benefits Summary describes the highlights of the Brick Township Public Schools Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Brick Township Public Schools.

This Benefits Summary may not be reproduced or redistributed in any form or by any means without the express written consent of Brick Township Public Schools.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Brick Township Public Schools coverage will not be affected. Brick Township Public Schools prescription drug benefits, provisions and eligibility are based on collective bargaining agreements. Please contact Brick Township Public Schools using the contact information listed on this notice if you have questions regarding your specific prescription drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Brick Township Public Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below for further information at 732-785-3000, ext. 1005.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Brick Township Public Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: January 2024

Name of Entity/Sender: Brick Township Public Schools

Contact: Michelle Fabio

Address: 101 Hendrickson Ave, Brick Township, NJ 08724

Phone Number: 732-785-3000 ext. 1005

INSURANCE MARKETPLACE NOTICE

PART A: General Information

When key parts of the health care law took effect in 2014, there was 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 our 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 began in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

How Can I Get More Information?

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

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Brick Township Public Schools	4. Employer Identification Number (EIN) 21-6000229	
5. Employer Address 101 Hendrickson Ave	6. Employer phone number 732-785-3000 ext.1005	
7. City Brick Township	8. State NJ	9. Zip Code 08724

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.

Notice of Privacy Practices

Human Resources Department
Brick Township Public Schools
HIPAA NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Notice of Privacy Practices

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Notice of Privacy Practices

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective January 2024

Brick Township Public Schools

101 Hendrickson Ave
Brick Township, NJ 08724
www.brickschools.org

Privacy Contact: Michelle Fabio
Phone number: 732-785-3000 ext. 1005
Email Address: mfabio@brickschools.org

2024-2025



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details.

The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all of the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.