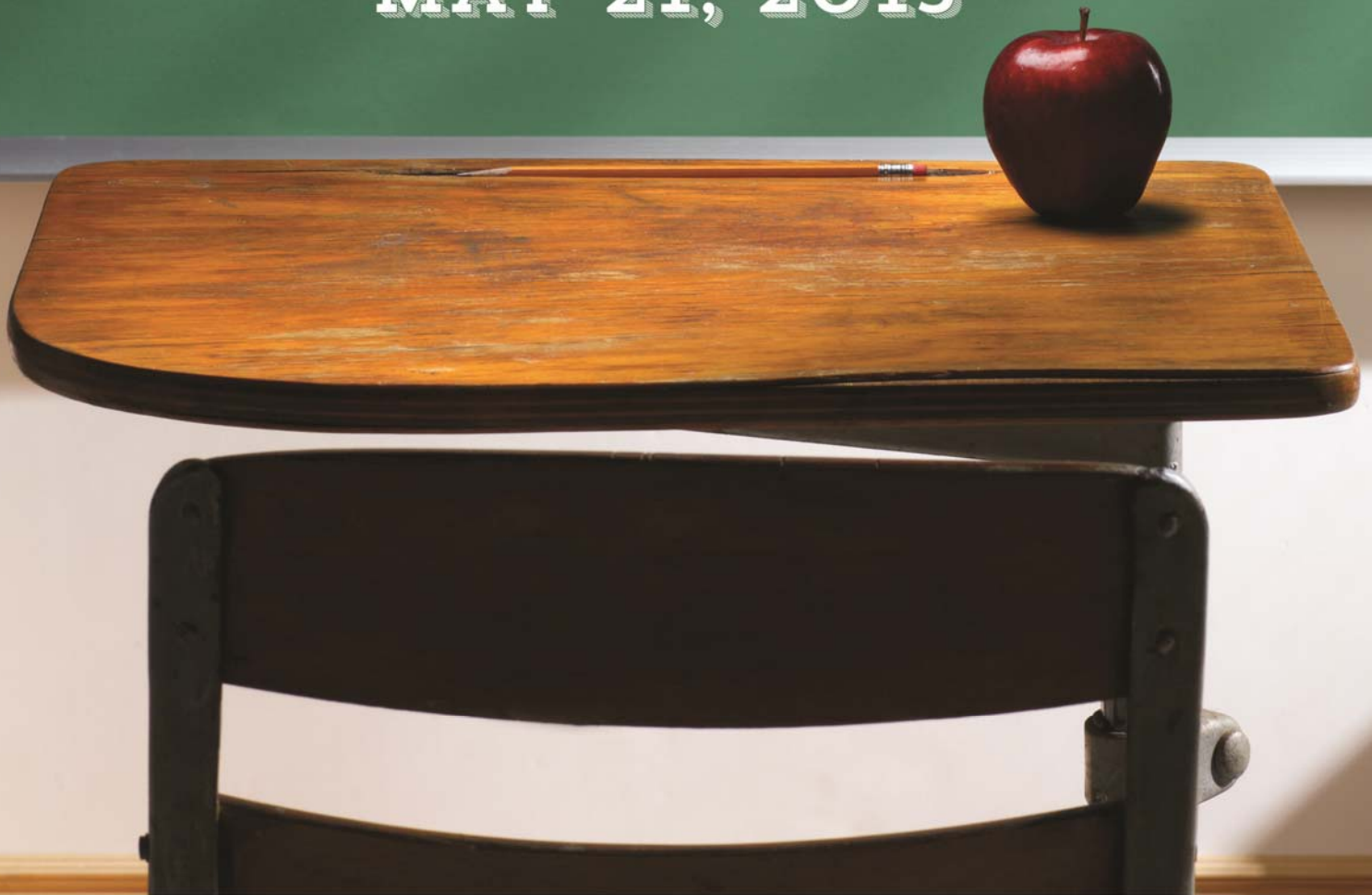


2015

OPEN ENROLLMENT

BENEFITS EFFECTIVE JULY 1, 2015

ENROLLMENT DEADLINE:
MAY 21, 2015



Southern Jersey ^{FUND}

It's Open Enrollment! Review the benefit options available to you!

Who is the Southern New Jersey Regional Employee Benefits Fund (SNJREBF)?

The Southern New Jersey Regional Employee Benefits Fund (and Health JIF) was founded in 1992 to provide public entities with a platform to purchase health insurance coverage in a shared-services environment. The Health JIF is a public entity that allows school districts and local municipal; entities to purchase collectively, thus taking advantage of economies scale.

Through membership in the Southern New Jersey Regional Employee Benefits Fund, your employer offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your benefit options through your employer's membership with the Southern New Jersey Regional Employee Benefits Fund and choose the best coverage for you and your family.

The Southern New Jersey Regional Employee Benefits Fund will hold a passive Open Enrollment, which means that if you are currently enrolled for benefits, your current plan elections will remain in place from July 1, 2015 through June 30, 2016, unless you elect to make a change.

Enrollment Instructions

You must complete and return an enrollment form by May 21st, to your benefits administrator if any of the following apply to you:

- You wish to add coverage for an eligible dependent;
- You wish to terminate coverage for a dependent that's currently enrolled;
- You are currently enrolled in coverage but you wish to waive it effective July 1, 2015;
- You have previously declined benefits but would like to now enroll for coverage for yourself and your eligible dependent(s) if applicable, effective July 1, 2015;
- You are an employee, non-Medicare retiree or COBRA participant that is currently enrolled in coverage and you wish to change your current plan elections, effective July 1, 2015.

Please contact your Benefits Administrator for all enrollment form should you decide to change your benefit plan.

You will only receive new ID cards if you are making plan changes. If you have any questions about plans which you are eligible for or how to make a change, please contact your benefits administrator.

Making Plan Changes after Open Enrollment

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as 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 eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/ civil union partner.

If you experience one of these qualifying life events, you must notify your benefits administrator within 30 days of the event.

Questions? Who to call

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

If you are unsure of which plan you are enrolled in, please refer to your medical ID card.

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/ADDRESS
Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.	Please contact your school's Business Office		
Medical Benefits - Aetna Benefit questions, claims, locating a provider, printing new ID Cards	HMO, Health Network Option, QPOS	800.370.4526	www.aetna.com
	ACPOSII	855.281.8858	
Medical Benefits - Amerihealth Benefit questions, claims, locating a provider, printing new ID Cards	Referral <i>Amerihealth</i>	800.275.2583	www.amerihealth.com
	Non-Referral <i>Amerihealth Administrators</i>	800.480.5031	www.ahatpa.com
Prescription Drug Benefits Mail order, pre-authorizations, formulary options	Express Scripts	800.467.2006	www.express-scripts.com
Dental Benefits	Delta Dental of NJ	800.452.9310	www.deltadentalnj.com
Open Enrollment Guide	Office of SNREBF Program Manager	800.563.9929	www.connerstrong.com

* The above contacts may or may not apply for you.

Maximize Your Benefits

Using an In-Network Provider

Consider Your In-Network Options First

You will typically pay less for covered services when you visit providers that are part of your medical plan's network. In-network providers agree to discounted fees. You are responsible only for any co-pay or deductible that is included in your plan design. To verify that your providers are in-network, call the number on the back of your ID cards.

Limit Your Use of Out-of-Network Providers

The percentage of cost covered for out-of-network care is based on the plan allowance. If the plan allowance is less than the provider's actual charge, the provider may bill you for the difference between these two amounts. **The amount you are required to pay out-of-pocket may be significant.**

Finding an In-Network Provider

For participants of the **Aetna** plan, visit www.aetna.com and select **"Find a Doctor."** From there, you can find a provider based on location, provider type, health condition, and more.

For participants of the **Amerihealth** plan, visit www.amerhealthnj.com, select "Members" and then **"Find a Doctor."** You can select a provider based on your region or by provider type.

Using In-Network Labs

For participants of the **Aetna** plan, please be sure your provider sends your blood work to a **Quest Diagnostics** or other participating labs, LabCorp is **not participating** in the Aetna network.

For participants of the **Amerihealth/Amerihealth Administrators** plan, please be sure your provider sends your blood work to a **Quest Diagnostics, LabCorp** location or other free standing labs for results.



Urgent Care Centers



Save time and money

Due to the continuously rising costs of medical claims and the effect it has on your State mandated employee contributions, the Southern Jersey Fund approved to reduce the Urgent Care copay to match your Specialist copay! Urgent Care Centers are on **average 80% less costly** than Emergency Rooms.

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!** With over an estimated **3,000 center nationwide**, finding a local urgent care center is easy!

Treatment at urgent care centers are useful and appropriate for medical services that are not an emergency and require additional treatment. Below is a list of common services, the emergency room cost, an urgent care center cost and your estimated savings on your medical costs.

Medical Services	Emergency Room	Urgent Care	Estimated Savings
Allergies	\$345	\$97	72%
Asthma	\$825	\$80	90%
Sore Throat	\$525	\$94	82%
Stitches	\$445	\$45	90%
Strep Throat	\$531	\$111	79%

To find a clinic near you, contact your medical carrier to locate a facility

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

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.

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

Patient Protection and Affordable Care Act

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

As new Health Care Reform requirements become effective, the RWJ Hamilton 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 July 31, 2014. You should contact your State for further information on eligibility.

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>
Phone: 1-855-692-5447

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants>
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid

Website: <http://www.colorado.gov>
Phone (In state): 1-800-866-3513
Phone (Out of state): 1-800-221-3943

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov> - *Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIP)*
Phone: 1-800-869-1150

IDAHO – Medicaid

Medicaid Website: www.healthandwelfare.idaho.gov/Meidcal/Medicaid/PremiumAssistance/tabid/1510/Default.aspx
Medicaid Phone: 1-800-926-2588

INDIANA – Medicaid

Website: <http://www.in.gov/fssa>
Phone: 1-877-889-9949

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://www.lahipp.dh.louisiana.gov>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-977-6740
TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us> - *Click on Health Care, then Medical Assistance*
Phone: 800-657-3629

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oi/documents/hippapp.pdf>
Phone: 603-271-5218

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: http://www.nyhealth.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.nc.gov>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

Website: <http://www.oregonhealthykids.gov>
Spanish Website: <http://www.hijosaludablesoregon.gov>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://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.gethipptexas.com>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/upp>
Phone: 1-866-435-7414

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org>
Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://www.dhhr.wv.gov/bms>
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://www.health.wyo.gov/healthcarefin/equalitycare>
Telephone: 307-777-7531

To see if any more states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov>
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

PLEASE NOTE: *This communication only applies to the benefits that your employer has through the Southern New Jersey Regional Employee Benefits Fund.*

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