



GLEN RIDGE PUBLIC SCHOOLS

Teachers



Open Enrollment will be held from October 15, 2025 through October 31, 2025.

2026

OPEN ENROLLMENT GUIDE

This guide has been developed to assist you in learning about your benefit options. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

2025 Open Enrollment

Enrollment Deadline: October 31, 2025

2026 Benefit Highlights

- Medical benefits will be switching from the NJ State Educators Health Benefits Program (SEHBP) to Horizon. This is a passive enrollment, meaning if you make no changes, you will be enrolled in the corresponding Horizon plan.
- Prescription drug benefits will remain with Benecard.
- The vision benefits will remain with NVA.
- The dental benefits will remain with Delta Dental

What Do You Need to Do Now?

- If you are enrolling in the **dental, vision, or prescription drug plan(s)** for the first time, or making dependent changes, please complete the Glend Ridge Enrollment Form which can be found on glenridgebenefits.com.
- All pertinent information regarding the **Horizon medical plans** can be found at horizonblue.com, including instructions on how to enroll in the plan or make changes.



Making Plan Changes During the Year

Qualified Life Events

Your benefit elections and covered dependents will remain in place unless you experience one of the below **qualified life events**. If you **wish** to make an enrollment status or plan change due to one of these events, you must contact your personnel department within 30 days of the event.

- Marriage
- Loss or Reduction of Coverage for you or your spouse
- Birth or Adoption of a child (must be reported within 60 days of the event)

Other Life Events

If you experience one of these **life events**, you **must** notify the business office within 30 days of the event so your enrollment status can be updated accordingly.

- Death of a covered dependent
- Divorce



Benefits MAC & BenePortal

Benefits Member Advocacy Center

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

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

- Find answers to your 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 your benefit plans have to offer!

Member Advocates are available Monday - Friday, 8:30 am to 5:00 pm EST. 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.

You may contact the Member Advocacy team if any of the following ways:

- Via phone: **800.563.9929**
- Via the web: **connerstrong.com/memberadvocacy**
- Via email: **cssteam@connerstrong.com**

BenePortal

Online Benefits Information

At Glen Ridge Public Schools, you have access to a full-range of valuable employee benefit programs. With BenePortal, you are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week!

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

- Review medical/prescription drug, vision, and dental plan options
- Calculate your employee contributions for medical and prescription coverage
- Explore additional voluntary employee benefit programs available to you
- Find links to insurance carrier websites
- Download plan documents, affidavits, etc.

To access your plan information 24/7, visit: www.glendridgebenefits.com



Medical Benefits

Horizon



For a more detailed description of benefits, please visit: horizonblue.com

	Direct Access Design 7	Direct Access Design 7 Education 15	Direct Access New Jersey Educator's Health Plan (NJEHP)	Garden State Plan (GSP)
IN-NETWORK				
Deductible Individual/Family	None	None	None	None
Out-of-Pocket Maximum Individual/Family	\$400 / \$800	\$400 / \$800	\$500 / \$1,000	\$500 / \$1,000
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
PCP Selection Required?	No	No	No	No
Referrals for Specialist Required?	No	No	No	No
Office Visits Primary Care Physician (PCP) Specialist	\$10 copay \$10 copay	\$15 copay \$15 copay	\$10 copay \$15 copay	\$10 copay \$15 copay
Diagnostic Laboratory	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Diagnostic X-Ray/Imaging (MRI, CT-Scan, PET Scan)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Emergency Room	\$25 copay	\$50 copay	Plan pays 100%	Plan pays 100%
Urgent Care Center	\$10 copay	\$15 copay	\$15 copay	\$15 copay
Inpatient Hospital	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Surgery	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
OUT-OF-NETWORK				
Deductible Individual/Family	\$100 / \$250	\$100 / \$250	\$350 / \$700	\$350 / \$700
Coinsurance	Plan pays 80%	Plan pays 70%	Plan pays 70%	Plan pays 70%
Out-of-Pocket Maximum Individual/Family	\$2,000 / \$5,000	\$2,000 / \$5,000	\$2,000 / \$5,000	\$2,000 / \$5,000
MONTHLY PREMIUMS				
Single	\$1,291.57	\$1,229.54	\$951.24	\$821.11
Employee + Spouse	\$2,583.15	\$2,459.08	\$1,902.47	\$1,642.21
Employee + Child(ren)	\$2,402.32	\$2,286.94	\$1,769.30	\$1,527.25
Family	\$3,693.90	\$3,516.48	\$2,720.54	\$2,348.36

Prescription Drug Benefits

Benecard

Direct Access Design 7 and
Direct Access Design 7 Education 15

Direct Access New Jersey Educator's Health Plan (NJEHP)
and Garden State Plan (GSP)

PRESCRIPTION TYPE		
Retail (up to a 31-day supply)		
Generic	\$15	\$5
Preferred Brand	\$25	\$10
Non-Preferred Brand	\$25	\$10
Specialty (Generic/Preferred/Non-Preferred)	\$15 / \$25 / \$25	\$10 / \$20 / \$20
Mail-Order (up to a 90-day supply)		
Generic	\$15	\$10
Preferred Brand	\$25	\$20
Non-Preferred Brand	\$25	\$20
MONTHLY PREMIUMS		
Single	\$172.32	\$152.71
Employee + Spouse	\$392.28	\$346.04
Employee + Child(ren)	\$222.76	\$196.14
Family	\$397.88	\$351.66

Mail Order

You may wish to consider the convenience and savings offered by Benecard PBF's mail service pharmacy, Benecard Central Fill, if you take maintenance type medications on a long-term basis.

Information on how to take advantage of this service is available from Payroll/Benefits or online at benecardpbf.com. Up to a 90-day supply may be obtained no a non-emergency basis through mail order. The medication can be shipped directly to your home.

Please review the brochures available via glendigebenefits.com for a more detailed description of benefits, services, and exclusions.

Clinical Review

Benecard's clinical review program protects the patient and their dependents from using certain medications that could have contraindications or harmful health consequences when used in conjunction with their current drug remain.

In the event your physican prescribes you a medication that is covered by your program but requires a clinical review, your pharmacist will receive a message stating that clinical review is required and to contact Benecard.

Should you require assistance thereafter, or need help better understanding your program, you may call the Benecard service line at the number on the back of your ID card and a Benecard Member Service Representative will be please to assist you.



Dental Plan

Delta Dental of New Jersey

Administered through the Schools Health Insurance Fund

Dental Benefits Advantage Plus Premier Network

BENEFITS	
Plan Year Deductible Individual/Family	None
Calendar Year Maximum	\$1,000
Preventive & Diagnostic Care Cleanings, Exams, X-Rays	Plan pays 100%
Basic Restorative Care Fillings, Crowns, Extractions	Plan pays 80%
Major Restorative Care Bridges, Dentures	Plan pays 50%
Orthodontic Care	Plan pays 50%
Lifetime Orthodontia Maximum	\$800
MONTHLY PREMIUMS	
Single	\$32.00
Employee + Spouse	\$60.00
Employee + Child(ren)	\$64.00
Family	\$100.00

Dental Plan FAQs

How Do I Find Participating Dentists?

There are thousands of participating dentists and specialist to choose from nationwide. For a list of these participating providers, please go to deltadentalnj.com and click on "Find a Dentist" on the right side of the page. Make sure you select the "Delta Dental Premier" network.

May I Choose a Non-Participating Dentist?

You are free to select the dentist of your choice; however, your out-of-pocket costs may be significantly higher if you choose a non-participating dentist. He/she hasn't agreed to accept negotiated fees, therefore may charge you the difference between their fees and plan's benefit payment.

Can I Find Out What My Out-of-Pocket Expense Will Be Before Receiving Care?

You can ask for a pretreatment estimate from your dental provider to help you prepare for any out-of-pocket cost for dental services. Usually, your dental provider will send Delta Dental a plan for your care and request an estimate of your benefits. Contact your dental provider for more information.



Vision Plan

National Vision Administrators (NVA)

Glen Ridge Public Schools offers a comprehensive vision plan in addition to your Aetna vision benefit. Plan details are outlined below.

	Participating Provider	Non-Participating Provider
BENEFITS		
Exam	Covered 100%	Reimbursed up to \$40
Contact Lens Evaluation	Covered 100%	Daily Wear: \$20 copay Extended Wear: \$30 copay
Lenses - Standard Plastic or Glass		
Single Vision Lenses	Covered 100%	Reimbursed up to \$40
Bifocal Lenses	Covered 100%	Reimbursed up to \$60
Trifocal Lenses	Covered 100%	Reimbursed up to \$80
Lenticular Lenses	Covered 100%	Reimbursed up to \$100
Lens Options - Standard Plastic or Glass		
Solid Tint	Covered 100%	Reimbursed up to \$40
Fashion/Gradient Tint	Covered 100%	Reimbursed up to \$60
Standard Scratch Resistant Coating	Covered 100%	Reimbursed up to \$80
Frame	\$130 allowance; 20% discount off balance	Reimbursed up to \$45
Contact Lenses - in lieu of eyeglasses		
Elective	\$105 allowance; 15% discount (conventional) 10% discount (disposable)	Reimbursed up to \$105
Medically Necessary	Covered 100%	Reimbursed up to \$210
Frequency		
Exam/Contact Lens Evaluation	Once every plan year	
Lenses/Contact Lenses	Once every plan year	
Frames	Once every two plan years	
MONTHLY PREMIUMS		
Single	\$12.66	
Employee + Spouse	\$12.66	
Employee + Child(ren)	\$12.66	
Family	\$12.66	

Need to find a provider? Visit e-nva.com and select the "Find a Provider" tab. Enter your group number and search by zip code, city, or provider name.

Voluntary Disability

Prudential & Aflac

Your income is an important part of your life, so you will want to make sure it's protected in case you are ever unable to work. While no one plans on becoming disabled, you can prepare for the unexpected and have a plan in place to help cover your daily living expenses while you are out of work.

Glen Ridge Public Schools offers disability insurance through two different carriers, Prudential and Aflac. All of our disability plans are voluntary, which means the employee is responsible for 100% of the premium. If you are interested in enrolling in any of these plans, contact the carrier representative directly to set up an account. The carriers will send your contribution information to payroll to be automatically deducted from your paycheck.

Aflac

Aflac offers the following individual plans for financial protection:

- **Short-Term Disability (STD):** Protects your income from injury, illness, and maternity
- **Accident Policy:** Pays cash benefit when you receive medical treatment for a covered injury
- **Cancer Care:** Allows you to focus on what is truly important - getting healthy
- **Hospitalization:** Pays cash benefit if you are confined to a hospital for injury or illness
- **Life:** Term and whole life available
- **Critical Illness:** Financial protection against heart attack, stroke, and kidney failure
- **Supplemental Dental**

Deductions are taken on a pre-tax basis. For more information about plan options and premiums or to enroll in any of Aflac's plans, contact our representative, Michael Carey. Contact information is listed below.

- Representative: **Michael Carey - Aflac**
- Phone: **845.742.5926**
- Email: **michael_carey@us.aflac.com**
- Website: **aflac.com**

Prudential

Educators Insurance Services offers disability insurance through Prudential. For coverage options, visit **educators-insurance.com** or contact our representative, Kelly Carella. Contact information is listed below.

- Representative: **Kelly M. Carella - Prudential**
- Phone: **732.918.2000 ext. 34**
- Fax: **732.918.2001**
- Email: **kcarella@educators-insurance.com**
- Website: **educators-insurance.com**



Additional Resources

Benefit Perks

Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers.

Start saving today by registering online at:

connerstrong.corestream.com

GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Start saving on your prescriptions today at:

connerstrong.goodrx.com

HealthyLearn

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

Learn more at: **healthylearn.com/connerstrong**

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.

Visit: **marketplace.huskwellness.com/connerstrong**



Carrier Contacts

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

BENEFIT	CARRIER/CONTACT	NUMBER	WEBSITE
Medical	Horizon	800-414-7427	horizonblue.com
Prescription	Benecard	877-723-6005	benecardpbf.com
Dental	Delta Dental of NJ	800-452-9310	deltadentalnj.com
Vision	NVA	800-672-7723	e-nva.com
Disability	Prudential Kelly M. Carella	732-918-2000 ext. 34 Fax: 732-918-2001	educators-insurance.com
Disability	Aflac Michael Carey	845-742-5926	aflac.com
Flexible Spending Accounts (FSA)	WEX	877-387-5017	mybenefits.wexhealth.com/login.aspx
Member Advocacy	Conner Strong & Buckelew Benefits MAC Team	800-563-9929	connerstrong.com/memberadvocacy



Legal Notices

Notice Regarding Special Enrollment

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

Loss of 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 (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

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

To request special enrollment or obtain more information, please contact your employer.

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 & The Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. 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
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 Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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

Legal Notices

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.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

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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

LOUISIANA – Medicaid

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

MAINE – Medicaid

Enrollment Website: https://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: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

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

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

Legal Notices

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

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

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>

Medicaid/CHIP Phone: 1-800-432-5924

Washington – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

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: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Legal Notices

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or domestic partner or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days .

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Please contact your employer's Human Resources or Benefits Department for further information regarding the Plan and COBRA continuation coverage.

Important Notice

This Guide is intended to provide you with the information you need to choose your benefits for the plan year including details about your benefits options and the actions you need to take. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your benefits or the enrollment process, contact your employer's Human Resources or Benefits Department. The information presented in this Guide is not intended to be construed to create a contract between your employer and any one of its employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Your employer reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.



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