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

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.
Questions?
If you have questions about your benefits, please contact the Conner Strong & Buckelew Member Advocacy Team at 800.563.9929 (Monday through Friday, 8:30 am to 5 pm ET) or go to www.connerstrong.com/memberadvocacy and complete the fields.

Inside This Guide
- Enrollment & Making Plan Changes
- Medical Plan Options
- Contribution Schedule
- Maximize Your Benefits
- Locate Participating Providers
- MDLIVE
- Teladoc
- Urgent Care Centers
- Prescription Drug Options
- Additional Prescription Plan Information
- Save Money Using Mail Order
- Dental Plan Options
- Flexible Spending Accounts
- Wellness Coaches USA
- Guardian Nurses
- Member Advocacy
- BenePortal
- Value-Added Services
- Carrier Contacts
- Legal Notices
ENROLLMENT & MAKING PLAN CHANGES

What Do You Need to Do Now?

For a medical, dental, and/or prescription plan enrollment form, please refer to the Employees Hired On/After 7/1/2020 or New Employees sections of the BenePortal site. Return the completed form your Benefits Department.

For questions regarding your monthly employee contributions please reach out to your Business Office at benefits@delranschools.org.

How Often Can I Change Plan Elections?

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

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

If you experience one of these qualifying life events, you must notify your benefits administrator within 31 days of the event.
MEDICAL PLAN OPTIONS
AETNA & AMERIHEALTH ADMINISTRATORS

The school district participates in the Schools Health Insurance Fund (SHIF) for medical benefits. The SHIF is comprised of many school districts that have joined together to purchase their health benefits. Through the SHIF, Delran offers to employees hired on/after 7/1/2020 the following medical plan option, NJ Educators Health Plan (NJEHP). Employees will have two carriers to choose from, Aetna and AmeriHealth Administrators. Employees enrolled in the NJEHP for medical coverage must also be enrolled in the NJEHP prescription plan, administered by Benecard. **NOTE:** Dependents are eligible for benefits until the end of the calendar year that he or she turns 26.

### IN-NETWORK BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>In-Network Coinsurance</strong></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td><strong>PCP Required/Referral Required for Specialist Visit</strong></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>100% Covered</td>
<td></td>
</tr>
<tr>
<td><strong>PCP Office Visits</strong></td>
<td>$10 Copay</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$15 Copay</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Lab &amp; X-Ray</strong></td>
<td>100% Covered</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>100% Covered</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>100% Covered</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>10% Coinsurance</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$125 Copay</td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>10% Coinsurance</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td>$15 Copay*</td>
<td></td>
</tr>
</tbody>
</table>

### OUT-OF-NETWORK BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$350</td>
<td>$700</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Coinsurance ( % Plan Pays)</strong></td>
<td>70%**</td>
<td></td>
</tr>
</tbody>
</table>

* Once every calendar year.
** After deductible.
NJ EDUCATOR’S HEALTH PLAN (NJEHP)

CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

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

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

Please Note:

- Employees with salaries above $125,000 shall pay at the $125,000 rate.
- This is for the medical and prescription benefits ONLY under the NJEHP, and DOES NOT apply to any other benefits you may be enrolled in with the district.
- For additional assistance regarding your employee contributions, please refer to your Business Office.
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 administrator’s network. In-network providers agree to discounted fees. You are responsible only for any copay 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 costs 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.
LOCATE PARTICIPATING PROVIDERS

Aetna DocFind Provider Search

STEP 1:  Go to www.aetna.com

STEP 2:  Click on “Find a Doctor” located at the top of the screen.

STEP 3A:  If you are already a registered member on Aetna’s website please click “Find a Provider” on the left hand side and follow the prompts to search for a provider

STEP 3B:  If you are not a member, click “Plan from an employer” on the right hand side. When you reach the following page, scroll to the bottom to “Continue as a Guest” and enter a zip code, city, state or country and click “Search”

STEP 4:  You will then be asked to “Select a Plan”. Scroll down to Aetna Open Access Plans and choose either the Aetna Choice POS (Open Access) plan and click “Continue”

STEP 5:  On the following page enter what type of provider you are searching for (i.e. PCP, Specialist) and click “Enter” and your results will pop up. You can also find a provider by category by scrolling down and choosing the appropriate provider category.

AmeriHealth Administrators Provider Search

The new Find a Provider tool on www.myahabenefits.com is a better way to help you make confident decision about your healthcare.

Easy-to-Use Search. A single search bar helps you find network doctors and facilities, as well as treatments and services, faster and more accurately.

Doctor and Hospital Profiles. Informative doctor and hospital profiles and nationally recognized quality measurements help you find the doctor that is right for you. The profiles offer more than just location and phone number. They also show credentials, network and hospital affiliations, and office hours, as well as, gender, specialty, language, and if a doctor is accepting new patients.

Rate and Review Your Experience. Feedback and ratings provide insight into other plan members’ experiences with doctors and hospitals. Anyone can read the ratings and reviews, but you must be registered at www.myahabenefits.com to share your own experiences.

Compare Doctors and Facilities. The compare feature allows you to easily compare up to five doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews and more.

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

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

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

Get Started With MDLIVE Today

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

- **Via phone:** 888.964.0942
- **Via the web:** [www.mdlive.com/ahatpa](http://www.mdlive.com/ahatpa)
- **Via mobile app:** Go to [www.mdlive.com/mobileapp](http://www.mdlive.com/mobileapp) to learn more or download the mobile app from the App Store or Google Play

When to Use MDLIVE

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

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

TELADOC

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

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

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

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

Get Started With Teladoc Today
To take advantage of this great benefit, contact MDLIVE in any of the following ways:

- **Via phone:** 855.835.2362
- **Via the web:** www.Teladoc.com/Aetna
- **Via mobile app:** Go to www.Teladoc.com/Mobile to learn more or download the mobile app from the App Store or Google Play

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

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

Urgent Care Centers are on average 80% less costly than Emergency Rooms. Plus, the Urgent Care copay matches your Specialist copay!

Urgent care centers are a convenient, cost-effective medical care alternative when your primary care physician is unavailable. Typically no appointments are necessary at most urgent care centers, and hours extend beyond regular doctor’s office hours making them available earlier and later than your primary care physician. Most are open 7 days a week! To find an In-Network Urgent care center near you visit your medical carrier’s website.

Treatment at an urgent care center is useful and appropriate for medical services that are not an emergency and require additional treatment such as:

- Allergies
- Asthma
- Sore Throat
- Stitches
- Ear Infection

Below is the emergency room cost compared against the urgent care cost for the NJEHP Medical Plan.

<table>
<thead>
<tr>
<th>Plans</th>
<th>Emergency Room Copay</th>
<th>Urgent Care Copay</th>
<th>Estimated Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJEHP</td>
<td>$125</td>
<td>$15</td>
<td>$110</td>
</tr>
</tbody>
</table>

If your medical need is more urgent or life-threatening, please go right to the Emergency Room
The following NJEHP prescription drug plan is available to employees hired on/after 7/1/2020, administered by Benecard. Employees enrolled in the NJEHP prescription must also be enrolled in the NJEHP for medical coverage through SHIF. 

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

### NJEHP

<table>
<thead>
<tr>
<th>Retail Pharmacy (Up to a 30-Day Supply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Brand Without Generic Alternative</td>
<td>$10 Copay</td>
</tr>
<tr>
<td>Brand With Generic Alternative</td>
<td>Member Pays Brand Copay Plus Difference in Cost Between Generic &amp; Brand Drug</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order (Up to a 90-Day Supply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10 Copay</td>
</tr>
<tr>
<td>Brand Without Generic Alternative</td>
<td>$20 Copay</td>
</tr>
<tr>
<td>Brand With Generic Alternative</td>
<td>Member Pays Brand Copay Plus Difference in Cost Between Generic &amp; Brand Drug</td>
</tr>
</tbody>
</table>

**Save on Your Prescriptions**

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 two retail copays. In addition to the savings, your prescriptions will be delivered right to your home. Refilling your order is easy and can be done over the phone.

For more information or to begin using mail order, simply contact Benecard at **877.723.6005**.
The following additional features will apply to prescription drug coverage under the NJ Educators Health Plan:

- **Mandatory Generics:** Pharmacists must dispense the generic equivalent medication when available. If a member fills the brand name drug instead, they will be responsible for the brand drug copay plus the difference in cost between the brand and generic medication.

- **Step Therapy:** Requires a trial with a lower cost medication before member is given approval to higher cost medication, when clinically appropriate. If a member purchases the higher cost medication without prior approval, then the medication will not be covered.

- **Formulary List:** A guide for selecting clinically and therapeutically appropriate medications. This list includes a majority of brand and generic medications, and also lists certain medications which will not be covered. The formulary updates throughout the year, and brand name drugs may move to non-formulary status if a generic version becomes available during the year. For the most up to date version, please visit the Benecard website using the following link: [www.benecardpbf.com/PBF/](http://www.benecardpbf.com/PBF/)
## HOW MUCH CAN YOU SAVE WHEN USING MAIL ORDER?

**COMPARE FOR YOURSELF...**

<table>
<thead>
<tr>
<th></th>
<th>NJEHP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail Pharmacy</td>
<td>Mail Order</td>
<td>Annual Savings</td>
</tr>
<tr>
<td>Generic Copay</td>
<td>$5</td>
<td>Generic Copay</td>
<td>$10</td>
</tr>
<tr>
<td>Annual Cost</td>
<td>$60</td>
<td>Annual Cost</td>
<td>$40</td>
</tr>
<tr>
<td>(5 per month x 12 fills)</td>
<td></td>
<td>($10 per order x 4 fills per year)</td>
<td></td>
</tr>
<tr>
<td>Preferred Brand Copay</td>
<td>$10</td>
<td>Preferred Brand Copay</td>
<td>$20</td>
</tr>
<tr>
<td>Annual Cost</td>
<td>$120</td>
<td>Annual Cost</td>
<td>$80</td>
</tr>
<tr>
<td>(10 per month x 12 fills)</td>
<td></td>
<td>($20 per order x 4 fills per year)</td>
<td></td>
</tr>
</tbody>
</table>
DENTAL PLAN OPTIONS
HORIZON

Below is a summary of the dental plan options available to you and your family. For additional information regarding your dental contributions, please contact the Benefits Administrator at your Business Office for assistance. **NOTE:** Dependents are eligible for benefits until the end of the calendar year that he or she turns 23.

<table>
<thead>
<tr>
<th>IN-NETWORK BENEFITS</th>
<th>DENTAL OPTION PLAN</th>
<th>HORIZON DENTAL CHOICE PLAN A</th>
<th>TOTAL CARE**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Maximum (per patient)</td>
<td>$2,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Services</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Exams, Cleanings, Bitewing X-rays (each twice in a calendar year)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Fluoride Treatment (Once in a calendar year, children to age 19)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Fillings, Extractions</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Endodontics (root canal)</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontics, Oral Surgery</td>
<td>75%</td>
<td>50%*</td>
<td>100%</td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Crowns, Gold Restorations</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Bridgework</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Full and Partial Dentures</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* 50% covered is for Surgical extractions - impacted only
** Only available through Eastern Dental providers.

This is for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, please consult your benefit booklet or contact Horizon’s Member Services department at 1-800-355-BLUE (2583).

Find a Dental Provider
- Visit [www.horizonblue.com/doctorfinder](http://www.horizonblue.com/doctorfinder)
- One there, select “What are you looking for” and enter “Dentist”
- Choose a plan to start (i.e. Dental Option Plan, Dental Choice Plan A, or Total Care Plan)
- Enter Zip Code then click “Search”
FLEXIBLE SPENDING ACCOUNTS

BENEFIT EXPRESS

A Flexible Spending Account (FSA) allows you to have money deducted from your pay on a pre-tax basis and put into an account that you can use to pay for eligible expenses. There are three types of accounts available to all employees of the District, administered by Benefit Express: Medical, Dependent Day Care and Commuter (Parking & Transit).

Please note, the plan years for all accounts run from January 1st through December 31st. For additional information, please refer to your BenePortal site or contact the Benefits Administrator in your Business Office.

Medical FSA
To participate in the Medical FSA you must make an election before the beginning of the plan year. If you participate, you will elect to have a specified amount of pre-tax money deducted from your paycheck each pay period. Once enrolled, you will be issued a debit card to access funds in your Flexible Spending Account. Present your card at the time of payment to make qualified purchases for medical goods and services. Alternatively, you may submit a receipt for qualified expenses, and be reimbursed from this account.

Common expenses that are eligible include copays, deductibles, prescriptions, vision and dental expenses. The maximum you can contribute for the 2021 calendar year is $2,750.

A complete list of expenses eligible under the Medical FSA is available at www.myfsaexpress.com or by visiting the IRS website.

Please note, an FSA is a “Use-It-Or-Lose-It” account. Any unused contributions will not rollover into the new plan year.

Dependent Day Care FSA
Common expenses that are eligible include; daycare facilities, after school programs, summer day camp, and in-home babysitters.

The maximum you can contribute during the plan year is $5,000 per family unit. If you are married filing separately the maximum contribution is $2,500. Dependent children are covered under this account to the age of 13.

Like the Medical FSA, unused contributions will not roll over into the new plan year.

Commuter Benefits
You can put aside pre-tax dollars to pay for mass transit and parking expenses associated with your daily commute to work. Employees of the District are also allowed to enroll in one of or both a Mass Transit or Parking account.

Qualifying expenses range from buses, ferries, ridesharing services (Uber & Lyft), and parking expenses near your place of employment.

For a full list of eligible and ineligible expenses, please visit www.myfsaexpress.com or your BenePortal site.

The maximum amount you may contribute for parking and transit is $270 per month via payroll deductions.

Contact Benefit Express
Phone: 877.837.5017
Email: help@benefitexpress.com
Website: www.myfsaexpress.com
Your Well-Being and Quality of Life is Important

You can schedule a private time and place to meet with the Wellness Coach as often as you like, and the Wellness Coach is available via phone and email as well.

In addition, your Wellness Coach may approach you and ask for a few minutes to discuss a variety of topics that may be of interest to you or your family. We realize your time is important and promise to make our interactions, quick, meaningful and to the point.

Who is Your Wellness Coach?

Your Wellness Coach is a resource dedicated to helping you lead a long, healthy and productive life. Your Wellness Coach is your ally, someone who will work for you, with you, and beside you, as you travel down the path to a healthier tomorrow.

How Can Your Coach Help?

Your Wellness Coach is a healthcare professional, and will gladly answer any questions or provide help and advice on the following:

- **Any Health and Wellness topic**, including: Nutrition and Weight Control, Exercise, Fitness and Conditioning, Tobacco Cessation, Stress or Depression, High Blood Pressure, Diabetes, Heart Disease, Cancer
- **Health Metric Testing**, including: Blood Pressure Screenings, Body Composition Testing, Hydration Testing
- Management of minor aches and pains or muscle soreness

Contact Information

Name: Alexandra (Mayer) Giampapa B.S., CPT  
Senior Wellness Coach, Wellness Coaches  

Cell Phone: 856.393.5496  
Email: agiampapa@wcusa.com  
Website: www.wellnesscoachesusa.com

Everything is 100% Confidential!

Everything you discuss with your Coach will be 100% confidential. Simply put, what you discuss with your Coach, stays with your Coach.  
Wellness Coaches USA is a HIPAA compliant company.
For Your Benefit...

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

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

Who is Eligible?

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

Contact Information

To request help from our Mobile Care Coordinators or the team at Guardian Nurses, call 215.836.0260 or toll-free 888.836.0260.
MEMBER ADVOCACY
CONNER STRONG & BUCKELEW

You Can Contact Member Advocacy for Assistance if You:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you’ve been working on

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

How to Contact Member Advocacy?
You may contact the Member Advocacy Team in any of the following ways:

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

ONLINE BENEFITS RESOURCE

At Delran Township Board of Education, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

Secure Online Access

Simply go to www.delranboebenefits.com to access your benefits information today!

Mobile-Friendly Site

BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone’s browser or save it to your home screen for quick access.

Other Features Include:

- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!
**VALUE-ADDED SERVICES**

**CONNER STRONG & BUCKELEW**

**Benefit Perks**
This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at: connerstrong.corestream.com

**GlobalFit Gym Discount Program**
GlobalFit offers discounts at more than 10,000 gyms nationwide. Members also get exclusive savings on home health and fitness products from top brands nationwide!

Learn more about GlobalFit by calling 800.294.1500 or visit globalfit.com/connerstrong

**GoodRX**
Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: connerstrong.goodrx.com

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

Learn more at: healthylearn.com/connerstrong
The resources identified below are available to assist you with any questions that you may have about your benefits.

<table>
<thead>
<tr>
<th>QUESTIONS REGARDING</th>
<th>CONTACT</th>
<th>PHONE NUMBER</th>
<th>WEBSITE/EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Inquiries</td>
<td>Barbara Farquhar</td>
<td>856-461-6800 ext. 1024</td>
<td><a href="mailto:Benefits@delranschools.org">Benefits@delranschools.org</a></td>
</tr>
<tr>
<td>Medical Benefits - Aetna</td>
<td>Aetna PPO (NJEHP)</td>
<td>855-281-8858</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>Medical Benefits - Amerihealth Administrators</td>
<td>AmeriHealth Administrators NJEHP</td>
<td>844-352-1706</td>
<td><a href="http://www.myahabenefits.com">www.myahabenefits.com</a></td>
</tr>
<tr>
<td>Prescription Benefits - Benecard</td>
<td>Benecard</td>
<td>877-723-6005</td>
<td><a href="http://www.benecardpbf.com">www.benecardpbf.com</a></td>
</tr>
<tr>
<td>Dental Benefits - Horizon</td>
<td>Horizon</td>
<td>800-355-2583</td>
<td><a href="http://www.horizonblue.com">www.horizonblue.com</a></td>
</tr>
<tr>
<td>FSA/DCA/Commuter - Benefit Express</td>
<td>Benefit Express</td>
<td>877-837-5017</td>
<td><a href="http://www.myfsaexpress.com">www.myfsaexpress.com</a></td>
</tr>
<tr>
<td>Plan Options, Benefit Questions and Claims Issues</td>
<td>Member Advocacy</td>
<td>800-563-9929</td>
<td><a href="http://www.connerstrong.com/memberadvocacy">www.connerstrong.com/memberadvocacy</a></td>
</tr>
</tbody>
</table>
**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.

Delran 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 Delran 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 Delran 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, using funds from their Medicaid or CHIP programs. If you or your children are not 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.
DISCLAIMER: This guide provides a brief summary of the benefits available to you. Delran Regional School District 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.