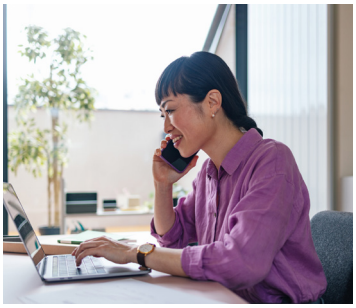
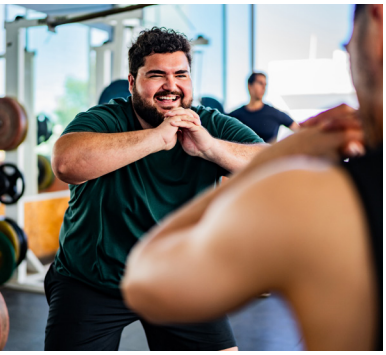
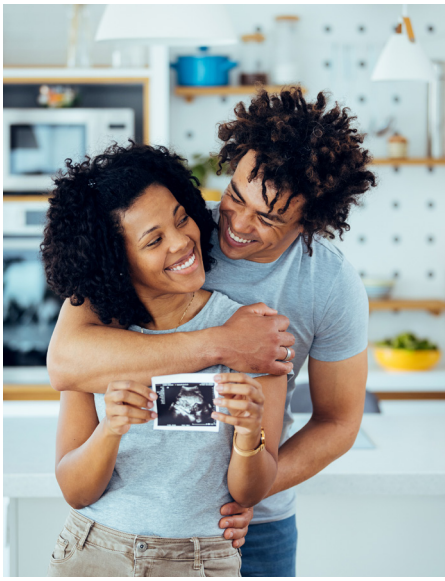
camden county
Board of Social Services

Southern Jersey FUND



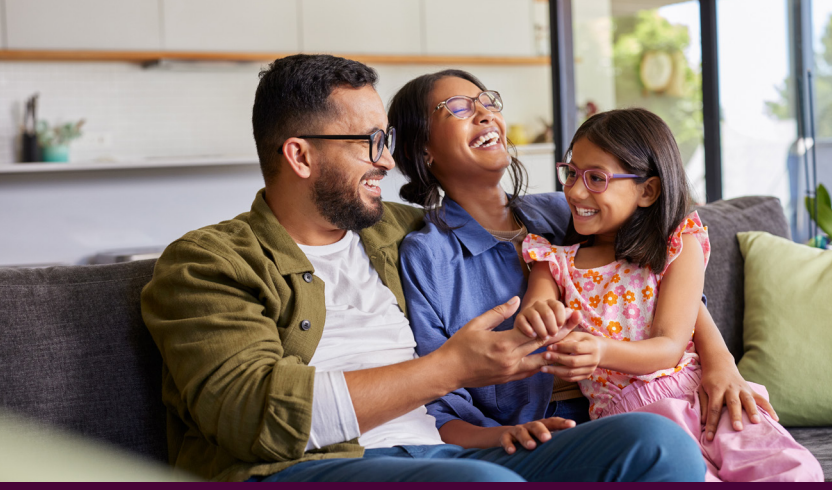




2026

OPEN ENROLLMENT GUIDE

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 Fund and choose the best coverage for you and your family.



IT'S TIME TO REVIEW YOUR BENEFITS FOR 2026

OPEN ENROLLMENT DATES: ***November 10, 2025 - November 26, 2025***

THE FUND WILL HOLD A PASSIVE OPEN ENROLLMENT

"Passive" open enrollment means if you are currently enrolled in benefits, your current plan elections will remain in place from January 1 through December 31, 2026, unless you elect to make a change.

To obtain enrollment forms to make a change, please contact your Benefits Administrator.

WHAT IS THE SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND?

The Southern New Jersey Regional Employee Benefits Fund was founded in 1992 to provide public entities with a platform to purchase health insurance coverage in a shared-service environment. The Health JIF is a public entity in the State of New Jersey to purchase collectively, thus taking advantage of economies of scale.

ENROLLMENT INSTRUCTIONS

You must complete and return an enrollment form 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 January 1, 2026;
- You have previously declined benefits but would like to now enroll for coverage for yourself and your eligible dependent(s) if applicable, effective January 1, 2026;
- 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 January 1, 2026.

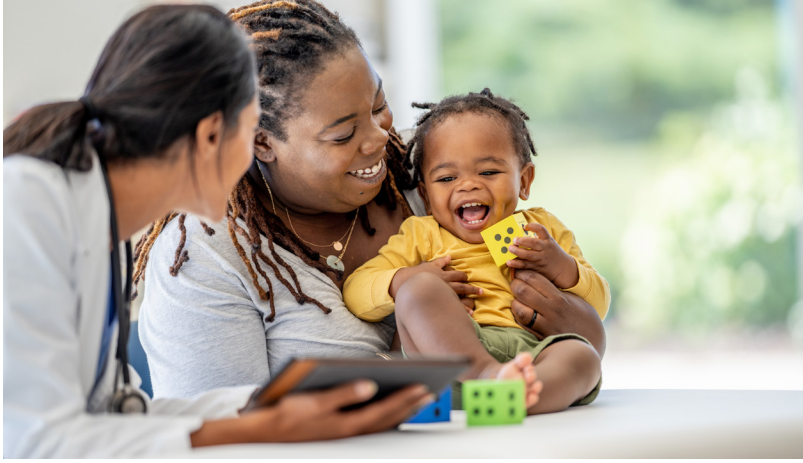
Please contact your Benefits Administrator for all enrollment forms should you decide to change your benefit plan.

QUALIFIED LIFE EVENTS

You cannot make changes to your elections or covered dependents during the plan year unless you experience a **qualified life event.** To make a change, you must contact your personnel department **within 30 days of the event**. Qualified life events include:

- Marriage or divorce
- 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)
- Death of a covered dependent

HOW TO FIND IN-NETWORK PROVIDERS



FIND PARTICIPATING AETNA PROVIDERS

- **STEP 1:** Visit Aetna's website at **www.aetna.com**
- **STEP 2:** At the middle of the webpage on the right, click on ***"Find a Doctor"***
- **STEP 3:** On right side of page under ***Guest***, select ***"Plan from an employer"*** (1st choice on the list)
- **STEP 4:** Under ***Continue as Guest***, enter your zip code, city, state or county
- STEP 5: You will be asked to ***"Select a Plan"***, please refer to your ID card for correct plan selection

FIND PARTICIPATING AMERIHEALTH ADMINISTRATORS PROVIDERS

- **STEP 1:** Visit the AHA website at **www.myahabenefits.com**
- **STEP 2:** At the bottom of the webpage on the right, click on ***"Find a Doctor"***
- **STEP 3:** Search providers by category, specialty, and much more!

Once you search for a list of doctors, you can click on the provider's name and then view information such as:

- Credentials
- Hospital affiliations
- Reviews from other members
- Office house
- Gender
- Specialty
- Language spoken
- National Provider Number (NPI)

Easily compare up to five doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews, and more.

MEDICAL & PRESCRIPTION BENEFITS

AETNA/AMERIHEALTH & EXPRESS SCRIPTS

Camden County Board of Social Services offers the following medical and prescription drug plans. The medical plan benefits are administered by Aetna and AmeriHealth, and the prescription drug plan benefits are administered by Express Scripts.

	HMO	PPO 10	PPO 15	HMO 1525	PPO 1525	PPO 2030	HMO 2035
IN-NETWORK BENEFITS							
CALENDAR YEAR DEDUCTIBLE (Individual/Family)	$100 for selected services	N/A	N/A	$100 for selected services	None	None	$200 / $5000
OUT-OF-POCKET MAXIMUM (Individual/Family)	$7,360 / $14,720	$400 / $1,000	$7,360 / $14,720	$7,360 / $14,720	$7,360 / $14,720	$7,360 / $14,720	$7,360 / $14,720
PREVENTIVE CARE SERVICES	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
PCP VISIT	$10 copay	$10 copay	$15 copay	$15 copay	$15 copay	$20 copay	$20 copay
PCP REQUIRED?	Yes	No	No	Yes	No	No	Yes
SPECIALIST VISIT	$10 copay	$10 copay	$15 copay	$25 copay	$25 copay	$30 copay	$35 copay
REFERRAL REQUIRED FOR SPECIALIST VISIT?	Yes	No	No	Yes	No	No	Yes
DIAGNOSTIC LAB & X-RAY	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% ater deductible
INPATIENT HOSPITAL	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible
OUTPATIENT SURGERY	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible
URGENT CARE CENTER	$10 copay	$10 copay	$15 copay	$25 copay	$25 copay	$30 copay	$35 copay
EMERGENCY ROOM*	$85 copay	$75 copay	$75 copay	$75 copay	$100 copay	$125 copay	$300 copay
VISION	Exam: $10 copay Materials: Not Covered	Exam: $10 copay Materials: Not Covered	Exam: $15 copay Materials: Not Covered	Exam: $5 copay Materials: Plan pays $200 every 2 year	Exam: $25 copay Materials: Plan pays $200 every 2 year	Exam: $30 copay Materials: Plan pays $200 every 2 year	Exam: $35 copay Materials: Plan pays $200 every 2 year
OUT-OF-NETWORK BENEFITS							
DEDUCTIBLE (Individual/Family)	Not Covered	$100 / $250	$100 / $250	Not Covered	$100 / $250	$200 / $500	Not Covered
OUT-OF-POCKET MAXIMUM (Individual/Family)	Not Covered	$2,000 / $5,000	$2,000 / $5,000	Not Covered	$2,000 / $5,000	$5,000 / $10,000	Not Covered
COINSURANCE	Not Covered	Plan pays 80% after deductible	Plan pays 70% after deductible	Not Covered	Plan pays 70% after deductible	Plan pays 70% after deductible	Not Covered
PRESCRIPTION BENEFITS							
RETAIL (UP TO A 30-DAY SUPPLY) Generic Preferred Brand Non-Preferred Brand	 $3 copay $10 copay You pay difference**	 $3 copay $10 copay You pay difference**	 $3 copay $10 copay You pay difference**	 $7 copay $16 copay You pay difference**	 $7 copay $16 copay You pay difference**	 $3 copay $18 copay You pay difference**	 $7 copay $21 copay You pay difference**
MAIL ORDER (UP TO A 90-DAY SUPPLY) Generic Preferred Brand Non-Preferred Brand	 $0 copay $15 copay You pay difference**	 $3 copay $10 copay You pay difference**	 $3 copay $10 copay You pay difference**	 $0 copay $40 copay You pay difference**	 $0 copay $40 copay You pay difference**	 $0 copay $36 copay You pay difference**	 $0 copay $52 copay You pay difference**
RX OUT-OF-POCKET MAXIMUM (Individual/Family)	$1,840 / $3,680	$1,840 / $3,680	$1,840 / $3,680	$1,840 / $3,680	$1,840 / $3,680	$1,840 / $3,680	$1,840 / $3,680

* Emergency room copay waived if admitted

** You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug

NOTE: Deductible waived for well baby and child exams/immunizations and routine GYN visit.

LOWER COST MEDICAL & PRESCRIPTION PLANS

AETNA/AMERIHEALTH & EXPRESS SCRIPTS

Camden County Board of Social Services offers the following medical and prescription drug plans. The medical plan benefits are administered by Aetna and AmeriHealth, and the prescription drug plan benefits are administered by Express Scripts.

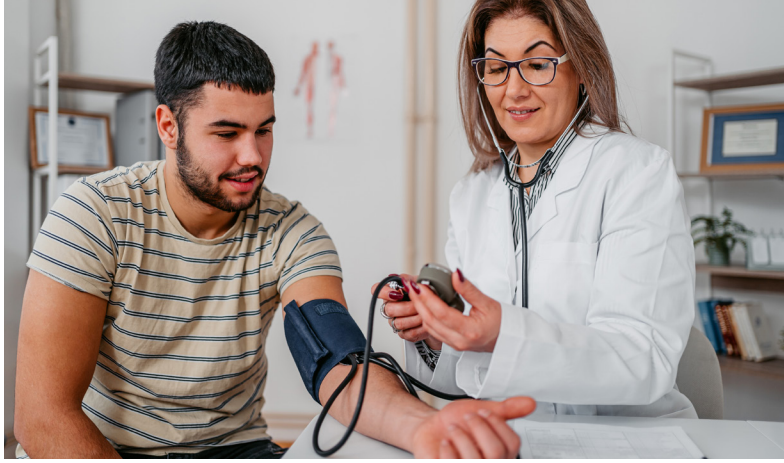
	AMERIHEALTH 3-TIER PPO $15/$30		AETNA SAVINGS PLUS 2-TIER PLAN	
IN-NETWORK BENEFITS	**TIER 1**	**TIER 2**	**SAVINGS PLUS - TIER 1**	**ACPOS II - TIER 2**
CALENDAR YEAR DEDUCTIBLE (Individual/Family)	None	$200 / $1,000	None	$1,500 / $3,000
OUT-OF-POCKET MAXIMUM (Individual/Family)	$2,000 / $4,000	$5,000 / $10,000	$2,500 / $5,000	$4,500 / $9,000
PREVENTIVE CARE SERVICES	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
PCP VISIT	$15 copay	$45 copay	$5 copay	$20 copay
PCP REQUIRED?	No	No	No	No
SPECIALIST VISIT	$30 copay	$60 copay	$15 copay	$30 copay
REFERRAL REQUIRED FOR SPECIALIST VISIT?	Yes	No	No	No
DIAGNOSTIC LAB & X-RAY	Plan pays 100%	Plan pays 70% after deductible	$15 copay	Plan pays 80% after deductible
INPATIENT HOSPITAL	$50 per day /$250 max per admission	Plan pays 70% after deductible	$150 copay per admission	Plan pays 80% after deductible
OUTPATIENT SURGERY	Plan pays 100%	Plan pays 70% after deductible	$150 copay	Plan pays 80% after deductible
URGENT CARE CENTER	$30 copay	$60 copay	$15 copay	$30 copay
EMERGENCY ROOM*	$200 copay (waived if admitted		$100 copay (waived if admitted)	
VISION	Exam: Plan pays 100% / Materials: Not Covered		Not Covered	Not Covered
OUT-OF-NETWORK BENEFITS				
DEDUCTIBLE (Individual/Family)	$3,500 / $7,000		Not Covered	
OUT-OF-POCKET MAXIMUM (Individual/Family)	$10,000 / $30,000		Not Covered	
COINSURANCE	Plan pays 50% after deductible		Not Covered	
PRESCRIPTION BENEFITS				
RETAIL (UP TO A 30-DAY SUPPLY) Generic Preferred Brand Non-Preferred Brand	 $10 copay $25 copay You pay difference**		 $7 copay $16 copay You pay difference**	
MAIL ORDER (UP TO A 90-DAY SUPPLY) Generic Preferred Brand Non-Preferred Brand	 $20 copay $50 copay You pay difference**		 $18 copay $40 copay You pay difference**	
RX OUT-OF-POCKET MAXIMUM (Individual/Family)	$3,000 / $6,000		$1,840 / $3,680	

* Emergency room copay waived if admitted

** You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug

NOTE: Deductible waived for well baby and child exams/immunizations and routine GYN visit.

MAXIMIZE YOUR BENEFITS



ALWAYS CONSIDER YOUR IN-NETWORK OPTIONS FIRST

You will typically pay less for covered services when providers are in-network with your medical plan. In-network providers agree to discounted fees. You are responsible only for any copay or deductible that is included in your plan design.

The amount you are required to pay out-of-pocket for out-of-network services may be significant.

TO LOCATE IN-NETWORK PROVIDERS

- **Aetna Participants:** Visit **www.aetna.com** and select ***"Find a Doctor"***
- **AmeriHealth Administrators Participants:** Visit **www.myahabenefits.com**, select **"Members"** and then ***"Find a Doctor"***

MAKE SURE YOU ARE USING IN-NETWORK LABS

- **Aetna Participants** may use either **Quest Diagnostics** or **LabCorp** for lab work.
- **AmeriHealth Administrators Participants** must be sure that their providers send all blood work to a **LabCorp** location or other free standing lab. ***Quest Diagnostics is not participating in the AmeriHealth Administrators network.***

IN-PATIENT OR OBSERVATION

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

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

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

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

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

UNDERSTANDING YOUR PRESCRIPTION DRUG PROGRAM

HOW TO GET STARTED WITH EXPRESS SCRIPTS HOME DELIVERY

Contact Express Scripts

- For transfers from a retail pharmacy, sign in at **www.express-scripts.com**, or
- Speak with a prescription benefit specialist by calling **800.698.3757** (Monday - Friday, 7:30 am to 5:00 pm, CT)

DIY - Do It Yourself

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

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

RECOMMENDED DRUG DOSING

Your prescription drug plan includes a program that reviews prescribed drug quantities to ensure your medications are being safely prescribed in accordance with FDA guidelines.

The drug quantity review program provides the medications you need for good health, while make sure the dose you are receiving is considered safe.

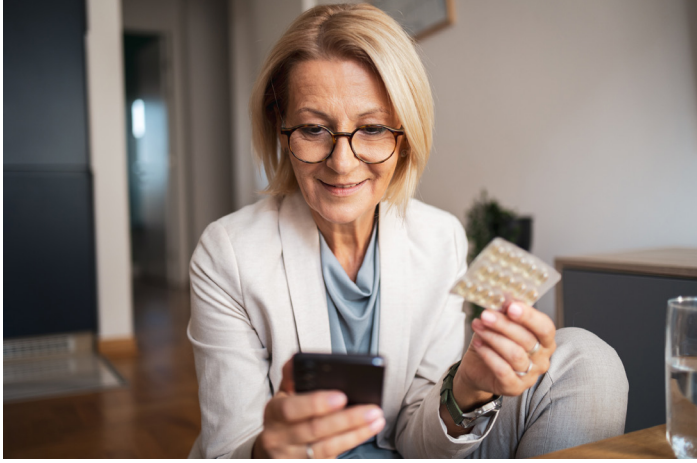
For instance, if FDA guidelines allow one pill/dose per day, the program will allow a maximum of 30 pills for a month's supply. This quantity will give you the right amount to take for a daily dose considered safe and effective.

SAVEONSP PROGRAM

The SaveOnSP program covers certain specialty medications at no cost for eligible members. The 150+ medications included in the program consist of products covering conditions such as Hepatitis C (Hep C), Multiple Sclerosis (MS), Psoriasis, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA), Oncology, and others.

To verify your eligibility, please call **800.683.1074**.

DIGITAL PRESCRIPTION ID CARDS



Due to the frequency in which plans and benefits can change, ESI will no longer issue physical ID cards. Digital ID cards are available at anytime, with the most up to date information.

CONNECT TO YOUR DIGITAL PRESCRIPTION ID CARD

Anytime. Anywhere.

No more digging through cards at the pharmacy counter. Easily create your digital profile at **www.express-scripts.com** or on the Express Scripts mobile app to gain instant access to your prescription ID card.

You can view your card online or on the app, download it to your digital wallet, or even print a card from the Express Scripts site.

A digital profile also helps you connect to:

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

TEMPORARY ID'S

For the temporary ID's below, when visiting a pharmacy, make sure to ask the pharmacist to do the following when submitting a claim:

- Enter Bin Number
- Enter Processor Control Number
- Enter Rx Group Number
- Enter 9-digit member ID number (Employee SSN)
- Enter the members date of birth

EXPRESS SCRIPTS® SouthernJersey FUND

Temporary Prescription ID Card

RxBin: 003858

RxPCN: A4

RxGRP: NJRA

EXPRESS SCRIPTS® SouthernJersey FUND

Temporary Prescription ID Card

RxBin: 003858

RxPCN: A4

RxGRP: NJRA

** This is a temporary sample ID card. Please visit the Express Scripts website or download the Express Scripts app for your actual ID card.*

URGENT CARE CENTERS

Did you know that your urgent care copay matches your specialist copay?

URGENT CARE CENTERS ARE:

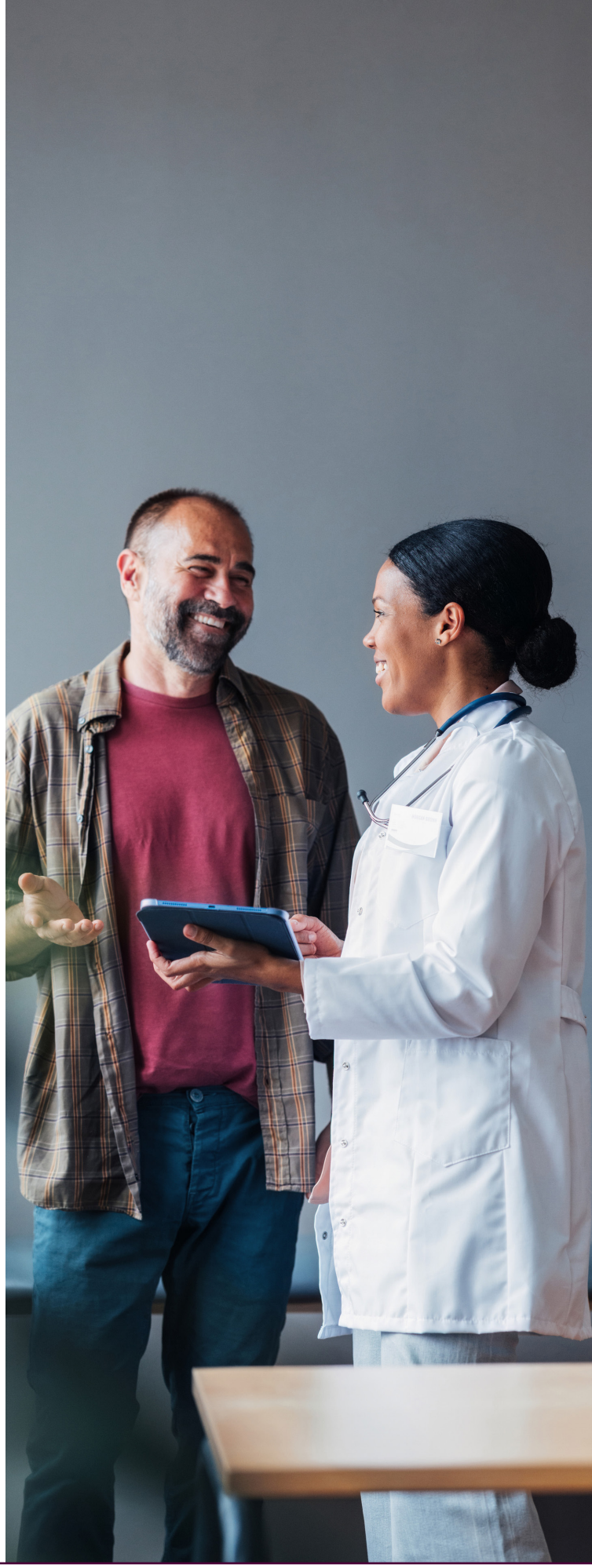
- A convenient, cost effective medical plan alternative when your primary care physician is unavailable.
- Typically no appoinments are necessary, you can walk in.
- Extended hours are offered earlier and later than your primary care physician and more are open 7 days a week.

Urgent care centers are useful and appropriate for medical services that are not an emergency and don't require additional treatment, such as:

- Allergies
- Asthma
- Stitches
- Sore throat
- Strep throat
- Ear infection

Below is a chart showing the emergency room copay, the urgent care center copay, and your estimated savings.

PLAN	ER COPAY	URGENT CARE COPAY	ESTIMATED SAVINGS
HMO 10	$85	$10	$75
PPO 10	$75	$10	$65
PPO 15	$100	$15	$85
HMO/PPO 1525	$100	$25	$75
HMO/PPO 2030	$125	$30	$98
HMO 2035	$300	$35	$265
3-TIER PPO 15/30	$200	$30	$170
AETNA 2-TIER	$100	$15	$85



CVS MINUTE CLINICS AND HEALTH HUBS

Covered at $0 or low cost (HDHP) by Aetna and AmeriHealth. Prior to visiting a Minute Clinic or HealthHub, please check with your medical insurer to find out which facilities in your area may be participating with your plan.

CVS MINUTE CLINIC

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

Highlights of CVS Minute Clinic:

- Located in select CVS pharmacies and Target stores nationwide
- No appointment necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family doctor
- Open 7 days a week with convenient evening hours

CVS Minute Clinic practitioners can:

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

minute clinic®

HEALTH HUB

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

HealthHUB offers the following services:

- Nutritional counseling
- Durable medical equipment
- A Health Concierge
- Enhanced Minute Clinic service offerings
- Enhanced pharmacist counseling services
- Community programs and meeting spaces

HealthHUB.

CVS HEALTH VIRTUAL CARE

AETNA COVERED MEMBERS

YOUR CARE. YOUR WAY

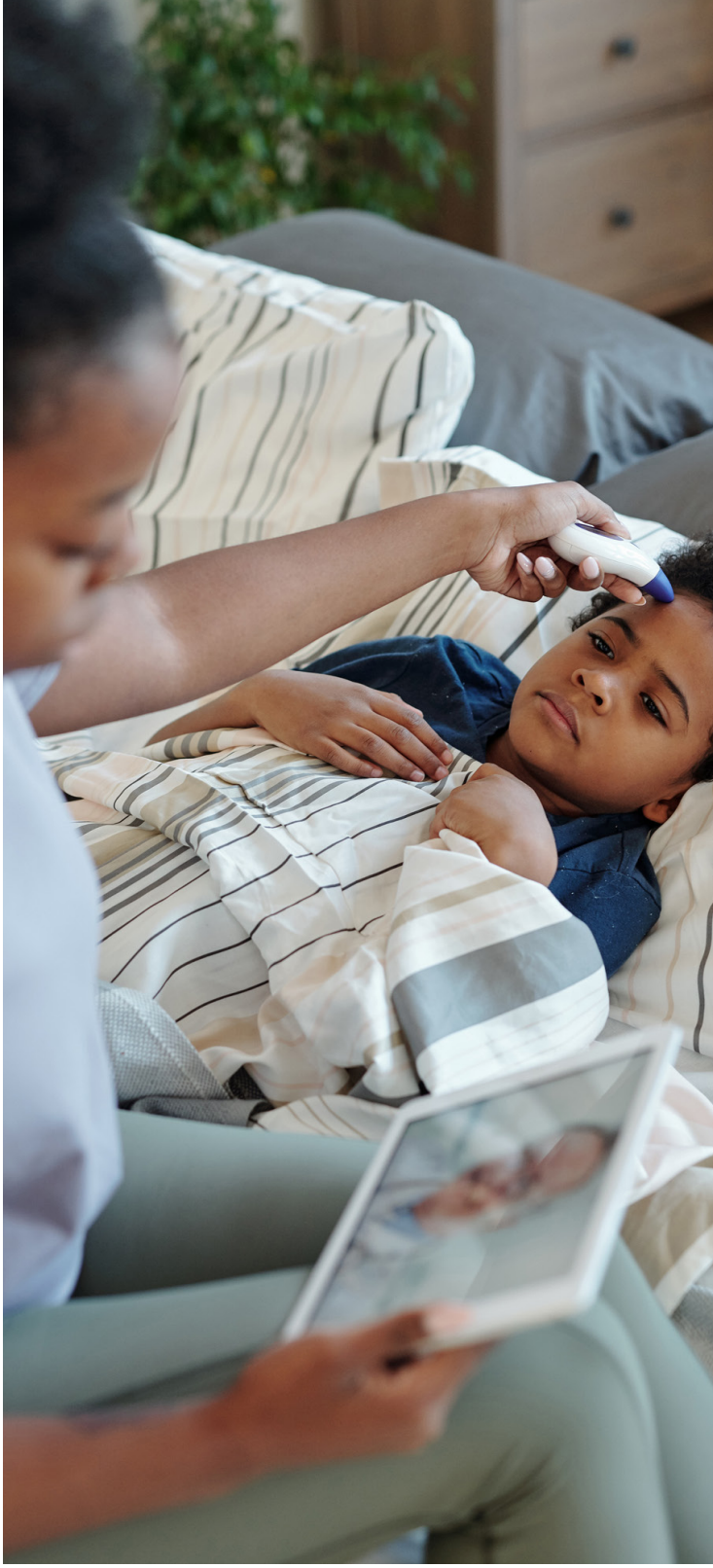
Convenient and affordable virtual care wherever you need it

From your therapy appointments to quick care, CVS Health Virtual Care has got you covered. You can use CVS Health Virtual Care in addition to your traditional network of providers. Access is included as part of your medical plan from Aetna, a CVS Health company because **healthier happens together**.

- **On-Demand Care:** Access 24/7 quick care for minor illnesses and injuries
- **Mental Health Services:** Get counseling for things like anxiety and stress, plus psychiatry services for medication management.
- Extend to in-person care when needed at nearby MinuteClinic locations or in-network provider clinics.

GET STARTED TODAY WITH CVS HEALTH VIRTUAL CARE

- Activate your virtual care benefit by visiting **www.cvs.com/virtual-care**
- Create an account and confirm your details
- Schedule a mental health appointment, or request on-demand care 24/7/365



Scan the QR code to activate your virtual care benefit

SAVE TIME AND MONEY!

AMERIHEALTH ADMINISTRATORS COVERED MEMBERS

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing Telemedicine and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care - when you need care fast.

KNOW WHERE TO GET CARE

Visits to the ER can be very costly, so before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from Telemedicine or at an Urgent Care Center instead.

TELEMEDICINE	URGENT CARE CENTER	EMERGENCY ROOM
• Cold/Flu • Allergies • Animal/insect bites • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/eye irritation • Urinary issues • Dermatology • Behavioral health	• Allergic reactions • Bone x-rays, sprains or strains • Nausea, vomiting, diarrhea • Fractures • Whiplash • Sports injuries • Cuts and minor lacerations • Infections • Tetanus vaccinations • Minor burns and rashes	• Heart attack • Stroke symptoms • Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath • Coughing up blood • High fever with stiff neck, confusion, or difficulty breathing • Sudden loss of consciousness • Excessive blood loss

HOW TO ACCESS TELEMEDICINE 24/7

$0 Cost telemedicine vs. virtual office visits

Please note that Telemedicine services are different from virtual/telephonic office visits with your participating provider. Most health plans have a **$0 copay for the Telemedicine services** listed on this page.

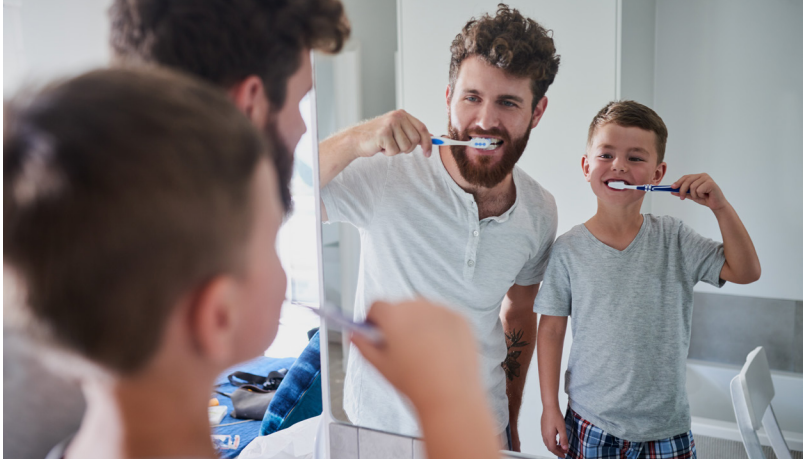
Virtual/Telephonic Office Visits with your participating provider may require a copay or coinsurance in accordance with your specific health plan. For more information on your cost-share for virtual office visits, please consult your insurance carrier at the customer service number on the back of your ID card.

TELADOC

- Call **855.835.2362**
- Visit **www.teladoc.com**
- Go to **teladoc.com/mobile** to learn more or download the mobile app from the App Store or Google Play

DENTAL BENEFITS

HORIZON

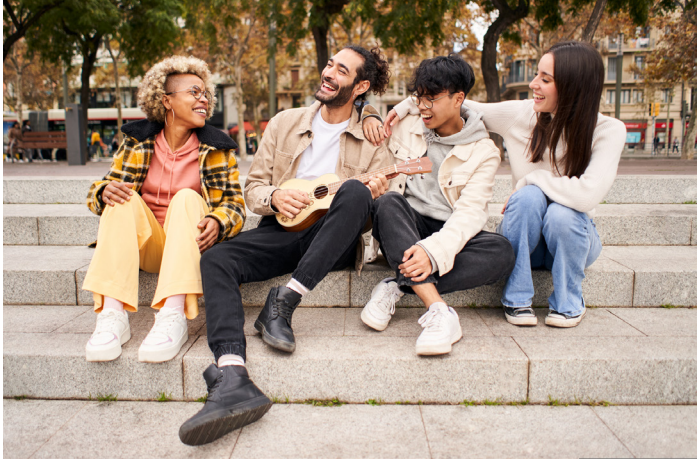


Below is an overview of the Horizon dental plans, effective January 1, 2026 through December 31, 2026.

	DENTAL OPTION PLAN	HDC PLAN B	TOTAL CARE
BENEFITS	**IN & OUT-OF-NETWORK**	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**
ANNUAL DEDUCTIBLE	$50 per person / $150 per family	None	none
CALENDAR YEAR MAXIMUM (Per Patient)	$1,000	None	None
EXAMS AND PREVENTIVE SERVICES Exams, Fluoride Treatment (child), Selant Application, Prophylaxis	Plan pays 100%	Plan pays 100%	Plan pays 100%
X-RAYS Panoramic, Full-mouth X-rays	Plan pays 100%	Plan pays 100%	Plan pays 100%
SPACE MAINTAINERS Space Maintainers - Fixed unilateral/bilateral	Plan pays 80%	Plan pays 50%	Plan pays 100%
RESTORATIONS AND REPAIRS Amalgam restorations, Composite restorations (other than for molars)	Plan pays 80%	Plan pays 100%	Plan pays 100%
ENDODONTICS Pulp cap/Pulpotomy, Root canal therapy - anterior/bicuspid Root canal therapy molar, Denture adjustments and repairs	Plan pays 80% Plan pays 80%	Plan pays 100% Plan pays 50%	Plan pays 100% Plan pays 100%
PERIODONTICS Scaling/root planing, Gingivectomy, Soft tissue grafts, Periodontal matinenance Osseous Surgery	Plan pays 80% Plan pays 80%	Plan pays 100% Plan pays 50%	Plan pays 100% Plan pays 100%
ORAL SURGERY Routine extractions, Soft tissue surgical extractions, Incision/drainage of abscess Surgical extraction - impacted	Plan pays 80% Plan pays 80%	Plan pays 100% Plan pays 50%	Plan pays 100% Plan pays 100%
MAJOR RESTORATIONS - CROWNS	Plan pays 50%	Plan pays 50%	Plan pays 100%
DENTURES - COMPLETE AND PARTIAL	Plan pays 50%	Plan pays 50%	Plan pays 100%
FIXED BRIDGES - RETAINERS AND PONTICS	Plan pays 50%	Plan pays 50%	Plan pays 100%
ORTHODONTIA PROCEDURES	Plan pays 50%	Plan pays 50% (child only)	Plan pays 100% (child only)

NOTE: Under the Dental Option Plan, members who obtain services from an out-of-network provider may be balance billed.

NJ COVERAGE FOR ADULT DEPENDENTS TO AGE 31



New Jersey Chapter 375 has been amended to provide qualified adult children under the age of 31 the chance to continue coverage as a dependent on their parent's medical and prescription coverage.

Does my child qualify to enroll in our plan?

Adult children may request an enrollment as a dependent under your plan if the child meets the following criteria:

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

Must I reside in New Jersey to be eligible?

No, but you must be covered by a New Jersey fully insured health plan and your adult child must be a resident of the state or a full-time student at an accredited school in any state or country.

When can my child enroll or re-enroll under the terms of NJ's Adult Dependent law?

Eligible adult children who reach the limiting age under their parent's coverage may make an enrollment request at any time. Through this continuous open enrollment, an eligible young adult may enroll at any time with proof or prior creditable coverage. The coverage does not have to be from immediately prior to the enrollment.

How do I request enrollment for my child?

Contact the Camden County Board of Social Services Personnel Deparment to obtain an enrollment packet that will include an application and rate information. The dependent must enroll in the same plan as the employee and coverage is available for medical and prescription drug. Each dependent will be billed directly at their home. Employers do not make any contributions to adult dependent coverage and it cannot be billed as a payroll deduction to the employee. Please return the completed application to Tameka Hines-Downing in Personnel.

How does this law impact COBRA?

If your child ages-out of your health plan, they have the option of electing COBRA for 36 months OR electing coverage under the NJ Dependent Coverage law. you will need to weigh the pros and cons of each option before enrolling. While COBRA coverage will last for up to 36 months, it is important to note that coverage under NJ Chapter 375 is contingent upon you as the employee remaining covered and on your child maintaining their qualifications under the criteria above. NJ Chapter 375 coverage is partially subsidized by the state and the rates are lower than the cost of COBRA coverage. Losing coverage under NJ's law will not create a new COBRA qualifying event.

RAMP HEALTH

WELLNESS COACHING

Camden County Board of Social Services is please to offer wellness coaching for employees through Ramp Health.

Our Wellness Coach, Lisa White, provides one-on-one coaching sessions to educate employees on topics such as:

- Nutrition
- Healthy eating
- Exercise
- Weight loss
- Stress
- Blood pressure
- Smoking cessation

HOW TO CONTACT OUR WELLNESS COACH

Lisa is available for sessions every week Monday - Friday from 8:30 am to 4:30 pm. Wednesday and Thursday sessions are typically dedicated to nutrition and dietary coaching.

If you would like to schedule an appointment with Lisa, please email Lisa at **lwhite@ramphealth.com** or call **856.433.1545**.

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**

HEALTHY LEARN

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**

GOOD RX

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.

Learn more at: **connerstrong.goodrx.com**

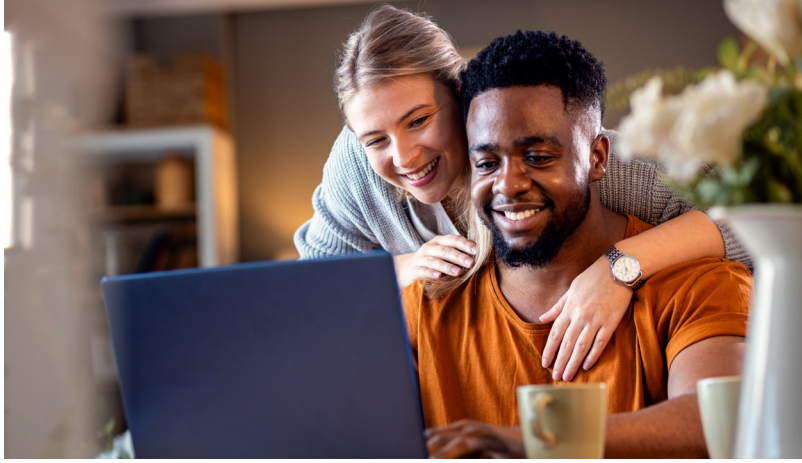
HUSK MARKETPLACE

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace. As part of the HUSK Marketplace program, you are eligible for exclusive discounts on:

- Gyms & Fitness Centers
- HUSK Nutrition
- Home Equipment & Tech
- On-Demand Fitness
- Mental Health

Visit **marketplace.huskwellness.com/connerstrong** for more information!

EMPLOYEE RESOURCES



BENEFITS MEMBER ADVOCACY CENTER

Need help resolving a benefits issue?

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a medical bill
- Are unclear on how your benefits work
- Need help resolving a benefits problem you've been working on

You can contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm, EST)
- Via web: **connerstrong.com/memberadvocacy**
- Via email: **cssteam@connerstrong.com**

Member Advocates are available Monday through 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.

BENEPORTAL

Online Benefits Resource

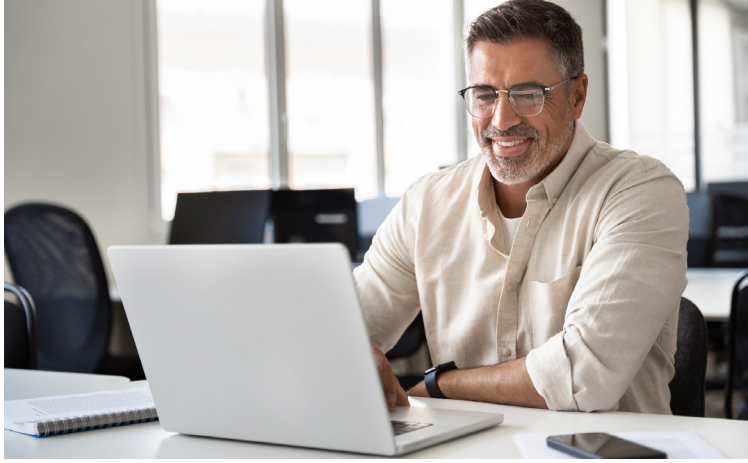
BenePortal is your virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, and pertinent forms and guides.

BenePortal Features Include:

- Secure online access
- Mobile optimized site
- Direct links to specific insurance carrier websites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- Conner Strong value-added services
- And more!

BenePortal is available 24/7 to employees and their dependents. Simply go to **camdenbossbenefits.com** to access your benefits information today!

BENEFIT CONTACTS & RESOURCES



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
MEDICAL BENEFITS **AETNA**	Aetna	800-370-4526	www.aetna.com
MEDICAL BENEFITS **AMERIHEALTH**	AmeriHealth Administrators	844-352-9198	www.ahatpa.com
PRESCRIPTION DRUG BENEFITS	Express Scripts	888-327-9791	www.express-scripts.com
DENTAL BENEFITS	Horizon Blue Cross Blue Shield	800-433-6825	www.horizonblue.com
BENEFITS QUESTIONS	Conner Strong & Buckelew Benefits Member Advocacy Center	800-563-9929	www.connerstrong.com/memberadvocacy

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 New Jersey Regional Employee Benefits 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 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 Fund 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).

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Newborns' and Mothers' Health Protection Act Notice

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 Notice

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 medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please speak with Human Resources.

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

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

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

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

LEGAL NOTICES

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: KIHIPP.PROGRAM@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: HHSHIPPProgram@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

camden county
Board of Social Services

SouthernJersey FUND

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