



**NEW HIRE OMNIA HEALTH ENROLLMENT / DECLINE**

I ELECT OMNIA MEDICAL AND RX COVERAGE

I ELECT Dental COVERAGE

I AM WAIVING COVERAGE:  Medical/Rx  Dental (please attach a copy of your current medical insurance ID card)

Employer Name: Linden Board of Education Employment Date <u>09</u> / <u>01</u> / 2018	<b>Policy Information:</b>  <b>TPAF &amp; PERS(non-custodial/non-admin)</b> <ul style="list-style-type: none"> <li>Eligible for individual or family insurance coverage effective as of hire date.</li> <li>OMNIA Plan (base plan) with \$20/\$40 Rx (summary attached)</li> <li>Non-tenured TPAF / PERS employees may buy-up at additional cost.</li> <li>TPAF class reach tenure: 4 years &amp; 1day</li> </ul> <b>Horizon Omnia Medical &amp; Rx Plan</b> <ul style="list-style-type: none"> <li>Group Number: 086479 Subgroup: 035</li> <li>Contact #800-355-2583</li> </ul> <b>Horizon Dental Option Plan</b> <ul style="list-style-type: none"> <li>Group Number: 96702 Subgroup: 000</li> <li>Contact 1-800-433-6825</li> </ul>
Employer Address 2 East Gibbons Street Linden, NJ 07036  Employer Phone: 908-486-2800 x: 8023 Contact: Sara L. Simon, Benefits Coordinator	
<b>1. EMPLOYEE Last Name, First Name, M.I.</b>	
Social Security # _____ Sex: _____ Date of Birth ____/____/____ Home Address _____ Apt. _____ City _____ State _____ Zip Code _____	
Home Phone _____ E-Mail Address _____ Other Health Coverage _Yes_ _No_, If Yes, Payer Name _____	<b>4. CHILD Last Name, First Name, M.I.</b>
Policy # _____ Medicare ID #, If any _____	Social Security # _____ Sex: _____ Date of Birth ____/____/____ Other Health Coverage _Yes_ _No_, If Yes, Payer Name _____
<b>2. SPOUSE/CIVIL UNION Last Name, First Name, M.I.</b>	
Social Security # _____ Sex _____ Date of Birth ____/____/____ Other Health Coverage _Yes_ _No_, If Yes, Payer Name _____	Policy # _____ Medicare ID #, If any _____ If last name is different from Employee's, please explain: _____
Policy # _____ Medicare ID #, If any _____	Living with Employee? _Yes_ _No_ If No, Address: _____
<b>3. CHILD - Last Name, First Name, M.I.</b>	<b>5. CHILD Last Name, First Name, M.I.</b>
Social Security # _____ Sex: _____ Date of Birth ____/____/____ Other Health Coverage _Yes_ _No_, If Yes, Payer Name _____	Social Security # _____ Sex: _____ Date of Birth ____/____/____ Other Health Coverage _Yes_ _No_, If Yes, Payer Name _____
Policy # _____ Medicare ID #, If any _____ If last name is different from Employee's, please explain: _____	Policy # _____ Medicare ID #, If any _____ If last name is different from Employee's, please explain: _____
Living with Employee? _Yes_ _No_ If No, Address: _____	Living with Employee? _Yes_ _No_ If No, Address: _____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY VERIFICATION & ENROLLMENT

The Linden Public School District is required to ensure that only employees and their eligible children, and eligible dependents are receiving health care coverage under the programs. As a result, the Linden Public Schools must guarantee consistent application of eligibility requirements within the plans. Employees who enroll children or dependents for coverage (spouses – same & opposite sex, civil union partners, children, disabled and/or over age children continuing coverage) must submit the following documentation in addition to the appropriate health benefits enrollment or change of status application.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<b>SPOUSE</b>	A person to whom you are legally married.	<ul style="list-style-type: none"> <li>• A photocopy of the Marriage Certificate <b>and</b></li> <li>• A photocopy of the front page / top half of the employee's most recently filed federal tax return* (Form 1040) that includes the spouse.</li> </ul>
<b>CIVIL UNION PARTNER</b>	A person of the same sex with whom you have entered into a civil union.	<ul style="list-style-type: none"> <li>• A photocopy of the New Jersey Civil Union Certificate or a valid certification from another jurisdiction that recognizes same-sex civil unions <b>and</b></li> <li>• A photocopy of the front page of the employee's most recently filed NJ tax return* that includes the partner <b>or</b> a photocopy of a recent (within 90 days of application) bank statement or bill that includes the names of both partner's and is received at the same address.</li> </ul>
<b>CHILDREN</b>	<p>A subscriber's child until age 26, regardless of the child's marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents.</p> <p>This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.</p>	<ul style="list-style-type: none"> <li>• <b>Natural or Adopted Child</b> – A photocopy of the child's birth certificate showing the name of the employee as a parent.</li> <li>• <b>Step Child</b> – A photocopy of the child's birth certificate showing the name of the employee's spouse or partner as a parent <b>and</b> a photocopy of the marriage/partnership certificate showing the names of the employee and spouse/partner.</li> <li>• <b>Legal Guardian, Grandchild, or Foster Child</b> – Photocopies of Final Court Orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the covered employee.</li> </ul>
<b>DEPENDENT CHILDREN WITH DISABILITIES</b>	<p>If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered under the Linden plans, and (2) the child continues to be disabled, and (3) the child is unmarried or does not enter into a civil union or domestic partnership, and (4) the child remains substantially dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.</p>	<ul style="list-style-type: none"> <li>• Documentation for the appropriate "Child" type as noted on page 1 <b>and</b> a photocopy of the front page of the employee's most recently filed federal tax return* (Form 1040) that includes the child.</li> <li>• If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted.</li> </ul> <p><b>Please note</b> that this information is only verifying the child's eligibility as a dependent. The disability status of the child is determined through a separate process.</p>

\***Note:** For tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

To obtain copies of the documents listed above, contact the office of the Town Clerk in the city of the birth, marriage, etc., or visit these Web sites: [www.vitalrec.com](http://www.vitalrec.com) or [www.studentclearinghouse.org](http://www.studentclearinghouse.org) New Jersey residents can obtain records from the State Bureau of Vital Statistics and Registration Web site: [www.state.nj.us/health/vital/index.shtml](http://www.state.nj.us/health/vital/index.shtml)

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DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
<b>CONTINUED COVERAGE FOR OVER AGE CHILDREN</b>	<p>Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of Chapter 375, P.L. 2005.</p> <p>This includes a child by blood or law who:</p> <ul style="list-style-type: none"> <li>• Is under the age of 31;</li> <li>• Is unmarried or not a partner in a civil union or domestic partnership;</li> <li>• Has no dependent(s) of his or her own;</li> <li>• Is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 credit hours; and</li> <li>• Is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or health benefits plan, or entitled to benefits under Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation for the appropriate “Child” type as noted on page 1 <b>and</b> a photocopy of the front page of the child’s most recently filed federal tax return* (Form 1040), <b>and</b> if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.</li> </ul>

**\*Note:** For tax forms you may black out all financial information and all but the last 4 digits of any Social Security numbers.

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**PLEASE SUBMIT ALL REQUIRED DEPENDENT DOCUMENTATION WITH YOUR ENROLLMENT FORMS.**

## OMNIA State Defector (with BlueCard)

Benefit	OMNIA Tier 1	Tier 2
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	\$0	\$1,500
Family	\$0	\$3,000
	Deductible is Calendar Year	
<b>Coinsurance</b>	100%	80%
<b>Maximum Out of Pocket</b>		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	Unlimited
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$5 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after \$20 copay
Specialist Office Visit	100% after \$15 copay A referral is not required to visit a specialist.	100% after \$30 copay
Maternity Visits	100% after \$15 copay Copoly applies to 1st visit only Dependent children are eligible for maternity/obstetrical benefits.	100% after \$30 copay
Allergy Testing and Treatment	100% outpatient facility *Copoly only applies to office visit if billed.	80% after deductible outpatient facility
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or LabCorp 100% in outpatient facility	100% in office or LabCorp 80% after deductible outpatient facility
X-ray/Radiology Services	100% in office 100% in outpatient facility	100% in office 80% after deductible outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at <b>1-866-969-1234</b> to schedule an appointment.		
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission	\$150 copay per admission (does not apply to maternity, mental health/substance abuse or hospice)	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Department Services (Non-Surgical)	100% after \$15 copay	80% after deductible

## OMNIA State Defector (with BlueCard)

Emergency Care		
	100% after \$100 facility copay (copay waived if admitted)	100% after \$100 facility copay (copay waived if admitted)
Emergency Room	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	100%
Outpatient Surgery		
Hospital Outpatient Surgery	\$150 copayment	80% after deductible
Surgery in an Ambulatory SurgiCenter	\$150 copayment	80% after deductible
Mental Health Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Substance Abuse Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Alcohol Abuse Services		
Inpatient	100%	80% after deductible
Outpatient Department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Bariatric Surgery	100%	80% after deductible
Diabetic Education	100% after office copayment	100% after office copayment
Diabetic Supplies	100%	80% after deductible
Durable Medical Equipment	100%	80% after deductible
Orthotics and Prosthetics	100% after \$5 copay	100% after \$20 copay
Home Health Care	100% after \$5 copay	100% after \$20 copay
Hospice Care	100%	100%
Infertility	100% after \$15 copay office visit 100% after \$15 copay outpatient facility	100% after \$30 copay office visit 80% after deductible in outpatient facility
Physical Rehabilitation Facility Inpatient Services	\$150 per admission	80% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$5 copay 100% after \$5 copay in outpatient facility 30 visit maximum per therapy, per benefit period	100% after \$20 copay 80% after deductible in outpatient facility
Private Duty Nursing	100%	80% after deductible
Skilled Nursing Facility/Extended Care Center	\$150 per admission Limited to 100 days per benefit period	80% after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after \$15 copay 25 visit maximum per benefit period	100% after \$30 copay
Adult Vision	100% after \$15 copay	100% after \$30 copay
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$125	
Telemedicine Services	100% after \$5 copay	
Prescription Drugs		
Covered under freestanding prescription program		

## Prescription Drug Program

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Brand Name Drugs
<b>Two Tier Copayment Plan:</b>		
<b>Retail:</b> Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$20	\$40
<b>Mail Order:</b> Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$40	\$80
<b>Front End Deductible:</b> Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		
		Not Applicable
<b>Benefit Period Maximum</b>		
		Unlimited
<b>Plan includes:</b>		
	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives	
<b>Mandatory Generic:</b>		
		Not Applicable
<b>Specialty Pharmacy Program:</b>		
Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.	<ul style="list-style-type: none"> <li>• Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy.</li> <li>• Claims assistance to help determine individual coverage and file the necessary paperwork.</li> <li>• Easy access to pharmacists and other health experts 24 hours a day, seven days a week.</li> <li>• Single, reliable source for specialty medication needs.</li> <li>• Easy ordering with a dedicated toll-free number.</li> <li>• Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)</li> <li>• Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.</li> <li>• NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.</li> </ul>	
<b>Exclusions:</b>		
	Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum <b>Lifestyle Drugs***</b>	

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbsnj.com](http://www.horizon-bcbsnj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on

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## LINDEN Board of Education - 96702

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Horizon Dental Plan		Dental Option Plan
Annual Deductible		\$25 per person/ \$75 per family
Out-of-network		Yes
Annual Maximum		\$1500
Ortho Max		\$1,000
COVERED SERVICES		OUT-OF-POCKET COSTS
<b>Exams and Preventive Services Exams*</b>  Exams are covered 2x's a year and cleanings 4x's a year.	All exams Fluoride treatment (child) Sealant application Prophylaxis	0%
<b>X-rays*</b>	Panoramic Full-mouth X-rays	0%
<b>Space maintainers</b>	Space maintainers – fixed unilateral/bilateral	20%
<b>Restorations and Repairs</b>	Amalgam restorations Composite restorations (other than for molars) Denture adjustments and repairs	20%
<b>Endodontics</b>	Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid, molar	20%
<b>Periodontics</b>	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	20%
<b>Oral Surgery</b>	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions – impacted	20%
COVERED SERVICES		OUT-OF-POCKET COSTS
<b>Major Restoration</b>	Crowns – Inlays & Crowns	20%
<b>Dentures</b>	Complete and partial dentures	40%
<b>Fixed Bridges</b>	Retainers and pontics	40%
<b>Orthodontic Procedures (per optional rider)</b>	For Adults & Children. Limited to one complete orthodontic treatment per lifetime	50%

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.

# Dental Vocabulary

## Visits and Exams

**Fluoride Treatment** - a prescription strength fluoride product that helps strengthen the tooth surface and prevent cavities.

**Sealant Application** - a composite material used to seal the decay-prone pits, fissures and grooves of children's teeth to prevent tooth decay.

**Space Maintainer** - a dental appliance that fills the space of a lost tooth or teeth and prevents other teeth from moving into the space. Used especially in orthodontic and pediatric treatment.

**Prophylaxis** - the scaling and polishing procedure performed to remove calculus, plaque and stains from teeth.

## Restorations and Repairs

**Restoration** - any material or device used to replace tooth structure lost because of decay or fracture.

**Amalgam** - an alloy used to restore teeth.

**Composite Restoration** - a tooth-colored material used to restore teeth.

## Endodontics

**Endodontics** - the dental specialty that deals with injuries to or diseases of the pulp, or nerve, of the tooth.

**Pulp Cap** - procedure used by which pulp is covered with a dressing or cement.

**Pulpotomy** - to remove a portion of the tooth's pulp.

**Root Canal Therapy** - the process of treating disease or inflammation of the pulp or root canal. This involves removing the pulp and tooth's nerves and filling the canal(s) with an appropriate material for a permanent seal.

**Anterior** - refers to the teeth and tissues toward the front of the mouth.

**Molar** - the broad, multicusped back teeth used for grinding food.

**Bicuspid** - a two-cusped tooth found between the molar and the cuspid.

## Periodontics

**Periodontics** - the dental specialty that deals with injuries or diseases of the gums and supporting tissues.

**Scaling** - a procedure used to remove plaque, calculus and stains from the teeth.

**Root Planning** - the process of scaling and planning root surfaces to remove all calculus, plaque and infected tissue.

**Gingivectomy** - the surgical removal of gingival (gum) tissue.

**Osseous Surgery** - surgery performed to correct damage to gingival (gum) tissue and supporting structures as a result of periodontal disease.

## Oral Surgery

**Surgical Extractions** - extraction of an unerupted tooth by making a surgical incision.

**Incision and Drainage of Abscess** - making an incision so the trapped liquids in the infected tissue can escape.

## Major Restoration

**Crowns** - the portion of the tooth that is covered by enamel. Also a dental restoration that covers the area of the tooth and restores it to its original shape.

## Dentures

**Complete Dentures** - a dental prosthesis that replaces all the natural teeth of a single dental arch.

**Partial Dentures** - a dental prosthesis that replaces one or more, but less than all, of the natural teeth and associated structures in an arch.

## Fixed Bridges

**Retainers** - the part of a fixed bridge that attaches a false tooth to a natural tooth or implant.

**Pontics** - an artificial tooth used in a fixed bridge to replace a missing tooth.

**Linden Public Schools**  
**2018 - 2019 RATES - MONTHLY AND ANNUAL CONTRIBUTIONS FOR OMNIA HEALTH PLAN**

Omnia w/RX	Monthly	Annual premiums
<b>Single</b>	\$ 794.79	\$ 9,537.48
<b>2 Adults</b>	\$ 1,708.55	\$ 20,502.60
<b>P/C</b>	\$ 1,381.10	\$ 16,573.20
<b>Family</b>	\$ 2,023.40	\$ 24,280.80

10 MONTH STAFF    12 MONTH STAFF

<b>SINGLE</b>	<b>YEAR 4</b>	Single Monthly Contribution	Single Annual Contribution
less than 20,000	4.50%	\$ 35.77	\$ 429.19
20,000 - 24,999.99	5.50%	\$ 43.71	\$ 524.56
25,000-29,999.99	7.50%	\$ 59.61	\$ 715.31
30,000-34,999.99	10.00%	\$ 79.48	\$ 953.75
35,000-39,999.99	11.00%	\$ 87.43	\$ 1,049.12
40,000-44,999.99	12.00%	\$ 95.37	\$ 1,144.50
45,000-49,999.99	14.00%	\$ 111.27	\$ 1,335.25
50,000-54,999.99	20.00%	\$ 158.96	\$ 1,907.50
55,000-59,999.99	23.00%	\$ 182.80	\$ 2,193.62
60,000-64,999.99	27.00%	\$ 214.59	\$ 2,575.12
65,000-69,999.99	29.00%	\$ 230.49	\$ 2,765.87
70,000-74,999.99	32.00%	\$ 254.33	\$ 3,051.99
75,000-79,999.99	33.00%	\$ 262.28	\$ 3,147.37
80,000-94,999.99	34.00%	\$ 270.23	\$ 3,242.74
95,000 and over	35.00%	\$ 278.18	\$ 3,338.12

<b>20 pays</b>	<b>24 pays</b>
\$ 21.46	\$ 17.88
\$ 26.23	\$ 21.86
\$ 35.77	\$ 29.80
\$ 47.69	\$ 39.74
\$ 52.46	\$ 43.71
\$ 57.22	\$ 47.69
\$ 66.76	\$ 55.64
\$ 95.37	\$ 79.48
\$ 109.68	\$ 91.40
\$ 128.76	\$ 107.30
\$ 138.29	\$ 115.24
\$ 152.60	\$ 127.17
\$ 157.37	\$ 131.14
\$ 162.14	\$ 135.11
\$ 166.91	\$ 139.09

<b>2 ADULTS OR PARENT /CHILD(REN)</b>	<b>YEAR 4</b>	2 Adults Monthly Contribution	2 Adults Annual Contribution
less than 25,000	3.50%	\$ 59.80	\$ 717.59
25,000-29,999.99	4.50%	\$ 76.88	\$ 922.62
30,000-34,999.99	6.00%	\$ 102.51	\$ 1,230.16
35,000-39,999.99	7.00%	\$ 119.60	\$ 1,435.18
40,000-44,999.99	8.00%	\$ 136.68	\$ 1,640.21
45,000-49,999.99	10.00%	\$ 170.86	\$ 2,050.26
50,000-54,999.99	15.00%	\$ 256.28	\$ 3,075.39
55,000-59,999.99	17.00%	\$ 290.45	\$ 3,485.44
60,000-64,999.99	21.00%	\$ 358.80	\$ 4,305.55
65,000-69,999.99	23.00%	\$ 392.97	\$ 4,715.60
70,000-74,999.99	26.00%	\$ 444.22	\$ 5,330.68
75,000-79,999.99	27.00%	\$ 461.31	\$ 5,535.70
80,000-84,999.99	28.00%	\$ 478.39	\$ 5,740.73
85,000-99,999.99	30.00%	\$ 512.57	\$ 6,150.78
100,000 and over	35.00%	\$ 597.99	\$ 7,175.91

20 pays	24 pays
\$ 35.88	\$ 29.90
\$ 46.13	\$ 38.44
\$ 61.51	\$ 51.26
\$ 71.76	\$ 59.80
\$ 82.01	\$ 68.34
\$ 102.51	\$ 85.43
\$ 153.77	\$ 128.14
\$ 174.27	\$ 145.23
\$ 215.28	\$ 179.40
\$ 235.78	\$ 196.48
\$ 266.53	\$ 222.11
\$ 276.79	\$ 230.65
\$ 287.04	\$ 239.20
\$ 307.54	\$ 256.28
\$ 358.80	\$ 299.00

**Linden Public Schools**  
**2018 - 2019 RATES - MONTHLY AND ANNUAL CONTRIBUTIONS FOR OMNIA HEALTH PLAN**

<b>PARENT /CHILD(REN)</b>	<b>YEAR 4</b>	<b>Monthly Contribution PC</b>	<b>PC Annual Contribution</b>
less than 25,000	3.50%	\$ 48.34	\$ 580.06
25,000-29,999.99	4.50%	\$ 62.15	\$ 745.79
30,000-34,999.99	6.00%	\$ 82.87	\$ 994.39
35,000-39,999.99	7.00%	\$ 96.68	\$ 1,160.12
40,000-44,999.99	8.00%	\$ 110.49	\$ 1,325.86
45,000-49,999.99	10.00%	\$ 138.11	\$ 1,657.32
50,000-54,999.99	15.00%	\$ 207.17	\$ 2,485.98
55,000-59,999.99	17.00%	\$ 234.79	\$ 2,817.44
60,000-64,999.99	21.00%	\$ 290.03	\$ 3,480.37
65,000-69,999.99	23.00%	\$ 317.65	\$ 3,811.84
70,000-74,999.99	26.00%	\$ 359.09	\$ 4,309.03
75,000-79,999.99	27.00%	\$ 372.90	\$ 4,474.76
80,000-84,999.99	28.00%	\$ 386.71	\$ 4,640.50
85,000-99,999.99	30.00%	\$ 414.33	\$ 4,971.96
100,000 and over	35.00%	\$ 483.39	\$ 5,800.62

<b>20 pays</b>	<b>24 pays</b>
\$ 29.00	\$ 24.17
\$ 37.29	\$ 31.07
\$ 49.72	\$ 41.43
\$ 58.01	\$ 48.34
\$ 66.29	\$ 55.24
\$ 82.87	\$ 69.06
\$ 124.30	\$ 103.58
\$ 140.87	\$ 117.39
\$ 174.02	\$ 145.02
\$ 190.59	\$ 158.83
\$ 215.45	\$ 179.54
\$ 223.74	\$ 186.45
\$ 232.02	\$ 193.35
\$ 248.60	\$ 207.17
\$ 290.03	\$ 241.69

<b>FAMILY</b>	<b>YEAR 4</b>	<b>Monthly Contribution Family</b>	<b>Family Annual Contribution</b>
less than 25,000	3.00%	\$ 60.70	\$ 728.42
25,000-29,999.99	4.00%	\$ 80.94	\$ 971.23
30,000-34,999.99	5.00%	\$ 101.17	\$ 1,214.04
35,000-39,999.99	6.00%	\$ 121.40	\$ 1,456.85
40,000-44,999.99	7.00%	\$ 141.64	\$ 1,699.66
45,000-49,999.99	9.00%	\$ 182.11	\$ 2,185.27
50,000-54,999.99	12.00%	\$ 242.81	\$ 2,913.70
55,000-59,999.99	14.00%	\$ 283.28	\$ 3,399.31
60,000-64,999.99	17.00%	\$ 343.98	\$ 4,127.74
65,000-69,999.99	19.00%	\$ 384.45	\$ 4,613.35
70,000-74,999.99	22.00%	\$ 445.15	\$ 5,341.78
75,000-79,999.99	23.00%	\$ 465.38	\$ 5,584.58
80,000-84,999.99	24.00%	\$ 485.62	\$ 5,827.39
85,000-89,999.99	26.00%	\$ 526.08	\$ 6,313.01
90,000-94,999.99	28.00%	\$ 566.55	\$ 6,798.62
95,000-99,999.99	29.00%	\$ 586.79	\$ 7,041.43
100,000-109,999.99	32.00%	\$ 647.49	\$ 7,769.86
110,000 and over	35.00%	\$ 708.19	\$ 8,498.28

<b>20 pays</b>	<b>24 pays</b>
\$ 36.42	\$ 30.35
\$ 48.56	\$ 40.47
\$ 60.70	\$ 50.59
\$ 72.84	\$ 60.70
\$ 84.98	\$ 70.82
\$ 109.26	\$ 91.05
\$ 145.68	\$ 121.40
\$ 169.97	\$ 141.64
\$ 206.39	\$ 171.99
\$ 230.67	\$ 192.22
\$ 267.09	\$ 222.57
\$ 279.23	\$ 232.69
\$ 291.37	\$ 242.81
\$ 315.65	\$ 263.04
\$ 339.93	\$ 283.28
\$ 352.07	\$ 293.39
\$ 388.49	\$ 323.74
\$ 424.91	\$ 354.10

# LINDEN PUBLIC SCHOOLS

## Business Office

**Danny A. Robertozzi, Ed.D.**  
Superintendent

**Kathleen A. Gaylord**  
Business Administrator/  
Board Secretary



**Administration Building**  
2 E. Gibbons Street  
Linden, NJ 07036  
(908) 486-2800 - Ext. 8015  
FAX (908) 486-8891

July 2018-19

**TO:** Linden Public School Benefits Eligible Employees and Family

**FROM:** Linden Board of Education

**SUBJECT: Notification of Health Benefits Rights Under Federal Law**

This letter provides information about health benefits that federal and State law require the employer to send to you and your family members enrolled under the Linden Public Schools Health Insurance coverages (medical, prescription drug and/or dental). Everyone enrolled under your coverage should read this information. You should keep this letter and the enclosed information for future reference.

The first enclosure (the initial notification marked "Important Notice") details your rights under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA allows you or your covered dependents to extend health benefit coverage under the Linden Public Schools in certain cases where you would otherwise lose that coverage.

The second enclosure (*Notice to Health Benefits Program Participants About Compliance with Federal Health Insurance Requirements*) contains information about special coverage provisions under federal law. The law establishes certain coverage requirements applicable to most employer health insurance plans.

The third enclosure (*Medicaid and Children's Health Insurance Programs*) provides information about premium assistance available to individuals for employer-sponsored health coverage.

The fourth enclosure (*Health Benefit Coverage of Children Until Age 31 Under Chapter 375*) provides information about the coverage available to over age children who lose health benefit coverage prior to turning age 31.

There is nothing that you or your family members have to do as a result of this information. The sole purpose is to inform you of your rights under these federal and State laws and, by doing so, comply with the notification requirements contained in the laws. If you have any questions concerning this mailing, you should contact Sara Simon, Benefits Coordinator/Confidential Secretary at (908) 486-2800 ext. 8023



**IMPORTANT NOTICE**  
**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."

### **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;

**For all other qualifying events (divorce or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Sara Simon, Benefits Coordinator. *In the event of a divorce, you must provide a copy of the final decree page along with an enrollment change form signed by you. Failure to do so will result in your inability to remove the dependent from your status and therefore not reducing your payroll contribution until open enrollment.***

### **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. You must provide a copy of the SS disability approval letter along with a letter requesting the extension to the Benefits Office at the Administration Building.



## ***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](http://www.healthcare.gov).

## **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](http://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](http://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.

## **Plan contact information**

*Information about the Linden BOE Plans and COBRA continuation coverage can be obtained on request by contacting:*

Sara L. Simon, Benefits Coordinator/Confidential Secretary  
Linden Public Schools  
Administration Building  
2 East Gibbons Street  
Linden, NJ 07036  
Phone: (908)486-2800 x: 8023  
Fax: (908)587-9604



<p style="text-align: center;"><b>Notice to Health Benefits Program Participants About Compliance with Federal Health Insurance Requirements</b></p>
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This notice is being provided to inform you about Linden Public Schools conformance with federal health insurance regulations.

Group health plans sponsored by State and local governmental employers, like the Linden Public Schools, must generally comply with federal law requirements in title XXVII of the Public Health Service Act to implement the following provisions that are contained in federal law:

1. Offer a special enrollment period to employees and dependents who do not enroll in the plan when initially eligible because they have other coverage, and who subsequently lose that coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you will be allowed to enroll yourself and your dependents in the Linden Public Schools Health Insurance plans if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you are allowed to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Sara Simon at extension 8023.

2. Provide a minimum level of hospital coverage for newborns and mothers, generally 48 hours for a vaginal delivery and 96 hours for a cesarean delivery;
3. Provide certain benefits for breast reconstruction after a mastectomy. The Linden Public School Horizon BCBSNJ Medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution;
5. Provide parity in mental health benefits, that is, any dollar limitations applied to mental health treatment cannot be lower than those on medical and surgical benefits.
6. Does **not** impose any pre-existing condition exclusions.

All Linden Public Schools Health Insurance plans meet or exceed all federal requirements.



## 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](http://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](http://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 January 31, 2014. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a> Medicaid Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084

<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a>

	CHIP Phone: 1-866-873-2647
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

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

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

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





## **HORIZON BLUE CROSS/BLUE SHIELD MEDICAL AND PRESCRIPTION COVERAGE FOR OVER-AGE DEPENDENTS**

On January 1, 2009, an amendment to the Under 30 Dependents Law (Chapter 375) became effective. Under this law, dependents 30 years of age or younger who would otherwise lose coverage due to an age limit under their parent's group health plan (age-out) will be permitted to elect continued coverage if they meet certain eligibility requirements. Like Chapter 375, the new law provides an over-age dependent with another option in addition to COBRA or New Jersey Group Continuation (NJGC), which allows dependents to continue to be covered under a group health benefits plan for a period of time when certain events occur that make a dependent ineligible for group coverage.

### **Eligibility requirements**

An over-age dependent is defined as the child of a subscriber by blood or law who meets all of the following requirements:

- Is 30 years of age or younger;
- Is unmarried and is not a domestic partner or in a civil union;
- Has no dependents of his/her own;
- Is either a resident of New Jersey or is enrolled as a full-time student at an accredited public or private institution of higher education;
- Is not covered under any other group or individual health benefits plan, group health plan, church plan, health benefits plan and is not covered under Medicare;
- Is the child of a parent who is actively covered as an employee under a group health plan that is a fully-insured plan issued in New Jersey, and is enrolled in a unit of coverage that covers dependents (unless all children have already aged-out);
- Provides evidence of prior, creditable coverage or receipt of benefits from another individual health benefits plan, group health plan, church plan, health benefits plan or Medicare.

### **Electing and obtaining coverage**

Eligible over-age dependents who wish to enroll must make a positive election in writing to continue coverage under the primary insured's (subscriber's) health plan by completing an enrollment form (see *Enrolling* below).

Aging-out and other qualifying events are no longer conditions of eligibility. The DU31 mandates continuous open enrollment. An overage dependent may establish and re-establish eligibility and make a DU31 election multiple times before his or her 31<sup>st</sup> birthday.

### **Enrolling**

To enroll, your over-age dependent must complete the *Horizon Enrollment/Change Request Form (#6859)*, verify eligibility above and submit the completed form to Sara Simon, Benefits Coordinator. Please note for dependents aging out in the middle of a plan year, their coverage will continue until December 31. You will receive notification at the end of October about the options available for your dependent.

### **The cost for continuation**

Currently, the Horizon premium charge for over-age dependent coverage is calculated at **60.8 percent of the single rate of the plan in which you, the employee are enrolled**. This includes a two percent administrative fee. This charge will apply to each over-age dependent enrollee.

These rates change every July 1.

**Premium billing**

Horizon BCBSNJ will bill over-age dependents directly and the over-age dependents will send the premium payment directly to the insurance carrier. Over-age dependents are required to enter an address on the *Enrollment/Change Request Form* even when it is the same as the primary insured's address.

*Note: You must continue to receive coverage as a covered employee under the same plan as the dependent. Coverage for the dependent will be issued as stand-alone coverage.*

**WHEN COVERAGE ENDS**

Coverage for an enrolled over age child will end when the child no longer meets any one of the eligibility requirements listed above, or when the covered parent's coverage ends (for example: termination of employment, divorce, or death of the covered parent). Coverage may also be terminated in the event of non-payment of the required premiums.

Chapter 375 coverage ends on the first of the month following the event or the date that makes the child ineligible.

Coverage will be terminated if premiums are not received within 30 days of the payment due date. If the coverage was used and the premium(s) was not paid, the parent and Chapter 375 subscriber will be responsible for the additional monthly premiums. To terminate coverage, contact Horizon. A letter signed by the covered parent is also acceptable.

**Important information**

If your over-age dependent is not eligible for dependent to age 31 continuation election when he/she first ages-out (for example, he/she is living outside New Jersey and is not a full-time student), he/she would be eligible to continue coverage under COBRA. The Horizon Dental coverage or DGNJ dental is only available to dependents through COBRA continuation. A separate package will be mailed to each dependent for all lines of coverage, including dental, as per federal law.

If you have questions, please contact Sara Simon, Benefits Coordinator. You can also find additional information on the New Jersey DOBI Web site at [http://www.state.nj.us/dobi/division\\_consumers/du31.html](http://www.state.nj.us/dobi/division_consumers/du31.html).

# LINDEN PUBLIC SCHOOLS

## Business Office

**Danny A. Robertozzi, Ed.D.**

Superintendent

**Kathleen A. Gaylord**

Business Administrator/  
Board Secretary



**Administration Building**

2 E. Gibbons Street

Linden, NJ 07036

(908) 486-2800 - Ext. 8015

FAX (908) 486-8891

## **Important Notice from the Linden Board of Education About Your Prescription Drug Coverage through the Linden Board of Education and Medicare, as required by the Centers for Medicaid and Medicare.**

Please note, if you are actively working and are over 65, you and/or any of your covered Medicare-eligible dependents are not required to enroll in Medicare Part D at this time. This notice is being provided to you as an annual requirement of the Centers for Medicaid and Medicare Services. Its purpose is to alert any Medicare-eligible employees or their covered Medicare-eligible dependents to the fact that the Linden Board of Education's prescription plan pays as much as a standard Medicare prescription drug coverage pays **and is therefore considered Creditable Coverage**. Because this existing coverage is Creditable Coverage, you can keep this coverage and you will not be subject to pay a higher premium (a penalty) if you lose our coverage and **later** decide to join a Medicare drug plan.

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### **Please read this notice carefully and keep it where you can find it.**

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

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

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

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### **When Can You Join A Medicare Drug Plan?**

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

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

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

If you decide to join a Medicare drug plan, your current Linden Board of Education coverage will not be affected. If you elect Part D coverage, coverage under our plan will remain primary for the individual and all covered dependents.

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

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

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

**For More Information About This Notice Or Your Current Prescription Drug Coverage** please contact the person listed below for further information.

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

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

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

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov)

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

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

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

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 2017

Contact: Sara Simon, Benefit Coordinator/Confidential Secretary  
Linden Board of Education  
2 East Gibbons Street  
Linden, NJ 07036  
(908) 486-2800