

CONNER
STRONG &
BUCKELEW

Mount Laurel Township Health Benefits Carrier Change

Effective February 1, 2025





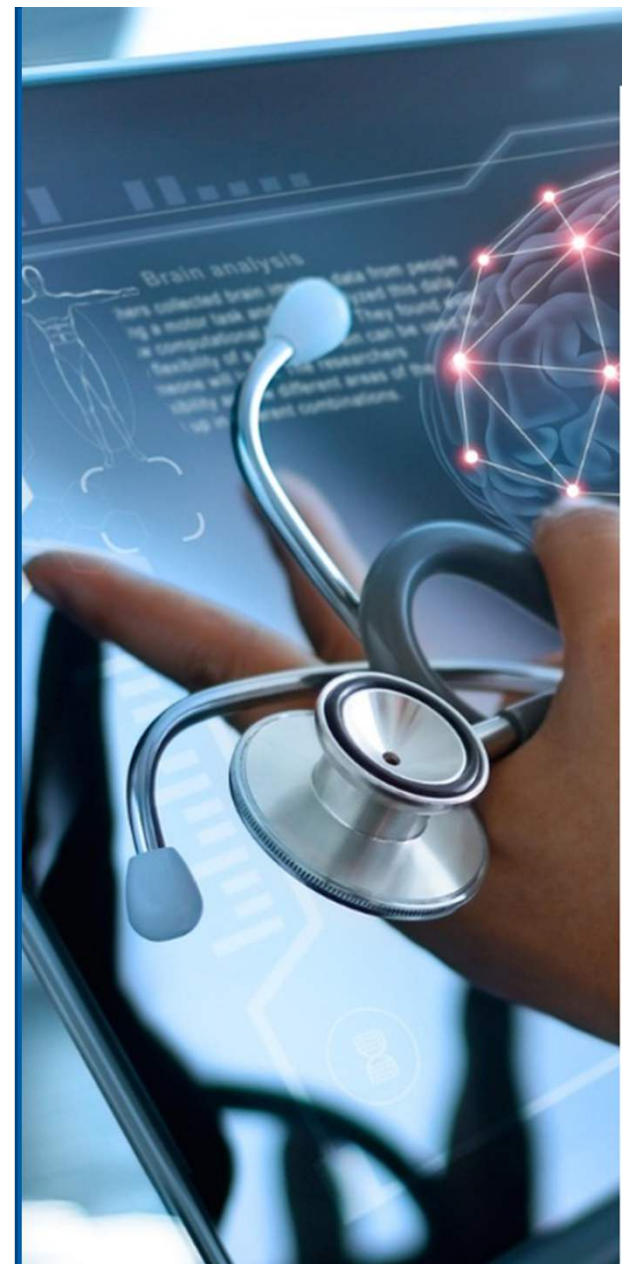
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■ What is Changing?

Southern New Jersey Regional Employee Benefits Fund (SNJREBF)

- Effective 2/1/25, Mount Laurel Township will be joining the SNJREBF for Medical, Prescription, and Dental lines of coverage.
- The SNJREBF was founded in 1992 to provide public entities with a platform to purchase health insurance coverage in a shared-services environment. The Health JIF is a public entity that allows local public entities in the State of New Jersey to purchase collectively, thus taking advantage of economies of scale.
- You're in Good Company - The SNJREBF is currently comprised of 52 other townships and municipalities that have come together to purchase their health benefits.

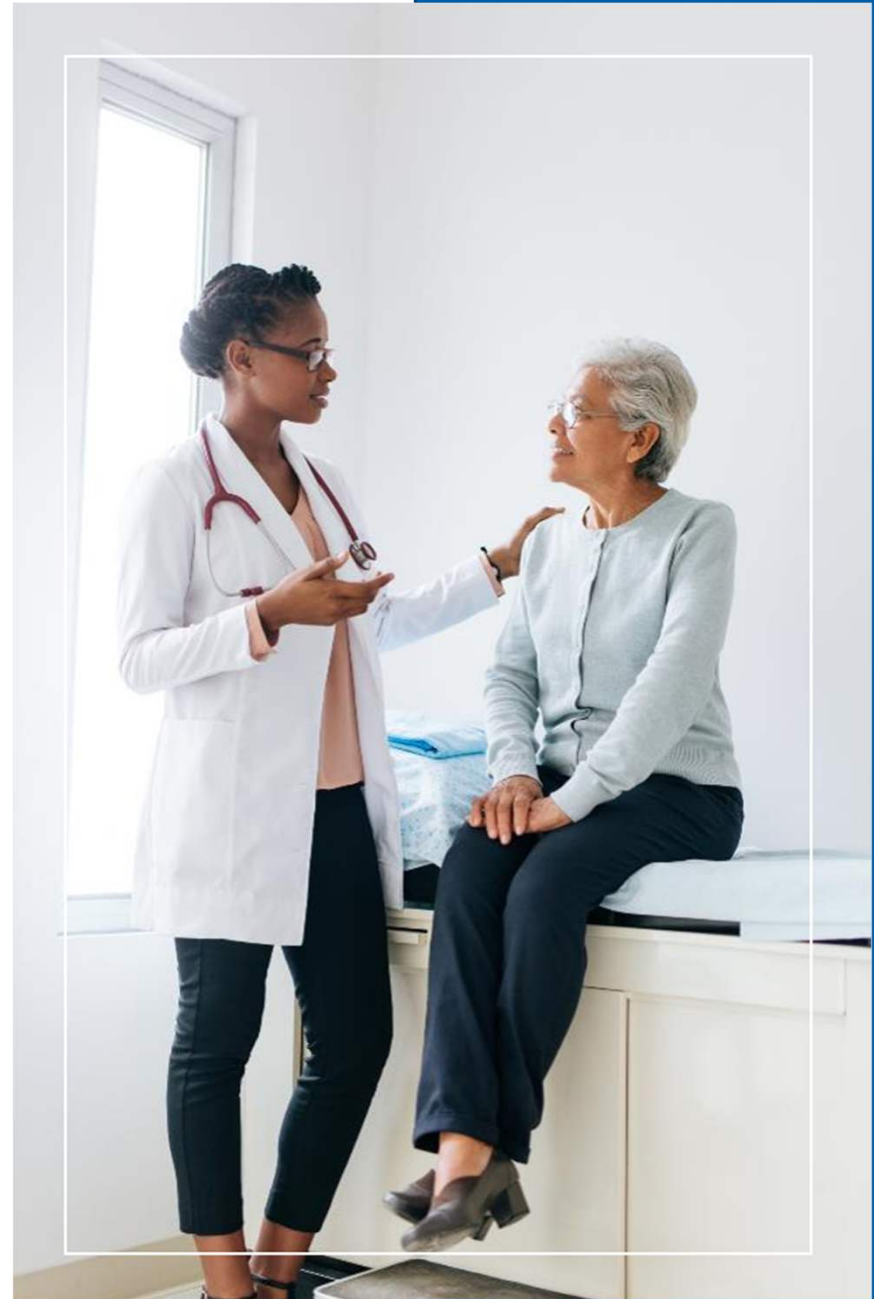


Medical Coverage



■ Medical - Aetna

- Aetna is the medical carrier for the SNJREBF.
- The medical plans under Aetna will mirror the medical plans under the State Plan.
- Members will automatically be enrolled in the medical plan equivalent under Aetna to the plan they choose during this SHBP open enrollment period.
- Members will not be able to make any plan changes until the next open enrollment period, unless they have a qualifying life event. Next Open Enrollment period will be the Fall of 2025.
- Please note, Pre-Existing Conditions are covered. You or your dependents cannot be denied coverage because of a pre-existing condition.



Medical Plan Options

If you are currently enrolled in this plan:		New plan you will be enrolled in:
NJ Direct/Aetna Freedom \$10	→	Aetna Choice POS II \$10 Open Access
NJ Direct/Aetna Freedom \$15	→	Aetna Choice POS II \$15 Open Access
NJ Direct/Aetna Freedom \$15/\$25	→	Aetna Choice POS II \$15/\$25 Open Access
NJ Direct/Aetna Freedom \$20/\$30	→	Aetna Choice POS II \$20/\$30 Open Access
NJ Direct/Aetna Freedom \$20/\$35	→	Aetna Choice POS II \$20/\$35 Open Access
Horizon or HMO \$10	→	Aetna HMO \$10
NJ DIRECT \$0	→	Aetna Choice POS II \$0 Open Access
NJ DIRECT 2019 \$100	→	Aetna Choice POS II \$100 Open Access
Horizon Omnia/Aetna Liberty	→	Aetna Whole Health Plan

■ Locate Participating Providers - Aetna

Step 1: Visit Aetna's website at www.aetna.com

Step 2: At the middle of the 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 a Guest, enter you zip code, city, state or county

Step 5: You will be asked to "**Select a Plan**". Use the Key below to help you make the correct selection:

If you are enrolling in ...	DocFind Plan selection is...
Aetna Choice POS II Plan (ACPOS II) (NJ Direct and Aetna Freedom Plans)	Category Heading = <u>Aetna Open Access Plans</u> Plan Name = Aetna Choice POS II (Open Access)
Aetna HMO (Horizon and Aetna HMO)	Category Heading = <u>Aetna Standard Plan</u> Plan Name = HMO
Aetna Whole Health Plan (Horizon Omnia or Aetna Liberty)	Category Heading = <u>Aetna Whole Health Plan</u> Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II

■ Telemedicine – CVS Health Virtual Care

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.

To Get Started 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
- Request on-demand care 24/7/365



■ CVS Minute Clinics and Health Hubs

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



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.

- No appointment necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your doctor
- Open seven days a week with convenient evening hours

CVS MINUTE CLINIC PRACTITIONERS CAN:

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



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](https://www.cvs.com/HealthHUB).

HEALTH HUBS OFFER 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

Aetna Discounts

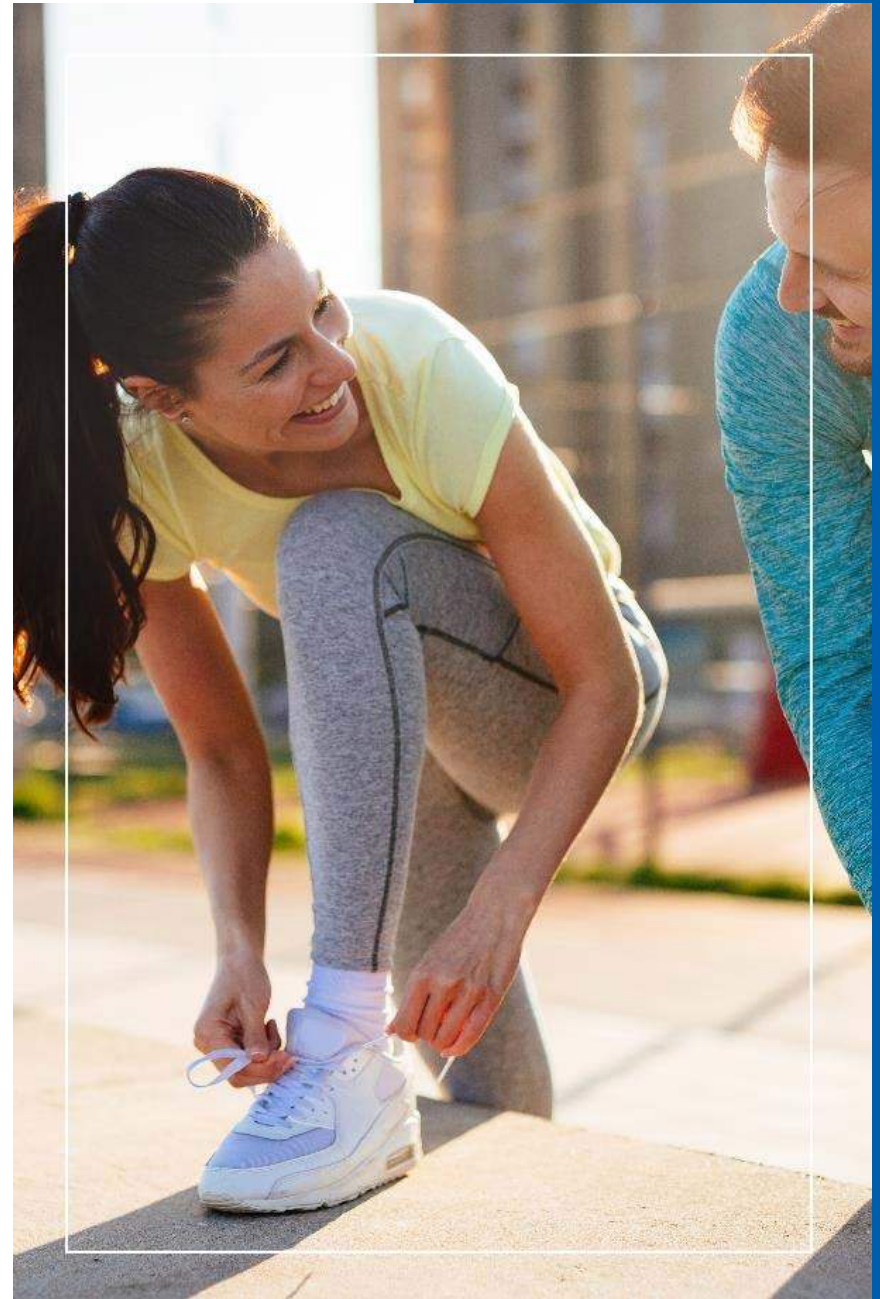
- Savings on Eyewear and Exams
- Savings on Healthy Lifestyle Choices- Save on gym memberships, health coaching, fitness gear and nutrition products that support a healthy lifestyle. You get access to local and national discounts on brands you know.
- Savings on Natural Products and Services – Save on a wide variety of popular products from health and fitness centers, at home products and oral health care products.
- Savings Options on Hearing Aids and Exams

Members can access the Aetna discounts by logging into the member website at www.Aetna.com once you become a member (2/1/2025).

Fitness & Walking

Fitness Program Award Reimbursement

- Member can receive up to \$240.00 reimbursement per year (\$20 per month)
- A minimum of 12 visits per month must be completed and/or walk 10K steps a day (or a combination thereof).
- Note: Each 10K step day = one gym visit. Example: Submit 6 days of 10K steps and 6 days of Gym visits in a month would qualify as 1 monthly allowance.
- A copy of your health club agreement or contract that includes the name and address of the health club and the membership or completed log including class dates (form will be provided) must be completed and submitted for reimbursement.
- Dependents must be over age 18 to be eligible.



General Information

Carrier Website

Beginning 2/1/2025, you can register on the carrier website to view your plan information, claims history, and search for participating providers.

- Aetna – www.aetna.com

How to Contact Member Services

- Aetna members - Call 800-370-4526 or the number on your Aetna Member ID Card

Member ID Cards

- New ID cards will arrive towards the end of January. Please begin using your new ID card on 2/1/2025.



Prescription Coverage



Express Scripts

Express Scripts is the Pharmacy Benefit Manager for the SNJREBF.

- Member Services - Members can call Express Scripts Member Services at (800) 467-2006 or visit the website at – www.express-scripts.com.
- Register Your Account – (on 2/1/2025 or later) Get the most out of your prescription benefits and set up your account at www.express-scripts.com.
(Access ID cards, refill medications, see which medications are covered, etc.)

Prescription Plans

SNJ Fund / Express Scripts	\$3/\$10/\$10	\$3/\$10/\$10	\$7/\$16/\$35	\$3/\$18/\$46	\$7/\$21/DIFF	\$3/\$10/\$10	\$7/\$16/DIFF	\$7/\$16/\$35
Corresponding SNJ Fund Medical Plan	Aetna Choice	Aetna Choice	Aetna Choice	Aetna Choice	Aetna Choice	Aetna HMO	Aetna Choice	Aetna Whole Health Plan
	POS II \$10	POS II \$15	POS II \$15/\$25	POS II \$20/\$30	POS II \$20/\$35	\$10	POS II \$100	
Replaces SHBP Plan	NJ Direct/Aetna Freedom 10	NJ Direct/Aetna Freedom15	NJ Direct/Aetna Freedom 1525	NJ Direct/Aetna Freedom 2030	NJ Direct/Aetna Freedom 2035	Horizon/Aetna HMO	NJ Direct/Direct 2019	OMNIA/Liberty
Retail: Generic Copayments	\$3	\$3	\$7	\$3	\$7	\$3	\$7	\$7
Retail: Preferred Brand Copayments	\$10	\$10	\$16	\$18	\$21	\$10	\$16	\$16
Retail: Non-Preferred Brand Copayments	\$10	\$10	\$35	\$46	Member pays difference	\$10	Member pays difference	\$35
Retail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Mail: Generic Copayments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mail: Preferred Brand Copayments	\$15	\$15	\$40	\$36	\$52	\$15	\$40	\$40
Mail: Non-Preferred Brand Copayments	\$15	\$15	\$88	\$92	Member pays difference	\$15	Member pays difference	\$88
Mail: Brand w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
Prescription Drug annual 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	\$1,840/\$3,680

Member Pays Difference - You pay the cost difference between the brand drug and the generic drug.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your prescription plans. Some plan limitations may apply. Please refer to the plan documents provided by the carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.

Network Considerations

- Walgreen's is not a participating provider.
- Some Rite Aid's are excluded as well as a few “mom and pop” shops.
- CVS, Shop-Rite, Target, Walmart, Acme, and other large box chain pharmacies are in-network.



■ Mail Order

- For maintenance medications (medications you take on a daily or regular basis), members should utilize the Express Scripts mail order program.
- Please note, any mail order scripts you already have set up will not transfer over to Express Scripts. You must set up a new mail order program.
- A 90-day supply of your medication will be conveniently delivered to your home. To set up your mail order delivery or contact Express Scripts at **800.698.3757** to get started. For most medications, Express Scripts will be able to contact your doctor and arrange for your first mail-order supply.
- If possible, **obtain a 90-day fill prior to the transition (2/1/2025)** so that you have a supply on hand as you set up your new mail order program.

■ Specialty Medications

- Specialty medicines are used to treat complex conditions and may need to be administered by injection or through infusion. Some of these medicines require special handling or refrigeration, while others are oral or inhaled.
- Specialty Medication's must be ordered through the Express Scripts specialty pharmacy provider, **Accredo**.
- To get started, visit the **Accredo** website at www.accredo.com or contact them at **1-877-ACCREDITO (222-7336)**.

■ SaveOnSP – Savings for Specialty Meds

- 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.
- Please call 1-800-683-1074 to verify your eligibility. (after 2/1/25)
- Once you've completed the manufacturer copay assistance program's enrollment process and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be reduced.

■ Formulary Considerations

- Formularies vary from one pharmacy benefit manager to another. Under Express Scripts, some drugs are excluded, but there are FDA approved alternatives for all excluded drugs.
- If members have already tried the approved alternative and had an adverse reaction, they can have their provider file an appeal to prove medical necessity to remain on their existing drug.
- Members who have a drug denied due to a formulary restriction can contact the Conner Strong & Buckelew Member Advocacy team for assistance at **800-563-9929**. Our Member Advocacy team can assist the member in working with the SNJREBF to get approval for a one-time 30-day courtesy fill if needed.
- **Be proactive!** Check out the provided Express Scripts formulary prior to the **2/1/2025** change. If your prescription is listed as a formulary exclusion, speak to your doctor now about the approved alternative.

Prior Authorization

- Some drugs may require prior authorization. Prior authorization is a program that monitors certain prescription drugs to assure that the medication you are prescribed is the most safe and effective for your diagnosis.
- Similar to healthcare plans that approve a medical procedure before it's done to ensure the necessity of the test, if you're prescribed a certain medication, that drug may need a "prior authorization." This program makes sure you're getting a prescription that is suitable for the intended use and covered by your pharmacy benefit.

Drugs impacted by your prior authorization program include:

- Prescriptions used outside of the specific, approved medical conditions.
- Prescriptions that could be used for non-medical purposes.

Express Scripts Digital ID Cards

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

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.

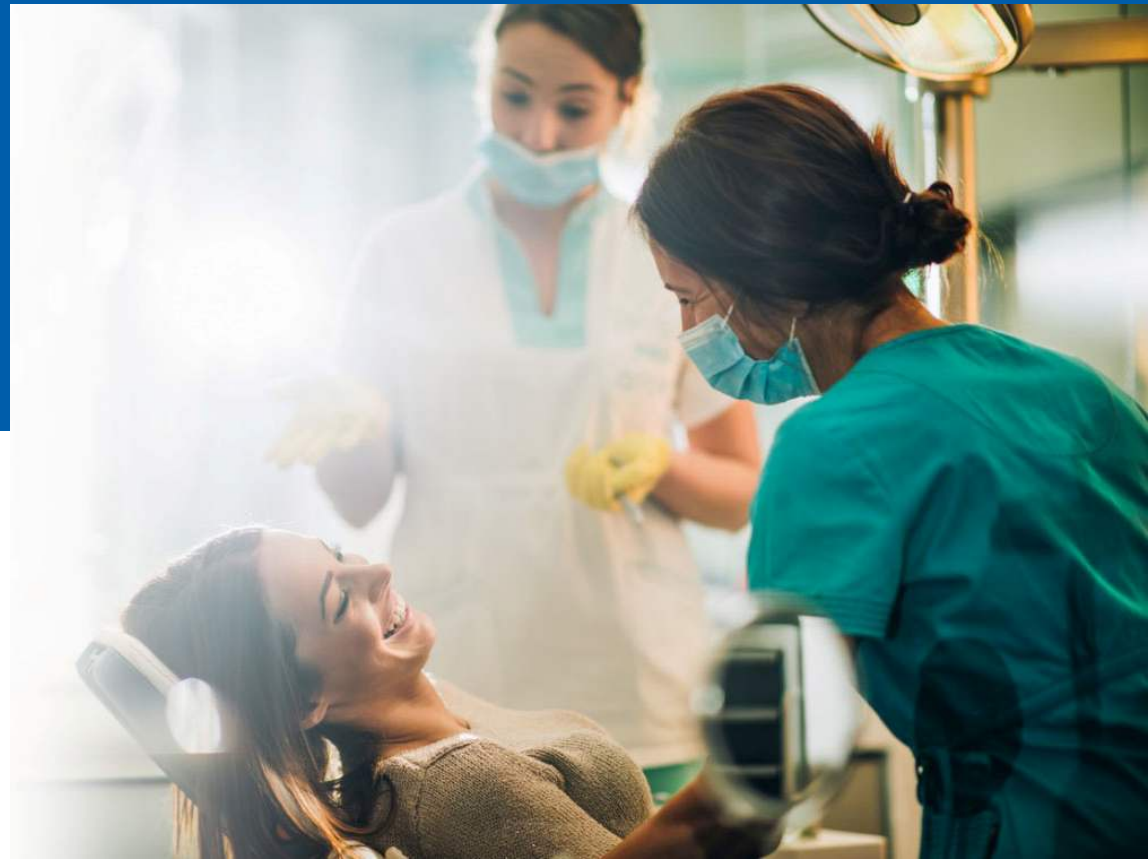
A digital profile also helps you connect to:

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





Dental Coverage



Delta Dental

- Delta Dental is the dental provider for the SNJREBF.
- Members will have two plans to choose from.

PPO Plus Premier/Advantage	DeltaCare
Replaces SHBP DEP Option	Replaces SHBP DMO Option
<ul style="list-style-type: none">-Over 300,000 participating dentists nationwide-Members can go in or out of network-Greatest savings realized when members visit a participating provider.-\$3,000 Calendar Year Maximum	<ul style="list-style-type: none">-Members must select from a provider from the DeltaCare network-No deductibles or benefits plan maximum.

■ Delta Dental Contact & Provider Search

PPO Plus Premier Plan

- Customer Service Department – (800) 452-9310
- Provider Search - Call **1-800-DELTA-OK** for a list of participating dentists located in your area or search on the website at www.deltadentalnj.com , select Online Tools and then search for participating providers. Enter your address and **PPO Plus Premier** for the plan name.

DeltaCare

- Customer Service Department– 800-422-4234
- Provider Search- Visit www.deltadentalins.com and select Find A Dentist at the top, enter address and select **DeltaCare USA** as your plan.

■ Amplifon – Hearing Savings Benefit

For members enrolled in the PPO Plus Premier/Advantage Plan, Delta Dental offers a hearing aid savings benefit through Amplifon.

- Members can save up to 68% off the Manufacturers Suggested Retail Price for hearing aids.
- Custom Hearing Solutions – Providers help you find a solution that best fits your lifestyle and budget.
- Risk free trial – Try out your hearing aids for 60 days. 100% money-back guarantee if not completely satisfied.
- Follow up care provided.

To get started:

Call 888-232-3439 | TTY: 711 | Hours: Mon-Fri 8am - 8pm ET

Visit: www.DeltaDentalNJ.com/Hearing

IV.

Resources



Member Advocacy

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

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add-or delete coverage for a dependent
- Rescue you from a benefits problem you’ve been working on
- Discover all that your benefit plans have to offer!

Contact the Benefits MAC at **800.563.9929** or submit a request online at www.connerstrong.com/memberadvocacy

■ Customized BenePortal

Conner Strong & Buckelew provides a customized online benefits portal as part of our signature services. This benefit portal is an invaluable resource for you and your dependents.

- Convenient location to house all benefit information in one place.
- Provides employees and their eligible dependents with 24/7 access to benefit information and resources.
- Great resource for new hires or newly eligible.
- Provides a vehicle to disseminate new benefit information through so employees always have the latest benefits information.

To view Mount Laurel Township's BenePortal site, please visit :

<https://www.mtlaureltwpbenefits.com/>

Plan Summaries
& Benefit
Comparisons

Open Enrollment

Carrier Contacts
& Forms

Advocacy
Services

Health &
Wellness

V

Frequently Asked Questions



Frequently Asked Questions

I already have surgery approved and scheduled for the first week in February. How can I be assured that this will still be approved by Aetna? What information will I need to provide my doctor regarding this change?

Please inform your doctor that your health insurance carrier is changing and provide them with your new member ID as soon as you receive it. Your provider can contact Aetna directly to ensure that all necessary approvals are in place in time for your surgery.

I am currently enrolled in a Horizon plan and receiving ongoing treatment for a condition. What would happen if my doctor is not a participating provider under the new Aetna coverage?

If you are in an active course of treatment and your doctor is non-participating with the new carrier, you will need to complete the **Transition of Coverage (TOC)** form. Once the carrier approves the TOC treatment this allows you to continue to receive treatment from your current provider for a limited period of time after the transition. This process only applies if your doctor does NOT participate with the new carrier. Please reach out to the Member Advocacy Team for assistance at **800.563.9929**.

Frequently Asked Questions

If I have out of pocket expenses (copays, deductible, coinsurance) during the month of January 2025, will those amounts be credited towards my out-of-pocket maximum under the new plan?

Yes, it will be credited to your new plan under the Fund. Members will receive a form that they can submit with their Explanation of Benefits from the SHBP carrier to Aetna. Once received, Aetna will credit the member's account accordingly.

My child goes to school out of State. How will they be covered under this new plan?

Aetna has nationwide coverage. Members can find participating providers through the carrier websites or by contacting member services. If you are enrolled in a plan with out-of-network coverage, you may also utilize your out-of-network benefits. You are covered for Emergency Care anywhere.

Aetna Out of the Country Coverage

In the event of an emergency when traveling overseas, please note Aetna will cover a medical emergency at the Out-of-Network rate. A medical emergency claim can be sent over to Aetna for processing when you return from abroad. However, there is no coverage for routine and non-emergency visits overseas.

■ Questions?



Disclaimer

Conner Strong & Buckelew (CSB) is providing the work product herein in order to assist in the evaluation and analysis of your group benefit plan(s). The work product reflected herein and contained in any exhibits or attachments is based upon data and information supplied by your contracted administrators, carriers, insurers and other vendors engaged in the administration of your plans. In some instances, the data and information may have been supplied by you. As such, CSB cannot warrant the accuracy of said data and information received and used by us in order to produce this analysis. We have evaluated said data and information to the best of our capability and rely upon the representations of your contracted administrators, carriers, insurers and other vendors as to the accuracy of the data and information they have supplied. It is important to note that while our consultants are very familiar with the design, administration and operation of employee benefit plans and the law applicable to those activities, Conner Strong & Buckelew is not a law firm.

Therefore, our recommendations should not be construed as, nor are they intended to be, legal advice. You may wish to consult with legal counsel about the issues addressed. The information contained herein is not intended by Conner Strong & Buckelew to be used, and it cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code that may be imposed on the taxpayer. The information contained herein and in any exhibits or attachments is confidential and may not be shared, reproduced or disclosed to any third parties without the express written consent of CSB.