Dear Retiree,

Please be advised that effective February 1, 2025, Mount Laurel Township will no longer be participating in the State Health Benefits Program (SHBP) and will be joining the **Southern New Jersey Regional Benefits Fund (SNJREBF).** The SNJREBF is currently comprised of 52 other townships and municipalities that have come together to purchase their health benefits.

Information regarding this transition can be found on our employee benefits online handbook:

https://www.mtlaureltwpbenefits.com/

Retirees and Dependents Under 65

For retirees and their dependents under 65, you will automatically be enrolled in the same coverage that you have now, but under the following carriers through the SNJREBF.

MEDICAL CARRIER – AETNA

Aetna is the medical carrier for the SNJREBF.

If You Are Currently Enrolled In This Plan… State Plan Options		The New Plan Name Will Be… SNJREBF /Plan Name
NJ Direct Access/Aetna Freedom $10	→	Aetna Choice POS II (Open Access) $10
NJ Direct Access/Aetna Freedom $15	→	Aetna Choice POS II (Open Access) $15
NJ Direct Access/Aetna Freedom $15/$25	→	Aetna Choice POS II (Open Access) $15/$25
Horizon/Aetna HMO $10	→	Aetna HMO $10

Aetna Contact Information

- **Website –** www.aetna.com
- **Member Services -** Call 800-370-4526 or the number on your Aetna Member ID Card

Beginning 2/1/25, you can register on the carrier website to view your plan information and claims history.

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 = **Aetna Open Access Plans** Plan Name = Aetna Choice POS II (Open Access)
Aetna HMO (Horizon and Aetna HMO)	Category Heading = **Aetna Standard Plan** Plan Name = HMO

Diagnostic Testing Provider

Under **Aetna**, members may use Quest Diagnostics or LabCorp.

- Visit the **Quest Diagnostics** website to find a location near you or to make an appointment- http://www.questdiagnostics.com/
- To find a **LabCorp** facility near you or to make an appointment- https://www.labcorp.com/

Existing Conditions and Transition to the SNJREBF

Please let your provider know you are changing carriers and provide them with your new Member ID Card as soon as you receive it. **New ID cards will be arriving on or around February 1st**. Services under the new coverage cannot be received prior to the effective date. Begin using your new ID card 2/1/25.

Pre-existing Conditions

Pre-existing conditions are covered. You or your dependents cannot be denied coverage because of a pre-existing condition.

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 were 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, Aetna, 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 that you select.

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

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

PRESCRIPTION CARRIER – 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.)

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 any time, 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.

Prescription Copays

Under Express Scripts, you will be offered **the same prescription copays** that you have with the SHBP.

If You Are Enrolled in this Prescription Plan-		You Will Continue to Have this Prescription Plan-
Optum Rx **(Medical Direct $10 or $15)** Retail Copays: $10 Generic/ $22 Preferred Brand/ $44 Non-Preferred Brand Mail Order: $5 Generic/ $28 Preferred Brand/ $55 Non-Preferred Brand	→	**Express Scripts** **(Medical Aetna POS $10 or $15)** Retail Copays: $10 Generic/ $22 Preferred Brand/ $44 Non-Preferred Brand Mail Order: $5 Generic/ $28 Preferred Brand/ $55 Non-Preferred Brand
(Medical Direct $15/$25) Retail Copays: $7 Generic/ $16 Preferred Brand/ $35 Non-Preferred Brand Mail Order: $5 Generic/ $40 Preferred Brand/ $88 Non-Preferred Brand	→	**(Medical Aetna POS $15/$25)** Retail Copays: $7 Generic/ $16 Preferred Brand/ $35 Non-Preferred Brand Mail Order: $5 Generic/ $40 Preferred Brand/ $88 Non-Preferred Brand
(Medical Horizon/Aetna HMO $10) Retail Copays: $6 Generic/ $12 Preferred Brand/ $24 Non-Preferred Brand Mail Order: $5 Generic/ $18 Preferred Brand/ $30 Non-Preferred Brand	→	**(Medical Aetna HMO $10)** Retail Copays: $6 Generic/ $12 Preferred Brand/ $24 Non-Preferred Brand Mail Order: $5 Generic/ $18 Preferred Brand/ $30 Non-Preferred Brand
All Plans - Retail or Mail Order Brand Name Drugs with Generic Equivalent: Member Pays the Copay Plus the Difference		

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, members should utilize the Express Scripts mail order program. A 90-day supply of your medication will be conveniently delivered to your home. To get started, contact Express Scripts at **800.698.3757.**
- 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.

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 our 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 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.

Specialty Medications

- Specialty Medications require special handling, careful administration, and ongoing patient care management. 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-ACCREDO (222-7336)**.

SaveOnSP – Savings for Specialty Medications

- 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.

Retirees and Spouses Over Age 65

Retirees and or their spouses aged 65 or older will be enrolled in the following plan:

-**Medicare Advantage Plan - ESA PPO $10 Copay with Rx $6/$12/$24**

You will receive a letter from the **Southern New Jersey Regional Employee Benefits Fund** with further information regarding the Medicare Advantage plan.

If you are currently covering a spouse and/or dependents that are not Medicare-eligible, they will automatically be enrolled in the Southern New Jersey Regional Employee Benefits Fund under the plan that matches their current SHBP benefits.

DENTAL COVERAGE – DELTA DENTAL

Delta Dental is the dental provider under the SNJREBF.

PPO Plus Premier/Advantage (Replaces SHBP Dental Expense Plan)
-Over 300,000 participating dentists nationwide -Members can go in or out of network -Greatest savings realized when members visit a participating provider.

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.

Have Questions About Your Benefits?

For questions regarding the transition, you can reach out to our Insurance Broker representatives at Conner Strong & Buckelew:

Susan Panto
856-552-6832
spanto@connerstrong.com

Tyler Bright
856-446-9210
tbright@connerstrong.com

Member Advocacy

After 2/1/2025, the Conner Strong & Buckelew's Member Advocacy Team provides assistance to you and your dependents with any questions you may have regarding your benefits.

Contact our **Member Advocacy Team** for assistance!

- Phone: **800.563.9929**
- Email: cssteam@connerstrong.com