



2025

EMPLOYEE BENEFITS GUIDE

For the coverage period ending on December 31, 2025

Welcome to Mount Laurel Township!



Questions?

If you have questions about your benefits, please contact the Conner Strong & Buckelew Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929** (Monday through Friday, 8:30 am to 5 pm ET) or visit www.connerstrong.com/memberadvocacy.

Inside This Guide

Welcome/Eligibility	3
Benefit Resources	4
About Dependents	5
Employee Resources	6
Medical Benefits	7
Get Quality Care From Anywhere	10
Telemedicine	11
Maximize Your Benefits	12
How to Find In-Network Providers	13
Minute Clinics and Health Hubs	14
Prescription Drug Benefits	15
Additional Prescription Information	16
Understanding Your Rx Program	17
Express Scripts Digital ID Cards	18
Dental Benefits	19
Vision Benefits	20
Life AD&D/Disability Benefits	21
Value-Added Services	22
Legal Notices	23

Welcome!

At Mount Laurel Township, we are committed to providing our employees with a comprehensive, valuable benefits package and the resources you need to understand all the options available to you.

As an employer, we recognize that our team members are our most valuable asset. The health and well-being of our team members and that of your families is important to us as is the overall health and well-being of the organization. This is why we are committed to sustaining the high value benefit plans we make available.

We encourage you to carefully review this guide to familiarize yourself with our 2025 benefit offerings and ensure that you are making the best benefits decisions for you and your eligible family members.

What Do You Need to Do Now?

In order to enroll in medical, prescription, vision and/or dental coverage, you must submit an enrollment form to Human Resources. Please refer to your BenePortal site to obtain a copy of the enrollment form.

For questions regarding your monthly employee contributions please reach out to Human Resources.

Who is Eligible to Elect Benefits?

Full-time employees who work 30 or more hours per week.

When Do Waiting Periods End?

Eligible employees are covered on the 1st of the month following 30 days of employment.

Qualified Life Events

You cannot make changes to your elections or covered dependents during the plan year until the next Open Enrollment period unless you experience a **qualified life event**. To make a change, you must contact your personnel department **within 60 days of the event**.

Qualified life events include:

- Marriage
- Loss or reduction of coverage for you or your spouse
- Birth or adoption of a child
- Death of a covered dependent
- Divorce

General Enrollment

- An eligible individual and any eligible dependents (child(ren)/spouse/domestic partner) may enroll regardless of health status, age, or requirements for health services within 60 days of the eligibility date (birth/marriage/adoption, etc.)
- Newly eligible individual and eligible dependents may enroll within 60 days of the eligibility date (birth/marriage/adoption, etc.)
- Eligible individuals or dependents who are eligible for enrollment but do not enroll within the first 60 days following eligibility, may be enrolled during any subsequent Open Enrollment period.

Questions? Who to Call...

The resources identified below are available to assist you with any questions that you may have about your benefits.

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/ADDRESS
Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.	Member Advocacy	800.563.9929	www.connerstrong.com/memberadvocacy
Medical Benefits Benefit questions, claims, locating a provider, printing new ID Cards	Aetna	800.370.4526	www.aetna.com
Prescription Benefit	Express Scripts	800.467.2006	www.express-scripts.com
Dental Benefits	Delta Dental	DeltaCare Plan: 800.422.4234 PPO Plus Premier Plan: 800.452.9310	DeltaCare Plan: www.deltadentalins.com PPO Plus Premier Plan: www.deltadentalnj.com
Vision Benefits	NVA	800.672.7723	www.e-nva.com
Telemedicine	CVS Virtual Care	888.607.4287	www.CVS.com/virtual-care
Life/AD&D and Disability Benefits	The Standard	888.937.4783	www.standard.com



Access Information On the Go!

The Aetna Mobile App allow members to access to ID cards and claims information, search for participating providers and much more—directly from your smartphone or mobile device. Download the app today at the website shown above.

About Dependents

Who is a Dependent?

- Spouse, Domestic Partner, or Civil Union Partner
- A newborn child is covered for 60 days from the date of birth. To continue coverage beyond this initial period, the newborn child must be enrolled within the initial 60 day period.
- To continue coverage for a handicapped child evidence of the child's incapacity and dependency must be provided to the Business Office at least 31 days prior to termination. The carrier will review and make the determination if approved. Forms can be found on your BenePortal.
- Under the Patient Protection and Affordable Care Act: A child is defined as an enrollee'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 (for medical and prescription coverage).

Child Dependent Coverage

Timeframes

- **Medical & Prescription Coverage:** Young adults will be covered through the end of the year in which they turn age 26.
- **Dental Coverage:** Dependent children are covered until the end of the calendar year in which age 26 is attained.
- **Vision Coverage:** Dependent children are covered until the end of the **month** in which they turn 26.

Dependents Coverage to Age 31

Your dependent(s) under 31 can be covered by electing to continue coverage for young adults after age 26. DU31 is a New Jersey law that allows children older than the child-dependent age in a parents' coverage to elect to remain covered until age 31, if certain other eligibility standards are met. Go to https://state.nj.us/dobi/division_consumers/du31.html for more information regarding dependent coverage to age 31. Please note, the young adult would be the one billed directly for coverage. Please contact the Human Resources department for monthly premium rates and enrollment forms.

Family Status Change

A family status change is a personal event that can have an impact on many aspects of your employee benefits (pension, life insurance, health insurance, etc.). Use this as a guide to updating information pertaining to your pension and benefits for the following family status changes:

- Marriage, civil union, or domestic partnership;
- Addition of a newborn child, adopted child, stepchild, foster child, or legal ward to your family;
- Divorce or dissolution of a civil union or domestic partnership; or
- Death of a family member

In the event of a family status change, you should immediately update your personnel records with your Human Resources representative or Benefits Administrator.

Employee Resources

Benefits Member Advocacy Center

*Don't get lost in a sea of benefits confusion!
With just one call or click, the Benefits MAC
can help guide the way!*

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)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

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

How to Contact Member Advocacy?

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via email: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**



BenePortal

Online Benefits Information

At Mount Laurel Township, you have access to a full-range of valuable employee benefit programs. With BenePortal, you are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week!

By using BenePortal, our online tool that houses our benefit program information, you can:

- Review medical/prescription drug, vision, and dental plan options
- Explore additional employee resources available to you
- Find links to carrier websites
- Download plan documents, forms, etc.

Logging into BenePortal is easy! Simply visit **www.mtlaureltpbenefits.com** from your computer, tablet or smartphone!

Medical Benefits: *Aetna*

Mount Laurel Township offers the below medical plan options (see additional plans on the following pages).

	AETNA CHOICE POS II \$10 (OPEN ACCESS)	AETNA CHOICE POS II \$15 (OPEN ACCESS)	AETNA CHOICE POS II \$15/\$25 (OPEN ACCESS)
IN-NETWORK BENEFITS	NATIONWIDE	NATIONWIDE	NATIONWIDE
Deductible (Individual / Family)	None	None	None
Coinsurance	You pay 10%	You pay 10%	You pay 10%
Coinsurance Out-of-Pocket Maximum (Individual / Family)	\$0/\$0	\$400/\$1,000	\$400/\$1,000
Total Out-of-Pocket Maximum (Individual / Family)	\$400/\$1,000	\$7,360/\$14,720	\$7,360/\$14,720
PCP Office Visits	\$10 copay	\$15 copay	\$15 copay
Annual Routine Physical	\$0	\$0	\$0
Direct Primary Care	\$0	\$0	\$0
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0
Telemedicine	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$10 copay	\$15 copay	\$25 copay
Routine Vision Exam	\$10 copay	\$15 copay	\$25 copay
Chiropractic Care	\$10 copay	\$15 copay	\$25 copay
Physical/Speech/Occupational Therapy	\$10 copay	\$15 copay	\$25 copay
Diagnostic Lab, X-Ray/Imaging (MRI, CT-Scan)	\$0	\$0	\$0
Urgent Care Center	\$10 copay	\$15 copay	\$25 copay
Emergency Room	\$75 copay	\$100 copay	\$100 copay
Ambulance	You pay 10%	You pay 10%	You pay 10%
Inpatient / Outpatient Facility	\$0	\$0	\$0
Outpatient Behavioral Health	\$10 copay	\$15 copay	\$25 copay
Durable Medical Equipment (DME)	You pay 10%	You pay 10%	You pay 10%
OUT-OF-NETWORK BENEFITS			
Deductible (Individual / Family)	\$100/\$250	\$100/\$250	\$100/\$250
Coinsurance Out-of-Pocket Maximum (Individual / Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000
Coinsurance After Deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible
Inpatient Hospital	\$200/stay	\$200/stay	\$200/stay

The above overview is being provided as a reference and does not contain all the benefits or limitations of the plan. Please refer to the carrier plan documents for further details.

Medical Benefits: *Aetna*

Mount Laurel Township offers the below medical plan options (see additional plans on the following pages).

	AETNA CHOICE POS II \$20/\$30 (OPEN ACCESS)	AETNA CHOICE POS II 20/\$35 (OPEN ACCESS)	AETNA HMO \$10
IN-NETWORK BENEFITS	NATIONWIDE	NATIONWIDE	NATIONWIDE AETNA HMO NETWORK
Deductible (Individual / Family)	\$0/\$0	\$200/\$500	See DME
Coinsurance	You pay 10%	You pay 20% after deductible	See DME
Coinsurance Out-of-Pocket Maximum (Individual / Family)	\$800/\$2,000	\$2,000/\$5,000	N/A
Total Out-of-Pocket Maximum (Individual / Family)	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720
PCP Office Visits	\$20 copay	\$20 copay	\$10 copay
Annual Routine Physical	\$0	\$0	\$0
Direct Primary Care	\$0	\$0	Not available
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0
Telemedicine	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$30 adult/\$20 child	\$35 copay	\$10 copay
Routine Vision Exam	\$30 adult/\$20 child	\$35 copay	\$10 copay
Chiropractic Care	\$30 adult/\$20 child	\$35 copay	\$10 copay
Physical/Speech/Occupational Therapy	\$30 adult/\$20 child	\$35 office visit/You pay 20% after deductible at an outpatient facility	\$10 copay
Diagnostic Lab, X-Ray/Imaging (MRI, CT-Scan)	\$0	You pay 20% after deductible	\$0
Urgent Care Center	\$30 adult/\$20 child	\$35 copay	\$10 copay
Emergency Room	\$125 copay	\$300 copay	\$85 copay
Ambulance	You pay 105	You pay 20% after deductible	\$0
Inpatient / Outpatient Facility	\$0	You pay 20% after deductible	\$0
Outpatient Behavioral Health	\$30 adult/\$20 child	\$35 office visit/You pay 20% after deductible at an outpatient facility	\$10 copay
Durable Medical Equipment (DME)	You pay 10%	You pay 20% after deductible	\$100 deductible, then covered in full
OUT-OF-NETWORK BENEFITS			
Deductible (Individual / Family)	\$200/\$500	\$800/\$2,000	No out-of-network coverage in this plan
Coinsurance Out-of-Pocket Maximum (Individual / Family)	You pay 30%	You pay 40%	
Coinsurance After Deductible	\$5,000/\$12,500	\$6,500/\$13,000	
Inpatient Hospital	\$500/stay	\$600/stay	

* Referrals to specialists are required for the Aetna HMO \$10 plan.

The above overview is being provided as a reference and does not contain all the benefits or limitations of the plan. Please refer to the carrier plan documents for further details.

Medical Benefits: *Aetna*

Mount Laurel Township offers the below medical plan options (see additional plans on the previous pages).

	AETNA CHOICE POS II \$0	AETNA CHOICE POS II \$100	AETNA WHOLE HEALTH PLAN	
IN-NETWORK BENEFITS	NATIONWIDE	NATIONWIDE	NJ ONLY	NATIONWIDE
Deductible (Individual / Family)	\$0/\$0	\$100 individual (N/A family)	\$0/\$0	\$1,500/\$3,000
Coinsurance	You pay 10%	You pay 10% after deductible	You pay 0%	You pay 20% after deductible
Coinsurance Out-of-Pocket Maximum (Individual / Family)	\$800/\$2,000	\$800/\$2,000	N/A	N/A
Total Out-of-Pocket Maximum (Individual / Family)	\$7,360/\$14,720	\$7,360/\$14,720	\$2,500/\$5,000	\$4,500/\$9,000
PCP Office Visits	\$15 copay	\$15 copay	\$5 copay	\$20 copay
Annual Routine Physical	\$0	\$0	\$0	\$0
Direct Primary Care	\$0	\$0	\$0	\$0
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0	\$0
Telemedicine	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15 copay	\$15 copay	\$15 copay	\$30 copay
Routine Vision Exam	\$15 copay	\$15 copay	\$15 copay	\$30 copay
Chiropractic Care	\$15 copay	\$15 copay	\$15 copay	\$30 copay
Physical/Speech/Occupational Therapy	\$15 copay	\$15 copay	\$5 office visit/ \$15 outpatient facility	\$20 office visit/you pay 20% after deductible at outpatient facility
Diagnostic Lab, X-Ray/Imaging (MRI, CT-Scan)	\$0	\$0	\$15 copay (\$0 at freestanding facility)	You pay 20% after deductible (\$0 at freestanding facility)
Urgent Care Center	\$15 copay	\$15 copay	\$15 copay	\$30 copay
Emergency Room	\$150 copay	\$150 copay	\$100 copay	\$100 copay
Ambulance	You pay 10%	You pay 10% after deductible	\$0 copay	\$0 copay
Inpatient / Outpatient Facility	\$0	\$0	\$150 copay per admission	You pay 20% after deductible
Outpatient Behavioral Health	\$15 copay	\$15 copay	\$15 copay	\$30 office visit/you pay 20% after deductible at outpatient facility
Durable Medical Equipment (DME)	You pay 10%	You pay 10% after deductible	\$0	\$0
OUT-OF-NETWORK BENEFITS				
Deductible (Individual / Family)	\$400/\$1,000	\$400/\$1,000	No out-of-network coverage in this plan	
Coinsurance Out-of-Pocket Maximum (Individual / Family)	\$2,000/\$5,000	\$2,000/\$5,000		
Coinsurance After Deductible	You pay 30% after deductible	You pay 30% after deductible		
Inpatient Hospital	\$500/stay	\$500/stay		

The above overview is being provided as a reference and does not contain all the benefits or limitations of the plan. Please refer to the carrier plan documents for further details.

Get Quality Care From Anywhere

Save Time and Money!

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

Know Where to Get Care

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

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



How to Access Telemedicine 24/7

\$0 Cost Telemedicine VS. Virtual Office Visits

Please note that Telemedicine services are different from virtual/telephonic office visits with your participating provider. Most Health Plans have a **\$0 copay for the Telemedicine services** (CVS Virtual Care) listed below.

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

Contact CVS Virtual Care

Visit www.CVS.com/virtual-care

Telemedicine: *CVS Virtual Care*

Access to High Quality Care at a Lower Cost - With a \$0 Copay!

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

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

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

When to Use CVS Virtual Care

CVS Virtual Care doctors can treat a wide range of non-emergency conditions, including:

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

Mental Healthcare Services

Telemedicine services include mental healthcare. This allows members to have 24/7 video access to licensed psychiatrists, therapists, and psychologists to help treat a broad range of issue. Common conditions members may utilize the services for are:

- Anxiety/Stress
- Depression
- Work Pressures
- ADHD

The services are confidential and secure, and are also available at a \$0 copay* to all employees currently enrolled in benefits with the district.

Get Started With CVS Virtual Care Today

To take advantage of this great benefit, contact CVS Virtual Care in any of the following ways:

- Via the web: www.CVS.com/virtual-care



** Members participating in a High Deductible Health Plan (HDHP) may have a copay if their INN deductible has not been satisfied.*

Maximize Your Benefits



Always Consider Your In-Network Options First

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

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

To locate participating in-network providers:

Visit www.aetna.com and select “**Find a Doctor.**”

Make sure you are using in-network labs:

Aetna plan members may use either **Quest Diagnostics** or **LabCorp** for lab work.

In-Patient or Observation

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

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

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

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

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

How to Find In-Network Providers: *Aetna*

- STEP 1:** Visit Aetna’s website at www.aetna.com
- STEP 2:** At the middle of the webpage on the right, click on **“Find a Doctor”**
- STEP 3:** On the right side of the page under Guest, select **“Plan from an employer”** (1st choice on the list)
- STEP 4:** Under Continue as a Guest, enter your 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 AN....	DOCFIND PLAN SELECTION IS...
Aetna Choice POS II Plan	Category Heading: Aetna Open Access Plans Plan Name: Aetna Choice POS II (Open Access)
Aetna HMO	Category Heading: Aetna Standard Plan Plan Name: HMO
Aetna Whole Health	Category Heading: Aetna Whole Health Plans Plan Name: (NJ) Aetna Whole Health New Jersey Choice POSII



Minute Clinics and Health Hubs:

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.

- Located in select CVS pharmacies and Target stores nationwide
- No appointments necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family 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 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



The above overview is being provided as a reference and does not contain all the benefits or limitations of the plan. Please refer to the carrier plan documents for further details.

Prescription Drug Benefits: *Express Scripts*

Mount Laurel Township offers the following prescription plan options to their staff. If you enroll in one of the Aetna medical plans, you receive the prescription coverage corresponding to your plan below.

	AETNA CHOICE POS II \$10, CHOICE POS II \$15, HMO \$10	AETNA CHOICE POS II \$15/\$25, WHOLE HEALTH PLAN	AETNA CHOICE POS II \$100	AETNA CHOICE POS II \$20/\$30	AETNA CHOICE POS II \$20/\$35
SNJ FUND/ EXPRESS SCRIPTS PLAN	\$3/\$10/\$10	\$7/\$16/\$35	\$7/\$16/DIFF	\$3/\$18/\$46	\$7/\$21/DIFF
RETAIL PHARMACY					
Generic Drug	\$3 copay	\$7 copay	\$7 copay	\$3 copay	\$7 copay
Preferred Brand Drug	\$10 copay	\$16 copay	\$16 copay	\$18 copay	\$21 copay
Non-Preferred Brand Drug	\$10 copay	\$35 copay	Member pays difference	\$46 copay	Member pays difference
Brand Drug w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
MAIL ORDER PHARMACY					
Generic Drug	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Preferred Brand Drug	\$15 copay	\$40 copay	\$40 copay	\$36 copay	\$52 copay
Non-Preferred Brand Drug	\$15 copay	\$88 copay	Member pays difference	\$92 copay	Member pays difference
Brand Drug w/ Generic Equivalent	Member pays difference	Member pays difference	Member pays difference	Member pays difference	Member pays difference
ANNUAL OUT-OF-POCKET MAXIMUM					
Prescription 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

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

Please Note:

- The prescription drug plan has dispensing limits when you receive your medication from a retail pharmacy. You may receive up to a 30 day supply at a retail pharmacy.
- Prior authorizations, clinical review and step therapy may apply to certain medications. Please refer to the Express Scripts formulary listing for more information or contact Express Scripts directly at **800.462.2006**.



Additional Prescription Info: *Express Scripts*



The following additional features will apply to prescription drug coverage:

- **Mandatory Generics:** Pharmacists must dispense the generic equivalent medication when available. If a member fills the brand name drug instead, they will be responsible for the brand drug copay plus the difference in cost between the brand and generic medication.
- **Step Therapy:** Requires a trial with a lower cost medication before the member is given approval for a higher cost medication, when clinically appropriate. If a member purchases the higher cost medication without prior approval, then the medication will not be covered.
- **Formulary List:** A guide for selecting clinically and therapeutically appropriate medications. This list includes a majority of brand and generic medications, and also lists certain medications which will not be covered. The formulary updates throughout the year, and brand name drugs may move to non-formulary status if a generic version becomes available during the year. For the most up to date version, please visit the Express Scripts website using the following link:

www.express-scripts.com.

Understanding Your Prescription Drug Program



How to get started with Express Scripts Home Delivery

Contact Express Scripts

- For transfers from a retail pharmacy, sign in at www.Express-Scripts.com, or
- Speak with a prescription benefit specialist by calling **800.698.3757** (7:30 a.m. – 5 p.m., Central, Monday-Friday)

DIY—Do It Yourself

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

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

Recommended Drug Dosing

Your Prescription Drug plan includes a program that reviews prescribed drug quantities to ensure your medications are being safely prescribed in accordance with FDA guidelines. The drug quantity review program provides the medications you need for good health, while making sure the dose you are receiving is considered safe.

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

SaveonSP Program

The SaveonSP program covers certain specialty medications at no cost for eligible members. The 150+ medications included in the program consist of products covering conditions such as Hepatitis C (Hep C), Multiple Sclerosis (MS), Psoriasis, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA), Oncology, and others. To verify your eligibility please call **800.683.1074**.

Digital ID Cards: *Express Scripts*



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

Connect to your digital prescription ID card. Anytime. Anywhere.

No more digging through cards at the pharmacy counter. Easily create your digital profile at www.express-scripts.com or on the Express Scripts mobile app to gain instant access to your prescription ID card. You can view your card online or on the app, download it to your digital wallet, or even print a card from the Express Scripts site.

A digital profile also helps you connect to:

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

Temporary ID Cards

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

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



Temporary Prescription ID Card

RxBin: 003858

RxPCN: A4

RxGRP: NJRA



Temporary Prescription ID Card

RxBin: 003858

RxPCN: A4

RxGRP: NJRA

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

Dental Benefits: *Delta Dental*

Below is a summary of the dental plan options available to you and your family, administered by Delta Dental. For additional information regarding your dental contributions, please refer to your Human Resources Office for assistance.

NETWORK	DELTACARE PLAN	PPO PLUS PREMIER PLAN	
	DELTACARE PROVIDERS ONLY: Members must visit a Delta Care provider for services. Members may not seek services out-of-network.	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Calendar Year Maximum (per patient)	None	\$3,000	\$2,000
Deductible (Individual/Family)	None	\$50/\$100 aggregate	\$75/\$150 aggregate
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays, Sealants (permanent molars only), Fluoride Treatment	\$0 – \$45 (depending on service)	Plan pays 100%	Plan pays 90%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Osseous Surgery	\$0 – \$280 (depending on service)	Plan pays 80%	Plan pays 70%
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	\$0 – \$240 (depending on service)	Plan pays 50%	Plan pays 40%
Orthodontia Benefits	Various copays apply to each stage and are covered for 24 months.	Plan pays 50% (child only to age 19); \$1,000 lifetime maximum	Plan pays 40% (child only to age 19); \$750 lifetime maximum

Finding a Dental Provider

DeltaCare Plan

- 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.

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.



Vision Benefits: *NVA*

Below is a summary of the vision plan option available to you and your family, administered by NVA. For additional information regarding your vision contributions, please refer to your Human Resources Office for assistance.

NVA VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Vision Exam	\$25 copay	Up to \$45
Frames	Up to \$130 allowance (20% discount off balance)*	Up to \$70
Lenses		
Single Vision	Covered 100% after \$25 copay	Up to \$30
Bifocal	Covered 100% after \$25 copay	Up to \$50
Trifocal	Covered 100% after \$25 copay	Up to \$65
Lenticular	Covered 100% after \$25 copay	Up to \$100
Contact Lenses (in lieu of eyeglasses)	Up to \$130 allowance (15% discount off balance for conventional lenses; 10% off balance for disposable lenses)**	Up to \$105
Frequency		
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

* Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands.

** Does not apply to Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers.

NVA ID Cards

When you enroll in the NVA vision plan, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA.

The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Locating Participating Providers

To verify your benefit eligibility prior to visiting your eye care provider, visit www.e-nva.com or call **1.800.672.7723** anytime. If you are not a registered subscriber, you can still search providers online by selecting the “Find a Provider” link on NVA’s website. Enter the group number shown on your ID card and enter in your search parameters.



Life and Disability Benefits: *The Standard*

Group Basic Life/AD&D Insurance

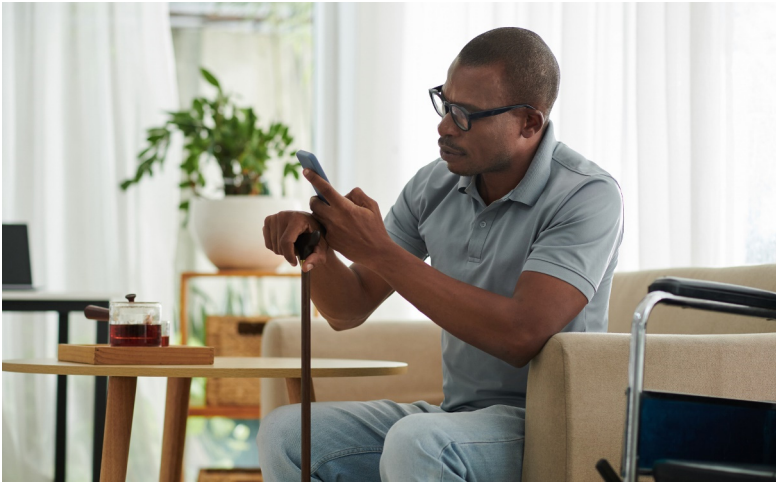
Group Basic Life and AD&D insurance from Standard Insurance Company helps to provide financial protections by promising to pay a benefit in the event of an eligible member’s covered death. If you are an active employee of Mount Laurel Township and regularly work at least 35 hours each week, the cost of this insurance is paid by Mount Laurel Township.

GROUP LIFE/AD&D INSURANCE	
Life Benefit Amount	1x your annual earnings to a maximum of \$50,000
AD&D Benefit Amount	Equal to Basic Life amount
Benefit Reduction	The life/AD&D benefit amount reduces to 65% at age 65, to 40% at age 70, to 25% at age 75 and to 20% at age 80.

Group Short-Term Disability Insurance (STD)

This coverage replaces a portion of your income when you can’t work because of a qualifying disability. Even if you’re healthy now, it’s important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you’re unable to work.

SHORT-TERM DISABILITY INSURANCE (STD)	
Benefit Amount	60% of your eligible earnings
Maximum Weekly Benefit	\$1,000 per week
Waiting Period	30 days
Duration of Benefits	180 days



Group Long-Term Disability Insurance (LTD)

This coverage is designed to replace a portion of your income when you’re disabled for an extended period of time due to a qualifying disability and help you get back to work when you’re ready. LTD insurance benefits can help you pay your bills and safeguard your savings when you’re unable to work. Whether you’re out for a few months or several years, this benefit can help you protect your income — and those who depend on it.

LONG-TERM DISABILITY INSURANCE (LTD)	
Benefit Amount	60% of your eligible earnings
Maximum Monthly Benefit	\$10,000 per month
Waiting Period	180 days
Duration of Benefits	Until Social Security Normal Retirement Age (SSNRA)

Value Added Services: *Conner Strong & Buckelew*



Benefit Perks

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

Visit: <https://connerstrong.corestream.com>

HUSK Wellness

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

Learn more about HUSK by visiting www.huskwellness.com/connerstrong

GoodRX

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

Learn more at: <https://connerstrong.goodrx.com>

HealthyLearn

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

Learn more at: <https://healthylearn.com/connerstrong>

Hospital Safety Grade: *Leapfrog*

Know where to get care!

Before you decide which hospital to use for elective care; whether in your network or not, it is advisable to check the hospital's quality rating. You can do so by checking their Leapfrog Group ("Leapfrog") score.

Leapfrog is an independent, national not-for-profit organization founded more than a decade ago by the nation's leading employers and private health care experts. They strive to make giant "leaps" forward in the safety, quality, and affordability of health care in the U.S. by promoting transparency through our data collection and public reporting initiatives.

With their goal of saving lives by reducing errors, injuries, accidents, and infections, the Leapfrog Group focuses on measuring and publicly reporting hospital performance through the annual Leapfrog Hospital Survey.

The survey is a trusted, transparent, and evidence-based national tool in which over 2,300 hospitals voluntarily participate free of charge. The Leapfrog Group advocates for public access to quality and safety data from all U.S. hospitals. Their letter-based rating system (i.e., A, B, C, etc.) makes it easy for consumers and patients to make informed decisions about their quality and ability to deliver care effectively.

Getting started

Patients can check with their physician with questions about hospital quality. The service is free. To look up all Hospital Quality scores nationally, visit www.hospitalsafetygrade.org.



Legal Notices

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

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

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fss/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

Legal Notices

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Legal Notices

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain

standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Mount Laurel Township		4. Employer Identification Number (EIN) 22-1915868	
5. Employer Address 750 Centerton Rd.		6. Employer phone number 856-234-0001	
7. City Mount Laurel	8. State NJ		9. Zip Code 08054
10. Who can we contact about employee health coverage at this job? Gayle McCormick			
11. Phone number (if different from above) 856-234-0001 x1225		12. Email address gmccormick@mountlaurel.com	

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



ABOUT THIS BENEFITS SUMMARY

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.