



Delsea Regional
SCHOOL DISTRICT

2026-2027

EMPLOYEE BENEFITS GUIDE

**FOR BENEFITS EFFECTIVE:
JULY 1, 2026 THROUGH JUNE 30, 2027**

Delsea Regional School District offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



WELCOME TO DELSEA REGIONAL SCHOOL DISTRICT!



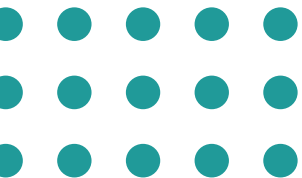
Questions?

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



Inside This Guide

Medical Plan Options	4
Maximize Your Benefits	7
National Network Access Through Cigna HealthCare PPO	8
How to Find In-Network Providers	9
Teladoc	10
CVS Virtual Care	11
Low Cost Medical Plan Option	12
Maximize Your Benefits	13
Prescription Drug Options	15
Digital ID Card	16
Home Delivery and Recommended Drug Dosing	17
Chapter 78 Percentage of Premium Schedule	18
NJEHP Contribution Schedule	19
GSP Contribution Schedule	20
Guardian Nurses	21
Benefits Member Advocacy Center	22
BenePortal	23
Value-Added Services	24
Hospital Safety Grade	25
Carrier Contacts	26
Legal Notices	27



WELCOME!

Delsea Regional School District is 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 2025-2026 benefit offerings and ensure that you are making the best benefits decisions for you and your eligible family members.

What is the Schools Health Insurance Fund (SHIF)?

The SHIF was established to provide public school districts with a platform to purchase health insurance coverage in a shared-services environment. Through membership in the SHIF, your employer offers you and your eligible family members a comprehensive and valuable benefits program.

Qualifying Life Events

Your benefit elections and covered dependents will remain in place unless you experience one of the below qualifying life events. If you wish to make an enrollment status or plan change due to one of these events, you must contact your personnel department within 30 days of the event. Qualifying life events include:

- Marriage
- Birth or adoption of a child (must be reported within 60 days of the event)
- Loss or reduction of coverage for you or your spouse

Other Life Events

If you experience one of these life events, you must notify your benefits administrator within 30 days of the event so your enrollment status can be updated accordingly.

- Death of a covered dependent
- Divorce



MEDICAL PLAN OPTIONS

AETNA & AMERIHEALTH ADMINISTRATORS



Through the SHIF, Delsea Regional School District offers the following medical plan options to their staff, administered by Aetna and AmeriHealth Administrators.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Express Scripts.**
- All other employees may elect any options offered by the district.

NOTE: Young adults are eligible for benefits until the end of the calendar year he/she turns age 26.

	NJEHP	GSP*
IN-NETWORK BENEFITS		
Calendar Year Deductible		
Individual	None	None
Family		
Coinsurance	Member pays 10% on select services	Member pays 10% on select services
Calendar Year Out-of-Pocket Maximum		
Individual	\$500	\$500
Family	\$1,000	\$1,000
Preventive Services	100% Covered	100% Covered
PCP Office Visits	\$10 Copay	\$10 Copay
Specialist Office Visit	\$15 Copay	\$15 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered
Inpatient Hospital	100% Covered	100% Covered
Outpatient Surgery	100% Covered	100% Covered
Emergency Room	\$125 Copay	\$125 Copay
OUT-OF-NETWORK BENEFITS		
Calendar Year Deductible		
Individual	\$350	\$350
Family	\$700	\$700
Calendar Year Out-of-Pocket Maximum		
Individual	\$2,000	\$2,000
Family	\$5,000	\$5,000
Coinsurance (% Plan Pays)	70%**	70% after deductible

* GSP is a network of NJ providers only. Out of state services will not be covered unless it is a true medical emergency.

** After deductible.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your 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.

MEDICAL PLAN OPTIONS

AETNA



Through the SHIF, Delsea Regional School District offers the following medical plan options to their staff, administered by Aetna.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Express Scripts.**
- All other employees may elect any options offered by the district.

NOTE: Young adults are eligible for benefits until the end of the calendar year he/she turns age 26.

	AETNA PAT V \$5	AETNA PAT X \$10	ACPOSII HDHP W/HSA	ACPOSII CORE PLAN	ACPOSII BUY-UP PLAN
IN-NETWORK BENEFITS					
Calendar Year Deductible					
Individual	None	None	\$1,650	\$1,000	\$500
Family			\$3,300	\$2,000	1,000
Coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 80%	Plan pays 100%	Plan pays 100%
Calendar Year Out-of-Pocket Maximum					
Individual	\$5,300	\$5,300	\$6,250	\$2,000	\$1,000
Family	\$10,600	\$10,600	\$12,500	\$4,000	\$2,000
Preventive Services	100% Covered	100% Covered	20% Member Coinsurance	100% Covered	100% Covered
PCP Office Visits	\$5 Copay	\$10 Copay	20% Member Coinsurance	\$25 Copay	\$20 Copay
Specialist Office Visit	\$15 Copay	\$25 Copay	20% Member Coinsurance	\$40 Copay	\$30 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered	20% Member Coinsurance	\$40 Copay	\$30 copay
Inpatient Hospital	100% Covered	100% Covered	20% Member Coinsurance	Facility: \$200 copay/day first 5 days; no charge thereafter Surgeon: No Charge	Facility: \$100 copay/day first 5 days; no charge thereafter Surgeon: 10% coinsurance
Outpatient Surgery	100% Covered	100% Covered	20% Member Coinsurance	20% Member Coinsurance	10% coinsurance
Emergency Room	\$50 Copay	\$50 Copay	20% Member Coinsurance	20% Member Coinsurance after \$100 copay per visit	\$100 copay
OUT-OF-NETWORK BENEFITS					
Calendar Year Deductible					
Individual	\$100	\$100	\$1,650	\$2,500	\$1,250
Family	\$200	\$200	\$3,300	\$5,000	\$2,500
Calendar Year Out-of-Pocket Maximum					
Individual	\$2,000	\$400	\$6,250	\$5,000	\$2,500
Family	\$4,000	\$1,200	\$12,500	\$10,000	\$6,000
Coinsurance (% Plan Pays)	Plan pays 70%	Plan pays 80%	Plan pays 50%	Plan pays 60%	Plan pays 70%

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your 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.

MEDICAL PLAN OPTIONS

AMERIHEALTH ADMINISTRATORS



Through the SHIF, Delsea Regional School District offers the following medical plan options to their staff, administered by AmeriHealth Administrators.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Express Scripts.**
- All other employees may elect any options offered by the district.

NOTE: Young adults are eligible for benefits until the end of the calendar year he/she turns age 26.

	AHA EPO \$15/\$25	AHA PPO \$15/\$25
IN-NETWORK BENEFITS		
Calendar Year Deductible		
Individual	None	None
Family		
Coinsurance	Plan pays 100%	Plan pays 100%
Calendar Year Out-of-Pocket Maximum		
Individual	\$4,000	\$2,000
Family	\$8,000	\$5,000
Preventive Services	100% Covered	100% Covered
PCP Office Visits	\$15 Copay	\$15 Copay
Specialist Office Visit	\$25 Copay	\$25 Copay
Diagnostic Lab & X-Ray	100% Covered	100% Covered
Inpatient Hospital	\$50 copay per day up to 5 days per admission, \$500 in copays per benefit period	100% Covered
Outpatient Surgery	100% Covered	100% Covered
Emergency Room	\$50 Copay	\$50 Copay
OUT-OF-NETWORK BENEFITS		
Calendar Year Deductible		
Individual	Not Covered	\$500
Family		\$1,000
Calendar Year Out-of-Pocket Maximum		
Individual	Not Covered	\$4,000
Family		\$8,000
Coinsurance (% Plan Pays)	30% Member Coinsurance for Diagnostic Lab	Plan pays 70%

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your 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.

MAXIMIZE YOUR BENEFITS

AETNA & AMERIHEALTH ADMINISTRATORS



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:

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

Make Sure You are Using In-Network Labs

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

In-Patient or Observation:

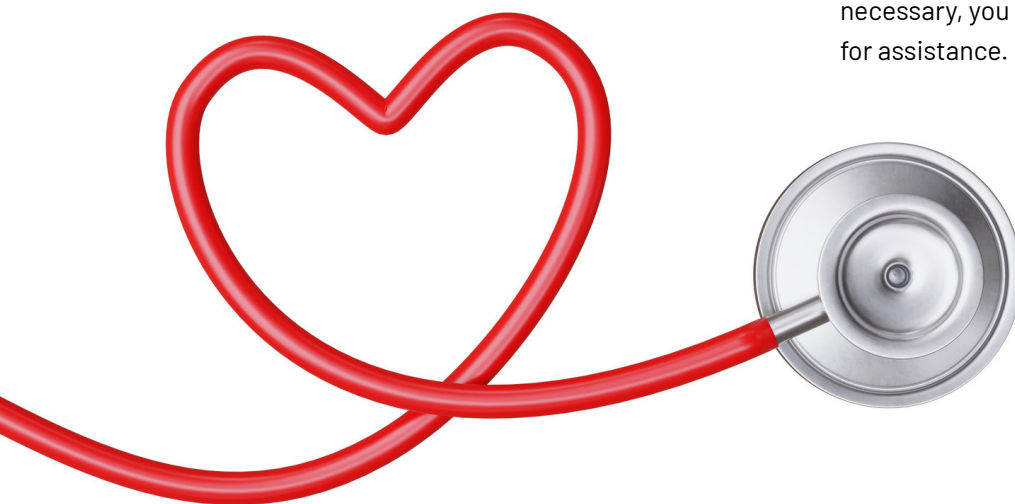
The difference between inpatient and observation status is important because benefits and provider payments are based on the status. Patients admitted under observation status are considered outpatients, even though they may stay in the hospital and receive treatment in a hospital bed.

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

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



NATIONAL NETWORK ACCESS THROUGH CIGNA HEALTHCARE PPO AMERIHEALTH ADMINISTRATORS

Plan members have access to quality and affordable health care nationwide

If you are enrolled in an **AmeriHealth Administrators plan**, you have nationwide access to the Cigna Healthcare Preferred Provider Organization (PPO) Network.

The Cigna Healthcare PPO Network includes more than 1.5 million health care providers and 6,400 hospitals nationwide. AmeriHealth Administrators plan members can easily find providers in their region using the Cigna Healthcare provider search tool.

Look for the logo

You will find the Cigna logo on your AmeriHealth Administrators ID card if you have access to the Cigna Healthcare PPO Network.

Search for a provider

Visit www.myahbenefits.com or scan the QR code to access the provider finder. Select **Find a Doctor**, then the Find a provider button in the “Through my job” box.

Scan the QR Code to search for providers



Questions? Call the number on the back of your AmeriHealth Administrators ID card.



HOW TO FIND IN-NETWORK PROVIDERS



To Find Participating Aetna Providers

- STEP 1:** Visit Aetna’s website at www.aetna.com
- STEP 2:** At the middle of the webpage on the right, click on “**Find a Doctor**”
- STEP 3:** On 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'RE ENROLLING IN...	DOCFIND PLAN SELECTION IS...
NJ Educators Health Plan	Category Heading = <u>Aetna Open Access Plans</u> Plan Name = Aetna Choice POS II (Open Access)
Aetna Garden State Plan	Category Heading = <u>Aetna Whole Health Plan</u> Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II
Aetna POSII Core, Aetna POS II Buy-Up, Aetna POS II HDHP w/ HSA	Category Heading = <u>Aetna Open Access Plans</u> Plan Name = Aetna Choice POS II (Open Access)
Patriot Plans	Category Heading = <u>Aetna Standard Plans</u> Plan Name = QPOS

How to Find Participating AmeriHealth Administrators Providers

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

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

- Credentials
- Hospital affiliations
- Review from other members
- Office hours
- Gender
- Specialty
- Language Spoken
- National Provider Number (NPI)

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

Please note: If searching for a Garden State Plan Provider, for accurate results, fill in your location and search for the Local Value Network at the top of the page.



TELADOC

TELEMEDICINE FOR AMERIHEALTH ADMINISTRATORS MEMBERS

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, Teladoc provides low 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 Teladoc

Teladoc 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 Enhancement

Effective 9/1/2021, the SHIF expanded the telemedicine service to include mental healthcare. This enhancement allows members to have 24/7 video access to licensed psychiatrists, therapists, and psychologists to help treat a broad range of issues. Common conditions members may utilize the service 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.

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

Get Started With Teladoc Today

To take advantage of this great benefit, contact Teladoc in any of the following ways:

- **Via phone:** [855.835.2362](tel:855.835.2362)
- **Via the web:** www.TeladocHealth.com
- **Via mobile app:** Go to www.Teladoc.com/Mobile to learn more or download the mobile app from the App Store or Google Play



CVS VIRTUAL CARE

TELEMEDICINE FOR AETNA MEMBERS



YOUR CARE. YOUR WAY. **CONVENIENT AND AFFORDABLE VIRTUAL CARE WHEREVER YOU NEED IT.**

From your therapy appointments to quick care, CVS Health Virtual Care has got you covered. You can use CVS Health Virtual Care in addition to your traditional network of providers.

Access is included as part of your medical plan from Aetna, a CVS Health company because healthier happens together.

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

Get started today with CVS Health Virtual Care!

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

Scan the QR Code to activate your virtual care benefit!



LOW COST MEDICAL PLAN OPTION

HORIZON OMNIA PLAN



In an effort to offer a greater choice of health insurance options, Delsea offers medical plan option administered by Horizon OMNIA, in addition to the current plan options available through Aetna and AmeriHealth. The Horizon OMNIA plan features a 2-Tier provider network and includes prescription coverage through Express Scripts. **Please note: Out-of-network services are not covered under the Horizon OMNIA plan.**

NOTE: The medical option below is only available to employees hired before 7/1/2020.

HORIZON OMNIA 2-TIER PLAN

BENEFITS	OMNIA NETWORK (TIER 1)	DIRECT ACCESS NETWORK (TIER 2)
Calendar Year Deductible		
Individual	None	\$1,500
Family		\$3,000
Coinsurance	Plan pays 100%	Plan pays 80%
Out-of-Pocket Maximum		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
Preventive Services	100% Covered	100% Covered - Deductible does not apply
PCP Office Visits	\$5 Copay	\$20 Copay
Specialist Office Visit	\$15 Copay	\$30 Copay
Diagnostic Lab & X-Ray	100% Covered	Independent Lab: No Charge Outpatient Hospital: 20% coinsurance
Inpatient Hospital	\$150 copay	20% Member Coinsurance
Outpatient Surgery	\$150 copay	20% Member Coinsurance
Emergency Room	\$100 copay	\$100 copay

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your 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.



MAXIMIZE YOUR BENEFITS

HORIZON OMNIA HEALTH PLANS



It's time to stop putting up with rising health care costs. The OMNIA Health Plan gives you the flexibility to visit any New Jersey health care professional in OMNIA's broad Managed Care Network.

OMNIA Plan Features

- Low or no deductibles
- Lower out-of-pocket costs
- No referrals
- Access to New Jersey's largest network of doctors and hospitals
- Access to Horizon Wellness resources:
 - Precious Additions Maternity, Prenatal, and Postnatal services
 - Complex Case Management
 - Chronic Care Program
 - Exercise and Weight Management Programs
 - Stress Management Program
 - Nutrition Program
 - Healthy Discounts
 - And much more!

For more information about plan features visit www.horizonblue.com/OMNIA.

You will save more with certain Tier 1 doctors, hospitals, and other health care professionals. Including lower premiums, lower deductibles, lower copayments, and lower out-of-pocket costs.

Local Tier 1 Hospitals

- **Burlington County**
 - Deborah Heart and Lung Center
 - Virtua Willingboro Hospital
 - Virtua Mount Holly Hospital
- **Camden County**
 - Cooper Hospital University Medical Center
 - Jefferson Cherry Hill Hospital
 - Virtua Our Lady of Lourdes Hospital
- **Gloucester County**
 - Inspira Medical Center - Woodbury

To search for participating providers, visit <https://www.horizonblue.com/doctorfinder>.

KNOW WHERE TO GET CARE



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
<ul style="list-style-type: none">• Cold/Flu• Allergies• Animal/insect bite• Bronchitis• Skin problems• Respiratory infection• Sinus problems• Strep throat• Pink eye/ Eye irritation• Urinary issues	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 SHIF Health Plans have a \$0 copay for the Telemedicine Services (Teladoc & 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 visits, please consult your insurance carrier at the customer service number on the back of your ID card.

Teladoc (AmeriHealth Administrators Members)

- **Via phone:** [888.964.0942](tel:888.964.0942)
- **Via the web:** www.teladoc.com
- **Via mobile app:** Go from the App Store or Google Play

CVS Virtual Care (Aetna Members)

- **Via phone:** [8666.211.5678](tel:8666.211.5678)
- **Via the web:** www.cvs.com/virtual-care
- **Via mobile app:** Go from the App Store or Google Play



PRESCRIPTION DRUG OPTIONS

EXPRESS SCRIPTS



Through the SHIF, Delsea Regional School District offers the following prescription plan options to their staff, administered by Express Scripts.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Express Scripts.**
- All other employees may elect any district offered plan design.

NOTE: Young adults are eligible for benefits until the end of the calendar year he/she turns age 26.

	NJEHP/GSP	RETAIL \$10/\$20/\$35 Applies to Patriot, AHA, OMNIA Plans	RETAIL \$15/\$35/\$50 Applies to Core & Buy-Up
RETAIL	UP TO A 30-DAY SUPPLY	UP TO A 30-DAY SUPPLY	
Generic	\$5 Copay	\$10 copay	\$15 copay
Brand Without Generic Alternative	\$10 Copay	\$20 copay	\$35 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$35 copay	\$50 copay
MAIL ORDER	UP TO A 90-DAY SUPPLY	UP TO A 90-DAY SUPPLY	
Generic	\$10 Copay	\$30 copay	\$45 copay
Brand Without Generic Alternative	\$20 Copay	\$60 copay	\$105 copay
Brand With Generic Alternative	Member Pays Brand Copay Plus Difference in Cost Between Generic & Brand Drug	\$105 copay	\$150 copay

Save on Your Prescriptions

Using the mail order program for your maintenance medications will save you money. In addition to the savings, your prescriptions will be delivered right to your home. Refilling your order is easy and can be done over the phone.

For more information or to begin using mail order, simply contact Express Scripts at 800.467.2006.



DIGITAL ID CARD

EXPRESS SCRIPTS



REMINDER! YOUR PRESCRIPTION ID CARD IS NOW DIGITAL! 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 instance access to your prescription ID card. You can view your card online or even on the app, download it to your digital wallet, or even print a card from the Express Scripts website.

A digital profile also helps you connect to:

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

Don't wait until you are at the pharmacy. Connect to your ID card today.

Visit www.express-scripts.com or download the Express Scripts mobile app to create your profile in a few easy steps. You can also text **JOIN** to **69717** for a link to the Express Scripts registration page.

Scan the QR code to download the mobile app from the App Store or Google Play.



HOME DELIVERY AND RECOMMENDED DRUG DOSING

EXPRESS SCRIPTS

Getting started with 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)

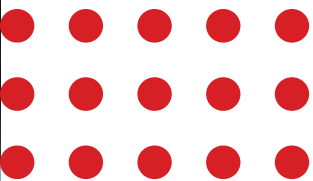
DIY–Do It Yourself

- 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.



CHAPTER 78 PERCENTAGE OF PREMIUM SCHEDULE

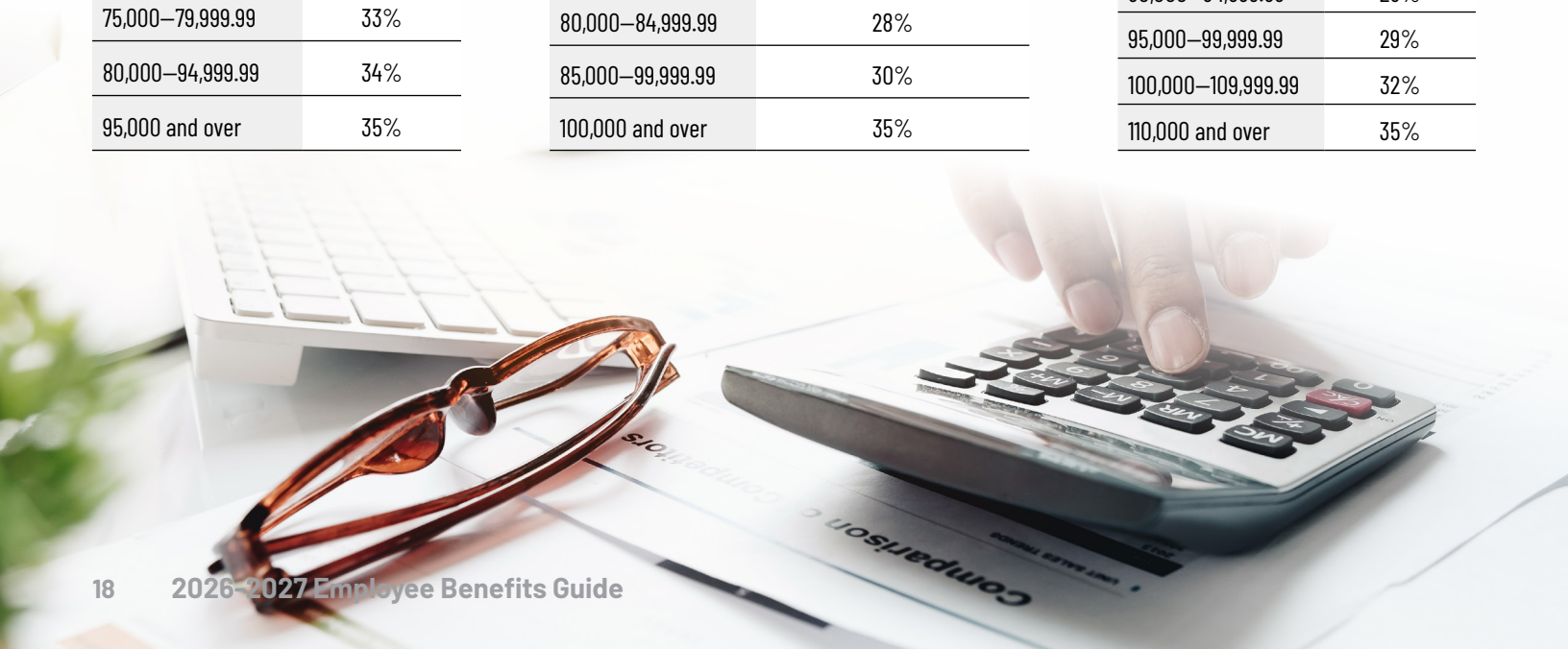
Pursuant to P.L. Chapter 78, all Delsea Regional School District employees have a contribution arrangement for health benefits that is consistent with NJ State statute. Eligible employees and their eligible dependents share in the cost of healthcare premiums in accordance with the following schedule. The schedule is based upon employees' annual wages and coverage tier (Employee, Employee & Spouse/Child or Family coverage) and represents Year 4 of P.L. Chapter 78 contributions.

Please Note: Employees enrolled in the NJEHP & GSP for medical and prescription benefits will follow a new salary-based contribution schedule. Please refer to the following pages for information regarding these contribution schedules.

SALARY RANGE (ANNUAL)	EMPLOYEE ONLY
<\$20,000	4.5%
20,000–24,999.99	5.5%
25,000–29,999.99	7.5%
30,000–34,999.99	10%
35,000–39,999.99	11%
40,000–44,999.99	12%
45,000–49,999.99	14%
50,000–54,999.99	20%
55,000–59,999.99	23%
60,000–64,999.99	27%
65,000–69,999.99	29%
70,000–74,999.99	32%
75,000–79,999.99	33%
80,000–94,999.99	34%
95,000 and over	35%

SALARY RANGE (ANNUAL)	EMPLOYEE & SPOUSE OR EMPLOYEE & CHILD(REN)
<\$25,000	3.5%
25,000–29,999.99	4.5%
30,000–34,999.99	6%
35,000–39,999.99	7%
40,000–44,999.99	8%
45,000–49,999.99	10%
50,000–54,999.99	15%
55,000–59,999.99	17%
60,000–64,999.99	21%
65,000–69,999.99	23%
70,000–74,999.99	26%
75,000–79,999.99	27%
80,000–84,999.99	28%
85,000–99,999.99	30%
100,000 and over	35%

SALARY RANGE (ANNUAL)	EMPLOYEE & FAMILY
<\$25,000	3%
25,000–29,999.99	4%
30,000–34,999.99	5%
35,000–39,999.99	6%
40,000–44,999.99	7%
45,000–49,999.99	9%
50,000–54,999.99	12%
55,000–59,999.99	14%
60,000–64,999.99	17%
65,000–69,999.99	19%
70,000–74,999.99	22%
75,000–79,999.99	23%
80,000–84,999.99	24%
85,000–89,999.99	26%
90,000–94,999.99	28%
95,000–99,999.99	29%
100,000–109,999.99	32%
110,000 and over	35%



NJEHP CONTRIBUTION SCHEDULE

NJ EDUCATOR'S HEALTH PLAN (NJEHP)

CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

The Chapter 44 NJ Educators' Health Plan is tied to a new salary based employee contribution schedule, that applies only to medical and prescription benefits. It does not apply to any other coverage that may be offered by the district, such as dental coverage. **For contributions for all other medical, plans, prescription plans, or separate lines of coverage, please speak with your business office.**

NJEHP Salary Based Contribution	Single	Parent + Child	Employee + Spouse	Family
\$0.00 - \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000*	3.6%	4.4%	6.6%	7.2%

Please Note:

- Employees with salaries above \$125,000 shall pay at the \$125,000 rate.
- This is for the medical and prescription benefits **ONLY** under the NJEHP, and **DOES NOT** apply to any other benefits you may be enrolled in with the district.
- For additional assistance regarding your employee contributions, please refer to your Business Office.



GSP CONTRIBUTION SCHEDULE GARDEN STATE PLAN (GSP)

CHAPTER 44 SALARY BASED CONTRIBUTION SCHEDULE

The Chapter 44 Garden State Plan is tied to a new salary based employee contribution schedule, that applies only to medical and prescription benefits. It does not apply to any other coverage that may be offered by the district, such as dental coverage.

For contributions for all other medical, plans, prescription plans, or separate lines of coverage, please speak with your business office.

GSP Salary Based Contribution	Single	Parent + Child	Employee + Spouse	Family
\$0.00 - \$40,000	1.50%	1.50%	1.50%	1.65%
\$40,001 - \$50,000	1.50%	1.50%	1.65%	1.95%
\$50,001 - \$60,000	1.50%	1.50%	1.95%	2.20%
\$60,001 - \$70,000	1.50%	1.50%	2.20%	2.50%
\$70,001 - \$80,000	1.50%	1.65%	2.50%	2.75%
\$80,001 - \$90,000	1.50%	1.80%	2.75%	3.00%
\$90,001 - \$100,000	1.65%	1.95%	3.00%	3.30%
\$100,001 - \$125,000*	1.80%	2.20%	3.30%	3.60%

Please Note:

- Employees with salaries above \$125,000 shall pay at the \$125,000 rate.
- This is for the medical and prescription benefits **ONLY** under the GSP, and **DOES NOT** apply to any other benefits you may be enrolled in with the district.
- For additional assistance regarding your employee contributions, please refer to your Business Office.



GUARDIAN NURSES

STRUGGLING WITH A HEALTHCARE ISSUE?



For Your Benefit...

Our Mobile Care Coordinator RNx, backed by a team of registered nurses, are ready to respond whenever you are struggling with a healthcare issue. They can:

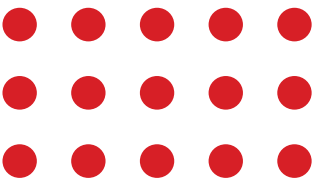
- Visit you at home or in the hospital to assess your care needs.
- Be your guide, coach and advocate for any healthcare issue.
- Make appointments so you can be seen as quickly as possible.
- Go with you to see doctors, to ask questions and to get answers.
- Identify providers for all care needs and second opinions.
- Get things you need such as healthcare equipment.
- Provide decision support when you are thinking about treatments or surgery.
- Explain a new diagnosis to help you make informed decisions.

Who is Eligible?

The services of our Mobile Care Coordinator Nurses are available to members of the Schools Health Insurance Fund (SHIF) and their covered dependents. All services are free and confidential.

Contact Information

To request help from our Mobile Care Coordinators or the team at Guardian Nurses, call **215.836.0260** or toll-free **888.836.0260**.



BENEFITS MEMBER ADVOCACY CENTER

CONNER STRONG & BUCKELEW



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, 8:30am to 5:00pm (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?

You may contact the Member Advocacy Team in any of the following ways:

- Phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Web: www.connerstrong.com/memberadvocacy
- Email: cssteam@connerstrong.com



BENEPORTAL

ONLINE BENEFITS RESOURCE



At Delsea Regional School District, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

Secure Online Access

Simply go to www.delseaboebenefits.com to access your benefits information today!

Mobile-Friendly Site

BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

Other Features Include:

- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!



VALUE-ADDED SERVICES

CONNER STRONG & BUCKELEW



Benefit Perks

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

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

HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Learn more at:

<https://marketplace.huskwellness.com/connerstrong>

GoodRX

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

Learn more at: www.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.



CARRIER CONTACTS

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/EMAIL
Eligibility, Enrollment, Plan Options, Contributions, Qualifying Life Events, etc.	Please contact your School District's Business Office		
Medical Benefits - Aetna Benefit questions, claims, locating a provider, printing new ID cards	Aetna	800-370-4526	www.aetna.com
Medical Benefits - Amerihealth Administrators Benefit questions, claims, locating a provider, printing new ID cards	AmeriHealth Administrators	844-352.1706	www.myahabenefits.com
Telemedicine	Teladoc - AmeriHealth Administrators Members CVS Virtual Care - Aetna Members	855-835-2362 866-211-5678	www.teladoc.com www.cvs.com/virtual-care
Prescription Benefits - Express Scripts Benefit questions, claims, locating a provider, printing new ID cards	Express Scripts Accredo - Specialty Pharmacy	800-467-2006 877-895-9697	www.express-scripts.com www.accredo.com
Nurse Advocacy	Guardian Nurses	888-836-0260	www.guardiannurses.com
Plan Options, Benefit Questions and Claims Issues	Member Advocacy (Office of SHIF Program Manager)	800-563-9929	www.connerstrong.com/memberadvocacy

Access Information On the Go!

The Aetna, AmeriHealth, and Express Scripts mobile apps allow members to access ID cards and claim information, search for participating providers and pharmacies, refill prescriptions and much more - directly from your smartphone or mobile device. Download them today from the App Store or Google Play.



LEGAL NOTICES

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Bellmawr BOE offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Patient Protection and Affordable Care Act

Please note: the medical plans are considered compliant with the Patient Protection and Affordable Care Act. There are no annual limits, dependent children can be covered to age 26 and preventive care is covered at 100% with no member cost-sharing and the pre-existing exclusion limitations have been removed.

As new Health Care Reform requirements become effective, the Bellmawr BOE plans will be modified. We are fully committed to complying with all regulations and intend to notify you as soon as possible of any change(s).

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

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

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

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

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

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.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/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/medicaid/plans-programs/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>
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>

LEGAL NOTICES

LOUISIANA – Medicaid

Louisiana Medicaid Website:

<https://www.ldh.la.gov/healthy-louisiana>

Medicaid Customer Service Line: 1-888-342-6207

Louisiana Medicaid email: healthy@la.gov

Louisiana Health Insurance Premium Program (LaHIPP)

Website:

<https://www.ldh.la.gov/lahipp>

LaHIPP phone: 1-877-697-6703

LaHIPP email: La.HIPP@la.gov

LaHIPP fax: 1-888-716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite

1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfnv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext.

15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <https://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)

CHIP Phone: 1-800-986-KIDS (5437)

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: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid and CHIP

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

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

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, 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



Delsea Regional School District reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. 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.