



2019 OPEN ENROLLMENT GUIDE

Central<sup>FUND</sup>Jersey

# It's Time to Review Your Benefits for 2019!

ENROLLMENT DEADLINE: NOVEMBER 9, 2018

## What is the Central Jersey Health Insurance Fund (CJHIF)?

The Central Jersey Health Insurance Fund (and Health JIF) was founded in 1992 to provide public entities with a platform to purchase health insurance coverage in a shared-services environment. The Health JIF is a public entity that allows local public entities in the State of New Jersey to purchase collectively, thus taking advantage of economies of scale.

Through membership in the CJHIF, your employer offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your benefit options through your employer's membership with the CJHIF and choose the best coverage for you and your family.

**The CJHIF will hold a passive Open Enrollment,** which means that if you are currently enrolled for benefits, your current plan elections will remain in place from January 1 through December 31, 2019, unless you elect to make a change.

## Enrollment Instructions

**You must complete and return an enrollment form by November 9th to your benefits administrator if any of the following apply to you:**

- You wish to add coverage for an eligible dependent;
- You wish to terminate coverage for a dependent that's currently enrolled;
- You are currently enrolled in coverage but you wish to waive it effective January 1, 2019;
- You have previously declined benefits but would like to now enroll for coverage for yourself and your eligible dependent(s) if applicable, effective January 1, 2019;
- You are an employee, non-Medicare retiree or COBRA participant that is currently enrolled in coverage and you wish to change your current plan elections, effective January 1, 2019.

**Please contact your Benefits Administrator for all enrollment forms should you decide to change your benefit plan.**

## ID Cards

**You will only receive new ID cards if you are making plan changes.** If you have any questions about plans which you are eligible for or how to make a change, please contact your Benefits Administrator.

## Qualified Life Events

Your benefit elections and covered dependents will remain in place unless you experience one of the below **qualified 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.

- Marriage
- Loss or Reduction of Coverage for you or your spouse
- Birth or Adoption of a Child (must be reported within **60 days** of the event)

## 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

# Questions? Who to Call...

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

**If you are unsure of which plan you are enrolled in, please refer to your medical ID card.**

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/ADDRESS
<b>Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.</b>	Please contact your entity's Human Resources/Benefits Office		
<b>Medical Benefits - Aetna</b> Benefit questions, claims, locating a provider, printing new ID Cards	<b>HMO, Health Network Option, QPOS</b>	800.370.4526	www.aetna.com
	<b>ACPOSII</b>	855.281.8858	
<b>Medical Benefits - Amerihealth</b> Benefit questions, claims, locating a provider, printing new ID Cards	<b>Amerihealth Administrators</b>	800.480.5031	www.myahabenefits.com
<b>Prescription Drug Benefits</b>	<b>Express Scripts</b>	800.467.2006	www.express-scripts.com
<b>Dental Benefits</b>	Please see the reverse side of your ID card		
<b>Open Enrollment Guide</b>	Office of CJHIF Program Manager	800.563.9929	www.connerstrong.com



# Maximize Your Benefits

## *Reduce Your Costs by Using In-Network Providers and Labs*

### Using In-Network Providers

#### Consider Your In-Network Options First

You will typically pay less for covered services when you visit providers that are part of your medical plan's network. In-network providers agree to discounted fees. You are responsible only for any co-pay or deductible that is included in your plan design. To verify that your providers are in-network, call the number on the back of your ID cards.

#### Limit Your Use of Out-of-Network Providers

The percentage of costs covered for out-of-network care is based on the plan allowance. If the plan allowance is less than the provider's actual charge, the provider may bill you for the difference between these two amounts. The amount you are required to pay out-of-pocket may be significant.

### To Locate In-Network Providers

For participants of the **Aetna** plan, visit [www.aetna.com](http://www.aetna.com) and select "**Find a Doctor.**" From there, you can find a provider based on location, provider type, health condition, and more.

For participants of the **Amerihealth Administrators** plan, visit [www.myahabenefits.com](http://www.myahabenefits.com), select "Members" and then "**Find a Doctor.**" You can select a provider based on your region or by provider type.



### Using In-Network Labs

Effective January 1, 2019, participants of **Aetna** plans may now use either **Quest Diagnostics** or **LabCorp** for lab work. **Both labs will be in-network beginning January 1<sup>st</sup>.**

For participants of the **Amerihealth Administrators** plan, please be sure your provider sends your blood work to a **LabCorp** location or other free standing labs for results. Quest Diagnostics is **not participating** in the Amerihealth Administrators network.

# 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.**

Visits to the ER can be very costly - consider your alternatives for emergent care. When you keep non-life threatening emergencies out of the ER, you help keep your health care costs down.

## Know Where to Get Care

Before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from Telemedicine or Urgent Care instead.

Telemedicine	Urgent Care Center	Emergency Room
<ul style="list-style-type: none"><li>• Cold/Flu</li><li>• Allergies</li><li>• Animal/insect bite</li><li>• Bronchitis</li><li>• Skin problems</li><li>• Respiratory infection</li><li>• Sinus problems</li><li>• Strep throat</li><li>• Pink eye/ Eye irritation</li><li>• Urinary issues</li></ul>	<ul style="list-style-type: none"><li>• Allergic reactions</li><li>• Bone x-rays, sprains or strains</li><li>• Nausea, vomiting, diarrhea</li><li>• Fractures</li><li>• Whiplash</li><li>• Sports injuries</li><li>• Cuts and minor lacerations</li><li>• Infections</li><li>• Tetanus vaccinations</li><li>• Minor burns and rashes</li></ul>	<ul style="list-style-type: none"><li>• Heart attack</li><li>• Stroke symptoms</li><li>• Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath</li><li>• Coughing up or vomiting blood</li><li>• High fever with stiff neck, confusion or difficulty breathing</li><li>• Sudden loss of consciousness</li><li>• Excessive blood loss</li></ul>

Please note: This communication is not intended to provide medical advice. If your medical need is more than urgent or life-threatening please go to the Emergency Room or call 9-1-1.



## Access Telemedicine 24/7:

### *Teladoc (Aetna members)*

- Call **1.855.Teladoc (835.2362)**
- Visit **www.Teladoc.com/Aetna**
- Go to **Teladoc.com/Mobile** to learn more or download the mobile app from the App Store or Google Play

### *MDLive (Amerihealth members):*

- Call **1.888.964.0942**
- Visit **www.mdlive.com/ahatpa**
- Go to **www.mdlive.com/mobileapp** to learn more or download the mobile app from the App Store or Google Play

# Understanding Your Prescription Drug Program

## Express Scripts Home Delivery—How to Get Started

### Contact Express Scripts



For transfers from a retail pharmacy, sign in at

**Express-Scripts.com**



Or speak to a prescription benefits specialist

**1.800.698.3757**

OR

### DIY—Do It Yourself



1. Complete a home delivery order form
2. Get a 90-day prescription from your doctor plus refills for up to one year (if applicable)
3. Include your home delivery copayment (acceptable forms include credit/debit card, check or money order)
4. 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.**

## Prior Authorization

The first time you try to fill a prescription that needs prior authorization (at a retail pharmacy or the Express Scripts Pharmacy), your pharmacist should explain that more information is needed from your doctor to determine whether the medicine is covered by your plan. The pharmacist will ask your doctor to call the Express Scripts Prior Authorization department to find out if the medicine is covered. Prior authorization phone lines are open 24/7 – so a determination can be made right away.

If you have questions about prior authorization, or about anything else in your prescription plan, we're here to help. Just call the number on your member ID card, log in at **express-scripts.com** or download the Express Scripts mobile app.



# 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.

Central Jersey Health Insurance Fund 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 Fund 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 Fund 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](http://www.healthcare.gov).

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. 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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

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

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+: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)  
CHP+ Customer Service: 1-800-359-1991/  
State Relay 711

FLORIDA – Medicaid  
Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 1-877-357-3268

GEORGIA – Medicaid  
Website: <http://dch.georgia.gov/medicaid>  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

INDIANA – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

IOWA – Medicaid  
Website: <http://dhs.iowa.gov/hawk-i>  
Phone: 1-800-257-8563

KANSAS – Medicaid  
Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

KENTUCKY – Medicaid  
Website: <https://chfs.ky.gov>  
Phone: 1-800-635-2570

LOUISIANA – Medicaid  
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447



MAINE – Medicaid  
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP  
Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-862-4840

MINNESOTA – Medicaid  
Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

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

NEBRASKA – Medicaid  
Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

NEVADA – Medicaid  
Medicaid Website: <https://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid  
Website: <https://www.dhhs.nh.gov/ombp/nhhipp/>  
Phone: 603-271-5218  
Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP  
Medicaid Website:  
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid  
Website: <https://dma.ncdhhs.gov/>  
Phone: 919-855-4100

NORTH DAKOTA – Medicaid  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

OREGON – Medicaid  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid  
Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid  
Website: <http://www.eohhs.ri.gov/>  
Phone: 855-697-4347

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: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP  
Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

VERMONT – Medicaid  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP  
Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid  
Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid  
Website: <http://mywhipp.com/>  
Toll-free phone: 1-855-MyWHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP  
Website:  
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

WYOMING – Medicaid  
Website: <https://wyequalitycare.acs-inc.com/>  
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

PLEASE NOTE: *This communication only applies to the benefits that your employer has through the Central Jersey Health Insurance Fund.*



# Central<sup>FUND</sup>Jersey