



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*

# EMPLOYEE BENEFITS GUIDE

2023-2024

D10, D15 & D20/30



MEDICAL/RX



DENTAL



VISION



VOLUNTARY  
LIFE INSURANCE  
& DISABILITY



VOLUNTARY  
CRITICAL ILLNESS &  
ACCIDENT



HOW TO



# MEDICAL/RX 10



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*

## ***DIRECT ACCESS DESIGN 7 Education 10*** ***Mount Olive Township BOE***

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	None	\$100
Family	None	\$250
	Deductible is Calendar Year.	
<b>Coinsurance</b>	100%	80%
<b>Maximum Out of Pocket</b>		
Individual	\$400	\$2,000
Family	\$800	\$5,000
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$10 copay A primary care physician is a general or family practitioner, internist or pediatrician	80% after deductible
Specialist Office Visit	100% after \$10 copay A referral is not required to visit a specialist.	80% after deductible
Maternity Visits	100% after \$10 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	80% after deductible
Allergy Testing and Treatment	100%	80% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	80% (no deductible)
Well Child Exams	100%	80% (no deductible)
Well Child Immunizations and Lead Screening	100%	80% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	80% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	80% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore healthcare at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at <b>1-866-969-1234</b> to schedule an appointment.		
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100%	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Dept. Services	100%	80% after deductible
<b>Emergency Care</b>		
Emergency Room	100% after \$25 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	80% after deductible



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## DIRECT ACCESS DESIGN 7 Education 10

### Mount Olive Township BOE

<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	100%	80% after deductible
Surgery in an Ambulatory SurgiCenter	100%	80% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
<b>Mental Health Services</b>		
Inpatient	100%	80% after deductible
Outpatient department	100%	80% after deductible
Office setting	100% after \$10 copay	80% after deductible
<b>Substance Abuse Services</b>		
Inpatient	100%	80% after deductible
Outpatient department	100%	80% after deductible
Office setting	100% after \$10 copay	80% after deductible
<b>Alcohol Abuse Services</b>		
Inpatient	100%	80% after deductible
Outpatient department	100%	80% after deductible
Office setting	100% after \$10 copay	80% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
Acupuncture	100%	80% after deductible
Bariatric Surgery	100%	80% after deductible
Diabetic Education	100% after office copay	80% after deductible
Diabetic Supplies	90%	80% after deductible
Durable Medical Equipment	90%	80% after deductible
Home Health Care	100%	80% after deductible
Hospice Care	100%	80% after deductible
Infertility (including in-vitro fertilization)	100% after office copay Limited to 4 egg retrievals per lifetime	80% after deductible
Nutritional Counseling	100% after \$10 copay Limited to 3 visits per benefit period	80% after deductible
Orthotics and Prosthetics	100% after \$10 copay	80% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	80% after deductible
Private Duty Nursing	90% Unlimited	80% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$10 copay	80% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days The overall maximum per benefit period is 120 days combined in and out of network.	80% after deductible up to 60 days
Therapeutic Manipulation (Chiropractic Care)	100% after office copay 30 visit maximum per benefit period	80% after deductible
Vision - Routine Eye Exam	100% after \$10 copay	Not Covered
Vision Hardware	Not Covered	
<b>Prescription Drugs</b>		
Covered under a freestanding Rx program		
<b>Eligibility</b>	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	



## ***DIRECT ACCESS DESIGN 7 Education 10*** ***Mount Olive Township BOE***

<b>Pre-Existing Conditions</b>	Not Applicable
<b>Grandfathered</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <b>www.HorizonBlue.com</b> .
<b>24/7 Nurse Line</b>	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract.

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## *Prescription Drug Program* *Mount Olive Township BOE*

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Brand Name Drugs
<b>Two Tier Copayment Plan:</b>		
<b>Retail:</b> Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$3	\$10
<b>Mail Order:</b> Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$5	\$15
<b>Front End Deductible:</b> Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		
		Not Applicable
<b>Benefit Period Maximum</b>		\$1,370
<b>Plan includes:</b>		
	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives	
<b>Mandatory Generic:</b>		
		Not Applicable
<b>Specialty Pharmacy Program:</b>		
Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.	<ul style="list-style-type: none"><li>• Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy.</li><li>• Claims assistance to help determine individual coverage and file the necessary paperwork.</li><li>• Easy access to pharmacists and other health experts 24 hours a day, seven days a week.</li><li>• Single, reliable source for specialty medication needs.</li><li>• Easy ordering with a dedicated toll-free number.</li><li>• Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)</li><li>• Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.</li><li>• NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.</li></ul>	
<b>Exclusions:</b>		
	Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum	

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbnsj.com](http://www.horizon-bcbnsj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your ID card.

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# MEDICAL/RX 15



**MOUNT OLIVE  
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## DIRECT ACCESS DESIGN 7 Education 15

### Mount Olive Township BOE

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	None	\$100
Family	None	\$250
	Deductible is Calendar Year.	
<b>Coinsurance</b>	100%	70%
<b>Maximum Out of Pocket</b>		
Individual	\$400	\$2,000
Family	\$800	\$5,000
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$15 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after \$15 copay A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after \$15 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	70% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	70% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore healthcare at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at <b>1-866-969-1234</b> to schedule an appointment.		
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100%	70% after deductible
Room and Board	100%	70% after deductible
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Dept. Services	100%	70% after deductible
<b>Emergency Care</b>		
Emergency Room	100% after \$50 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	70% after deductible



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## DIRECT ACCESS DESIGN 7 Education 15

### Mount Olive Township BOE

<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	100%	70% after deductible
Surgery in an Ambulatory SurgiCenter	100%	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
<b>Mental Health Services</b>		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after \$15 copay	70% after deductible
<b>Substance Abuse Services</b>		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after \$15 copay	70% after deductible
<b>Alcohol Abuse Services</b>		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after \$15 copay	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
Acupuncture	100%	70% after deductible
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after office copay	70% after deductible
Diabetic Supplies	90%	70% after deductible
Durable Medical Equipment	90%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after office copay Limited to 4 egg retrievals per lifetime	70% after deductible
Nutritional Counseling	100% after \$15 copay Limited to 3 visits per benefit period	70% after deductible
Orthotics and Prosthetics	100% after \$15 copay	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Private Duty Nursing	90%	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$15 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days The overall maximum per benefit period is 120 days combined in and out of network.	70% after deductible up to 60 days
Therapeutic Manipulation (Chiropractic Care)	100% after office copay 30 visit maximum per benefit period	70% after deductible
Vision - Routine Eye Exam	100% after \$15 copay	Not Covered
Vision Hardware	Not Covered	
<b>Prescription Drugs</b>	Covered under a freestanding RX program	
<b>Eligibility</b>	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	



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## ***DIRECT ACCESS DESIGN 7 Education 15***

### ***Mount Olive Township BOE***

<b>Pre-Existing Conditions</b>	Not Applicable
<b>Grandfathered</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <b>www.HorizonBlue.com</b> .
<b>24/7 Nurse Line</b>	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

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## *Prescription Drug Program* *Mount Olive Township BOE*

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Brand Name Drugs
<b>Two Tier Copayment Plan:</b>		
<b>Retail:</b> Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$3	\$10
<b>Mail Order:</b> Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$5	\$15
<b>Front End Deductible:</b> Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		
		Not Applicable
<b>Benefit Period Maximum</b>		\$1,370
<b>Plan includes:</b>		Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives
<b>Mandatory Generic:</b>		Not Applicable
<b>Specialty Pharmacy Program:</b> Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.		
	<ul style="list-style-type: none"><li>• Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy.</li><li>• Claims assistance to help determine individual coverage and file the necessary paperwork.</li><li>• Easy access to pharmacists and other health experts 24 hours a day, seven days a week.</li><li>• Single, reliable source for specialty medication needs.</li><li>• Easy ordering with a dedicated toll-free number.</li><li>• Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)</li><li>• Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.</li><li>• NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.</li></ul>	
<b>Exclusions:</b>		Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbnsj.com](http://www.horizon-bcbnsj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your ID card.

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# MEDICAL/RX

## 20/30



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## DIRECT ACCESS DESIGN 7 \$20/30

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	None	\$200
Family	None	\$500
	Deductible is Calendar Year.	
<b>Coinsurance</b>	100%	70%
<b>Maximum Out of Pocket</b>		
Individual	\$800	\$5,000
Family	\$1,600	\$12,500
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$20 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after \$30** copay A referral is not required to visit a specialist. **Please note: On the \$20/30 plan, specialist copay is same as PCP (\$20) for dependent children.	70% after deductible
Maternity Visits	100% after \$30** copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	70% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	70% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore healthcare at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at <b>1-866-969-1234</b> to schedule an appointment.		
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100%	70% after deductible and \$500 copay
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Dept. Services	100%	70% after deductible
<b>Emergency Care</b>		
Emergency Room	100% after \$100 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	70% after deductible



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## DIRECT ACCESS DESIGN 7 \$20/30

Outpatient Surgery		
Hospital Outpatient Surgery	100%	70% after deductible
Surgery in an Ambulatory SurgiCenter	100%	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100%	70% after deductible and \$500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after \$30** copay	70% after deductible
Substance Abuse Services		
Inpatient	100%	70% after deductible and \$500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after \$30** copay	70% after deductible
Alcohol Abuse Services		
Inpatient	100%	70% after deductible and \$500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after \$30** copay	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Acupuncture	100%	70% after deductible
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after office copay	70% after deductible
Diabetic Supplies	90%	70% after deductible
Durable Medical Equipment	90%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after office copay	70% after deductible
	Limited to 4 egg retrievals per lifetime	
Nutritional Counseling	100% after \$30** copay	70% after deductible
	Limited to 3 visits per benefit period	
Orthotics and Prosthetics	100% after \$20 copay	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Private Duty Nursing	100%	70% after deductible
	Unlimited	
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days	70% after deductible up to 60 days
	The overall maximum per benefit period is 120 days combined in and out of network.	
Therapeutic Manipulation (Chiropractic Care)	100% after office copay	70% after deductible
Vision - Routine Eye Exam	100% after \$30** copay	Not Covered
	Not Covered	
Telemedicine	100% after \$15 copay	Not Covered
Prescription Drugs	Covered under a freestanding Rx program	
Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work<sup>®</sup>

DIRECT ACCESS DESIGN 7 \$20/30

Pre-Existing Conditions	Not Applicable
Grandfathered	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <b>www.HorizonBlue.com</b> .
24/7 Nurse Line	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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Three Penn Plaza East, Newark, New Jersey 07105

## *Prescription Drug Program* *Mount Olive Township BOE*

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Preferred Brand Name Drugs	Non Preferred Brand Name Drugs
<b>Three Tier Copayment Plan:</b>			
<b>Retail:</b> Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$3	\$18	\$46
<b>Mail Order:</b> Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$5	\$36	\$92
<b>Front End Deductible:</b> Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.			
		Not Applicable	
<b>Benefit Period Maximum</b>		\$1,370	
<b>Plan includes:</b>		Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives	
<b>Mandatory Generic:</b>		Not Applicable	
<b>Specialty Pharmacy Program:</b> Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.			
		<ul style="list-style-type: none"><li>• Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy.</li><li>• Claims assistance to help determine individual coverage and file the necessary paperwork.</li><li>• Easy access to pharmacists and other health experts 24 hours a day, seven days a week.</li><li>• Single, reliable source for specialty medication needs.</li><li>• Easy ordering with a dedicated toll-free number.</li><li>• Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)</li><li>• Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.</li><li>• NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.</li></ul>	
<b>Exclusions:</b>		Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum	

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbnsj.com](http://www.horizon-bcbnsj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your ID card.

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Three Penn Plaza East, Newark, New Jersey 07105



# DELTACARE DHMO USA



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*





**Group Name**  
**DeltaCare® USA (DHMO)**

You must visit your selected DeltaCare USA general dentist to receive benefits under your plan. Find or change your dentist at [deltadentalins.com](http://deltadentalins.com) or by calling Customer Service. Don't want to choose a dentist on your own? We can designate one for you.

- No ID card is necessary to receive treatment – just provide your dentist with your name, date of birth and social security or enrollee ID number.
- There are no claims forms to complete – just pay your copayment (if any) at the time of treatment.
- If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate a referral for you.

Regular cleanings are a great way to keep your smile bright and may catch problems before more costly and extensive services are necessary. Your plan is designed with low or no costs for routine cleanings and exams.

	<b>Plan 11A</b>
<b>Annual Maximum</b>	None
<b>Lifetime Ortho Maximum</b>	None
<b>Deductible</b>	None
<b>Office Visit Copay</b>	None
<b>Procedure Codes</b>	<b>Member Copays</b>
D0120 - Periodic Oral Exam	\$0
D0210 - X-Rays, Complete Series	\$0
D0272 - 2 Bitewing X-Rays	\$0
D1110 - Adult Prophylaxis ( <i>cleaning</i> )	\$0
D2150 - 2 Surface Filling	\$0
D2330 - 1 Surface Comp. Resin Filling (anterior teeth)	\$0
D2750 - Porcelain/Gold Crown	\$240
D3310 - Anterior Root Canal	\$55
D4341 - Scalings & Root Planing (Quad)	\$25
D5110 - Complete Upper Denture	\$145
D6750 – Retainer Crown	\$240
D7140 - Single Extraction	\$5
D8010-D8040 - Limited Orthodontics (child and adult)	\$950-\$1,150
D8050-D8060 - Interceptive Orthodontics (child)	\$950
D8070-D8090 - Comprehensive Orthodontics (child and adult)	\$1,700-\$1,900





# DENTAL PPO+PREMIER



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*



Mt. Olive Board of Education  
Group #07739  
Delta Dental PPO Plus Premier™

	In-Network		Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® is Used	If a Non-Participating Dentist is Used
<b>Preventive &amp; Diagnostic</b> Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Sealants; Space Maintainers	100%	100%	100%
<b>Basic</b> Fillings; Simple Extractions; Root Canals (Endodontics); Periodontics; Oral Surgery; Repair of Dentures	80%	80%	80%
<b>Major</b> Crowns & Gold Restorations; Bridgework; Full & Partial Dentures	50%	50%	50%
<b>Annual Maximum (per person)</b>	\$ 2,000	\$ 2,000	\$ 2,000
<b>Annual Deductible</b> Per Person Family Maximum Waived for	\$50 \$100 Preventive & Diagnostic	\$50 \$100 Preventive & Diagnostic	\$50 \$100 Preventive & Diagnostic
<b>Orthodontics</b> Adult & Child Lifetime Maximum	50% \$ 3,000	50% \$ 3,000	50% \$ 3,000

Carryover Max<sup>SM</sup> from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover Max<sup>SM</sup> is easy and automatic.

- To qualify for Carryover Max<sup>SM</sup>, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover Max<sup>SM</sup> benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max<sup>SM</sup> allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 ( $\$800 \times 25\% = \$200$ )
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max<sup>SM</sup> dollars are used after the standard annual maximum is met.

Delta Dental's *Oral Health Enhancement Option* enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPO<sup>SM</sup> dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home, or you may access our Website at [www.deltadentalnj.com](http://www.deltadentalnj.com).

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the



# VISION



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*



# Mount Olive Board of Education

## Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

## Take a sneak peek before enrolling

- You're on the **Insight** Network

• For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

## SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam With Dilation as Necessary	\$0 Copay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$200 allowance, 20% off balance over \$200	Up to \$140
<b>Standard Plastic Lenses</b>		
Single Vision	\$0 Copay	Up to \$30
Bifocal	\$0 Copay	Up to \$50
Trifocal	\$0 Copay	Up to \$70
Lenticular	\$0 Copay	Up to \$70
Standard Progressive Lens	\$55 Copay	Up to \$52
Premium Progressive Lens <sup>A</sup>	\$85 Copay - \$175 Copay	Up to \$52
Tier 1	\$85 Copay	Up to \$52
Tier 2	\$95 Copay	Up to \$52
Tier 3	\$110 Copay	Up to \$52
Tier 4	\$175 Copay	Up to \$52
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - age 19 and over	\$40	N/A
Standard Polycarbonate - under age 19	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	Up to \$5
Premium Anti-Reflective Coating <sup>A</sup>	\$57 - \$85	Up to \$5
Tier 1	\$57	Up to \$5
Tier 2	\$68	Up to \$5
Tier 3	\$85	Up to \$5
Photochromic/Transitions	\$75	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lens Fit and Follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit & Follow-Up:	\$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off Retail Price	N/A
<b>Contact Lenses</b> (Contact Lens allowance includes materials only)		
Conventional	\$0 copay, \$200 allowance, 15% off balance over \$200	Up to \$200
Disposable	\$0 copay, \$200 allowance, plus balance over \$200	Up to \$200
Medically Necessary	\$0 copay, Paid-In-Full	Up to \$210
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
<b>Frequency</b>		
Examination	Once every plan year	
Lenses (in lieu of contact lenses)	Once every plan year	
Contacts (in lieu of lenses)	Once every plan year	
Frame	Once every two plan year	

QL-0000078442

<sup>A</sup> Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



# Get more and see more with EyeMed

The EyeMed logo, featuring the word "eye" in a lowercase, rounded font above the word "Med" in a similar font, both in white on a green square background.

**72%**  
AVERAGE  
SAVINGS



## CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at [eyemed.com](http://eyemed.com) or the EyeMed Members App.



## CREATE AN ACCOUNT

Get special offers with an account on [eyemed.com](http://eyemed.com). Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.



## MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

**on eye exams and glasses for EyeMed members\***

Learn more about enrolling in EyeMed vision benefits at [enroll.eyemed.com](http://enroll.eyemed.com) and see more of the good stuff

\*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits



**INDEPENDENT  
PROVIDER  
NETWORK**



**LENSCRAFTERS**  


**PEARLE  
VISION**

**OPTICAL**



**JCPenney | optical**



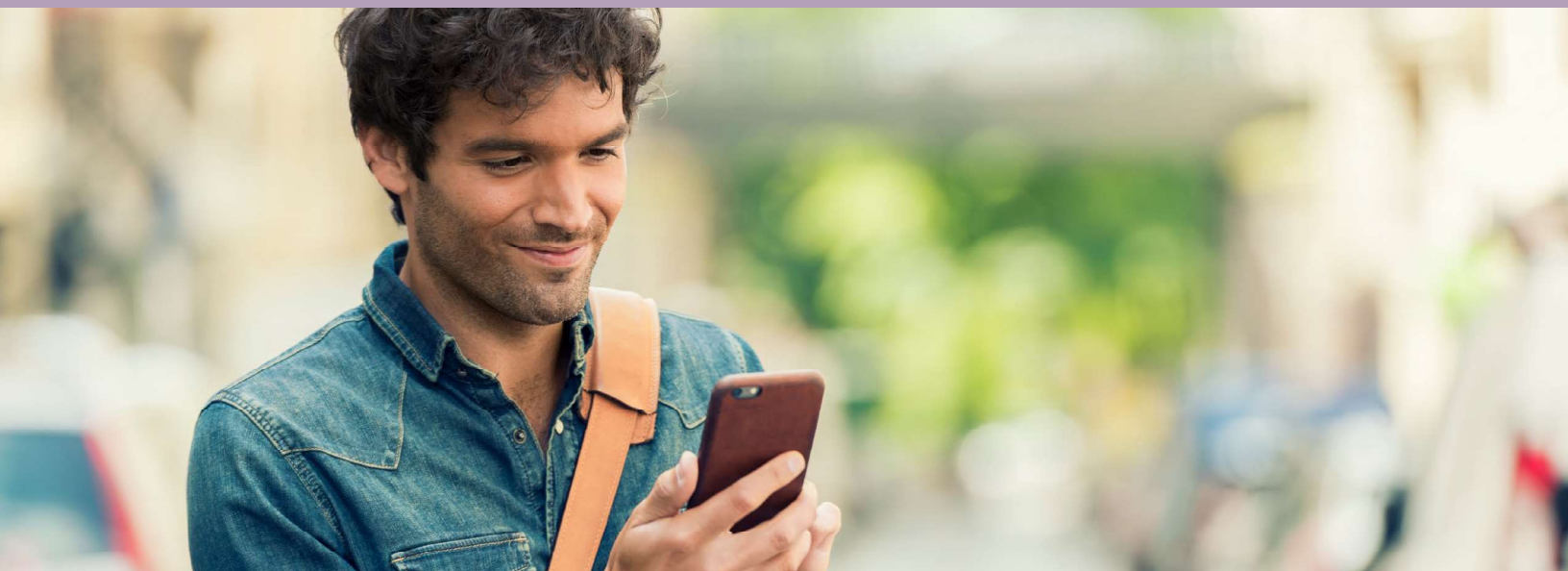
# EMPLOYEE ASSISTANCE PLAN (EAP)

FOR ALL EMPLOYEES OF MOUNT OLIVE



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*





## LIFE PRESENTS COMPLEX CHALLENGES – GETTING SUPPORT SHOULD BE EASY

If the unexpected happens, you should have simple solutions to help you cope with the stress and life changes that may result. That's why The Hartford's Enhanced Ability Assist Counseling Services, offered by ComPsych®,<sup>1</sup> can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

### COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From everyday issues like job pressures, relationships, retirement planning to highly impactful issues like grief, loss, or disability, Ability Assist® is your resource for professional support.

### SERVICE FEATURES

The service includes up to three face-to-face counseling sessions per occurrence per year. This means you and your dependents won't have to share visits. You can each get counseling help for your unique needs. Counseling for your legal, financial, medical and benefit-related concerns is also available by phone.

### EXTRAS THAT SUPPORT AND ASSIST

For access over the phone, simply call toll-free **1-800-96-HELPS (1-800-964-3577)**.

Visit **[www.guidanceresources.com](http://www.guidanceresources.com)** to access hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners.

If you're a first-time user, click on the Register tab.

1. In the Organization Web ID field, enter: **HLF902**
2. In the Company Name field at the bottom of personalization page enter: **ABILI**
3. After selecting "Ability Assist program", create your own confidential user name and password.



(Snap a photo with a mobile device to capture information above.)

*continued*





## ENHANCED ABILITY ASSIST COUNSELING SERVICES

### Emotional or Work-Life Counseling

Helps address stress, relationship or other personal issues you or your dependents may face. It is staffed by GuidanceExperts<sup>SM</sup>—highly trained master's-level clinicians — who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Relationship/marital conflicts
- Stress, anxiety and depression
- Work/school disagreements
- Substance abuse
- Child and elder care referral services

### Financial Information and Resources

Provides unlimited telephonic support for the complicated financial decisions you or your dependents may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Retirement
- Getting out of debt
- Tax questions
- Saving for college

### Legal Support and Resources

Offers unlimited telephonic assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your dependents. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

### Health and Benefit Services

HealthChampion<sup>SM</sup> is a service that supports you through all aspects of your health care issues by helping to ensure that you're fully supported with employee assistance programs and/or work-life services.<sup>2</sup> HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:

- One-on-one review of your health concerns
- Preparation for upcoming doctor's visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- An easy-to-understand explanation of your benefits—what's covered and what's not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

Check with your benefits manager for more information on **Enhanced Ability Assist**



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Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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<sup>2</sup> HealthChampion<sup>SM</sup> specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.



# VOLUNTARY LIFE INSURANCE



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*



## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### WHAT IS IT?

A sudden death or accident can change everything. Life insurance together with Accidental Death and Dismemberment (AD&D) insurance helps keep you covered in case of an untimely death or accident.

If you die, your beneficiaries receive a **Life insurance** benefit to help them pay for things like:

- Burial and final expenses.
- Debts such as student and car loans and the mortgage.
- Future expenses, including college tuition, retirement savings or even elderly parent care.

**AD&D insurance** also pays partial benefits if you lose your sight, hearing, a limb, ability to speak and more in a covered accident. AD&D benefits are paid in addition to any life insurance you may have and can be used to pay for daily living expenses and other needs.

### WHY DO I NEED IT?

With Life and AD&D insurance, you're covered in case an untimely death or accident impacts your income-earning ability. Here are a few lifestyle scenarios to show how you can benefit from coverage:



#### **Married with kids, lots of expenses**

Raising children is one of life's most cherished – and most costly – responsibilities. If you were to die tomorrow, could your family afford the same lifestyle they have today?



#### **Single parent, multiple responsibilities**

You're the sole provider, the one your kids count on. It's important to be able to care for them financially if you're no longer there to care for them yourself.



#### **Dual income, no kids**

If you have two incomes, Life insurance can help protect all you've worked hard for, as well as your spouse's ability to maintain the same standard of living as today.



#### **Growing children, aging parents**

Caught in the middle? Life insurance can help you protect your kids' financial futures, and can help you look after elderly parents.



#### **Single and carefree**

What about your car and student loans, your credit card balances and all your other bills? Who would pay off your outstanding debt when you're gone?

continued



### Case illustration: **ASSISTANCE AFTER THE UNTHINKABLE<sup>2</sup>**

Marilyn was a resourceful mother of two who was almost finished taking graduate classes at a nearby college while working full-time. Although she didn't want to think about it, she knew how important it was to have Life and AD&D insurance, and purchased it through her employer.

Driving home from class late one night, a distracted driver side-swiped her and she passed away from her injuries.

Marilyn's death was a huge loss for her family. But, because of her foresight, Marilyn's Life and AD&D policy helped. With the Life insurance payout and the additional disbursement from AD&D insurance, the family was able to afford her burial expenses, pay off her student loans and establish a college fund for her children.



**One in three Americans** believe they need more Life insurance<sup>1</sup>

### **ADDITIONAL BENEFITS**

There are additional benefits available when you enroll that may help you plan better today and face life's turning points with professional assistance, including:<sup>3</sup>

- ✓ An online tool for drafting your will.
- ✓ Legal and emotional support for your beneficiaries after a death.
- ✓ Emergency travel assistance in case an accident or illness occurs while you're traveling.
- ✓ The Hartford's Express Pay process, which, under certain conditions, will pay death claims in as little as 48 hours.
- ✓ Funeral planning advisor assistance, including cost comparison services and online tools.

Visit us at **[TheHartford.com/employeebenefits](https://www.TheHartford.com/employeebenefits)**



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Life Form Series includes GBD-1000, GBD-1100, or state equivalent. Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

<sup>1</sup> "Facts About Life 2017- Life Insurance Awareness Month". LIMRA. N.D. Web. 18/6/2018. <[https://www.limra.com/uploadedFiles/limra.com/LIMRA\\_Root/Posts/PR/LIAM/PDF/Facts-of-Life\\_2017\(1\).pdf](https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/LIAM/PDF/Facts-of-Life_2017(1).pdf)>

<sup>2</sup> This case illustration is fictitious and for illustrative purposes only.

<sup>3</sup> These services may not be available in all states. Visit [www.TheHartford.com/employee-benefits/value-added-services](https://www.TheHartford.com/employee-benefits/value-added-services) for more information.

4205 07/18

# VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).<sup>1</sup>

## Mount Olive Board of Education

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit [thehartford.com/employeebenefits](https://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit <sup>2</sup> : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000	AD&D: Included
Spouse	Benefit <sup>2</sup> : in the amount of 50% of your employee Voluntary/Supplemental Life Insurance coverage to a maximum of \$250,000.	AD&D: Included
Child(ren)	Benefit: \$10,000	AD&D: Included

### AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

<sup>2</sup>Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.



## PREMIUMS

See the Life Premium Worksheet.<sup>3</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### AM I GUARANTEED COVERAGE?

If you elect an amount that exceeds the guaranteed issue amount of the lesser of 5 times your annual earnings or \$150,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you elect an amount that exceeds the guaranteed issue amount of \$35,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

You may enroll from 9/1/2020 to 9/15/2020.

### WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 9/1/2020.

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

<sup>1</sup>LIMRA, Facts About Life 2016. Web. 30 June 2017. <[https://www.limra.com/uploadedFiles/limra.com/LIMRA\\_Root/Posts/PR/\\_Media/PDFs/Facts-of-Life-2016.pdf](https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf)>

<sup>3</sup>Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on your birthday as you enter each new age category.

### Prepare. Protect. Prevail. With The Hartford. ®

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP LIFE INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

### DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

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## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- This insurance does not cover losses caused by:
  - Sickness; disease; or any treatment for either
  - Any infection, except certain ones caused by an accidental cut or wound
  - Intentionally self-inflicted injury, suicide or suicide attempt
  - War or act of war, whether declared or not
  - Injury sustained while in the armed forces of any country or international authority
  - Injury sustained on aircraft in certain circumstances
  - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  - Injury sustained while riding, driving, or testing any motor vehicle for racing
  - Injury sustained while committing or attempting to commit a felony
  - Injury sustained while driving while intoxicated
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

### DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

### DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

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# Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

To Calculate your premium per pay period, multiply the appropriate amount by 12 and divide by your pay period.

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.66	\$0.66	\$0.76	\$0.86	\$1.16	\$1.66	\$2.46	\$4.46	\$6.76	\$12.86	\$20.76	\$20.76
\$20,000	\$1.32	\$1.32	\$1.52	\$1.72	\$2.32	\$3.32	\$4.92	\$8.92	\$13.52	\$25.72	\$41.52	\$41.52
\$30,000	\$1.98	\$1.98	\$2.28	\$2.58	\$3.48	\$4.98	\$7.38	\$13.38	\$20.28	\$38.58	\$62.28	\$62.28
\$40,000	\$2.64	\$2.64	\$3.04	\$3.44	\$4.64	\$6.64	\$9.84	\$17.84	\$27.04	\$51.44	\$83.04	\$83.04
\$50,000	\$3.30	\$3.30	\$3.80	\$4.30	\$5.80	\$8.30	\$12.30	\$22.30	\$33.80	\$64.30	\$103.80	\$103.80
\$60,000	\$3.96	\$3.96	\$4.56	\$5.16	\$6.96	\$9.96	\$14.76	\$26.76	\$40.56	\$77.16	\$124.56	\$124.56
\$70,000	\$4.62	\$4.62	\$5.32	\$6.02	\$8.12	\$11.62	\$17.22	\$31.22	\$47.32	\$90.02	\$145.32	\$145.32
\$80,000	\$5.28	\$5.28	\$6.08	\$6.88	\$9.28	\$13.28	\$19.68	\$35.68	\$54.08	\$102.88	\$166.08	\$166.08
\$90,000	\$5.94	\$5.94	\$6.84	\$7.74	\$10.44	\$14.94	\$22.14	\$40.14	\$60.84	\$115.74	\$186.84	\$186.84
\$100,000	\$6.60	\$6.60	\$7.60	\$8.60	\$11.60	\$16.60	\$24.60	\$44.60	\$67.60	\$128.60	\$207.60	\$207.60
\$110,000	\$7.26	\$7.26	\$8.36	\$9.46	\$12.76	\$18.26	\$27.06	\$49.06	\$74.36	\$141.46	\$228.36	\$228.36
\$120,000	\$7.92	\$7.92	\$9.12	\$10.32	\$13.92	\$19.92	\$29.52	\$53.52	\$81.12	\$154.32	\$249.12	\$249.12
\$130,000	\$8.58	\$8.58	\$9.88	\$11.18	\$15.08	\$21.58	\$31.98	\$57.98	\$87.88	\$167.18	\$269.88	\$269.88
\$140,000	\$9.24	\$9.24	\$10.64	\$12.04	\$16.24	\$23.24	\$34.44	\$62.44	\$94.64	\$180.04	\$290.64	\$290.64
\$150,000	\$9.90	\$9.90	\$11.40	\$12.90	\$17.40	\$24.90	\$36.90	\$66.90	\$101.40	\$192.90	\$311.40	\$311.40
\$160,000	\$10.56	\$10.56	\$12.16	\$13.76	\$18.56	\$26.56	\$39.36	\$71.36	\$108.16	\$205.76	\$332.16	\$332.16
\$170,000	\$11.22	\$11.22	\$12.92	\$14.62	\$19.72	\$28.22	\$41.82	\$75.82	\$114.92	\$218.62	\$352.92	\$352.92
\$180,000	\$11.88	\$11.88	\$13.68	\$15.48	\$20.88	\$29.88	\$44.28	\$80.28	\$121.68	\$231.48	\$373.68	\$373.68
\$190,000	\$12.54	\$12.54	\$14.44	\$16.34	\$22.04	\$31.54	\$46.74	\$84.74	\$128.44	\$244.34	\$394.44	\$394.44
\$200,000	\$13.20	\$13.20	\$15.20	\$17.20	\$23.20	\$33.20	\$49.20	\$89.20	\$135.20	\$257.20	\$415.20	\$415.20
\$210,000	\$13.86	\$13.86	\$15.96	\$18.06	\$24.36	\$34.86	\$51.66	\$93.66	\$141.96	\$270.06	\$435.96	\$435.96
\$220,000	\$14.52	\$14.52	\$16.72	\$18.92	\$25.52	\$36.52	\$54.12	\$98.12	\$148.72	\$282.92	\$456.72	\$456.72
\$230,000	\$15.18	\$15.18	\$17.48	\$19.78	\$26.68	\$38.18	\$56.58	\$102.58	\$155.48	\$295.78	\$477.48	\$477.48
\$240,000	\$15.84	\$15.84	\$18.24	\$20.64	\$27.84	\$39.84	\$59.04	\$107.04	\$162.24	\$308.64	\$498.24	\$498.24
\$250,000	\$16.50	\$16.50	\$19.00	\$21.50	\$29.00	\$41.50	\$61.50	\$111.50	\$169.00	\$321.50	\$519.00	\$519.00
\$260,000	\$17.16	\$17.16	\$19.76	\$22.36	\$30.16	\$43.16	\$63.96	\$115.96	\$175.76	\$334.36	\$539.76	\$539.76
\$270,000	\$17.82	\$17.82	\$20.52	\$23.22	\$31.32	\$44.82	\$66.42	\$120.42	\$182.52	\$347.22	\$560.52	\$560.52
\$280,000	\$18.48	\$18.48	\$21.28	\$24.08	\$32.48	\$46.48	\$68.88	\$124.88	\$189.28	\$360.08	\$581.28	\$581.28
\$290,000	\$19.14	\$19.14	\$22.04	\$24.94	\$33.64	\$48.14	\$71.34	\$129.34	\$196.04	\$372.94	\$602.04	\$602.04
\$300,000	\$19.80	\$19.80	\$22.80	\$25.80	\$34.80	\$49.80	\$73.80	\$133.80	\$202.80	\$385.80	\$622.80	\$622.80
\$310,000	\$20.46	\$20.46	\$23.56	\$26.66	\$35.96	\$51.46	\$76.26	\$138.26	\$209.56	\$398.66	\$643.56	\$643.56
\$320,000	\$21.12	\$21.12	\$24.32	\$27.52	\$37.12	\$53.12	\$78.72	\$142.72	\$216.32	\$411.52	\$664.32	\$664.32
\$330,000	\$21.78	\$21.78	\$25.08	\$28.38	\$38.28	\$54.78	\$81.18	\$147.18	\$223.08	\$424.38	\$685.08	\$685.08
\$340,000	\$22.44	\$22.44	\$25.84	\$29.24	\$39.44	\$56.44	\$83.64	\$151.64	\$229.84	\$437.24	\$705.84	\$705.84
\$350,000	\$23.10	\$23.10	\$26.60	\$30.10	\$40.60	\$58.10	\$86.10	\$156.10	\$236.60	\$450.10	\$726.60	\$726.60
\$360,000	\$23.76	\$23.76	\$27.36	\$30.96	\$41.76	\$59.76	\$88.56	\$160.56	\$243.36	\$462.96	\$747.36	\$747.36
\$370,000	\$24.42	\$24.42	\$28.12	\$31.82	\$42.92	\$61.42	\$91.02	\$165.02	\$250.12	\$475.82	\$768.12	\$768.12
\$380,000	\$25.08	\$25.08	\$28.88	\$32.68	\$44.08	\$63.08	\$93.48	\$169.48	\$256.88	\$488.68	\$788.88	\$788.88
\$390,000	\$25.74	\$25.74	\$29.64	\$33.54	\$45.24	\$64.74	\$95.94	\$173.94	\$263.64	\$501.54	\$809.64	\$809.64
\$400,000	\$26.40	\$26.40	\$30.40	\$34.40	\$46.40	\$66.40	\$98.40	\$178.40	\$270.40	\$514.40	\$830.40	\$830.40
\$410,000	\$27.06	\$27.06	\$31.16	\$35.26	\$47.56	\$68.06	\$100.86	\$182.86	\$277.16	\$527.26	\$851.16	\$851.16
\$420,000	\$27.72	\$27.72	\$31.92	\$36.12	\$48.72	\$69.72	\$103.32	\$187.32	\$283.92	\$540.12	\$871.92	\$871.92
\$430,000	\$28.38	\$28.38	\$32.68	\$36.98	\$49.88	\$71.38	\$105.78	\$191.78	\$290.68	\$552.98	\$892.68	\$892.68
\$440,000	\$29.04	\$29.04	\$33.44	\$37.84	\$51.04	\$73.04	\$108.24	\$196.24	\$297.44	\$565.84	\$913.44	\$913.44

\$450,000	\$29.70	\$29.70	\$34.20	\$38.70	\$52.20	\$74.70	\$110.70	\$200.70	\$304.20	\$578.70	\$934.20	\$934.20
\$460,000	\$30.36	\$30.36	\$34.96	\$39.56	\$53.36	\$76.36	\$113.16	\$205.16	\$310.96	\$591.56	\$954.96	\$954.96
\$470,000	\$31.02	\$31.02	\$35.72	\$40.42	\$54.52	\$78.02	\$115.62	\$209.62	\$317.72	\$604.42	\$975.72	\$975.72
\$480,000	\$31.68	\$31.68	\$36.48	\$41.28	\$55.68	\$79.68	\$118.08	\$214.08	\$324.48	\$617.28	\$996.48	\$996.48
\$490,000	\$32.34	\$32.34	\$37.24	\$42.14	\$56.84	\$81.34	\$120.54	\$218.54	\$331.24	\$630.14	\$1,017.24	\$1,017.24
\$500,000	\$33.00	\$33.00	\$38.00	\$43.00	\$58.00	\$83.00	\$123.00	\$223.00	\$338.00	\$643.00	\$1,038.00	\$1,038.00

**SPOUSE VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

**Monthly Premium Amount (Cost per Pay Period – 12/Year)**

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.0500	\$0.0500	\$0.0600	\$0.0700	\$0.1000	\$0.1500	\$0.2300	\$0.4300	\$0.6600	\$1.2700	\$2.0600	\$2.0600

To calculate your monthly premium amount, use the following formula.

$$\frac{\text{Employee Benefit Amount}}{50} \div \$1,000 = \text{Rate} \times \text{Premium Amount}$$

To Calculate your premium per pay period, multiple the appropriate amount by 12 and divide by your pay period.

**CHILD(REN) VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

**Monthly Premium Amount (Cost per Pay Period – 12/Year)**

Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$10,000	\$1.26	x		=	

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## Employer Group Benefits Coverage Information

Thank you for choosing The Hartford. All sections of this form must be completed and received by The Hartford within 30 days of the signature date.

**Employers:** Please completely fill out **Section 1 and Section 2 on this page** and forward the entire form to the employee. Refer to your Policy and employee records for this information. These records are your property and are not on file with The Hartford. An incomplete form will result in a delay in processing your employee's request for insurance.

**Employees:** Please completely fill out the **Applicant Information section on the 2<sup>nd</sup> page** even if you are not applying for coverage.

### Section 1: Employer Details *(to be completed by Employer)*

**PLEASE PRINT CLEARLY**

Employer Name: <b>MOUNT OLIVE BOARD OF EDUCATION</b>	Policy Number: 891540
Employer Mailing Address (Street, City, State, Zip Code): 227 Route 206, Suite 10 227 Route 206 Suite 10 Flanders, NJ 07836	
Division/Location/Subsidiary with Mailing Address <i>(if applicable)</i> :	
Benefits Contact Name (First, Last): Lisa, Jones	
Benefits Contact Email Address:	Benefits Contact Phone:

### Section 2: Employee Details *(to be completed by Employer)*

**PLEASE PRINT CLEARLY**

Employee Name (First, MI, Last):	Date of Hire (mm/dd/yyyy):
Base Annual Earnings*:	Coverage Effective Date* (mm/dd/yyyy):

\* As described in the contract with The Hartford

### Life Insurance Coverage Requested

- Enter the dollar amount of **Current Life Coverage, including Guarantee Issue (GI)\***. Please include Employee Basic Life coverage even if the employee is not requesting coverage at this time
- Enter the dollar amount of **Life Coverage Subject to Evidence of Insurability (EOI)**

\* GI is the maximum amount of coverage as defined in the contract with The Hartford that does not require EOI

	Current Life Coverage, including GI	Life Coverage Subject to EOI
Employee Basic Life	\$	\$
Employee Supplemental or Voluntary Life	\$	\$
Spouse Basic Life	\$	\$
Spouse Supplemental or Voluntary Life	\$	\$

**EVIDENCE OF INSURABILITY****HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

One Hartford Plaza, Hartford, CT 06155

For Critical Illness Insurance only: Please do not complete this form if You do not have hospital or medical coverage. If You do not have hospital or medical coverage, You will not be eligible for Critical Illness coverage from Us.

**Applicant Information**

Spouse, Civil Union Partner, Domestic Partner, or partners in a same-sex marriage = SP

	First Name	Last Name	Social Security #	Gender	Height (ft./in.)	Weight (lbs.)*	Date of Birth (mm/dd/yyyy)
<b>Employee</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Spouse</b>				<input type="checkbox"/> Male <input type="checkbox"/> Female			

\* If currently pregnant, please provide pre-pregnancy weight

<b>Employee</b>	Street Address		Day Time Phone	
	City		Evening Phone	
	State, Zip Code		Email Address	

<b>Spouse</b>	Street Address		Day Time Phone	
	City		Evening Phone	
	State, Zip Code		Email Address	

☐ Spouse's Address is the same as the Employee's**Medical Information**

Each Applicant must answer each of the following questions to the best of their knowledge and belief.

	Employee	Spouse
Within the past 5 years, have you been diagnosed with or treated by a licensed medical physician for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the Human Immunodeficiency Virus (HIV) infection or other sickness or condition derived from such infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past 5 years, with the exception of a past pregnancy, have you lost time from work for more than 10 consecutive work days due to a disability, injury, or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past 5 years, have you used any controlled substances, with the exception of those taken as prescribed by your physician, been diagnosed or treated for drug or alcohol abuse (excluding support groups), or been convicted of operating a motor vehicle while under the influence of drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Medical Information (continued)**

Within the past 5 years, have you been diagnosed with or treated by a licensed member of the medical profession for:

	Employee	Spouse		Employee	Spouse
Heart Disease (Do not check "Yes" if you only have High Blood Pressure or a Heart Murmur)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disease, injury or surgery of Joint, Ligaments, Knee, Back, or Neck (including Arthritis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart-Related Surgery or Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscular Dystrophy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure  If you checked "Yes" to High Blood Pressure, have you had a change in medication within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis (Do not check "Yes" for Hepatitis A) or Cirrhosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blocked Arteries (Arteriosclerosis, Atherosclerosis, Aneurysm, or Deep Vein Blood Clot)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke or transient ischemic attack (TIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alzheimer's or Parkinson's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Obstructive Pulmonary Disease (COPD) or Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Organ Transplant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Fatigue Syndrome or Fibromyalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sleep Apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Narcolepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer (Do not check "Yes" for Basal Cell Carcinoma only)  If "Yes", Date of Diagnosis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ulcerative Colitis or Crohn's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychotic, Psychiatric, Personality, or Bi-Polar Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Failure or Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notice**

You are required to notify Hartford Life and Accident Insurance Company in writing of any changes in your medical condition between the date you sign this form and the date the coverage is approved.

In order to complete the evaluation of this application, Hartford Life and Accident Insurance Company may contact you, through the mail or over the telephone:

1. to clarify any information contained on this form;
2. to obtain any information missing from this form;
3. to ask additional questions of you or your physician about the information that you have provided; or
4. to request a paramedical exam.

We may also use information about you obtained from other sources, including our claim files, evidence of insurability applications you have previously submitted to us, copies of medical records which you have authorized us to review, and information obtained from MIB, Inc. Only information that is relevant to determining Evidence of Insurability for the coverage which you are currently requesting will be considered.

**As used in this application, Civil Union Partner & Domestic Partner also includes partners in same-sex relationships formed in other jurisdictions which may be referred to by a different name but that provide substantially all of the rights and benefits of marriage and some, but not all of the rights and obligations of marriage, respectively.**

## Authorization

I, an undersigned applicant, authorize Hartford Life and Accident Insurance Company, together with its affiliates, ("Company") to contact me, during the evaluation of this application, through the mail, secure e-mail, or over the telephone, at the address or telephone number identified in this application, or otherwise provided by me:

1. to clarify any information contained on this form;
2. to obtain any information missing from this form; or
3. to request a paramedical exam.

In the event that I cannot be reached via telephone, I authorize a representative of the Company to leave a voice message identifying his or her name, the Company name, and a return phone number, indicating that he or she is calling to obtain information necessary to complete my recent application for insurance. The message will also contain an underwriting ID number and the hours during which I may reach a representative of the Company by telephone.

☐ Yes, you may leave a message as indicated above.

☐ No, please do not leave a message.

In addition to the information that I have provided on this application, I authorize the Company to use information about me obtained from Company claim files, insurance applications and medical information I or my physician(s) have previously submitted to the Company. I further authorize my employer, any health or benefits plan, physician, medical professional, hospital, clinic, laboratory, MIB Group, Inc. (MIB, Inc), pharmacy or pharmacy benefits manager that possesses my protected personal health information ("PHI"), including copies of records concerning physical or mental illness, diagnosis, prognosis, prescription information, care or treatment provided to me (but excluding HIV and genetic testing), to furnish such protected health information to the Company or its representative. The Company may only use information disclosed under this authorization that is relevant to underwrite this or any other insurance application to the Company during the period that the Authorization is valid (as described below), at any time to aid in the detection of fraud, and for internal research purposes.

I authorize the Company to disclose the "PHI" in its files to its reinsurer(s) and affiliates, other insurance companies and their affiliates, other persons, representatives and/or organizations performing functions on behalf of the Company and their affiliates, my employer, or as required by law, including any mandated reporting to state agencies. I understand that I may request details about any of the information gathered about me that relates to this application and that such requested information and the identity of the source of the information shall be released to me or, in the case of medical information, to a licensed medical professional of my choice.

I/We authorize Hartford Life and Accident Insurance Company, or its reinsurers, to make a brief report of my/our personal health information to Medical Information Bureau.

I agree that a photocopy of this authorization is valid as the original and I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

This authorization shall be valid for twenty-four (24) months from the date signed below. This authorization may be revoked upon written request to the Company, and will not remain valid beyond the date the revocation is received by the Company. I understand the revocation may be a basis for denying my insurance application, and that it does not alter the Company's right to use the application for purposes of determining misrepresentation once coverage has been issued.

I have received and read a copy of the Notice of Insurance Information Practices.

## Fraud

**For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Employee: First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

### Certification

I hereby represent that I have reviewed the above questions and that all statements and answers contained herein are full, complete, and true to the best of my knowledge and belief. I have read, or had read to me, the completed application, and I realize that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

This application will be made a part of the Policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date Signed

Please mail the completed **Employer Group Benefits Coverage Information page** and **Evidence of Insurability** application to:

The Hartford  
Group Medical Underwriting  
P.O. Box 2999  
Hartford, CT 06104-2999

If you have any questions or concerns, please call The Hartford Customer Service Department toll-free at 1-800-331-7234, Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern Time, or email us at [medical.uw@thehartford.com](mailto:medical.uw@thehartford.com).





# VOLUNTARY CRITICAL ILLNESS & ACCIDENT



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*



## Critical Illness Insurance

**Class Description(s):** All Active Full-time Employees

**Plan Description:** Critical Illness 4/22/2021

**Eligibility Requirement:** Eligible person working 20 hours per week

Coverage Amounts	Description
EMPLOYEE COVERAGE AMOUNT(S)	\$5,000 or \$10,000
SPOUSE COVERAGE AMOUNT	100% of Employee's Coverage Amount
CHILD(REN) COVERAGE AMOUNT	50% of Employee's Coverage Amount
GUARANTEED ISSUE AMOUNT(S) <sup>1</sup>	Employee: \$10,000 Spouse and/or Child(ren): All amounts
REDUCTION DUE TO AGE	Not Included

### Critical Illness Benefits

The Hartford's Critical Illness plan will pay a lump sum benefit for a covered person diagnosed with any of the following covered illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation. State specific variations may apply to the benefits shown below.

COVERED ILLNESS	BENEFIT
<b>Cancer</b>	
Invasive Cancer	100% of coverage amount
Non-Invasive Cancer	25% of coverage amount
Benign Brain Tumor	25% of coverage amount
<b>Vascular</b>	
Heart Attack	100% of coverage amount
Heart Failure/Transplant	100% of coverage amount
Coronary Artery Disease/Bypass Graft	25% of coverage amount
Angioplasty/Stent	25% of coverage amount
Stroke	100% of coverage amount
Aneurysm	25% of coverage amount
<b>Other Specified</b>	
Major Organ Failure/Transplant	100% of coverage amount
End Stage Renal Failure	100% of coverage amount
Coma	100% of coverage amount
Paralysis	100% of coverage amount
Loss of Vision	100% of coverage amount
Loss of Hearing	100% of coverage amount
Loss of Speech	100% of coverage amount
<b>Neurological (Optional Benefits Package)</b>	
Advanced Parkinson's	100% of coverage amount



Amyotrophic Lateral Sclerosis (ALS or “Lou Gehrig’s”)	100% of coverage amount
Advanced Multiple Sclerosis (MS)	100% of coverage amount
Advanced Alzheimer's Disease	100% of coverage amount
<b>Child Specified (Optional Benefits Package)</b>	
Cerebral Palsy	100% of coverage amount
Congenital Heart Disease	100% of coverage amount
Cystic Fibrosis (CF)	100% of coverage amount
Muscular Dystrophy	100% of coverage amount
Spina Bifida	100% of coverage amount
<b>Additional Plan Features &amp; Services</b>	
BENEFIT SEPARATION PERIOD	<ul style="list-style-type: none"> <li>• Different (Non-related) Illness: None</li> <li>• Related Illness: 30 days</li> </ul>
COVERAGE MAXIMUM (% of coverage amount)	Employee/Spouse: 200%; Child(ren): 200%
RECURRENCE BENEFIT (% of coverage amount)	50%; 12 months separation period
PRE-EXISTING CONDITION LIMITATION	6 Months Lookback/ 6 Months Continuously Insured
POLICY AGE LIMIT	Coverage terminates when the employee reaches age 80
PORTABILITY	Included
CONTINUATION OF COVERAGE	Included
CONTINUITY OF COVERAGE	Included
ABILITY ASSIST <sup>®2</sup>	Included
HEALTH CHAMPION <sup>SM 2</sup>	Included

<sup>1</sup> Guaranteed Issue benefits payable are subject to the plan’s limitation(s).

<sup>2</sup> HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> are offered through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

<sup>3</sup> Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Guarantee Issue and plan limitations apply. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.

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## Critical Illness Monthly Rates

Attained Age Uni-Tobacco Monthly Premium Rates per \$1,000 of Coverage		
Age	Employee (incl Child)	Family
18-29	\$0.26	\$0.57
30-39	\$0.39	\$0.82
40-49	\$0.82	\$1.71
50-59	\$1.64	\$3.43
60-69	\$3.27	\$6.83
70-79	\$5.99	\$12.40

*Rates are based on the attained age of the Employee and increase as he/she enters each new age category  
Rates/benefits may be changed on a class basis.*



## Accident Insurance

**Class Description(s):** All Active Full-time Employees

**Eligibility Requirement:** Eligible person working 20 hours per week

Plan Information		Plan Design Option
Plan Type		Custom Plan
Coverage Type		24 Hour (On and off-job)
Dependent Benefit Amounts		Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.
Accident Benefits		
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.		
Emergency, Hospital & Treatment Care Package <sup>3</sup> :		
Treatment/Service	Detail (Per covered person)	Custom Plan
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$100
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$50
AMBULANCE – AIR	Once/accident within 72 Hours	\$1,000
AMBULANCE – GROUND	Once/accident within 90 Days	\$200
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$300
CHILD CARE	Up to 30 Days/accident while insured is confined	\$25
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$50
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$200
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$400
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$300
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$450
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$150
EMERGENCY ROOM	Once /accident within 72 Hours	\$150
HOSPITAL ADMISSION	Once/accident within 90 Days	\$1,000
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$100
LODGING	Up to 30 Nights/lifetime	\$125
MEDICAL APPLIANCE	Once/accident within 90 Days	\$100
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$25
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$100
TRANSPORTATION	Up to 3 Trips/accident	\$300
URGENT CARE	Once /accident within 72 Hours	\$100
X-RAY	Once/accident within 90 Days	\$50
Specified Injury & Surgery Benefit Package:		
Injury/Treatment/Service	Detail (Per covered person)	Custom Plan





ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$1,500
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$300
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,000
BURN – 3RD DEGREE (≥ 18IN2 OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$10,000
BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	25% of burn benefit
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$150
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$200
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$400
HERNIA REPAIR	Once/accident within 365 Days	\$150
JOINT REPLACEMENT	Once/accident within 90 Days	\$2,000
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$750
KNEE CARTILAGE – WITHOUT REPAIR		\$150
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$300
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$600
RUPTURED DISC	Once/accident within 365 Days	\$750
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$800
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$1,000
Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)		
Injury	Detail (Per covered person)	Custom Plan
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$5,000
COLLARBONE – ACROMIO/SEPARATION		\$1,000
COLLARBONE – STERNOCLAVICULAR		\$2,000
ELBOW		\$2,000
FINGER, TOE		\$500
HIP		\$8,000
KNEE		\$5,000
LOWER JAW		\$2,000
SHOULDER (GLENOHUMERAL )		\$2,000
WRIST		\$2,000
HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit
MULTIPLE DISLOCATIONS/FRACTURES		--
Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)		
Injury	Detail (Per covered person)	Custom Plan
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount

CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE	Once/bone/accident within 90 Days	\$2,000
FOOT BONES (EXCEPT TOES)		\$1,500
COCCYX		\$750
COLLARBONE/CLAVICLE OR STERNUM		\$4,000
FINGER, TOE		\$500
FOREARM – RADIUS OR ULNA		\$2,000
HIP, THIGH/FEMUR		\$8,000
KNEECAP/PATELLA		\$3,000
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$1,500
LOWER LEG – FIBULA OR TIBIA		\$4,000
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$1,500
PELVIS (EXCEPT COCCYX)		\$10,000
VERTEBRAE – PROCESSES		\$1,500
RIB		\$750
SHOULDER BLADE/SCAPULA		\$4,000
SKULL – DEPRESSED		\$10,000
SKULL – NON-DEPRESSED/SIMPLE		\$4,000
UPPER ARM/HUMERUS		\$2,000
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$1,500
VERTEBRAE – BODY		\$3,000
WRIST, HAND BONES (EXCEPT FINGERS)		\$2,000
CLOSED (NON-SURGICAL)		50% of open benefit
CHIP FRACTURE		25% of closed benefit
MULTIPLE FRACTURES/DISLOCATIONS	--	≤ 200% of highest benefit
Catastrophic Benefits Package:		
Injury/Treatment/Service	Detail (Per covered person)	Custom Plan
ACCIDENTAL DEATH – EMPLOYEE	Within 90 Days	\$30,000
ACCIDENTAL DEATH – SPOUSE		50% of employee benefit
ACCIDENTAL DEATH – CHILD(REN)		25% of employee benefit
COMMON CARRIER DEATH	Within 90 Days	3 times death benefit
COMA (≥ 168 CONTINUOUS HOURS)	Once/accident within 90 Days	\$10,000
HOME HEALTH CARE	Up to 30 Days/accident	\$50
PARALYSIS – QUADRIPLEGIA	Highest benefit once/accident within 90 Days	\$10,000
PARALYSIS – PARAPLEGIA		\$5,000
PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$750
PROSTHESIS – 2 OR MORE		\$1,500
Catastrophic Benefits Package: Dismemberments		
Injury	Detail (Per covered person)	Custom Plan
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount

CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
BOTH HANDS OR BOTH FEET	Within 90 Days	\$30,000
SIGHT – BOTH EYES		\$30,000
SPEECH & HEARING (BOTH EARS)		\$30,000
1 HAND & 1 FOOT	Once/accident within 90 Days	\$30,000
1 HAND/FOOT & SIGHT OF 1 EYE		\$30,000
1 HAND OR 1 FOOT		\$15,000
SIGHT – 1 EYE		\$15,000
SPEECH OR HEARING (BOTH EARS)		\$15,000
THUMB & INDEX FINGER (SAME HAND)		\$5,000
Additional Plan Features & Services:		
POLICY AGE LIMIT	Coverage terminates when the employee reaches age 80	
PORTABILITY	Included	
CONTINUATION OF COVERAGE	Included	
CONTINUITY OF COVERAGE	Included	
ABILITY ASSIST® <sup>1</sup>	Included	
HEALTH CHAMPION <sup>SM 1</sup>	Included	

<b>Rate Information:</b>				
PLAN TYPE	Employee	Employee & Spouse	Employee & Child(ren)	Family
MONTHLY RATES – CUSTOM PLAN <sup>2</sup>	\$8.70	\$13.78	\$15.14	\$23.58
INITIAL RATE GUARANTEE PERIOD	2 Years			



# HOW TO



**MOUNT OLIVE  
SCHOOL DISTRICT**  
*"Ready for what comes next"*



Horizon Blue Cross Blue Shield of New Jersey



## Member Online Services

Horizon Blue Cross Blue Shield of New Jersey gives you the tools you need to manage your health care benefits online.

Sign in to Member Online Services at **HorizonBlue.com/members** to:

- Review the status of claims.
- View Explanation of Benefits (EOB) statements.
- Sign up to receive EOBs securely online.
- Update your personal information.
- Enter other health insurance coverage information to ensure proper coordination of benefits.
- View and print a member ID card.
- Track your deductible and out-of-pocket maximums.
- Review covered benefits.
- Use our Treatment Cost Estimator to estimate out-of-pocket costs before you receive care.
- Rate your doctor and read other member reviews of doctors.

## Questions?

Get answers to frequently asked questions at **HorizonBlue.com/FAQs**. If you can't find an answer to your question, send us your question through our secure Message Center. Simply sign in to Member Online Services and select *My Message Center*. You will receive a response within two business days.

For help with Member Online Services, email **member\_portal@HorizonBlue.com** or call our eService Help Desk at **1-888-777-5075** from 7 a.m. to 6 p.m., Eastern Time, Monday through Friday.

## SAFE AND SECURE

**We use the latest technology to keep your personal information confidential and secure. Create your online account with a unique password and be assured your information is safe.**




# The ABCs of an EOB

## Understanding your Explanation of Benefits (EOBs)

To make the most of your health care coverage, it's a good idea to understand how your plan pays claims and your role in the process. Horizon Blue Cross Blue Shield of New Jersey is updating the way we present your claims information on your Explanation of Benefits (EOBs). An EOB will be available up to 15 business days after the claim is processed. A single EOB may show up to 25 processed claims. Your EOB will show claims and payment information for you and covered family members. The EOB will give you a comprehensive view of the health care services you and your dependents have received.

The sample EOB here provides an overview of that information and what it means to you.

You can also view your claims activity by clicking the claim number on the *Claims* tab or download and print your EOB from Member Online Services. Or, sign up for paperless EOBs to go green and stop the mail. To register or sign in to Member Online Services, please visit [HorizonBlue.com/members](http://HorizonBlue.com/members).

Horizon				CUSTOMER SERVICE 1-800-355-2583		DATE: 05/01/2014		PAGE 2 OF 2						
Horizon Blue Cross Blue Shield of New Jersey PO BOX 420 NEWARK, NJ 07101-0420				<b>EXPLANATION OF BENEFITS</b> <b>THIS IS NOT A BILL</b>										
SUBSCRIBER NAME: JOHN DOE				SUBSCRIBER ID: 999999999										
<b>SUMMARY INFORMATION</b>														
PATIENT NAME JOHN DOE		RELATION SELF	CLAIM NUMBER 123456789000 00	GROUP NUMBER 111111		TOTAL CHARGE 105.00		HORIZON PAID 105.00						
<b>DETAIL INFORMATION</b>														
<b>A</b>	<b>DATE OF SERVICE</b>	<b>PROVIDER TYPE OF SERVICE</b>	<b>B</b>	<b>BILLED AMT</b>	<b>ALLOWED AMT</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
	5/01/14	ANYTOWN COMMUNITY HEALTH		105.00								105.00		0.00
<b>TOTAL:</b>				<b>105.00</b>								<b>105.00</b>		<b>0.00</b>

<b>A – Date of Service</b>	The date that services were provided to the patient.
<b>B – Type of Service</b>	A brief explanation of each service.
<b>C – Billed Amount</b>	Amount charged by the doctor or health care professional for each service on the claim.
<b>D – Allowed Amount</b>	The amount we approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost sharing (if applicable). For services obtained out of network, the difference between billed and allowed amounts will be included in the amount shown as subscriber responsibility (K).
<b>E – Your Coinsurance/ Copayment Amount</b>	The coinsurance or copayment amount that is your responsibility after you have met your deductible, if applicable. You pay this amount to the doctor or health care professional.
<b>F – Your Deductible Amount</b>	The amount applied for this service under your benefits contract. You are responsible for paying this amount to the doctor or health care professional.
<b>G – Other Carrier Payment Amount</b>	The amount paid by another insurance carrier, if applicable.
<b>H – Not Covered Amount</b>	Any amount of the fee charged for the service that is not covered by your plan; expenses not covered or in excess of your benefits. You may be responsible for this amount in addition to any deductible, coinsurance or copayment. Examples of expenses that may appear in this column are costs above the negotiated rate when using an out-of-network doctor or amounts for duplicate services.
<b>I – Horizon BCBSNJ Paid Amount</b>	The total amount paid by Horizon BCBSNJ for the services rendered. This amount may be paid to you, your doctor or health care professional or designated payee.
<b>J – Message Code</b>	A code in this column refers to specific messages below each claim that help explain how we calculated our payment.
<b>K – Subscriber Responsibility</b>	The balance due from the subscriber to the doctor or health care professional after the copayment, deductible, coinsurance and benefits have been applied.



Horizon Blue Cross Blue Shield of New Jersey

## Need Proof of Your Horizon BCBSNJ Coverage in a Hurry? We Can Help!

If you lose your member ID card or need to visit a health care professional before you receive your member ID card, you can use Member Online Services to print a temporary member ID card as confirmation of your Horizon Blue Cross Blue Shield of New Jersey coverage.

To print a temporary member ID card, you must register for and sign in to Member Online Services at **HorizonBlue.com/members**. When you register, please have your member ID number or Social Security Number available.

### Printing Your Temporary Member ID Card

- Sign in to Member Online Services at **HorizonBlue.com/members**.
- Select *Print & Request ID Cards* from the *I Want To...* menu on the right and follow these steps:

- 1 From the dropdown menu, choose the name of the person for whom you are printing the member ID card.
- 2 Select the coverage type (Medical, Dental or Prescription).
- 3 Confirm your current mailing address.
- 4 Select *Print a Temporary ID Card* and click *Submit*.

An image of your member ID card will appear, which you can print as proof of your coverage.

The screenshot shows the Horizon Member Online Services interface. The top navigation bar includes links for Home, My Plan, Health & Wellness, and Tools & Resources. The Tools & Resources section is expanded, showing options like Overview, FAQs, Glossary, Self Service, Treatment Cost Estimator, and Treatment Cost Estimator Glossary. The Self Service section is highlighted, and the 'Print & Request ID Cards For:' option is selected. The process is guided by four numbered steps: 1. Select the Product You Need an ID Card for (Medical, Dental, or Prescription); 2. Confirm Current Address (123 Main Street, Any Town, USA 123456789); 3. Select the Type of Request (Request a New ID Card or Print a Temporary ID Card); and 4. Submit. The right sidebar shows the user's profile, including their group, policy holder status, and covered members.

You can also view your member ID card or order a replacement member ID card using the **Horizon Blue app**<sup>1</sup>, available for your Android™ or Apple® device.

<sup>1</sup> There is no charge from Horizon BCBSNJ to download the Horizon Blue App, but rates from your wireless provider may apply. Android™ is a trademark of Google, Inc. Apple® is a registered mark of Apple, Inc. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2015 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.



Horizon Blue Cross Blue Shield of New Jersey

## Get help finding the right care in the right setting

Our *Online Doctor & Hospital Finder* makes it easy to search for doctors, hospitals, specialists or other health care professionals who participate with your plan. Simply visit **HorizonBlue.com/doctorfinder** and:

- Select the type of health care professional you are looking for.
- Next, select your plan from the *Choose a Plan to Start* dropdown menu. You can filter by specialty and/or ZIP code to narrow your search.

HorizonBlue.com

Welcome to  
**Doctor & Hospital Finder**

English | En Español

## We've Got You Covered.

**What are you looking for?**  
Doctors

**Choose a Plan to Start**  
OMNIA

**Zip Code | City, State**  
[Empty field]

**Specialty**  
Select up to 5 Specialties

**Doctor's Last Name**  
[Empty field]

**Search**

### Quick Links

Find health care professionals outside of New Jersey and information about our Marketplace plans

- National Doctor & Hospital Finder
- Marketplace Criteria - Doctors
- Marketplace Criteria - Hospitals
- Physician Quality Measurement

### Let Us Know What You Think

We are always striving to make your online experience better. Please let us know what you think.

- Send us Questions or Comments
- Take our Survey

### Member Services

Get things done on the go. Try our mobile services anytime from anywhere.

- Member Online Service
- Mobile Member Online Service
- Vision Services

(Continues)

The **results** page will show doctors, hospitals or other health care professionals who accept the plan you chose and meet the criteria you set. You can find out who is joining and leaving the plan. You can even select a future date to view participation status on that date.

Doctor Profile

Back to Search Results

Text Size:  | Print Profile | Request Update to Profile

Last, First, MD

Internal Medicine

In-Network

OMNIA TIER 1

01 STREET AVE STE 02

CITY, NJ 01234-1234 - County

Phone: (012) 345-6789

Distance: 1 Miles Away

Get Directions

Text Contact Details to My Phone

Doctor Details

Gender

Female

Spoken Languages

N/A

Location Code

N/A

National Provider Identifier

1498897889

Office Hours

Mon : 09:00am - 05:00pm

Tue : 09:00am - 05:00pm

Wed : 09:00am - 05:00pm

Thu : 09:00am - 05:00pm

Fri : 09:00am - 05:00pm

Sat : 09:00am - 05:00pm

Practice Status

Accepting New Patients

Selected Plan

OMNIA

OMNIA Health Plans offer lower premiums, deductibles, copayments, and out-of-pocket costs when using OMNIA Tier 1 doctors, hospitals, and other health care professionals. Members can also see any Tier 2 health care professional from our broad Managed Care Network at a higher out-of-pocket cost, learn more.

Shop for a Plan >

All the features of our *Online Doctor & Hospital Finder* are also available on your smartphone. Access the **Horizon Blue app** or our mobile website for easy, on-the-go access. The Horizon Blue app can be downloaded from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

Our *Online Doctor & Hospital Finder* makes searching for in-network doctors, hospitals and other health care professionals easy and informative.

\*Text messaging rates and data charges from your mobile carrier may apply.

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What are you looking for?

Doctors

Choose a Plan to Start

OMNIA

Zip Code | City, State

07105

Specialty

Select up to 5 Specialties

Doctor's Last Name

Search

- Hide Filters

Distance

Select Distance

Gender

Select Gender

Language Spoken

Select Language

Designations

Accepting New Patients

OMNIA Tier 1 Doctors

Exclude Doctors Leaving in 120 Days

152 In-Network Doctors

OMNIA Tier 1 Doctors and Healthcare professionals are listed first

Plan Selected: OMNIA

Participating as of: 01/01/2016

Male

Last, First, Name

Internal Medicine

In-Network

01 STREET AVE STE 02

CITY, NJ

01234-1234

Phone: (012) 345-6789

Distance: 0.1 Miles

March 2016

Participating as of: 01/01/2016

Tier 1

View Profile

Male

Last, First, Name

Internal Medicine

In-Network

01 STREET AVE STE 02

CITY, NJ

01234-1234

Phone: (012) 345-6789

Distance: 0.1 Miles Away

OMNIA TIER 1

View Profile

Click **View Profile** to view more information about a doctor, hospital or other health care professional. The profile includes group affiliation, information on the plan selected, specialty, hospital affiliation and more. You can even have the name, address and phone number texted straight to your mobile or smartphone device.\*

HorizonBlue.com/doctorfinder





Horizon Blue Cross Blue Shield of New Jersey



## Go Mobile

It's easy to connect to Horizon Blue Cross Blue Shield of New Jersey when you are on the go. Just download<sup>1</sup> the Horizon Blue App to your Android™ or Apple® device, and you can:

### Search for an in-network doctor, other health care professional, hospital or facility.

- Get directions to the office.
- View detailed information for a doctor or other health care professional.

### View your claims information.

- View copayment, coinsurance and deductible for a specific claim.
- Search for claims within a date range.

### Check authorizations and referrals, if required for your plan.

### Get a virtual member ID card.

### Notify us of other insurance you may have so we can coordinate benefits.

### Learn about your benefits.

- See product and coverage information.
- View benefits information, such as copayment, coinsurance and deductible.

### Manage your account.

- Modify your profile.
- Change your Primary Care Physician (PCP), if one is required by your plan.
- Opt in or opt out for paperless Explanation of Benefits (EOB), emails or text alerts.

### Contact us.

- Email us your questions.
- Get a list of toll-free numbers to call for more information.

## Need the Horizon Blue App?

Scan this with your  
Android™ Device.



Scan this with  
your iPhone®.



<sup>1</sup> There is no charge from Horizon BCBSNJ to download the Horizon Blue App, but rates from your wireless provider may apply.

Android™ is a trademark of Google, Inc. iPhone® is a digital mobile device and is a registered mark of Apple, Inc.

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Living

PRECIOUS ADDITIONS®



## Oh, baby! Horizon BCBSNJ can help moms-to-be prepare.

If you're expecting, you can also expect Horizon Blue Cross Blue Shield of New Jersey to support you along the way. Our PRECIOUS ADDITIONS® program, part of Horizon Wellness, has a full spectrum of services designed to answer your questions, help you prepare—and even save you money. What's more, PRECIOUS ADDITIONS® is voluntary—and free of charge!

Eligible members may enroll in PRECIOUS ADDITIONS® at any point in their pregnancy at [HorizonBlue.com/PreciousAdditions](https://HorizonBlue.com/PreciousAdditions) or by calling Member Services at the toll-free number on the back of their member ID card. Following enrollment, members will receive information on topics such as:

- Prenatal class reimbursement (*up to \$50*)
- Breast pump coverage
- Text4Baby (a free health text messaging service provided by the National Healthy Mothers, Healthy Babies Coalition)
- Specialized case management services (phone support for those with high-risk pregnancies)
- Breastfeeding
- Postpartum depression
- Our Blue365® discount program

In addition, most expectant mothers have specific questions about their pregnancy and delivery. The Maternity Health Coach

program and 24/7 Nurse Line can provide assistance and support when you have health questions.

## Maternity Health Coach

With the Maternity Health Coach program, mothers-to-be can speak with registered nurses to receive one-on-one educational support. The coaches can discuss:

- General pregnancy questions, such as travel and preparation for labor
- Healthy nutrition and exercise during and after pregnancy
- Physical and emotional changes
- Gestational diabetes
- High-risk pregnancy
- Breastfeeding
- Postpartum health

To reach a Maternity Health Coach, call **1-888-624-3096**, option **3**.

(Continues)



## 24/7 Nurse Line

Eligible members also have access to our broader 24/7 Nurse Line. Health information resources are available by both phone and by online chat 24 hours a day, seven days a week. They can address all types of health questions, so expectant and new mothers can get answers to their questions at any time—even in the middle of the night.

To reach our 24/7 Nurse Line, call **1-888-624-3096**, option 1.

Learn more about our PRECIOUS ADDITIONS® program at [HorizonBlue.com/PreciousAdditions](https://HorizonBlue.com/PreciousAdditions).

PRECIOUS ADDITIONS®, Maternity Health Coach and 24/7 Nurse Line are for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment. They are not a substitute for your doctor's care. Services are not an insurance program and may be discontinued at any time. In the event of an emergency, please go to the nearest hospital or doctor, or call **911** or your local emergency services number. Always speak with your doctor before starting an exercise program or diet.

Not all programs are available to all Horizon BCBSNJ members.

Please check with your benefits administrator to determine if you are eligible for these programs.

Text messaging rates from your carrier may apply for Text4Baby.

Blue365® offers access to savings on items and services that members may purchase directly from independent vendors. While Blue365® replaces Horizon Blue Cross Blue Shield of New Jersey's previous wellness discounts program, the majority of the discounted products and services that were previously available to members under that program are still available through Blue365®. To find out what is available to you through Blue365®, visit [Blue365deals.com/HorizonBCBS](https://Blue365deals.com/HorizonBCBS) or call 1-800-355-BLUE (2583). The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365® vendors. Neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365® vendor or discounted item or service.

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Looking for more wellness information?  
Visit [HorizonBlue.com/HorizonWellness](https://HorizonBlue.com/HorizonWellness)



Horizon Blue Cross Blue Shield of New Jersey

## Healthy Discounts



### Blue365®—Because health is a big deal.<sup>SM</sup>

You know what it takes to keep your mind and body happy—so let our Blue365® discount program help you save money on those things. We have exclusive deals open only to Blue members. It's just another way you can benefit from being a Horizon Blue Cross Blue Shield of New Jersey member.

### How it works:

Each week, you can receive great deals and discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and more—all delivered straight to your inbox.

Some deals will give you a coupon code instantly on the Blue365® site. That code can be applied to a purchase made through that vendor's website. Other deals may take you directly to the retailer's website to make a discounted purchase.

To see our current offerings, search the [Blue365deals.com/HorizonBCBS](http://Blue365deals.com/HorizonBCBS) by keyword or deal category.

### Deal categories

- **Financial Health:** Save on cell phone service plans, home mortgages and more.
- **Fitness:** Get deals on memberships, special events and apparel.
- **Healthy Eating:** Browse discounts on weight-management programs and specialty food services.



- **Lifestyle:** Discover discounts on hotels, retailers and more.
- **Personal Care:** Check out products and services that can keep your body looking and feeling good.
- **Wellness:** Take advantage of services designed to help you live a healthier life.

Ready to start saving? Sign up at [Blue365deals.com/HorizonBCBS](http://Blue365deals.com/HorizonBCBS) today.

\*Discount availability is subject to change at any time, and certain offers may include expiration dates.

The Blue365® program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies.

Blue365® offers access to savings on items and services that members may purchase directly from independent vendors. Blue365® is a discount program, not a covered benefit, and the program may be terminated or changed without notice. The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365® vendors. Neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365® vendor or discounted item or service.

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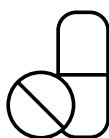
Looking for more wellness information?  
Visit [HorizonBlue.com/HorizonWellness](http://HorizonBlue.com/HorizonWellness)



# Introducing Amazon Pharmacy



## A New Prescription Home Delivery Option



You and your covered dependents now have a new prescription home delivery option: Amazon Pharmacy. Amazon Pharmacy is fully accredited and can fill most brand name and generic medicines.<sup>1</sup>

### Amazon Pharmacy offers:

- Easy online sign-up
- An Amazon shopping experience with free shipping
- 24/7/365 access to a pharmacist
- Clear pricing to help you save time and money
- The ability to import your medication history, and manage your orders

When you shop Amazon Pharmacy, you will also have access to the MedsYourWay™<sup>2</sup> discount card pricing, administered by Inside Rx. You will see the lowest available price – either your member copay, or the MedsYourWay discount price.<sup>3</sup>

### Sign Up for Amazon Pharmacy Today!

Set up your Amazon Pharmacy account at [amazon.com/horizonblue](https://amazon.com/horizonblue) and choose *Get Started*. You'll need your member ID, RxBIN and RxPCN numbers, which are listed on your member ID card.

To fill a current prescription through Amazon Pharmacy, select the medicines you would like to fill.<sup>1</sup> Amazon Pharmacy will contact your prescriber for a prescription, and let you know when your order is ready for check out and delivery. Amazon Pharmacy offers two-day shipping for Amazon Prime members; five-day shipping without Amazon Prime (standard).

For new prescriptions<sup>1</sup> let your doctor know to send them to Amazon Pharmacy by:

E-SCRIBE: Amazon Pharmacy 001

FAX: **1-512-884-5981**

PHONE: **1-855-206-3605**, then press 1

MAIL: **4500 S Pleasant Valley Rd, Suite 201  
Austin, TX 78744**



Have questions or need help? Please call Amazon Pharmacy Customer Care at **1-855-549-1760**. Representatives are available weekdays from 8 a.m. to 10 p.m., Eastern time (ET), and weekends from 10 a.m. to 8 p.m., ET.

### [HorizonBlue.com](https://HorizonBlue.com)

<sup>1</sup> Amazon Pharmacy does not dispense Schedule II controlled substance drugs.

<sup>2</sup> MedsYourWay drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of the prescription(s) when using the card. Limitations apply.

<sup>3</sup> Purchases of eligible and covered medicines automatically count toward your out-of-pocket maximum whether you choose your insurance or MedsYourWay pricing.

Amazon Pharmacy is contracted by Horizon Blue Cross Blue Shield of New Jersey to provide pharmacy home delivery services to Horizon Blue Cross Blue Shield of New Jersey members. Amazon Pharmacy and Inside Rx LLC are independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

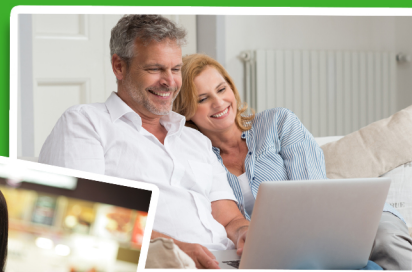
Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (2985) (TTY 711)**. Chinese (中文): 如需中文協助, 請致電 **1-800-355-BLUE (2583) (TTY 711)**.

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Connect with  
Delta Dental of NJ  
in just a few clicks!



## Visit Our Website

Visit [www.DeltaDentalNJ.com](http://www.DeltaDentalNJ.com)



Or Download Our Mobile App

**REGISTER TODAY!**

## Access Features & Tools to Keep You Smiling



Find a Dentist



Schedule an Appointment



Visit DentalCentral



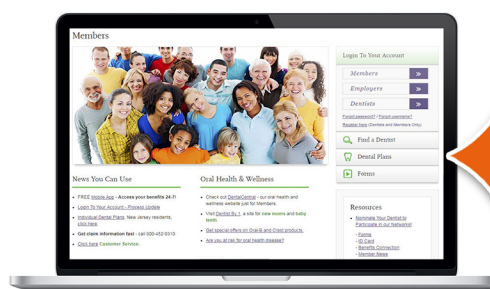
Take Oral Health Assessment



View Oral Health Videos



grin! Read grin! Magazine



## Convenience When it Counts

From your computer or mobile  
device access:



Benefits & Eligibility



Claims & Claim Forms



Explanation of Benefits



View & Print ID Card



Use Our Cost Estimator Tool



(800) 452-9310



[www.DeltaDentalNJ.com](http://www.DeltaDentalNJ.com)

## How to Find a Network Dentist



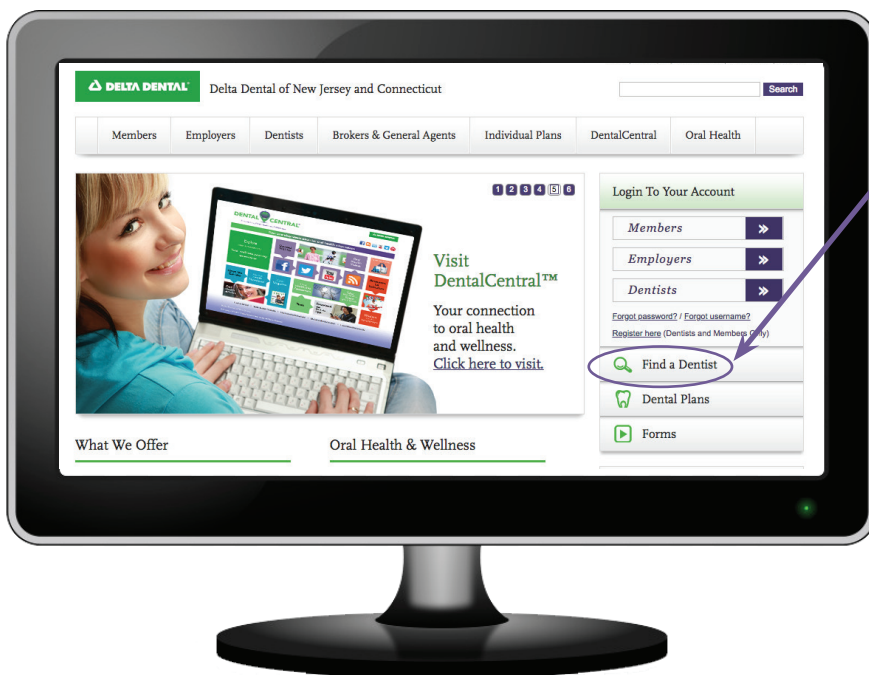
**There are two easy ways to find a dentist in your area:**

- From your smart phone using the Delta Dental mobile app
- From your computer at [DeltaDentalNJ.com](http://DeltaDentalNJ.com)

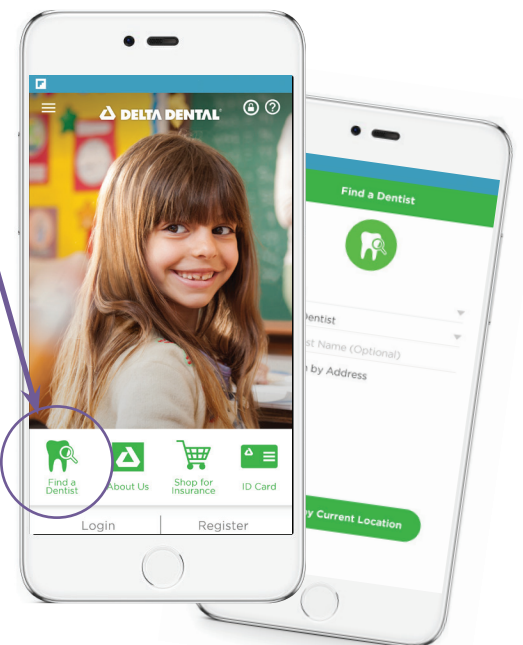
### Follow these 5-Easy Steps:

#### 1. Click on “Find a Dentist”

Computer: [DeltaDentalNJ.com](http://DeltaDentalNJ.com)



Mobile App / Delta Dental



continued on back...



## Follow these 5-Easy Steps: *continued*


### 2. Select a Network

### 3. Enter your City & State or Zip Code

### 4. Select the distance you are willing to travel

### 5. Click “Search for a Dentist”

A [A](#) | [About Us](#) | [Contact Us](#)


Delta Dental Plans Association ( [Select your state](#) )

[Home](#)
[Patients](#)
[Dentists](#)
[Employers](#)
[Producers](#)
[Shop for Insurance](#)
[Oral Health](#)

Data last updated on: June 23, 2018

#### Find a Dentist in Your Area

Delta Dental's national network of more than 152,000 dentists extends across the U.S. and Puerto Rico. You don't have to go far for high-quality oral health care. We're committed to connecting patients with the best dentists in their cities, towns, and neighborhoods. Find in-network local dentists by entering your zip code or city and state in our dentist locator below. Narrow down your search by the distance you're willing to travel, dental specialty, and other criteria.

Required fields are indicated with an asterisk (\*) [Search Tips and Disclaimers!](#)

#### Network Selection ( [Determine Your Coverage Type.](#) )

Your Dental Plan allows access to:

☐ Delta Dental PPO™
 ☐ Delta Dental Premier®
 ☐ Delta Dental PPO Plus Premier
 ☐ DeltaCare® USA

☐ Delta Dental Patient Direct®
 ☐ Advantage Program
 ☐ Flagship
 ☐ Flagship Complete

#### Your Location

Address:  \*City:  \*State:

- OR -

\*Zip Code:

Search Type: ☒ Proximity ☐ Random

#### Sorting, Distance and Number of Results

Sort Results By:

Maximum distance willing to travel: ☐ 5 ☐ 10 ☒ 15 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 100

In some circumstances, if no results are found in the distance you selected, the search will automatically increase the distance until results are found up to a maximum of 100 miles.

Number of Results:  Changing this value will limit the number of Dentists returned.

#### Additional Search Criteria

Dentist Last Name:

Practice Name:

Specialty:

Secondary Language:

Gender: ☐ Male ☐ Female ☒ Any

[Extended Hours:](#) ☐ Early Hours ☐ Evening Hours ☐ Weekend Hours

Accepting New Patients: ☐ Yes



#### Questions about the networks or a dentist's participation?

Call the Delta Dental Customer Service Department at **800-452-9310**  
or call **800-DELTAOK** to have a listing sent to you.

EXPERIENCE MORE: EVERYDAY ACCESS

# HOW TO: see an easy road ahead

## USING YOUR EYEMED BENEFITS

It's official – you received your EyeMed Welcome Kit. Time to get the eyewear you love! But how does it work? Even if you're a vision benefits rookie, the process is a snap. Tailor-made for paperwork-phobes and freedom fans.



### 1. KNOW THE BENEFITS

Your Welcome Packet spells out all the great stuff that's covered. All the savings opportunities. All the choices you have. It's a pretty fun read.



### 2. CHOOSE A DOC

You're probably surrounded by in-network doctors. Thousands of independent providers, popular stores (LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical®, JCPenney Optical®) and online options (ContactsDirect.com and Glasses.com). Find your ideal fit on eyemed.com or the EyeMed member app.



### 3. SET A DATE

Just call your eye doctor for an appointment. Even better, some let you schedule online with our Provider Locator. If you need weekend or evening hours, you'll find plenty of those, too.



### 4. COME ON IN

As an EyeMed member, it's easy to get your eye exam and get on with your day. No claim to file. No hassles. We take it from here.



### 5. FIND YOUR PERFECTION

Have fun picking out your favorite frames or contacts. Browse loads of designer brands; you decide which price point works best for you. With EyeMed, there's more in the store to adore.

## SEE THE GOOD STUFF

Register on [EYEMED.COM](http://EYEMED.COM) or grab the member app (iTunes or Android) now.





EXPERIENCE MORE: ONLINE ACCESS

# HOW TO: enjoy your own eye site

## MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at [eyemed.com](http://eyemed.com) is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

## START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit [eyemed.com](http://eyemed.com) and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number.\* (You'll get an email asking to confirm your account.)
4. Finish setting up your new account with your email address and a password. (To keep it secure, we list some password "musts.")
5. Come back anytime to change your password, email address and billing preferences. (It's all under Manage Profiles.)

## LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online\*\*
- View health and wellness information
- Get special offers



## SEE THE GOOD STUFF

Register on [EYEMED.COM](http://EYEMED.COM) or grab the member app (iTunes or Android) now.

\* Depends on how your benefit administrator entered you into the system.

\*\* Most, but not all, network providers offer this.





## MAKE THE MOST OF YOUR BENEFITS PACKAGE

**Life insurance** from The Hartford can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

### FUNERAL CONCIERGE SERVICES<sup>1</sup>

**Helps provide peace of mind when it's needed most.**

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: **1-866-854-5429**

Visit: **[www.everestfuneral.com/hartford](http://www.everestfuneral.com/hartford)**

Use code: **HFEVLC**

### BENEFICIARY ASSIST® COUNSELING SERVICES<sup>2</sup>

**Getting through a loss is hard. Getting support shouldn't be.**

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner and five face-to-face sessions for up to a year from the date a claim is filed.

For more information, call: **1-800-411-7239**

### ESTATEGUIDANCE® WILL SERVICES<sup>2,3</sup>

**Create a simple will from the convenience of your home.**

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance®. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys.

Visit: **[www.estateguidance.com](http://www.estateguidance.com)**

Use code: **WILLHLF**

continued



### Travel Assistance

Call toll-free: **1-800-243-6108**

From other locations,

call collect: **202-828-5885**

Fax: **202-331-1528**

#### What to have ready:

- Your employer's name
- Your phone number
- Nature of the problem
- Your policy number
- Your Travel Assist ID number:  
**GLD-09012**



(Snap a photo with a mobile device to capture information above.)

### TRAVEL ASSISTANCE WITH ID THEFT PROTECTION<sup>4</sup>

**Even the best planned trips can be full of surprises.**

Travel Assistance with ID Theft Protection includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID Theft services are available to you and your family at home or when traveling.

**In case of a serious medical emergency while traveling,** please obtain emergency medical services first (contact the local "911"), and then contact Travel Assistance to alert them.

Visit **TheHartford.com/employeebenefits**



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Life Form Series includes GBD-1000, GBD-1100, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Some services may not be available in all states. For more information, visit [www.TheHartford.com/employee-benefits/value-added-services](http://www.TheHartford.com/employee-benefits/value-added-services).

<sup>1</sup> Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC, as described in these materials and reserves the right to discontinue any of these services at any time.

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<sup>3</sup> The EstateGuidance® website is secured with a GoDaddy.com WebServer Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption. Printing of a simple will is available at an additional cost to you.

<sup>4</sup> Travel Assistance and ID Theft Protection are provided by Generali Global Assistance, Inc. Generali is not affiliated with The Hartford and is not a provider of insurance services.

<sup>5</sup> HealthChampion® specialists are available during business hours only. Inquiries outside this time frame can request a callback or schedule appointment.

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## CARING SUPPORT WHEN YOU NEED IT MOST

If you're covered under The Hartford's Group Life or Accident insurance policy, you have access to Beneficiary Assist® counseling services provided by ComPsych.<sup>1</sup>

### PROFESSIONAL HELP AFTER A LOSS OR TERMINAL ILLNESS

Beneficiary Assist provides you, your eligible beneficiaries and immediate family members with unlimited 24/7 phone access.

This includes:

- Legal advice, financial planning and emotional counseling for up to one year from the date the claim is filed.
- Up to five face-to-face sessions or equivalent professional time for one service or a combination of services.

### HANDLING A SPECTRUM OF NEEDS WITH COMPASSION AND EXPERTISE

ComPsych GuidanceExperts<sup>SM</sup> are highly trained master's level clinicians who listen to your concerns with compassion and refer you to the right resources for:

- Grief and loss
- Stress, anxiety and depression
- Relationship/marital conflict
- Problems with children
- Job pressures
- Substance abuse

### FINANCIAL INFORMATION AND RESOURCES

Certified public accountants and certified financial planners can help with any financial concerns you may have, including:

- Managing a budget
- Estate closure
- Retirement impacts
- Tax questions
- Getting out of debt

*continued*





## SOLID FOOTING

Greg's sudden death at the age of 42 came as an enormous blow to his wife, Sharon. Besides the shock and grief, Sharon had to struggle with debt and claims to Greg's estate by children from a former marriage. She went back and forth between anger and depression.

Through Beneficiary Assist, she was able to link up with counselors who listened compassionately and referred her to a grief expert. She also used the legal and financial counseling resources to get solid answers to complex questions.<sup>2</sup>

## LEGAL SUPPORT AND RESOURCES

Licensed attorneys are available to help you with any legal uncertainties that may arise, offering private consultations for the following:

- Estate and probate
- Debt and bankruptcy
- Real estate transactions
- Family law

If additional legal representation is needed beyond the face-to-face visits, you can be referred to a qualified attorney in your area. You may qualify for a 25 percent reduction in the attorney's customary fees by using the ComPsych Network.

## HEALTH ADVOCACY SERVICES AND SUPPORT

Health care support services through HealthChampion<sup>SM</sup><sup>3</sup> are available if you have become disabled from an accident or are diagnosed with a critical illness, offering support like:

- Guidance through your health care options
- Connecting you with the right resources
- Advocating for time and fair resolution of issues

If additional medical support is needed, you have unlimited access to HealthChampion<sup>SM</sup> specialists who walk you through all aspects of your health care issue, helping to ensure you're fully supported.

## LEARN MORE

Want to know more? Call **1-800-411-7239**.

When you need it most, Beneficiary Assist counseling services will be here to help.



(Snap a photo with a mobile device to capture information above.)

Check with your benefits manager for more information on **Beneficiary Assist Counseling**



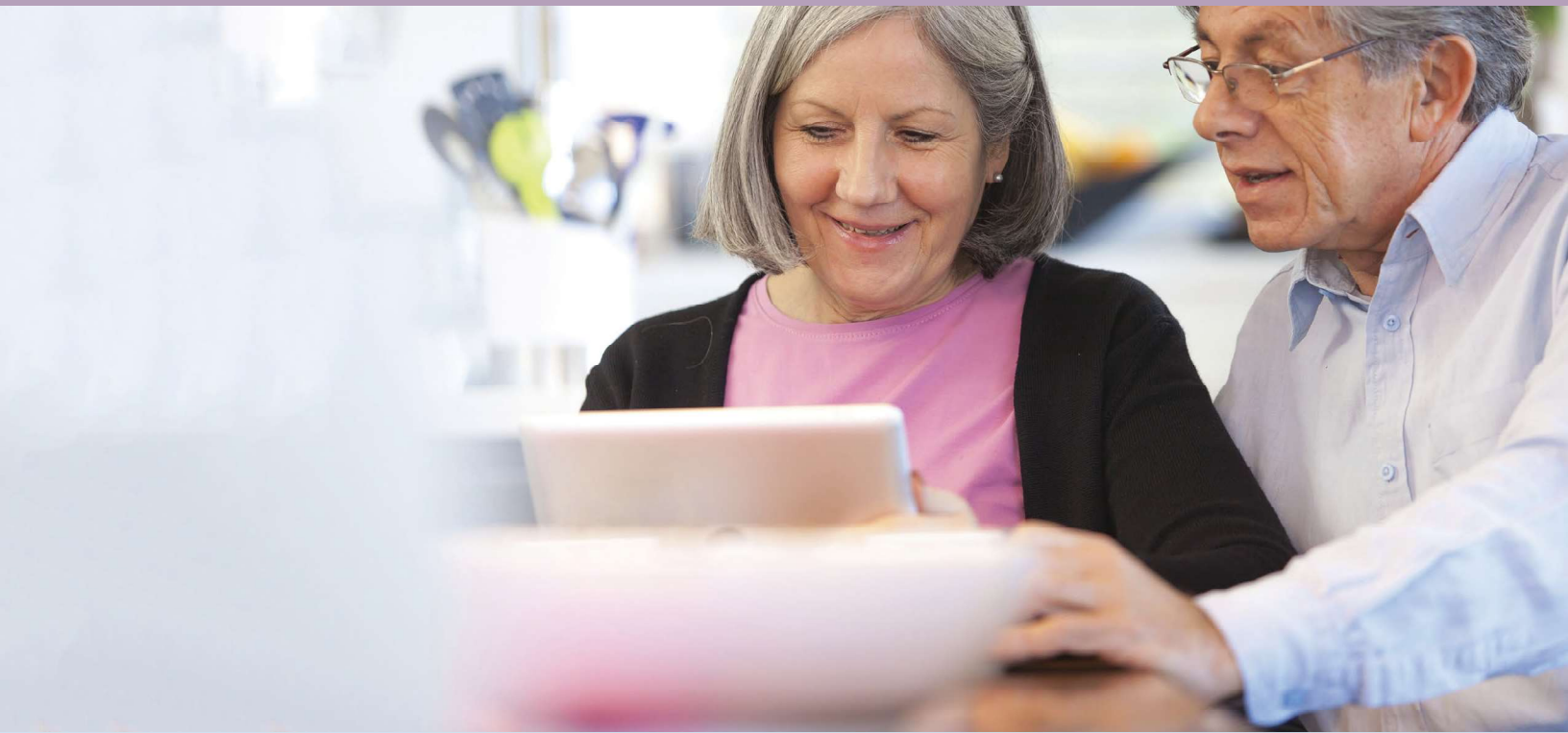
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<sup>1</sup> Beneficiary Assist® is offered through The Hartford by ComPsych<sup>1</sup> Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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## CREATE A SIMPLE WILL FROM THE CONVENIENCE OF YOUR DESKTOP

Having a will is important no matter the size of your estate. A will ensures that your intentions will be honored in the event of your death, including your wishes about who will inherit your property, serve as guardian of your children, and manage your estate. Without a will, those decisions may be left to others.

### AN EASY AND EMPOWERING SOLUTION

As an employee with a Group Life insurance policy from The Hartford, you have access to EstateGuidance® Will Services provided by ComPsych®.<sup>1</sup> This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions
- Unlimited revisions at no additional charge
- Additional estate planning services are also available for purchase, including the creating of a living will or a final arrangements document that allows you to specify burial or cremation preferences; funeral or memorial services options

*continued*



## QUICK ANSWERS TO KEY QUESTIONS

### Isn't will preparation complicated?

Not with EstateGuidance®. You'll be asked a series of questions online that are used to compose your will. In many states, you need only add your signature to make the will valid.

### What if I have questions as I'm creating my will?

The online education center provides answers regarding family law. You can also access fully licensed attorneys who'll respond to you online.

### What about my privacy?

All information is kept secure and confidential with the latest encryption technology.<sup>2</sup>

### What happens if I don't create a will?

The state, not you, would decide how your property is distributed. By drafting a will, you can protect your interests and those of your loved ones.

## PUT YOUR GOOD INTENTIONS INTO ACTION

Visit [www.estateguidance.com](http://www.estateguidance.com)

### USE THIS CODE: **WILLHLF**

#### Then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

Check with your benefits manager for more information  
on **EstateGuidance Will Service**



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## TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES

### TRAVEL ASSISTANCE

If you are covered by your employer's group policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, contact Generali Global Assistance, Inc.

**Have a serious medical emergency?** Please obtain emergency medical services first (contact the local "911"), and then contact Generali Global Assistance, Inc. to alert them to your situation.

Call: **1-800-243-6108** | Fax: **202-331-1528**  
Collect from other locations: **202-828-5885**

### WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification Number: **GLD-09012**
- Your Policy No. # \_\_\_\_\_

*(Policy Number can be obtained through your Human Resources department.)*



(Snap a photo with a mobile device to capture information above.)

### EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Generali Global Assistance, Inc.<sup>1</sup>

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

### GOOD TO GO: MULTILINGUAL ASSISTANCE 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.<sup>2,3</sup> As long as you contact Generali Global Assistance, Inc. at the time of need, you could be approved for up to \$1 million in covered services.<sup>4</sup>

### SERVICES FROM HERE TO THERE

Travel Assistance begins even before you embark, with pre-trip information, and continues throughout your trip. See the list of services in the chart on the back of this page.

*continued*





## CASE ILLUSTRATION: HELP A WORLD AWAY<sup>9</sup>

As a Human Resource Professional, Tammy had always been on the coordinating end of travel services helping her company's employees; but when her daughter was hurt while traveling with her school group in Italy, she suddenly found herself in a different position.

Using the travel assistance medical referral, medical monitoring, and repatriation services from Generali Global Assistance, Inc., Tammy's daughter was able to receive immediate medical treatment and was evacuated within 48 hours. The Generali Global Assistance, Inc. Case Manager helped Tammy through some of the most stressful days she's experienced as a mother and provided care for her daughter when she couldn't.

## IDENTITY THEFT ASSISTANCE

The 2017 Identity Fraud Study, released by Javelin Strategy & Research, found that \$16 billion was stolen from 15.4 million U.S. consumers in 2016, compared with \$15.3 billion and 13.1 million victims a year earlier. In the past six years identity thieves have stolen over \$107 billion.<sup>5</sup> Generali Global Assistance, Inc. helps protect you and your family from its consequences 24/7,<sup>2</sup> at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

### EMERGENCY MEDICAL ASSISTANCE<sup>6</sup>

- Medical referrals
- Medical monitoring
- Medical evacuation
- Repatriation
- Traveling companion assistance
- Dependent children assistance
- Visit by a family member or friend
- Emergency medical payments
- Return of mortal remains

### PRE-TRIP INFORMATION

- Visa and passport requirements
- Inoculation and immunization requirements
- Foreign exchange rates
- Embassy and consular referrals

### EMERGENCY PERSONAL SERVICES<sup>7</sup>

- Medication and eyeglass prescription assistance
- Emergency travel arrangements<sup>8</sup>
- Emergency cash<sup>8</sup>
- Locating lost items
- Bail advancement

### IDENTITY THEFT ASSISTANCE

- Prevention Services
  - Education
  - Identity Theft Resolution Kit
- Detection Services
  - Fraud alert to three credit bureaus
- Resolution Guidance and Assistance
  - Credit information review
  - ID Theft Affidavit Assistance
  - Card replacement
- Personal Services
  - Translation
  - Emergency cash advance\*

\* Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

Check with your benefits manager for more information  
on **Travel Assistance & ID Theft Protection**



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<sup>2</sup> Coverage includes spouse (or domestic partner) and dependent children under age 26.

<sup>3</sup> Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, GGA may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.

<sup>4</sup> The Combined Single Limit (CSL), or amount of money available to the insured under a Hartford Group policy the Travel Assistance Program, is \$1 million. One service or a combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL. Note: Certain Accidental Death and Dismemberment programs may offer different CSLs. Please consult with your Human Resources Manager for more details.

<sup>5</sup> Insurance Information Institute, [www.iii.org/fact-statistic/identity-theft-and-cybercrime](http://www.iii.org/fact-statistic/identity-theft-and-cybercrime), viewed on 5/1/2018.

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<sup>7</sup> Generali Global Assistance, Inc. provides the described personal services to you in an emergency, but you are personally responsible for the cost of air fare not approved as medically necessary by the attending physician; food, hotel and car expenses; and attorney fees. Emergency cash advances and bail advancement require your personal satisfactory guarantee of reimbursement provided through a valid credit card.

<sup>8</sup> Emergency cash is charged as a cash advance, and emergency airline tickets are charged as a purchase to your credit card account and are all subject to that account's finance rates.

<sup>9</sup> This case illustration is fictitious and for illustrative purposes only.

**DISCLAIMER:** Service Exclusions and Limitations: Generali Global Assistance, Inc. (GGA) services are eligible for payment or reimbursement by GGA only if GGA was contacted at the time of the services and arranged and/or pre-approved the services. Certain terms, conditions and exclusions apply; for further information refer to the Web site listed or call GGA at the number provided.

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