

Meritain Health[®]

an  aetna[®] company



A Quick Look at Your Health Plan

South Orange Maplewood Board Of Education

Group #25249

When you enroll with Meritain Health[®], you're taking the next step towards a healthier, more balanced you.

It's important for you to understand how your health plan works. This way, you can make the changes you want in your health and in your life.

Get the support you need for a healthy balance

Chances are, you try every day to keep a healthy balance in your life. But time can get away from you, or you might put other details first. That's why we're here: to help you focus and to support you each step of the way. You can think of your health care benefits as your resource to protect your body, mind and spirit.

www.meritain.com

©2025–2026 Meritain Health, Inc.

188.682015

Benefit Highlights

Protecting your healthy balance with preventive care

Q

Question:

Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

A

Answer:

Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Early detection, proper nutrition, and routine exercise are the keys to living a long and healthy life, and will also help to control long-term health care costs. Your employer encourages you to take the necessary steps—available to you right now—to ensure early detection and treatment of diseases.



Built into your health plan are preventive benefits that cover:

- Bone density test.
- Fecal occult screening.
- Mammogram.
- Pap smear.
- Physical exams.
- Prostate blood exam.
- Well-child care.

Save when you visit network providers

This plan offers a network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

Remember: if you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

Benefit Highlights

Health care for you and your family

When sickness or injury throw you off balance

Knowing you're in good hands when you're sick is one of the most comforting feelings there is. You can be assured your health plan has everything you'll need to get the right care if something goes wrong.

Balancing health care costs: what you pay and what the plan pays

The benefits schedule in this packet shows how much you pay for care, and how much the plan pays. It's a listing of what is and isn't included in your benefits plan. For more detailed information, see your Summary Plan Description (SPD).

After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your *out-of-pocket* costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent. (Copays do not always apply to the out-of-pocket maximum. This varies by plan.)

File claims quickly and easily

If you visit a provider in your network, you shouldn't need to submit a claim for services or pay at the time of your service with the exception of a copay, if applicable. Your provider will submit the claim on your behalf and you will later receive a bill for any out-of-pocket or other balances due.

If you have visited an out-of-network provider, you may need to file a claim form to ensure that the service is billed properly. Claim forms can be found online at www.meritain.com or you can obtain one from your Human Resources department. Submit the claim by fax or by mail to the fax number or mailing address listed on the claim form.

Know your “numbers”

Are you secretly at risk for serious medical conditions?

It's possible to be at risk for developing serious conditions such as heart disease or diabetes, but not know it because you feel fine. That's why it's important to have your vitals checked regularly, such as your cholesterol levels, glucose and blood pressure (as advised by your doctor) and know your “numbers.” It helps to be able to understand what the numeric results of your clinical lab tests could mean and discuss any concerns with your doctor. An ounce of prevention is worth a pound of cure!

Benefit Highlights

Nationwide provider access at a discount

When you and your family seek health care services, you have access to Aetna's broad national provider network of health care providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals.¹ When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of health care.


Locate your preferred providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or health care facility participates, visit <https://www.aetna.com/dsepublic/#/mymeritain>.



How to access your mobile web app

iPhone®

- Once you log in to your member website through www.meritain.com, click the  icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app instead of going through the website.

Android™

- Once you log in to your member website through www.meritain.com, you'll be prompted with the pop-up message *Add Meritain Health to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Launch the app from your home screen and log in.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

¹ <https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html>

Benefits Summary

Choice Plus Direct 10			IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL				
Deductible			\$0/Individual \$0/Family	\$100/Individual \$250/Family
Out-of-Pocket Maximum			\$400/Individual \$1,000/Family	\$2,000/Individual \$5,000/Family
Includes Deductible, Coinsurance, & Copays				
Out-of-Pocket Limit - Rx			\$2,120/Individual \$4,240/Family	
Member Coinsurance			0%	20%
Out-of-Network Allowance			N/A	90th Percentile FAIR Health National
PREVENTIVE CARE (Member Coinsurance)				
			No charge	Not covered
PHYSICIAN OFFICE VISITS				
			\$10 copay	20% coinsurance
SPECIALIST OFFICE VISITS				
			\$10 copay	20% coinsurance
URGENT CARE				
			\$10 copay	20% coinsurance
EMERGENCY ROOM				
			\$25 copay	
HOSPITAL INPATIENT CARE				
			\$0 copay	20% coinsurance
HOSPITAL OUTPATIENT CARE				
			\$0 copay	20% coinsurance
			Diagnostic text (x-ray, blood work)	20% coinsurance
			Imaging (CT/PET scans, MRIs)	20% coinsurance
			Pregnancy - Office visits	20% coinsurance
			Childbirth / delivery professional services	20% coinsurance
			Childbirth / delivery facility services	20% coinsurance
			Durable medical equipment	10% coinsurance 20% coinsurance
PRESCRIPTION DRUG CARD				
				In-network copays apply. Member is responsible for any charges above the allowed amount.
Retail	Generic - 30 day supply		\$3 copay	
	31-60 day supply		\$6 copay	
	61-90 day supply		\$9 copay	
	Preferred - 30 day supply		\$10 copay	
	31-60 day supply		\$20 copay	
	61-90 day supply		\$30 copay	
	Non-Preferred - 30 day supply		\$10 copay	
	31-60 day supply		\$20 copay	
	61-90 day supply		\$30 copay	
	Mail Order	Generic - 90 day supply	\$5 copay	
		Preferred - 90 day supply	\$15 copay	
		Non-Preferred - 90 day supply	\$15 copay	
Specialty	Copay		Follows Brand & Generic copays	Not Covered

This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document. If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.

Benefits Summary

Choice Plus Direct 15				
	IN-NETWORK	OUT-OF-NETWORK		
MAJOR MEDICAL				
Deductible	\$0/Individual	\$100/Individual		
	\$0/Family	\$250/Family		
Out-of-Pocket Maximum	\$8,480/Individual	\$2,000/Individual		
Includes Deductible, Coinsurance, & Copays	\$16,960/Family	\$5,000/Family		
Out-of-Pocket Limit - Rx	\$2,120/Individual			
	\$4,240/Family			
Member Coinsurance	0%	30%		
Out-of-Network Allowance	N/A	90th Percentile FAIR Health National		
PREVENTIVE CARE (Member Coinsurance)				
	No charge	Not covered		
PHYSICIAN OFFICE VISITS	\$15 copay	30% coinsurance		
SPECIALIST OFFICE VISITS	\$15 copay	30% coinsurance		
URGENT CARE	\$15 copay	30% coinsurance		
EMERGENCY ROOM	\$50 copay			
HOSPITAL INPATIENT CARE	\$0 copay	30% coinsurance		
HOSPITAL OUTPATIENT CARE	\$0 copay	30% coinsurance		
Diagnostic text (x-ray, blood work)	\$0 copay	30% coinsurance		
Imaging (CT/PET scans, MRIs)	\$0 copay	30% coinsurance		
Pregnancy - Office visits	\$15 copay	30% coinsurance		
Childbirth / delivery professional services	\$0 copay	30% coinsurance		
Childbirth / delivery facility services	\$0 copay	30% coinsurance		
Durable medical equipment	10% coinsurance	30% coinsurance		
PRESCRIPTION DRUG CARD				
Retail	Generic - 30 day supply	\$3 copay	In-network copays apply. Member is responsible for any charges above the allowed amount.	
	31-60 day supply	\$6 copay		
	61-90 day supply	\$9 copay		
Preferred - 30 day supply		\$10 copay		
	31-60 day supply	\$20 copay		
	61-90 day supply	\$30 copay		
Non-Preferred - 30 day supply		\$10 copay		
	31-60 day supply	\$20 copay		
	61-90 day supply	\$30 copay		
Mail Order	Generic - 90 day supply	\$5 copay		
	Preferred - 90 day supply	\$15 copay		
	Non-Preferred - 90 day supply	\$15 copay		
Specialty	Copay	Follows Brand & Generic copays		Not Covered
<p>This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document. If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.</p>				

Benefits Summary

Choice Plus Educators Health Plan			IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL				
Deductible			\$0/Individual	\$350/Individual
			\$0/Family	\$700/Family
Out-of-Pocket Maximum			\$500/Individual	\$2,000/Individual
Includes Deductible, Coinsurance, & Copays			\$1,000/Family	\$5,000/Family
Out-of-Pocket Limit - Rx			\$1,600/Individual	
			\$3,200/Family	
Member Coinsurance			0%	30%
Out-of-Network Allowance			N/A	200% CMS
PREVENTIVE CARE (Member Coinsurance)				
			No charge	Not covered
PHYSICIAN OFFICE VISITS				
			\$10 copay	30% coinsurance
SPECIALIST OFFICE VISITS				
			\$15 copay	30% coinsurance
URGENT CARE				
			\$15 copay	30% coinsurance
EMERGENCY ROOM				
			\$125 copay	
HOSPITAL INPATIENT CARE				
			\$0 copay	30% coinsurance
HOSPITAL OUTPATIENT CARE				
			\$0 copay	30% coinsurance
Diagnostic text (x-ray, blood work)				
			\$0 copay	30% coinsurance
Imaging (CT/PET scans, MRIs)				
			\$0 copay	30% coinsurance
Pregnancy - Office visits				
	PCP		\$10 copay	30% coinsurance
	Specialist		\$15 copay	30% coinsurance
Childbirth / delivery professional services				
			\$0 copay	30% coinsurance
Childbirth / delivery facility services				
			\$0 copay	30% coinsurance
Durable medical equipment				
			10% coinsurance	30% coinsurance
PRESCRIPTION DRUG CARD				
Retail	Generic - 30 day supply		\$5 copay	In-network copays apply. Member is responsible for any charges above the allowed amount.
	31-60 day supply		\$10 copay	
	61-90 day supply		\$15 copay	
	Preferred - 30 day supply		\$10 copay	
	31-60 day supply		\$20 copay	
	61-90 day supply		\$30 copay	
	Brand drugs with a generic equivalent available		Member pays the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.	
Mail Order	Generic - 90 day supply		\$10 copay	
	Preferred - 90 day supply		\$20 copay	
Specialty	Copay		Follows Brand & Generic copays	
<p>This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document. If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.</p>				

Benefits Summary

Choice Plus Garden State Health Plan			
		IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL			
Deductible		\$0/Individual	\$350/Individual
		\$0/Family	\$700/Family
Out-of-Pocket Maximum		\$500/Individual	\$2,000/Individual
Includes Deductible, Coinsurance, & Copays		\$1,000/Family	\$5,000/Family
Out-of-Pocket Limit - Rx		\$1,600/Individual	
		\$3,200/Family	
Member Coinsurance		0%	30%
Out-of-Network Allowance		N/A	200% CMS
PREVENTIVE CARE (Member Coinsurance)			
		No charge	Not covered
PHYSICIAN OFFICE VISITS			
		\$10 copay	30% coinsurance
SPECIALIST OFFICE VISITS			
		\$15 copay	30% coinsurance
URGENT CARE			
		\$15 copay	30% coinsurance
EMERGENCY ROOM			
		\$125 copay	
HOSPITAL INPATIENT CARE			
		\$0 copay	30% coinsurance
HOSPITAL OUTPATIENT CARE			
		\$0 copay	30% coinsurance
Diagnostic text (x-ray, blood work)			
		\$0 copay	30% coinsurance
Imaging (CT/PET scans, MRIs)			
		\$0 copay	30% coinsurance
Pregnancy - Office visits			
		\$0 copay	30% coinsurance
Childbirth / delivery professional services			
		\$0 copay	30% coinsurance
Childbirth / delivery facility services			
		\$0 copay	30% coinsurance
Durable medical equipment			
		10% coinsurance	30% coinsurance
PRESCRIPTION DRUG CARD			
Retail	Generic - 30 day supply	\$5 copay	In-network copays apply. Member is responsible for any charges above the allowed amount.
	31-60 day supply	\$10 copay	
	61-90 day supply	\$15 copay	
	Preferred - 30 day supply	\$10 copay	
	31-60 day supply	\$20 copay	
	61-90 day supply	\$30 copay	
	Brand drugs with a generic equivalent available	Member pays the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug.	
Mail Order	Generic - 90 day supply	\$10 copay	
	Preferred - 90 day supply	\$20 copay	
Specialty	Copay	Follows Brand & Generic copays	

This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document. If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.

Your Guide to Enrollment



Completing your enrollment

Complete, sign and return your enrollment form to your employer within 30 days of your eligibility date whether you're enrolling or declining benefits.

- **Write clearly.** If your form is unreadable, your enrollment may be delayed, or incorrect.
- **Don't forget the back side.** Missing or incomplete information will delay your enrollment.
- **Sign and date your enrollment form.** Remember to sign and date the form, even if you're declining benefits.

Helpful tips

- Your health care plan includes a network of providers you can visit for health care services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes the Meritain Health Pharmacy Solutions customer service number and prescription copays.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

All eligible employees must complete the enrollment form, whether you're choosing this plan or declining benefits. Your enrollment form is included in the back of this packet.

Your Guide to Enrollment



The final step toward better balance and better living

After you've completed enrollment, your employer has approved it and after any waiting period has passed, your benefits will be effective.


Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you. If you misplace your ID card, use the Meritain Health mobile app to access your member website to get a copy of your ID on the go!

Sample ID card

Card front

Meritain Health <small>an aetna company</small>		Customer Service and Eligibility Inquiries 800.925.2272 www.MERITAIN.com	
Member Sample Group Group #: 11378 Member: MEMBER NAME Member ID: MEMBER ID NUMBER Division: 001		Medical Plan Coverage: Aetna Network  Plan: Aetna Choice POS II	
Dental/Vision Plan Dental Plan: Aetna Dental Administrators Coverage: Vision Plan: Coverage:		Pharmacy Plan RXBIN: 004336 RXPCN: ADV RXGRP: RX2738  Member: 866.475.7589 Pharmacy: 800.364.6331	
<small> Deductible and OOP Amounts (Single/Family): INN Ded \$XXXX/ \$XXXX OOP \$XXXX/ \$XXXX OON Ded \$XXXX/ \$XXXX OOP \$XXXX/ \$XXXX Office Visit \$XX Specialist \$XX UC \$XX ER \$XXXX RX Deductible \$XXXX Ind/ \$XXXX Family RX OOP Max \$XXXX Ind/ \$XXXX Family Generic \$XX Preferred \$XX Non-Preferred \$XXXX </small>			

Card back

Claims Submission Mail ALL Claims & Correspondence to: Meritain Health PO Box 853921 Richardson, TX 75085-3921 EDI: Change Healthcare 41124 or McKesson/Relay Health 1708 or 4561 NY Electing	Eligibility Call 800.925.2272 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits.
NY Electing Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna. Contact 800.343.3140 for assistance in locating an In-Network Provider.	Precertification For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits. 24-Hour Automated Customer Service: 800.566.9311 or www.MERITAIN.com
Printed:	 DOI INDEX #: 009



Convenient Tools and Resources

Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health member website**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

Registration for the member website is easy

If you're already registered to access your online account, simply enter www.meritain.com into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy three-step process.

1

Scan the QR code and click on the link to register or visit www.meritain.com. Then, in the top right corner, click *Register*.



2

Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click *Continue*.

Please note: You may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

3

You will need to fill in your:

- Group ID (located on your member ID card).
- Member ID (located on your member ID card).
- Date of birth
- Name.
- Zip code.
- Email address.

You can then create a username and password. After that, you will be asked to confirm your email address—then you're done! The next time you log in, just use the same username and password.



Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or health care operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, or close friends).

Convenient Tools and Resources

Important plan contacts

What do you need help with?

In-network doctors or hospitals

Meritain Health Customer Service **1.800.925.2272**

Access your Meritain Health member website at www.meritain.com

The Aetna Choice® POS II provider network

Aetna provider line **1.800.343.3140**

www.aetna.com/docfind/custom/mymeritain

My prescription drug benefits

Meritain Health Pharmacy Solutions Customer Service
1.866.475.7589

Precertification

Meritain Health Medical Management **1.800.242.1199**

Enrollment/benefit elections

South Orange Maplewood Board Of Education
Human Resources representative

Cassandra Bragg

cbragg@somsd.k12.nj.us



Notes



COMPANY NAME: <u>South Orange Maplewood Board Of Education</u> GROUP #: <u>25249</u>	BENEFIT ENROLLMENT FORM Meritain Health® an aetna company
---	---

THIS FORM IS TO BE COMPLETED FOR NEW ENROLLMENTS AND COVERAGE CHANGES

**PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM
(ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)**

EMPLOYEE INFORMATION – ALL INFORMATION IS REQUIRED					
LAST NAME		FIRST NAME			MI
SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
MAILING ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS					
PRIMARY PHONE NUMBER		PHONE TYPE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK			
ARE YOU THE EMPLOYEE COVERED UNDER ANY OTHER INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. Medicare, Tricare, spouse's plan)					
IF YES, NAME OF INSURANCE: _____		EFFECTIVE DATE: _____			
TYPE OF POLICY (Retiree, COBRA, Spouse): _____			POLICY HOLDER (Self, Spouse): _____		
IF ENROLLED IN MEDICARE: EFFECTIVE DATE: PART A _____		PART B _____	MEDICARE ID _____		
ENTITLEMENT TO MEDICARE DUE TO: <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> END STAGE RENAL DISEASE (ESRD)					

EMPLOYER USE ONLY	
DATE OF HIRE	EFFECTIVE DATE
DIVISION #	DEPT. # / CLOCK #
ANNUAL SALARY: \$	
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	
<input type="checkbox"/> NEW ENROLLMENT	
<input type="checkbox"/> Active <input type="checkbox"/> Retiree	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> COBRA	
<input type="checkbox"/> ENROLLMENT CHANGE	
<input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption	
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Loss of Coverage	
<input type="checkbox"/> Other: _____	
Employer Representative Signature: _____	
Date: _____	

BENEFIT SELECTION		
COVERAGE TYPE	PLAN ELECTED (IF APPLICABLE)	COVERAGE LEVEL
<input type="checkbox"/> MEDICAL/RX		<input type="checkbox"/> SINGLE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD <input type="checkbox"/> FAMILY <input type="checkbox"/> DECLINE

DEPENDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED. PROVIDE THE CONTACT INFORMATION FOR ALL ADULT DEPENDENTS AGE 18 AND OVER.)					
Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an employee or eligible dependent did not enroll in the plan when initially eligible, he or she will be permitted to later enroll in the plan under one of the following circumstances: a. The employee or eligible dependent loses their eligibility status to participate in Medicaid or CHIP; or b. The employee or eligible dependent qualifies for premium assistance under Medicaid or CHIP at the state level in which the individual resides. The employee or eligible dependent must request enrollment in the plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days of being notified of eligibility for premium assistance from the state in which the individual resides.					
DEPENDENT 1 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE	
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
				<input type="checkbox"/> MEDICAL/RX	
DEPENDENT 2 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE	
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
				<input type="checkbox"/> MEDICAL/RX	
DEPENDENT 3 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE	
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
				<input type="checkbox"/> MEDICAL/RX	
DEPENDENT 4 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE	
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
				<input type="checkbox"/> MEDICAL/RX	
DEPENDENT 5 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE	
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
				<input type="checkbox"/> MEDICAL/RX	
*IF ANY OF THE DEPENDENTS LISTED ABOVE HAVE A MAILING ADDRESS THAT DIFFERS FROM THE EMPLOYEE, PLEASE COMPLETE THE INFORMATION BELOW:					
DEPENDENT		MAILING ADDRESS	CITY	STATE ZIP	
*IF YOUR CHILD IS MENTALLY OR PHYSICALLY DISABLED, PLEASE PROVIDE APPROPRIATE DOCUMENTATION. LIST THE NAME(S) OF ANY DISABLED DEPENDENTS:					
DEPENDENT		DEPENDENT		DEPENDENT	

COMPANY NAME: South Orange Maplewood Board Of Education

COORDINATION OF BENEFITS – SPOUSE INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS

IS YOUR SPOUSE EMPLOYED? YES NO IF YES, FULL TIME PART TIME SPOUSE EMPLOYER NAME: _____ SPOUSE DATE OF BIRTH: _____

INDICATE THE COVERAGE, CARRIER NAME AND EFFECTIVE DATE THAT YOUR SPOUSE IS ENROLLED IN WITH HIS/HER EMPLOYER

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL					
<input type="checkbox"/> PRESCRIPTION					
<input type="checkbox"/> DENTAL					
<input type="checkbox"/> VISION					

COORDINATION OF BENEFITS – DEPENDENT CHILD(REN) INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS

ARE ANY OF YOUR DEPENDENT CHILD(REN) COVERED BY ANOTHER PARENT/GUARDIAN OR PLAN NOT LISTED ABOVE? YES NO

EMPLOYER PROVIDING COVERAGE:
IF YES, COMPLETE THE QUESTIONS BELOW

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	COURT ORDER REQUIRING COVERAGE (I.E. DIVORCE DECREE, QMCSO)*	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL						
<input type="checkbox"/> PRESCRIPTION						
<input type="checkbox"/> DENTAL						
<input type="checkbox"/> VISION						

***COPY OF THE COURT ORDER MUST BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN CLAIMS BEING DENIED.**

COORDINATION OF BENEFITS – GOVERNMENTAL INSURANCE (I.E. MEDICARE, MEDICAID, TRICARE, ETC.)

IS YOUR SPOUSE AND/OR ARE ANY DEPENDENTS ENROLLED IN ANY GOVERNMENTAL INSURANCE? YES NO IF YES, PLEASE COMPLETE BELOW

LIST ALL FAMILY MEMBERS ENROLLED	TYPE OF COVERAGE	EFFECTIVE DATE OR IF MEDICARE COVERAGE, PART A EFFECTIVE DATE	PART B EFFECTIVE DATE (IF APPLICABLE)	MEDICARE ID NUMBER	IS MEDICARE COVERAGE DUE TO: <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD

PLAN DECLARATION

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective and will continue in effect indefinitely beyond that Plan Year unless I make an election change permitted under the Plan. I understand that I may change my elections during the Plan Year only if (i) I experience a "status change", as defined under the Plan, and if my change in elections is consistent with that "status change", (ii) I exercise a Special Enrollment Period Right (as described in the Notice of Special Enrollment Periods below), or (iii) I qualify (under applicable law, as determined by the Plan Administrator) to make another election change because of certain changes in cost or coverage of a benefit option, or for certain other reasons. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I hereby agree that my payroll deductions will automatically change accordingly unless I submit a new Election Form during the appropriate annual election period to change or terminate that coverage. I also understand, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase the payroll deductions, if any, I am required to make per pay period to pay for that benefit option. I understand further that, except to the extent that I am permitted to make a change under the Plan, the payroll deduction elections I have made above will continue in effect notwithstanding any changes in the features or coverage offered under the benefit options I have elected above.

I understand that my employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, my employer retains the right to amend or terminate coverage under a benefit option. Also, I understand that the employer may modify my elections for health benefit options if required to do so by a Qualified Medical Child Support Order that requires me to provide health coverage for a dependent.

NOTICE OF SPECIAL ENROLLMENT PERIODS

If you are declining enrollment in the Plan's health coverage options for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan's health coverage features if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources representative.

SIGNATURE AND AUTHORIZATION

EMPLOYEE SIGNATURE	PRINT EMPLOYEE NAME	DATE
--------------------	---------------------	------



Simple. Transparent. Versatile.
At Meritain Health®, we're creating unrivaled connections.

Follow us:  @meritainhealth |  Meritain Health

www.meritain.com | © 2025-2026 Meritain Health, Inc.

Meritain Health®
an  **aetna** company