



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

*Important Information regarding
COVID-19 coverage effective July 1, 2023*

SEE PAGE 8 FOR DETAILS

IT'S TIME TO REVIEW YOUR BENEFITS FOR 2023

Enrollment Deadline:
MAY 12, 2023

THE SHIF WILL HOLD A PASSIVE OPEN ENROLLMENT

“Passive” open enrollment means if you are currently enrolled in benefits, your current plan elections will remain in place from July 1, 2023 through June 30, 2024, unless you elect to make a change.

To obtain enrollment forms to make a change, please contact your Benefits Administrator.

WHAT IS THE SCHOOLS HEALTH INSURANCE FUND (SHIF)?

The SHIF was established to provide public school districts with a platform to purchase health insurance coverage in a shared-services environment.



ENROLLMENT INSTRUCTIONS

You must complete an enrollment form and return it to your benefits administrator by **May 12, 2023** if:

- You wish to add coverage for an eligible dependent
- You are currently enrolled and wish to terminate coverage for yourself or a covered dependent
- You would now like to elect coverage for yourself and your eligible dependent(s) in your employer's health benefits effective on July 1, 2023
- You are an employee, non-Medicare retiree or COBRA participant that is currently enrolled in coverage and you wish to change your current plan elections, effective July 1, 2023

QUALIFIED LIFE EVENTS

You cannot make changes to your elections or covered dependents during the plan year unless you experience a **qualified life events**. To make a change, you must contact your personnel department **within 60 days of the event**. Qualified life events include:

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

ID CARDS

New ID card will only be issued if you making changes to your plan elections for 2023.

BENEFITS CONTACTS & RESOURCES



QUESTIONS REGARDING

CONTACT

PHONE NUMBER

WEBSITE/ADDRESS

Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.

Please contact your entity's Human Resources/Benefits Office

Medical Benefits - Aetna

Benefit questions, claims, locating a provider, printing new ID Cards

Aetna

800.370.4526

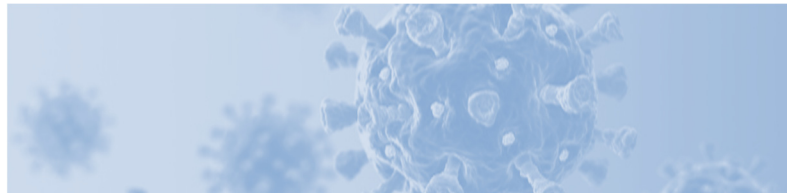
www.aetna.com

Dental Benefits

Please see the reverse side of your ID card

All plans above may not be offered by your employer. If you are not sure in which plan you are enrolled and/or eligible to elect, please refer to your ID card or contact your employer.

COVID-19 RESOURCES



STATE OF NJ


- **www.covid19.nj.gov** - For up-to-date information, resources, and guidance on questions about getting tested for COVID-19, contact tracing and, traveling to or from State of New Jersey.
- **www.covid19.nj.gov/vaccine** - For up-to-the-minute information on vaccine distribution.

STATE OF PENNSYLVANIA: **www.health.pa.gov** - Up-to-the-minute information on vaccine distribution.

AETNA: **<https://www.aetna.com/individuals-families/member-rights-resources/covid19.html>**

CONNER STRONG & BUCKELEW: **<https://www.connerstrong.com/insights/covid-19-resource-center>**

Comprehensive database of COVID-19 resources available to all Fund members.



HOW TO FIND IN-NETWORK PROVIDERS

TO FIND PARTICIPATING AETNA PROVIDERS:

- **STEP 1:** Visit Aetna’s website at www.aetna.com
- **STEP 2:** At the middle of the of the webpage on the right, click on “**Find A Doctor**”
- **STEP 3:** On right side of page under Guest, select “**Plan from an employer**” (1st choice on the list)
- **STEP 4:** Under Continue as a Guest, enter your zip code, city, state or county
- **STEP 5:** You will be asked to “**Select a Plan**”. Use the Key below to help you make the correct selection:

IF YOU’RE ENROLLING IN...	DOCFIND PLAN SELECTION IS...
Aetna Choice POS II Plans (POS II, NJEHP)	Category Heading = <u>Aetna Open Access Plans</u> Plan Name = Aetna Choice POS II (Open Access)
Aetna HMO	Category Heading = <u>Aetna Standard Plan</u> Plan Name = HMO
Aetna Garden State Plan (SI GSHP AWH CPII Docfind Lookup: CLICK HERE)	Category Heading = <u>Aetna Whole Health Plan</u> Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II

SAVE TIME AND MONEY!

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

KNOW WHERE TO GET CARE

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

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



HOW TO ACCESS TELEMEDICINE 24/7

\$0 COST TELEMEDICINE VS. VIRTUAL OFFICE VISITS

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

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

TELADOC

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



CVS MINUTE CLINICS AND HEALTH HUBS*



CVS Minute Clinics offer a broad range of services to keep you and your family healthy. In addition to diagnosing and treating illnesses, injuries and skin conditions, they provide wellness services including vaccinations, physicals, screenings and monitoring for chronic conditions.

- Located in select CVS pharmacies and Target stores nationwide
- No appointment necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family doctor
- Open seven days a week with convenient evening hours

CVS MINUTE CLINIC PRACTITIONERS CAN:

- Treat common illnesses, like strep throat, ear ache, pink eye and sinus infection
- Treat minor injuries and skin conditions
- Provide vaccinations such as flu, pneumonia and hepatitis A/B
- Write prescriptions when appropriate
- Treat patients 18 months and older



CVS® HealthHUB offers an expanded range of health services and wellness products for everyday care and chronic conditions. To learn more or to find a HealthHUB location, visit [CVS.com/HealthHUB](https://www.cvs.com/HealthHUB).

HEALTH HUBS OFFER THE FOLLOWING SERVICES:

- Nutritional Counseling
- Durable Medical Equipment
- A Health Concierge
- Enhanced Minute Clinic service offerings
- Enhanced Pharmacist counseling services
- Community programs and meeting spaces

*** *Prior to visiting a Minute Clinic or Health Hub, please check with your medical insurer to find out which facilities in your area may be participating with your plan.***

GET TO KNOW GUARDIAN NURSES



Struggling with a healthcare issue?

TAKE ADVANTAGE OF THIS UNION BENEFIT

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

GUARDIAN NURSES CAN:

- **VISIT YOU AT HOME** or in the hospital to assess your care needs.
- **GO WITH YOU** to see doctors, to ask questions and to get answers.
- **BE YOUR GUIDE**, coach and advocate for any healthcare issue.
- **MAKE APPOINTMENTS** so you can be seen as quickly as possible.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **RESOLVE PROBLEMS** with billing, claims and health insurance.
- **GET THINGS YOU NEED** such as healthcare equipment.
- **PROVIDE DECISION SUPPORT** when considering treatments or surgery.
- **EXPLAIN A NEW DIAGNOSIS** to help you make informed decisions.

WHO IS ELIGIBLE?

The services of our Mobile Care Coordinator Nurses are available to members of the Schools Health Insurance Fund and their covered dependents. **All services are offered at no charge to you and are confidential.**



To request help from our Mobile Care Coordinator or the team at Guardian Nurses, call **609.703.0623** or **609.414.6093**.

MAXIMIZE YOUR BENEFITS



ALWAYS CONSIDER YOUR IN-NETWORK OPTIONS FIRST

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

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

TO LOCATE PARTICIPATING IN-NETWORK PROVIDERS:

- **Aetna Participants:** Visit www.aetna.com and select “Find a Doctor.”

MAKE SURE YOU ARE USING IN-NETWORK LABS

- **Aetna Participants** may use either **Quest Diagnostics** or **LabCorp** for lab work.

*** Please Note: COVID-19 vaccines, including boosters are covered at \$0 copay at in-network locations only. COVID-19 At Home Testing Kits are not covered by the plan. Members are responsible for the full cost of the kits. Diagnostic COVID-19 testing at labs and other providers will remain covered but will be applied at the appropriate cost share.**

IN-PATIENT OR OBSERVATION:

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

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

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

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

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

LEGAL NOTICES

Availability of Summary Health Information

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

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

Patient Protection and Affordable Care Act

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

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

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

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

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

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

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

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

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

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-561-1162 Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

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

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

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

LEGAL NOTICES

LOUISIANA – Medicaid

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

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 617-886-8102

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

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

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid and CHIP

Website:
<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA – Medicaid

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

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>
<https://www.coverva.org/en/famis-select>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

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

