

2026 NEW HIRE GUIDE





INTRODUCTION

Gloucester Township strives to offer you and your dependents a comprehensive benefits package. This year is no exception. We encourage you to take the time to educate yourself about the benefit options available to you.

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ELIGIBILITY & MAKING PLAN CHANGES



WHO IS ELIGIBLE?

If you are a Gloucester Township full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this Guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Your spouse (with proof of marriage), Civil Union, or Domestic Partner
- Your child(ren), step-child(ren), grandchild(ren) (proof of guardianship required), adoptive child(ren), child(ren) placed with you in anticipation of adoption, (child(ren) for whom you are the legal guardian, child(ren) who is an alternate recipient under a qualified medical support order. Your eligible child dependent(s) are covered until the end of the year (12/31) in which they attain age 26..
- A child(ren) who is totally disabled and relies on you for care and is covered under the Plan as an eligible dependent at the time he or she reaches age 26, may be covered beyond age 26.
- Individuals who are losing other coverage. An employee or dependent who is eligible, but not enrolled in this Plan, may enroll if they experience a qualified change in status.

MAKING PLAN CHANGES

Unless you experience a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified status changes include: marriage, divorce, legal separation, birth or adoption of a child, change in a child's dependent status, death of spouse, child, or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in your spouse's benefits or employment status.

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a "special enrollment period", which is usually the 31-day period following the date that other coverage was lost, due to a qualified change in status.

You must notify Human Resources within 31 days of experiencing a qualified status change.

MEDICAL PLANS: AETNA



Eligible employees and their eligible family members have the option of the below Aetna medical plans.

	AETNA CHOICE POS II PLAN F (BASE PLAN)		AETNA CHOICE POS II PLAN C (BUY-UP PLAN)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible				
Individual/Family	\$100 / \$200	\$200 / \$500	\$100 / \$200	\$100 / \$200
Out-of-Pocket Maximum				
Individual/Family	\$800 / \$1,600	\$3,000 / \$10,000	\$400 / \$800	\$400 / \$800
Preventive Care Services	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 80%*
Primary Care Physician (PCP) Required?	No	N/A	No	N/A
PCP Office Visit	\$20 copay	Plan pays 70%*	\$10 copay	Plan pays 80%*
Specialist Office Visit	\$30 copay	Plan pays 70%*	\$10 copay	Plan pays 80%*
Diagnostic Laboratory				
LabCorp	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 80%*
Outpatient Facility				
Diagnostic X-Ray				
Outpatient Facility	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 80%*
Emergency Room		\$100 copay		Plan pays 100%
Urgent Care Center	\$30 copay	Plan pays 70%*	\$10 copay	Plan pays 80%*
Inpatient Hospital	Plan pays 100%	\$500 copay per admission and Plan pays 70%*	Plan pays 100%	Plan pays 80%*
Outpatient Surgery	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 80%*

* After deductible

Note: Employee contributions will vary based on plan option and tier elections. See Human Resources for contribution schedules.

Don't Forget! Preventive Care Services are covered 100% in-network—no copays or coinsurance!

MEDICAL PLANS: AETNA

Eligible employees and their eligible family members have the option of the below Aetna medical plans.

Medical Plans	AETNA CHOICE POS II HIGH-Deductible Health Plan (HDHP)**		AETNA CHOICE POS II BASIC PLAN
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Deductible Individual/Family	\$1,700 / \$3,400		None
Out-of-Pocket Maximum*** Individual/Family	\$2,700 / \$5,400	\$3,700 / \$7,400	\$7,500 / \$15,000
Primary Care	Plan pays 80%*	Plan pays 60%*	\$35 copay
Specialist	Plan pays 80%*	Plan pays 60%*	\$50 copay
Preventive	Plan pays 100%	Not Covered	Plan pays 100%
Diagnostic & Imaging Diagnostic Laboratory and X-rays Complex Imaging	Plan pays 80%*	Plan pays 60%*	\$40 copay \$100 copay
Outpatient Surgery	Plan pays 80%*	Plan pays 60%*	\$150 copay in office \$200 copay in non-office
Emergency Room	Plan pays 80%*		\$425 per day per facility
Urgent Care	Plan pays 80%*	Plan pays 60%*	\$50 copay
Hospital Stay	Plan pays 80%*	Plan pays 60%*	\$250 copay for outpatient care per day per facility \$425 per day copay for inpatient care; up to \$2,975 per admission (Precertification required)

*After deductible

**Please note that if you elect the HDHP, Gloucester Township will deposit \$850 (Single) or \$1,700 (Family) into a Health Savings Account (HSA) for 2026.

***Each family member on this plan must meet their own out-of-pocket maximum until the overall family out-of-pocket maximum has been met.

Don't Forget! Preventive Care Services are covered 100% in-network—no copays or coinsurance!

HEALTH SAVINGS ACCOUNT (HSA): **INSPIRA**

If you choose to elect the High-Deductible Health Plan (HDHP), Gloucester Township will automatically contribute \$850 (Single) or \$1,700 (Family) to a Health Savings Account (HSA) with Inspira!



WHAT IS AN HSA?

A Health Savings Account is a pre-funded, tax-advantaged savings account used to help pay for eligible medical expenses, such as doctor's visits, medications and more. With a High-Deductible Health Plan (HDHP), the HSA can be used to cover part of your deductible, making it easier to afford out-of-pocket costs before insurance starts paying.

HSA TRIPLE TAX SAVINGS

- Contributions are made pre-tax
- HSA accrues tax-free interest and investment earnings
- Distributions are made tax-free when used for qualifying expenses

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

You may match Gloucester Township's HSA contribution of **\$850 (Single) or \$1,700 (Family)**. If you choose to match the Township's contribution, your account will have \$1,700 (Single) or \$3,400 (Family) for 2026.

ARE HSA FUNDS USE IT OR LOSE IT?

Money added to your HSA rolls over year over year and is **never** forfeited. There is no use-it-or-lose-it rule for HSAs.

IMPORTANT! Please note that due to IRS rules, employees enrolled in the HDHP with HSA cannot enroll in a Medical Flexible Spending Account. However, you may still participate in the Dependent Care FSA as outlined later in this guide.

FINDING AN IN-NETWORK PROVIDER: AETNA

STEP 1: Visit Aetna's website at www.aetna.com

STEP 2: At the top of the webpage, click "**Member Support**", then "**Account Management**". Click on "**Find a Doctor**".

STEP 3: On the right side of the page under the section labeled "**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, and a mile radius you would prefer your provider to be in. Select "**Search**"

STEP 5: You will be asked to "**Select a Plan**". Under the category "**Aetna Open Access Plans**" select the plan, "**Aetna Choice POS II (Open Access)**"

STEP 6: Click "**Continue**" to yield search results



PRESCRIPTION DRUG PLAN: EXPRESS SCRIPTS

If you are enrolled in one of the medical plans, you are automatically enrolled in the prescription drug plan through Express Scripts.



CONSIDER MAIL ORDER PHARMACY DRUG PROGRAM FOR MAINTENANCE MEDICATIONS

Each Maintenance Medication/Drug that will be taken on an ongoing basis must be filled through the Mail Order Pharmacy Drug Program. A Covered Person should request two (2) prescriptions from his or her Physician. The first should be for the thirty (30) day supply that the Covered Person may fill at the Retail Pharmacy.

This will provide the Covered Person with the necessary medications until the Mail Order request can be processed. The second prescription should be for the ninety (90) day supply that may be filled through the Mail Order Pharmacy Drug Program.

SAVE MONEY ON PRESCRIPTIONS

Your plan may prefer some medications over others. These are called preferred drugs. You may pay:

- Lowest copayment/coinsurance for generic drugs
- Higher copayment/coinsurance for preferred brand name drugs
- Highest copayment/coinsurance for non-preferred brand name drugs

Your doctor may be able to help you save money by prescribing generic and preferred brand name drugs, if appropriate.

	AETNA CHOICE POS II PLAN F (BASE PLAN)	AETNA CHOICE POS II PLAN C (BUY-UP PLAN)	AETNA CHOICE POS II HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)		AETNA CHOICE POS II BASIC PLAN
RETAIL PRESCRIPTION (UP TO A 30-DAY SUPPLY)			IN-NETWORK	OUT-OF-NETWORK	
Preferred Generic	\$5 copay	\$5 copay	Plan pays 80%	Plan pays 60%	\$15 copay
Preferred Brand	\$15 copay	\$15 copay	Plan pays 80%	Plan pays 60%	Plan pays 65%
Non-Preferred Brand	\$35 copay	\$35 copay	Plan pays 80%	Plan pays 60%	Plan pays 40%
MAIL ORDER PRESCRIPTION (UP TO A 90-DAY SUPPLY)					
Preferred Generic	\$5 copay	\$5 copay	Plan pays 80%	Plan pays 60%	N/A
Preferred Brand	\$15 copay	\$15 copay	Plan pays 80%	Plan pays 60%	
Non-Preferred Brand	\$35 copay	\$35 copay	Plan pays 80%	Plan pays 60%	

EASIER ACCESS TO MENTAL HEALTH CARE WITH OUR PROVIDER SEARCH

Using smart technology, the Aetna Health app can simplify your provider search and make it easier to find the right care. Different ways to search for care:

PLAIN-LANGUAGE SEARCH

Search using everyday language like **“I feel anxious,”** or **“Find care for depression”** — there’s no need for medical terms.

GUIDED SEARCH EXPERIENCE

Follow step-by-step prompts to refine searches based on symptoms, preferences and care types.

MATCHING TO IN-NETWORK PROVIDERS

Use enhanced technology to compare options and find the right fit.

MENTAL HEALTH AND WELL-BEING VIRTUAL PROVIDERS PAGE

Filter by age, specialty and location. Plus, get access to care in three days or less.

It’s a simpler, faster path to care—built to meet you where you are.

Support is just a tap away!

Log in to your Aetna® member website and find the right care for you.



DENTAL PLAN: DELTA DENTAL OF NJ

Eligible employees have the option of the below Delta Dental plans. Employees selecting Option 2 will be subject to an additional upcharge.

SERVICES	OPTION 1: DELTA DENTAL ADVANTAGE PROGRAM	OPTION 2: DELTA DENTAL ADVANTAGE PROGRAM
Calendar Year Deductible	No Deductible	No Deductible
Calendar Year Maximum (per patient)	\$1,000	\$1,000
Preventive and Diagnostic Exams, cleanings, bitewing x-rays (each twice per calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	100%	100%
Remaining Basic Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	80%	80%
Crowns & Prosthodontics Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	50%
Orthodontia Benefits (child only 19 and below)	Not covered	50%
Orthodontia Lifetime Maximum (per patient)	N / A	\$2,500

FIND A PARTICIPATING DENTIST

To find a participating dentist contact Delta Dental at **800.335.8265** or visit **www.deltadentalnj.com**.



VISION PLAN: NATIONAL VISION ADMINISTRATORS

Medical and prescription drug plan members receive vision coverage through National Vision Administrators (NVA) at no additional cost. For more information or to locate a participating providers, please visit www.e-nva.com.

PLEASE NOTE: This vision benefit is available to all Township employees with the exception of the Department of Public Works.

NVA ESSENTIAL PLUS PLAN

SERVICES	IN-NETWORK (MEMBER PAYS)
Eye Exam	
In-Network	\$5 copay
Out-of-Network	Covered up to \$35
Frames	35% off retail price
Lenses	
Single Vision Lenses	\$35
Bifocal Lenses	\$55
Trifocal Lenses	\$70
Lenticular Lenses	\$70
Lens Options	
UV Coating	\$12
Tint (Solid & Gradient)	\$12
Scratch Resistance Coating	\$15
Polycarbonate	\$35
Anti-Reflective	\$45
Polarized	\$75
Transitions	\$65-\$70
Progressive	\$50
Other Add-On Services	20% off retail price
Contact Lenses	
Conventional	15% off retail price
Disposable	10% off retail price
Fitting & Follow-Up	10% off retail price
Frequency	
Vision Exam	Once every 12 months
Lenses	Unlimited
Frames	Unlimited



GET DISCOUNTS ON MAIL ORDER CONTACT LENS!

NVA has partnered with Contact Fill, L.L.C. Mail Order Contact Lens Replacement Program to offer additional discounts on contact lenses. Visit www.contactfill.com or call 866.234.1393 to take advantage of these discounts as a NVA member. Use the code SHIP18 for free shipping on your first order.

BONUS! Use your FSA to purchase contacts with pre-tax dollars.

FLEXIBLE SPENDING ACCOUNTS (FSA): WEX

Gloucester Township provides you with the opportunity to pay for out-of-pocket medical, dental, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSAs).

HEALTHCARE FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. The annual maximum amount you may contribute is **\$3,400**. The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

CARES ACT AND QUALIFYING MEDICAL EXPENSES

Under the CARES Act, the definition of a qualifying medical expense now includes certain over-the-counter medications and products. Specifically, the act treats additional over-the-counter medications, along with menstrual care products, as qualified medical expenses that may be paid for using FSAs or other tax-advantaged accounts.



DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is **\$7,500** (or **\$3,750** if marrieds and filing separately) per calendar year. The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)
- Au Pair
- After school programs

HOW MUCH SHOULD I CONTRIBUTE?

Contributions to your FSA come out of your paycheck before any taxes are taken out. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses in a plan period. If you do not use the money you contribute it will not be refunded to you and is carried forward to a future plan year. This is the use-it-or-lose-it rule.

USE IT OR LOSE IT!

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year does not rollover and must be forfeited, per IRS regulations. You can avoid forfeitures by carefully reviewing your prior year's expenses and planning only for predictable costs.

BENEPORTAL: ADDITIONAL RESOURCES

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

BENEPORTAL

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

Visit www.gloucestertwpbenefits.com to access your benefits information today!

BenePortal features include:

- Secure online access - NO login required
- Mobile optimized site
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms and flyers
- GoodRx
- Benefit Perks Discount Program
- And more!



BENEFITS MAC: ADDITIONAL RESOURCES

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

You can contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via the web:
www.connerstrong.com/memberadvocacy
- Via email: cssteam@connerstrong.com
- Via fax: **856.685.2253**

Member Advocates are available **Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)**. After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

CARRIER CONTACTS



PLAN	CARRIER/VENDOR NAME	PHONE NUMBER	WEBSITE
Medical	Aetna	800-370-4526	www.aetna.com
Prescription	Express Scripts	800-711-0917	www.express-scripts.com
Dental	Delta Dental of NJ	800-452-9310	www.deltadentalnj.com
Vision	National Vision Administrators (NVA)	800-672-7723	www.enva.com
HSA Account	Inspira	844-729-3539	inspirafinancial.com
FSA Accounts	WEX (Benefit Express)	877-837-5017	www.myfsaexpress.com
Voluntary Benefits	Aflac	800-992-3522	www.aflac.com
Member Advocacy	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy

LEGAL NOTICES

Patient Protection and Affordable Care Act

Please note: the Gloucester Township medical plans are considered compliant with the Patient Protection and Affordable Care Act.

Gloucester Townships reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption 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 new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such

assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources at 856-228-4007.

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 July 31, 2025. Contact your State for more information on eligibility –

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

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

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

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

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

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

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

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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

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

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

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

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

LEGAL NOTICES

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: <http://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 HIPPI program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

West Virginia – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your fGloucester Township, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your fGloucester Township) is more than 9.5%

of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Township of Gloucester	4. Employer Identification Number (EIN) 52-1270921	
5. Employer Address 1261 Chews Landing Road	6. Employer phone number 856-228-4007	
7. City Laurel Springs	8. State NJ	9. Zip Code 08021
10. Who can we contact about employee health coverage at this job? Carla Geppi		
11. Phone number (if different from above) 856-302-7071	12. Email address cgeppi@glotwp.com	

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



Gloucester Township reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. If you have any questions about your Guide, please contact Human Resources.