2025 EMPLOYEE BENEFITS GUIDE

OPEN ENROLLMENT IS FROM MAY 1, 2025 THROUGH MAY 15, 2025.
FOR PLAN YEAR: JULY 1, 2025 THROUGH JUNE 30, 2026.
Your current coverage will remain unless you want to make changes.

Great News! There is only one plan change this year, Teladoc will be replaced by CVS Health Virtual Care. We are happy to announce there will be NO INCREASE TO EMPLOYEE PREMIUM CONTRIBUTIONS EFFECTIVE JULY 1, 2025.

As a staff member of the Y.A.L.E. Schools of NJ, we are pleased to offer you a comprehensive and ***incredibly competitive benefits program*** *to include Medical, Dental, Life, Long-Term Disability, Telemedicine, and a Flexible Spending Account (FSA) benefit. This guide has been created to assist you in learning about the options available to you. You can access all plan information, including an informative video on our benefits website:* ***www.yalebenefitsnj.com****. We encourage you to take some time to educate yourself on these benefits to choose the coverage the best suits you and your family's needs.*

Rising health care costs continue to be a concern throughout the industry and Y.A.L.E. will make every attempt to continue offering the current level of fringe benefits. In order to do so, we ask and encourage employees to consider utilizing CVS Health Virtual Care (on-demand virtual providers), Aetna in-network providers, local urgent care centers versus an emergency room, and to fill Generic prescriptions over Brand name drugs all in an effort to reduce out-of-pocket expenses.

Y.A.L.E. School's insurance employee premiums are amongst the lowest for your ***SINGLE*** *coverage. You are able to enroll your dependents onto our plan with an additional premium costs to you. These premiums will be deducted from your semi-monthly paycheck based on 12 months. The premium rates will be determined by your employment start date, medical plan election, and whether you are selecting single or family coverage. The contribution table that shows what you might expect to pay in monthly premiums can be requested at any time through the business office via* ***abooker@yaleschoolnj.com****. If you currently have a premium contribution, you will receive separate notification of your new contribution rate.*

We also provide a generous annual contribution to your Retirement plan, once you are eligible to become a Participant in the plans first Entry Date after completion of 1 year and 1,000 hours of service. Y.A.L.E. Schools Retirement Plan Descriptions can be found at ***www.yalebenefitsnj.com/retirement-plans****.*

BENEFITS ELIGIBILITY, ENROLLING, RESOURCES AND ASSISTANCE

WHO IS ELIGIBLE?

Y.A.L.E. Schools employees working 28 or more hours per week for medical; 15 or more hours per week for dental and FSA. New Hires are eligible the 1st of the month following 60 days of employment.

Eligible dependents include all of the following:

- Your spouse to whom you are legally married/ your civil union partner
- Dependent child(ren) under the age of 26 (end of birth month) for Medical or age 23 (end of birth month) for Dental, regardless of student status, financial dependence, marital status and/ or residence

ENROLLMENT

All enrollment forms or questions should be directed to Audra Booker at **abooker@yaleschoolnj.com**.

HOW OFTEN CAN I CHANGE PLAN ELECTIONS?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, divorce, civil union partnership status change, legal separation, annulment, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse/ civil union partner, commencement or termination of adoption proceedings, or change in spouse's/civil union partner's employment status. **You must notify Human Resources within 31 days of experiencing a qualified status change.**

BENEPORTAL

Visit **www.yalebenefitsnj.com** to access your benefits information, including plan documents, enrollment forms and videos.

BENEFITS MEMBER ADVOCACY CENTER

If you need assistance with issues arising from payment of claims, questions on bills from a provider, or help resolving problems, please contact the Conner Strong & Buckelew Benefits Member Advocacy Center for assistance:

- Via phone: **800-563-9929**, Monday through Friday, 8:30 am to 5 pm EST
- Via email: **cssteam@connerstrong.com**
- Via the web: **www.connerstrong.com/memberadvocacy**

MEDICAL BENEFITS: AETNA

Below is a summary of the medical benefits for the 2025-2026 benefit period. Details about these plans are on BenePortal.

	HEALTH NETWORK OPTION (HNO) PLAN		AETNA QPOS PLAN	
SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$500 / $1,000	$1,000 / $2,000	$500 / $1,000	$5,000 / $15,000
Coinsurance	Plan pays 100% Plan pays 70% on some services	Plan pays 70%	Plan pays 100% Plan pays 70% on some services	Plan pays 50%
Out-of-Pocket Max Individual / Family	$1,500 / $3,000	$5,000 / $10,000	$1,500 / $3,000	$15,000 / $45,000
Primary Care Physician (PCP) Required?	No	N/A	Yes	N/A
Primary Care Physician (PCP) Office Visit	$20 copay; No deductible	Plan pays 70%*	$20 copay; No deductible	Plan pays 50%*
Specialist Office Visit	$40 copay; No deductible	Plan pays 70%*	$40 copay; No deductible	Plan pays 50%*
Preventive Care	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 50%*
Chiropractic Care	$25 copay; No deductible Limited to 20 visits per calendar year	Plan pays 70%* $1,000 calendar year max	$25 copay; No deductible Limited to 20 visits per calendar year	Plan pays 50%* $1,000 calendar year max
Diagnostic Laboratory and X-Ray	Plan pays 100% (at participating labs)	Plan pays 70%*	Plan pays 100% (at participating labs)	Plan pays 50%*
Inpatient Hospital	Plan pays 70%*	Plan pays 70%*	Plan pays 70%*	Plan pays 50%*
Outpatient Surgery Facility Fee Physician / Surgeon	 Plan pays 70%* Plan pays 70%*	 Plan pays 70%* Plan pays 70%*	 Plan pays 70%* Plan pays 70%*	 Plan pays 50%* Plan pays 50%*
Inpatient Mental Illness/Alcohol and/or Drug Abuse	Plan pays 70%*	Plan pays 70%*	Plan pays 70%*	Plan pays 50%*
Outpatient Mental Illness/Alcohol and/or Drug Abuse	$40 copay per visit; No deductible	Plan pays 70%*	$40 copay per visit; No deductible	Plan pays 50%*
Emergency Room	$100 copay ; No deductible		$100 copay; No deductible	
Urgent Care	$30 copay; No deductible	Plan pays 70%*	$30 copay; No deductible	Plan pays 50%*

* After deductible.

NEW JULY 1ST, 2025

CVS HEALTH VIRTUAL CARE

Telemedicine will transition from Teladoc to CVS Health Virtual Care to all members enrolled in a medical plan with zero additional premium cost to our employees. CVS Health Virtual Care gives you 24/7/365 access to a doctor through convenience of phone or video consults. **YOU CAN SAVE MONEY** by using CVS Health Virtual Care which is covered at 100% no deductible for both general medicine and mental health services. Your Teladoc Account will no longer work after 6/30/2025.

Register today to start saving!

- Visit **www.cvs.com/virtual-care** to create an account and confirm your details. For easy and accessible patient support services, call **1-877-993-4321**.

PRESCRIPTION DRUG PLAN: AETNA

Below is a summary of the prescription drug benefits for the 2025-2026 benefit period. If you elect to participate in one of the medical plans, you are automatically enrolled in the prescription drug plan.

	PRESCRIPTION DRUG PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Deductible	$100 individual/$200 family	Not Covered
Retail (up to a 30-day supply)		
Formulary Generic	$20 copay*	Not Covered
Formulary Brand Name	$40 copay*	
Non-Formulary Brand Name and Generic	$70 copay*	
Mail-Order (up to a 90-day supply)		
Formulary Generic	$40 copay*	Not Covered
Formulary Brand Name	$80 copay*	
Non-Formulary Brand Name and Generic	$140 copay*	

* After deductible.

SAVE MONEY BY USING MAIL ORDER

You can fill your maintenance prescriptions at participating retail pharmacies and receive up to a 30-day supply OR you can use the mail-order service and receive up to a 90-day supply. This means that, if you use mail order, you can receive a 3 month supply of medication for the cost of 2 months. To begin using mail-order, visit **www.aetna.com** for enrollment forms.

DENTAL PLAN: HORIZON

The dental benefit is administered through Horizon Blue Cross Blue Shield. To find a participating dentist in your area, please visit **www.horizonblue.com/directory** or call **800-4-DENTAL(433-6825)**.

	HORIZON PPO ACCESS DENTAL PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	$0	N/A
Family	$0	
Calendar Year Maximum	N/A	N/A
Diagnostic & Preventive Exams, Cleanings, X-Rays, Amalgam (silver fillings), Space Maintainers	Plan pays 100% NO deductible	Plan pays 100% Employee is responsible for any charges above the Horizon Dental PPO Plan Allowance*
Remaining Basic	Employee is responsible for paying the reduced Horizon Dental PPO Plan allowance to participating dentist	Not Covered
Major Restorative	Employee is responsible for paying the reduced Horizon Dental PPO Plan allowance to participating dentist	Not Covered

* Employee must also pay dentists at the same time of service and submit claims for reimbursement.

LIFE & DISABILITY, FLEXIBLE SPENDING ACCOUNTS

LIFE AND AD&D INSURANCE

Life and AD&D insurance offers protection from life's unforeseen events, giving you and your family assets to help ensure that immediate expenses and other long-term obligations can be met. Y.A.L.E. Schools provides this benefit through SunLife in the lesser amount of $750,000 or three times your annual salary. Benefits are reduced to 50% at age 75. Your coverage ends at termination of employment or retirement.

Y.A.L.E. pays for this policy for all eligible employees. It is very important to complete a Beneficiary Form and keep it current to assure the person(s) you want listed is correct.

LONG-TERM DISABILITY INCOME INSURANCE

Also offered through SunLife, is paid by Y.A.L.E. for eligible employees. Long-Term Disability replaces part of your income if you can't work due to a covered disability. If your claim is approved, you will receive payment monthly of 66.67% of your total monthly earnings, up to $15,000 each month.

SPENDING ACCOUNTS

Flexible Spending Account (FSA) and Dependent Care FSA are offered to eligible employees. This benefit allows you to set aside money, pre-tax, through payroll deductions, to pay for qualified health care or dependent care expenses. The FSA plan year runs on a calendar year basis from January 1st through December 31st. The maximum FSA contribution for 2025 is $3,300.

The Dependent Care FSA is a great way to pay for dependent care expenses for qualifying dependents. You may set aside a maximum of $5,000 per year if you are married and filing a joint return, or $2,500 per year if you are married filing separately.

RETIREMENT PLAN: JOHN HANCOCK

Don't miss the opportunity to receive your share of Y.A.L.E. School employer-paid retirement contributions and start saving toward your future. You are eligible to enroll during the semi-annual eligibility period (7/1 or 1/1) after completing one year of service and 1,000 hours.

Please note: Your effective date will either be January 1st or July 1st depending on when your anniversary falls.

THE RETIREMENT PLAN IS COMPRISED OF TWO PARTS:

1. **Profit Sharing Pension Plan** - Employer contributes to this account
2. **401(k) Retirement Plan** - Employee contributes to this account

It's never too early to start saving for your retirement. Even if you choose NOT to contribute toward the 401(k) plan, **you must enroll in the Retirement Plan in order to receive Y.A.L.E. School's Profit Sharing Pension Plan contribution**.

The Profit Sharing Pension Plan essentially is FREE MONEY - all you have to do is enroll!

Summary Plan Descriptions (SPDs) are located on the on Y.A.L.E. School benefits portal at **www.yalebenefitsnj.com**. They can be found under the **"retirement plans"** section.

QUESTIONS?

For your specific plan name or if you have any questions regarding the enrollment process or the plan email Malerie McCarren **mmccarren@yaleschoolnj.com** or call **609-654-7222 x 121**.

HOW TO ENROLL AND WHAT TO EXPECT ONCE YOU ARE ELIGIBLE:

Call John Hancock to complete the enrollment at **855-543-6765**. You will need the following information to enroll:

- Contract number: **21236**
- Enrollment access number: **363350**
- Once you have begun the enrollment process with John Hancock you will be instructed by John Hancock to send your enrollment form to Malerie McCarren. Y.A.L.E. School will verify your enrollment and approve your eligibility.
- Just prior to your effective date, you will receive a reminder from Malerie McCarren to register your personal John Hancock username and password at **www.myplan.johnhancock.com**.
- You will need to complete and return a beneficiary form to Malerie McCarren at **mmccarren@yaleschoolnj.com**. This form will need to include: beneficiary name, relationship, phone number, and address.

LEGAL NOTICES

HIPAA/CHIP Special Enrollment Notice

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. 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). If you request a change within the applicable timeframe, 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. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

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 Audra Booker in Human Resources at 609-654-7222 extension 114 .

Newborns' and Mothers' Notice

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.

Patient Protection Model Disclosure

The Aetna QPOS Flex Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Aetna (the plan administrator) designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Aetna at 800-542-1827.
For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna at 800-542-1827.

Section 125

Certain benefits described in this guide may be purchased with pre-tax payroll dollars as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually increase your spendable income.

HIPAA

The Company is HIPAA compliant. For more information regarding HIPAA, refer to your HIPAA Privacy Notice or contact Audra Booker at 609-654-7222 extension 114.

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.

Y.A.L.E. Schools offers a series of health coverage options. A Summary of Benefits and Coverage (SBC) can be found on the BenePortal website at www.yalebenefitsnj.com or by requesting one from Audra Booker in Human Resources. These documents summarize important information about all health coverage options in a standard format. Please contact Audra Booker if you have any questions or would like a hard copy of your SBC.

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, 2024. 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)

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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://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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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/fss/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: 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: 1-800-967-4660

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: KIHIPP.PROGRAM@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: www.mymaineconnection.gob/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: 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: 1-573-751-2005

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

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

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 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 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: https://www.pa.gov/en/agencies/dhs/resources/chip.html
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

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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: 1-800-562-3022

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
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/ and 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 July 31, 2024, 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

Model General Notice of COBRA Continuation Coverage Rights

Introduction
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage? COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation

coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

YALE School, Inc.
10-A Jennings Road
Medford, NJ 08055
Audra Booker
609-654-7222 ext. 114

Important Notice from Y.A.L.E. Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Y.A.L.E. Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Y.A.L.E. Schools has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

PRESCRIPTION DRUG PLAN

	In-Network	Out-of-Network
Deductible		
Individual	$100	Not Covered
Family	$200	
Retail (up to a 30-day supply)		
Formulary Generic	$20 copay*	Not Covered
Formulary Brand-Name	$40 copay*	
Non-Formulary Brand-Name and Generic	$70 copay*	
Mail-Order (up to a 90-day supply)		
Formulary Generic	$40 copay*	Not Covered
Formulary Brand-Name	$80 copay*	
Non-Formulary Brand-Name and Generic	$140 copay*	

*After deductible

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Y.A.L.E. Schools coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Y.A.L.E. Schools coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Y.A.L.E. Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact Audra Booker at 609-654-7222 ext. 114. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Y.A.L.E. Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

INSURANCE MARKETPLACE NOTICE

PART A: General Information
When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, 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 our 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 began 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 family) 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 YALE School, Inc.		4. Employer Identification Number (EIN) 22-2120871
5. Employer Address 10-A Jennings Road		6. Employer phone number 609-654-7222 x 114
7. City Medford	8. State NJ	9. Zip Code 08055
10. Who can we contact about health coverage at this job? Audra Booker		
11. Phone number (if different from above) 609-654-7222 ext. 114	12. Email address abooker@yaleschoolnj.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.