



2024 EMPLOYEE BENEFITS GUIDE

**OPEN ENROLLMENT IS FROM MAY 1, 2024 THROUGH MAY 31, 2024.
FOR PLAN YEAR: JULY 1, 2024 THROUGH JUNE 30, 2025.**
Your current coverage will remain unless you want to make changes.

Great News! In addition to there being no plan changes, we are happy to announce there will be NO INCREASE TO EMPLOYEE PREMIUM CONTRIBUTIONS EFFECTIVE JULY 1, 2024.

*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, Teladoc, 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 Teladoc (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 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.

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 2024-2025 benefit period. Details about these plans are on BenePortal.

SERVICES	HEALTH NETWORK OPTION (HNO) PLAN		AETNA QPOS PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible				
Individual	\$500	\$1,000	\$500	\$5,000
Family	\$1,000	\$2,000	\$1,000	\$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	\$1,500	\$5,000	\$1,500	\$15,000
Family	\$3,000	\$10,000	\$3,000	\$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	Plan pays 70%*	Plan pays 70%*	Plan pays 70%*	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 70%*

* After deductible.

Did you know? Preventive Care Services are covered 100% in-network, with no copay - no matter which medical plan you choose!

PRESCRIPTION DRUG PLAN: AETNA

Below is a summary of the prescription drug benefits for the 2024-2025 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*	
Formulary Brand Name	\$40 copay*	Not Covered
Non-Formulary Brand Name and Generic	\$70 copay*	
Mail-Order (up to a 90-day supply)		
Formulary Generic	\$40 copay*	
Formulary Brand Name	\$80 copay*	Not Covered
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		Plan pays 100%
Exams, Cleanings, X-Rays, Amalgam (silver fillings), Space Maintainers	Plan pays 100% NO deductible	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, TELEMEDICINE, 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.

TELEMEDICINE

Telemedicine is provided through Teladoc to all members enrolled in a medical plan with zero additional premium cost to our employees. Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. **YOU CAN SAVE MONEY** on copays using Teladoc!

Register today to start saving!

Visit www.teladoc.com and click "Get Started Now". You can also call **800-TELADOC (835-2362)** or download the Teladoc Mobile App from the App Store or Google Play.

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 2024 is \$3,200.

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 after completing one year of service and 1,000 hours. 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 January 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.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: 678-564-1162, 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: 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: 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/mashealth/pa>
 Phone: 1-800-862-4840 TTY: 711
 Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/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: HSHIPPProgram@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://dhcfnv.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: <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

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
 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

LEGAL NOTICES

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

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://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 January 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

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, 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.

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.

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

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.

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).

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).

Date: July 1, 2024
Name of Entity/Sender: Y.A.L.E. Schools/Audra Booker
Address: 10-A Jennings Road, Medford, NJ 08055
Phone Number: 609.654-7222 ext. 114

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.



Y.A.L.E. Schools 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.