

TOWNSHIP OF OCEAN BOARD OF EDUCATION

Summary of Employee Benefits 2023-2024

STATE HEALTH BENEFITS CHANGED JANUARY 1, 2021

PURSUANT TO P.L. 2020 CHAPTER 44 (C.52:14-17,46,11)

ALL NEW HIRERS MUST BE ENROLLED IN NIEHP OR AETNA GARDEN STATE			
MEDICAL PLAN SUMMARY		NIEHP - Local Education Employees	
Service - NJ Educator's Health Plan	In-Network	Out-of-Network	
Lifetime Maximum	Unlimited	Unlimited	
Annual Deductible (Jan 1st - Dec 31st)	None	\$350 per individual / \$700 per family	
Hospital Facility	None	\$350 per individual / \$700 per family	
Professional	None	\$350 per individual / \$700 per family	
Annual Out-of-Pocket Maximum:			
Single	\$500	\$2,000	
Family	\$1,000	\$5,000	
Office Visits	\$10 primary care co-pay; \$15 specialist co-pay	Deductible & 70%	
Maternity Care	100%	Deductible & 70%	
Maternity Hospital Care	100%	Deductible & 70%	
Medical Emergency	\$125 co-pay	Deductible & 70%	
Supplemental Services			
Oxygen & Administration	90%; no co-payment	Deductible & 70%	
Private Duty Nursing	90%; no co-payment	Deductible & 70%	
Blood Charges	90%; no co-payment	Deductible & 70%	
Durable Medical Equipment	90%; no co-payment	Deductible & 70%	
NOTE: SIXTY DAY WAITING PERIOD REQUIRED BY THE STATE HEALTH BENEFITS PROGRAM FOR ALL NEW EMPLOYEES. THIS INCLUDES UNLIMITE HEALTH CARE.			
OTHER MEDICAL PLANS			
STATE HEALTH BENEFIT PLAN - Local Education Employees			
Comparison Sheet of all plans	https://www.state.nj.us/treasury/pensions/documents/healthbenefits20230901.pdf		
Summary Program Description	http://www.state.nj.us/treasury/pensions/documents/juabookbooks/060505.pdf		
Horizon	www.horizonblue.com/stop 1-800-414-7427		
Prescription Plan			
Required Co-Payments	Generic Drugs - \$5 co-payment Brand Drugs - \$10 co-payment * mandatory generic provision applies Mail Order - \$10 generic/\$20 for 90 day supply *mandatory generic provision applies		
Dental Plan			
Service	What is Included?	Coverage	
Preventive and Diagnostic Care	Exams, cleaning, fluoride treatments, x-rays, etc.	80%	
Therapy/Treatment Services	Extractions, fillings, on-lays & single crowns, root canals, periodontic care, oral surgery	80%	
Prosthetics	Removable partial or complete dentures, bridges and retainer crowns	50%	
Orthodontic Benefits	Adult & child	\$1,150 lifetime max.	
Minimum Yearly Limit	For covered member	\$1,250 per year (Jan 1st - Dec 31st)	
Vision Care Plan			
Service	What is Included?	Coverage	
Eye exams, eyeglasses, contacts	100% of out-of-pocket expenses for the employee & any dependents	\$150 annual max (July 1-June 30)	
Types of Insurance Available	Semi-Monthly Payroll	Premium Deductions	
Single (Employee Only)	Due to the changes to Health Insurance per Chapter 2 P.L. 2010 premium rates that are charged vary with each employee.		
Member & Spouse/Civil Union/Domestic Partner			
Family Coverage			
Domestic Child Coverage			
Cafeteria (Section 125) Un-reimbursed Medical and Dependent Care Plan			
Service	What is Included?	Coverage	
Un-reimbursed Medical Plan	Medical, dental, prescription, vision care, orthodontic, physical therapy, chiropractics, acupuncture, psychotherapy, or any other health expense as outlined in the Cafeteria Plan.	\$2,700 annual maximum via a pre-tax payroll deduction from employee's salary	
Dependent Care Plan	Care of a dependent incurred so the employee & spouse can work or look for work. Overnight camps excluded - Additional qualifications outlined in the Cafeteria Plan.	\$2,500 or \$5,000 max via a pre-tax payroll deduction from employee's salary	
Defined Health Care Coverage			
Service	Employees, who can attach to alternate health coverage and wish to decline the district's health coverage, shall receive alternate compensation of \$2,500.00 per annum. Please understand that as per state guidelines you are not eligible to receive the incentive if your other coverage is with the SHBP or SEHBP. Payment will be made semi-annually on the last pay date in December and June. Payments will be added to the employee's regular paycheck, and will be reported for reinsurance election this option after July 1st of any particular fiscal year.		
Life Insurance Coverage (TPAF and PERA) - Non-contributors			
Service	What is Included?	Age at Death	Coverage
Teachers Pension and Annuity Fund (TPAF)	As an active member of the TPAF fund, the Ocean Township Board of Education provides non-contributory group life insurance. There is NO cost to the employee.	Any Age	150% of Salary
Contributory Group Life	Paid for by the employee, coverage is required by law for your first 12 months of membership with the TPAF. After 12 months, coverage may be waived by the employee.	Any Age	300% of Salary Base Salary
Please refer to the State of New Jersey Teachers Pension and Annuity Fund member handbook for further details of the non-contributory and contributory group life insurance programs.			
Public Employees Retirement System (PERA)	As an active member of the PERA fund, the Ocean Township Board of Education provides non-contributory group life insurance. There is NO cost to the employee.	Any Age	150% of Salary
Contributory Group Life	Paid for by the employee, coverage is required by law for your first 12 months of membership with the PERA. After 12 months, coverage may be waived by the employee.	Any Age	300% of Salary \$6,000 * Base Salary
Please refer to the State of New Jersey Public Employees Retirement System member handbook for further details of the non-contributory and contributory group life insurance programs.			
Defined Contribution Retirement Program (DCRP)	DCRP member is covered by employer-paid life insurance, payable to designated beneficiaries.	Any Age	150% of Base Salary
NIEA Group Disability Insurance Policies - Employee Funded			
Service	Provider	Contact	Telephone Number
This plan provides for income protection during periods of illness. This is not endorsed or paid for by the Board of Education. You must be a member of the NIEA to be eligible.	Prudential Insurance Company of America	John Magrini	jmagrini@educators-insurance.com 732-918-2000 X 28
See the NIEA Group Disability Insurance Policies member handbook for further details.			
Accidental and Personal Sickness Indemnity Insurance Policies - Employee Funded			
Board Approved providers	Contact	Telephone Number	Web Site Address
AFLAC	Jessica Most	732-687-1909	jessica_most@us.aflac.com
ALL STATE	Dave Rother	732-779-4980	dave@www.aflac.com
ALL STATE	Doug Peterson	732-995-7663	doug@www.aflac.com
LEGACY BENEFITS GROUP	Daniel M. Giusti	215-441-6554	dgiusti@legacybenefitsgroup.com
COLONIAL LIFE	Taylor MacIow	856-242-0293	taylor@coloniallife.com
Tax Sheltered Annuities (403B) Plans - Employee Funded			
Service	Board Approved providers	Contact/Telephone	Web Site Address
A TSA, or 403(b) plan, is a retirement that allows employees of eligible employers to set aside a portion of their net on a pre-tax basis. In addition, until a participant withdraws the money, there funds.	Equitable	Todd Speech	732-696-8445 todd@www.equitable.com
	Equitable	Evette Johnson	908-770-8202 Evette.Johnson@equitable.com
	Equitable	Done Ballard	848-241-5229 dballard@equitable.com
	Metropolitan Life	Keith Berneo	(732)378-4130 kberneo@metlifenj.com
	AIG (was VALIC)	David Cassin	908-470-4114 david.cassin@corporatefinancial.com
	Avipre	Todd Speady	732-696-8445 todd@www.avipre.com
	Ameriprise	Bert Hor	732-970-7540 bert.hor@ameriprise.com
	Teacher's Pension	Diandra Pischetola	646-262-2932 dipischetola@teacherspension.com
	Teacher's Pension	Cory Palazzolo	609-474-1440 Cpalazzolo@teacherspension.com
	VOYA	Anthony DiPietro	732-768-8739 adipietro@voyafinancial.com
	NEA Retirement - Security		
	Benefits	Daniel Phillips	908-807-8043 dphillips@nearetirement.com
	Lincoln Investment	Thomas Price	732-262-1955 tprice@lincolncapital.com
OMNI is our third party administrator-all transactions must go thru their offices	OMNI	1-877-544-OMNI (6664)	https://www.omni403b.com/Participants.aspx

For more details about your pension system, see www.state.nj.us/treasury/pensions