TOWNSHIP OF OCEAN BOARD OF EDUCATION Summary of Employee Benefits 2023-2024 STATE HEALTH BENEFITS CHANGED JANUARY 1, 2021

	SIAIEH	REALTH BENEFITS CE RSUANT TO P.L. 2020 CHAPTER	44 (C.52: 14-17.46	.NUAKY i.13)	1, 2021		
I	ALL NEW HIRES M	UST BE ENROLLED IN N.					
MEDICAL PLAN SUMMARY Service - NJ Educator's Health Plan		In-Network	JEHP - Local I	Education	Employees Out-of-Netw	ork	
Lifetime Maximum		Unlimited	I		Unlimited	J. K.	
Annual Deductible (Jan 1st - Dec 31st): Hospital/Facility		None			\$350 per individual / \$7	700 per family	
Professional Annual Out-of-Pocket Maximum:		None			\$350 per individual / \$7	700 per family	
Single		\$500			\$2,000		
Family Office Visits	\$10	\$1,000 co-pay; \$15 specialist co-pay			\$5,000 Deductible &	701/	
Maternity Care	\$10 primary care	100%			Deductible &	70%	
Maternity Hospital Care Medical Emergency		100% \$125 co-pay			Deductible & Deductible &	70%	
Supplemental Services							
Oxygen & Administration Private Duty Nursing	90%	; no co-payment ; no co-payment			Deductible & Deductible &		
Blood Charges Durable Medical Equipment	90%	; no co-payment			Deductible &	70%	
Durable Medical Equipment	90%	no co-payment	no nice impo noc	rpro m.	Deductible &	70%	
NOTE: SIXTY DAY WAITING PERIOD REQUIRED BY THE OTHER MEDICAL PLANS	INTATE HEALTH BENEFITS PROGRA	STATE HEALT	TH BENEFIT P	LINEDHEAD LAN - Lo	cal Education Employees		
Comparison Sheet of all plans	https://www.state.nj.us/treasury/po	ensions/documents/hb/oe2023/h	a0897.pdf				
Summary Program Description Horizon	http://www.state.nj.us/treasury/per	nsions/documents/guidebooks/ht 1-800-414-7427	0505.pdf				
Prescription Plan	www.nortzonolae.comestop	1-800-414-7427					
Required Co-Payments	Generic Druss - \$5 co-payme Brand Drugs - \$10 co-paymer	nt					
	Brand Drugs - \$10 co-paymer	at * mandatory generic prov	ision applies		r		
Dental Plan	Mail Order - \$10 generic/\$20	101 90 day suppry - manuan	ory generic pros	чин ирр	iies		
Service	What Is Included?				Coverage		
Preventive and Diagnostic Care Therapy/Treatment Services	Exams, cleaning, fluoride treat Extractions, fillings, on-lays &	ments, x-rays, etc.	eriodontic care	oral	80%		
	surgery				80%		
Prosthodontics Orthodontic Benefits	Removable partial or complete Adult & child	dentures, bridges and retaine	er crowns		50% \$1,150 lifetime max.		
Maximum Yearly Limit	Per covered member				\$1,350 per year (Jan 1st - Dec 31:	t)	
Vision Care Plan							
Service Eye exams, eyeglasses, contacts	What Is Included? 100% of out-of-pocket expense	es for the emploses & service	nendentr		Coverage \$150 annual max (July 1-June 30)	1	
Types of Insurance Available	Semi-Monthly Payroll	Premium Deducti	ions		3130 annuar max (July 1-June 30)		
Single (Employee Only)	Due to the changes to Health Is that are charged vary with each	nsurance per Chapter 2 P.L. 2	2010 premium ra	ites			
Member & Spouse/Civil Union/Domestic Partner Family, Coverage	n tnat are charged vary with each	n employee.					
Parent and Child Coverage	1						
Cafeteria (Section 125) Un-reimbursed Service	Medical and Dependent What Is Included?	Care Plan			Coverage		
Un-reimbursed Medical Plan	Madical dantal procesintion a	vision care, orthodontic,			\$2,700 annual maximum via a pre-tax payroll deduction from		
	physical therapy, chiropractics or any other heath expense as	, acupuncture, psychotherapy	,		pre-tax payroll deduction from		
Dependent Care Plan					employee's salary \$2.500 or \$5.000 max via a		
Dependent Care Fran	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.				pre-tax payroll deduction from		
	Additional qualifications outlin	ned in the Cafeteria Plan.			employee's salary		
Declined Health Care Coverage Service							
Employees, who can attest to alternate health co of \$2,500.00 per annum. Please understand that the SHBP or SEHBP. Payment will be made sem	t as per state guidelines you are n si-annually on the last pay date it	not eligible to receive the incer in December and June. Payme	ntive if your othe ents will be adde	er coverage ed to the	e is with		
employee's regular paycheck, and will be prorate	ed for personnel electing this opt	ion after July 1st of any parti	cular fiscal year.				
Life Insurance Coverage (TPAF and PERS Pension s Service	What Is Included?	-			Coverage		
Teachers Pension and Annuity Fund (TPAF)					Age at Death		
Non-Contributory Group Life	As an active member of the TPAF for Board of Education provides non-co- insurance. There is NO cost to the	and, the Ocean Township ontributory group life			Any Age	150% of Salary	
Contributory Group Life	Paid for by the employee, coverage				Age at Death Any Age	Coverage Cost 350% of \$0.004 *	
	your first 12 months of membership with the TPAF. After 12 months, coverage may be waived by the employee.				Any Age	Salary Base Salary	
	Please refer to the State of New Jers			Book			
Public Employees Retirement System (PERS)	for further details of the non-contrib	sutory and contributory group life i	insurance programs	š.			
Non-Contributory Group Life	As an active member of the PERS fu	and, the Ocean Township			Age at Death		
	Board of Education provides non-co insurance. There is NO cost to the					Coverage	
		ontributory group life			Any Age	150% of	
Contributors Comm Life	Paid for by the employee coverage	ontributory group life employee.					
Contributory Group Life	Paid for by the employee, coverage your first 12 months of membership	is required by law for with the PERS. After			Any Age	150% of Salary Coverage Cost 300% of \$0.005 *	
Contributory Group Life	Paid for by the employee, coverage your first 12 months of membership 12 months, coverage may be waived	is required by law for with the PERS. After I by the employee.			Any Age	150% of Salary	
Contributory Group Life	Paid for by the employee, coverage your first 12 months of membership 12 months, coverage may be waived Please refer to the State of New Jers	is required by law for with the PERS. After I by the employee. sey Public Employees Retirement S	ystem member han	dbook	Any Age	150% of Salary Coverage Cost 300% of \$0.005 *	
Contributory Group Life Contributory Group Life Defined Contribution Retirement Program (DCR	Paid for by the employee, coverage: your first 12 mombs of membership 12 months, coverage may be waived Please refer to the State of New Jers for further details of the non-contrib (P)	is required by law for with the PERS. After I by the employee. sey Public Employees Retirement S buttery and contributory group life i	insurance programs	dbook s.	Any Age Age at Death Any Age	150% of Salary Coverage Cost 300% of \$0.005 * Salary Bise Salary	
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Defined Contribution Retirement Program (DCR NJEA Group Disability Insurance Policetrice	Paid for by the employee, coverage your first 12 months of membership your first 12 months, coverage may be waited. Please refer to the State of New Jers for further details of the non-country DCRP member is covered by eddesignated beneficiaries. cles: Employee Funded Provider	is required by law for with the FERS. After I by the employee. ey Public Employees. Retirement S- butory and contributory group life i employer-paid life insurance, p	insurance programs		Any Age Age at Death Any Age Are at Death	150% of Salary Coverage Cost 300% of \$0.005 * Salary Base Salary	
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