



2025

NEW HIRE GUIDE



Haddon Township strives to offer you and your dependents a competitive and comprehensive benefits package. We encourage you to take the time to educate yourself about the benefit options available to you.

PLEASE NOTE:

*Once you have made your elections, you will not be able to change them until the next Open Enrollment period, **unless you experience a qualified change in status** (see page 3 of this guide for more information).*

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Important Enrollment Information

What You Need to Know

Who is Eligible to Elect Benefits?

If you are a Haddon Township full-time employee (working 35 or more hours per week), you are eligible to enroll in the benefits described in this Guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

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

Dependent Age Limit

- **Medical, Prescription, Dental, and Vision:** Child dependents term at the end of the calendar year of their 26th birthday.



Making Plan Changes

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

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

You must notify Human Resources and provide documentation of the qualified life event within 60 days of experiencing a qualified status change.

Medical Plan Options

AmeriHealth Administrators

Eligible employees and their eligible family members have the option of two AmeriHealth medical plans. Haddon Township offers plans that allow you the freedom to use providers in and out-of-network. You are not required to designate a Primary Care Physician (PCP) or obtain referrals.

If you elect either medical plan, you will automatically be enrolled in the corresponding prescription drug plan, which is outlined on page 8.

To find an In-Network provider, go online to www.myahabenefits.com and select the search button underneath **Find A Doctor!** Scroll down to **AmeriHealth-Branded Networks** and select **AmeriHealth Administrators**.

	<i>Point of Service Plan A</i>		<i>Point of Service Plan B</i>	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual/Family	None / None	\$100 / \$200	None / None	\$100 / \$200
Out-of-Pocket Maximum Individual/Family	\$650 / \$1,300	\$2,000 / \$5,000	\$650 / \$1,300	\$2,000 / \$5,000
Preventive Care Services	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70%*
PCP Office Visit	\$5 copay	Plan pays 70%*	\$15 copay	Plan pays 70%*
Specialist Office Visit	\$5 copay	Plan pays 70%*	\$25 copay	Plan pays 70%*
Diagnostic Laboratory	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70%*
Diagnostic X-Ray/Imaging	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70%*
Emergency Room	\$25 copay (waived if admitted)**		\$50 copay (waived if admitted)**	
Urgent Care Center	\$5 copay	Plan pays 70%*	\$15 copay	Plan pays 70%*
Inpatient Hospital	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70%*
Outpatient Surgery	Plan pays 100%	Plan pays 70%*	Plan pays 100%	Plan pays 70%*

* After deductible

** Copay waived if admitted to the Emergency Room. Pre-Certification required if admitted.



AmeriHealth Mobile App

AmeriHealth Administrators

The AmeriHealth mobile app is designed to help you manage your health care quickly, easily, and efficiently.

Exciting Features

- **Health Journeys:** Access everything related to your care in one place, including your Personal Health Record, benefit coverage, condition-specific information, quick access to care, and wellness programs. **Provider Search:** Quickly search for in-network doctors, hospitals, or other health care providers.
- **Cost Estimation:** Estimate care costs for procedures or appointments.
- **ID Card Access:** View, print, or share your ID card(s) directly from the app.

How to Get Started

- **Download the App:**
 - **For iPhone users:** Visit the App StoreSM.
 - **For Android users:** Visit Google PlayTM.
- **Log In:** Use the same username and password as your **myahabenefits.com** account.

Download the app now and experience the convenience of managing your health care on the go!



How to Find In-Network Providers

AmeriHealth Administrators

Finding Participating AmeriHealth Administrators Providers

- **STEP 1:** Visit the AHA website at www.myahabenefits.com
- **STEP 2:** At the bottom of the webpage on the right, click on "Find a Doctor"
- **STEP 3:** Search providers by category, specialty, and much more!
 - Credentials
 - Hospital affiliations
 - Reviews from other members
 - Office hours
 - Gender
 - Specialty
 - Language spoke
 - National Provider Number (NPI)

Easily compare up to five doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews, and more.

Need Additional Assistance?

If you have questions or need additional assistance, contact AmeriHealth Administrators at **844.352.9198**.



Preferred National Laboratory *LabCorp*

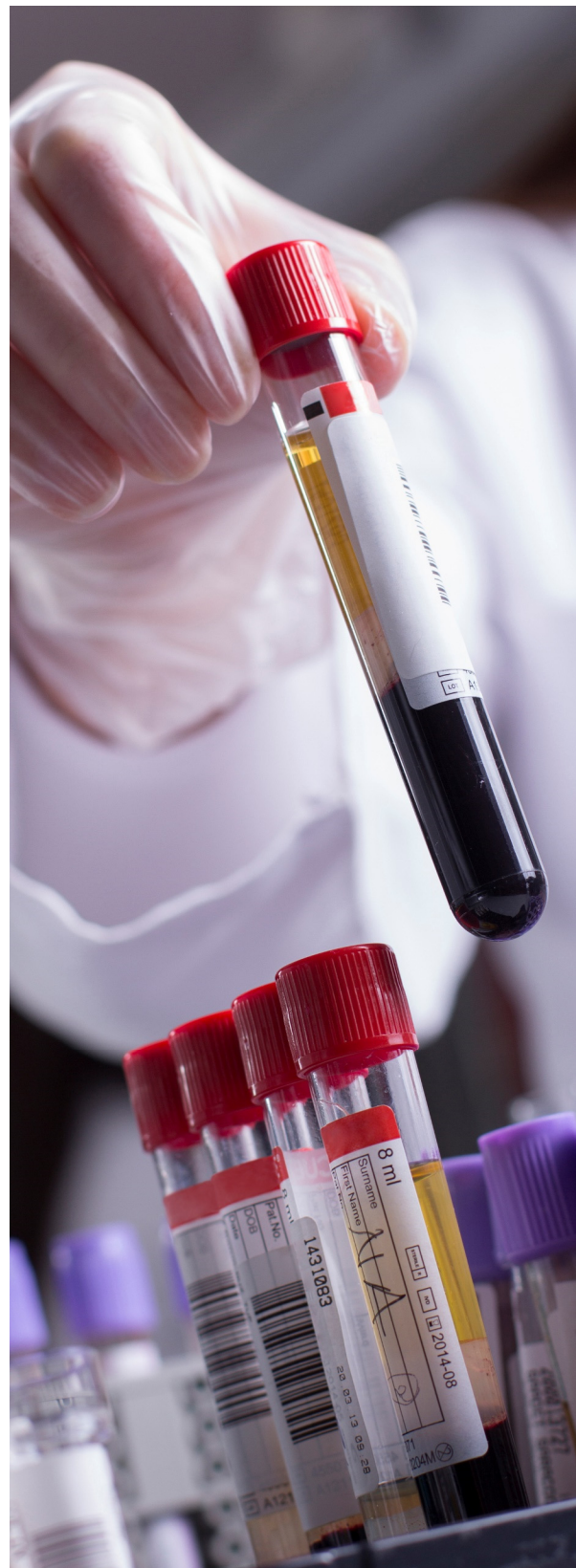
There's an easy way to save money on your healthcare expenses, and it's one that you may not even think about...getting your lab work done in-network!

LabCorp is a Preferred National Laboratory in all AmeriHealth Networks

- LabCorp offers nearly 5,000 frequently requested and specialty tests, including a wide range of clinical, anatomic pathology, genetic, and genomic tests.
- You may visit LabCorp for your lab work.

Enjoy the Following Advantages From LabCorp

- **Lower Prices:** Lower your out-of-pocket costs and keep your money where it belongs—in your pocket.
- **Nearby Locations:** With thousands of locations nationwide, you can find one close to your job, home, or doctor's office.
- **Skilled Staff:** Locations are staffed with professionals to help you with all your lab needs.



Telemedicine

Teladoc

Talk to a doctor 24/7 with Teladoc—whether it's the weekend or you are traveling out of town, you have access to medical care via phone or video consultation—anytime, anywhere.

What is Teladoc?

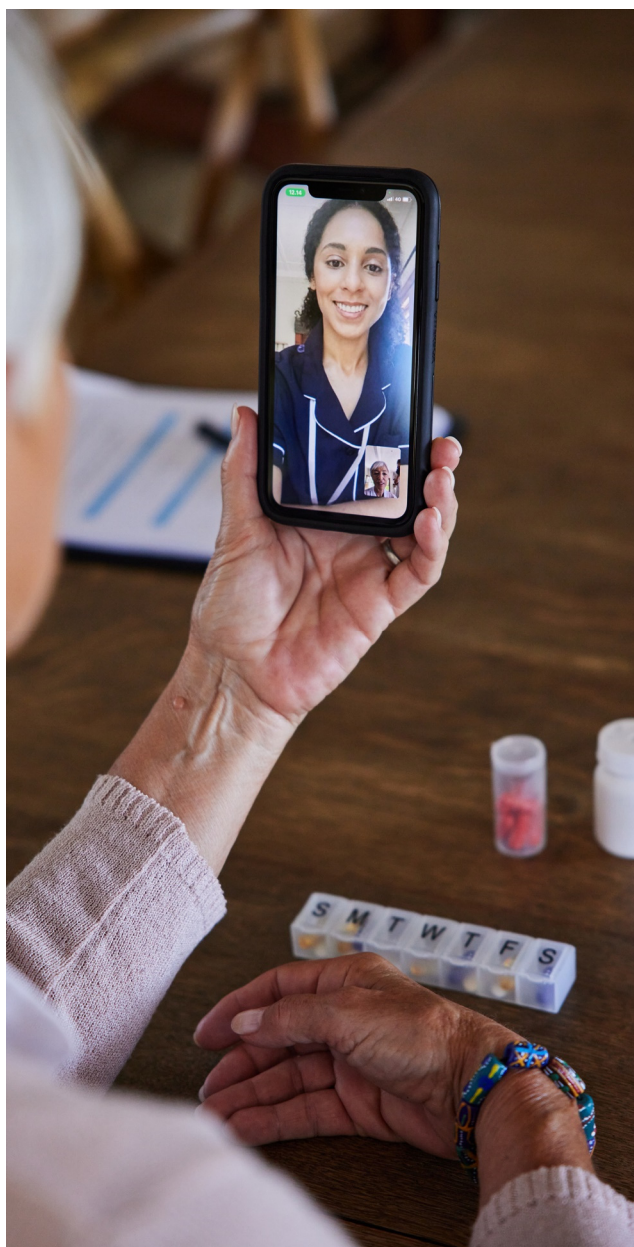
Teladoc is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat, and prescribe medication, if necessary, for many common medical issues. Using Teladoc is a convenient option when it's not possible to visit your doctor's office. Services are completely confidential.

Contact Teladoc for non-emergency medical conditions such as:

- Allergies
- Asthma
- Cold and flu symptoms
- Ear infections
- Pink eye
- Respiratory infections
- Sinus issues
- Urinary tract infections

How Do I Get Started?

1. Visit the Teladoc Health website at **www.teladoc.com** and click the **Register Now** button
2. Fill out your information on the **"Tell us about you"** page, then click **Next**. Be sure **NOT** to check the **"I received a Teladoc code from my employer or insurance company"** box
3. You will be taken to **"We found a match!"**



There's More Than One Way to Contact a Doctor:

- Call: **800.835.2362**
- Visit: **www.teladoc.com**
- Download the mobile app from the App Store or Google Play

Prescription Drug Plan

Express Scripts

If you are enrolled in one of the medical plans, you are automatically enrolled in the prescription drug plan. You will be able to register your account once you are enrolled in a medical plan. Get the most out of your prescription benefits at www.express-scripts.com.

	<i>Network Pharmacy</i>	<i>Non-Network pharmacy</i>
RETAIL PHARMACY OPTION: 30-DAY SUPPLY		
Generic	10% copay	Not Covered
Preferred Brand / Non-Preferred Brand*	10% copay	Not Covered
NOTE: Maintenance Medication after the second fill will have the following Prescription Drug Copayments**		
Generic	40% copay**	Not Covered
Preferred Brand / Non-Preferred Brand*	40% copay**	Not Covered
MAIL ORDER PRESCRIPTION DRUG OPTION: 30-DAY SUPPLY		
Generic	10% copay	Not Covered
Preferred Brand / Non-Preferred Brand*	10% copay	Not Covered

Note: Drugs/medications classified as Preventive under the Guidelines of the PPACA will have a \$0 copay.

* Dispensed as Written Drug Provisions (Selecting a Brand Name versus Generic Drug)

This Plan requires that Retail Pharmacies dispense Generic Drugs whenever available, such as when the Physician indicates on the script "Dispense as Written" or "DAW 1", allowing a Generic Drug to be dispensed, or when the Physician specifically prescribes a Brand Name Drug and indicates on the script "Dispense as Written" or "DAW 2".

Should a Covered Person choose a Brand Name Drug rather than the Generic Drug equivalent at any time (other than when it is determined to have medical implications), the Covered Person is responsible for the Generic copayment plus the difference in the cost of the Generic Drug versus the Brand Name Drug. The Covered Person's share or responsibility of this prescription cost (the copayment plus the drug cost difference) does not apply toward the satisfaction of the out-of-pocket maximum. Additionally, the prescription drug copayments are not eligible for reimbursement under this Medical Plan.

** Mandatory Mail Order Pharmacy Drug Program for Maintenance Medications

Each Maintenance Medication/Drug that will be taken on an ongoing basis must be filled through the Mail Order Pharmacy Drug Program. A Covered Person should request two (2) prescriptions from his or her Physician. The first should be for the thirty (30) day supply that the Covered Person may fill at the Retail Pharmacy. This will provide the Covered Person with the necessary medications until the Mail Order request can be processed. The second prescription should be for the ninety (90) day supply that may be filled through the Mail Order Pharmacy Drug Program.

This Plan will allow each Maintenance Medication/Drug to be filled two (2) times at a Retail Pharmacy (each a thirty (30) day supply). Any additional refills that would have been filled at a Retail Pharmacy will be required to be filled through the Mail Order Pharmacy Drug Program.

If these medications/drugs are then not filled through the Mail Order Pharmacy Drug Program, there will be an increase at the Retail Pharmacy for all such Maintenance Medications to a 40% copayment. The 40% copayment penalty will not be covered under this Medical Plan.

Prescription Digital ID Card Instructions

Express Scripts

Your digital ESI ID card is available at any time with the most up to date information. You may access your digital ESI ID card by following the instructions below.

Connect to Your Digital Prescription ID Card. Anytime. Anywhere.

No more digging through cards at the pharmacy counter. Easily create your digital profile at www.express-scripts.com or on the Express Scripts mobile app to gain instant access to your prescription ID card. You can view your card online or on the app, download it to your digital wallet, or even print a card from the Express Scripts website.

A digital profile also helps you connect to:

- Lower-cost medication options
- Nearby, in-network pharmacies
- More ways to manage your medications

Need Additional Assistance?

If you have questions or need additional assistance, contact Express Scripts at **877.880-9198**.



Dental Plan Options

Horizon

Eligible employees and their eligible family members have the option of two Horizon dental plans outlined below.

	<i>Dental Option Plan</i>	<i>Dental Choice Plan</i>
Annual Deductible (Individual / Family)	\$25 / \$75	None
Out-of-Network	Yes	No
Annual Maximum	\$1,000	None
COVERED SERVICES	OUT-OF-POCKET COSTS	
Exams and Preventive Services⁺ Eligible exams, fluoride treatment (child), sealant application, prophylaxis	0%	0%
X-rays⁺ Panoramic, full-mouth X-rays	0%	0%
Space Maintainers^{**} Space maintainer – fixed unilateral/bilateral	20%	40%
Restorations and Repairs^{**} Amalgam restorations Composite restorations (other than for molars)	20%	0%
Endodontics^{**} Pulp cap/Pulpotomy; Root canal therapy –anterior, bicuspid Root canal therapy – molar Denture adjustments and repairs	20%	0% 40%
Periodontics^{**} Scaling and root planing; Gingivectomy Soft tissue grafts; Periodontal maintenance	20%	0%
Periodontics^{**} Osseous surgery	20%	40%
Oral Surgery^{**} Routine extractions, soft tissue surgical extractions	20%	0%
Oral Surgery^{**} Incision and drainage of abscess, surgical extractions – impacted	20%	40%
Major Restoration^{**} Crowns	50%	40%
Dentures^{**} Complete and partial dentures	50%	40%
Fixed Bridges^{**} Retainers and pontics	50%	40%

* Deductible applies

+ Annual Maximum applies

How to Find an In-Network Provider

- Confirm your dental plan enrollment. Once confirmed, go to the Horizon web portal at www.horizonblue.com/dental or visit Horizon's mobile app.
- After accessing the portal, click the 3rd option on the top blue ribbon labeled "Find a Dentist"
- Once complete, you will be guided to a portal that asks you:
 - What type of care are you looking for?
 - Your plan (Dental Option Plan or HDC Plan B)
 - Dentist Name and Location
- After all fields have been completed, press "Find" and you will be able to view a list of in-network providers.

Vision Plan Option

AmeriHealth/Davis Vision

If you are enrolled in one of the medical plans, you are automatically enrolled in the vision plan.

To utilize your vision benefits, you may present your AmeriHealth ID card to participating providers. Please note that your ID number will be the same. For additional assistance, call Davis Vision at **800.999.5431**.

AmeriHealth/Davis Vision Care Plan

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam	\$0	Up to \$35
Frames Davis Vision's Frame Collection Any other frame in the network provider's office	\$0 \$100 credit toward purchase	Up to \$100
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	Single, Bifocal & Trifocal lenses are included at no additional cost	Additional Fees Apply
Contact Lenses (in lieu of eyeglasses) Any other contacts in the network provider's office	\$0 \$150 credit toward purchase	Up to \$100
Frequency Vision Exam Lenses Frames Contact Lenses	1 every 24 months 1 every 24 months 1 every 24 months 1 every 24 months	1 every 24 months 1 every 24 months 1 every 24 months 1 every 24 months

Find an In-Network Provider

Visit Davis Vision's website, www.davisvision.com, and utilize the "Find A Doctor" feature to access the Interactive Voice Response Unit which will supply you with the names and addresses of your nearest network providers.



Life and AD&D Insurance

Equitable

Basic Life and AD&D Insurance (Equitable)

Haddon Township provides full-time, active employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance **at no cost to the employee**. You are automatically enrolled in this coverage.

Please be sure to complete a beneficiary form to ensure your benefits are allocated according to your preferences.

BASIC LIFE INSURANCE	
Life Insurance Benefit Amount	\$10,000
Guaranteed Issue Amount	\$10,000
Basic Insured Life Insurance Reduction Schedule (Applies to Maximum and Guaranteed Issue Amounts)	to 65% at age 65 rounded up to the next \$1,000 multiple, if not one already to 50% at age 70 rounded up to the next \$1,000 multiple, if not one already
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS	
Principal Sum	\$10,000
Basic Insured AD&D Insurance Reduction Schedule (Applies to Maximum and Guaranteed Issue Amounts)	to 65% at age 65 rounded up to the next \$1,000 multiple, if not one already to 50% at age 70 rounded up to the next \$1,000 multiple, if not one already



Voluntary Benefits

American Fidelity

Healthcare FSA (see page 14)

Haddon Township provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. A Healthcare Flexible Spending Account is used to reimburse out-of-pocket medical expenses incurred by you and your dependents.

The maximum that you can contribute to the Healthcare FSA **is \$3,300**, in accordance with IRS regulations.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes and state and local income taxes on the portion of your paycheck you contribute to your FSA.

You can save approximately 25% of each dollar spent on these expenses when you participate in a Flexible Spending Account (FSA). **You must enroll/re-enroll in the plan to participate for the plan year.**

Use It or Lose It!

Money left in your FSA account at the end of the plan year is forfeited as per the IRS use-it-or-lose-it rule. You can avoid forfeitures by carefully reviewing your prior year's expenses and planning only for predictable costs.

Voluntary Supplemental Plans

American Fidelity offers a variety of supplemental income insurances, such as:

- Short-Term Disability
- Long-Term Disability
- Life Insurance
- Accident Only Insurance
- Cancer Insurance
- Critical Illness Insurance

For more information regarding your voluntary benefit options, please refer to Haddon Township's BenePortal website: www.haddontwpbenefits.com



Healthcare Flexible Spending Account Example

American Fidelity

How much should you contribute to the Flexible Spending Account (FSA)?

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. The following example shows how you can save money with a flexible spending account.

Example:

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.

	WITHOUT FSAS	WITH FSAS
Gross income:	\$30,000	\$30,000
FSA contributions:	0	-5,300
Gross income:	30,000	24,700
ESTIMATED TAXES		
Federal	-2,550*	-1,755*
FICA	-2,295	-1,890
After-tax earnings:	25,155	21,055
ELIGIBLE OUT-OF-POCKET		
Medical and dependent care expenses:	-5,300	0
Remaining spendable income:	\$19,855	\$21,055
Spendable income increase:		\$1,200

* Assumes standard deductions and four exemptions.

** Varies, assume 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.



Value-Added Services

Conner Strong & Buckelew

Benefit Perks

This feature provides a broad array of services, discounts, and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at: <https://connerstrong.corestream.com>

HUSK Wellness

Achieving optimal health and wellness doesn't need to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Learn more at:
<https://marketplace.huskwellness.com/connerstrong>

GoodRx

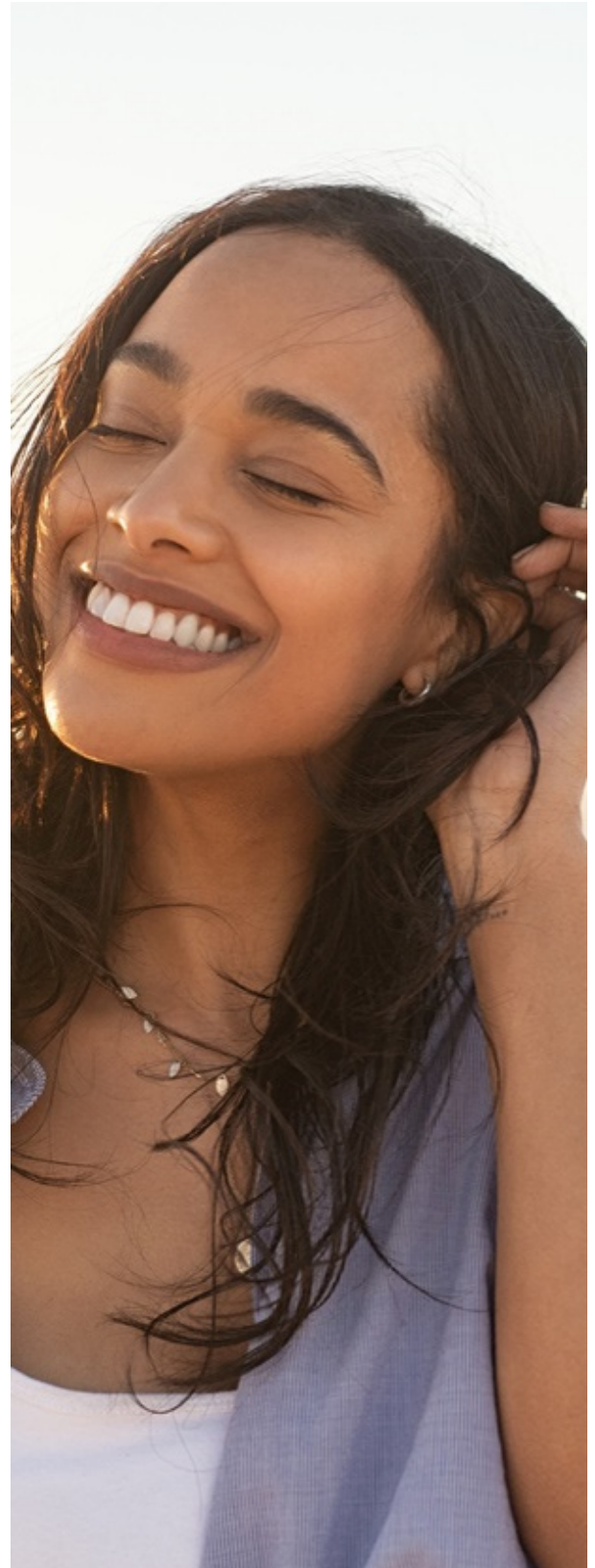
Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: <https://connerstrong.goodrx.com>

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: <https://healthylearn.com/connerstrong>



Benefits Resources

Benefits MAC

Benefits Member Advocacy Center

Free Service for Haddon Township Employees!

AVAILABLE MONDAY-FRIDAY, 8:30 AM - 5:00 PM EST

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

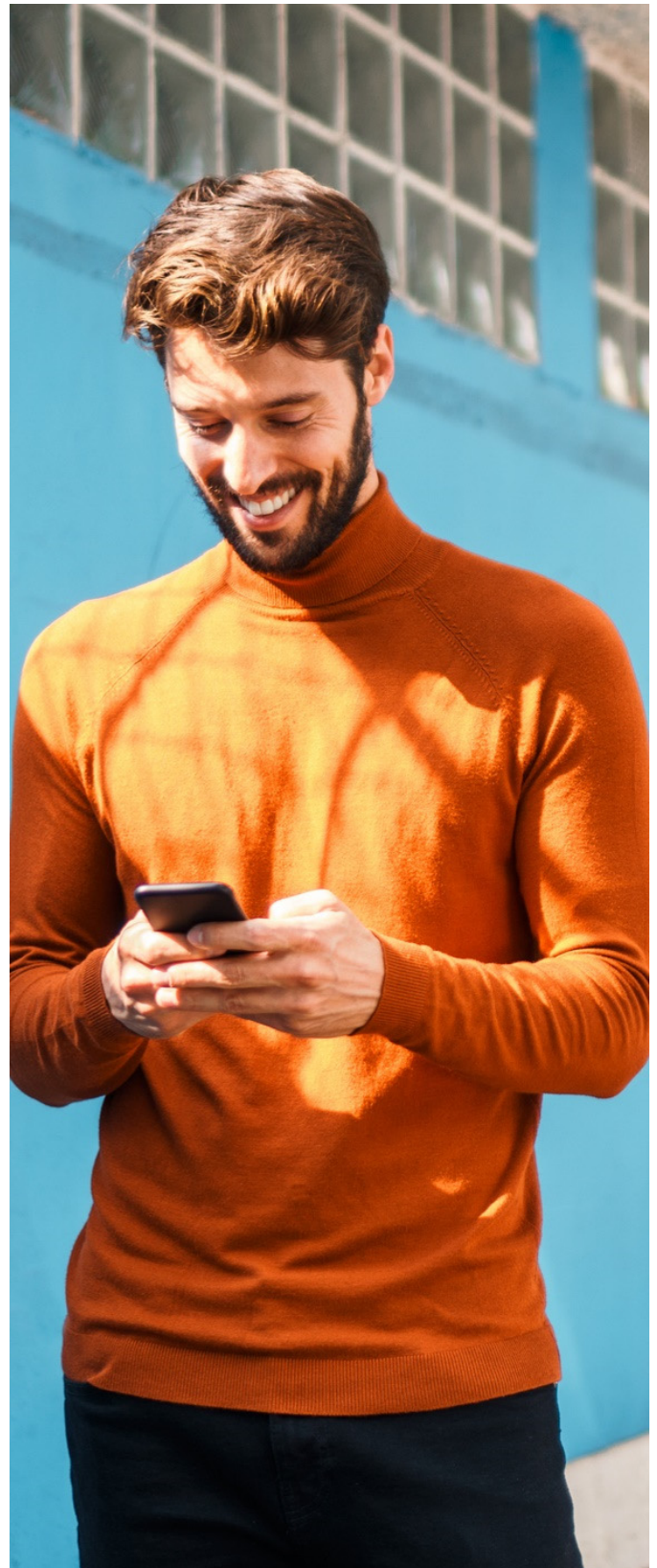
The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

Contact the Benefits MAC to:

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

You can contact the Benefits MAC in the following ways:

- Call the Benefits MAC at **800.563.9929**, Monday through Friday, 8:30 am—5:00 pm EST
- Email the Member Advocacy team at **cssteam@connerstrong.com**
- Visit **www.connerstrong.com/memberadvocacy** to submit a request online



Online Benefits Resource

BenePortal

Your Benefits Information in One Place!

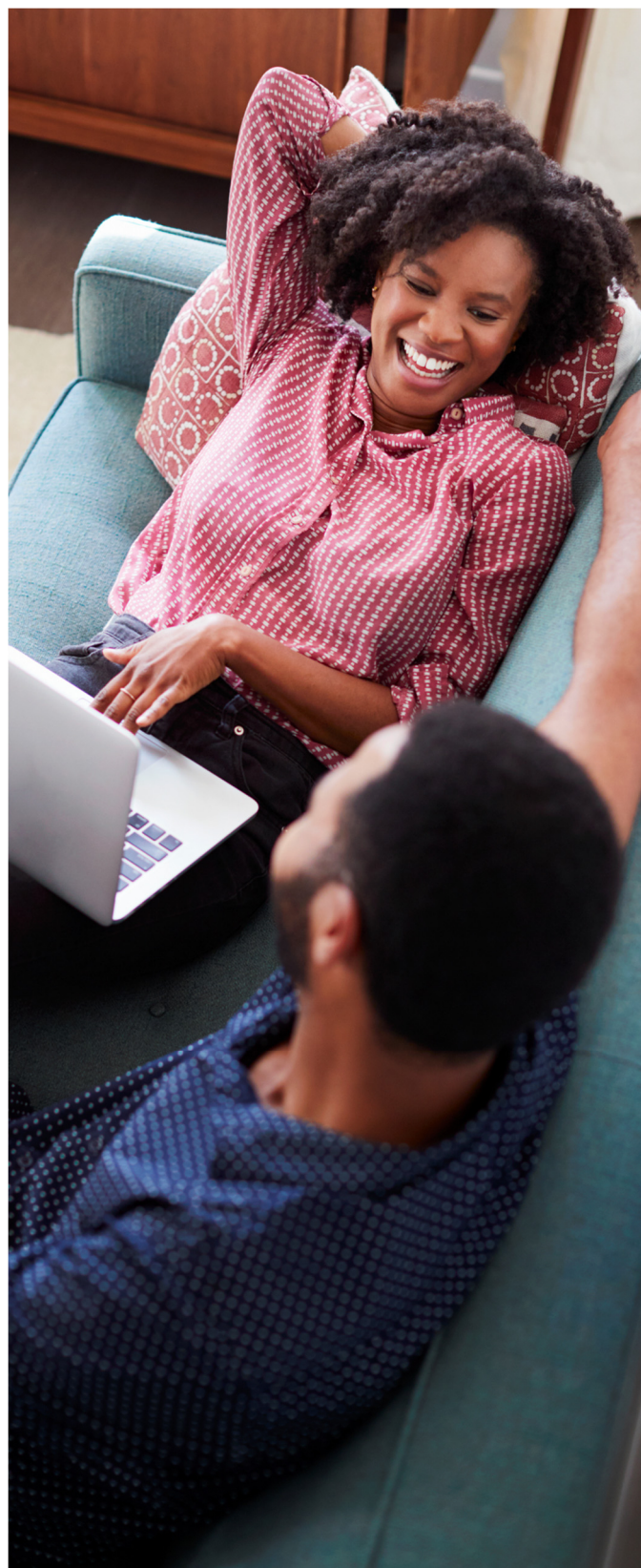
Employees and dependents have online access to benefit information, forms, plan, summaries, important links and more!

BenePortal is available 24/7 to Haddon Township employees and their eligible dependents.

Simply go to **www.haddontwpbenefits.com** to access your benefits information today!

BenePortal Features Include:

- Secure online access - with NO login required!
- Mobile optimized site
- Direct links to specific carrier websites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!



Benefits Resources

Carrier Contacts

PLAN	CARRIER/VENDOR NAME	PHONE NUMBER	WEBSITE
Medical	AmeriHealth Administrators	844-352-9198	www.ahatpa.com
Prescription	Express Scripts	877-880-9198	www.express-scripts.com
Dental	Horizon BCBS of NJ	800-433-6825	www.horizonblue.com
Vision	AmeriHealth/Davis Vision	877-923-2841	www.davisvision.com
Voluntary Benefits/ Healthcare FSA	American Fidelity	800-662-1113	www.americanfidelity.com
Benefits Member Advocacy Center	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy
BenePortal Guide	Conner Strong & Buckelew	N/A	www.haddontwpbenefits.com



Legal Notices

Patient Protection and Affordable Care Act

Please note: the Haddon Township medical plans are considered compliant with the Patient Protection and Affordable Care Act. Haddon Townships reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

Notice Regarding Special Enrollment

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

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-

related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility -

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

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

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

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

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

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

Legal Notices

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/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: 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/la hipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the 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: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <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

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



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