Wellbeing starts with you.

# 2026 Annual Enrollment Guide

## Robert Wood Johnson University Hospital: Employees represented by USW

**Enrollment Period:**
**October 23 – November 11, 2025**

RWJBarnabas HEALTH

# Welcome to our 2026 Annual Enrollment!

Dear Colleague,

At RWJBarnabas Health, we believe that ***Wellbeing starts with you***, because when you feel cared for, you can provide the best possible experience for the patients and communities we serve. That's why this year's annual enrollment is different and I am pleased to introduce some changes to our benefits package.

## What's happening now

This is your opportunity to actively review your benefits, explore what's new and choose the coverage that best fits your needs. The annual enrollment window runs from **Thursday, October 23 through Tuesday, November 11, 2025**.

- If you were enrolled in benefits in 2025 and do not actively enroll, you will be automatically enrolled in a plan(s) for 2026 that are the closest equivalent to your current coverage.
- If you are not currently enrolled in benefits and don't take action, you will not have coverage for 2026.
- **Please double-check your confirmation statement to ensure you have selected the correct benefit options and dependent coverage for 2026. You cannot make changes outside of the annual enrollment window unless you experience a Qualifying Life Event during the year.**

## More on the changes

This year's changes include new vendors that can offer you a personalized and simplified experience - all while maintaining access to a majority of the providers you trust, with costs remaining at or below what you pay to visit them today. Highlights include:

- New vendors for medical (Aetna®), prescription drug (CVS Caremark®) and dental (Delta Dental™) who are passionate about helping you navigate healthcare benefits.
- Redesigned medical plans with simplified network tiers and the same or lower out-of-pocket costs to access care. ***New this year: Care within the RWJBarnabas Health system is FREE* across ALL plans.***
- More options to fill your maintenance (90-day) medications at your local CVS Pharmacy®.
- Enhanced customer service across all plans, including Aetna® Concierge, which connects you directly to a real person to answer your questions and resolve issues, and digital resources including their sophisticated search tool that makes it easier than ever to find a provider and navigate your claims information.

**The changes above do not apply to the USW OMNIA plan, which will remain administered by Horizon BCBS (medical) and Prime Therapeutics (prescription drug).**

RWJBarnabas Health will continue to cover the majority of your plan costs, even as healthcare expenses rise nationwide. While RWJBarnabas Health is absorbing most of the cost increases, there will be a 5% increase in employee contributions for the medical and dental plans this year. This adjustment helps ensure we can continue offering high-quality, comprehensive benefits that support your total wellbeing today and into the future. We have also taken steps to minimize your out-of-pocket expenses (such as copays and deductibles) in our medical plans by expanding our network tiers to provide more options for free* and low-cost care.

These updates reflect our commitment to our one system, one family mantra and values of respect and accountability—we take seriously the responsibility to support your wellbeing. We also know this is a lot of change, but we believe benefits should be responsive as our lives and careers evolve, and these changes reflect best-in-class healthcare that prioritizes your total wellbeing.

Thank you for all that you do every day to support our patients, our communities and each other. Together, we are creating a healthier New Jersey—starting with you.

Sincerely,

Lynda Markoe
Executive Vice President and Chief People Officer

* Payroll deductions and Emergency Room copay ($200) still apply. Does not include the USW OMNIA plan, administered by Horizon BCBS.

# Annual Enrollment runs from Thursday, October 23 to Tuesday, November 11, 2025

**Annual enrollment is an opportunity for you to:**

- Explore your benefit options
- Choose, change or cancel your benefits
- Add or remove your eligible family members
- Interact with our benefit vendors and ask questions

**If you are currently enrolled in coverage and don't take action during annual enrollment**, you will be automatically enrolled in a plan(s) that is the closest equivalent to your current coverage. **If you are not currently enrolled and want to enroll for next year,** you must take action by November 11, 2025, or you will not have coverage in 2026.

**Please double-check your confirmation statement to ensure you have selected the correct benefit options and dependent coverage for 2026.**

**You will not be able to make changes to your benefits after November 11, 2025,** unless you have a Qualifying Life Event (QLE) during the year, such as:

- Marriage
- Birth, adoption or legal guardianship
- Divorce
- Death of spouse
- Death of child
- Employee and/or dependent gains coverage elsewhere
- Employee and/or dependent loses coverage elsewhere
- Loss of dependent status
- Gain/loss of eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

### Benefits are a strong demonstration of our Total Wellbeing Promise:

*Wellbeing starts with you, because when you feel cared for, you can provide the best possible experience for the patients and communities we serve.*

*Thank you for all that you do every day to support our patients, our communities and each other. Together, we are creating a healthier New Jersey—starting with you.*

# Table of Contents

## Short on Time? Start Here.

In these sections, you'll find **need-to-know information** on the most significant benefits changes for annual enrollment this year, including **new vendors and plans for medical (Aetna®), prescription drug (CVS Caremark®) and dental (Delta Dental™)**.



**Note:** The Medicare Part D Creditable Coverage Notice is located on page 36 of this guide.

# Total Wellbeing at RWJBarnabas Health

This guide focuses on the benefits that are available for you to elect during annual enrollment this year, but that is just one part of our broad commitment to your total wellbeing that includes six focus areas:

### Physical Wellbeing

Coverage and support, so you can access and receive excellent, coordinated care.

### Personal Wellbeing

Time away and support to focus on personal priorities.

### Emotional Wellbeing

Resources to safeguard your mind and spirit.

### Career Wellbeing

Pathways for your professional goals and growth.

### Financial Wellbeing

Financial stability for you and your family—today and tomorrow.

### Community Wellbeing

Impactful initiatives that build healthier communities.

For more information on all of our Total Wellbeing resources, visit **RWJBHTotalWellbeing.com**

**Wellbeing starts with you.**

# Annual Enrollment Checklist

## Here are the steps you need to take by November 11, 2025:

| What to Do | How to Take Action |
|---|---|
| **Explore what's new for 2026.** | • Read this benefits enrollment guide.<br>• Visit an in-person Total Wellbeing Fair, running from October 14-30, 2025, across RWJBarnabas Health sites, or visit **RWJBHTotalWellbeing.com** to access the virtual fair. |
| **Review and update your contact information.** | • Log in to Employee Self Service at **https://rbess.rwjbh.org**.<br>• Click on the "Personal Details" tile to confirm or update your information. |
| **Gather what you need to enroll.** | • Have your PeopleSoft ID, login credentials and dependent information ready.<br>• Dependent enrollment and information:<br>o **Re-enrolling a previous/existing dependent:** You must provide Social Security Numbers/ITIN for all dependents age one (1) and older. If you have provided this to WEX previously, you will not need to provide it again.<br>o **Enrolling a new dependent:** Ensure your dependent verification documents are accurate and up to date. Visit **RWJBHBenefits.com** for more information about documentation requirements. |
| **Enroll in your 2026 benefits.** | • Visit **RWJBHBenefits.com** between October 23 and November 11, 2025.<br>o Your username is "RWJBH" followed by your six-digit employee ID number (Example: RWJBH123456).<br>o Your default password (if needed) is the capitalized first letter of your first name + lower case first letter of your last name + your 5-digit home zip code (Example Password: Ab07052).<br>• Login assistance and enrollment by phone is available at 844.690.0920, Monday – Friday, 8:30 AM – 7:00 PM ET. |
| **IMPORTANT!**<br>**When enrolling online, clicking "Save and Continue" on each page enrolls you in that plan for 2026. Once saved, your selection is final, and you'll be responsible for the associated payroll deductions. Be sure to review your choices carefully before proceeding.** | |
| **Review your life insurance and beneficiary information.** | • Be sure your beneficiary information is reflected accurately, and make changes if needed. |
| **Review your benefit selections carefully and submit once you have completed.** | • Elections are saved each time you click "Save and Continue," even if you don't finish the entire enrollment.<br>• Confirm plan choices and all enrolled dependents—before you hit "Submit."<br>• Review, print and save a copy of your enrollment confirmation statement. |
| **Review your Confirmation Statement in detail.** | • Double-check your confirmation statement to ensure you have selected the correct benefit options and dependent coverage for 2026.<br>• **Confirm that every benefit on the statement shows you and any dependent(s) you would like to cover under that benefit.**<br>• You cannot make changes outside of the annual enrollment window unless you experience a Qualifying Life Event during the year. |
| **Complete BHealthy Wellness activities by December 15, 2025.** | • Visit **join.personifyhealth.com/bhealthy** to get started and save up to $600 on your 2026 medical plan contributions. |

# Key Benefits Contacts

## Have Questions?

We heard you say it would be helpful to know where to go for key questions. We are committed to providing you with the information you need to make informed decisions on your benefit plan selections.

### Physical Wellbeing

| Need Help With... | Who to Contact | Contact Information | |
|---|---|---|---|
| **Overview of 2026 benefits and Total Wellbeing Fair information** | RWJBH Total Wellbeing Site | **www.RWJBHTotalWellbeing.com** | |
| **Enrolling in benefits, enrollment support and life events/changes** | RWJBH Benefits Center | **www.RWJBHBenefits.com** | 844.690.0920 |
| **Finding a provider or scheduling an appointment** | BHealthy Care Navigation | **www.RWJBHTotalWellbeing.com** | 844.424.2628 |
| **Medical Benefits** | Aetna® | **www.aetnaresource.com/n/RWJBH** | 855.546.5415 |
| | Horizon BCBS (USW OMNIA Plan only) | **horizonblue.com/rwjbarnabashealth** | 844.209.4715 |
| **Prescription Drug Benefits** | CVS Caremark® | **caremarkrxplaninfo.com/RWJBH** | 833.290.5676 |
| | Horizon BCBS (USW OMNIA Plan only) | **horizonblue.com/rwjbarnabashealth** | 800.370.5088 |
| **Dental Benefits** | Delta Dental™ | **www.deltadentalnj.com/RWJBH** | 800.810.5234 |
| **Vision Benefits** | EyeMed | **www.eyemed.com** | 866.800.5457 |
| **Wellness** | Personify Health | **join.personifyhealth.com/bhealthy** | 888.671.9395 |

### Financial Wellbeing

| Need Help With... | Who to Contact | Contact Information | |
|---|---|---|---|
| **Life Insurance** | RWJBH Benefits Center | **www.RWJBHBenefits.com** | 844.690.0920 |
| **Long-Term Disability** | RWJBH Benefits Center | **www.RWJBHBenefits.com** | 844.690.0920 |
| **Flexible Spending Accounts** | RWJBH Benefits Center | **www.RWJBHBenefits.com** | 844.690.0920 |
| **Retirement Plans** | Fidelity Investments | **www.netbenefits.com/rwjbarnabas** | 800.513.5015 |
| **Voluntary Benefits** | Aon (Farmington) | 844.428.6672 | |

# Your 2026 Benefits At-a-Glance

We've made changes for 2026 to provide you with a personalized and simplified experience while delivering best-in-class healthcare that prioritizes your wellbeing. The chart below shows a summary of the key changes we're making for 2026 and what you need to do to enroll.

| Benefit | What You Need to Know | What You Need to Do to Enroll |
|---|---|---|
|  <br>**Medical Benefits** | **New Vendor for Medical Benefits: Aetna®**<br>• There are two Aetna® plan options with simplified plan designs:<br>o **Live in New Jersey?** Choose between the Core Plan and the Flex Plan.<br>o **Live outside of New Jersey?** Choose between the Out-of-Area (OOA) Plan and the Core Plan.<br>• You can expect your out-of-pocket costs to be the same or lower for most of your providers compared to what you pay today. **Care within the RWJBarnabas Health system is free* across all plans!**<br>• We will no longer offer a High-Deductible Health Plan (HDHP), Health Savings Account (HSA) or Limited Purpose FSA.<br>• The USW OMNIA plan will remain as an option for employees currently enrolled in that plan. | ☐ Choose the plan that best fits your needs for 2026.<br>• **Note:** If you don't choose a plan by November 11, 2025, and you were enrolled in coverage for 2025, you will automatically be enrolled in an Aetna® plan that is the closest equivalent to your current coverage.<br>☐ Double-check dependent information (if applicable). |
|  <br>**Prescription Drug Benefits** | **New Vendor for Prescription Drug Benefits: CVS Caremark®**<br>• You can continue to fill your 30-day medications at any local in-network pharmacy.<br>• For maintenance (90-day) medications, you will have three options to fill:<br>1. Visit an RWJBarnabas Health on-site retail pharmacy.<br>2. Utilize CVS Caremark® Mail Service Pharmacy.<br>3. Fill at a CVS Pharmacy® nearest you.<br>• Specialty medications will be filled through CVS Specialty® or RWJBarnabas Health Infusion and Specialty Pharmacy.<br>• Employees who remain enrolled in the USW OMNIA plan will continue to have prescription drug benefits with Prime Therapeutics. | ☐ No action needed—when you enroll in one of our medical plans, you are automatically enrolled in prescription drug coverage. |
|  <br>**Dental Benefits** | **New Vendor for Dental Benefits: Delta Dental™**<br>• There will continue to be two dental PPO plan options—Base Plan or Buy-Up Plan—with no changes to the plan designs for 2026.<br>• Both plans provide access to Delta Dental's PPO™ and Premier Networks—meaning you have more options to save on the cost of dental services.<br>• We will no longer offer a DHMO plan. | ☐ Choose the plan that best fits your needs for 2026.<br>• **Note:** If you don't choose a plan by November 11, 2025, and you were enrolled in coverage for 2025, you will automatically be enrolled in a Delta Dental™ plan that is the closest equivalent to your current coverage.<br>☐ Double-check dependent information (if applicable). |

* Payroll deductions and Emergency Room copay ($200) still apply.
Does not include the USW OMNIA plan, administered by Horizon BCBS.

# Your 2026 Benefits At-a-Glance (Cont.)

We've made changes for 2026 to provide you with a personalized and simplified experience while delivering best-in-class healthcare that prioritizes your total wellbeing. The chart below shows a summary of the key changes we're making for 2026 and what you need to do to enroll.

| Benefit | What You Need to Know | What You Need to Do to Enroll |
|---|---|---|
| **Payroll Contributions** | • RWJBarnabas Health will continue to cover the majority of your plan costs, even as healthcare expenses rise nationwide. While RWJBarnabas Health is absorbing most of the cost increases, there will be a 5% increase in employee contributions for the medical and dental plans this year. This adjustment helps ensure we can continue offering high-quality, comprehensive benefits that support your total wellbeing today and into the future. Vision plan contributions will remain the same. | ☐ Review your payroll deductions for each benefit as you go through the annual enrollment process, or review the contribution pages later on in this guide. |
| **Vision Benefits** | • EyeMed remains as our vision plan vendor.<br>• There are no changes to our vision plan, which will continue to cover exams, glasses, contact lenses and more. | • Explore the plan option and payroll deductions.<br>• Double-check dependent information (if applicable).<br>• If you were enrolled in vision benefits for 2025, you will automatically be re-enrolled for 2026 unless you elect otherwise. |
| **BHealthy Wellness Program** | • You and your enrolled family members may access resources, such as wellness coaching and webinars, nutrition guides and recipes for healthy meals, to support your health and wellbeing journey. | • Payroll contributions on the enrollment portal will only reflect wellness points earned through October 14, 2025. Rest assured, your final payroll contributions in 2026 will reflect the full points earned by December 15, 2025.<br>• Visit **join.personifyhealth.com/bhealthy** to earn points by December 15, 2025. |
| **Health Care Flexible Spending Account** | • You may set aside money on a pre-tax basis to help cover the costs of eligible out-of-pocket healthcare expenses.<br>• You can contribute up to $3,400 to your account. | • Enroll in this plan if you expect to have out-of-pocket prescription drug, dental or vision expenses.<br>  • **Note:** Your 2025 elections will not roll forward—you will need to actively elect a new amount for 2026 during the enrollment process. |
| **Dependent Care Flexible Spending Account** | • You can set money aside on a pre-tax basis to pay for costs associated with caring for your dependents while you work, such as day care, summer camps, elder care, etc.<br>• In 2026, you can now contribute up to $7,500 to your account (up to $3,750 if married and filing separately). | • Enroll in this plan to save money by using pre-tax funds for eligible care expenses for eligible dependents while you work.<br>  • **Note:** Your 2025 elections will not roll forward—you will need to actively elect a new amount for 2026 during the enrollment process. |

# Your 2026 Benefits At-a-Glance (Cont.)

We've made changes for 2026 to provide you with a personalized and simplified experience while delivering best-in-class healthcare that prioritizes your total wellbeing. The chart below shows a summary of the key changes we're making for 2026 and what you need to do to enroll.

| Benefit | What You Need to Know | What You Need to Do to Enroll |
|---|---|---|
| **Basic Life** | • If you are a benefits-eligible employee, you are automatically enrolled in Basic Life insurance, 100% paid for by RWJBarnabas Health. | • Review your coverage amounts.<br>• Confirm your beneficiary information.<br>• No enrollment is needed; this benefit is provided automatically to benefits-eligible employees. |
| **Voluntary Life** | • If you are a benefits-eligible employee, you have the opportunity to purchase additional life insurance to provide added financial protection for your loved ones.<br>• For 2026 only, if you're currently enrolled in voluntary life insurance, we have increased the guaranteed issue amount for employee coverage to $300,000—medical evidence of insurability will not be required. If you are enrolling for the first time, evidence of insurability may be needed. | • Review and select the additional coverage amount options available for purchase through payroll deduction.<br>• Confirm your beneficiary information.<br>• Evidence of insurability may be needed. If so, you will be notified during the enrollment process. |
| **Dependent Life** | • If you are a benefits-eligible employee, you can purchase life insurance for a spouse and eligible dependent children. | • Review and select coverage amount options available for purchase through payroll deduction. |
| **Long-Term Disability** | • Employees represented by USW with ten or more years of service are automatically enrolled in Basic Long-Term Disability insurance, 100% paid for by RWJBarnabas Health.<br>• Employees represented by USW with fewer than ten years of service have the opportunity to purchase voluntary long-term disability coverage. | • No enrollment is needed for employees with ten or more years of service.<br>• Employees with fewer than ten years of service can review cost and elect voluntary coverage if desired. |

# Medical Benefits

## Aetna®

Employees currently enrolled in the USW OMNIA plan administered by Horizon BCBS will continue to have that plan as an option for 2026. The Aetna® resources listed below will not apply to you if you choose to remain enrolled in the USW OMNIA plan.

## What You Need to Know

Beginning January 1, 2026, RWJBarnabas Health will transition from Horizon BCBS to Aetna® as our new medical plan vendor. We have also redesigned our plan offerings to simplify network tiers, all while maintaining access to a majority of the providers you trust, with costs remaining at or below what you pay to visit them today.

With our new 2026 medical plans, administered by Aetna®, you will benefit from:

- **Seamless care** with continued access to your trusted providers.
- **Lower out-of-pocket costs** in some areas to make accessing care easier for you and your family.
- **Customer service with Aetna® Concierge** that provides dedicated support with real people to answer your questions and address your concerns.
- **A simpler, more connected digital experience** including Aetna's® user-friendly search tool that provides easier access to finding care, understanding your coverage and connecting with the right resources.

Additionally, we are proud to now be part of the Healthcare Transformation Consortium (HTC). Together, we are bringing more affordable care closer to home through a collaborative network of New Jersey health systems. This will include enhanced network access to our HTC partners for 2026. Learn more about the HTC **here**.

**Care received within the RWJBarnabas Health system is now completely free* across all plans.**

This year we will offer two plan options, dependent on where you live.

- **Live in New Jersey?** Choose between the Core Plan and the Flex Plan.
- **Live outside of New Jersey?** Choose between the Out-of-Area (OOA) Plan and the Core Plan.

To help you get started, click the links below for additional information on each plan.

| Core Plan | Flex Plan | Out-of-Area (OOA) Plan |
|---|---|---|
| *Formerly the Hospital OMNIA Plan*<br>• You primarily use care within the RWJBarnabas Health system or within our HTC partner network<br>• Lowest payroll contributions | *Formerly the Direct Access Plan*<br>• You live in New Jersey, but want to pay less out-of-pocket when using care outside the RWJBarnabas Health system or in other states<br>• Higher payroll contributions than the Core Plan | *Replacing the existing Out-of-Area Plan*<br>• You live outside of New Jersey<br>• You are offered this in place of the Flex Plan, to make accessing care outside of the state more affordable for you<br>• Contributions are the same as the Core Plan |

**If you don't take action by November 11, 2025, and you were enrolled in coverage for 2025, you will automatically be enrolled in the Aetna® or Horizon (for USW OMNIA plan members) plan that is the closest equivalent to your current coverage. HDHP members will be automatically enrolled in the Core Plan—unless elected otherwise.**

### Medical Benefit Questions?

Contact Aetna® Concierge at **855.546.5415** Monday - Friday from 8:00 AM - 6:00 PM ET or visit **www.aetnaresource.com/n/RWJBH**

* Payroll deductions and Emergency Room copay ($200) still apply. Does not include the USW OMNIA plan, administered by Horizon BCBS.

# Medical Benefits

## Core Plan

The Core Plan, formerly the Hospital OMNIA Plan, is the lowest-cost medical option for employees who primarily use care within the RWJBarnabas Health system and our partner systems through the HTC. In 2026, we've simplified the network tiers and expanded access to high-quality care. Care received within the Premier tier continues to be free* for Core Plan members!

**This plan may be right for you if:**

- You primarily receive care within the RWJBarnabas Health system or our partner HTC systems.
- You wish to pay less in payroll contributions.
- You are okay with paying a little more out-of-pocket if you have to receive care from a non-RWJBarnabas Health provider (e.g., Hackensack Meridian Health) or a provider outside of New Jersey (e.g., CHOP, Memorial Sloan Kettering).
- You don't anticipate requiring any out-of-network care.

**Core Plan Tiers**
The Core Plan includes three tiers of coverage: Premier, Extended (formerly Inner Circle), and Aetna® Network (formerly Tier 1/Tier 2).

| Premier | Extended | Aetna® Network |
|---|---|---|
| **Look for *"Maximum Savings"* on Aetna® provider search**<br>• RWJBH facilities<br>• RWJBH employed doctors<br>• Rutgers Health doctors<br>• RWJBH Joint Venture facilities and practices<br>• RWJBH Clinically Integrated Network practices | **Look for *"Standard Plus Savings"* on Aetna® provider search**<br>• Certain RWJBH-affiliated doctors<br>• Healthcare Transformation Consortium (HTC) facilities and employed doctors:<br>o AtlantiCare<br>o Atlantic Health System<br>o CentraState Healthcare System<br>o Holy Name<br>o Hunterdon Health<br>o Saint Peter's Healthcare System<br>o Valley Health System | **Look for *"Standard Savings"* on Aetna® provider search**<br>• All other in-network providers in the Open Access Aetna® Select network<br>• Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health)<br>• Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering, and NewYork-Presbyterian) |

* Payroll deductions and Emergency Room copay ($200) still apply.

**Note:** There is no out-of-network coverage available in the Core Plan. All providers must be within the Open Access Aetna® Select network.

### Medical Benefit Questions?

Contact Aetna® Concierge at **855.546.5415** Monday - Friday from 8:00 AM - 6:00 PM ET or visit **www.aetnaresource.com/n/RWJBH**

# Core Medical Plan

Please review the table below for full Core Plan details by tier.

| | Premier | Extended | Aetna® Network |
|---|---|---|---|
| **Key Plan Terms** | | | |
| **Deductible**<br>**Individual/Family** | $0/$0 | $1,000/$2,000 | $2,500/$5,000 |
| **Coinsurance*** | You pay 0% | You pay 20% | You pay 50% |
| **Out-of-Pocket Maximum****<br>**Individual/Family**<br>(Includes medical and prescription deductible, coinsurance, and copays) | $1,500/$3,000 | $2,500/$5,000 | $7,000/$14,000 |
| **Office Visits** | | | |
| **Primary Care Office Visit** | $0 copay | $20 copay | $40 copay |
| **Specialist Office Visit** | $0 copay | $40 copay | $80 copay |
| **Preventive Care** | $0 copay | $0 copay | $0 copay |
| **Routine Eye Exam**[1] | $0 copay | $0 copay | $0 copay |
| **Behavioral Health**<br>(Provider Office or ABA Therapy) | $0 copay | $0 copay | $0 copay |
| **Physical, Speech & Occupational Therapy**[2] | $0 copay | $40 copay | $80 copay |
| **Diagnostics** | | | |
| **Diagnostic Laboratory** | $0 copay | $0 copay | $0 copay |
| **Radiology**<br>(i.e., X-ray/Ultrasound) | $0 copay | $50 copay | You pay 50%* |
| **Complex Imaging**<br>(i.e., CT/MRI/Nuclear Scan) | $0 copay | $100 copay | You pay 50%* |
| **Facilities** | | | |
| **Inpatient Hospital Care/Surgery**<br>Facility<br><br>Professional | $0 copay<br><br>$0 copay | $1,500 copay then<br>You pay 20%*<br>You pay 20%* | $1,500 copay then<br>You pay 50%*<br>You pay 50%* |
| **Outpatient Hospital Care/Surgery**<br>Facility<br><br>Professional | $0 copay<br><br>$0 copay | $1,500 copay then<br>You pay 20%*<br>You pay 20%* | $1,500 copay then<br>You pay 50%*<br>You pay 50%* |
| **Emergency Room**[3] | $200 copay | $200 copay | $200 copay |
| **Urgent Care** | $0 copay | $50 copay | $100 copay |
| **Virtual Urgent Care through KeyCare** | No charge | | |

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.
** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.
[1] One exam per year.
[2] 45 separate visits per year for OT/ST/PT across all plan tiers.
[3] Emergency Room facility copay waived if admitted. ER copay still applies in Observation status.

**Note:** For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

# Medical Benefits

## Flex Plan

The Flex Plan, formerly the Direct Access Plan, is designed for employees who live in New Jersey, but want to pay less out-of-pocket when receiving care outside the RWJBarnabas Health system or in other states. New in 2026, the Flex Plan now includes free* care within the RWJBarnabas Health system.

**This plan may be right for you if:**

- You want to pay less out-of-pocket when receiving care in New Jersey outside the RWJBarnabas Health system (e.g., Hackensack Meridian Health).
- You want to pay less out-of-pocket when receiving care outside of New Jersey (e.g., CHOP or Memorial Sloan Kettering).
- You are okay with paying more (vs. the Core Plan) in payroll contributions.
- You need access to out-of-network care.

**Flex Plan Tiers**
The Flex Plan includes four tiers of coverage: Premier, Extended (formerly Inner Circle), Aetna® Network (formerly In-Network) and Out-of-Network.

| Premier | Extended | Aetna® Network | Out-of-Network |
|---|---|---|---|
| **Look for *"Maximum Savings"* on Aetna® provider search**<br>• RWJBH facilities<br>• RWJBH employed doctors<br>• Rutgers Health doctors<br>• RWJBH Joint Venture facilities and practices<br>• RWJBH Clinically Integrated Network practices | **Look for *"Standard Plus Savings"* on Aetna® provider search**<br>• Certain RWJBH-affiliated doctors<br>• Healthcare Transformation Consortium (HTC) facilities and employed doctors:<br>o AtlantiCare<br>o Atlantic Health System<br>o CentraState Healthcare System<br>o Holy Name<br>o Hunterdon Health<br>o Saint Peter's Healthcare System<br>o Valley Health System | **Look for *"Standard Savings"* on Aetna® provider search**<br>• All other in-network providers in the Aetna® Choice POS II network<br>• Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health)<br>• Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering, and NewYork-Presbyterian) | **Not listed on Aetna® provider search**<br>• Any provider who is not in the Aetna® Choice POS II network |

* Payroll deductions and Emergency Room copay ($200) still apply.

### Medical Benefit Questions?

Contact Aetna® Concierge at **855.546.5415** Monday - Friday from 8:00 AM - 6:00 PM ET or visit **www.aetnaresource.com/n/RWJBH**

# Flex Medical Plan

Please review the table below for full Flex Plan details by tier.

| | Premier | Extended | Aetna® Network | Out-of-Network |
|---|---|---|---|---|
| **Key Plan Terms** | | | | |
| **Deductible**<br>**Individual/Family** | $0/$0 | $1,000/$2,000 | $1,000/$2,000 | $7,500/$15,000 |
| **Coinsurance*** | You pay 0% | You pay 20% | You pay 30% | You pay 60% |
| **Out-of-Pocket Maximum****<br>**Individual/Family**<br>(Includes medical and prescription deductible, coinsurance, and copays) | $1,500/$3,000 | $2,500/$5,000 | $5,000/$10,000 | $15,000/$30,000 |
| **Office Visits** | | | | |
| **Primary Care Office Visit** | $0 copay | $20 copay | $30 copay | You pay 60%* |
| **Specialist Office Visit** | $0 copay | $40 copay | $50 copay | You pay 60%* |
| **Preventive Care** | $0 copay | $0 copay | $0 copay | You pay 60%* |
| **Routine Eye Exam**[1] | $0 copay | $0 copay | $0 copay | Not Covered |
| **Behavioral Health**<br>(Provider Office or ABA Therapy) | $0 copay | $0 copay | $0 copay | You pay 60%* |
| **Physical, Speech & Occupational Therapy**[2] | $0 copay | $40 copay | $50 copay | You pay 60%* |
| **Diagnostics** | | | | |
| **Diagnostic Laboratory** | $0 copay | $0 copay | You pay 30%* | You pay 60%* |
| **Radiology**<br>(i.e., X-ray/Ultrasound) | $0 copay | $50 copay | You pay 30%* | You pay 60%* |
| **Complex Imaging**<br>(i.e., CT/MRI/Nuclear Scan) | $0 copay | $100 copay | You pay 30%* | You pay 60%* |
| **Facilities** | | | | |
| **Inpatient Hospital Care/Surgery**<br>Facility<br><br>Professional | $0 copay<br><br>$0 copay | $1,500 copay then<br>You pay 20%*<br>You pay 20%* | $1,500 copay then<br>You pay 30%*<br>You pay 30%* | $1,500 copay then<br>You pay 60%*<br>You pay 60%* |
| **Outpatient Hospital Care/Surgery**<br>Facility<br><br>Professional | $0 copay<br><br>$0 copay | $1,500 copay then<br>You pay 20%*<br>You pay 20%* | $1,500 copay then<br>You pay 30%*<br>You pay 30%* | $1,500 copay then<br>You pay 60%*<br>You pay 60%* |
| **Emergency Room**[3] | $200 copay | $200 copay | $200 copay | $200 copay |
| **Urgent Care** | $0 copay | $50 copay | You pay 30%* | You pay 60%* |
| **Virtual Urgent Care through KeyCare** | No charge | | | |

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.
** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.
[1] One exam per year.
[2] 45 separate visits per year for OT/ST/PT across all plan tiers.
[3] Emergency Room facility copay waived if admitted. ER copay still applies in Observation status.

**Note:** For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

# Medical Benefits

## Out-of-Area Plan

The newly designed Out-of-Area plan is available for employees who live outside of New Jersey. Employees can still access free* care within the RWJBarnabas Health System, and will also have lower out-of-pocket costs when accessing care outside of New Jersey.

If you live outside of New Jersey, you'll find this choice when you sign up for coverage on **www.RWJBHBenefits.com**.

**This plan may be right for you if:**

- You live outside the state of New Jersey.
- You want to pay less out-of-pocket when receiving care in New Jersey outside the RWJBarnabas Health system (e.g., Hackensack Meridian Health).
- You want to pay less out-of-pocket when receiving care outside of New Jersey (e.g., CHOP or Memorial Sloan Kettering).

**Out-of-Area Plan Tiers**
The Out-of-Area Plan includes four tiers of coverage: Premier, Extended (formerly Inner Circle), Aetna® Network and Out-of-Network.

| Premier | Extended | Aetna® Network | Out-of-Network |
|---|---|---|---|
| **Look for *"Maximum Savings"* on Aetna® provider search**<br>• RWJBH facilities<br>• RWJBH employed doctors<br>• RWJBH Joint Venture facilities and practices<br>• RWJBH Clinically Integrated Network practices | **Look for *"Standard Plus Savings"* on Aetna® provider search**<br>• Certain RWJBH-affiliated doctors<br>• Healthcare Transformation Consortium (HTC) facilities and employed doctors:<br>o AtlantiCare<br>o Atlantic Health System<br>o CentraState Healthcare System<br>o Holy Name<br>o Hunterdon Health<br>o Saint Peter's Healthcare System<br>o Valley Health System | **Look for *"Standard Savings"* on Aetna® provider search**<br>• All other in-network providers in the Aetna® Choice POS II network<br>• Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health)<br>• Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering, and NewYork-Presbyterian) | **Not listed on Aetna® provider search**<br>• Any provider who is not in the Aetna® Choice POS II network |

* Payroll deductions and Emergency Room copay ($200) still apply.

### Medical Benefit Questions?

Contact Aetna® Concierge at **855.546.5415** Monday - Friday from 8:00 AM - 6:00 PM ET or visit **www.aetnaresource.com/n/RWJBH**

# Out-of-Area Medical Plan

Please review the table below for full Out-of-Area Plan details by tier.

| | Premier | Extended | Aetna® Network | Out-of-Network |
|---|---|---|---|---|
| **Key Plan Terms** | | | | |
| **Deductible**<br>**Individual/Family** | $0/$0 | $1,000/$2,000 | $1,000/$2,000 | $7,500/$15,000 |
| **Coinsurance*** | You pay 0% | You pay 20% | You pay 20% | You pay 60% |
| **Out-of-Pocket Maximum****<br>**Individual/Family**<br>(Includes medical and prescription deductible, coinsurance, and copays) | $1,500/$3,000 | $2,500/$5,000 | $5,000/$10,000 | $15,000/$30,000 |
| **Office Visits** | | | | |
| **Primary Care Office Visit** | $0 copay | $20 copay | You pay 20%* | You pay 60%* |
| **Specialist Office Visit** | $0 copay | $40 copay | You pay 20%* | You pay 60%* |
| **Preventive Care** | $0 copay | $0 copay | $0 copay | You pay 60%* |
| **Routine Eye Exam**[1] | $0 copay | $0 copay | $0 copay | Not Covered |
| **Behavioral Health**<br>(Provider Office or ABA Therapy) | $0 copay | $0 copay | $0 copay | You pay 60%* |
| **Physical, Speech & Occupational Therapy**[2] | $0 copay | $40 copay | You pay 20%* | You pay 60%* |
| **Diagnostics** | | | | |
| **Diagnostic Laboratory** | $0 copay | $0 copay | You pay 20%* | You pay 60%* |
| **Radiology**<br>(i.e., X-ray/Ultrasound) | $0 copay | $0 copay | You pay 20%* | You pay 60%* |
| **Complex Imaging**<br>(i.e., CT/MRI/Nuclear Scan) | $0 copay | $0 copay | You pay 20%* | You pay 60%* |
| **Facilities** | | | | |
| **Inpatient Hospital Care/Surgery**<br>Facility<br>Professional | $0 copay<br>$0 copay | $1,500 copay then You pay 20%<br>You pay 20%* | $1,500 copay then You pay 20%*<br>You pay 20%* | $1,500 copay then You pay 60%*<br>You pay 60%* |
| **Outpatient Hospital Care/Surgery**<br>Facility<br>Professional | $0 copay<br>$0 copay | $1,500 copay then You pay 20%*<br>You pay 20%* | $1,500 copay then You pay 20%*<br>You pay 20%* | $1,500 copay then You pay 60%*<br>You pay 60%* |
| **Emergency Room**[3] | $200 copay | $200 copay | $200 copay | $200 copay |
| **Urgent Care** | $0 copay | $50 copay | You pay 20%* | You pay 60%* |
| **Virtual Urgent Care through KeyCare** | No charge | | | |

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.
** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.
[1] One exam per year.
[2] 45 separate visits per year for OT/ST/PT across all plan tiers.
[3] Emergency Room facility copay waived if admitted. ER copay still applies in Observation status.

**Note:** For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

# USW Omnia Medical Plan

**Note:** For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to any automobile insurance plan.

Please review the table below for full USW OMNIA plan details by tier.

| | Premier | Inner Circle | OMNIA Tier 1 | Tier 2 |
|---|---|---|---|---|
| **Key Plan Terms** | | | | |
| **Deductible**<br>**Individual/Family** | N/A | N/A | $1,000/$2,000 | $2,500/$5,000 |
| **Coinsurance*** | N/A | N/A | You pay 40% | You pay 50% |
| **Out-of-Pocket Maximum****<br>**Individual/Family**<br>(Includes medical and prescription deductible, coinsurance, and copays) | $2,500/$5,000 | $2,500/$5,000 | $4,000/$8,000 | $5,000/$10,000 |
| **Office Visits** | | | | |
| **Primary Care Office Visit** | $10 copay | $20 copay | $30 copay | $40 copay |
| **Specialist Office Visit** | $20 copay | $30 copay | $45 copay | $60 copay |
| **Preventive Care** | $0 copay | $0 copay | $0 copay | $0 copay |
| **Routine Eye Exam**[1] | $0 copay | $0 copay | $0 copay | $0 copay |
| **Behavioral Health**<br>(Provider Office or ABA Therapy) | $0 copay | $0 copay | $0 copay | $0 copay |
| **Physical, Speech & Occupational Therapy**[2] | **RWJBH Outpatient Facility:** $5 copay<br>**PCP:** $10 copay<br>**Specialist:** $20 copay | **Outpatient Facility:** $15 copay<br>**PCP:** $20 copay<br>**Specialist:** $30 copay | **Outpatient Facility:** $35 copay<br>**PCP:** $30 copay<br>**Specialist:** $45 copay | **Outpatient Facility:** $50 copay<br>**PCP:** $40 copay<br>**Specialist:** $60 copay |
| **Diagnostics** | | | | |
| **Diagnostic Laboratory**<br>Physician Office, LabCorp, or Quest Lab<br>Outpatient Facility | <br>$0 copay<br>$0 copay | <br>$0 copay<br>$0 copay | <br>$0 copay<br>$35 copay | <br>$0 copay<br>$50 copay |
| **Radiology**<br>Physician Office<br>Outpatient Professional<br>Outpatient Facility | <br>$0 copay<br>$0 copay<br>$0 copay | <br>$0 copay<br>$0 copay<br>$30 copay | <br>$0 copay<br>You pay 40%*<br>You pay 40%* | <br>$0 copay<br>You pay 50%*<br>You pay 50%* |
| **Complex Imaging**<br>Physician Office<br>Outpatient Professional<br>Outpatient Facility | <br>$0 copay<br>$0 copay<br>$0 copay | <br>$0 copay<br>$0 copay<br>$30 copay | <br>$0 copay<br>You pay 40%*<br>You pay 40%* | <br>$0 copay<br>You pay 50%*<br>You pay 50%* |
| **Facilities** | | | | |
| **Inpatient Hospital Care/Surgery**<br>Facility<br><br>Professional | <br>$150 copay<br><br>$0 copay | <br>$150 copay<br><br>$0 copay | <br>$700 copay then You pay 40%*<br>You pay 40%* | <br>You pay 50%*<br><br>You pay 50%* |
| **Outpatient Hospital Care/Surgery**<br>Facility<br><br>Professional | <br>$150 copay<br><br>$0 copay | <br>$150 copay<br><br>$0 copay | <br>$700 copay then You pay 40%*<br>You pay 40%* | <br>You pay 50%*<br><br>You pay 50%* |
| **Emergency Room**[3] | $250 copay | $250 copay | $250 copay | $250 copay |
| **Urgent Care** | $20 copay | $20 copay | $50 copay | $75 copay |
| **Virtual Urgent Care through KeyCare** | No charge | | | |

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.
** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.
[1] One exam per year.
[2] 30 visit maximum per therapy, per condition, per incident (limit does not apply to autism-related diagnoses).
[3] Non-emergency use of the Emergency Room is not covered.

# Medical Plan Contributions

RWJBarnabas Health will continue to cover the majority of your plan costs, even as healthcare expenses rise nationwide. While RWJBarnabas Health is absorbing most of the cost increases, there will be a 5% increase in employee contributions this year. This adjustment helps ensure we can continue offering high-quality, comprehensive benefits that support your total wellbeing today and into the future. You share the cost through contributions that come out of your paycheck, which depend on:

1. The terms of your collective bargaining agreement
2. The plan you choose – Core Plan, Flex Plan or Out-of-Area Plan
3. Who you are covering (spouse, eligible children) and whether or not your spouse has access to employer coverage
4. Your annual salary
5. Whether or not you use tobacco
6. Whether you earned BHealthy Wellness Program points by December 15, 2025

## Non-Tobacco User Contributions

If you haven't used tobacco in the last six months (including cigarettes, vape pens, cigars, chewing tobacco, snuff, e-cigarettes, pipes or hookas), you'll save $125 per month on your medical plan contributions. If you're ready to quit, support is available at **rwjbh.org/NicotineRecovery** or call 833.795.QUIT.

***Note**: Random nicotine testing may occur. Employees who have misstated their tobacco status may be subject to disciplinary action, up to termination.*

## Spousal Surcharge

If your spouse has access to medical coverage through their own employer and you choose to cover them under your RWJBarnabas Health plan, you will pay an extra $125 per month (pre-tax).

This charge does not apply if your annual salary is under $55,000 or if your spouse also works at RWJBarnabas Health.

**Check out the next page for some ways you can save on your 2026 medical plan contributions!**

# BHealthy Wellness Program

Taking care of your wellbeing pays off—literally! The BHealthy Wellness program can help you make small, everyday changes for your wellbeing and save money on your medical plan contributions.

## Complete Your Wellness Requirements and Save in 2026!

We want to reward the steps you take to support your physical wellbeing. When you participate in the BHealthy Wellness Program and complete eligible activities, you can save:

- Up to $19.23 per pay period (up to $500 per year)
- Spouses can earn an additional $3.85 per pay period (up to $100 per year)
- Together, that's a total of $23.08 per pay period (up to $600 per year)

**Important:** All points must be earned by December 15, 2025, to apply towards 2026 medical plan contributions. Any points earned after December 15, 2025, will count toward rewards for the 2027 plan year.

During the annual enrollment period, you will only be able to view rewards for points earned through October 14, 2025. Rewards will be updated after annual enrollment, and your final amount will be viewable in late December 2025.

## What You Can Save in 2026:

| Level | Points | Savings |
|---|---|---|
| Level 1 | 5,000 | $50 |
| Level 2 | 18,000 | $100 |
| Level 3 | 30,000 | $150 |
| Level 4 | 45,000 | $200 |
| Annual Accumulated Savings for 2026: | | $500 |

## Getting Started

Sign up for your BHealthy Wellness account on your phone or computer by going to: **join.personifyhealth.com/bhealthy**.

If you are already a member, sign in at **login.personifyhealth.com**.

Contact your Health Coach for questions and guidance on the program or by calling the BHealthy Wellness line at 973.315.5015, available Monday - Friday from 9:00 AM to 5:00 PM ET.

**Scan the QR code to get started with BHealthy Wellness!**

# Per-Paycheck Medical Contributions

The chart below represents the per-paycheck (bi-weekly) contributions for employees hired after January 1, 2019. **For all other employees who may be in a different rate class, please review the enrollment portal at RWJBHBenefits.com for your specific rate information.**

## Full-Time Employees — Non-Tobacco User Rates

| Employees Scheduled to Work 35 or More Hours Per Week and Hired After January 1, 2019 | | Per-Pay (Bi-Weekly) Contributions | |
|---|---|---|---|
| **Salary Band** | **Coverage Tier** | **Core Plan*** | **Flex Plan** |
| **$85,000 – $124,999** | Employee Only | $85.05 | $146.03 |
| | Employee + Child(ren) | $133.72 | $253.90 |
| | Employee + Spouse | $159.19 | $293.89 |
| | Family | $198.60 | $351.48 |
| **$125,000 – $149,999** | Employee Only | $117.99 | $171.17 |
| | Employee + Child(ren) | $182.29 | $298.40 |
| | Employee + Spouse | $215.66 | $346.25 |
| | Family | $263.96 | $415.37 |
| **$150,000 - $199,999** | Employee Only | $168.15 | $224.73 |
| | Employee + Child(ren) | $256.66 | $395.22 |
| | Employee + Spouse | $282.05 | $458.45 |
| | Family | $314.60 | $493.49 |

* Also applies to the Out-of-Area and USW OMNIA plans.

# Per-Paycheck Medical Contributions (Cont.)

The charts below represents the per-paycheck (bi-weekly) contributions for employees hired both prior and after January 1, 2007. **For all other employees who may be in a different rate class, please review the enrollment portal at RWJBHBenefits.com for your specific rate information.**

## Part-Time Employees — Non-Tobacco User Rates

| Employees Scheduled to Less Than 35 Hours Per Week and Hired Prior to January 1, 2007 | | Per-Pay (Bi-Weekly) Contributions | |
|---|---|---|---|
| **Hours/Week** | **Coverage Tier** | **Core Plan*** | **Flex Plan** |
| **16 - 23.5 Hours** | Employee Only | $146.75 | $187.33 |
| | Employee + Child(ren) | $238.99 | $307.24 |
| | Employee + Spouse | $250.97 | $322.91 |
| | Family | $263.26 | $338.90 |
| **24 - 31.5 Hours** | Employee Only | $131.36 | $167.35 |
| | Employee + Child(ren) | $183.65 | $235.29 |
| | Employee + Spouse | $195.61 | $250.97 |
| | Family | $207.92 | $266.94 |
| **32 - 34.9 Hours** | Employee Only | $109.86 | $149.20 |
| | Employee + Child(ren) | $146.75 | $200.86 |
| | Employee + Spouse | $158.73 | $217.75 |
| | Family | $171.03 | $234.98 |

## Part-Time Employees — Non-Tobacco User Rates

| Employees Scheduled to Less Than 35 Hours Per Week and Hired After January 1, 2007 | | Per-Pay (Bi-Weekly) Contributions | |
|---|---|---|---|
| **Hours/Week** | **Coverage Tier** | **Core Plan*** | **Flex Plan** |
| **16 - 23.5 Hours** | Employee Only | $189.79 | $243.29 |
| | Employee + Child(ren) | $251.28 | $323.22 |
| | Employee + Spouse | $263.26 | $338.90 |
| | Family | $275.56 | $354.88 |
| **24 - 31.5 Hours** | Employee Only | $146.75 | $200.86 |
| | Employee + Child(ren) | $202.08 | $278.34 |
| | Employee + Spouse | $214.07 | $295.24 |
| | Family | $226.37 | $312.45 |
| **32 - 34.9 Hours** | Employee Only | $128.30 | $175.02 |
| | Employee + Child(ren) | $177.49 | $243.89 |
| | Employee + Spouse | $189.48 | $260.80 |
| | Family | $201.77 | $278.01 |

* Also applies to the Out-of-Area and USW OMNIA plans.

# Prescription Drug Benefits

## CVS Caremark®

Employees currently enrolled in the USW OMNIA plan will continue to have prescription drug coverage through Prime Therapeutics. The CVS Caremark® resources listed below will not apply to you if you choose to remain enrolled in the USW OMNIA plan. Mail order service will continue with Amazon Pharmacy. Maintenance (90-day) medications can be filled at an RWJBH retail pharmacy or with Amazon Pharmacy.

### What You Need to Know

When you enroll in one of our medical plans, you are automatically enrolled in prescription drug coverage. Beginning January 1, 2026, RWJBarnabas Health will transition from Prime Therapeutics to **CVS Caremark®** for prescription drug benefits.

With CVS Caremark®, you will have more options to fill your medications at the pharmacies nearest you.

### Expanded Options for Filling Maintenance Medications

Maintenance (90-day) medications can be filled using any of the below options:

- Visit an RWJBarnabas Health retail pharmacy
- Utilize CVS Caremark® Mail Service Pharmacy
- Fill at a CVS Pharmacy® nearest you

This gives you more access and flexibility to fill your medications in a way that best works for you.

### Diabetes Management

Members who received an annual well visit between November 1, 2024 and October 31, 2025, will have $0 copays on their covered diabetes medications in 2026. Please note that the medications must be on the formulary. If you have not received an annual well visit within this time frame, you may be subject to copays on your diabetes medications. Learn more by calling BHealthy Care Management at 844.424.2628, Monday – Friday, from 9:00 AM – 5:00 PM ET.

| Benefit Description | Core Plan, Flex Plan and Out-of-Area Plans |
|---|---|
| **Deductible** | $100 per person per year for brand and specialty medications |
| **Out-of-Pocket Maximum** | Integrated with Medical Out-of-Pocket Maximum |
| **Retail (30-day supply)** | **Copay** |
| **Generic** | $10 |
| **Preferred Brand** | $40 |
| **Non-Preferred Brand** | $80 |
| **Mail Order (90-day supply)** | **Copay** |
| **Generic** | $20 |
| **Preferred Brand** | $100 |
| **Non-Preferred Brand** | $200 |
| **Specialty (30-day supply)*** | **Copay** |
| **Preferred Brand** | $200 |
| **Non-Preferred Brand** | $400 |

* For members with an eligible specialty prescription, you will be directly contacted by PrudentRx to enroll in the PrudentRx program within 24 hours of receipt of a specialty prescription. You may pay $0 copay for specialty medications once enrolled.

### Prescription Drug Benefit Questions?

Contact CVS Caremark® at **833.290.5676**, available 24/7, or visit **caremarkrxplaninfo.com/RWJBH**

# How Can I Get My Prescriptions Filled?

## Short-Term Medications

| What are They? | Where to Fill | How to Fill |
|---|---|---|
| • Medication for an illness or condition expected to clear up in a short amount of time<br>• Typically needs to be filled the same day<br>• Usually not taken for longer than 30 days<br>• **Example:** Antibiotics | • RWJBH on-site retail pharmacies or Walgreens at one of our facilities<br>• Local retail pharmacies including CVS Pharmacy®, Walgreens and other major pharmacy chains | • To fill at an on-site pharmacy or retail location, bring your prescription to the pharmacy or have your physician submit it electronically |

## Maintenance Medications

| What are They? | Where to Fill | How to Fill |
|---|---|---|
| • Medication for an ongoing condition<br>• Might be needed for months, years or even a lifetime; often available in 90-day supplies<br>• **Examples:** Medications to treat cholesterol, diabetes, high blood pressure | • RWJBH on-site retail pharmacies or Walgreens at one of our facilities<br>• CVS Pharmacy® nearest you*<br>• CVS Caremark® Mail Service Pharmacy* | • To fill at an on-site pharmacy or retail location, bring your prescription to the pharmacy or have your physician submit it electronically<br>• For mail order, your doctor can E-prescribe or mail to CVS Caremark® Mail Service Pharmacy |

## Controlled Substance (Schedule II)

| What are They? | Where to Fill | How to Fill |
|---|---|---|
| • This includes prescriptions for narcotics, ADHD, sleep medications and other conditions<br>• Only available in 30-day supplies | • RWJBH on-site retail pharmacies or Walgreens at one of our facilities<br>• Local retail pharmacies including CVS Pharmacy®, Walgreens and other major pharmacy chains | • To fill at an on-site pharmacy or retail location, bring your prescription to the pharmacy or have your physician submit it electronically |

## Specialty Medications

| What are They? | Where to Fill | How to Fill |
|---|---|---|
| • High-cost medications that treat complex conditions like cancer, multiple sclerosis, skin disorders and rheumatoid arthritis<br>• Can sometimes be injectables and/or require special handling<br>• Only available in 30-day supplies | • CVS Specialty® Pharmacy*<br>• RWJBarnabas Health Infusion & Specialty Pharmacy | • **New prescriptions? Your doctor can:**<br>o E-prescribe or mail to CVS Specialty®<br>o Call CVS Specialty® CareTeam at 800.237.2767<br>o Fax the prescription to 800.323.2445<br>• **Questions about copay card for specialty medications?**<br>o Members with an eligible specialty prescription will be directly contacted by PrudentRx to enroll in the PrudentRx program within 24 hours of a prescription being received. You will pay $0 copay for specialty meds once enrolled. |

* Does not apply to those enrolled in the USW OMNIA plan.

# Dental Benefits

## Delta Dental™

### What You Need to Know

Beginning January 1, 2026, RWJBarnabas Health will transition to **Delta Dental™** as our new dental plan vendor. As one of the most widely recognized dental plan vendors nationwide, Delta Dental™ is known for their strong provider access, member savings and reliable service.

We know switching dental vendors is a big shift, and we want to make it easy for you. Here's what you can expect:

- **You will have two plans to choose from** (Base and Buy-Up), with the same plan designs (copays/deductibles) as the 2025 plans.
- **You'll gain access to Delta Dental's PPO™ and Premier Networks**, the largest in the country with 155,000+ participating dentists at 400,000+ locations.
- **More savings when you stay in-network in the Delta Dental PPO™ or Premier Network**, because in-network dentists have agreed to pre-set fees, so you won't get surprise bills for the difference between what they charge and what your plan covers.

To compare plan options and find what's best for you and your family, review the plan details below.

| | Base Plan | Buy-Up Plan |
|---|---|---|
| **Benefits** | **Delta Dental PPO™ Network, Premier Network and Out-of-Network** | |
| **Calendar Year Deductible** (Per Person/Family) | $75/$225 | $50/$150 |
| **Preventive Services** Including but not limited to Exams, Cleanings (3x per year for the Base and Buy-Up Plan), Bitewing X-rays, Fluoride Treatment, Sealants | Plan pays 100%<br>No deductible | Plan pays 100%<br>No deductible |
| **Basic Services** Including but not limited to Fillings, Extractions, Oral Surgery, Root Canals (Endodontics), Periodontal | You pay 20%* | You pay 20%* |
| **Major Services** Including but not limited to Crowns & Gold Restorations, Bridgework, Full & Partial Dentures, Repair of Dentures | You pay 50%* | You pay 50%* |
| **Implants** | Not covered | You pay 50%* |
| **Calendar Year Maximum Benefit** (per person; in-network preventive services do not apply towards the maximum) | $1,500 | $2,000 |
| **Orthodontia** (Adults and children) | You pay 50%* | You pay 50%* |
| **Orthodontia Lifetime Maximum Benefit** | $1,500 | $2,000 |
| **Out-of-Network Benefits?** | Yes | Yes |

* Member pays coinsurance as a percentage of allowed charges after meeting the deductible.

### Additional Things to Know:

- If you are currently enrolled in dental coverage and you don't take action by November 11, 2025, you will be automatically enrolled in a Delta Dental™ plan that is equivalent to your current coverage.
- The DHMO plan will not be offered in 2026. If you were previously enrolled in the DHMO plan, you will be automatically enrolled in the dental Base Plan for 2026, unless you elect otherwise.

Contact Delta Dental™ at **800.810.5324**, Monday - Thursday 8:00 AM - 6:30 PM ET and Friday, 8:00 AM - 5:00 PM ET, or visit **www.deltadentalnj.com/RWJBH**

# Per-Paycheck Dental Contributions

## Delta Dental™

The chart below represents the per-paycheck (bi-weekly) contributions for most employees; please note there may be some differences based on Collective Bargaining Agreements. You will find personalized costs when you enroll on the benefits portal at **RWJBHBenefits.com**.

### Full-Time Employees — Per-Pay (Bi-Weekly) Contributions

| Coverage Tier | Base Plan | Buy-Up Plan |
|---|---|---|
| **Employee Only** | $11.28 | $12.87 |
| **Employee + Child(ren)** | $22.56 | $25.71 |
| **Employee + Spouse** | $18.04 | $20.56 |
| **Family** | $34.97 | $39.85 |

### Part-Time Employees — Per-Pay (Bi-Weekly) Contributions

| Coverage Tier | Base Plan | Buy-Up Plan |
|---|---|---|
| **Employee Only** | $15.79 | $17.75 |
| **Employee + Child(ren)** | $31.58 | $36.00 |
| **Employee + Spouse** | $25.27 | $28.80 |
| **Family** | $48.96 | $55.96 |

### Dental Plan Questions?

Contact Delta Dental™ at **800.810.5234**, Monday - Thursday 8:00 AM - 6:30 PM ET and Friday, 8:00 AM - 5:00 PM ET.

To find a dentist in the Delta Dental™ network, visit **deltadentalnj.com/RWJBH**. Dentists in the PPO and Premier networks will appear with a "greater savings" logo.

# Vision Benefits

## EyeMed

### What You Need to Know

Vision benefits are so much more than an eye exam. They help you save money, stay healthy and see everything life has to offer. **EyeMed** remains our vision vendor, and their network includes thousands of independent providers, as well as the nation's leading optical retailers, such as LensCrafters, Pearle Vision and Target.

| Benefits | In-Network | Out-of-Network Reimbursement** |
|---|---|---|
| **Exam at PLUS Providers** | $0 copay | Up to $50 |
| **Exam at Other Providers** | $10 copay | |
| **Frames** | $0 copay; $175 allowance;<br>20% off balance over $175 | Up to $88 |
| **Any Available Frame at PLUS Providers** | $0 copay; $225 allowance;<br>20% off balance over $225 | |
| **Lenses**<br>Single Vision<br>Bifocal<br>Trifocal | $10 copay | Up to $50<br>Up to $75<br>Up to $100 |
| **Premium/Custom/ Progressive Lenses**<br>Tier 1<br>Tier 2<br>Tier 3<br>Tier 4 | <br>$85 copay<br>$95 copay<br>$110 copay<br>$65 copay; 80% of charge less $120 allowance | Up to $75 |
| **Contact Lenses**<br>Conventional<br>Disposable | $0 copay; $175 allowance;<br>15% off balance over $175<br>$0 copay; up to $175 allowance | <br>Up to $140<br>Up to $140 |
| **Contact Lenses at PLUS Providers**<br>Conventional<br>Disposable | <br>$0 copay; 15% off balance over $225<br>$0 copay; up to $225 allowance | <br>Up to $140<br>Up to $140 |
| **Medically-Necessary Contact Lenses** | $0 copay; paid in full | Up to $210 |
| **Frequency**<br>Exam<br>Lenses<br>Contacts<br>Frames* | <br>Once every calendar year<br>Once every calendar year<br>Once every calendar year<br>Once every calendar year | |

* Plan allows member to receive either contacts or frames and lens services.
** Plan reimburses you directly for care upon receipt of claim information.

### Vision — Per-Pay (Bi-Weekly) Contributions

| Coverage Tier | EyeMed Vision Plan |
|---|---|
| **Employee Only** | $3.45 |
| **Employee + Child(ren)** | $6.63 |
| **Employee + Spouse** | $5.12 |
| **Family** | $9.75 |

### Vision Plan Questions?

Contact EyeMed at
**866.800.5457**
or visit **eyemed.com**.

# Additional Resources For Your Wellbeing

RWJBarnabas Health provides additional valuable benefits to support your total wellbeing, and we encourage you to seek the support you need to bring your whole self to everything you do.

## Care Navigation

- Dedicated support to help you navigate and answer any questions you may have regarding finding the right provider, specialist or service to meet your healthcare needs.
- Get started by calling the Care Navigation team at 844.424.2628, Monday – Friday from 8:00 AM - 7:00 PM ET.

## Care Management

- Personalized, comprehensive care management and coordination services for employees and their families who are enrolled in the RWJBarnabas Health medical plans, with HIPAA-compliant confidentiality.
- Get started by calling the Care Management team at 844.424.2628, Monday – Friday from 9:00 AM - 5:00 PM ET.

## Telemedicine

- Access to virtual urgent care for a variety of needs.
- Get started by visiting **RWJBHTotalWellbeing.com/physical-wellbeing/telemedicine**.

## Employee Assistance Program (EAP)

- Free, confidential counseling available 24/7 for you and your family.
- Support available both virtually and in-person for life's challenges.
- Call 800.300.0628 or **click here**.

## Calm App

- Free Calm subscription for all benefits-eligible employees—plus five friends or family members.
- Includes meditations, sleep stories and stress-relief tools.
- Get started by visiting **www.calm.com/b2b/rwjbarnabashealth/subscribe.**

## BHealthy Mom Program

- Maternity support through a mobile app with tips, trackers and resources.
- Designed for new parents, expecting parents and those planning a pregnancy.
- Search "BHealthy Mom" in your app store or visit **rwjb.onelink.me/18b3/oe**.

## Fertility Benefit*

- Medical plan members seeking fertility treatment may have their lifetime maximum benefit waived when receiving care at our partner, the Institute for Reproductive Medicine and Science (IRMS).
- For more information about IRMS, you can visit their website at **sbivf.com**.

## Virtual Talk Therapy (AbleTo)

- Connect with licensed therapists online to build coping skills and mental resilience.
- Available at no cost to employees and dependents enrolled in RWJBH medical plans.
- Start at **www.ableto.com/aetna**.

* As a Catholic institution, Trinitas Regional Medical Center may not cover certain reproductive services for health plan members.

# Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) help you save money by using pre-tax dollars for eligible expenses. There are two types of FSAs you can select during annual enrollment: Healthcare and Dependent Care.

## Healthcare FSA

A Healthcare FSA allows you to set money aside on a pre-tax basis to help you cover the costs of eligible out-of-pocket healthcare expenses for both you and your eligible dependent(s), such as:

- **Medical:** Copays, deductibles and co-insurance, etc.
- **Prescription Drug:** Copays, deductibles and coinsurance, as well as medications that aren't covered by insurance.
- **Dental:** Copays, deductibles, coinsurance and other dental items that fall outside of the calendar year annual maximum.
- **Vision:** Copays or frame costs.

The maximum you can set aside for a Healthcare FSA is $3,400 per year.

## Dependent Care FSA

A Dependent Care FSA allows you to set money aside on a pre-tax basis to pay for costs associated with caring for your dependents, such as childcare and elder care.

The maximum you can set aside for a Dependent Care FSA is $7,500 per year ($3,750 if married and filing taxes separately).

### Important Considerations Regarding Flexible Spending Accounts:

- **Use-it-or-lose-it:** You can roll over a maximum of $660 from your 2025 FSA balance into your 2026 FSA per IRS regulations. It is important to estimate your out-of-pocket expenses carefully, so you don't forfeit funds from your account.

  **Note:** The rollover applies to the Healthcare FSA only. *You cannot rollover your Dependent Care FSA at the end of the year.*

- **Contributions:** Outside of the annual enrollment period, changes to your FSA contribution(s) can only be made if you experience a Qualifying Life Event (e.g., adoption, birth, marriage, adult guardianship, etc.). You have 31 days from the date of the life event to make a change, if needed.
- **First Time Users:** If you're signing up for an FSA for the first time, you'll receive a Mastercard debit card to access the funds within your account(s).

# Life and Disability Benefits

## MetLife

### Basic Life and AD&D

- Benefits-eligible employees represented by USW at RWJUH are automatically enrolled in a Basic Life insurance benefit, provided by MetLife and 100% paid for by RWJBarnabas Health. This benefit provides Basic Life insurance coverage equal to 1 times an employee's salary, up to a maximum of $500,000.

### Voluntary Life Insurance

- Need extra protection? During annual enrollment, all benefits-eligible employees can enroll in additional life insurance coverage if interested.
- For 2026 only, the guaranteed issue amount for voluntary life insurance will increase to $300,000 for employee coverage. Employees who currently have a voluntary life policy will be allowed to increase coverage up to $300,000 without answering any health questions. New enrollees will still be subject to health questions, depending on the amount of coverage elected.
- Voluntary spouse and child life insurance is also available through MetLife and is 100% employee-paid. Additional information is available via the employee portal at **RWJBHBenefits.com**.

### Long-Term Disability (LTD) Coverage

- Benefits-eligible employees represented by USW at RWJUH with ten or more years of service are automatically enrolled in long-term disability insurance equal to 60% of their salary up to a $10,000 monthly maximum. This coverage is provided by MetLife and is 100% paid for by RWJBarnabas Health.
- Benefits-eligible employees represented by USW at RWJUH with fewer than ten years of service have the opportunity to purchase voluntary long-term disability coverage. Additional information on this coverage and the cost is available on the benefits enrollment portal (**RWJBHBenefits.com**).

Be sure to review and update your beneficiary information on **RWJBHBenefits.com**.

# Voluntary Benefits

Everyone has unique insurance needs, so benefits-eligible employees have the option to buy additional types of insurance for extra coverage.

| Benefit | Overview | How to Enroll |
|---|---|---|
| **Permanent Life Insurance with Long Term Care Benefits**<br>**UNUM** | You can purchase life insurance that provides a benefit to your beneficiaries upon passing. There is also an option to include long-term care coverage, providing financial support for long-term care services, such as home healthcare, assisted living or nursing home care. | • If you are not currently enrolled in voluntary benefits, you will see an option to enroll during the annual enrollment process.<br>• If you are currently enrolled in any of the voluntary benefits offered by Aon (Farmington), your coverage will continue as-is. If you would like to change or cancel your existing 2025 coverage, please call 844.428.6672 and press 4 when prompted. The Aon call center is open from Monday - Friday, 8:00 AM - 5:00 PM ET. |
| **Critical Illness**<br>**MetLife** | You can protect yourself in the event of severe illness, including receiving a lump sum payment if you are diagnosed with a covered condition. | |
| **Accident Insurance**<br>**MetLife** | You can help cover unexpected costs for qualifying accidental injury expenses. | |
| **Hospital Indemnity Insurance**<br>**MetLife** | You can offset the cost of planned or unplanned hospital stays. | |
| **Legal Service**<br>**MetLife Legal** | You can access attorneys and legal resources for select personal legal matters. | |
| **Pet Insurance**<br>**Nationwide** | You can give your furry friends strong care options, while easing the burden of veterinary costs. | Call 877.738.7874, Monday - Friday between 6:00 AM - 5:00 PM PT, or visit **Nationwide.** |
| **Identity and Cyber Security**<br>**Norton LifeLock** | You can protect your personal data and digital presence from threats including identity theft, cybercrime and fraud. | Call 800.607.9174, Monday – Friday, 9:00 AM – 7:00 PM ET. |

Beginning in 2026, we will no longer offer the Unum Individual Short-Term Disability benefit. You will need to take action if you wish to continue your enrollment in this plan through direct payment to Unum. If you are currently enrolled in this benefit, be on the lookout for more information in the mail.

# Additional Financial Wellbeing Benefits

RWJBarnabas Health offers access to additional benefits and programs to help you manage costs and support your financial wellbeing, from student loan relief to employee discounts. These benefits are provided to you automatically.

| Perks | Overview | For More Information |
|---|---|---|
| **Tuition Reimbursement & Tuition Discounts**<br>**ISTS** | Up to $5,250 per year in tuition assistance is offered to help eligible employees grow in their current roles and prepare for new opportunities at RWJBarnabas Health. | **Click here** for more information on your Tuition Benefits. |
| **Student Loan Navigation**<br>**Fiducius** | This benefit offers access to personalized support and expert navigation through the complex student loan landscape—from repayment strategies to forgiveness options and everything in between. | **Click here** for more information about your Student Loan Navigation Benefits. |
| **Employee Discount Program**<br>**PerkSpot** | You can enjoy exclusive savings on thousands of products and services from major brands, national retailers and local merchants. Categories include travel, electronics, dining, entertainment, apparel and more. | Savings await, **sign up today**! |
| **Purchasing Program**<br>**Purchasing Power** | You can purchase products and services with fixed payments made through payroll deduction. | Visit **Purchasing Power**<br>Call 866.670.3477 or<br>text HELLO to 39771. |

# Legal Notices

## Plan Rights

RWJBarnabas Health is required to communicate to you certain protections administered by the Internal Revenue Service and the United States Department of Labor. This Flexible Benefit Plan is classified by the Department of Labor as a "welfare plan" and by the IRS as a "specified fringe benefit plan" under IRC s.6039(D). This Plan is also governed by Internal Revenue Code (IRC) Section 125. Plan participants are entitled to certain protections and directions for recourse in the event of mistreatment by the Plan, its sponsor or administrator. Since these protections are essentially the same as federal law, this Statement of Rights is published here for your information.

The Employer Identification Number (EIN) assigned to RWJBarnabas Health is 22-2405279. The ERISA number for this group is 501. You should refer to these numbers in any correspondence about the Plan.

## Statement of Plan Rights

RWJBarnabas Health is designated as the Administrator in connection with claims processed under the Plan. Such claim matters may be served by directing the process to the Plan Administrator at RWJBarnabas Health.

The Internal Revenue Code and specific Department of Labor Regulations were enacted to help assure that all employer-sponsored group benefit programs conform to standards set by Congress. An employee who is a participant in the Flexible Benefits Plan is entitled to certain rights and protections under federal law, which provides that all participants will be entitled to (1) examine, without charge, at the Human Resources Office, all Plan documents and copies of all Plan documents and other Plan information upon written request to the Human Resources Office, subject to a reasonable charge for the copies; and (2) receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report. Plan records are kept on a plan-year basis.

In addition to creating rights for Plan participants, federal law imposes duties upon those responsible for the operation of the Plan who are called "fiduciaries" and who have a duty to operate the Plan prudently and in the interest of participants and beneficiaries. If a claim for a benefit under a Plan is denied in whole or part, the claimant must receive a written explanation of the reason for the denial. The claimant has the right to have the claim reviewed and reconsidered.

Under federal law, there are steps an employee covered under a Plan can take to enforce the above rights. For instance, if the person requests Plan documents and does not receive them within 30 days of their written request to the Plan, the person may file suit in a federal court.

In such a case, the court may require RWJBarnabas Health to provide the materials and pay that person up to $110 a day until the person receives the materials, unless the materials were not sent because of reasons beyond the control of RWJBarnabas Health. If a person has a claim for benefits which is denied or ignored, in whole or in part, the person may file suit. If it should happen that Plan fiduciaries misuse the Plan's money, or if an employee covered under a Plan is discriminated against for asserting his or her rights, the person may seek assistance from the U.S. Department of Labor or may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the claimant is successful, the court may order the Employer to pay these costs and fees. If the claimant loses, the court may order the claimant to pay these costs and fees, for example, if it finds the claim to be frivolous. If an employee covered under a Plan has any questions about the Plan, the employee should contact the Employee Benefits Department. If an employee has any questions about this statement of the employee's rights under federal law, the employee should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

**Please refer to your plan document for a full explanation of your plan rights.**

## 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.

RWJBarnabas Health offers a series of health coverage options. You should receive access to a Summary of Benefits and Coverage (SBC). This document summarizes important information about all health coverage options in a standard format. Please contact the Employee Benefits Department if you have any questions or did not receive access to your SBC.

## 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 the Employee Benefits Department.

## 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 October 1, 2025 (https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/medicaid-chip-premium-assistance-2024.pdf). Contact your State for more information on eligibility**.

# Legal Notices

**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
http://dhcs.ca.gov/hipp
Phone: 916.445.8322
Fax: 916.440.5676
Email: hipp@dhcs.ca.gov

**COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800.221.3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800.359.1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.mycohibi.com/
HIBI Customer Service: 1-855.692.6442

**FLORIDA** – Medicaid
Website: https://www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877.357.3268

**GEORGIA** – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-programhipp
Phone: 678.564.1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-healthinsurance-program-reauthorization-act-2009-chipra
Phone: 678.564.1162, Press 2

**INDIANA** – Medicaid
Health Insurance Premium Payment Program
All other Medicaid Website: https://www.in.gov/medicaid/
http://www.in.gov/fss/dfr/
Family and Social Services Administration
Phone: 1-800.403.0864
Member Services Phone: 1-800.457.4584

**IOWA** – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800.338.8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800.257.8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888.346.9562

**KANSAS** – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800.792.4884
HIPP Phone: 1-800.967.4660

**KENTUCKY** – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855.459.6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877.524.4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

**LOUISIANA** – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888.342.6207 (Medicaid hotline) or 1-855.618.5488 (LaHIPP)

**MAINE** – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800.442.6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800.977.6740 TTY: Maine relay 711

**MASSACHUSETTS** – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800.862.4840 TTY: 711
Email: masspremassistance@accenture.com

**MINNESOTA** – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800.657.3672

**MISSOURI** – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573.751.2005

**MONTANA** – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800.694.3084
Email: HHSHIPPProgram@mt.gov

**NEBRASKA** – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 855.632.7633
Lincoln: 402.473.7000
Omaha: 402.495.1178

**NEVADA** – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800.992.0900

# Legal Notices

**NEW HAMPSHIRE** – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premiumprogram
Phone: 603.271.5218
Toll free number for the HIPP program:
1-800.852.3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

**NEW JERSEY** – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 800.356.1561
CHIP Premium Assistance Phone: 609.631.2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800.701.0710 (TTY: 711)

**NEW YORK** – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800.541.2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919.855.4100

**NORTH DAKOTA** – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844.854.4825

**OKLAHOMA** – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888.365.3742

**OREGON** – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800.699.9075

**PENNSYLVANIA** – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premiumpayment-program-hipp.html
Phone: 1-800.692.7462
CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html
CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND** – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855.697.4347, or 401.462.0311 (Direct RIte Share Line)

**SOUTH CAROLINA** - Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888.549.0820

**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-hippprogram
Phone: 1-800.440.0493

**UTAH** – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888.222.2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

**VERMONT**– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800.562.3022

**VIRGINIA** – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-paymenthipp-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 October 1, 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

## Notice Regarding Wellness Program

RWJBarnabas Health Wellness Program is a voluntary wellness program available to all benefits-eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA.

However, employees who choose to participate in the wellness program may receive an incentive of up to $500 per year by earning points in the BHealthy Care Wellness program by completing a Biometric screening, an annual screening, a health risk assessment, or completing the health activity program. Spouses may also earn an incentive for the employee up to $100 per year by completing the activities listed above. Although you are not required to complete these activities, employees who do so may receive up to $600.

If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Personify Health.

The information from your HRA will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as on-site health coaching. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and RWJBarnabas Health may use aggregate information it collects to design a program based on identified health risks in the workplace, RWJBarnabas Health Wellness Program will never disclose any of your personal information publicly. Additionally, the Program will not disclose your personal health information to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as you authorize and as otherwise expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law and to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will be required to abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information originating with the Wellness Program is (are) those who are identified in this Legal Notice and those you authorize to receive your personally identifiable information.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Employee Benefits Department.

## Notice of Disclosure of Your Information to Vendors

Please note that your enrollment in any of the RWJBarnabas Health benefit plans also serves as your agreement, for you, and on behalf of your enrolled dependents, that RWJBarnabas Health, its affiliates, and vendors may obtain and share your personally identifiable information, such as name, age, social security number, address, telephone number, marital status, personal email, salary, and dependents with vendors that are assisting RWJBarnabas Health in administering our benefit programs. RWJBarnabas Health uses vendors to assist it with administering and providing the benefits plans and services it offers. Your personal information is shared with these vendors in furtherance of the plans in which you enroll. These vendors may also use your personal information to inform you of their services and products, if you request such information or as otherwise permitted by law.

## Important Notice from RWJBarnabas Health 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, the RWJBarnabas Health plan, and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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. RWJBarnabas Health has determined that the prescription drug coverage offered by the RWJBarnabas Health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. 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 RWJBarnabas Health plan coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents.

(To find out more, go to: **http://www.cms.hhs.gov/CreditableCoverage/**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D).

If you do decide to join a Medicare drug plan and drop your current RWJBarnabas Health plan coverage, be aware that you and your dependents will not be able to get this coverage back until January 2027.

**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 the RWJBarnabas Health plan 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 19 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 the Employee Benefits Department at 732-729-7683 for further information. 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 RWJBarnabas Health 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: | October 2025 |
| Name of Entity/Sender: | RWJBarnabas Health |
| Office: | Employee Benefits Department |
| Address: | 379 Campus Drive<br>Somerset, New Jersey 08873 |
| Phone Number: | 732.729.7683 |

## Notice Regarding Your Personal Information

RWJBarnabas Health uses vendors to assist it with administering and providing the benefits plans and services it offers. Your personal information is shared with these vendors in furtherance of the plans you enroll in. Please note that your enrollment in any of the RWJBarnabas Health benefit plans is also your agreement, for yourself, and on behalf of your dependents, that RWJBarnabas Health, its affiliates, and vendors may share your personal identifiable information, such as name, age, social security number, address, telephone number, marital status, personal email, salary, and dependents with other vendors that are assisting RWJBarnabas Health in administering our benefit programs. Please also note that these vendors may also use your personal information to inform you of their services and products, only if you have specifically asked for such communication.

## Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under **ERISA**, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under **ERISA** by calling the publications hotline of the Employee Benefits Security Administration.

## Notice of Privacy Practices for RWJBarnabas Health Employee Health Plans

**THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**INTRODUCTION**

**This Notice is being provided to you on behalf of the RWJBarnabas Health Employee Health Plans,** including the medical, dental and health care flexible spending account employee health plans (collectively, the "Plan" and also referred to in this Notice as "We" or "Our"). We understand that your medical information is private and confidential. Further, We are required by law to maintain the privacy of "protected health information" or "PHI" which includes any individually identifiable information that We obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share PHI as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered by the Plan.

# Legal Notices

As required by law, this notice provides you with information about your rights and Our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures We will make of your PHI. We must comply with the provisions of this notice as currently in effect, although We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI We maintain. You can always request a written copy of Our most current privacy notice from the Privacy Officer of the Plan or you can access it at: **rwjbhtotalwellbeing.com/contacts-and-resources/**.

**PERMITTED USES AND DISCLOSURES**

We can use or disclose your PHI for purposes of treatment, payment, and health care operations. For each of these categories of uses and disclosures, We have provided a description and an example below. However, not every particular use or disclosure will be listed.

- **Treatment** means the provision, coordination, or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another. For example, We may release information to a provider to coordinate your care.
- **Payment** means the activities We undertake to reimburse providers for the health care provided to you, including billing, collections, claims management, and other utilization review activities. For example, We may need to obtain PHI from your provider to determine whether the proposed course of treatment will be covered or if necessary to obtain payment.
- **Health care operations** means the support functions of the Plan, related to treatment and payment, such as quality assurance activities, case management, responding to patient complaints, compliance programs, audits, business planning, development, management, and administrative activities. For example, we may use your PHI to decide what additional services We should offer.

**OTHER USES AND DISCLOSURES OF PHI**

We may also use your PHI in the following ways:

- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. For example, the third-party administrators may mail explanations of benefits or other information for covered dependents to the address the administrators have on file for the subscriber of the Plan. Further, the administrators may make claims information on their secured website available to the subscriber and the covered dependents. Please reach out directly to the third party administrators, using the contact information available through the link listed below, if you need to change their communications contact information for you.
- We may use or disclose your PHI to notify, or assist in the notification of, a person responsible for your care, of your location, general condition or death. If you are available, We will give you an opportunity to object to these disclosures, and We will not make these disclosures if you object.
- When permitted by law, We may coordinate Our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We may disclose information to the sponsors of Our plan for plan administration, or disclose summary information to help in bids for or changing group health plans.
- We may use your information for underwriting purposes; however, We will not disclose genetic information for this purpose.
- We may contact you as part of Our marketing efforts as permitted by applicable law.
- We will use or disclose PHI about you when required to do so by applicable law.

**Note:** Incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures, which are limited in nature and cannot be reasonably prevented.

**SPECIAL SITUATIONS**

Subject to the requirements of applicable law, We may make the following uses and disclosures of your PHI:

- **Military and Veterans.** If you are a member of the Armed Forces, We may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Public Health Activities**. We may disclose PHI about you for public health activities, including disclosures:

  — to prevent or control disease, injury or disability;

  — to report births and deaths;

  — to report child abuse or neglect;

  — to notify the appropriate government authority for suspected abuse, neglect, or domestic violence of adults, provided that We will only make this disclosure if the patient agrees or when required or authorized by law;

  — to report reactions to medications or problems with products;

  — to assist with product recalls; and/or

  — to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose PHI to federal or state agencies that oversee Our activities (e.g., providing health care, seeking payment, and civil rights).
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, We may disclose PHI in response to a court order or other lawful process, subject to certain limitations.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official subject to certain limitations.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law, or to authorized federal officials so they may provide protection to the President or foreign heads of state.
- **Research.** We may use and share your information for health research, subject to certain limitations.
- **Serious Threats.** As permitted by applicable law and standards of ethical conduct, We may use and disclose PHI if We, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

**Note: Information related to treatment of HIV, substance abuse treatment, reproductive health information, or behavioral health conditions or treatment or genetic information may benefit from certain special additional protections under applicable state and other federal law. We will follow other applicable privacy laws that provide you with additional privacy protections.**

# Legal Notices

**OTHER USES OF YOUR PHI**

**Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.**

**YOUR RIGHTS**

1. You have the right to request restrictions on Our uses and disclosures of PHI. However, We are not required to agree to your request. To request a restriction, you may make your request in writing to the Privacy Officer.

2. You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer. For communications directly from the Plan's administrators (e.g., an EOB sent by the health benefits plan administrator), please reach out directly to the administrators, using the contact information that is available through the website link listed below.

3. You have the right to inspect and copy the PHI contained in Our Plan records, subject to certain exceptions under applicable law. If We deny your request, as permitted by law, We will notify you, and you will have the right to have that denial reviewed in accordance with applicable law.

4. In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Privacy Officer. For copies of records held by the Plan's administrators (e.g., an EOB sent by the health benefits plan administrator), please reach out directly to the administrators, using the contact information available through the link below. If you request a hard copy, the Plan reserves the right to charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

5. You have the right to request an amendment (correction) to your PHI if you believe that the PHI that We have about you is incorrect or incomplete. We may deny your request for amendment, subject to applicable law. Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to the Privacy Officer, along with a description of the reason for your request. For changes to records held by the Plan's administrators (e.g., an EOB sent by the health benefits plan administrator), please reach out directly to the administrators, using the contact information available through the link below.

6. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for certain routine disclosures. To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer. For disclosures made by the Plan's administrators, please reach out directly to the administrators, using the contact information available through the link below. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, We may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

7. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

**COMPLAINTS/CONTACT PERSON**

If you believe that your privacy rights have been violated, you should immediately contact the Privacy Officer or you may contact the Plan's administrators using the contact information below. Neither We nor the Plan's administrators may take action against you for filing a complaint. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

If you have questions relating to any of the records maintained on behalf of the Plan by the Plan's administrators, you may directly contact the customer service centers of those administrators, the contact information for which is available at:
**rwjbhtotalwellbeing.com/contacts-and-resources/**

If you have any questions or would like further information about this notice, or if you would like to exercise any of the rights described in this notice for records maintained by RWJBH rather than by the Plan's administrators, please contact the Plan Privacy Officer at:

**Employee Health Plan Privacy Officer**
**RWJBarnabas Health**
**379 Campus Drive**
**Somerset, NJ 08873**
**732.729.7683**

This notice was last revised and is effective as of October 1, 2025.

# Wellbeing starts with you.

**About this Annual Enrollment Guide**

This Annual Enrollment Guide describes the highlights of the RWJBarnabas Health Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Guide. If there is any discrepancy between the descriptions of the program elements in this Guide and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the benefits program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by RWJBarnabas Health.

This Guide may not be reproduced or redistributed in any form or by any means without the express written consent of RWJBarnabas Health.

The information presented in this Guide is not intended to be construed to create a contract between RWJBarnabas Health and any one of RWJBarnabas Health's employees or former employees. RWJBarnabas Health reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.

RWJBarnabas HEALTH