

ANNUAL ENROLLMENT: NOVEMBER 4 - 18, 2019

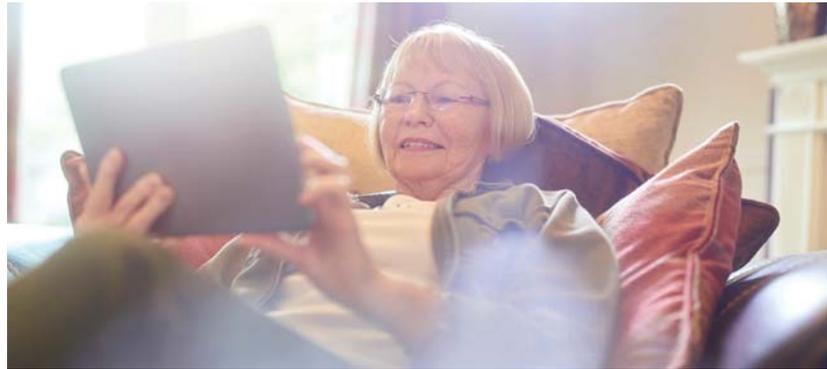


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Annual Enrollment Information

Annual Enrollment will take place from November 4 to November 18, 2019. Benefits elected during this time will become effective January 1, 2020.

RWJBarnabas Health has made some important changes to our benefit offerings for the 2020 plan year. You MUST log into the enrollment system to review your plan options and to ensure all your personal data is accurate, including attesting to your current tobacco status. This is the only opportunity you will have to make changes (unless you experience a qualifying life event in the next year - see page 7 for more information).

IF YOU DO NOT TAKE ACTION and enroll during the Annual Enrollment period, you will automatically be re-enrolled in your current coverage with the exception of your Flexible Spending Accounts and Health Savings Accounts (these require a fresh election each plan year) and we will assume you are now a tobacco user.

- If you are a benefits-eligible employee currently enrolled in a medical/prescription drug, dental or vision plan in 2019, you and your eligible dependents will be rolled over into your current RWJBH plans with the same level of coverage you had in 2019. Your tobacco election will not be rolled over, it will be automatically assumed that you are a tobacco user, and you will see a surcharge on your paycheck.
- If you are a benefits-eligible employee NOT currently enrolled in a medical/prescription drug, dental and/or vision plan in 2019, you will continue to have NO coverage in the new 2020 plan year unless you enroll during Annual Enrollment.

If you have questions about your benefit plan options, you can contact Health Advocate at **877-233-9491**.

If you have questions about benefit enrollment, you can contact benefitexpress at **844-690-0920** or visit www.rwjhbbenefits.com.

Note: You must go into the benefit enrollment portal to attest your Tobacco User status and whether your covered spouse has access to other medical coverage. If you take no action, you will pay higher employee contributions.



You must take action during the Annual Enrollment period for the following:

- **Flexible Spending Accounts**
If you would like to put money into a flexible spending account on a pre-tax basis to cover your out-of-pocket expenses for health care including prescription drug costs and/or dependent care, you must make a new election each year during Annual Enrollment.
- **Tobacco Use Attestation**
You MUST certify your tobacco use status during Annual Enrollment via the online Benefit Enrollment system or by calling Benefit Express.
- **Spousal Surcharge**
If you cover a spouse on an RWJBarnabas Health medical plan, you will pay an additional surcharge if your spouse has access to other employer-provided medical coverage through their own employer (Spousal Surcharge does not apply to employees with a base salary below \$50,000). When you enroll you will certify whether or not your spouse has access to coverage through their own employer. If your spouse also works for RWJBarnabas Health, you will not pay the spousal surcharge.
- **Update Life Insurance Beneficiary**
When making your life insurance benefit elections, please be certain to update your life insurance beneficiary information.

Annual Enrollment Instructions

The enrollment site is new for Annual Enrollment this year. To make your elections go to www.rwjhbenefits.com and enter your username and password.

- Your username is "**RWJBH**" followed by your 6 digit Employee ID number.

*For example, if your employee ID is **012345**, then your username would be **RWJBH012345** (no dashes or slashes).*

PLEASE NOTE: Usernames are not case sensitive.

- Your initial password is the capitalized first letter of your first name + lower case first letter of your last name + your zip code.

*For example, if your name is **David Public** and your zip code is **02369**, then your password would be **Dp02369**.*

PLEASE NOTE: Passwords are case sensitive.

- Click on the **LOGIN** button to log in.

PLEASE NOTE:

If you need help enrolling you can call benefitexpress at 844-690-0920.



What's New for 2020

Medical Plans

- For the OMNIA plan in 2020 we are introducing a new Tier of coverage - the Domestic Tier, for care provided at RWJBarnabas Health facilities and with providers that are employed by our system. When you seek healthcare services with providers in our system this will generally be the lowest cost to you. A list of facilities and providers will be available on The Bridge as well as on Horizon's website.
- Remember that the RWJBarnabas Health TeleMed program might be a great resource for urgent care needs. This service is available at a low \$5 copay for all employees enrolled in the OMNIA and Direct Access plans. It is also available to all employees not enrolled in our medical benefits at a slightly higher copay of \$39. For those enrolled in the High Deductible Health Plan, please note that you will pay the \$39 copay this will count towards your deductible.

Prescription Drug Benefit

- **The retail pharmacy network for 2020 will no longer include CVS pharmacies.** You will still be able to fill prescriptions at RWJBarnabas Health onsite pharmacies, LSC Mail Order pharmacy, onsite Walgreens pharmacies and thousands of other pharmacies nationwide. Other common pharmacy chains include Walgreens, Rite Aid, ShopRite Pharmacy, Stop & Shop Pharmacy, Wegmans Food Market and Walmart Pharmacy.

Dental

- No changes to the benefits or contributions. All part-time employees can now enroll for dental coverage.

Vision

- No changes to the benefits or contributions.

Flexible Spending Accounts

- You must go onto the benefit enrollment portal if you want to enroll in a flexible spending account for 2020. The health care flexible spending account limit is \$2,700 for 2020. For a dependent, you can contribute up to \$5,000 a year or \$2,500 if you are married but file separate tax returns.

Life Insurance

- No changes to the benefits or contributions.

Long Term Disability

- No changes to the benefits or contributions. Please note that part-time benefits eligible employees are able to enroll in the Long Term Disability benefit for 50% of their salary up to a maximum of \$3,000.



RWJBarnabas Health supports transgender and gender non conforming employees in the workplace, including providing resources to support gender transition in the workplace. Employees shall be eligible for equal benefits regardless of gender, gender identity or gender expression. All RWJBarnabas Health sponsored health plans offer gender transition and gender affirming medical care and services (e.g. hormone therapy, chest/breast and genital surgeries, and mental health services) to benefits-eligible employees including coverage for gender re-assignment surgery. RWJBH is committed to ensuring that employees have support, assistance and access to resources during gender transition. You can contact Horizon's Member Services at 844-209-4715 for a confidential discussion regarding coverage for services under the health plan.

Health Advocate

New Health Advocate Benefit!

You have a *friend* in healthcare

We are very pleased to inform you that RWJBarnabas Health will now be offering Health Advocate, a new service for our RWJBarnabas Health medical plan-enrolled employees and their eligible family members, that provides access to industry experts who will help you navigate all of your employee benefits, coordinate healthcare services under our medical plan, and resolve healthcare and insurance-related issues, saving you time, money and worry. This service is at no cost to you!

How Does it Work?

Whenever you have a health or benefits question, call Health Advocate. You will be connected to a Personal Health Advocate who will listen to your concern, answer your questions and tackle your issue, or instantly connect you to the right resource. Calls are unlimited and confidential.

What Issues Can Health Advocate Address?

Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims specialist, can help you:

- Find the right doctors, hospitals and other providers; secure second opinions
- Help schedule appointments and tests; transfer medical records
- Explain conditions; research latest treatments
- Resolve billing and insurance claims issues
- Clarify benefits coverage
- Work with insurance companies on your behalf
- Obtain services for your elderly parents and parents-in-law



Who is Eligible?

We are offering Health Advocate to all RWJBarnabas Health medical plan-enrolled employees; their spouses, dependent children, parents, and parents-in-law.

Getting Started With Health Advocate

Just call the toll free number **877-233-9491** or visit **[HealthAdvocate.com/rwjbarnabashealth](https://www.healthadvocate.com/rwjbarnabashealth)**. You can also download the Health Advocate app from the App Store or Google Play.

Making Benefit Changes



**Annual Enrollment runs from
November 4 - November 18, 2019**

Annual enrollment is the window of opportunity prior to the beginning of each new plan year when an employee may do the following:

- Elect new benefits
- Add or drop dependent
- Drop benefits
- Confirm tobacco status
- Change benefit plans, add/change life insurance coverage
- Confirm if your spouse has health coverage available at their employer

Be sure to attend a Benefit Fair to learn more about your plans! Information is posted on The Bridge with locations and times.

Note: Please review and/or update beneficiaries for life insurance elections. Be certain to verify address information as well.

Eligibility Requirements

If you meet the eligibility requirements as defined in the plan document, you are eligible to enroll in Medical (including Prescription), Dental, Vision, Flexible Spending Accounts, Life Insurance and Accidental Death and Dismemberment Insurance. Eligible employees are also provided with Short-Term Disability, Long-Term Disability and the Employee Assistance Program with no enrollment required. Part-time employees are now able to enroll in the Voluntary Long-Term Disability plan. Also, benefits eligible employees now have Business Travel Accident Insurance.

Making Benefit Changes Outside of Annual Enrollment (Qualifying Life Events)

It is important that you choose your benefits carefully. The IRS only allows eligible employees to make changes to their benefit elections once a year, during the Annual Enrollment period, unless you experience a Qualifying Life Event, as outlined below.

The following circumstances are some of the reasons you may change your benefits during the plan year:

- Marriage
- Birth & adoption
- Divorce
- Death of spouse or dependent
- Change in coverage through a spouse's plan
- Loss of dependent status
- Gain/loss of eligibility for Medicare or Medicaid
- Gain/loss of eligibility for a Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances, often referred to as Qualifying Life Events or life event changes, will allow you to make certain plan changes within 31 calendar days of the event to avoid a lapse in coverage. A special 60-day notification period applies to changes related to Medicaid or the Children's Health Insurance Program (CHIP) eligibility. Changes requested due to a "change of mind" cannot be allowed until the next Annual Enrollment period.

Medical Plans

Coverage, choice, cost and convenience are factors each of us consider important when selecting a medical plan. You may choose from three different medical plans or you may choose to waive coverage. The medical plans are all administered by Horizon Blue Cross Blue Shield of New Jersey.

Plan Overviews

RWJBarnabas Health OMNIA Plan

The OMNIA Health Plan offers you the benefits of patient-centered care, along with access to all doctors and other health care professionals in the Horizon Managed Care Network. The plan offers different levels of coverage depending upon what providers are used.

New This Year - Domestic Tier

Care received at RWJBarnabas Health facilities and employed physicians will provide you with top quality care at minimal cost to you (these providers are in the Domestic Tier).

The Inner Circle of providers is inclusive of health care providers that are affiliated with our healthcare system - doctors that have admitting privilege and work closely with RWJBarnabas Health (but are not employed by RWJBarnabas Health).

Participants may also choose to use the **Horizon OMNIA Tier 1** network of participating OMNIA Alliance providers. You can also access the **Horizon Tier 2** network in New Jersey and National Blue Card network (for coverage outside of New Jersey). There are no referrals and no need to designate a Primary Care Physician (PCP) when you participate in this plan. However, it is strongly suggested that you select a PCP. **This plan does not provide out-of-network benefits.**

To find providers in the network go to horizonblue.com/rwjbarnabas.

High Deductible Health Plan

The High Deductible Health Plan (HDHP) costs less out of your paycheck than the Direct Access plan (see below for more details), **but you must meet your deductible before the plan begins covering services.** Preventive services, such as wellness exams, prenatal care and cancer screenings are covered at 100% whether you have met your deductible or not. **Coverage for all other services, including prescription drugs, does not begin until you have fulfilled your deductible. The HDHP provides both In-Network and Out-of-Network coverage.**

If you elect to participate in the HDHP, you may be eligible to set aside money into a Health Savings Account to help pay for eligible expenses. A Health Savings Account (HSA) allows you to set aside pre-tax money to offset your deductible or coinsurance amounts. The HSA belongs to you. That means that you can keep the account even if you change employers, and the balance rolls over from year to year. Remaining funds can also be used to fund health coverage in retirement.

Direct Access Plan

The Direct Access Plan offers you the freedom of choosing from three levels of coverage: RWJBarnabas Health Inner Circle/Domestic providers, Horizon Direct Access in-network, and out-of-network.

Regardless of your plan choice, although not required, you are encouraged to select a Primary Care Physician (PCP) who assumes responsibility for coordinating your health care. It is recommended that you make an appointment to get your annual physical with your in-network PCP - it is covered in full, at no cost to you.

For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to the automobile insurance plan. It will be secondary even if a member declines their automobile insurance's Personal Injury Protection (PIP) coverage. The RWJBarnabas Health plan will pay as if the automobile insurance PIP coverage had been in effect, and will carve-out that assumed benefit.

Medical Plans - Network Overview

You have three health plan options to choose from. The plans cover health care services based on which Tier your health care providers are in.

RWJBARNABAS HEALTH OMNIA PLAN

FOUR TIERS OF COVERAGE

Domestic Tier	Inner Circle	OMNIA Tier 1	Tier 2 (BlueCard network outside of NJ)
Generally pays benefits only for services provided by RWJBarnabas Health facilities or employed physicians. <i>Using providers in this tier provides you with the lowest out-of-pocket costs</i>	Generally pays benefits only for services provided by physicians and outpatient facilities that participate in the RWJBarnabas Health Inner Circle	Pays benefits for services provided by physicians and facilities that participate in the Horizon OMNIA Tier 1 network	Covers services provided by the remaining physicians and facilities in the Horizon Blue Cross Blue Shield Direct Access Network in New Jersey. Outside of NJ, it covers providers in the national BlueCard network

Note that there is no out-of-network coverage, except in the case of an emergency

HIGH DEDUCTIBLE HEALTH PLAN

TWO TIERS OF COVERAGE

In-Network Horizon/BlueCard Tier	Out-of-Network Tier
Covers services provided by physicians and facilities that participate in the Horizon Blue Cross Blue Shield Direct Access Network and the national BlueCard network (outside of New Jersey), this includes RWJBarnabas Health facilities and providers <i>Using providers in this tier provides you with the lowest out-of-pocket costs</i>	Covers services provided by physicians and facilities that do not participate in either the Horizon Blue Cross Blue Shield Direct Access network or the national BlueCard network

DIRECT ACCESS PLAN

THREE TIERS OF COVERAGE

Domestic Tier/Inner Circle	In-Network Horizon/BlueCard Tier	Out-of-Network Tier
Generally pays benefits only for services provided by an RWJBarnabas Health-affiliated physician or facility <i>Using providers in this tier provides you with the lowest out-of-pocket costs</i>	Covers services provided by physicians and facilities outside of the RWJBarnabas Health Inner Circle. These are providers that participate in the Horizon Blue Cross Blue Shield Direct Access Network (in NJ) or the national BlueCard network (outside NJ)	Covers services provided by physicians and facilities that do not participate in either the Horizon Blue Cross Blue Shield Direct Access network or the national BlueCard network

For all plans, Horizon partners exclusively with **Quest** and **Labcorp** as in-network laboratory service providers. You can also get lab work done for **free** at RWJBarnabas Health facilities.

To find healthcare providers please access the following website: www.horizonblue.com/rwjbarnabas

Medical Benefits – RWJBarnabas Health OMNIA Plan

You may choose to enroll in our **RWJBarnabas Health OMNIA Plan**. The RWJBarnabas Health OMNIA Plan is designed to support the system's efforts to provide patient centered care and to improve the quality of care received by our employees and their respective family members. It provides an enhanced overall patient experience and will lower the total cost of care.

With the RWJBarnabas Health OMNIA Plan members have access to **four different tiers of benefits every time you seek care.**

- **RWJBarnabas Health Domestic Tier:** The RWJBarnabas Health Domestic Tier includes the RWJBarnabas Health facilities and medical group providers. When members choose a doctor, employed physicians in RWJBarnabas Health facilities, other health care professionals, or a facility designated as "RWJBarnabas Health Domestic Tier," they will maximize their benefits and pay less out-of-pocket.
- **Inner Circle Tier:** This tier includes providers that work closely with our system but are not employed by RWJBarnabas Health. This tier includes providers such as Summit Medical Group, Advocare and hundreds of other providers. When accessing care from Inner Circle providers you will pay more than if you get care from a Domestic provider, but less than an OMNIA Tier 1 or 2 provider.
- **OMNIA Tier 1:** Includes other select facilities and providers that participate with Horizon OMNIA plans. This tier would include Atlantic Health System, Hackensack/Meridian, Hunterdon Healthcare, Bayshore Community Hospital, Cooper University Medical Center, Capital Health, AtlantiCare, Ocean Medical Center, Inspira Health Network, and their affiliated providers.
- **Tier 2 (BlueCard network outside of NJ):** Participants have access to the rest of the Horizon Direct Access Network in New Jersey. Outside of New Jersey, this includes facilities and providers that participate in the national BlueCard network.



PLEASE NOTE:

There are **no out-of-network benefits included with the RWJBarnabas Health OMNIA Plan**. Services provided by doctors, hospitals and other health care professionals that don't participate in this plan are not covered, except in the event of a true emergency.

How to Find a Provider

Information about this plan, including lists of providers who participate and their Tier, can be found on the Horizon website at www.horizonblue.com/rwjbarnabas.

Medical Benefits - RWJBarnabas Health OMNIA Plan (continued)

This chart highlights the benefits provided under the RWJBarnabas Health OMNIA Plan.

RWJBARNABAS OMNIA (USW NEW BRUNSWICK)				
BENEFIT DESCRIPTION	RWJBarnabas Domestic Tier	RWJBarnabas Inner Circle Tier	OMNIA Tier 1	Tier 2 (Blue Card outside of NJ)
Preventive Care Services Routine Adult Physical Exams (1 per calendar year), Immunizations, Routine Child Exams, Routine GYN Exam, Routine Mammogram, Prostate Exam	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visit PCP Specialist	\$10 copay - no deductible \$20 copay - no deductible	\$20 copay - no deductible \$30 copay - no deductible	\$30 copay - no deductible \$45 copay - no deductible	\$40 copay - no deductible \$60 copay - no deductible
TeleMed			\$5 copay	
Routine Eye Exam (one exam per 12 months for all ages)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Diagnostic Lab Physician Office or Independent lab Outpatient Facility	Plan pays 100% Plan pays 100%	Plan pays 100% Plan pays 100%	Plan pays 100% \$35 copay	Plan pays 100% \$50 copay
Urgent Care Center	\$20 copay - no deductible	\$20 copay	\$50 copay - no deductible	\$75 copay - no deductible
Emergency Room Treatment**			Plan pays 100% after \$250 copay - no deductible	
Short-Term Therapies (Speech/Physical/Occupational Therapy) 45 visit maximum PER therapy, PER condition, PER incident	RWJBH Outpatient Facility: \$5 copay - no deductible PCP: \$10 copay - no deductible Specialist: \$20 copay - no deductible	OP Facility: \$15 copay - no deductible PCP: \$20 copay - no deductible Specialist: \$30 copay - no deductible	OP Facility: \$35 copay - no deductible PCP: \$30 copay - no deductible Specialist: \$45 copay - no deductible	OP Facility: \$50 copay - no deductible PCP: \$40 copay - no deductible Specialist: \$60 copay - no deductible
Deductible (Single / Family)	N/A	N/A	\$1,000 / \$2,000	\$2,500 / \$5,000
Member Coinsurance	Plan pays 100%	Plan pays 100%	Plan pays 60%*	Plan pays 50%*
Inpatient Hospital Care/ Inpatient Surgery	Facility: \$150 copay per admission, then Plan pays 100% - no deductible Physician: Plan pays 100%	Facility: \$150 copay per admission, then Plan pays 100% - no deductible Physician: Plan pays 100%	Facility: \$700 copay per admission, then Plan pays 60%* Physician: Plan pays 60%*	Facility: Plan pays 50%* Physician: Plan pays 50%*
Outpatient Hospital Care/ Outpatient Surgery	Facility: \$150 copay, then Plan pays 100% - no deductible Physician: Plan pays 100% - no deductible	Facility: \$150 copay, then Plan pays 100% - no deductible Physician: Plan pays 100% - no deductible	Facility: \$700 copay, then Plan pays 60%* Physician: Plan pays 60%*	Facility: Plan pays 50%* Physician: Plan pays 50%*
Diagnostic X-rays/Radiology Outpatient Facility Physician Office	Plan pays 100% Plan pays 100%	Plan pays 100% Plan pays 100%	Plan pays 60%* Plan pays 100%	Plan pays 50%* Plan pays 100%
Out-of-Pocket Maximum Expenses*** (Single / Family) Includes medical and prescription drug deductible, coinsurance and copays	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,000 / \$8,000	\$5,000 / \$10,000

* After deductible

** Non-emergency use of the Emergency Room is not covered.

*** All out-of-pocket expenses accrued under any tier will accumulate across all out-of-pocket maximum tiers.

Note:

- LabCorp and Quest are the preferred Independent Lab partners for Horizon.

- Plan benefits for out-of-network are based on an allowed amount fee schedule, not on provider billed charges, therefore, members using out-of-network providers may have additional out-of-pocket costs.

- As of January 1, 2020 prescriptions filled at CVS pharmacies will not be covered.

- For medical expenses related to an automobile accident, the RWJBarnabas medical plan pays as secondary coverage to the automobile insurance plan.

Medical Benefits - High Deductible Health Plan

The High Deductible Health Plan (HDHP) offers RWJBarnabas Health employees and their families the option of a cost-effective plan and the opportunity to set aside money on a pre-tax basis in a Health Savings Account (HSA). Preventive care is covered at 100% in-network with no deductible. Therefore, services such as routine physicals and well-child visits are covered at no cost to you.

If you set up an HSA, it can be used to pay for a portion of health care expenses until the plan's high deductible is met. Then the HDHP functions much like the Direct Access plan for those services subject to coinsurance (which can also be paid for with an HSA).

It is important to note the following:

- Services performed at RWJBarnabas Health facilities, including Inner Circle providers, are subject to deductible and coinsurance and are not covered at 100%.
- If you cover anyone other than yourself, you are considered to have "family" coverage for purposes of meeting deductibles.
- The full family deductible must be met before the plan pays coinsurance.
- Deductibles apply to the out-of-pocket maximum.
- All benefits, including prescription drugs, are subject to the deductible and coinsurance.
- Deductibles and out-of-pocket maximums run on a Calendar Year (1/1 – 12/31) basis.
- There are two network tiers for the HDHP— in-network and out-of-network. Plan benefits for out-of-network are based on an allowed amount fee schedule, not on provider billed charges, therefore, members using out-of-network providers may have additional out-of-pocket costs.

This chart highlights the benefits provided under the High Deductible Health Plan (HDHP):

HIGH DEDUCTIBLE HEALTH PLAN		
BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Single / Family)* True Family Deductible = entire family deductible must be met before plan pays any benefits (deductibles are updated annually to be compliant with Federal guidelines)	\$1,400 / \$2,800 Family*	\$2,200 / \$4,400 Family*
Annual Out-of-Pocket Maximum (Single / Family) Includes medical and prescription drug deductible, coinsurance and copays	\$6,900 / \$13,800**	
Coinsurance	Plan pays 80%***	Plan pays 60%***
Preventive Care Services Routine Adult Physical Exams (1 per calendar year), Immunizations, Routine Child Exams, Routine GYN Exam, Routine Mammogram, Prostate Exam	Plan pays 100%	Not Covered
Doctor Office Visits (PCP and Specialist)	Plan pays 80%***	Plan pays 60%***
TeleMed	\$39 copay	
Emergency Room Treatment	Plan pays 80%***	Plan pays 80%***
Routine Eye Exam (one exam per 12 months for all ages)	Plan pays 80%***	Plan pays 60%***
Additional Covered Services Including but not limited to: Inpatient/Outpatient ¹ , Outpatient Surgery ¹ , Mental Health & Substance Abuse ¹ , Diagnostic Lab & X-Ray, Home Health Care (60 visit maximum per calendar year), Durable Medical Equipment	Plan pays 80%***	Plan pays 60%***

¹ Precertification is required.

* If you are covering any dependents, the entire family deductible must be met before the plan pays any benefits.

** Once any one individual meets the individual out-of-pocket maximum, their expenses are covered at 100%, all other family members must collectively meet the family out-of-pocket maximum.

*** After deductible

Note:

- LabCorp and Quest are the preferred Independent Lab partners for Horizon.

- Plan benefits for out-of-network are based on an allowed amount fee schedule, not on provider billed charges, therefore, members using out-of-network providers may have additional out-of-pocket costs.

- As of January 1, 2020 prescriptions filled at CVS pharmacies will not be covered.

- For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to the automobile insurance plan.

Medical Benefits - Direct Access Plan

This chart highlights the benefits provided under the Direct Access Plan.

HORIZON DIRECT ACCESS

BENEFIT DESCRIPTION	RWJBARNABAS HEALTH INNER CIRCLE/DOMESTIC TIER	IN-NETWORK TIER	OUT-OF-NETWORK TIER
Deductible (Single / Family)	\$400 / \$800	\$1,000 / \$2,000	\$7,500 / \$15,000
Out-of-Pocket Maximum Expenses (Single / Family) includes medical and prescription drug deductible, coinsurance and copays	\$6,000 / \$12,000	\$8,150 / \$16,300	\$15,000 / \$30,000
Member Coinsurance	Facility: Plan pays 100% Physician: Plan pays 80%*	Plan pays 70%*	Plan pays 40%*
Preventive Care Services: Routine Adult Physical Exams (1 per calendar year), Immunizations, Routine Child Exams, Routine GYN Exam, Routine Mammogram, Prostate Exam	Plan pays 100% - no deductible	Plan pays 100% - no deductible	Not Covered
PCP or Specialist Office Visit	Plan pays 80% - no deductible	Plan pays 70%*	Plan pays 40%*
TeleMed		\$5 copay	
Routine Eye Exam (one exam per 12 months for all ages)	Plan pays 80% - no deductible	Plan pays 70% - no deductible	Not Covered
Diagnostic X-rays/Radiology Facility Physician Office	Plan pays 100% - no deductible Plan pays 80% - no deductible	Plan pays 70%* Plan pays 70%*	Plan pays 40%* Plan pays 40%*
Diagnostic Lab Physician Office or Freestanding lab	Plan pays 80% - no deductible	Plan pays 70%*	Plan pays 40%*
Emergency Room Treatment**		Plan pays 100% after \$100 copay - no deductible	
Urgent Care Center	Plan pays 80% - no deductible	Plan pays 70%*	Plan pays 40%*
Inpatient Hospital Care/Inpatient Surgery	Facility: Plan pays 100% - no deductible Physician: Plan pays 80%*	Facility: \$1,000 copay then plan pays 70%* Physician: Plan pays 70%*	Facility: \$1,500 copay then plan pays 40%* Physician: Plan pays 40%*
Outpatient Hospital Care/Outpatient Surgery	Facility: Plan pays 100% - no deductible Physician: Plan pays 80%*	Facility: \$1,000 copay per admission then plan pays 70%* Physician: Plan pays 70%*	Facility: \$1,500 copay per admission then plan pays 40%* Physician: Plan pays 40%*

* After deductible

** Non-emergency use of the Emergency Room is not covered.

- Note:
- LabCorp and Quest are the preferred Independent Lab partners for Horizon.
 - Plan benefits for out-of-network are based on an allowed amount fee schedule, not on provider billed charges, therefore, members using out-of-network providers may have additional out-of-pocket costs.
 - As of January 1, 2020 prescriptions filled at CVS pharmacies will not be covered.
 - For medical expenses related to an automobile accident, the RWJBarnabas Health medical plan pays as secondary coverage to the automobile insurance plan.

Medical Plan Options

Which Option is Best for Me?

If you prefer to receive the majority of your health care within the RWJBarnabas Health system and Horizon providers, the RWJBarnabas Health OMNIA plan may be best for you. If you find yourself often seeking treatment outside the RWJBarnabas Health system, then you might consider the Direct Access Plan or High Deductible Plan.

Health Care Resources

As a member of the RWJBarnabas Health plan, you have access to a number of services available from Horizon Blue Cross Blue Shield. These include:

Member Online Services

Provides an easy, secure way to track your health plan benefits and health information. Visit www.HorizonBlue.com/RWJBarnabas.

If you need help, call the Member Service Center at **844-209-4715**.

Member Online Services lets you:

- Find participating providers, including those in the RWJBarnabas Health Inner Circle
- View your benefits
- Check your claims and payments
- View authorizations
- Print or request ID cards



Mobile App

The Horizon Blue app enables you to access the provider directory, view claims information, get ID cards, view benefits and check referrals. Download the app to your Apple or Android device.

Benefit Advocacy Service - Health Advocate

If you have questions about your benefit options you may also contact our Benefit Advocacy team at **877-233-9491**.

Your Health Advocate benefit can be accessed 24/7. Normal business hours are Monday - Friday, from 8:00 am to 10:00 pm, Eastern Time (ET). Staff is available for assistance after hours and on weekends.

RWJBarnabas Health offers your Health Advocate benefit at no cost to you.

Remember, if you need inpatient or outpatient hospital care, your lowest out-of-pocket cost will be at the RWJBarnabas Health facilities. Be sure to address this with your physician when they are discussing procedures that require care at an inpatient or outpatient facility.

RWJBarnabas Health TeleMed

RWJBarnabas Health TeleMed provides immediate, 24/7/365 access to physicians from home or while away for consultation, diagnosis and prescriptions (when appropriate) for common health complaints. Providers of the service are board-certified, licensed physicians who average 15 years in urgent care, emergency, family, or primary care medicine, and who have been trained in telehealth.

Visits occur through a smartphone, tablet or computer, where users can view profiles of the 'on call' physicians and connect to the physician of their choice via video; the cost ranges from \$5 to \$39 depending on medical plan coverage.

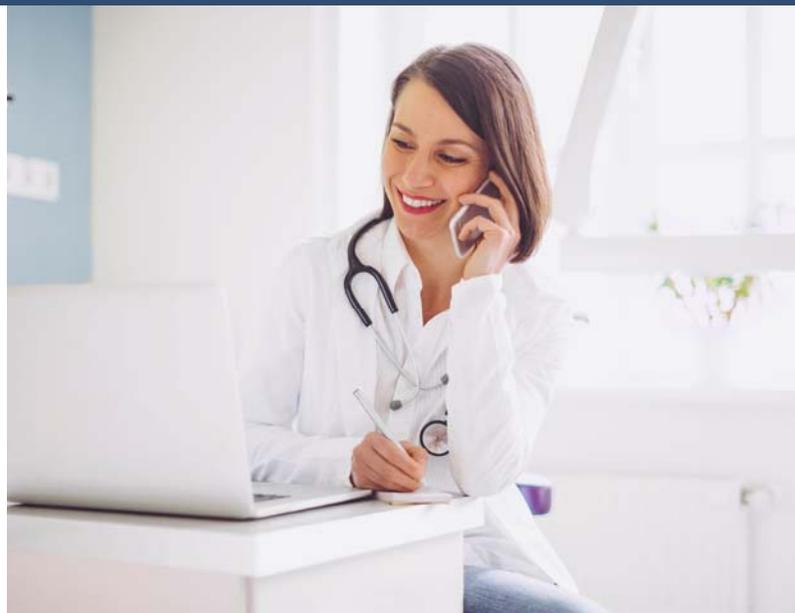
- \$5 copay – for OMNIA Plan members
- \$5 copay – for Direct Access Plan members
- \$39 toward deductible – for High Deductible Plan members. Increases to \$49 on June 1.
- \$39 – for employees, and their spouses and dependents, who are not enrolled in an RWJBH medical plan. Increases to \$50 on June 1.

Access to high quality care for your urgent care needs at home or while away for:

- Cold/flu
- Fever
- Minor rashes
- Earache
- Sinusitis
- Pink eye

RWJBarnabas Health TeleMed is an integral component of the consumerism pillar of the system's strategic plan to provide alternative approaches to health care access through technology.

Note: RWJBarnabas Health TeleMed does not replace your relationship with your primary care doctor who you see on a regular basis, but it is available when you need it.



TeleMed Program Benefits

- **CONVENIENT.** Doctors available 24/7/365, no appointments, no long wait times
- **FLEXIBLE.** Read doctor profiles and patient reviews, and select the doctor who fits your needs
- **EASY.** Connect to the doctor of your choice via video
- **PRIVATE.** Compliant with the Health Insurance Portability and Accountability Act (HIPAA)
- **QUALITY.** Doctors can diagnose, treat and prescribe medication when appropriate

To Register

Download the mobile app (search for "RWJBarnabas Health TeleMed" in the App Store or Google Play) or visit rwjbh.org/telemed. Enroll, and enter the Service Key (on the last screen): **RWJBH18**. Create an account now; don't wait until you are sick!

For all of the details, including how to sign up, what to expect from a visit, and who can use the service, visit the benefits section of The Bridge and look for RWJBH TeleMed.

Prescription Drug Benefits

Overview

When you enroll in a medical plan option, you are automatically enrolled in prescription drug coverage through Prime Therapeutics, the pharmacy benefits manager of Horizon Blue Cross Blue Shield of New Jersey. Through your pharmacy plan you may fill your prescriptions at an in-network retail pharmacy, an RWJBarnabas Health pharmacy (including Walgreens pharmacies that are onsite at an RWJBarnabas Health facility), or through mail order. All mail order and specialty prescriptions will be filled through Livingston Service Corp (LSC), the RWJBarnabas Health Mail Order Pharmacy. **As of January 1, 2020, CVS pharmacies will no longer be in the retail pharmacy Network. Prescriptions filled at CVS pharmacies will not be covered.**

	RWJBarnabas Health OMNIA	DIRECT ACCESS PLAN	HIGH DEDUCTIBLE HEALTH PLAN
Deductible	\$100 per person per year (applies to Brand and Specialty medications)	\$100 per person per year (applies to Brand and Specialty medications)	Integrated with Medical Deductible
Out-of-Pocket Maximum	Integrated with Medical	Integrated with Medical	Integrated with Medical
RETAIL (30-DAY SUPPLY)			
Generic	\$15 copay (no deductible)	\$10 copay (no deductible)	\$10 copay (no deductible)
Brand Preferred	You pay 20% (after deductible) Minimum: \$40; Maximum: \$80	You pay 20% (after deductible) Minimum: \$25; Maximum: \$50	You pay 20% (after deductible) Minimum: \$25; Maximum: \$50
Brand Non-Preferred	You pay 40% (after deductible) Minimum: \$60; Maximum: \$120	You pay 40% (after deductible) Minimum: \$50; Maximum: \$100	You pay 40% (after deductible) Minimum: \$50; Maximum: \$100
LSC MAIL ORDER (90-DAY SUPPLY OF MAINTENANCE MEDICATIONS)*			
Generic	\$30 copay (no deductible)	\$20 copay (no deductible)	\$20 copay (no deductible)
Brand Preferred	You pay 20% (after deductible) Minimum: \$90; Maximum: \$200	You pay 20% (after deductible) Minimum: \$63; Maximum: \$125	You pay 20% (after deductible) Minimum: \$63; Maximum: \$125
Brand Non-Preferred	You pay 40% (after deductible) Minimum: \$150; Maximum: \$300	You pay 40% (after deductible) Minimum: \$125; Maximum: \$250	You pay 40% (after deductible) Minimum: \$125; Maximum: \$250
SPECIALTY MEDICATION (30-DAY SUPPLY) - AVAILABLE ONLY AT LSC			
Specialty Preferred	You pay 25% (after deductible) Minimum \$125; Maximum \$300	You pay 25% (after deductible) Minimum \$100; Maximum \$250	You pay 25% (after deductible) Minimum \$100; Maximum \$250
Specialty Non-Preferred	You pay 40% (after deductible) Minimum \$275; Maximum \$450	You pay 40% (after deductible) Minimum \$250; Maximum \$400	You pay 40% (after deductible) Minimum \$250; Maximum \$400

* 90-day supply can only be filled at LSC Mail Order, on-site RWJBarnabas Health Pharmacies, or Walgreen Pharmacies that are on-site at RWJBarnabas Health facilities. You must use mail order after the second fill.

IMPORTANT: The HDHP prescription drug benefit is integrated with your medical plan.

This means that your out-of-pocket costs for both medical and prescription drugs apply to the same plan deductible. Members will pay the full discounted cost for scripts until the medical plan deductible is satisfied. After the plan deductible has been met, the plan begins to pay coinsurance until the out-of-pocket maximum has been met.

Prescription Drug Benefits

Prescription Drug Tiers

Prescription drugs generally fall into the following “tiers,” and your out-of-pocket cost will vary by each of these tiers. Whenever possible, consider filling your prescription with a generic drug rather than a brand-name drug.

- **Generic** – a generic drug contains the same active ingredients and is available in the same strengths and dosages as its brand-name equivalent. Generic drugs cost less than brand-name drugs and save you and RWJBarnabas Health money.
- **Preferred Brand** – a preferred brand-name drug is a medication that has been identified as a good value, both clinically and financially. You pay less for preferred brand-name drugs than for non-preferred brand-name drugs.
- **Non-Preferred Brand** – a non-preferred brand-name drug is a medication that has an alternative generic or preferred brand-name drug that is clinically equivalent. Non-preferred brand-name drugs typically cost more than generic and preferred brand-name drugs.
- **Specialty** - these are high-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis and multiple sclerosis, and may be Preferred or Non-Preferred Specialty drugs. They often require special handling (such as refrigeration during shipping) and administration (such as injection or infusion). Specialty medications are limited to a 30-day supply at a time. All specialty medications must be filled through the LSC Pharmacy.

IMPORTANT: Covered prescription medications are determined by Horizon using their Premier Formulary, the listing is located at www.horizonblue.com/rwjbarnabas.

Mandatory Mail Order

Maintenance medications (i.e. long-term drugs such as those to treat high blood pressure or high cholesterol) must be filled through Livingston Service Corp (LSC), or an onsite pharmacy at an RWJBarnabas Health facility. The first two times you purchase a maintenance drug, you may fill the prescription at a participating retail pharmacy for a 30-day supply and pay the retail copay/

coinsurance. After the second purchase, if you do not begin utilizing LSC or one of our onsite pharmacies, you will be charged 100% of the cost of the drug at a retail pharmacy.

Note: You may also fill maintenance medications up to a 90-day supply at any RWJBarnabas Health owned on-site pharmacy or at a Walgreens that is located on-site at an RWJBarnabas Health facility.

Step Therapy Program

The Step Therapy Program encourages safe and cost-effective medication use. Step Therapy requires the previous use of one or more drugs before coverage of a different drug is provided. If your plan reflects that Step Therapy is used for a specific drug, your physician must submit a prior authorization request form to the plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

Prior Authorization

Prior Authorization is required on some medications before your drug will be covered. The program applies to certain high-cost drugs that have the potential for misuse. If you are taking a medication that requires Prior Authorization, your physician must submit a Prior Authorization Request Form to Prime for approval. If the request is not approved, you may file an appeal or you can purchase the medication at your own expense. A full listing of drugs that may be subject to Prior Authorization can be found at www.horizonblue.com/rwjbarnabas.

Livingston Service Corp. (LSC) Mail Order Pharmacy

The Pharmacists at LSC will make sure you always have the right medication and dose with every prescription filled. In addition, they will monitor for appropriateness of therapy, side effects and adverse reactions.

What's New

- USPS tracking information on your prescription delivery via email. (An email address must be provided for this feature.)
- You will be contacted immediately whenever additional information is needed on your prescriptions.
- In an effort to promote compliance and adherence, we will automatically contact your prescriber for renewal when the last available fill is exhausted.
- Manufacturer coupons on certain brand name medications are accepted. If you provide LSC with the coupon information when placing your order we will gladly apply the coupon to achieve co-pay savings.

Note: Certain restrictions apply. Controlled substances and "as needed" medications are excluded.

New Prescriptions

If you have a new prescription for a maintenance medication during the year, you can log onto www.lscmailorder.com to complete the New Prescription Order Form and mail the form, along with the new prescription, to:

LSC Mail Order Pharmacy
605 Montrose Avenue
South Plainfield, NJ 07080

Note: A separate form is required for each family member who needs a prescription filled.

Prescriptions must originate from the physician's office (faxed prescriptions from patients will require verification from the prescriber).

Refills

To request a refill, select one of the following convenient options that works best for you:

- Visit the Refill Prescriptions page to complete the online forms to fill your prescription. Once you submit the form online, allow 5-7 business days to receive your package.
- Call the automated system if you have the prescription number: **908-222-5700** or **855-560-4664** (toll-free)
- Use the Mobile Rx section on your web-enabled phone to get refills on-the-go. (Not an app)
- There are no automatic refills.

Diabetic Supplies

LSC Pharmacy provides discounted pricing for insulin and diabetic supplies. Therefore, **insulins and glucose testing supplies can only be obtained through the LSC Mail Order Pharmacy:**

- Trividia's True Metrix and Arkray's Glucocard are preferred glucose testing supplies at \$0 copay.
- Other glucose testing supplies have copays. If a member is an insulin pump utilizer, and the pump requires specific glucose testing supplies, the copay is \$0.

Important Information About Insulin

The preferred brand for short-acting insulin is Humulin, Humalog and Lantus. The Novo Nordisk brands (Novolin, Novolog and Levemir) require prior authorization.

You may want to speak with your doctor about switching to preferred insulin. Most brands of human insulin work in a similar way. They all work to lower your blood glucose. The preferred insulin are covered at \$0 copay.

Medical Plan Contributions

RWJBarnabas Health pays the majority of the cost of your medical coverage. You share the cost through payroll contributions. The 2020 employee contributions are based on several factors:

- The plan you elect – RWJBarnabas Health OMNIA, the High Deductible Health Plan or Direct Access,
- The type of coverage you elect for yourself and any dependents – Single, Employee + Spouse, Employee + Child(ren), Employee + Family,
- Your annual salary as of October 1, 2019 (for full-time employees) – lower wage earners will pay less, higher wage earners will pay more for coverage,
- Your classification as a Tobacco or Non-Tobacco User,
- If you cover a spouse under the RWJBarnabas Health plan, and they have access to other employer-based coverage, there will be an additional surcharge (applies to employees earning \$50,000 or more).

Employee Contributions are available on your facility intranet and will be posted on the Enrollment Portal, where you will also be able to see your personal cost.

Spousal Surcharge

If you cover a spouse on an RWJBarnabas Health medical plan, you will pay an additional surcharge if your spouse has access to other employer-provided medical coverage through their own employer. The amount of the surcharge is \$100 per month (\$1,200 per year). When you enroll you will certify whether or not your spouse has coverage through their own employer. **This only applies to employees earning \$50,000 or more.**

Note: If you and your spouse both work at RWJBarnabas Health or if your spouse is on Medicare, the Spousal Surcharge will not apply.

PLEASE NOTE:

Due to the devastating impact of smoking on our employees' health and the resulting impact on healthcare costs, we will be conducting random nicotine testing. Anyone who has intentionally misstated their tobacco use status may be subject to disciplinary action up to and including separation from employment.

Non-Tobacco User Contributions

RWJBarnabas Health offers non-tobacco users a lower employee contribution toward their medical coverage. Non-tobacco users will pay \$100 per month (\$1,200 per year) less than tobacco users. In order to receive the non-tobacco user rate, you must:

- Not be currently using, or have not used, any form of tobacco (cigarettes, cigars, chewing tobacco, snuff, e-cigarettes, pipes) in the past 6 months.
- Certify that you are a non-tobacco user during Annual Enrollment via the online Annual Enrollment system.

If you would like to quit smoking and need assistance, consider signing up for a tobacco-cessation program to improve your health and also avoid this extra charge.

Important Note

Employee contributions for 2020 will be standardized across the system. In an effort to minimize the impact of this standardization, some employees may receive a subsidy in their paycheck if the increase in their employee contributions from 2019 to 2020 would have exceeded a certain capped amount. Rate sheets showing the standardized rates and any applicable subsidies will be posted on your site Bridge. The standardized rates will be shown on the enrollment portal.

Dental Benefits

RWJBarnabas Health is pleased to offer three different dental plans administered by Delta Dental. Delta Dental is the leading provider in dental care programs in New Jersey and offers unparalleled access to the nation's largest network of dental providers.

Dental Plan Options

Employees have the option of enrolling in one of the following dental plans:

- PPO Plus Premier Base Plan
- PPO Plus Premier Buy-up Plan
- DeltaCare USA DHMO Plan

IMPORTANT: The DHMO Plan requires the selection of a Primary Care Dentist for each family member. Coverage is provided for in-network benefits only. There is no coverage out-of-network. Referrals are required for specialty care. Also, please note the DHMO Plan uses a different network from PPO plans.

Dental Plan Summary

This chart summarizes the benefits provided under each dental plan option.

How to Find a Dentist

To find a participating dentist in the Base and Buy-Up plans, please log onto www.deltadentalnj.com and search the PPO or Premier Networks. For a DHMO dentist, please log onto www.deltadentalins.com/rwjbarnabashealth.

DELTA DENTAL PLAN OPTIONS			
PLAN FEATURES	BASE PLAN	BUY-UP	DHMO
Calendar Year Deductible Per Person/Family Aggregate Maximum	\$75 / \$225	\$50 / \$150	No Deductible
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	100% No deductible	100% No deductible	100% No deductible
Basic Services Including but not limited to Fillings, Extractions, Oral Surgery, Root Canals (Endodontics), Periodontal	80%	80%	Based on a copay schedule depending on service
Major Services Including but not limited to Crowns & Gold Restorations, Bridgework, Full & Partial Dentures, Repair of Dentures	50%	50%	Based on a copay schedule depending on service
Calendar Year Maximum (per person)	\$1,500	\$2,000	Unlimited
Orthodontia (adults and children) Orthodontia Lifetime Maximum	50% \$1,500	50% \$2,000	Member pays \$1,900 copay/child; \$2,100 copay/Adult. The plan pays the rest.

The DHMO copay schedule can be found on the online enrollment system and will be available at all on-site benefit meetings.

If you enroll in the Base Plan or Buy-Up Plans, you may utilize dental providers in either the Delta Dental Premier network or the PPO network. You will maximize your benefits and have lower out-of-pocket costs when using a PPO dentist. You may also use providers that are not in the Delta Dental network, but your out-of-pocket costs may be more.

Dental Plan Options

Employees have the option of enrolling in one of the following dental plans.

Delta PPO Plus Premier Base Plan & Delta PPO Plus Premier Buy-Up Plans

These plans use the Delta Dental Premier or PPO-networks, although you may choose any fully licensed dentist to render necessary services. To find a Delta Dental Premier or PPO-participating dentist in your area, you may access their website at www.deltadentalnj.com.

Each time you access dental services you decide whether to use a Premier or PPO provider, which will limit your out-of-pocket expense, or use any out-of-network provider and still receive plan benefits.

New in 2020, all part-time employees can now elect dental coverage.

If you have any questions regarding your benefits, you may contact the Delta Dental Customer Service Department at **800-810-5234**.



DeltaCare DHMO plan

This plan uses the DeltaCare USA network and all care must be provided by DeltaCare USA network providers. There are set copayments for services and no annual deductibles or maximums for covered benefits. You must select a primary dentist in the DeltaCare USA network if you enroll in this plan.

You may select a primary dentist via the online enrollment site or by contacting the DeltaCare USA customer service team at **877-335-8239** or online at www.deltadentalins.com/rwjbarabashealth upon registering. Employees selecting DHMO will not be able to call in or make a provider selection until after their enrollment has been processed.

Please note: Primary dentist selections made by the 21st of one month will become effective the first of the following month.

Vision Benefits

The RWJBarnabas Health Vision plan is administered by EyeMed and is available at a low cost to our employees. EyeMed brings unparalleled expertise and passion to vision care, offering a unique approach to delivering vision wellness to members. Their network is built to meet consumer demand by giving members access to thousands of independent providers, as well as the nation's leading optical retailers such as LensCrafters, Pearle Vision, Sears Optical, Target, and JC Penney.

This chart summarizes the benefits provided under the vision plan. The EyeMed Customer Care center associates and website, www.eyemed.com, provide exceptional service to members. EyeMed's extended service hours, interactive phone system, and easy-to-use web capabilities help address important questions within seconds.

EYEMED VISION PLAN

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Frequency Exam Lenses or Contact Frames		Once every 12 months Once every 12 months Once every 12 months
Exam with Dilation as Necessary	\$10 Copay	Up to \$50
Frames	\$0 Copay; \$175 Allowance, 20% off balance over \$175	Up to \$88
Lenses Single Bifocal Trifocal	\$10 Copay \$10 Copay \$10 Copay	Up to \$50 Up to \$75 Up to \$100
Lens Enhancements Standard Progressive	\$65 Copay	Up to \$75
Premium / Custom Progressive	Tiered Tier 1: \$85 Tier 2: \$95 Tier 3: \$110 Tier 4: \$65 copay, 80% of charge less \$120 allowance	Up to \$75
Contact Lenses Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up Conventional Disposable Medically Necessary	Up to \$55 Copay 10% off Retail Price \$0 Copay; \$175 allowance, 15% off balance over \$175 \$0 Copay; \$175 allowance, \$0 Copay, Paid-in-Full	N/A N/A Up to \$140 Up to \$140 Up to \$210
Laser Vision Correction	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids	N/A

Flexible Spending Accounts (FSA)

The RWJBarnabas Health Flexible Spending Accounts are administered by benefitexpress.

Flexible Spending Accounts (FSAs) provide a tax-advantaged way to help you pay for certain out-of-pocket expenses. An FSA lets you set aside money on a pre-tax basis to reimburse yourself for eligible out-of-pocket health care expenses, dependent care expenses or both.

You can enroll in the following accounts:

Health Care FSA

You use this account to pay for eligible unreimbursed health care, dental, vision and prescription drug expenses for you and/or your dependents with pre-tax dollars. You can contribute up to \$2,700 in 2020. Dependent care and medical reimbursement (excluding medical rollover amount up to \$500) must be submitted no later than March 31.

Dependent Care FSA

You may use this account to pay for eligible dependent care expenses **(not for dependents' health care expenses)**. You can contribute up to \$5,000 a year or \$2,500 if you are married but file separate tax returns. Some examples of eligible expenses include expenses to care for a child or adult dependent so you can work, such as - child day care expenses, adult day care center, after school programs, summer day camp, nanny, etc.

Limited Purpose FSA

Those who enroll in the HDHP with an HSA can participate in a Limited Purpose FSA. Funds in this account can be used for qualified reimbursements for dental and vision expenses only.



Make Sure You Plan Your FSA Contributions Carefully

It's important that you plan your contributions to the FSAs carefully. Consider how much you expect to spend on out-of-pocket health care and prescription drug and/or dependent-care expenses in 2020, recognizing that your needs may have changed from the previous year.

Once you have elected your contribution amount and the plan year begins, you cannot change your contributions or stop contributing during the year unless you have a qualifying status change, such as gaining or losing a dependent. In addition, FSAs have a **"use-it-or-lose-it"** provision. If you do not use the funds set aside, you will lose the money in your account, except for up to \$500 that can be rolled over into the next calendar year. **It is important to estimate your out-of-pocket expenses carefully, so you do not forfeit money left in your account.**

MasterCard debit cards for the FSA are usable for three years. If you received a card in 2019, you may continue to use that same card. All employees enrolling in the FSA for the first time in 2020 will receive a new card.

Health Savings Account (HSA)

What is an HSA?

If you participate in the HDHP medical plan, you may be eligible to participate in a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for eligible healthcare expenses (an expense which pays for care as described in Section 213 (d) of the Internal Revenue Code).

- You may contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for eligible medical, dental and vision expenses.
- You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds can be used to help you satisfy your plan's annual deductible.
- HSAs are available through most banks and financial institutions.

You may contribute to an HSA if you:

- Have coverage under an HSA-qualified HDHP medical plan.
- Have no other first-dollar medical coverage.
- Are not enrolled in Medicare.
- Cannot be claimed as a dependent on someone's tax return.

Contributions to an HSA are limited annually by the IRS. For 2020, the contribution limits are:

SINGLE COVERAGE	FAMILY COVERAGE
\$3,550	\$7,100

Individuals age 55 and older can also contribute an additional \$1,000 per year as a catch-up contribution.



Wellness Programs



Health and Wellness

Your wellness is extremely important to RWJBarnabas Health. That is why we will continue to offer employees the tools and incentives to make better choices and to improve your overall health and wellbeing!

RWJBarnabas Health Fitness and Wellness Center Benefit

As a valued employee of RWJBarnabas Health, you are entitled to substantial savings at our state-of-the-art facilities. Employees of RWJBarnabas Health are entitled to a discounted membership rate of \$50 a month (some restrictions apply) at the following locations:

Sports Physical Therapy and Performance Center
TD Bank Ballpark
Bridgewater NJ
www.rwjbh.org/performancefitness

100 Kirkpatrick St., Suite 201
New Brunswick, NJ 08901
www.rwjfitnessnewbrunswick.com

1044 US Highway 9
Parlin, NJ 08859
www.rwjfitnessoldbridge.com

3100 Quakerbridge Road
Mercerville, NJ 08619
www.rwjhamiltonwellness.com

2120 Lamberts Mill Road
Scotch Plains, NJ 07076
www.rwjrahwayfitness.com

60 Cooke Avenue
Carteret, NJ 07008
www.rwjfitnesscarteret.com



HorizonbFit

HorizonbFit is Horizon BCBSNJ's fitness incentive program. After you enroll, you become eligible to receive a \$20 reward for every month in which you make at least 12 visits to any of the 4,000 participating facilities across the United States or walk at least 10,000 steps for at least 12 days. With HorizonbFit, you can earn up to \$240 a year in rewards! To enroll, visit HorizonbFit.com.

Life, AD&D and Disability

Company Paid Basic Life & AD&D

Upon meeting eligibility requirements, the company provides eligible employees with a Basic Life insurance benefit. This coverage is provided by MetLife.

More details regarding your coverage amount are provided on the benefit enrollment portal.

Voluntary Life Insurance

Eligible employees are offered the opportunity to buy additional amounts life insurance coverage for you, your spouse and eligible dependent children. Additional information on coverage amounts and cost is available on the benefit enrollment portal. This coverage is provided by MetLife.

Designate a Beneficiary!

Remember to designate a beneficiary and maintain current beneficiary records for your Basic Life insurance and any Voluntary Life insurance you elect. Please visit www.rwjbhbenefits.com to update your life insurance beneficiary information.



Long-Term Disability Coverage

RWJBarnabas Health provides eligible employees with long-term disability coverage. This coverage is provided by Cigna.

Buy-Up Long-Term Disability Coverage

RWJBarnabas Health offers eligible employees the opportunity to buy additional long term disability coverage to supplement the company provided benefit. Part-time benefits eligible employees are now able to enroll in the employee paid Long-Term Disability benefit. Additional information on this coverage and the cost is available on the benefit enrollment portal.

Benefit Resources

The resources identified below are available to assist you with any questions that you may have about your benefits.

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE
Benefit questions, claims issues, locating a participating provider, etc.	Health Advocate	877-233-9491	www.HealthAdvocate.com/rwjbarnabashealth
Benefit Enrollment, Life Event/Changes and Life Insurance Claims	benefitexpress	844-690-0920	www.rwjbhbenefits.com
Medical Benefits	Horizon BCBS NJ	844-209-4715	www.horizonblue.com/rwjbarnabas
Prescription Drug Benefits	Prime Therapeutics	800-370-5088	www.horizonblue.com/rwjbarnabas
	LSC Mail Order	908-222-5700 908-222-5757 (fax)	www.lscmailorder.com
Dental Benefits	Delta Dental PPO DeltaCare USA DHMO	800-810-5234 877-335-8239	www.deltadentalnj.com www.deltadentalins.com/rwjbarnabashealth
Vision Plan	EyeMed	866-800-5457	www.eyemed.com
Wellness	RedBrick Health	844-724-5265	http://bhealthy.redbrickhealth.com
Life Insurance	benefitexpress	844-690-0920	www.rwjbhbenefits.com
Long-Term Disability	Cigna	888-84-Cigna (24462)	www.cigna.com
Flexible Spending Accounts	benefitexpress	844-690-0920	www.rwjbhbenefits.com
Health Savings Account	Optum	800-243-5543	www.optumbank.com/all-products/hsa
Retirement Account	Fidelity	800-513-5015	www.netbenefits.com/rwjbarnabas
Voluntary Benefits	Farmington	800-621-0067	www.farmingtonco.com/rwjbarnabas

Legal Notices

Plan Rights

RWJBarnabas Health is required to provide 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 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 22-1487243. 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 materials and does not receive them within 30 days, 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 in a state or federal court. 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 Human Resources 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 a Summary of Benefits and Coverage (SBC) during Annual Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive 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 Human Resources.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

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

Legal Notices

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

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+ Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991 / State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone 1-800-403-0864

IOWA – Medicaid

Website: <http://dhs.iowa.gov/Hawki>

Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <https://chfs.ky.gov>

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfnv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>

Phone: 603-271-5218

Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

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>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

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RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347 or 401-462-0311
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: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, 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 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.

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 Human Resources.

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 onsite health coaching. You are also 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 either publicly or 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 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 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 abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) your Primary Care Physician, and or health coaches in order to provide you with services under the wellness program.

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 Human Resources.

Legal Notices

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 or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 2021.

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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Human Resources Department at 732-937-8511 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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:	10/10/19
Name of Entity/Sender:	RWJBarnabas Health
Office:	Human Resource Department
Address:	379 Campus Drive Somerset, New Jersey 08873
Phone Number:	732-937-8511



ABOUT THIS BENEFITS SUMMARY

This Benefits Summary 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 Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary 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 Benefits Summary 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 and any one of RWJBarnabas Health's employees or former employees. RWJBarnabas 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.