GEORGIAN COURT UNIVERSITY

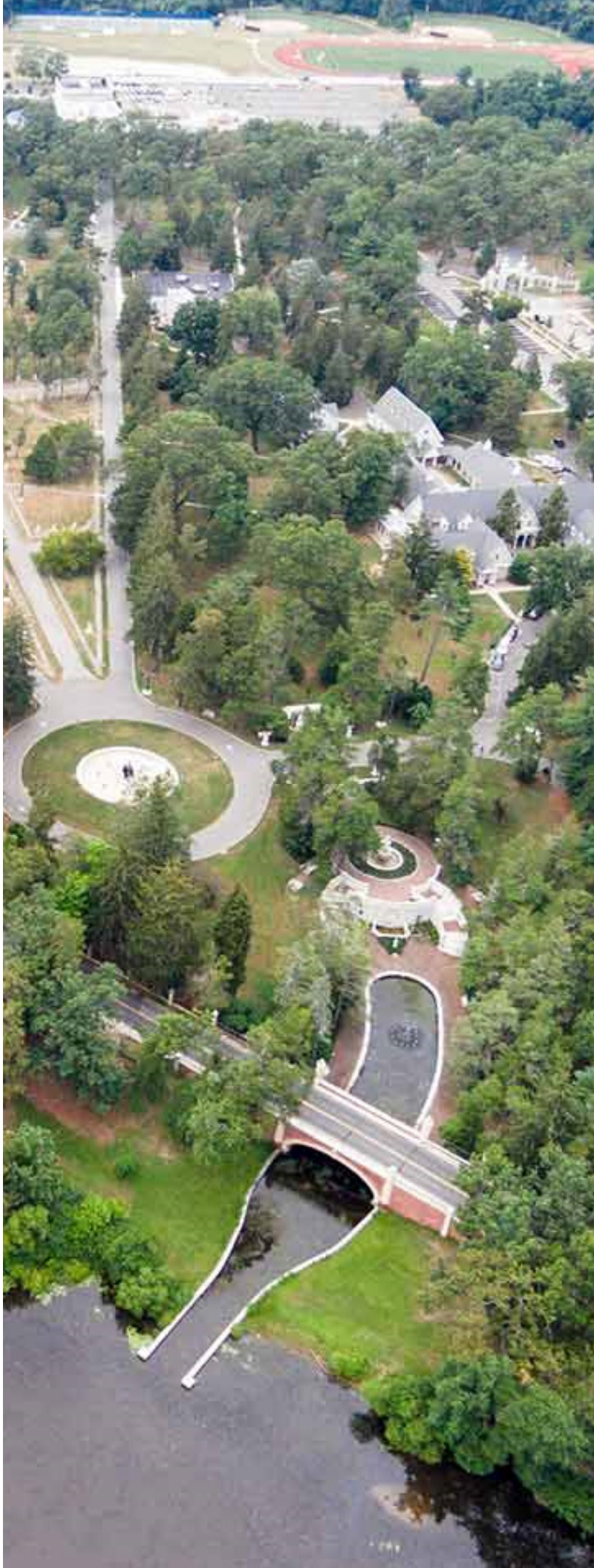
THE MERCY UNIVERSITY OF NEW JERSEY

2025

EMPLOYEE BENEFITS GUIDE

WELCOME NEW HIRE!

Georgian Court University strives to offer you and your eligible dependents a comprehensive benefits package. We encourage you to take the time to review this guide and educate yourself about the benefit options available to you.



WELCOME TO GEORGIAN COURT UNIVERSITY!

Questions?

If you have questions about your benefits, please contact the Conner Strong & Buckelew Benefits Member Advocacy Center at **800.563.9929** (Monday through Friday, 8:30 am to 5 pm ET) or go to **www.connerstrong.com/memberadvocacy.**

Inside This Guide

IMPORTANT ENROLLMENT INFORMATION

The benefits you elect will be effective until December 31, 2025. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a Qualified Life Event.

What Do You Need to Do Now?

Review all of the enrollment materials and discuss with your family members, if applicable. Be sure to educate yourself about the plan options and choose the best coverage for you and your family.

If you have any questions on the benefits available to you or the enrollment process, please contact **Janice Karluk** in **Human Resources** at **jkarluk@georgian.edu** or at **ext. 2284**. In addition, the Conner Strong & Buckelew Advocacy Team is available to answer your questions; contact information can be found on page 16 of this guide.

Who is Eligible to Elect Benefits?

All regular full-time employees are eligible to enroll themselves and their eligible dependents in the benefits described in this Guide. Eligible dependents include the following:

- Your dependent child(ren) to age 26 (dependents are eligible until the end of the month of their 26th birthday for medical/prescription drug, dental and vision benefits)
- Your Civil Union Partner
- Your Spouse

If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (e.g. birth certificate, marriage certification, etc.).

How Do I Enroll in Benefits?

All benefit elections must be completed online through the ADP Workforce Now Portal. You must log in to the portal at **https://workforcenow.adp.com** and elect or waive coverage under the applicable benefit plans. Please complete your elections before the 20th of the month prior to your effective date. In addition there are additional value-added voluntary benefits available such as, but not limited to, the Voluntary Whole Life and Pre-Paid Legal plans. Please see specific instructions within the Guide regarding selecting those benefits.

Qualifying Life Events

If you have a qualified change in status during the year, you can make changes to your benefits. Qualified changes in status include: marriage, civil union partnership, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse/civil union partner, commencement or termination of adoption proceedings, or change in your spouse/civil union partner's benefits or employment status.

If the case of divorce, legal separation, or a change in your child's dependent status (e.g. reaches age 26 by the end of the month in which they turn 26), then **you must notify Human Resources within 30 days of such an event** because your former spouse/civil union partner or child aged 26 or older are not eligible for continued coverage under the plan.

If you experience one of the life events listed above and thereby lose coverage or add a spouse/civil union partner or child to your family and wish to include that individual in a GCU plan, then **you must notify Human Resources within 30 days of experiencing such a qualified status change**.

Please contact Janice Karluk at **ext. 2284** or by email at **jkarluk@georgian.edu**.

BENEFIT HIGHLIGHTS

- Horizon BCBS of NJ administers the medical plans; there are three plan options to choose from. A side-by-side summary of the plans can be found in this Guide along with employee payroll contributions.
- If you enroll in either medical plan option 1 or option 2, Express Scripts and RxBenefits administers the prescription drug benefit. If you elect medical plan option 3, your prescription drug plan will be administered via Horizon BCBS of NJ.
- Aetna Dental administers our voluntary dental plans; there are two plans to select from. Employee payroll contributions can be found in this Guide.
- EyeMed administers our voluntary vision plan and payroll contributions can be found in this Guide.
- Reliance Standard offers a supplemental term life insurance plan available to you and your spouse/ dependent(s).
- Mass Mutual offers a Whole Life policy.
- Information for a pre-paid legal plan, identity theft protection and a stop smoking program can also be found in this guide.
- GCU has partnered with the trusted Garden Savings Federal Credit Union for exclusive member benefits and wide array of tailored financial services.

In this Guide you will find a brief summary of each benefit listed above. For more detailed plan summaries and other important information, please access the addendum sections that were provided to you.

MEDICAL BENEFITS

HORIZON BCBS OF NEW JERSEY

GCU offers you a choice of three medical options so that you can choose the one that best fits your needs.

	DA PLAN OPTION #1		OMNIA PLAN OPTION #2		OMNIA HDHP W/HSA OPTION #3	
Services	**In-Network**	**Out-of-Network****	**Tier 1**	**Tier 2**	**Tier 1**	**Tier 2**
Plan Year Deductible Individual Family	 $2,000 $4,000	 $2,000 $4,000	 $1,000 $2,000	 $2,500 $5,000	 $1,650 $3,300	 $2,500 $5,000
Coinsurance	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%
Out-of-Pocket Max Individual Family	 $4,000 $8,000	 $4,000 $8,000	 $3,500 $7,000	 $6,500 $13,000	 $3,300 $6,600	 $6,000 $12,000
Primary Care Physician (PCP) Office Visit	$40 copay	Plan pays 60%*	$20 copay	$40 copay	$15 copay*	$30 copay*
Specialist Office Visit	$60 copay	Plan pays 60%*	$40 copay	$50 copay	$25 copay*	$50 copay*
Preventive Care	Plan pays 100%	Plan pays 60% NO deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%	
Inpatient Hospital	Plan pays 80%*	Plan pays 60%*	Plan pays 90%*	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*
Outpatient Surgery	Plan pays 80%*	Plan pays 60%*	Plan pays 90%*	Plan pays 70%*	Plan pays 90%*	Plan pays 70%*
Diagnostic & Complex Radiology In office setting In Outpatient Facility	 Plan pays 100% Plan pays 80%*	 Plan pays 60%*	 Plan pays 100% Plan pays 90%*	 Plan pays 100% Plan pays 70%*	 Plan pays 100%* Plan pays 100%*	 Plan pays 100%* Plan pays 70%*
Laboratory In office setting/Labcorp/Quest In Outpatient Facility	 Plan pays 100% Plan pays 80%*	 Plan pays 60%*	 Plan pays 100% Plan pays 90%*	 Plan pays 100% Plan pays 70%*	 Plan pays 100%* Plan pays 100%*	 Plan pays 100%* Plan pays 70%*
Emergency Room	Plan pays 80% after $100 facility copay (no deductible applies)		$100 copay; then deductible; then 90%		Deductible then $100 copay then 90%	

* After deductible

** Out-of-network claims payments are based on usual and customary (UCR) charges; specifically, Horizon adjudicates claims based on 150% of CMS/Medicare. Out-of-network providers are not contractually obligated to accept the insurance company's UCR payment as payment in full. This means that the out-of-network providers can balance-bill the member for additional charges above the UCR. Members will realize less out-of-pocket expenses if they seek care from a network provider.

For a more detailed listing of benefits, please refer to the Horizon benefit summaries which can be found in the addendum section of this Guide as well on the BenePortal site at www.GCUBenefits.com.

The OMNIA HDHP w/HSA plan is a High Deductible Health Plan (HDHP). For more information on HDHPs and HSAs, please see the following pages.

OMNIA HIGH DEDUCTIBLE HEALTH PLAN (HDHP) & HEALTH SAVINGS ACCOUNT (HSA)

What is a High Deductible Health Plan?

A high deductible health plan (HDHP) is a type of health plan with lower monthly premiums and a higher deductible than a traditional health plan.

This type of plan is designed to incentivize consumers to make more educated choices when it comes to their health care. The participant pays out-of-pocket for health care services until they meet their deductible, and then the plan kicks in. The plan does not cover any services before the deductible is met, besides preventive care.

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-advantaged account that works in conjunction with an HSA-eligible health plan that meets IRS guidelines and allows the participant to save tax-free money for eligible medical expenses. Participants do not pay taxes on the money they put in or take out. Unused funds in an HSA roll over year after year and continue to grow tax-free. The account is owned by the participant even if they change jobs or health plans. There is no use-it-or-lose-it rule.

Are you eligible for an HSA?

- You are enrolled in an HSA-qualified high deductible health plan
- You cannot be claimed as a dependent on someone else's taxes.
- You are not enrolled in Medicare.
- You are not covered by another non-qualified healthcare plan, such as a health plan sponsored by your spouse's employer.

What is the Maximum HSA Contribution?

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan. GCU will deduct that money from your paycheck pre-tax.

For 2025, the total annual amount you can contribute towards an HSA tax-free is:

- **$4,300** for individual coverage
- **$8,550** for family coverage
- The annual catch-up contribution for age 55 and older is $1,000.

What Expenses are Eligible?

Any out-of-pocket and unreimbursed medical expenses allowed under Section 213(d) of the Internal Revenue Code, including:

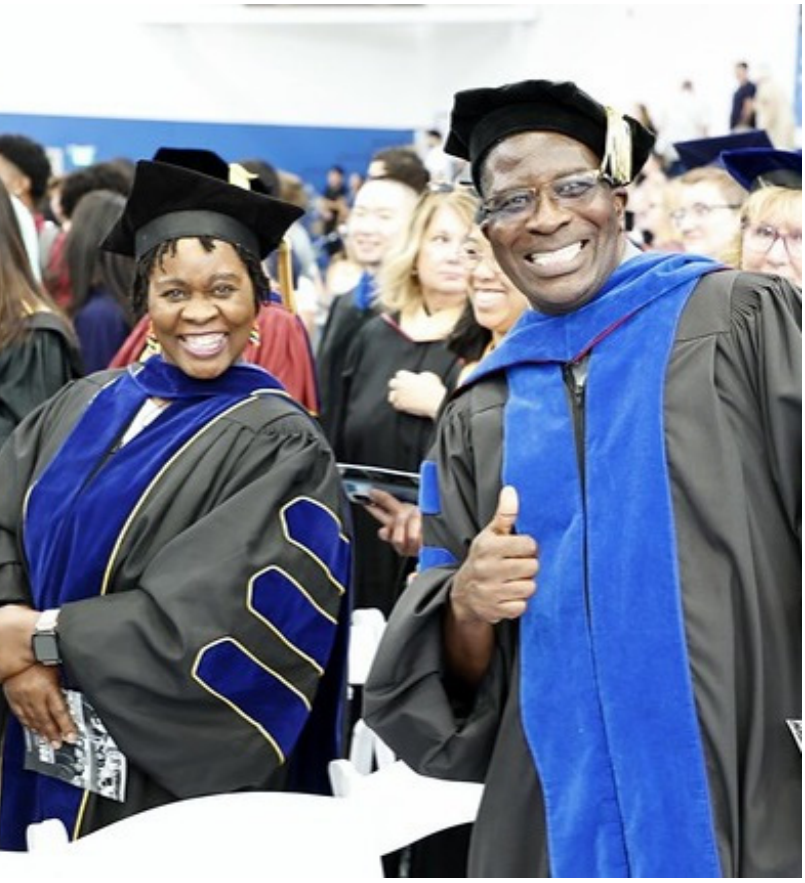
- Medical out-of-pocket expenses until you reach your deductible
- Copayments, coinsurance and prescription drugs
- Dental and vision care expenses not covered by your plans

HEALTH SAVINGS ACCOUNTS

TAX ADVANTAGES

HSAs Offer a Triple Tax Advantage

1. **Money Goes in Pre-Tax** - GCU offers a payroll deduction plan that allows you to make contributions to your HSA on a pre-tax basis. The deduction is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate.
2. **Money Comes Out Tax-Free** - Eligible medical purchases can be made tax-free when you use your HSA. You can also pay out-of-pocket for eligible medical expenses and then reimburse yourself from your HSA. You can use your benefits debit card, online bill pay or write a check.
3. **Earn Interest Tax Free** - The interest on HSA funds grows on a tax-free basis. Unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.



Examples of Tax Savings With an HSA

	HSA	NO HSA
Annual Salary	$58,000	$58,000
Annual HSA Contribution	$2,600	$0
Taxable Income after HSA Contribution	$55,400	$58,000
Estimated Tax Rate	25%	25%
Taxes	$13,850	$14,500
Tax Savings	**$650**	**$0**

Maximizing Your Contributions

As you decide how much to contribute, it's important to note that contributing the maximum allowable amount helps you to get the most from your HSA. At the very least, you'll want to contribute enough to cover anticipated healthcare expenses.

The tax advantages of an HSA make it a powerful long-term savings vehicle. Keep in mind that HSA contribution limits established by the IRS may change each year and you must not over contribute to avoid adverse tax consequences.

Advantages of an HSA

- **Provides an excellent savings vehicle for healthcare expenses**
- **No use-it-or-lose-it rule**
- **Never pay taxes on money used for eligible medical expenses**
- **Portable account**

PRESCRIPTION BENEFITS

EXPRESS SCRIPTS/RX BENEFITS

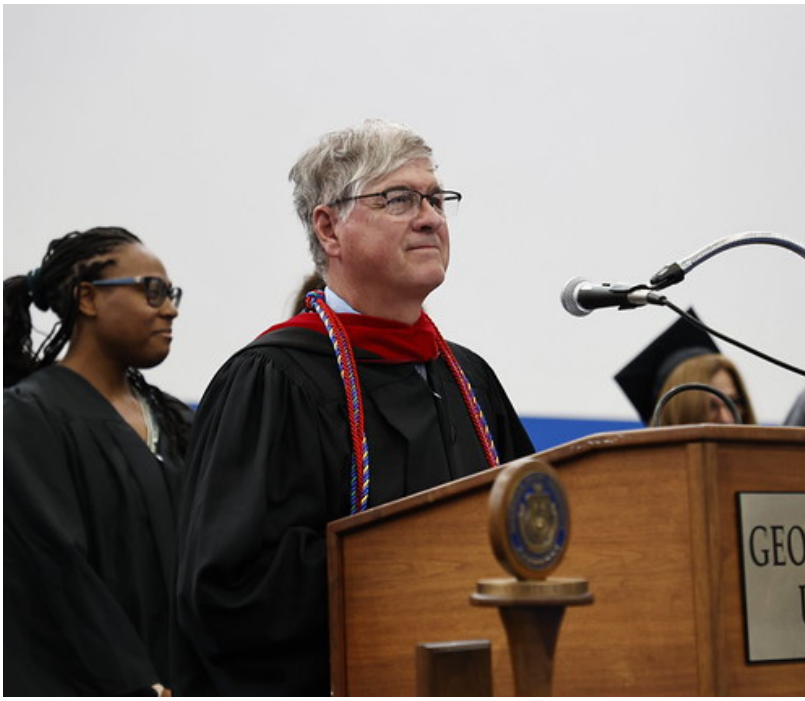
If you elect to participate in the Direct Access (Option #1) or OMNIA (Option # 2), you are automatically enrolled in the prescription drug copay plan with Express Scripts/RxBenefits. If you enroll in the OMNIA HDHP w/HSA plan (Option # 3), your prescription plan will be integrated with your medical plan through Horizon.

	EXPRESS SCRIPTS PRESCRIPTION PLAN (FOR DA AND OMNIA PLANS)	HORIZON PRESCRIPTION PLAN (FOR OMNIA HDHP W/HSA PLAN)
Deductible Individual / Family	None	$1,650 / $3,300 (Integrated w/Medical (Tier 1)
Out-of-Pocket Maximum Individual / Family	$2,500 / $5,000	$3,300 / $6,600 (Integrated w/Medical (Tier 1)
Retail (up to a 30-day supply) Preferred Generic Preferred Brand-Name Non-Preferred Brand-Name	 $15 copay $30 copay $60 copay	 70% after deductible 70% after deductible 70% after deductible
Mail-Order (up to a 90-day supply) Preferred Generic Preferred Brand-Name Non-Preferred Brand-Name	 $30 copay $60 copay $120 copay	 70% after deductible 70% after deductible 70% after deductible

Please note: If you are in the Express Scripts plan, prescription drug expenses do not count toward your medical plan's deductible or out-of-pocket maximums; they do however count towards the prescription drug out-of-pocket maximum noted above. Certain limits and exclusions may apply, please refer to the full plan summary for more details.

Important Contact Information

- For any questions or problems regarding your prescription drug coverage, please call RxBenefits at **800.334.8134** or email **CustomerCare@rxbenefits.com**.
- **Mail Order:** Please continue to coordinate all mail order options via Express Scripts - contact information can be found on the following page.
- To price a medication, find a pharmacy or view the prescription drug formulary attached to your plan, please access your member account via Express Scripts via your member account at **www.express-scripts.com** or by downloading the Express Scripts mobile app.



PRESCRIPTION BENEFITS

EXPRESS SCRIPTS/RX BENEFITS

Express Scripts Website

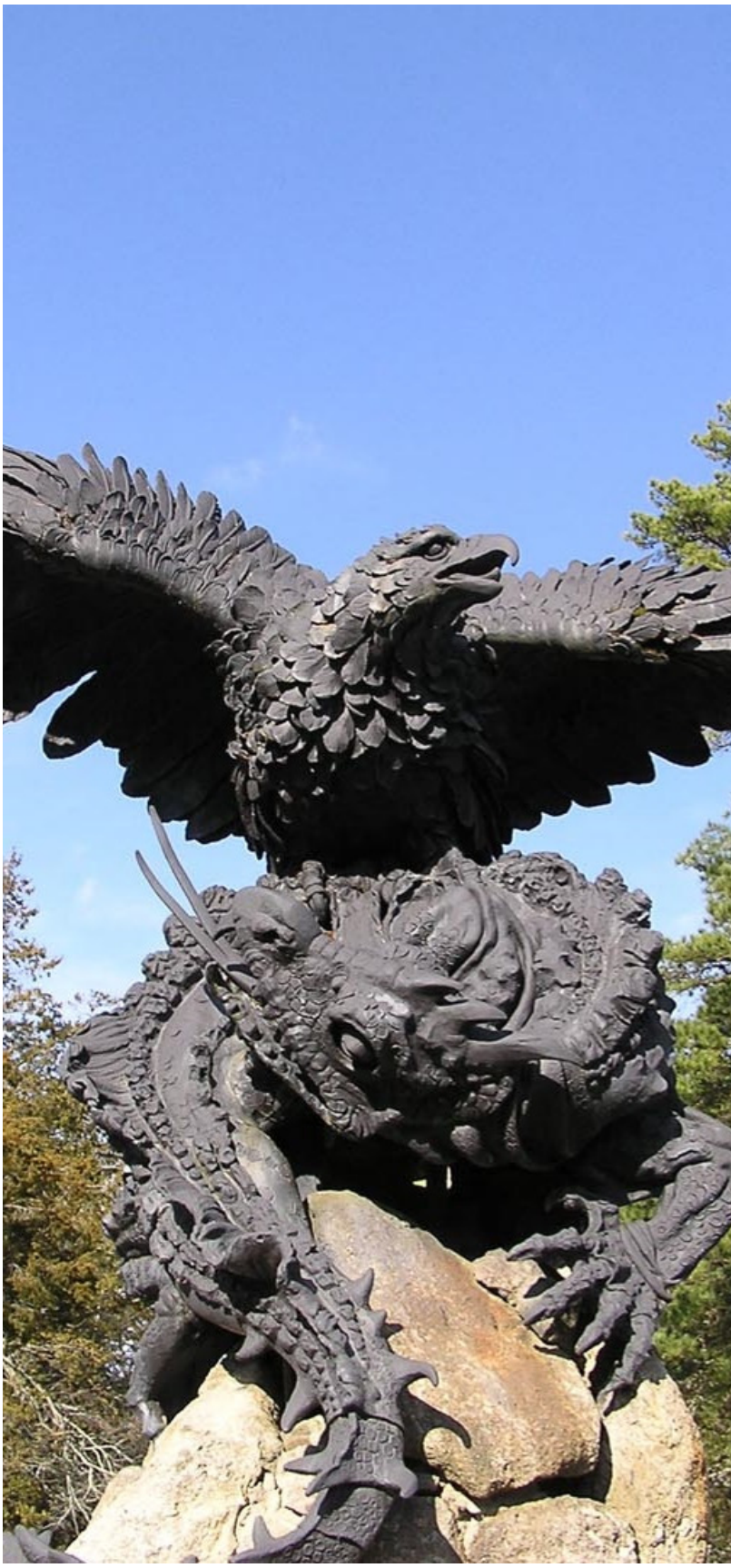
When you register online at **www.express-scripts.com** you can:

- Sign up for home delivery
- Refill and renew new prescriptions
- Track prescriptions and home delivery refills
- View claims, balances and prescription history
- Manage account settings and payment methods

Save With Mail Order

There are three ways you can start saving with the mail order program. Please see below for details:

- **ePrescribe** - Ask your doctor to send your prescription electronically to Express Scripts Pharmacy.
- **By Phone** - Call **800.698.3757** and talk with a prescription plan specialist (7:30 am - 5:00 pm, Monday through Friday, EST).
- **By Mail**
    1. Download a Home Delivery form from BenePortal and complete with your information
    2. Get a 90-day prescription from your doctor plus refills for up to one year (if applicable)
    3. Include your home delivery copayment (Express Scripts accepts credit and debit cards, check or money order)
    4. Mail your form, payment (or payment information) and prescription to the address on the form



EMPLOYEE CONTRIBUTIONS

MEDICAL

Remember: A $10 per month discount will apply to those who select the Non-Tobacco medical plan and certify they are a Non-Tobacco user. To certify as a Non-Tobacco User, please download and complete the form on the ADP portal.

SEMI-MONTHLY MEDICAL/PRESCRIPTION DRUG EMPLOYEE CONTRIBUTIONS - NON-TOBACCO USER

Enrollment Tier	DA Plan Option #1	OMNIA Plan Option #2	OMNIA HDHP w/HSA Option #3
Single	$103.82	$21.21	$19.46
Employee + Partner	$367.65	$139.82	$128.41
Parent + Child(ren)	$327.31	$124.62	$114.32
Family	$530.78	$202.08	$185.41

SEMI-MONTHLY MEDICAL/PRESCRIPTION DRUG EMPLOYEE CONTRIBUTIONS - TOBACCO USER

Enrollment Tier	DA Plan Option #1	OMNIA Plan Option #2	OMNIA HDHP w/HSA Option #3
Single	$108.82	$26.21	$24.46
Employee + Partner	$372.65	$144.82	$133.41
Parent + Child(ren)	$332.31	$129.62	$119.32
Family	$535.78	$207.08	$190.41

DENTAL BENEFITS

AETNA

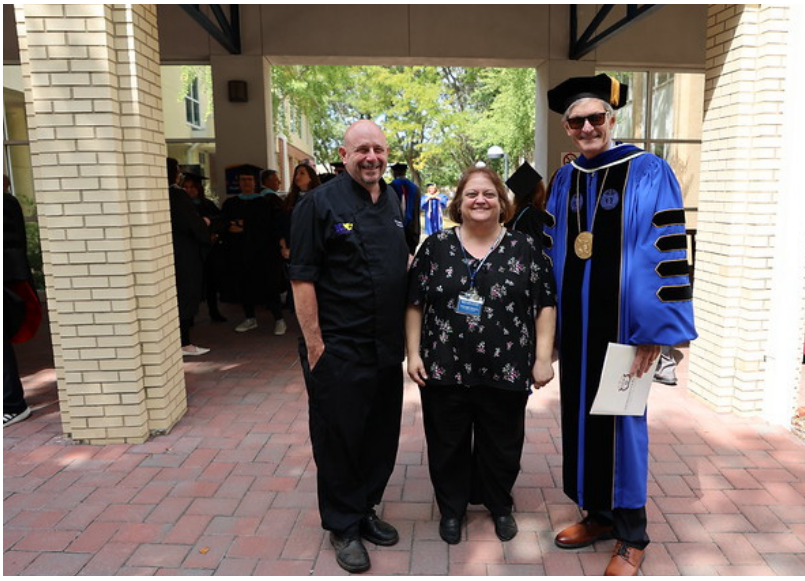
GCU offers you two dental plans administered through Aetna. The dental plan is a voluntary plan and you are responsible for the employee contributions. Below is a brief summary of benefits; included in the addendum section of this Guide are more detailed benefit descriptions.

	OPTION 1* AETNA DMO	OPTION 2 AETNA PPO	
Services	**In-Network ONLY**	**In-Network**	**Out-of-Network**
Calendar Year Deductible Individual Family	No Deductible	$50 $150	$75 $225
Calendar Year Maximum Individual Family	Not Applicable	$2,000	
Services Covered for You Preventive (cleanings, exams) Basic (fillings, root canals, x-rays) Major (bridges, dentures, crowns) Orthodontia	You pay a copay for each covered procedure. Please see the Aetna Kit for more detailed information	100% 80% 50% 50%	80% 80% 50% 50%
Lifetime Orthodontia Maximum	Not Applicable	$1,000	
Office Visit Copay	$5 copay	Not Applicable	
Dependent Age Limits	26	26	

* If Aetna DMO is elected, you **MUST** have a Primary Care Dentist (PCD). Please designate your PCD(s) by listing dental office location number(s) for each person. Please visit **www.aetna.com/individuals-families/find-a-doctor.html** for a list of providers; also in the addendum section of this Guide is a detailed flyer with step-by-step instructions on how to find a DMO provider. ***It is important to note that we cannot enroll you in the Aetna Option 1 DMO plan unless you pre-select a Primary Care Dentist and provide a 6-digit PCD ID number.***

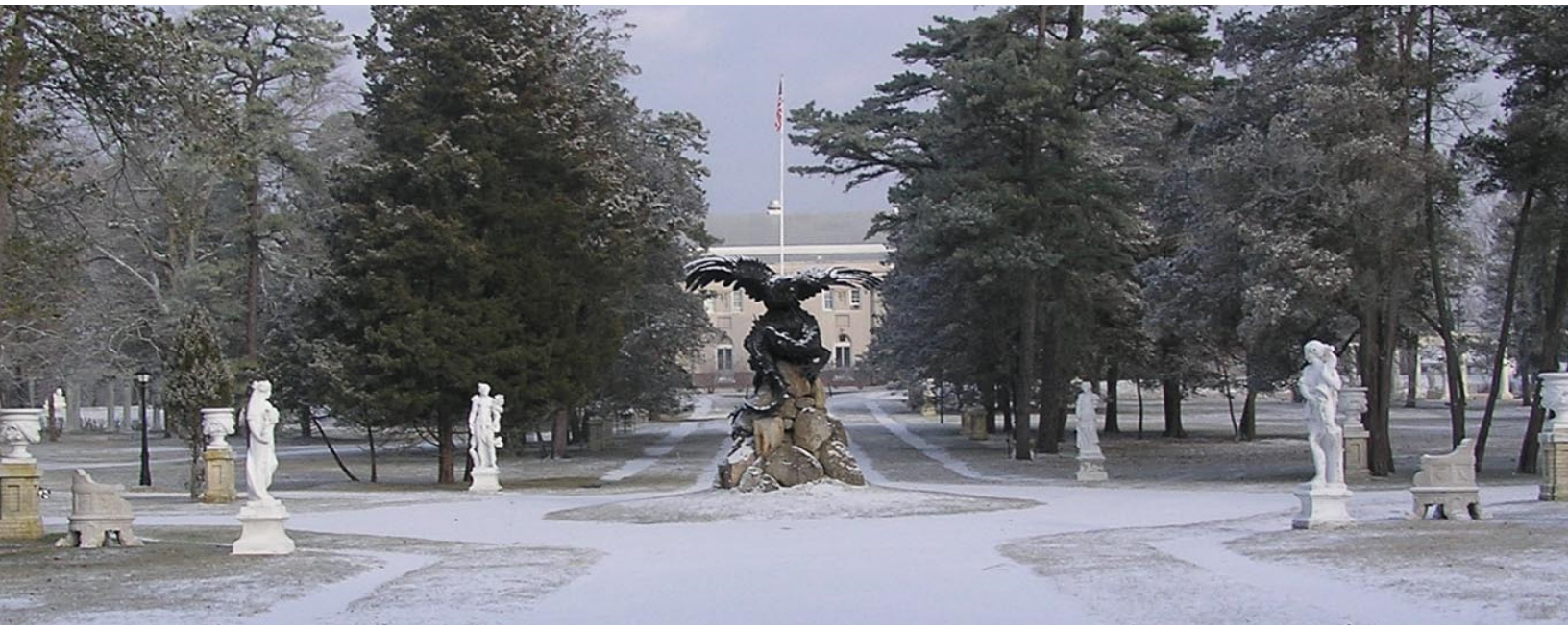
DENTAL EMPLOYEE CONTRIBUTIONS
(EFFECTIVE 1/1/25 - 12/31/25)

	SEMI-MONTHLY	
Enrollment Tier	**Option 1 Aetna DMO**	**Option 2 Aetna PPO**
Single	$6.91	$24.18
Employee + Partner	$13.89	$48.44
Parent + Child(ren)	$14.35	$44.63
Family	$21.26	$68.79



VISION BENEFITS

EYEMED



GCU offers you vision benefits administered through EyeMed. The vision plan is a voluntary plan and you are responsible for the employee contributions. If you need help finding an in-network provider, please visit www.eyemedvisioncare.com. Click on "Members" then choose "Access" from the drop down menu.

ACCESS NETWORK VISION PLAN

Services	In-Network	Out-of-Network Reimbursements
Routine Eye Exam	$10 copay	Up to $35 reimbursement
Frames	$150 allowance; 20% off balance over $150	Up to $60 reimbursement
Lenses		
Single	$25 copay	Up to $25 reimbursement
Bifocal	$25 copay	Up to $40 reimbursement
Trifocal	$25 copay	Up to $60 reimbursement
Conventional or Disposable Contacts	$150 allowance; 15% off balance over $150	Up to $106 reimbursement
Frequency		
Exam	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months

VISION EMPLOYEE CONTRIBUTIONS *(EFFECTIVE 1/1/25 - 12/31/25)*

	SEMI-MONTHLY
Enrollment Tier	Access Network Vision Plan
Single	$3.40
Employee + Partner	$6.48
Parent + Child(ren)	$6.80
Family	$10.00

GROUP WHOLE LIFE INSURANCE

MASS MUTUAL

You are eligible to enroll in Mass Mutual Group Whole Life Insurance. This is a permanent cash-accumulating life insurance options that can last a lifetime.

While it does what you might expect - pays out a death benefit - it also builds a cash value and over time you can potentially use this cash for a variety of financial goals, such as paying for college, supplementing your retirement income, or obtaining cash for emergencies.

- Applying for coverage is easy and can be done online.
- Maximum coverage is up to $250,000 every enrollment cycle (Up to a total of $1,000,000 maximum).
- Chronic Care Benefit: Let's you receive a one-time advance, or acceleration, of a portion of the death benefit and is paid in a lump sum. This benefit is automatically included in your policy, unlike if you were to get an individual policy on your own.
- A locked-in premium rate that will never go up. It is also portable - so you can take your coverage with you, even if you change jobs.
- The ability to get $25,000 on your dependents (spouse, child(ren), and grandchild(ren)).

Go to **https://cloud.mm.massmutual.com/WL_Benefits** for additional information!

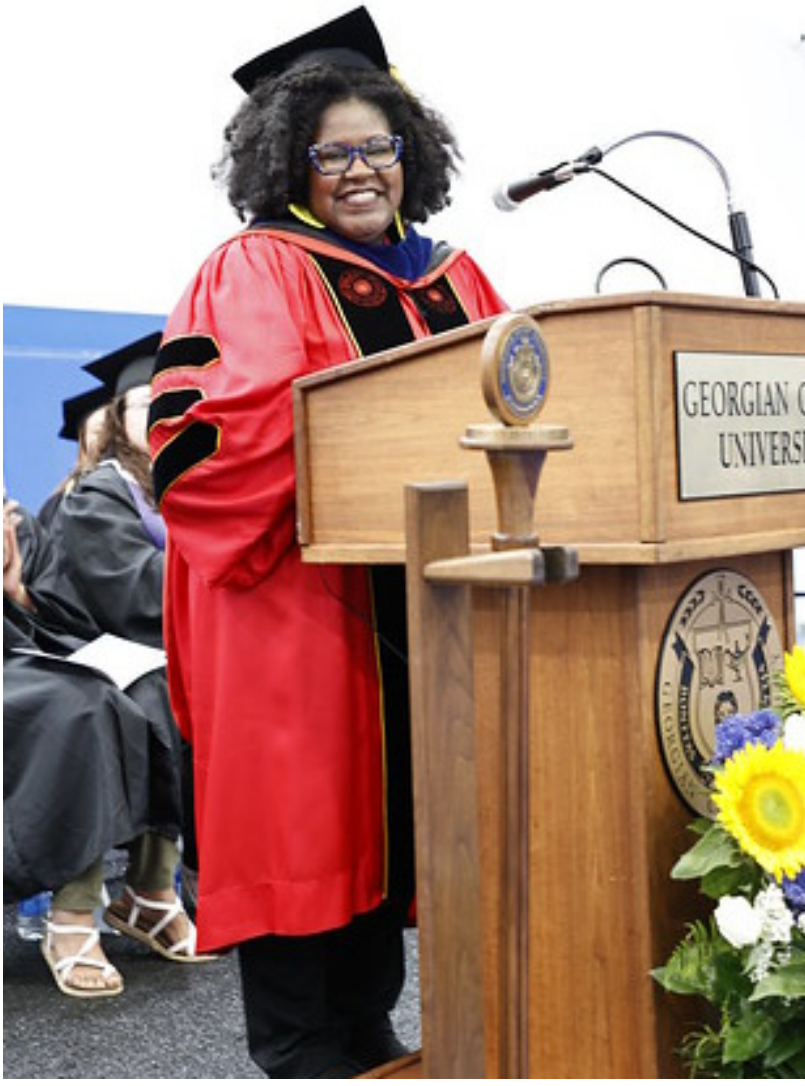
Questions?

If you have any questions, please feel free to contact Jacklyn Naselli at **JacklynNaselli@1creative.com** or via phone at **484.753.5949**.

How to Enroll

For more information and to enroll, please visit: **www.MassMutual.com/EnrollAtWork**

- **Login:** Social Security Number
- **Password:** The last four digits of Social Security Number and two digit birth year



TERM LIFE INSURANCE

RELIANCE

GCU offers you the below term life insurance plan administered through Reliance. The plan is voluntary and you are responsible for 100% of the premium.

	VOLUNTARY TERM LIFE
	Benefit
Employee Benefit	$10,000 increments to a maximum of $500,000. See cost illustration for details.
Spouse/Domestic Partner Benefit	$5,000 increments to a maximum of $250,000, not to exceed 50% of employee coverage
Child Benefit *Your dependent child(ren) birth to 26 years of age*	$10,000
Guarantee Issue for Existing Employees*	If you are currently enrolled, you may increase your coverage by 1 increment of $10,000 up to the Guaranteed Issue level without completing an Evidence of Insurability Form, during Open Enrollment. For any increase over 1 increment, or any amount that exceeds the Guaranteed Issue, you will be required to complete an Evidence of Insurability Form. Additionally, if you are electing voluntary life for the first time as a late entrant, you will be required to complete an Evidence of Insurability Form regardless of the amount of coverage being requested.
New Hires Who Elect When First Benefits Eligible* *"Guarantee Issue" means that you are not required to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.*	We Guarantee Issue coverage up to: Employee - $250,000 Spouse - $50,000 Dependent Children - $10,000 Evidence of Insurability is required if elected amount exceed Guaranteed Issue.
Benefit Reductions *Benefits are reduced to a certain percentage as employees age*	65% at age 65 40% at age 70 25% at age 75 15% at age 80

* If you are electing an amount above the Guaranteed Issue, you must complete an Evidence of Insurability Form. Georgian Court University will not deduct a payroll contribution for amounts above the Guarantee Issue until we receive confirmation that the insurance company has agreed to cover you for those additional amounts.

FLEXIBLE SPENDING ACCOUNTS

FLORES & ASSOCIATES

Georgian Court University provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA).

Healthcare FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA is **$3,300**.

Eligible expenses include:

- Doctor office copayments
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is $5,000 if you are single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is $2,500.

Eligible expenses include:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

How Much Should I Contribute?

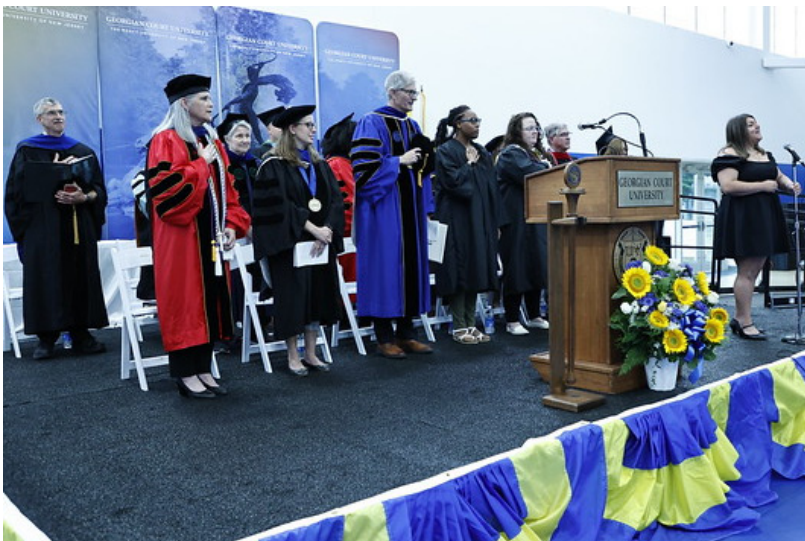
You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it-rule. To avoid forfeiting funds GCU offers a grace period as allowed by IRS regulations.

GRACE PERIOD: You have 2-1/2 months after the end of the plan year to incur claims. The deadline to incur claims for the 2025 plan year is March 15, 2026. Receipts for services incurred by March 15, 2026 must be submitted to Flores & Associates by June 15, 2026.

Note: Debit cards can only be used until December 31st for 2025 funds. Please submit a claim form or receipt for claims incurred after December 31st. The electronic claim form can be found under your member account via **www.flores247.com**.

Questions?

Once you are a member in the FSA plan, you may contact Flores & Associates directly at **800.532.3327**.



WELLNESS INITIATIVE

American Cancer Society | Quit For Life® Program

Georgian Court University has teamed up with RVO Health and is proud to offer a wellness discount of $10 per month in 2025 for those employees who are Non-Tobacco users. All employees who select a Non-Tobacco Medical Plan by November 11, 2024 will receive a $10 per month discount on their medical premiums effective January 1, 2025. Please note that by electing this coverage you are certifying that you are a Non-Tobacco user. You must upload the Tobacco Attestation form to the ADP Workforce Now portal, form can be found on the 1st page of the Open Enrollment portal.

The Quit for Life Program, brought to you by the American Cancer Society and RVO Health, is the nation's leading tobacco cessation program. **It can help you quit tobacco**.

- **Enroll** online or by phone and schedule a time to talk to a Quit Coach.
- During your first call, a coach will help you **set a quit date**, identify triggers, talk through barriers, create a personalized plan to quit and schedule your second call.
- **Receive** a printed workbook by mail.
- **Access** the members-only site online or from your phone for support and to track your progress.
- **Get** text message reminders and tips sent directly to your phone.
- Talk to a Quit Coach about medications that can help you **fight cravings.**
- Continue with schedule follow-up coaching calls. Plus, you call in as much as you want - **any time you need support**.

Is Today Your Day? You Decide.

While quitting can be tough - and it may take more than one attempt to stop - having support and planning ahead can boost your chances for success. Available at no additional cost to you, Quit for Life is here to help break free from tobacco - for good.

- **Online Support**. Get tips, advice and support that make it easier to quit.
- **Personalized Support**. Work with a Quit Coach to develop a plan.
- **Quit Medications**. Get nicotine patches or gum, if you qualify.
- **Text2Quit**. Get texts to help you prepare to quit, beat urges and more.

Join During Open Enrollment

Visit **www.quitnow.net** or call **1.866.QUIT.4.LIFE (1.866.784.8454) TTY 771**.

IDENTITY THEFT PROTECTION

IDENTITY IQ

Georgian Court University considers helping our employees protect their identities a high-value employee benefit. Georgian Court University is partnered with **Identity IQ** to offer their services directly to you. Their services include identity monitoring, expert identity restoration assistance and identity theft insurance coverage that reimburses for lost funds and legal fees. Identity theft family protection is also an available option.

Georgian Court University is offering each employee the option to create their own coverage with Identity IQ at a very affordable group rate. You can access the link below to set up a plan that works best for you. Once you have set up your choice of coverage you will have access to your own dashboard. This is extremely private and secure information which requires each owner to manage their coverage and reports. No one at Georgian Court University has access to any individual's dashboard. The relationship between Identity IQ and those who enroll in their plans is between Identity IQ and the individual enrolling in their plans.

The Identity IQ company has full customer support that is US based. If you have questions about sign up, navigating their software or have become a victim of credit or identity fraud please contact their team of professionals immediately.

To Sign Up

Visit: **www.identityiq.com**

Have Questions?

Call **888.467.7102** and select **Option 1**

LEGAL INSURANCE

ARAG

Georgian Court University offers legal insurance to our employees. This benefit is voluntary, which means you are responsible for 100% of the premium. In order to enroll in legal insurance through ARAG, you must enroll online via ARAG's website. See below link and access code.

What is Legal Insurance?

Legal insurance helps you address common situations like creating wills and buying homes, as well as complex legal issues. If you work with an in-network attorney your attorney fees are 100% paid in full for most covered matters. With legal insurance through ARAG you have access to more than 15,000 in-network attorneys.

What Does Legal Insurance Cover?

Legal insurance can cover a wide range of legal needs, including the following matters:

- Consumer Protection
- Criminal Matters
- Debt-Related Matters
- Tax Issues
- Driving Matters
- Family
- Services for Tenants
- Real Estate and Home Ownership
- Wills and Estate Planning

How to Enroll

To enroll in this pre-paid legal plan and to see a complete list of what your plan covers, please visit **www.ARAGlegal.com/myinfo** and use code **18880gcu**.

Have Questions?

If you have questions or have a legal issue, please call ARAG at 800.247.4184 and ARAG customer care will walk you through your options and help you get connected to a network attorney. You can meet with your network attorney over the phone or in person to begin resolving your legal issue.

EMPLOYEE CONTRIBUTIONS *(EFFECTIVE 1/1/25 - 12/31/25)*

SEMI-MONTHLY	
ARAG Ultimate Advisor	
Per Employee	$11.63

FINANCIAL SOLUTIONS

GARDEN SAVINGS FEDERAL CREDIT UNION

Join Garden Savings Federal Credit Union, the newest addition to the GCU gamily. Garden State Federal Credit Union is thrilled to partner with Georgian Court University as a trust credit union offering a path to financial excellence through tailored financial solutions that can make your academic, professional, and personal journeys even more rewarding.

- 85,000+ free ATM locations nationwide
- Higher earnings on your savings
- Simple and easier lending services
- Access to financial education and tools

Visit **www.gardensavingsfcu.org/GCU** or call **973.576.2000**.

Additional information can be found in the addendum section of this Guide.

BENEFITS RESOURCES

Benefits Member Advocacy Center

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

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

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

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

You may contact the Benefits MAC in any of the following ways:

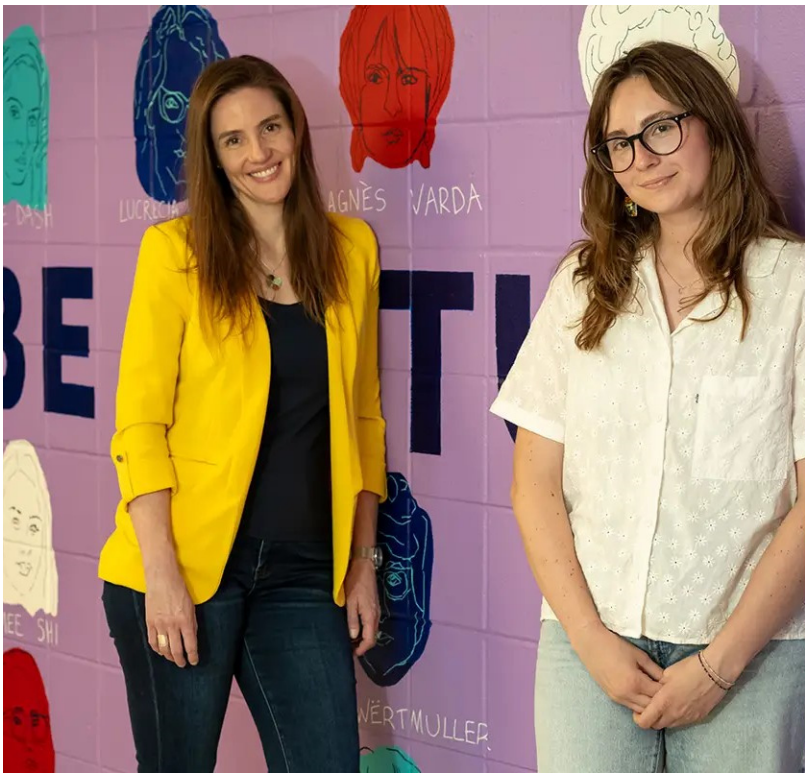
- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web: **www.connerstrong.com/memberadvocacy** and complete the fields
- Via e-mail: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

BenePortal

BenePortal is a valuable online resource that houses all of our benefit program information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries and detailed plan documents
- Quick links to carrier websites
- Enrollment forms
- Wellness information
- And much more!

You and your family can access BenePortal anytime at: www.GCUBenefits.com



ADDITIONAL RESOURCES

Employee Assistance Program

As part of your Long-Term Disability offering, we are pleased to provide you with an Employee Assistance Program (EAP) through Reliance. You can get help with issues such as daily stress, mental health and family conflict. Whether you could use a little extra support or you're going through an emotional crises, the following resources are available:

- Three face-to-face sessions per member, per year
- Access to unlimited telephonic EAP consultations
- Referrals to community services, such as Alcoholics Anonymous
- 24/7 internet access to the EAP website

You can call anytime toll-free at **855.775.4357** or visit the member website: **https://rsli.acieap.com/**

HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace. Visit **https://marketplace.huskwellness.com/connerstrong**.

GoodRx

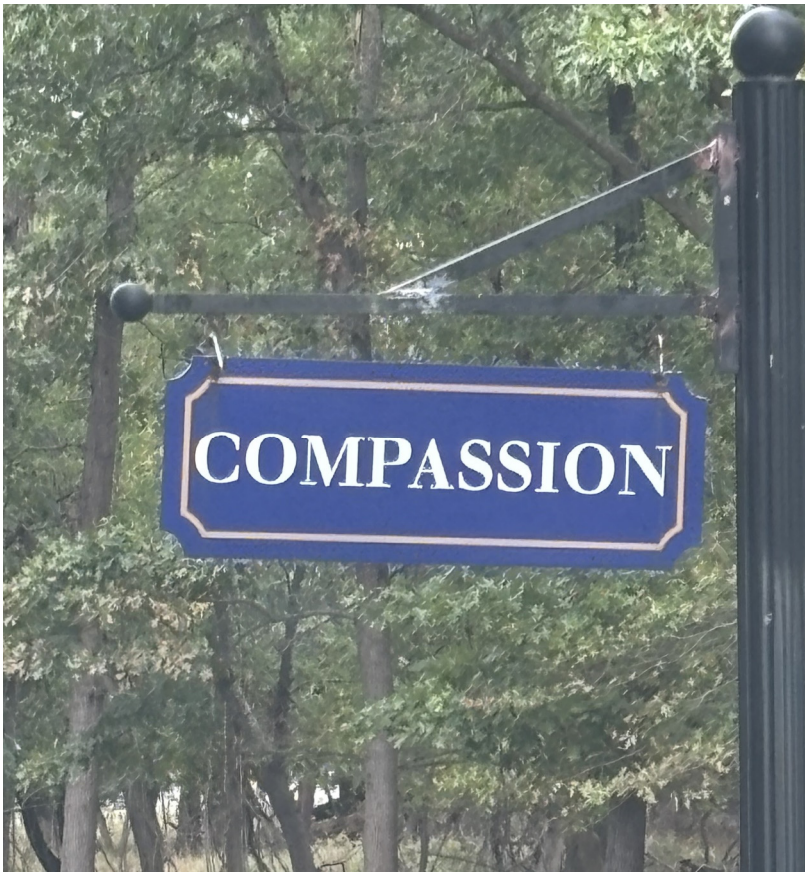
GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Start saving on prescriptions today at **https://connerstrong.goodrx.com**.

BenefitPerks

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers. Start saving today by registering online at **https://connerstrong.corestream.com**.

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straightforward manner. The HealthyLearn On-Demand library features all the health information you need to be well and stay well. Learn more at **https://healthylearn.com/connerstrong**.



CARRIER CONTACTS

Benefit	Carrier	Phone	Website/Email
Medical	Horizon BCBS of New Jersey	800-355-2583	www.horizonblue.com
Prescription	Express Scripts/RxBenefits	800-334-8134	www.express-scripts.com customercare@rxbenefits.com
Dental	Aetna	877-238-6200	www.aetna.com
Vision	EyeMed	877-723-0513	www.eyemed.com/member
Group Whole Life Insurance	MassMutual	484-753-5949	www.massmutual.com
Term Life Insurance	Reliance	800-351-7500	www.reliancestandard.com
Flexible Spending Accounts (FSA)	Flores & Associates	800-552-3327	www.flores247.com
Identity Theft Protection	Identity IQ	888-467-7102, Opt. 1	www.identityiq.com
Legal Shield	ARAG	800-247-4184	www.aragalegal.com
Employee Assistance Program (EAP)	Reliance Standard/ACI Specialty Benefits	855-775-4357	https://rsli.mylifeexpert.com
Credit Union	Garden Savings Federal Credit Union	973-576-2000	www.gardensavingsfcu.org/GCU

"Let charity be our badge of honor... so that it may be truly said, there is in us but one heart and one soul in God"

-Catherine McAuley

LEGAL NOTICES

Newborns' and Mothers' Health Protection Act Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.
In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Women's Health and Cancer Rights Act Notice

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 medical and surgical benefits provided under this plan. Therefore, based on your plan, deductibles and coinsurance could apply.

If you would like more information on WHCRA benefits, please contact your Plan Administrator.

Special Enrollment Notice

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

Loss of eligibility for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, please contact your employer.

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverag must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

LEGAL NOTICES

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer's Human Resources/Benefits Department.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:
Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period1 to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Please contact your employer's Human Resources/Benefits Department for further information regarding the Plan and COBRA continuation coverage.

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, 2024. 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: 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-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid Website: https://www.in.gov/medicaid/
http://www.in.gov/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

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 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)

LEGAL NOTICES

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

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: https://www.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-hipp-program
Phone: 1-800-440-0493

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

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-562-3022

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-payment-hipp-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 July 31, 2024, 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

Important Notice
This Guide is intended to provide you with the information you need to choose your benefits for the plan year including details about your benefits options and the actions you need to take. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your benefits or the enrollment process, contact your employer's Human Resources or Benefits Department. The information presented in this Guide is not intended to be construed to create a contract between your employer and any one of its employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Your employer 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.

GEORGIAN COURT UNIVERSITY

THE MERCY UNIVERSITY OF NEW JERSEY

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