

# Wise & Well

May 2025

Be Informed about Your Health Benefits  
Jackson School District



## 2025 Health Benefits Open Enrollment May 13 through May 30

Open Enrollment for health plan year 2025 / 2026 is  
Now through May 30! *Now is the time to:*

- ☐ Switch to an alternative benefit plan as eligible
- ☐ Remove or add eligible dependents
- ☐ Enroll yourself for new coverage as eligible
- ☐ Enroll / re-enroll for a benefits waiver

### Switch to an alternative benefit plan as eligible

Now is the time to switch to a different benefit plan if you choose. Note these eligibility guidelines:

- If your date of hire was on/after July 1, 2020: you are eligible to enroll in the NJEHP or GSP plan
- If your date of hire was before July 1, 2020: you are eligible to enroll in the plan of your choice

See the attached and our **Benefits Online** website (go to [jacksonsd.org](http://jacksonsd.org) / For Staff / Human Resources / Health Benefits / Health Benefits Website) to decide if a switch to a different plan works for you.

### Remove or add eligible dependents

Now is the time to enroll your eligible dependent (e.g., a child under age 26 or a new spouse). Likewise, now is the time to disenroll, for instance, your dependent who has new employer coverage or a spouse from whom you are now divorced. While you should notify [Human Resources](#) at the time when such events occur, you can do so now.

**Enroll yourself for new coverage** If you are eligible for but are not currently enrolled in District health plans, you can choose to join now.

### Enroll / re-enroll for a benefits waiver

If you have access to health benefits elsewhere (e.g., your spouse's employer plan), you may be eligible to waive District plans. *Note: to continue a current waiver into the new plan year, you must re-enroll now on Frontline Central, under "Forms I Can Start". Choose the "Jackson BOE Health Benefits Waiver Form".*



### Next Steps

- ☐ See **Benefits Online** and the attached to review your plan choices.
- ☐ To update plans or enroll / re-enroll for a waiver, you must do so online using the *Frontline Central* system by **May 30**; **note, this date will be strictly adhered to.** Any changes you make take effect **July 1**.
- ☐ **Note: no action is needed unless you are adjusting your plans or waiving benefits.**
- ☐ **Questions?** Contact [Human Resources](#).



INTEGRITY CONSULTING GROUP

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# Healthier happens anytime, anywhere with CVS Virtual Care®

From everyday illnesses and chronic conditions to mental health support, we've got your back. Once you tell us what you need, we'll connect you with trusted, in-network providers so you can schedule a virtual visit.

- Most mental health visits are available within a week.
- You can access 24/7 care through our virtual clinic.
- Some benefits **starting at \$0** depending on your health plan and deductible.\*

## CVS Virtual Care is here for:



### 24/7 Care

Virtually connect quickly and easily with a licensed provider for minor illnesses and injuries.



### Mental health services

Talk with a therapist about your anxiety or stress. Or schedule with a psychiatric mental health nurse practitioner (PMHNP) for diagnosis, treatment and medication management.

For easy and accessible patient support services, call **1-877-993-4321**.

\*FOR \$0 BENEFIT COSTS: Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share.

See more details on the other side.



## 24/7 Care

### For adults and children over 18 months

Get treatment for:

- Coughs, colds, flu and strep
- Joint, head, and stomach pain
- Infections (ear, sinus, skin, UTI)
- Medication refills
- And more

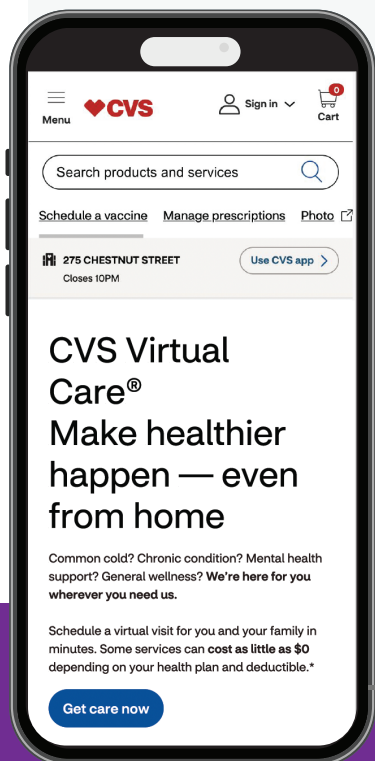


## Mental health services

### For adults and children aged 13 and up\*

Get treatment for:

- Anxiety and mood disorders
- Depression screening
- Medication management
- Support with stress, life adjustments and conflict resolution
- Sleep and related health behaviors
- And more



### Some visits cost starting at zero dollars\*

When needed, you can also coordinate with in-person care at nearby MinuteClinic® locations\* or in-network provider clinics.

## Schedule a virtual care visit quickly and easily



### Get started today

It's simple to get started. Just scan the QR code or go to **[CVS.com/virtual-care](https://www.cvs.com/virtual-care)** to register and schedule an appointment.

\*FOR MENTAL HEALTH SERVICES RESTRICTIONS: Adolescent mental health services are limited to counseling only. Mental health medication management and psychiatry services remain available only for adults 18+.

\*FOR \$0 IN-PERSON CARE: Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share.

\*FOR CARE AT MINUTECLINIC LOCATIONS: MinuteClinic® in-person services are not included with this product and are subject to plan benefit. For a list of participating walk-in clinics, use our online provider search tool. Includes select MinuteClinic services. Not all MinuteClinic services are covered or may be covered at negotiated contract rates. Not available in all states. Walk-in appointments aren't guaranteed. Online scheduling recommended. Check your plan documents for more detail. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered primary care or non-preventive services at no cost-share. Subject to change.

**Aetna® is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

Aetna® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic branded walk-in clinics) are part of the CVS Health® family of companies.

Refer to **[Aetna.com](https://www.aetna.com)** for more information about Aetna plans and for a full list of participating providers. For legal disclaimers, visit **[aetna.com/disclaimers](https://www.aetna.com/disclaimers)**

CVS Virtual Care services are only available in the USA. Limitations may apply based on services and location. Controlled substances not prescribed. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share. Adolescent mental health services are limited to Counseling only; Mental Health Medication Management and Psychiatry services remain available only for adults 18+.



JACKSON BOARD OF EDUCATION

COMPARISON OF AETNA CHOICE POS II \$35 vs. AETNA SAVINGS PLUS vs. NJ EDUCATORS vs. GARDEN STATE PLANS

	Aetna Choice POS II - \$35 Copay Including Prescription		Aetna Savings Plus Including Prescription		NJ Educators Health Plan* Garden State Plan* Including Prescription	
	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Service Area	Unrestricted	Unrestricted	Unrestricted	Unrestricted	Unrestricted/Restricted*	Unrestricted/Restricted*
Hospital In-patient	100%	80% after deductible	100% after \$150 copay	80% after deductible	100%	70% after deductible
Skilled Nursing Facility	100%	80% after deductible	100% after \$150 copay	80% after deductible	100% 120 days per calendar year.	70% after deductible 60 days per calendar year
	120 days per calendar year		100 days per calendar year			
Hospital Pre-Admission Testing	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
Physician (Inpatient Surgery)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
Primary Care (Office Visits)	100% after \$35 copay	80% after deductible	100% after \$5 copay	100% after \$20 copay	100% after \$10 copay	70% after deductible
Specialist (Office Visits)	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
Chiropractic	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	Lesser of \$35/visit. Or 75% of In-network cost/visit.
	30 visits per calendar year		25 visits per calendar year		30 visits per calendar year	
Emergency Room	100% after \$50 copay	100% after \$50 copay	100% after \$100 copay	100% after \$100 copay	100% after \$125 copay	100% after \$125 copay

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	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Durable Medical Equipment	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible
Radiation/Chemotherapy Outpatient	100%	80% after deductible	100% in office 100% after \$15 copay in outpatient facility	100% in office 80% after deductible in outpatient facility	100%	70% after deductible
Well-Child Immunizations	100%	80% no deductible	100%	100%	100%	70% after deductible for children under 12 months of age only.
Routine Adult Physical Exams	100%	80% no deductible	100%	100%	100%	Not Covered
X-Rays/Lab Tests	100%	80% after deductible	100% in office or Lab Corp. 100% after \$15 copay in outpatient facility	100% in office or Lab Corp. 80% after deductible in outpatient facility	100%	70% after deductible
Maternity (Physician)	100%, after \$35 copay for initial visit	80% after deductible	100% after \$15 copay for initial visit	100% after \$30 copay for initial visit	100% after \$15 copay for initial visit	70% after deductible
Well Child Care	100%	80% no deductible	100%	100%	100%	Not Covered
Alcohol Abuse (Office visit)	100%	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
Alcohol Abuse (In-patient)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible

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	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Mental Health (Inpatient)	100%	80% after deductible	100%	80% after deductible	100%	70% after deductible
Mental Health/Alcohol Abuse (Office visit)	100% after \$35 copay	80% after deductible	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	70% after deductible
Routine Vision Exam	\$35 paid at 100% toward cost of exam	80% after deductible, maximum of \$35	100% after \$15 copay	100% after \$30 copay	100% after \$15 copay	Not Covered
	Hardware – Scheduled		Hardware Adults – Not Covered Hardware Children – Up to \$125 per year		Hardware – Not Covered	
Physical/Speech Therapy	100%	80% after deductible	100% after \$5 copay 100% after \$5 copay in outpatient facility	100% after \$20 copay 80% after deductible in outpatient facility	100% after \$15 copay	70% after deductible, Max per visit \$52
	30 visits per calendar year		30 visits per calendar year			
Ambulance	80% after deductible	80% after deductible	100%	100%	90%	70% after deductible
Foot Orthotics	100% after \$35 copay	80% after deductible	100% after \$5 copay	100% after \$20 copay	90% after \$10 copay	70% after deductible
Oxygen & Administration	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible



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	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Diabetes Supplies	80% after deductible	80% after deductible	100%	80% after deductible	90%	70% after deductible
Home Health Care	100%	80% after deductible Up to 100 visits	100% after \$5 copay	100% after \$20 copay	100%	70% after deductible
Hospice	100%	80% after deductible	100% after \$150 copay	80% after deductible	100%	70% after deductible
Prescription Drug	Retail- Generic- \$15 copay Brand Name- \$30 copay  Mail Order- Generic- \$15 Copay Brand- \$30 copay		Retail- Generic- \$15 copay Brand Name- \$30 copay  Mail Order- Generic- \$15 Copay Brand- \$30 copay		<b>Mandatory Generic</b> (Member pays the difference between generic and brand name plus brand copay) <b>Step Therapy is included</b>  Retail- Generic- \$5 copay Brand Name- \$10 copay  Mail Order- Generic- \$10 Copay Brand- \$20 copay	
Deductibles (Individual)	\$250		N/A	\$1,500	N/A	\$350
Deductibles (Family Maximum)	\$500		N/A	\$3,000	N/A	\$700
Maximum Out-of-Pocket (Individual)	\$1,000		\$2,500	\$4,500	\$500	\$2,000

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	In-Network	Out-of-Network	In-Network Maximum Savings	In-Network Standard Savings	In-Network	Out-of-Network (Reasonable & Customary allowance 200% of Medicare)
Maximum Out-of-Pocket (Family)	\$2,000		\$5,000	\$9,000	\$1,000	\$5,000
Maximum Plan Covered Expenses Annual/Lifetime	Unlimited		Unlimited		Unlimited	

**\*The NJ Educators Plan and the Garden State Plan have identical benefits on the medical and the prescription. The differences between the two plans are as follows:**

- The NJ Educators Plan has a nationwide network the same as the \$35 copay plan.
- **The Garden State Plan for both in-network and out-of-network, only covers providers located in the State of New Jersey. Unless there is a true medical/accident emergency all providers out of state are not covered.**
- The Garden State Plan network of providers is different than the providers under the NJ Educators Plan. See the following page.
- If anyone wishes to enroll in the Garden State Plan, they must complete the attached affidavit acknowledging they understand they may not use providers outside of New Jersey.





## NJEHP & GSP Plans DocFind Search Instructions

**Step 1:** Visit Aetna's website at [www.aetna.com](http://www.aetna.com)

**Step 2:** At the top of the webpage, in Search type "**Find A Doctor**"

**Step 3:** On right side of page under section labeled "**Guests**" select "**Plan from an employer**" (*top of list*)

**Step 5:** Under "**Continue as a Guest,**" enter desired zip code for search; adjust mileage distance as needed then lick **Search**

**Step 6:** You will then be asked to "**Select a Plan**"; use the Key below to help you make the correct selection:

### NJEHP Plan:

Select This Category:	Select This Plan:
Aetna Open Access Plans	Aetna Choice® POSII (Open Access)

#### Aetna Open Access Plans

☒ Aetna Choice® POS II (Open Access)

### GSP Plan:

Select This Category:	Select This Plan:
Aetna Whole Health Plans	(NJ) Aetna Whole Health <sup>SM</sup> - New Jersey Choice POSII

#### Aetna Whole Health Plans

☒ (NJ) Aetna Whole Health<sup>SM</sup>- New Jersey Choice POSII

**Step 7:** Click **CONTINUE**

**Step 8:** Enter or select the category of provider you are looking for

**Step 9:** Continue through selection options to generate your list



# Jackson Township Board of Education

## DocFind Instructions

**Step 1:** Visit Aetna's website at <http://www.aetna.com>

**Step 2:** Select Find a doctor, (top of the page in light gray bar).

**Step 3:** Select under "Guest", [Plan from an employer](#)

**Step 4:** On the right side of the page, under "**Continue as a Guest**" enter the Zip code or City, State you would like to "find a Provider". You may adjust the distance from zero to 100 miles. Click "SEARCH"

**Step 5: Select your plan:** you may type the name of your plan (ie: "Managed Choice (Open Access)" or "Savings Plus" in the box or scroll down to the appropriate category and then click on the appropriate plan name:

Plan Name	DocFind Plan selection is...
<b><u>Open Access Managed Choice</u></b>	Category = <u>Aetna Open Access Plans</u> Plan Name = <u>Managed Choice POS (Open Access)</u>
<b><u>Savings Plus</u></b> << 2-Tier Plan >>	Category = <u>Savings Plus Plans</u> Plan Name = <u>Savings Plus of New Jersey-Open Access Aetna Select</u>

**Step 6:** Enter name of your provider in the "what do you want to search for..." box or "select category" box (then narrow your search further (ie: All Primary Care Physicians, Hospitals, Urgent Care, etc.)

**Step 7:** Review your results (*select either:* List view or Map View)

# NJ EDUCATORS HEALTH PLAN

		NJEHP
IN-NETWORK	<b>NETWORK: National network - NOT limited to NJ doctors and facilities</b>	
	Deductible (Single/Family)	None
	In-Network Coinsurance	10%
	Primary Care Physician Copayment	\$10
	Specialist Copayment	\$15
	Emergency Room Copayment	\$125
	Total In-Network Coinsurance and Copayment Out-of-Pocket Maximum (Single/Family)	\$500/\$1,000
	Inpatient Hospitalization	No charge
OUT-OF-NETWORK	Deductible (Single/Family)	\$350/\$700
	Out-of-Network Coinsurance	30%
	Total Out-of-Network, Out-of-Pocket Maximum (Single/Family)	\$2,000/\$5,000
	Inpatient Hospitalization	No charge
	Maximum Provider Reimbursement (Reasonable and Customary)	200% of Medicare*
PRESCRIPTION DRUG	Retail – Generic	\$5
	Retail – Brand w/ No Generic Available	\$10
	Retail – Brand w/ Generic Available	Member pays the difference**
	Mail – Generic	\$10
	Mail – Brand w/ No Generic Available	\$20
	Mail – Brand w/ Generic Equivalent	Member pays the difference**

\* Chiropractic: \$35/visit or 75% of the in-network cost per visit, whichever is less. Acupuncture \$60/visit or 75% of the in-network cost per visit, whichever is less. Physical therapy: in-network cost per visit. Currently \$52.

\*\* For brand-name drugs with generic equivalents available, the plan will pay the cost of the generic equivalent. Members who choose to fill the prescription with the brand-name drug will be responsible for the difference in the cost of the prescription. A medical appeal process is available.

## CONTRIBUTION SCHEDULE<sup>1</sup>

### BASE SALARY OR PENSION<sup>2</sup> AMOUNT

### LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/child(ren)</u>	<u>Two Adults</u>	<u>Family</u>
Up to - \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000 <sup>3</sup>	3.6%	4.4%	6.6%	7.2%

<sup>1</sup> This contribution cannot exceed the previous Ch. 78 contribution. In every case, the lower contribution applies.

<sup>2</sup> Only applicable to retirees required to contribute under Ch. 78. Retirees currently receiving or eligible to receive premium-free health benefits will continue to do so.

<sup>3</sup> For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.

# GARDEN STATE HEALTH PLAN

		GSP
IN-NETWORK	<b>NETWORK: New Jersey network ONLY - limited to NJ doctors and facilities</b>	
	Deductible (Single/Family)	None
	In-Network Coinsurance	10%
	Primary Care Physician Copayment	\$10
	Specialist Copayment	\$15
	Emergency Room Copayment	\$125
	Total In-Network Coinsurance and Copayment Out-of-Pocket Maximum (Single/Family)	\$500/\$1,000
	Inpatient Hospitalization	No charge
OUT-OF-NETWORK	Deductible (Single/Family)	\$350/\$700
	Out-of-Network Coinsurance	30%
	Total Out-of-Network, Out-of-Pocket Maximum (Single/Family)	\$2,000/\$5,000
	Inpatient Hospitalization	No charge
	Maximum Provider Reimbursement (Reasonable and Customary)	200% of Medicare*
PRESCRIPTION DRUG	Retail – Generic	\$5
	Retail – Brand w/ No Generic Available	\$10
	Retail – Brand w/ Generic Available	Member pays the difference**
	Mail – Generic	\$10
	Mail – Brand w/ No Generic Available	\$20
	Mail – Brand w/ Generic Equivalent	Member pays the difference**

\* Chiropractic: \$35/visit or 75% of the in-network cost per visit, whichever is less. Acupuncture \$60/visit or 75% of the in-network cost per visit, whichever is less. Physical therapy: in-network cost per visit. Currently \$52.

\*\* For brand-name drugs with generic equivalents available, the plan will pay the cost of the generic equivalent. Members who choose to fill the prescription with the brand-name drug will be responsible for the difference in the cost of the prescription. A medical appeal process is available.

## CONTRIBUTION SCHEDULE

### BASE SALARY

### LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/child(ren)</u>	<u>Two Adults</u>	<u>Family</u>
Up to - \$40,000	1.5%	1.5%	1.5%	1.65%
\$40,001 - \$50,000	1.5%	1.5%	1.65%	1.95%
\$50,001 - \$60,000	1.5%	1.5%	1.95%	2.2%
\$60,001 - \$70,000	1.5%	1.5%	2.2%	2.5%
\$70,001 - \$80,000	1.5%	1.65%	2.5%	2.75%
\$80,001 - \$90,000	1.5%	1.8%	2.75%	3.0%
\$90,001 - \$100,000	1.65%	1.95%	3.0%	3.3%
\$100,001 - \$125,000	1.8%	2.2%	3.3%	3.6%

1. This contribution cannot exceed the previous Ch. 78 contribution. In every case, the lower contribution applies.

2. For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.

**IF ENROLLING IN THE GARDEN STATE PLAN THE BELOW MUST BE SIGNED AND RETURNED**

## Garden State Plan

In the Garden State Plan, providers outside of the State of New Jersey will not be covered; not for in-network or out-of-network claims. The only time an out of state provider/claim will be considered is if it is for an accidental emergency or medical emergency.

- An Accidental Emergency is **a traumatic** bodily injury which, if not immediately diagnosed and treated, could reasonably be expected to seriously jeopardize a person's health or result in loss of life.
- A Medical Emergency is **a sudden** condition and, at the time, unexpected onset of a health condition that requires immediate medical treatment and could reasonably be expected to seriously jeopardize a person's health or result in loss of life.

The prescription plan is the same as the NJEHP prescription plan. It includes Mandatory Generic, Step Therapy and a Formulary that excludes certain medications both Brand Name and Generic.

I have read and understand the above and wish to enroll in the Garden State Plan:

Print Name

Sign Name

Date



# Know Your Benefits

## Open Enrollment Tips

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget.

Many people get tripped up when asked to select benefits for themselves and their families because these decisions can be complicated, and it is often easier to elect the same coverage that you had during the previous plan year. However, last year's coverage may not suit you again, and there may be other plans that better meet your needs. Follow these tips to make the best benefit decisions for you and your family.

- **Assess** your health and the health of your family members before making any selections. For instance, plans with higher monthly contributions and lower copays and deductibles are best for those who will use a lot of health care services over the course of the year. Yet, healthy individuals and families may save a great deal by selecting a plan with low contributions and a high deductible.
- **Know** your options. Health care needs change over time, so don't be afraid to review a plan that might be different from the plan you chose last year. Review all plan materials that explain your benefit offerings. These are helpful for learning the ins and outs of your plan options.

- **Verify** that your doctor and hospital of choice are part of the network of health care providers that are covered before selecting / moving to a new plan. If they are not included, you will pay significantly more for their services.
- **Participate** in wellness and disease management programs to not only become healthier, but also to receive potential discounts on your health benefits.
- **Watch** for open enrollment announcements for tax-free benefits such as flexible spending accounts (FSAs). These savings vehicles can provide tremendous tax advantages, as contributions are made with before-tax income. Reimbursements from these accounts are also tax-free. They can be used to pay for prescriptions, deductibles, and health-related costs that are not covered by your insurance (braces, eyewear, etc.).

The best rule of thumb is to make a list of your benefit priorities to determine which plan will serve you best. Then, let the selection process begin.

Provided by Integrity Consulting Group

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**INTEGRITY CONSULTING GROUP**

*Employee Benefits Specialists*