

**2026
EMPLOYEE BENEFITS
OPEN ENROLLMENT
GUIDE**



IT'S TIME FOR OPEN ENROLLMENT!



THE OPEN ENROLLMENT PERIOD RUNS FROM APRIL 15, 2026 THROUGH APRIL 29, 2026.

The benefits you elect during Open Enrollment will be effective from July 1, 2026 through June 30, 2027. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.

PASSIVE ENROLLMENT

Open Enrollment will be a **PASSIVE** enrollment; unless you tell us otherwise, your current elections will roll-over to the corresponding SHIF (Aetna) and Express Scripts plans for the 2026-2027 plan year. If you wish to change plans, change dependent levels, or terminate your coverage you must submit your changes no later than **April 29, 2026**.

HOW TO ENROLL

You may obtain enrollment forms from Sherri Betsy. Completed enrollment forms must be returned to Sherri Betsy **no later than 5:00 pm, April 29, 2026**. You only need to complete an enrollment form if:

- You wish to add/terminate dependents from your benefits coverage
- You are enrolling in benefits for the first time
- You are currently enrolled and you choose to waive benefits
- You are changing your current medical plan option

DON'T FORGET - BENEPORTAL

Visit our BenePortal www.wmrhsdbenefits.com for all of your benefits-related information. You can also find detailed plan summaries and our calculator to determine your per pay costs. If you have any questions about your benefits or this Open Enrollment, please contact Member Advocacy.

MAKING PLAN CHANGES

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

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

You must notify Payroll/Benefits Office within 31 days of experiencing a qualified status change.

MEDICAL PLANS: SHIF AETNA

Eligible employees have the option of fourteen different medical plans. Listed below are the names of all current SHIF medical plans available to you. Detailed benefit summaries for each of the fourteen SHIF plans can be found on the BenePortal site.

SHIF PLAN NAME	TOTAL MONTHLY PREMIUMS	SHIF PLAN NAME	TOTAL MONTHLY PREMIUMS
Aetna Choice POS II \$10 (D7)	Employee Only: \$1,236.00 Employee & Spouse: \$2,595.00 Employee & Child(ren): \$2,345.00 Family: \$3,704.00	Aetna Choice POS II \$20 (D10)	Employee Only: \$1,226.00 Employee & Spouse: \$2,579.00 Employee & Child(ren): \$2,331.00 Family: \$3,679.00
Aetna Choice POS II \$15 (D7)	Employee Only: \$1,235.00 Employee & Spouse: \$2,594.00 Employee & Child(ren): \$2,343.00 Family: \$3,702.00	Aetna Choice POS II \$20/\$35 (D10)	Employee Only: \$1,239.00 Employee & Spouse: \$2,605.00 Employee & Child(ren): \$2,354.00 Family: \$3,718.00
Aetna Choice POS II \$15/\$25 (D7)	Employee Only: \$1,234.00 Employee & Spouse: \$2,592.00 Employee & Child(ren): \$2,342.00 Family: \$3,701.00	Aetna Choice POS II \$10 (Low Cost Opt 1 INN 70)	Employee Only: \$1,069.00 Employee & Spouse: \$2,247.00 Employee & Child(ren): \$2,035.00 Family: \$3,209.00
Aetna Choice POS II \$20/\$30 (D7)	Employee Only: \$1,193.00 Employee & Spouse: \$2,508.00 Employee & Child(ren): \$2,267.00 Family: \$3,579.00	Aetna Choice POS II HDHP	Employee Only: \$1,270.00 Employee & Spouse: \$2,674.00 Employee & Child(ren): \$2,419.00 Family: \$3,823.00
Aetna Choice POS II \$20/\$35 (D7)	Employee Only: \$1,103.00 Employee & Spouse: \$2,317.00 Employee & Child(ren): \$2,095.00 Family: \$3,309.00	Aetna Choice POS II HDHP (Low Cost Opt 2)	Employee Only: \$1,083.00 Employee & Spouse: \$2,283.00 Employee & Child(ren): \$2,065.00 Family: \$3,265.00
Aetna Choice POS II \$10 (D10)	Employee Only: \$1,234.00 Employee & Spouse: \$2,588.00 Employee & Child(ren): \$2,345.00 Family: \$3,704.00	Aetna Choice POS II - Educator's Health Plan	Employee Only: \$958.00 Employee & Spouse: \$2,014.00 Employee & Child(ren): \$1,823.00 Family: \$2,875.00
Aetna Choice POS II \$15 (D10)	Employee Only: \$1,243.00 Employee & Spouse: \$2,614.00 Employee & Child(ren): \$2,362.00 Family: \$3,731.00	Aetna Choice POS II - Garden State Plan	Employee Only: \$856.00 Employee & Spouse: \$1,799.00 Employee & Child(ren): \$1,626.00 Family: \$2,567.00

IMPORTANT! NJEHP & GSP PLANS

All New Jersey public education and charter school employers are mandated to offer the New Jersey Educator's Health Plan (NJEHP) and the Garden State Plan (GSP). These plans are available to all benefit eligible employees (teachers, administrators, support staff, etc.).

EMPLOYEES HIRED BEFORE 7/1/2020

If you were hired before July 1, 2020, you will continue to have our current plans available to you. During Open Enrollment, you will be able to:

- Elect to remain in any of our current plans
- Enroll in the NJEHP or GSP

EMPLOYEES HIRED ON/AFTER 7/1/2020

If you were hired on/after July 1, 2020, the only medical plans you can enroll in are the NJEHP and GSP.

Please note, when you elect the NJEHP or GSP plan for medical, you must enroll in the corresponding NJEHP or GSP prescription plan.

Please see the following page for a brief overview of the NJEHP/GSP benefits. For a more detailed description of these benefits, please see the Aetna Plan Summary.



MEDICAL PLANS: AETNA

Through the SHIF, the District offers the following medical plan options to their staff, administered by Aetna.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Horizon.**
- All other employees may elect any district offered plan design.

	OAP DA DESIGN 7 \$10	NJEHP	GSP*
IN-NETWORK BENEFITS			
Calendar Year Deductible			
Individual	N/A	None	None
Family			
Member Coinsurance	0% (Plan pays 100%)	10% (applies only to Emergency Medical Transportation and Durable Medical Equipment but capped at \$800/\$2,000)	10% (applies only to Emergency Medical Transportation and Durable Medical Equipment but capped at \$800/\$2,000)
Out-of-Pocket Maximum			
Individual	\$400	\$500	\$500
Family	\$800	\$1,000	\$1,000
PCP Required/Referral Required for Specialist Visit	No	No	No
Preventive Services	No Charge	No Charge	No Charge
PCP Office Visits	\$10 copay	\$10 Copay	\$10 Copay
Specialist Office Visit	\$10 copay	\$15 Copay	\$15 Copay
Diagnostic Lab & X-Ray	No Charge	No Charge	No Charge
Inpatient Hospital	No Charge	No Charge	No Charge
Outpatient Surgery	No Charge	No Charge	No Charge
Ambulance	No Charge	10% Coinsurance	No Charge
Emergency Room	\$25 copay	\$125 Copay	\$125 Copay
Urgent Care	No Charge	\$10 copay	\$10 copay
OUT-OF-NETWORK BENEFITS			
Deductible			
Individual	\$100	\$350	\$350
Family	\$250	\$700	\$700
Out-of-Pocket Maximum			
Individual	\$2,000	\$2,000	\$2,000
Family	\$5,000	\$5,000	\$5,000
Coinsurance (% Plan Pays)	20%	30%	30%

* GSP is a NJ Network of Providers only. Out of state services will not be covered unless it is a true medical emergency.

The above is an overview of your medical plan option and does not contain all of the benefits or limitations that may apply to the plan. Please see the plan document from the carrier for greater detail.

* Out-of-network claims payments are based on usual and customary (UCR) charges; for the specific level reimbursement for out-of-network claims, please see the Summary Plan Description. Out-of-network providers are not contractually obligated to accept the insurance company's reimbursement as payment in full. This means that the out-of-network providers can balance-bill the member for additional charges above the allowed amount from the insurance company. Members will realize less out-of-pocket expenses if they seek care from a network provider.

PRESCRIPTION DRUG: EXPRESS SCRIPTS

Through the SHIF, the District offers the following prescription plan options to their staff, administered by Express Scripts.

- **Employees hired on/after 7/1/2020 may only elect either the NJEHP or GSP for medical coverage and must be enrolled in the corresponding NJEHP or GSP prescription plan, administered by Express Scripts.**
- All other employees may elect any district offered plan design.

	\$5/\$15/\$30 COPAY PLAN	\$5/\$25/\$50 COPAY PLAN	NJEHP/GSP
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)			
Generic	\$5 Copay	\$5 Copay	\$5 Copay
Name Brand	\$15 Copay	\$25 Copay	\$10 Copay
Single Source Name Brand	\$30 copay	\$50 copay	\$10 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)			
Generic	\$10 Copay	\$5 Copay	\$10 Copay
Name Brand	\$30 Copay	\$25 Copay	\$20 Copay
Single Source Name Brand	\$60 copay	\$50 copay	\$20 copay
EMPLOYEE RATES			
Employee Only	\$360.00	\$352.00	\$331.00
Employee & Spouse	\$758.00	\$738.00	\$694.00
Employee & Child(ren)	\$685.00	\$667.00	\$629.00
Family	\$1,082.00	\$1,054.00	\$991.00

*The EHP/GSP prescription drug plan utilizes a closed formulary. A formulary is a listing of prescriptions and therapeutic classes of prescriptions that are covered or excluded by your plan. On a closed formulary, excluded prescriptions will NOT be covered and you will be required to take an alternative. Express Scripts' formularies are updated semi-annually based on the latest research in prescription drug safety, quality and cost effectiveness. You can view the formulary on the BenePortal under the Prescription Drug Plan tab.



PRESCRIPTION DRUG: EXPRESS SCRIPTS

DIGITAL ID CARD

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

Don't wait until you are at the pharmacy. Connect to your ID Card today!

www.express-scripts.com or download the Express Scripts mobile app to create your profile in a few easy steps. You can also text **JOIN to 69717** for a link to the Express Scripts registration page.

HOW TO GET STARTED WITH EXPRESS SCRIPTS HOME DELIVERY

Contact Express Scripts

- For transfers from a retail pharmacy, sign in at www.Express-Scripts.com
- Speak with a prescription benefit specialist by calling **800.698.3757** (7:30 a.m. – 5 p.m., Central, Monday-Friday)

DO IT YOURSELF

- Complete a home delivery order form
- Get a 90-day prescription from your doctor plus refills for up to one year (if applicable)
- Include your home delivery copayment (acceptable forms include credit/debit card, check or money order)

Mail your form and prescription to Express Scripts at the address on the form. You can also have your doctor ePrescribe or fax your prescription.

Your medication will arrive by mail within 8 days of receipt of your initial prescription.



Scan the QR code to download the mobile app from the App Store or Google Play.



MEMBER RESOURCES: AETNA

LOCATE A PROVIDER

STEP 1: Visit Aetna's website at www.aetna.com

STEP 2: At the top of the webpage, click on “**Find a Doctor**”.

STEP 3: On the right side of the page under the section labeled “**Guest**” select “**Plan from an employer**” (1st choice on the list)

STEP 4: Under “**Continue as a Guest**”, enter your zip code, city, state or county, and a mile radius you would prefer your provider to be in. Select “**Search**”

STEP 5: You will be asked to “**Select a Plan**”. Under the category “**Aetna Open Access Plans**” select the plan, “**Aetna Choice POS II (Open Access)**”

STEP 6: Click “**Continue**” to yield search results

AETNA MOBILE APP

The mobile app gives you access to your secure member information, anytime, anywhere. Use it to:

- Search for a doctor, dentist, or facility
- View claims, coverage and benefits details
- View your Personal Health Record
- View your ID card information
- Contact Aetna by phone or e-mail
- And much more!

Download the Aetna mobile app to your device from the Google Play or App Store today!

FINDING AN IN-NETWORK LAB

Good news! Both Quest Diagnostics and LabCorp are in-network labs with Aetna. Please be sure your provider sends your blood work to a participating lab with Aetna.

MEMBER ID CARDS

If you are making any changes, new Aetna medical ID cards will be sent to your home by July 1st. However, you can print a temporary ID card with Aetna Navigator by following the steps below:

STEP 1: Visit Aetna's website at www.aetna.com

STEP 2: At the top of the webpage, click “Member Support”, then “**Account Management**”. Click on “**Get Your ID Card**”.

STEP 3: If you are a first-time user please register, if already registered please enter your username and password

STEP 4: Select the name of the member whose card you would like to print, then click “**View Card**” and click “**View/Print ID card**” and print your card



HDHP PLANS & HSA

The District offers two High Deductible Health Plans (HDHPs) with a Health Savings Account (HSA). The Aetna Choice POS II HDHP plan and the Aetna Choice POS II HDHP (Low Cost Opt 2) plan.



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.

WHAT IS THE MAXIMUM HSA CONTRIBUTION?

You elect the amount you would like to contribute toward your HSA and the District will deduct that money from your paycheck pre-tax. The total annual amount you can contribute towards an HSA tax-free is

	2026 LIMITS
Single	\$4,400
Family	\$8,750
Catch Up (age 55+)	\$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
- Long term care plans

DENTAL PLAN: DELTA DENTAL

The dental benefits through the Schools Health Insurance Fund (SHIF) are administered by Delta Dental. Additional information on the dental plan can be found on the Beneportal.

\$5/\$15/\$30 COPAY PLAN

\$5/\$25/\$50 COPAY PLAN

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		
Calendar Year Deductible		
Individual	N/A	N/A
Family		
Calendar Year Maximum (per patient)	\$2,500	\$2,500
Preventive & Diagnostic Services* Exams, Cleanings, Bitewing X-rays, Full Mouth X-rays Fluoride Treatment, Sealants, Pulp Vitality	100%	100%
Basic Restorative Services* Fillings, Extractions, Endodontics (root canal) Periodontics, Oral Surgery Repairs to bridges, crowns & inlays Anesthetics Space Maintainers	80%	80%
Major Services* Crowns Inlays and Onlays Bridgework Full and Partial Dentures	80%	80%
Orthodontia Benefits (children to age 19)	50%	50%
Orthodontia Lifetime Maximum (children to age 19)	\$1,000	\$1,000

* Benefits listed are for illustrative summary purposes only—a complete listing of benefits, including limitations, can be found in the Dental Summary Plan Document on the BenePortal.

DENTAL TOTAL MONTHLY PREMIUM

TIER	PPO PLUS PREMIER PLAN
Employee Only	\$52.00
Employee & Spouse	\$116.00
Employee & Child(ren)	\$120.00
Family	\$168.00



ONLINE BENEFIT RESOURCES: BENEPORTAL & MEMBER ADVOCACY

At West Morris Regional High School District, you have access to a full-range of valuable employee benefits benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

Visit www.wmrhsdbenefits.com to access your benefits information today!

BenePortal features include:

- Secure online access - NO login required
- Mobile optimized site
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms and flyers
- GoodRx
- Benefit Perks Discount Program
- And more!

Member Advocacy, provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

You can contact Member Advocacy for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need help to resolve a problem you've been working on

You can contact Member Advocacy in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via the web:
www.connerstrong.com/memberadvocacy
- Via email: cssteam@connerstrong.com
- Via fax: **856.685.2253**

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.



VALUE-ADDED SERVICES: CONNER STRONG & BUCKELEW

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: 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:
connerstrong.goodrx.com

BENEFIT PERKS

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:
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: healthylearn.com/connerstrong



BENEFIT RESOURCES

BENEFITS CONTACTS

PLAN	CARRIER/VENDOR NAME	PHONE NUMBER	WEBSITE
Medical (SHIF)	Aetna	855-281-8858	www.aetna.com
Prescription	Express Scripts	800-698-3757	www.express-scripts.com
Dental	Delta Dental	800-452-9310	www.deltadentalnj.com
Member Advocacy	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy



