

**Wellbeing  
starts with you.**

# **Employee Benefits Guide 2026**



# Welcome to RWJBarnabas Health! We're so glad you're here.

Every day, our team shows up in communities across New Jersey — committed to delivering exceptional care to the patients we serve. Our Total Wellbeing Promise — **Wellbeing starts with you** — is a tangible demonstration of our commitment to support you at every stage of your professional and personal life — because without you, there is no RWJBarnabas Health and there is no mission.

## Our Total Wellbeing Promise

**Building and sustaining a healthier New Jersey starts with each of us.**

It starts with...prioritizing your own physical wellness, so you can feel your best to take on each day. Building stability for your future, so you can guide others on a healthier path. Taking meaningful time away, so you can find balance between your passion for care and your passion for life.

That's why we continually evolve our holistic options and resources, shaped by your input, to support you on your journey. Together, we're creating an environment where you can thrive — because the wellbeing of our community starts with you.

**Note: Employees who are covered by a collective bargaining agreement may have some differences in benefits offered and should check with their local Human Resources team or union leadership for further information.**

## What This Means for You

We offer a robust benefits package that extends beyond traditional benefits to support our employees' physical, emotional, financial, personal, career, and community wellbeing. We encourage you to review this guide carefully to understand our benefits offerings.



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**Note:** The Medicare Part D Creditable Coverage Notice is located on page 42 of this guide.

# Total Wellbeing at RWJBarnabas Health

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



## Physical Wellbeing

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



## Personal Wellbeing

Time away and support to focus on personal priorities.



## Emotional Wellbeing

Resources to safeguard your mind and spirit.



## Career Wellbeing

Pathways for your professional goals and growth.



## Financial Wellbeing

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



## Community Wellbeing

Impactful initiatives that build healthier communities.

For more information on all of our Total Wellbeing resources, visit [RWJBHTotalWellbeing.com](https://www.rwjbh.com/TotalWellbeing)

**Wellbeing  
starts with you.**



# New Hire Enrollment Checklist

You will have 30 days from your date of hire to enroll in or waive benefits coverage. Coverage starts the first of the month following your date of hire.

To Do	How to Take Action				
<b>1 Step 1: Review Your Choices</b>	<b>Learn about your options!</b> Review this benefits enrollment guide and visit <a href="http://RWJBHTotalWellbeing.com">RWJBHTotalWellbeing.com</a> .				
<b>2 Step 2: Get Enrolled</b>	<p><b>Collect</b> your information:</p> <ul style="list-style-type: none"> <li>PeopleSoft ID</li> <li>Date of birth, Social Security Number and address for any benefit-eligible dependents that you are enrolling in coverage.</li> <li>Dependent verification documents, such as birth certificates and marriage certificates. <b>NOTE:</b> Dependent documents must be submitted within your 30-day enrollment window. If documentation is not submitted, your dependents cannot be enrolled in coverage.</li> </ul> <p><b>Enroll</b> in benefits:</p> <ul style="list-style-type: none"> <li>Visit the <b>Enrollment Portal</b> OR enroll via phone at <b>844.690.0920</b> (8:30 AM – 7:00 PM ET, M – F).</li> <li>Username is "RWJBH" followed by your six-digit employee ID number. See example to the right.</li> <li>Your default password (if needed) is the capitalized first letter of your first name + lower case first letter of your last name + your 5-digit home zip code. See example to the right.</li> </ul> <p><b>Review</b> your elections:</p> <ul style="list-style-type: none"> <li>Carefully review your elections to ensure you have selected the correct plans and enrolled all dependents.</li> <li>Save a copy of the benefit confirmation statement for your records.</li> </ul> <div style="text-align: right; margin-top: 10px;"> <p><b>Example Username and Password</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #002060; color: white;">Username</th> <th style="background-color: #c00000; color: white;">Password</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">RWJBH123456</td> <td style="text-align: center;">Ab07052</td> </tr> </tbody> </table> </div>	Username	Password	RWJBH123456	Ab07052
Username	Password				
RWJBH123456	Ab07052				
<b>3 Step 3: Receive ID Cards</b>	<ul style="list-style-type: none"> <li>ID cards should arrive via US Mail within 2–3 weeks of enrollment.</li> </ul>				
<b>4 Step 4: Review Your Other Benefits</b>	Review your other benefits, including Retirement, Voluntary Benefits, Employee Discounts, BHealthy Wellness, and more! Visit <a href="http://RWJBHTotalWellbeing.com">RWJBHTotalWellbeing.com</a> .				
<b>5 Step 5: Make an Appointment</b>	Call BHealthy Care Navigation to find providers and book appointments for well visits, screenings, and more! Our navigation team is available Monday through Friday, 8:00 AM – 7:00 PM ET at <b>844.424.2628</b> .				

**Note:** Employees who are covered by a collective bargaining agreement may have some differences in benefits offered and should check with their local Human Resources team or union leadership for further information.

Enrollment Questions? Call the RWJBarnabas Health Benefits Center at 844.690.0920.

# Qualifying Life Events (QLE)

## What you need to know



### Remember: It's important that you choose your benefits carefully.

After you complete your initial new hire enrollment, the IRS only allows you to make changes to your benefits elections once a year during Annual Enrollment, unless you experience any one or more of the following Qualifying Life Events:

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

You have **31 calendar days to report a Qualifying Life Event**. A special 60-day notification period applies to changes related to Medicaid or the Children's Health Insurance Program (CHIP) eligibility. **If you do not report your Qualifying Life Event to the RWJBH Benefits Center within 31 days of the event, you will need to wait until the next Annual Enrollment period to make benefit changes.**

Call the RWJBH Benefits Center at **844.690.0920** or visit **RWJBHBenefits.com** to report a Qualifying Life Event.

# Key Benefits Contacts

## Have Questions?

It's helpful to know where to go for key questions. We are committed to providing you with the information you need to make informed decisions on your benefit plan selections.









Physical Wellbeing			
Need Help With...	Who to Contact	Contact Information	
Overview of 2026 benefits	RWJBH Total Wellbeing Site	<a href="https://www.RWJBHTotalWellbeing.com/contacts-and-resources/new-hire/">RWJBHTotalWellbeing.com/contacts-and-resources/new-hire/</a>	
Enrolling in benefits, enrollment support and life events/changes	RWJBH Benefits Center	<a href="https://www.RWJBHBenefits.com">www.RWJBHBenefits.com</a>	844.690.0920
Finding a provider or scheduling an appointment	BHealthy Care Navigation	<a href="https://www.RWJBHTotalWellbeing.com">www.RWJBHTotalWellbeing.com</a>	844.424.2628
Medical Benefits	Aetna®	<a href="https://www.aetnaresource.com/n/RWJBH">www.aetnaresource.com/n/RWJBH</a>	855.546.5415
Prescription Drug Benefits	CVS Caremark®	<a href="https://www.caremarkrxplaninfo.com/RWJBH">caremarkrxplaninfo.com/RWJBH</a>	833.290.5676
Dental Benefits	Delta Dental™	<a href="https://www.deltadentalnj.com/RWJBH">www.deltadentalnj.com/RWJBH</a>	800.810.5234
Vision Benefits	EyeMed	<a href="https://www.eyemed.com">www.eyemed.com</a>	866.800.5457
Wellness	Personify Health	<a href="https://join.personifyhealth.com/bhealthy">join.personifyhealth.com/bhealthy</a>	888.671.9395

Financial Wellbeing			
Need Help With...	Who to Contact	Contact Information	
Life Insurance	RWJBH Benefits Center	<a href="https://www.RWJBHBenefits.com">www.RWJBHBenefits.com</a>	844.690.0920
Long-Term Disability	RWJBH Benefits Center	<a href="https://www.RWJBHBenefits.com">www.RWJBHBenefits.com</a>	844.690.0920
Flexible Spending Accounts	RWJBH Benefits Center	<a href="https://www.RWJBHBenefits.com">www.RWJBHBenefits.com</a>	844.690.0920
Retirement Plans	Fidelity Investments	<a href="https://www.netbenefits.com/RWJBarnabas">www.netbenefits.com/RWJBarnabas</a>	800.513.5015
Voluntary Benefits	Aon (Farmington)	<a href="https://mybenefits.aon.com/Documents/RWJ-Barnabas/2025/Home">mybenefits.aon.com/Documents/RWJ-Barnabas/2025/Home</a>	844.428.6672

# Your 2026 Benefits At-a-Glance







Our benefits provide you with a personalized experience while delivering best-in-class healthcare that prioritizes your wellbeing. The chart below shows a summary of benefits and what you need to do to enroll.

Benefit	What You Need to Know	What You Need to Do to Enroll
 <p><b>Benefits Eligibility</b></p>	<ul style="list-style-type: none"> <li>• Full-time = 35+ hours per week</li> <li>• Part-time = 16 to 34.9 hours per week</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If you aren't sure of your standard weekly hours, check with your manager or supervisor.</li> </ul>
 <p><b>Medical Benefits</b></p>	<ul style="list-style-type: none"> <li>• Our medical benefits are administered by Aetna®.</li> <li>• There are two Aetna® plan options:               <ul style="list-style-type: none"> <li>◦ <b>Live in New Jersey?</b> Choose between the Core Plan and the Flex Plan.</li> <li>◦ <b>Live outside of New Jersey?</b> Choose between the Out-of-Area (OOA) Plan and the Core Plan.</li> </ul> </li> <li>• <b>Care within the RWJBarnabas Health system is free* across all plans!</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Choose the plan that best fits your needs for 2026.</li> <li><input type="checkbox"/> Double-check dependent information (if applicable).</li> </ul>
 <p><b>Prescription Drug Benefits</b></p>	<ul style="list-style-type: none"> <li>• Our prescription drug benefits are administered by CVS Caremark®.</li> <li>• You can fill your short-term acute medications at any local in-network pharmacy.</li> <li>• For maintenance (90-day) medications, you will have three options to fill:               <ol style="list-style-type: none"> <li>1. Visit an RWJBarnabas Health on-site retail pharmacy.</li> <li>2. Utilize CVS Caremark® Mail Service Pharmacy.</li> <li>3. Fill at a CVS Pharmacy® nearest you.</li> </ol> </li> <li>• Specialty medications will be filled through CVS Specialty® or RWJBarnabas Health Infusion and Specialty Pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No action needed — when you enroll in one of our medical plans, you are automatically enrolled in prescription drug coverage.</li> </ul>
 <p><b>Dental Benefits</b></p>	<ul style="list-style-type: none"> <li>• Our dental benefits are administered by Delta Dental™.</li> <li>• There are two dental PPO plan options — Base Plan or Buy-Up Plan.</li> <li>• Both plans provide access to Delta Dental's PPO™ and Premier Networks — meaning you have more options to save on the cost of dental services.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Choose the plan that best fits your needs for 2026.</li> <li><input type="checkbox"/> Double-check dependent information (if applicable).</li> </ul>
 <p><b>Vision Benefits</b></p>	<ul style="list-style-type: none"> <li>• EyeMed is our vision plan vendor.</li> <li>• Our vision plan covers exams, glasses, contact lenses and more.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Explore the plan option and payroll deductions.</li> <li><input type="checkbox"/> Double-check dependent information (if applicable).</li> </ul>
 <p><b>BHealthy Wellness Program</b></p>	<ul style="list-style-type: none"> <li>• You and your enrolled family members may access resources, such as wellness coaching and webinars, nutrition guides and recipes for healthy meals, to support your health and wellbeing journey.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Visit <a href="https://join.personifyhealth.com/bhealthy">join.personifyhealth.com/bhealthy</a> to earn points by December 15, 2026.</li> </ul>

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

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

Our benefits provide you with a personalized and simplified experience while delivering best-in-class healthcare that prioritizes your total wellbeing. The chart below shows a summary of benefits and what you need to do to enroll.

Benefit	What You Need to Know	What You Need to Do to Enroll
 <p><b>Health Care Flexible Spending Account</b></p>	<ul style="list-style-type: none"> <li>You may set aside money on a pre-tax basis to help cover the costs of eligible out-of-pocket healthcare expenses.</li> <li>You can contribute up to \$3,400 to your account.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Enroll in this plan if you expect to have out-of-pocket prescription drug, dental or vision expenses.</li> </ul>
 <p><b>Dependent Care Flexible Spending Account</b></p>	<ul style="list-style-type: none"> <li>You can set money aside on a pre-tax basis to pay for costs associated with caring for your dependents while you work, such as day care, summer camps, elder care, etc.</li> <li>You can now contribute up to \$7,500 to your account (up to \$3,750 if married and filing separately).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Enroll in this plan to save money by using pre-tax funds for eligible care expenses for eligible dependents while you work.</li> </ul>
 <p><b>Basic Life</b></p>	<ul style="list-style-type: none"> <li>If you are a benefits-eligible employee, you are automatically enrolled in Basic Life insurance, 100% paid for by RWJBarnabas Health.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review your coverage amounts.</li> <li><input type="checkbox"/> Confirm your beneficiary information.</li> <li><input type="checkbox"/> No enrollment is needed; this benefit is provided automatically to benefits-eligible employees.</li> </ul>
 <p><b>Voluntary Life</b></p>	<ul style="list-style-type: none"> <li>If you are a benefits-eligible employee, you have the opportunity to purchase additional life insurance to provide added financial protection for your loved ones.</li> <li>Evidence of insurability may be required for this coverage.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review and select the additional coverage amount options available for purchase through payroll deduction.</li> <li><input type="checkbox"/> Confirm your beneficiary information.</li> </ul>
 <p><b>Dependent Life</b></p>	<ul style="list-style-type: none"> <li>If you are a benefits-eligible employee, you can purchase life insurance for a spouse and eligible dependent children.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review and select coverage amount options available for purchase through payroll deduction.</li> </ul>
 <p><b>Long-Term Disability</b></p>	<ul style="list-style-type: none"> <li>If you are a benefits-eligible employee, you are automatically enrolled in Basic Long-Term Disability insurance, 100% paid for by RWJBarnabas Health.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No enrollment is needed; this benefit is provided automatically to benefits-eligible employees.</li> </ul>






Your physical wellbeing starts with feeling your best — and we encourage you to take an active role in prioritizing your health every day. Our commitment to your physical wellbeing means making sure you have the coverage and support you need to access excellent, coordinated care when and where you need it. From comprehensive health, dental, and vision coverage to chronic care management and telemedicine, we're here to help you stay well. With additional wellness programs like health coaching, tobacco cessation, and peer support for substance use, you have the physical wellbeing benefits, resources, and support to take care of yourself — on your terms.

### What You Need to Know

Choosing the right plan for you and your family is important. Our medical plans, administered by Aetna®, offer you choice and coverage to meet your needs. You will also have access to:

- **Expansive network coverage** including access to the national Aetna® Network, and reduced cost sharing for our preferred provider tiers.
- **Customer service with Aetna® Concierge** that provides dedicated support with real people to answer your questions and address your concerns.
- **A connected digital experience** including a user-friendly search tool that provides easier access to finding care, understanding your coverage and connecting with the right resources.

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



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

There are two plan options, dependent on where you live.

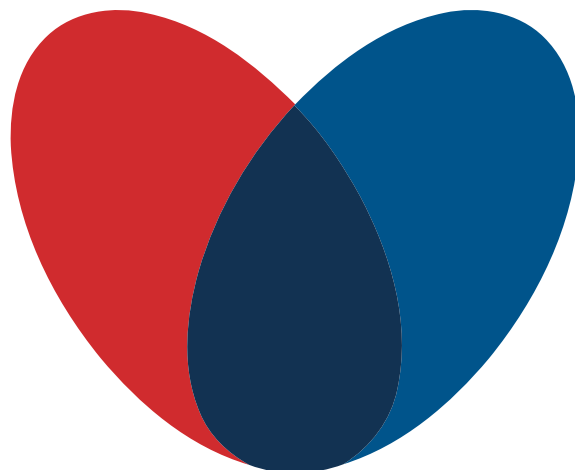
- **Live in New Jersey?** Choose between the Core Plan and the Flex Plan.
- **Live outside of New Jersey?** Choose between the Out-of-Area (OOA) Plan and the Core Plan.

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

Core Plan	Flex Plan	Out-of-Area (OOA) Plan
<ul style="list-style-type: none"> <li>• You primarily use care within the RWJBarnabas Health system or within our HTC partner network</li> <li>• Lowest payroll contributions</li> </ul>	<ul style="list-style-type: none"> <li>• You live in New Jersey, but want to pay less out-of-pocket when using care outside the RWJBarnabas Health system or in other states</li> <li>• Higher payroll contributions than the Core Plan</li> </ul>	<ul style="list-style-type: none"> <li>• You live outside of New Jersey</li> <li>• You are offered this in place of the Flex Plan, to make accessing care outside of the state more affordable for you</li> <li>• Contributions are the same as the Core Plan</li> </ul>

### Medical Benefit Questions?

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



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

# Medical Benefits

## Core Plan

The Core Plan is the lowest-cost medical option for employees who primarily use care within the RWJBarnabas Health system and our partner systems through the HTC. Care received within the Premier tier is **free\*** for Core Plan members!

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

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

<b>Core Plan Tiers</b> The Core Plan includes three tiers of coverage: Premier, Extended, and Aetna® Network.		
<b>Premier (Tier 1)</b>	<b>Extended (Tier 2)</b>	<b>Aetna® Network (Tier 3)</b>
<p><b>Look for "Maximum Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• RWJBH facilities</li> <li>• RWJBH employed doctors</li> <li>• Rutgers Health doctors</li> <li>• RWJBH Joint Venture facilities and practices</li> <li>• RWJBH Clinically Integrated Network practices</li> </ul>	<p><b>Look for "Standard Plus Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• Certain RWJBH-affiliated doctors</li> <li>• Healthcare Transformation Consortium (HTC) facilities and employed doctors:               <ul style="list-style-type: none"> <li>o AtlantiCare</li> <li>o Atlantic Health System</li> <li>o CentraState Healthcare System</li> <li>o Holy Name</li> <li>o Hunterdon Health</li> <li>o Saint Peter's Healthcare System</li> <li>o Valley Health System</li> </ul> </li> </ul>	<p><b>Look for "Standard Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• All other in-network providers in the Open Access Aetna® Select network</li> <li>• Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health)</li> <li>• Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering, and NewYork-Presbyterian)</li> </ul>

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

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

**Medical Benefit Questions?**  
 Contact Aetna® Concierge at **855.546.5415** Monday - Friday from 8:00 AM - 6:00 PM ET or visit [www.aetnaresource.com/n/RWJBH](http://www.aetnaresource.com/n/RWJBH)

# Core Medical Plan



Deductibles do not apply to office visits in any Tier. Deductibles and coinsurance do not apply to services performed at Premier (Tier 1) facilities.

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

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

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

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

<sup>1</sup> One exam per year.

<sup>2</sup> 45 separate visits per year for OT/ST/PT across all plan tiers.

<sup>3</sup> Emergency Room facility copay waived if admitted. ER copay still applies in Observation status.

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

# Medical Benefits

## Flex Plan

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

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

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

<b>Flex Plan Tiers</b>			
The Flex Plan includes four tiers of coverage: Premier, Extended, Aetna® Network and Out-of-Network.			
<b>Premier (Tier 1)</b>	<b>Extended (Tier 2)</b>	<b>Aetna® Network (Tier 3)</b>	<b>Out-of-Network</b>
<p><b>Look for "Maximum Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• RWJBH facilities</li> <li>• RWJBH employed doctors</li> <li>• Rutgers Health doctors</li> <li>• RWJBH Joint Venture facilities and practices</li> <li>• RWJBH Clinically Integrated Network practices</li> </ul>	<p><b>Look for "Standard Plus Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• Certain RWJBH-affiliated doctors</li> <li>• Healthcare Transformation Consortium (HTC) facilities and employed doctors:               <ul style="list-style-type: none"> <li>○ AtlantiCare</li> <li>○ Atlantic Health System</li> <li>○ CentraState Healthcare System</li> <li>○ Holy Name</li> <li>○ Hunterdon Health</li> <li>○ Saint Peter's Healthcare System</li> <li>○ Valley Health System</li> </ul> </li> </ul>	<p><b>Look for "Standard Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• All other in-network providers in the Aetna® Choice POS II network</li> <li>• Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health)</li> <li>• Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering, and NewYork-Presbyterian)</li> </ul>	<p><b>Not listed on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• Any provider who is not in the Aetna® Choice POS II network</li> </ul>

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

### Medical Benefit Questions?

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

# Flex Medical Plan



Deductibles do not apply to in-network office visits with copays. Deductibles and coinsurance do not apply to services performed at Premier (Tier 1) facilities.

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

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

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

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

<sup>1</sup> One exam per year.

<sup>2</sup> 45 separate visits per year for OT/ST/PT across all plan tiers.

<sup>3</sup> Emergency Room facility copay waived if admitted. ER copay still applies in Observation status.

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

# Medical Benefits

## Out-of-Area Plan

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

If you live outside of New Jersey, you'll find this choice when you sign up for coverage on [www.RWJBHBenefits.com](http://www.RWJBHBenefits.com).

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

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

### Out-of-Area Plan Tiers

The Out-of-Area Plan includes four tiers of coverage: Premier, Extended, Aetna® Network and Out-of-Network.

Premier (Tier 1)	Extended (Tier 2)	Aetna® Network (Tier 3)	Out-of-Network
<p><b>Look for "Maximum Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• RWJBH facilities</li> <li>• RWJBH employed doctors</li> <li>• RWJBH Joint Venture facilities and practices</li> <li>• RWJBH Clinically Integrated Network practices</li> </ul>	<p><b>Look for "Standard Plus Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• Certain RWJBH-affiliated doctors</li> <li>• Healthcare Transformation Consortium (HTC) facilities and employed doctors:               <ul style="list-style-type: none"> <li>○ AtlantiCare</li> <li>○ Atlantic Health System</li> <li>○ CentraState Healthcare System</li> <li>○ Holy Name</li> <li>○ Hunterdon Health</li> <li>○ Saint Peter's Healthcare System</li> <li>○ Valley Health System</li> </ul> </li> </ul>	<p><b>Look for "Standard Savings" on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• All other in-network providers in the Aetna® Choice POS II network</li> <li>• Includes providers in New Jersey who are not in the Premier or Extended tiers (such as Hackensack Meridian Health)</li> <li>• Includes providers outside of New Jersey (such as CHOP, Memorial Sloan Kettering, and NewYork-Presbyterian)</li> </ul>	<p><b>Not listed on Aetna® provider search</b></p> <ul style="list-style-type: none"> <li>• Any provider who is not in the Aetna® Choice POS II network</li> </ul>

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

### Medical Benefit Questions?

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

# Out-of-Area Medical Plan



Deductibles do not apply to in-network office visits with copays. Deductibles and coinsurance do not apply to services performed at Premier (Tier 1) facilities.

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

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

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

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

<sup>1</sup> One exam per year.

<sup>2</sup> 45 separate visits per year for OT/ST/PT across all plan tiers.

<sup>3</sup> Emergency Room facility copay waived if admitted. ER copay still applies in Observation status.

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

# Medical Plan Contributions

RWJBarnabas Health pays most of the cost of your medical coverage if you are eligible and choose to enroll. You share the cost through contributions that come out of your paycheck, which depend on:

1. The plan you choose – Core Plan, Flex Plan or Out-of-Area Plan
2. Who you are covering (spouse, eligible children) and whether or not your spouse has access to employer coverage
3. Your annual salary
4. Whether or not you use tobacco

## Non-Tobacco User Contributions

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

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

## Spousal Surcharge

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

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



**Check out the next page for some ways you can save on your 2027 medical plan contributions!**

# BHealthy Wellness Program

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

## Complete Your Wellness Requirements and Save in 2027!

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

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

**Important:** All points must be earned by December 15, 2026, to apply towards 2027 medical plan contributions.

## What You Can Save in 2027:

Level	Points	Savings
Level 1	5,000	\$50
Level 2	18,000	\$100
Level 3	30,000	\$150
Level 4	45,000	\$200
<b>Annual Accumulated Savings for 2027:</b>		<b>\$500</b>

## Getting Started



Sign up for your BHealthy Wellness account on your phone or computer by going to:

[join.personifyhealth.com/bhealthy](https://join.personifyhealth.com/bhealthy).



Contact your Health Coach for questions and guidance on the program or by calling the BHealthy Wellness line at **973-315-5015**, available Monday – Friday from 9:00 AM – 5:00 PM ET.



Scan the QR code to get started with BHealthy Wellness!



# Per-Paycheck Medical Contributions

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

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

		Per-Pay (Bi-Weekly) Contributions	
Salary Band	Coverage Tier	Core Plan*	Flex Plan
<b>Under \$55,000</b>	Employee Only	\$61.34	\$100.63
	Employee + Child(ren)	\$94.26	\$164.99
	Employee + Spouse	\$110.65	\$193.16
	Family	\$147.68	\$265.56
<b>\$55,000 – \$94,999</b>	Employee Only	\$77.81	\$132.80
	Employee + Child(ren)	\$123.89	\$222.90
	Employee + Spouse	\$145.21	\$260.73
	Family	\$197.06	\$362.08
<b>\$95,000 – \$124,999</b>	Employee Only	\$94.26	\$164.98
	Employee + Child(ren)	\$153.51	\$280.80
	Employee + Spouse	\$179.78	\$328.27
	Family	\$246.44	\$458.58
<b>\$125,000 – \$174,999</b>	Employee Only	\$131.29	\$208.39
	Employee + Child(ren)	\$220.18	\$356.51
	Employee + Spouse	\$257.55	\$416.60
	Family	\$357.54	\$584.76
<b>\$175,000 and over</b>	Employee Only	\$164.21	\$262.39
	Employee + Child(ren)	\$279.44	\$456.15
	Employee + Spouse	\$326.67	\$532.86
	Family	\$456.30	\$750.84

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

		Per-Pay (Bi-Weekly) Contributions	
Salary Band	Coverage Tier	Core Plan*	Flex Plan
<b>All Salaries</b>	Employee Only	\$121.26	\$176.70
	Employee + Child(ren)	\$202.10	\$301.90
	Employee + Spouse	\$236.47	\$352.88
	Family	\$327.43	\$493.73

\* Also applies to the Out-of-Area plan.

# Prescription Drug Benefits

## CVS Caremark®

### What You Need to Know

When you enroll in one of our medical plans, you are automatically enrolled in prescription drug coverage. We partner with **CVS Caremark®** for prescription drug benefits.

### Options for Filling Maintenance Medications

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

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

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

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

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

### Prescription Drug Benefit Questions?

Contact CVS Caremark® at **833.290.5676**, available 24/7, or visit [caremarkrxplaninfo.com/RWJBH](http://caremarkrxplaninfo.com/RWJBH)



# How Can I Get My Prescriptions Filled?

## Short-Term Medications

What are They?	Where to Fill	How to Fill
<ul style="list-style-type: none"> <li>Medication for an illness or condition expected to clear up in a short amount of time</li> <li>Typically needs to be filled the same day</li> <li>Usually not taken for longer than 30 days</li> <li><b>Example:</b> Antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>RWJBH on-site retail pharmacies or Walgreens at one of our facilities</li> <li>Local retail pharmacies including CVS Pharmacy®, Walgreens and other major pharmacy chains</li> </ul>	<ul style="list-style-type: none"> <li>To fill at an on-site pharmacy or retail location, bring your prescription to the pharmacy or have your physician submit it electronically</li> </ul>

## Maintenance Medications

What are They?	Where to Fill	How to Fill
<ul style="list-style-type: none"> <li>Medication for an ongoing condition</li> <li>Might be needed for months, years or even a lifetime; often available in 90-day supplies</li> <li><b>Examples:</b> Medications to treat cholesterol, diabetes, high blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>RWJBH on-site retail pharmacies or Walgreens at one of our facilities</li> <li>CVS Pharmacy® nearest you</li> <li>CVS Caremark® Mail Service Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>To fill at an on-site pharmacy or retail location, bring your prescription to the pharmacy or have your physician submit it electronically</li> <li>For mail order, your doctor can E-prescribe or mail to CVS Caremark® Mail Service Pharmacy</li> </ul>

## Controlled Substance (Schedule II)

What are They?	Where to Fill	How to Fill
<ul style="list-style-type: none"> <li>This includes prescriptions for narcotics, ADHD, sleep medications and other conditions</li> <li>Only available in 30-day supplies</li> </ul>	<ul style="list-style-type: none"> <li>RWJBH on-site retail pharmacies or Walgreens at one of our facilities</li> <li>Local retail pharmacies including CVS Pharmacy®, Walgreens and other major pharmacy chains</li> </ul>	<ul style="list-style-type: none"> <li>To fill at an on-site pharmacy or retail location, bring your prescription to the pharmacy or have your physician submit it electronically</li> </ul>

## Specialty Medications

What are They?	Where to Fill	How to Fill
<ul style="list-style-type: none"> <li>High-cost medications that treat complex conditions like cancer, multiple sclerosis, skin disorders and rheumatoid arthritis</li> <li>Can sometimes be injectables and/or require special handling</li> <li>Only available in 30-day supplies</li> </ul>	<ul style="list-style-type: none"> <li>CVS Specialty® Pharmacy</li> <li>RWJBarnabas Health Infusion &amp; Specialty Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li><b>New prescriptions? Your doctor can:</b> <ul style="list-style-type: none"> <li>E-prescribe or mail to CVS Specialty®</li> <li>Call CVS Specialty® CareTeam at <b>800.237.2767</b></li> <li>Fax the prescription to <b>800.323.2445</b></li> </ul> </li> <li><b>Questions about copay card for specialty medications?</b> <ul style="list-style-type: none"> <li>Members with an eligible specialty prescription will be directly contacted by PrudentRx to enroll in the PrudentRx program within 24 hours of a prescription being received. You will pay \$0 copay for specialty meds once enrolled</li> </ul> </li> </ul>

# Dental Benefits

## Delta Dental™

### What You Need to Know

We partner with **Delta Dental™** as our dental plan vendor. As one of the most widely recognized dental plan vendors nationwide, Delta Dental™ is known for their strong provider access, member savings and reliable service.

Here's what you can expect:

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

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

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

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

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

# Per-Paycheck Dental Contributions

## Delta Dental™

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

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

Coverage Tier	Base Plan	Buy-Up Plan
Employee Only	\$11.84	\$13.90
Employee + Child(ren)	\$23.68	\$27.82
Employee + Spouse	\$18.94	\$22.35
Family	\$36.71	\$43.26

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

Coverage Tier	Base Plan	Buy-Up Plan
Employee Only	\$16.58	\$18.50
Employee + Child(ren)	\$33.16	\$38.63
Employee + Spouse	\$26.54	\$31.00
Family	\$51.41	\$60.18



### Dental Plan Questions?

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

To find a dentist in the Delta Dental™ network,  
visit [deltadentalnj.com/RWJBH](http://deltadentalnj.com/RWJBH). Dentists in the  
PPO and Premier networks will appear with a  
“greater savings” logo.

# Vision Benefits

## EyeMed

### What You Need to Know

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

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

\* Plan allows member to receive either contacts or frames and lens services.

\*\* Plan reimburses you directly for care upon receipt of claim information.

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

Coverage Tier	EyeMed Vision Plan
<b>Employee Only</b>	\$3.45
<b>Employee + Child(ren)</b>	\$6.63
<b>Employee + Spouse</b>	\$5.12
<b>Family</b>	\$9.75

### Vision Plan Questions?

Contact EyeMed at  
**866.800.5457**  
or visit [eyemed.com](http://eyemed.com).

# More Physical Wellbeing Resources

Below are additional resources available to support the physical wellbeing needs of you and your family.



## Care Navigation

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



## Care Management

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



## Telemedicine

- Access to virtual urgent care for a variety of needs.
- Get started by visiting [RWJBHTotalWellbeing.com/physical-wellbeing/telemedicine](https://www.rwjbh.com/physical-wellbeing/telemedicine).



# Emotional Wellbeing



Your emotional wellbeing starts with safeguarding your mind and spirit — and we encourage you to seek the support you need to bring your whole self to everything you do. We're committed to providing resources that bolster your emotional wellbeing, including during life's ups and downs. Whether you need counseling, stress relief tools, or just someone to talk to, our emotional wellbeing benefits, resources, and support are here for you. Because we believe in offering support when you need it, and where you need it — both at work and at home.



## Employee Assistance Program (EAP)

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



## Calm App

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



## Aetna Behavioral Health Benefits

The RWJBH medical plans include comprehensive behavioral health coverage for you and your enrolled family members. All in-network behavioral health copays are waived for employees and their family members enrolled in an RWJBH medical plan. To find an in-network provider, visit [www.aetnaresource.com/n/RWJBH](http://www.aetnaresource.com/n/RWJBH).





Your financial wellbeing starts with a strong foundation — and we encourage you to build financial stability — for you and your family today and tomorrow.

Financial wellbeing means having the confidence and tools to plan, prepare, and feel secure in your future. From competitive pay and retirement planning to student loan support and tuition reimbursement, our financial wellbeing benefits, resources, and support are designed to help you move forward with peace of mind.

# Retirement Wellbeing

At RWJBarnabas Health, we believe that **Wellbeing starts with you** because when you thrive, so do those we serve. We understand that planning for your future is important, so we make that easier for you by offering a 401(k) plan and providing employer contributions to help you save for what's next.

## What You Need to Do

New hires are automatically enrolled with a 3% employee contribution approximately 30 days after they begin employment with RWJBarnabas Health. We recommend you consider increasing this contribution to take full advantage of the employer match, outlined below. You can review and adjust this contribution, along with your investment funds, by contacting Fidelity as our trusted retirement plan recordkeeper.

## Employer Contributions

RWJBarnabas Health is proud to provide an employer-matching contribution of 50% of the first 6% you contribute to your 401(k) Plan. This means if you contribute 6% of your paycheck, we will add 3% more. Or, if you contribute 4% of your paycheck, we will add 2% more. The match begins on the first payroll of the month after 3 months of employment if you are scheduled as full time and first of the month after 6 months if you are scheduled as part time or per diem.

Additionally, RWJBarnabas Health may offer a non-elective contribution on an annual basis. This contribution will range from 0-6% of annual compensation excluding overtime and bonus pay, depending on our system financial results. This contribution is non-elective, meaning that regardless of whether you contribute to your Retirement Savings Plan, you will receive this contribution annually at the beginning of each year. In order to receive this contribution, you must work at least 1,000 hours in the calendar year and be employed on the last day of the plan year.

You must have 3 years of at least 1,000 eligible hours to be vested in the employer contributions.

## More Resources

Fidelity offers individual counseling sessions to help you understand your retirement plan and the opportunities to save for the future. Please contact Fidelity at the number or link below to learn more:

**800.513.5015**

[www.netbenefits.com/RWJBarnabasHealth](http://www.netbenefits.com/RWJBarnabasHealth)

**Note: Employees who are covered by a collective bargaining agreement may have some differences in benefits offered and should check with their local Human Resources team or union leadership for further information.**



# Flexible Spending Accounts (FSA)

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

## Healthcare FSA

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

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

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

## Dependent Care FSA

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

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

### Important Considerations Regarding Flexible Spending Accounts:

- **Use-it-or-lose-it:** You can roll over a maximum of \$680 from your 2026 FSA balance into your 2027 FSA per IRS regulations. It is important to estimate your out-of-pocket expenses carefully, so you don't forfeit funds from your account.  
**Note:** The rollover applies to the Healthcare FSA only. *You cannot rollover your Dependent Care FSA at the end of the year.*
- **Contributions:** Changes to your FSA contribution(s) can only be made if you experience a Qualifying Life Event (e.g., adoption, birth, marriage, adult guardianship, etc.). You have 31 days from the date of the life event to make a change, if needed.
- **First Time Users:** If you're signing up for an FSA, you'll receive a Mastercard debit card to access the funds within your account(s).

# Life and Disability Benefits

MetLife

## Basic Life and AD&D

- All benefits-eligible employees are automatically enrolled in a Basic Life insurance benefit, provided by MetLife and 100% paid for by RWJBarnabas Health. This benefit provides Basic Life insurance coverage equal to 1.5 times an employee's salary, up to a maximum of \$500,000.

## Voluntary Life Insurance

- Need extra protection? All benefits-eligible employees can enroll in additional life insurance coverage if interested.
- New enrollees will be subject to health questions, depending on the amount of coverage elected.
- Voluntary spouse and child life insurance is also available through MetLife and is 100% employee-paid. Additional information is available via the employee portal at [RWJBHBenefits.com](https://www.rwjbhbenefits.com).



Be sure to provide your beneficiary information on [RWJBHBenefits.com](https://www.rwjbhbenefits.com).

## Long-Term Disability (LTD) Coverage

- All benefits-eligible employees are automatically enrolled in long-term disability insurance equal to 60% of their salary up to a \$10,000 monthly maximum. This coverage is provided by MetLife and is 100% paid for by RWJBarnabas Health.

**Note:** Employees who are covered by a collective bargaining agreement may have some differences in benefits offered and should check with their local Human Resources team or union leadership for further information.



# Additional Financial Wellbeing Benefits

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

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





Your personal wellbeing starts with making space for what matters most — and we encourage you to take time away to support your life, at work and at home.

Personal wellbeing means having the time, support, and flexibility to care for yourself and your loved ones. Whether you're welcoming a new child, caring for a parent or taking time to recharge — our personal wellbeing benefits, resources and support are here for you. Because we know that when life feels balanced, everything works better.

# Paid Time Off

Our paid time off and paid leave of absence benefits are designed to support employees' personal wellbeing every step of the way. Our core paid time off benefits include three banks of time – Vacation, Sick, and Holiday.

Sick and holiday time is available immediately, as applicable, for eligible new hires. Vacation time has a 90-day waiting period for use subject to the system's Time Off Policy.

**Note:** Certain employees in positions of Supervisor and above, along with physicians, are covered by the Honor System time off policy, which provides flexible time off. Please consult your Offer Letter to confirm if this applies to you.

## Holiday Time

Collectively, we observe eight (8) holidays per year:

- Seven (7) fixed: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas
- One (1) flex: This holiday is designed to be used on another day each year that is important to you

Holiday hours per holiday are allocated based on your standard weekly hours.

## Paid Leave of Absence Benefits

We also provide income protection when you need it the most, through the form of paid leave of absence benefits. To be eligible, employees must be employed with RWJBarnabas Health for at least one continuous year.

**Paid Parental Leave Supplement:** We provide 12 weeks of 100% base pay for all eligible new parents (birthing and non-birthing) in combination with any available support through New Jersey's Temporary Disability (TDI) and/or Family Leave Insurance (FLI) programs.

**Paid Short-Term Disability Supplement:** We provide up to 26 weeks at 66 2/3% base pay in combination with any available support through New Jersey's Temporary Disability (TDI) program.

## Vacation Time

The number of vacation days you are eligible to accrue is determined by three factors:

- Your role: Non-Exempt (Hourly) or Exempt (Salaried) status
- Your tenure: Length of service with RWJBarnabas Health
- Your schedule: Weekly standard hours

Vacation time accrues biweekly in hours, based on your standard weekly hours (not actual hours worked). The schedule of vacation hours for a standard 40-hour-per-week employee, working 5 days per week, is shown on this page. All employees will receive a proportionate, prorated amount of vacation time based on their own standard weekly hours.

### Total Vacation Hours Per Year for an Employee Scheduled to Work 40 Hours/Week

Years of Service	Hourly (Non-Exempt)	Salaried (Exempt)
0	120	160
3	136	176
5	152	192
10	168	208
15	184	224
20	200	240

## Sick Time

Eligible employees will receive 40 hours of New Jersey Earned Sick Leave (NJESL) frontloaded on January 1st of each calendar year. Employees may use up to 40 hours of NJESL time annually.

**Employees who are covered by a collective bargaining agreement should check with their local Human Resources teams or union leadership to understand if these paid time off benefits apply to them.**

# More Personal Wellbeing Resources



## Care.com

We offer all benefits-eligible employees free membership to Care.com. Your membership allows you to access Care.com's extensive online network for finding and managing care for children, adults, pets, home and more. Visit [RWJBarnabasHealth.Care.com](http://RWJBarnabasHealth.Care.com) and enter your RWJBH email address to get started. To learn more about Care.com, [click here](#).



## Fertility Benefits\*

The medical plan waives the lifetime maximum benefit for members seeking fertility treatment when they are treated at our partner, the Institute for Reproductive Medicine and Science (IRMS). For more information about IRMS, you can visit their website at [sbivf.com](http://sbivf.com).

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



## Maternity Support

The BHealthy Mom app offers tips, trackers, and resources for expecting parents, new parents, and those planning for pregnancy. Search "BHealthy Mom" in your phone's app store or visit [rwjb.onelink.me/18b3/oe](http://rwjb.onelink.me/18b3/oe).

# Career Wellbeing

Your career wellbeing starts with feeling supported to grow — and we encourage you to grow at our organization so you can achieve your professional goals.

Career wellbeing is about having opportunities to learn, lead, and feel valued. Through development programs, employee recognition, Business Resource Groups, and using your voice to shape our workplace, we invest in your journey with our career wellbeing benefits, resources and support. Because when you grow, we all grow — with purpose and excellence.

Resource	Highlights
<b>Career Growth Opportunities</b>	We love to see our employees stay curious, seek growth, and strive for excellence. Whether you are seeking professional advancement, a change in career direction, or want to expand your healthcare knowledge and experiences, there is no better place to grow than here.
<b>Professional Development</b>	We offer resources to help our employees grow as individuals and as leaders throughout their career at RWJBarnabas Health. From leadership, professional development, and skill-building course offerings to Clinical Career Pathway Training Programs, we want to see our employees thrive.
<b>Employee Recognition</b>	We offer a social recognition platform for employees to give and receive recognition for the great work they do.
<b>Employee Networks</b>	We are proud to offer nearly 60 Business Resource Groups (BRGs) for all system employees. These employee-led BRGs give all RWJBarnabas Health colleagues spaces to connect, support one another and grow professionally — all part of our system-wide commitment to total wellbeing. Membership is open to everyone, including RWJBarnabas Health employees and Sodexo employees, and each group helps strengthen our connection as one system, one family.
<b>Employee Engagement</b>	Feedback from employees helps us to continue to build and sustain a healthier New Jersey in so many ways — whether that is improving the employee experience, enhancing our Total Wellbeing offerings, or continually evolving how we provide care to our patients. In addition to our annual Employee Engagement Survey, we have many forums for employees to share honest feedback about what’s working well, where we can grow, and how we can build a stronger, and more connected workplace together.
<b>Mentorship Program</b>	Supporting the career growth of our employees is key to living our values of excellence, curiosity and teamwork for anyone, in any role. This structured, six-month system-wide mentorship program is designed to strengthen organizational culture by fostering meaningful professional connections, identifying and developing high-potential team members, and creating structured pathways for career growth across the system.



# Community Wellbeing

Our community wellbeing starts with each of us — and we encourage you to help build healthier communities, together.

Community wellbeing means building a healthier New Jersey, forging stronger partnerships, and ensuring access to care. Whether you're volunteering, supporting local businesses, or helping to feed our neighbors, your role matters. With our community wellbeing benefits, resources, and support, we're committed to doing good in every corner of New Jersey — starting with each of us.

Benefit Plan	Highlights
<b>Volunteer Opportunities</b>	Serving others is a core part of who we are — and that commitment doesn't end when the workday does. Volunteering is a powerful way to continue giving back while also supporting your own wellbeing. Through our various partnerships, employees can explore a wide range of meaningful opportunities. These include supporting community thrift stores and farmer's markets, helping at local animal shelters, caring for green spaces in our neighborhoods, and more.
<b>Community Initiatives</b>	We are partnering with local leaders, providers, civic organizations, clergy, and others to create greater access for all to healthcare, transportation, food security, and housing when needed.
<b>Employee Giving</b>	We are proud to have Foundations at each of our hospitals that support our mission to build a healthier New Jersey. The Foundations raise money for critical patient needs, capital improvements, program support, and general operating needs.



## Plan Rights

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

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

## Statement of Plan Rights

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

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

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

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

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

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

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

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

## Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with the Employee Benefits Department.

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 1, 2025 (<https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/medicaid-chip-premium-assistance-2024.pdf>). Contact your State for more information on eligibility.**

# Legal Notices

## **ALABAMA** – Medicaid

Website: <http://myalhipp.com/>  
Phone: **1-855.692.5447**

## **ALASKA** – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: **1-866.251.4861**  
Email: [CustomerService@MyAKHIPP.com](mailto: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](mailto: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.flmedicaidtprecovery.com/flmedicaidtprecovery.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/df/>  
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](mailto: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](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: **1-888.342.6207** (Medicaid hotline) or **1-855.618.5488** (LaHIPP)

## **MAINE** – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/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](mailto: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: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## **NEBRASKA** – Medicaid

Website: <http://ACCESSNebraska.ne.gov>  
Phone: **855.632.7633**  
Lincoln: **402.473.7000**  
Omaha: **402.495.1178**

## **NEVADA** – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: **1-800.992.0900**

# Legal Notices

## **NEW HAMPSHIRE** – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## **NEW JERSEY** – Medicaid and CHIP

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

Phone: **800.356.1561**

CHIP Premium Assistance Phone: **609.631.2392**

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

CHIP Phone: **1-800.701.0710** (TTY: 711)

## **NEW YORK** – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](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 Rlte 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](mailto: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>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

<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://dhr.wv.gov/bms/>

Medicaid Phone: **304.558.1700**

CHIP Toll-free phone: **1-855-MyWVHIPP** (1-855.699.8447)

## **WISCONSIN** – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: **1-800.362.3002**

## **WYOMING** – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: **800.251.1269**

To see if any other states have added a premium assistance program since October 1, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1.877.267.2323, Menu Option 4, Ext. 61565

## Notice Regarding Wellness Program

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

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

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

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

## Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law and to carry out specific activities related to the wellness program, and you

will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will be required to abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information originating with the Wellness Program is (are) those who are identified in this Legal Notice and those you authorize to receive your personally identifiable information.

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

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

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

## Notice of Disclosure of Your Information to Vendors

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

## Important Notice from RWJBarnabas Health About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage, the RWJBarnabas Health plan, and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

# Legal Notices

2. RWJBarnabas Health has determined that the prescription drug coverage offered by the RWJBarnabas Health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> – December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current RWJBarnabas Health plan coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents.

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

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

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the RWJBarnabas Health plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the Employee Benefits Department at **732.729.7683** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through RWJBarnabas Health changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## For More Information About Medicare Prescription Drug Coverage

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2025  
Name of Entity/Sender: RWJBarnabas Health  
Office: Employee Benefits Department  
Address: 379 Campus Drive  
Somerset, New Jersey 08873  
Phone Number: **732.729.7683**

## Notice Regarding Your Personal Information

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

## Assistance with Your Questions

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

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

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

### INTRODUCTION

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

# Legal Notices

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

[RWJBHTotalWellbeing.com/contacts-and-resources/](http://RWJBHTotalWellbeing.com/contacts-and-resources/).

## PERMITTED USES AND DISCLOSURES

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

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

## OTHER USES AND DISCLOSURES OF PHI

We may also use your PHI in the following ways:

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

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

## SPECIAL SITUATIONS

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

- **Military and Veterans.** If you are a member of the Armed Forces, We may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Public Health Activities.** We may disclose PHI about you for public health activities, including disclosures:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to notify the appropriate government authority for suspected abuse, neglect, or domestic violence of adults, provided that We will only make this disclosure if the patient agrees or when required or authorized by law;
  - to report reactions to medications or problems with products;
  - to assist with product recalls; and/or
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose PHI to federal or state agencies that oversee Our activities (e.g., providing health care, seeking payment, and civil rights).
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, We may disclose PHI in response to a court order or other lawful process, subject to certain limitations.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official subject to certain limitations.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law, or to authorized federal officials so they may provide protection to the President or foreign heads of state.
- **Research.** We may use and share your information for health research, subject to certain limitations.
- **Serious Threats.** As permitted by applicable law and standards of ethical conduct, We may use and disclose PHI if We, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

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



## OTHER USES OF YOUR PHI

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

## YOUR RIGHTS

1. You have the right to request restrictions on Our uses and disclosures of PHI. However, We are not required to agree to your request. To request a restriction, you may make your request in writing to the Privacy Officer.
2. You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer. For communications directly from the Plan's administrators (e.g., an EOB sent by the health benefits plan administrator), please reach out directly to the administrators, using the contact information that is available through the website link listed below.
3. You have the right to inspect and copy the PHI contained in Our Plan records, subject to certain exceptions under applicable law. If We deny your request, as permitted by law, We will notify you, and you will have the right to have that denial reviewed in accordance with applicable law.
4. In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Privacy Officer. For copies of records held by the Plan's administrators (e.g., an EOB sent by the health benefits plan administrator), please reach out directly to the administrators, using the contact information available through the link below. If you request a hard copy, the Plan reserves the right to charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.
5. You have the right to request an amendment (correction) to your PHI if you believe that the PHI that We have about you is incorrect or incomplete. We may deny your request for amendment, subject to applicable law. Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to the Privacy Officer, along with a description of the reason for your request. For changes to records held by the Plan's administrators (e.g., an EOB sent by the health benefits plan administrator), please reach out directly to the administrators, using the contact information available through the link below.
6. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for certain routine disclosures. To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer. For disclosures made by the Plan's administrators, please reach out directly to the administrators, using the contact information available through the link below. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, We may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
7. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

## COMPLAINTS/CONTACT PERSON

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

If you have questions relating to any of the records maintained on behalf of the Plan by the Plan's administrators, you may directly contact the customer service centers of those administrators, the contact information for which is available at:

[RWJBHTotalWellbeing.com/contacts-and-resources/](https://www.rwjbh.com/contacts-and-resources/)

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

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

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

# Wellbeing starts with you.



## **About this Benefits Guide**

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

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

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