

Step-by-Step Guide to completing your Benefits Enrollment

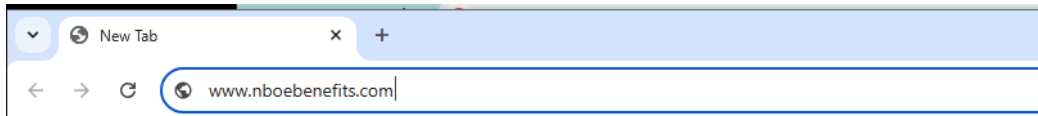
Disclaimer: Be advised that in the event you do not click the “Finish Enrollment” button, any changes you made to your enrollments will be processed according to the selection made at that point. The online enrollment process will save your progress even if you do not complete the enrollment. For example, if you click on a medical plan to view the cost, and you fail to click “Waive”, the system **will automatically process your application as enrolling** onto coverage. Questions about cost of plans for the new year, please visit <https://nboehrs.com/eligibility/#enrollment>

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There are two ways to go into the Open Enrollment Portal.

Open an internet browser. Using the Address Bar, navigate to your web address and type: www.NBOEbenefits.com



Newark Public Schools SSO Portal

Sign in with your organizational account

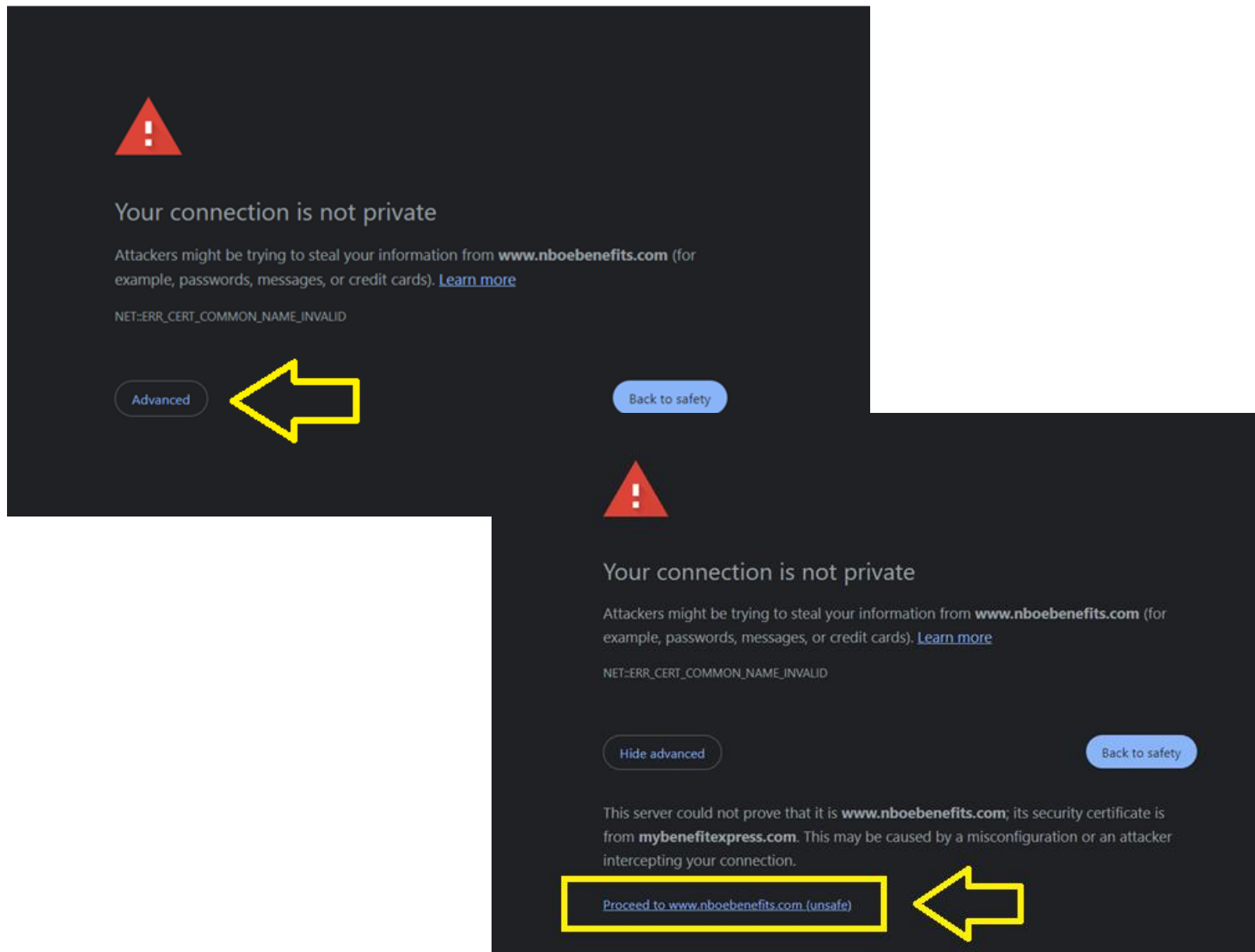
Sign in

Warning

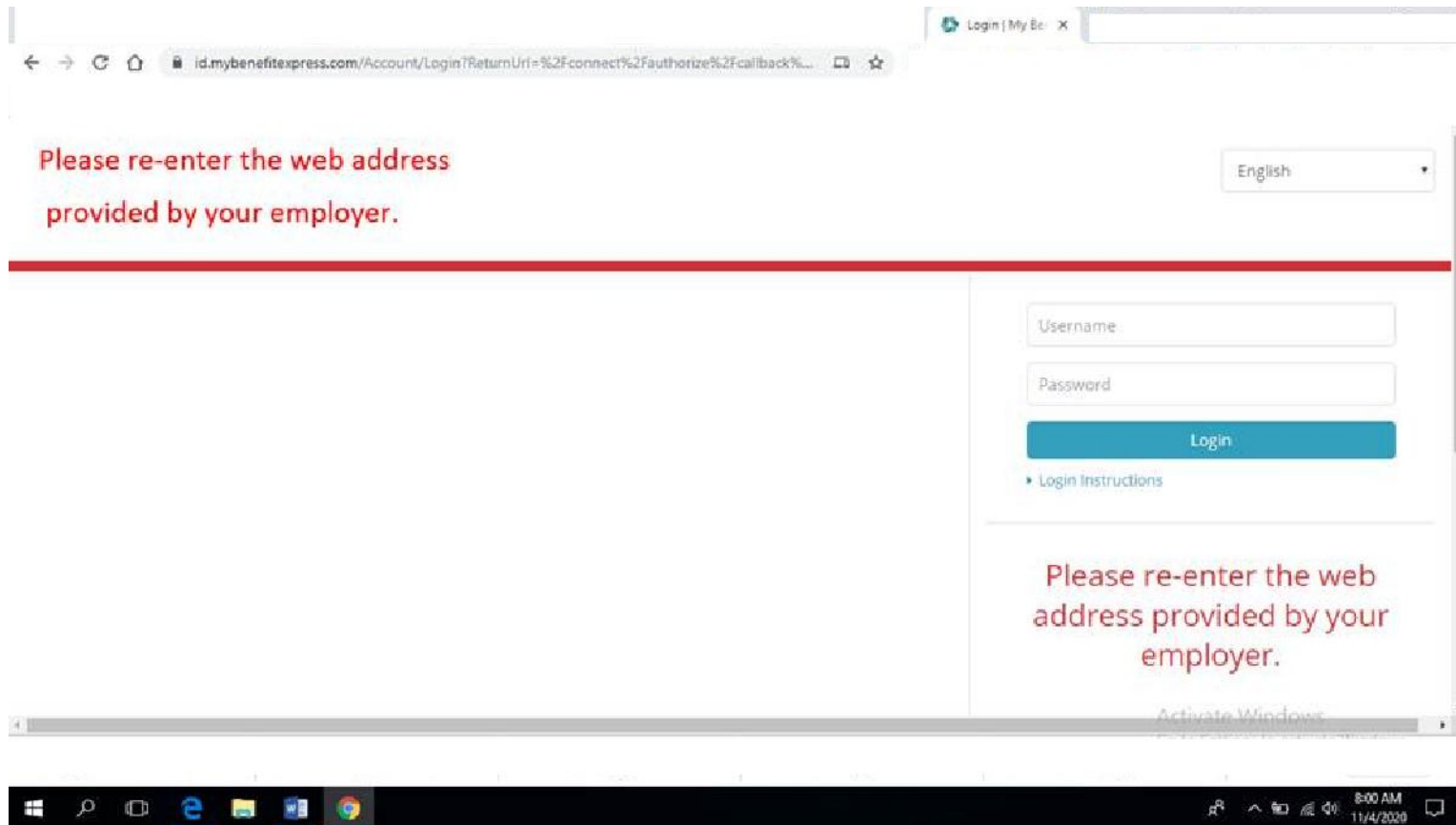
This web site and its contents are the property of Newark Public Schools located at 765 Broad Street, Newark New Jersey, United States of America. The site has been established for the sole use of teachers, students and staff affiliated with the Newark Public Schools. All authorized users accessing this web site and its contents acknowledge this notice and agree to the appropriate and legal usage of this web site and its contents. Any unauthorized attempt to access or use the web site and its contents including but not limited to circumventing the login process, illegal download of materials, redirection of the site will be reported to Law Enforcement for further investigation and possible prosecution by law. Unauthorized users who have reached this web site either accidentally or purposely must exit the web site immediately.

To gain access into the SSO Portal you are required to enter your Newark Broad of Education username and password. Issues with your SSO Portal Password and to reset your District password should be directed to ISD at 973-733- 7339 or IT Help Desk via email ithelpdesk@NPS.K12.NJ.US .

Connection is not private: The school network may give you a warning, but it's safe to proceed to the WEX vendor site: www.NBOEbenefits.com



Error Message: To resolve this error message on the website, see below, please clear your cookies and cache or use another web browser. Note, if you bookmark the site once logged into it (i.e. got to the home page then bookmarked) then this will cause that screen to appear.



The other way to go into the Open Enrollment Portal is through Employee Self Service by clicking [here](#):

Newark Public Schools

ESS



Employee Self Service



User ID: Password: Sign In	Welcome to the NPS Self-Service Portal Please Login using your NPS Credentials. Disable browser's pop-up blocker for ESS to work properly. For any technical issues please contact ISD Customer Support at (973) 733-8700. Employee Self Service HOW-TO NPS Home Page Click here to reset expired password
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Click on the Benefits tile:



Once you click on the tile, you will be given two options. One to log into the Benefit Express Open Enrollment platform and the second link is to log into the HRS Portal where you can review plans: <https://nboehrs.com/medical/>



NBOE Benefits

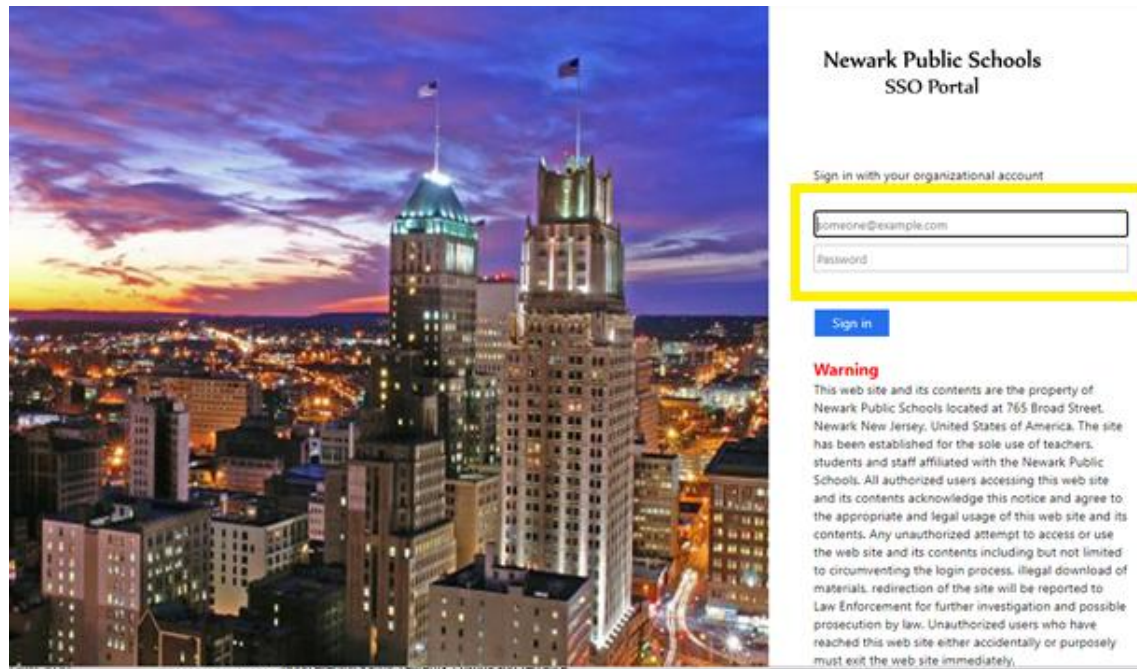
[WEX - Health Benefits Enrollment](#) NBOE's robust online enrollment portal, administered by WEX. This online portal includes a comparison tool that enables you to review and compare each plan options' benefits and cost. You will be able evaluate which plan will work best for your own situation and determine what your biweekly contribution amount will be for each plan option.

Use the link above for open enrollment or to declare a life event (i.e. marriage, divorce, birth or adoption of a child, death of spouse or child, change in your spouse's benefits or employment status). You must declare the event within 60 days of experiencing the qualified life event.

[HR Portal](#) NBOEHRS.com is a one-stop shop for plan summaries, health and fringe benefit plans, pension, and other important information.

Any questions or concerns please email the Benefits inbox at benefits@NPS.K12.NJ.US

You will be prompted to enter your SSO log in credentials again:



The image shows the Newark Public Schools SSO Portal login page. On the left is a large image of the Newark skyline at night. The right side contains the login form and a warning section.

**Newark Public Schools
SSO Portal**

Sign in with your organizational account

[Sign in](#)

Warning
This web site and its contents are the property of Newark Public Schools located at 765 Broad Street, Newark New Jersey, United States of America. The site has been established for the sole use of teachers, students and staff affiliated with the Newark Public Schools. All authorized users accessing this web site and its contents acknowledge this notice and agree to the appropriate and legal usage of this web site and its contents. Any unauthorized attempt to access or use the web site and its contents including but not limited to circumventing the login process, illegal download of materials, redirection of the site will be reported to Law Enforcement for further investigation and possible prosecution by law. Unauthorized users who have reached this web site either accidentally or purposely must exit the web site immediately.

The next screen you will need to agree to the Terms and Conditions:

Terms and Conditions

WEBSITE AGREEMENT

My Benefit Express™ - Terms and Agreement of Use

Terms and Conditions: benefitexpress offers and provides the web pages available at My Benefit Express™ to its clients, their employees and the general public.

PLEASE READ THESE TERMS AND CONDITIONS OF USE CAREFULLY WHEN ACCESSING My Benefit Express™. BY ACCESSING THIS WEBSITE, YOU SIGNIFY YOUR AGREEMENT TO THESE TERMS AND CONDITIONS. IF YOU DO NOT AGREE TO THESE TERMS AND CONDITIONS, PLEASE DO NOT USE OR ACCESS THIS WEBSITE.

1. All information related to insurance plans, policies and benefits provided on My Benefit Express™, or by any links to or from this website, is presented for informational purposes and is not intended to be an offer to sell or solicitation in connection with any product or service. You understand and hereby acknowledge that all information relating to insurance plans, policies and benefits provided on this website is supplied by the relevant insurance carrier or your employer.

You will be asked for your preference in electronic communication on this screen. You will be reviewing your mailing address as well:

To update your mailing address, please log into Employee Self Service (ESS) by clicking [here](#) to update the required information. Click Personal Details > Addresses > and following the prompts to edit accordingly. Directions are posted: <https://nboehrs.com/employee-services/#verification> Any questions about your address change, please email recordsverification@NPS.K12.NJ.US.

Optional: You can add your personal email and phone number into the system to stay connected with changes or notifications in this benefits portal.

coverage.

Personal Email Address (Verified)

Company Email Address

Mailing Address*

As an added convenience, you have the ability to retrieve benefit related messages, retrieve your FSA balance, or reset your password via text message at any time. Simply type in your phone number below (without dashes or parentheses), click **Submit** and within a few minutes your phone will receive a text message containing a four digit verification code to be entered shortly.

Text/SMS Number

You'll receive a verification code to your email/cell phone, and will be required to enter that verification code in the appropriate field. If an error occurs, to cancel, click on the previous button, go back, then return back to this section. To skip, click save & continue.

Personal Email Address

test@mybenefitexpress.com Send

✓ Verification code has been sent

When you receive the verification code, enter it in the field below and click **Verify** to complete the setup process.

Enter Verification Code

Verify

Company Email Address

test@mybenefitexpress.com

Mailing Address*

123 Benefitexpress Way

Address 2

Anywhere

NJ ▼ 07823

As an added convenience, you have the ability to retrieve benefit related messages, retrieve your FSA balance, or reset your password via text message at any time. Simply type in your phone number below (without dashes or parentheses), click **Submit** and within a few minutes your phone will receive a text message containing a four digit verification code to be entered shortly.

Text/SMS Number

9735555555 Send

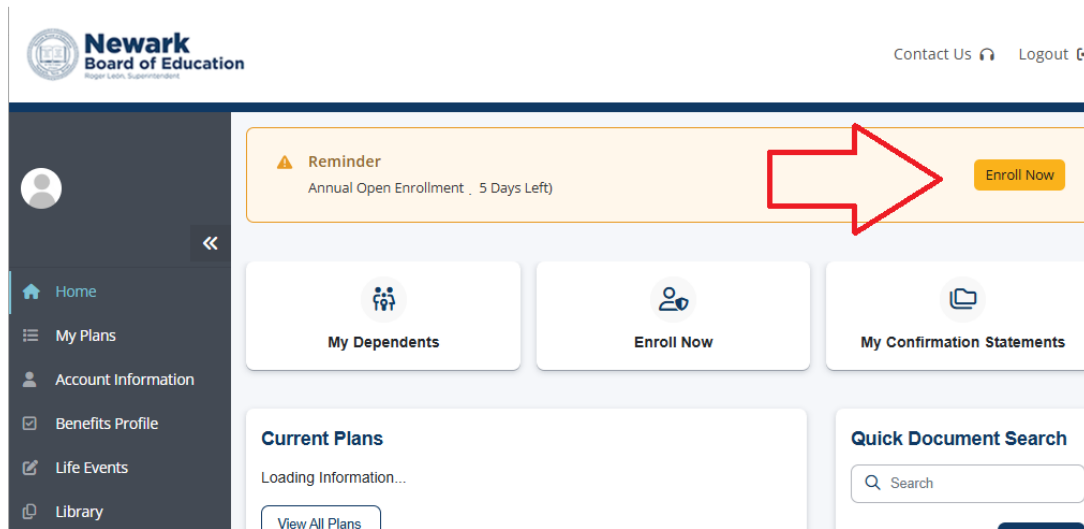
✓ Verification code has been sent

When you receive the verification code, enter it in the field below and click **Verify** to complete the setup process.

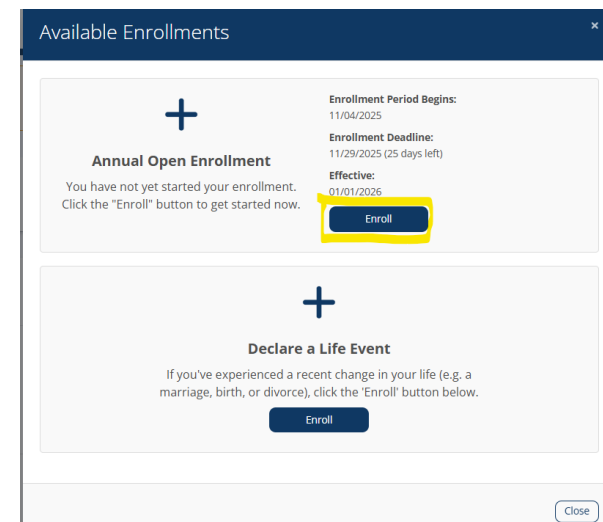
Enter Verification Code

Verify

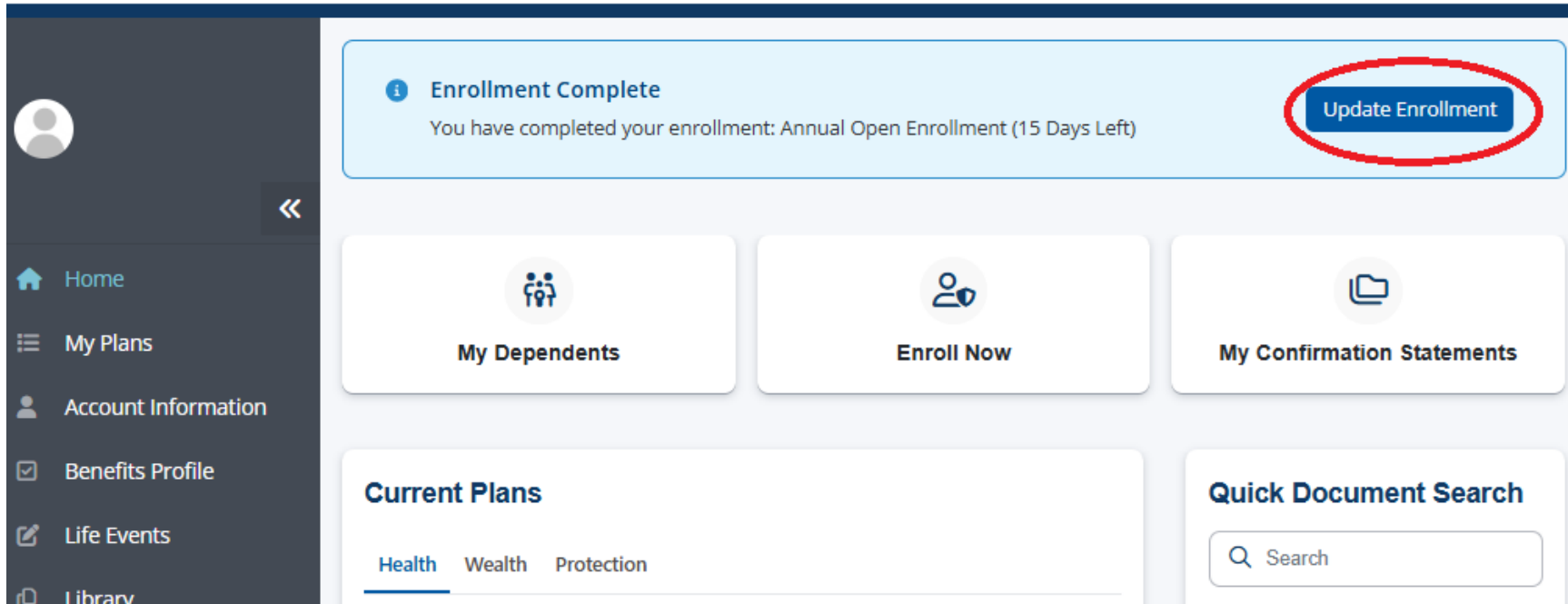
On the main page you will click on the orange button **Enroll Now** located near the top of the screen. **If you are waiving coverage, you must click here to start- and you have the option to waive coverage.**



A window will pop up and Click on the Annual Open Enrollment option, blue Change button.



Please note, you can start, complete, and return to this enrollment site mutiply times, now until the end of Open Enollment. If you require to make changes, resubmit, update information, you have that opportiunity until the last day of OE.



The screenshot shows the Newark Board of Education enrollment portal. On the left is a dark sidebar with a user profile icon and a menu containing: Home, My Plans, Account Information, Benefits Profile, Life Events, and Library. The main content area has a light blue header bar with the text "Enrollment Complete" and "You have completed your enrollment: Annual Open Enrollment (15 Days Left)". A blue button labeled "Update Enrollment" is circled in red in the top right of this header. Below the header are three white cards: "My Dependents" with a family icon, "Enroll Now" with a person and shield icon, and "My Confirmation Statements" with a document icon. At the bottom, there is a "Current Plans" section with tabs for "Health" (selected), "Wealth", and "Protection", and a "Quick Document Search" section with a search bar.

The system will prompt you to answer questions on the following:

Getting Started:

1. Relationship (spouse/children) within NBOE
2. Communication
3. Dependents

The screenshot displays a web application interface for 'Pre-Enrollment Questions'. A dark sidebar on the left contains navigation links: Home, My Plans, Account Information, Benefits Profile, Life Events, and Library. The main content area is titled 'Pre-Enrollment Questions' and features three progress steps: '1. GETTING STARTED' (active, marked with a green check), '2. CHOICES' (marked with a green check), and '3. CONFIRMATION' (marked with a green check). The '1. GETTING STARTED' section is titled 'Related to another Employee' and contains the question: 'Are you related to another Newark Board of Education employee (benefit eligible spouse or child)? This includes being covered as a child under your parent's account or having a spouse or child who is also a Newark Board of Education employee. *'. Below the question are two radio buttons: 'Yes' and 'No', with 'No' selected. To the right, a 'Annual Open Enrollment' sidebar shows the 'Effective Date: 01/01/2025' and a 'YOU PAY:' section with a large '\$0.00' displayed, indicating no payment is required. A 'Save and Continue >' button is located at the bottom right of the main content area.

Select yes, if you are related to another NBOE employee as a spouse or child. Note: The Benefit Plans do not allow coverage as both an eligible dependent and employee, i.e. **dual coverage**. If you are related to another Newark Board of Education employee (i.e. a spouse or child) and that person is enrolled in individual coverage through Newark Board of Education you cannot enroll them as a dependent on your coverage. If both you and your spouse are enrolled through a Newark Board of Education plan your child(ren) cannot be covered under the Benefit Plans as an eligible dependent of both you and your spouse.

On the *My Dependents* screen you can review information about your dependents, if applicable. **Disclaimer: Do NOT click Add Dependent & enter information about yourself. Your personal information is already loaded in the system.**


Newark
 Board of Education
Roger Levin, Superintendent

Contact Us 



Home
 My Plans
 Account Information
 Benefits Profile
 Life Events
 Library

/ My Dependents

1. GETTING STARTED
 2. CHOICES
 3. CONFIRMATION

My Dependents

Review Your Dependents

Review your dependents and please note that your newly added spouse and/or dependents will be pending until verification documents are received and approved by the Benefits department. If you do not attach the appropriate documentation within 31 days of enrolling, your spouse and/or dependents will not be covered on your benefits.

Adding/Editing Dependents

Click the **Add Dependent** button to add a new dependent. Click the name of the dependent to edit their information. You can upload supporting documentation for your dependent(s) on this page by clicking the "Verify" or "Upload Document" links.

For additional information please review the Eligibility section, click [here](#).

Add Dependent

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
	Spouse	M	XXX-XX- ---	09/05/	No	No	Verified		N/A
	Child	F	XXX-XX- ---	02/27/	No	No	Verified		N/A

To correct information about a dependent, you must contact the Benefit Services Team by phone at 973-733-7336 or email at benefits@nps.k12.nj.us.



Annual Open Enrollment

Effective Date: 01/01/2026

YOU PAY:

\$
Bi-Weekly

+

\$0.00
Monthly

Reminder, if you are waiving all the coverage, you don't need to "Add Dependent".

Optional: If you need to add an eligible dependent, click on the blue “Add Dependent” button and complete the information on the new screen, see next page.

My Dependents

Review Your Dependents

Review your dependents and please note that your newly added spouse and/or dependents are pending until verification documents are received and approved by the Benefits department. If you do not attach the appropriate documentation within 31 days of enrolling, your spouse and/or dependents will not be covered on your benefits.

Adding/Editing Dependents

Click the **Add Dependent** button to add a new dependent. Click the **View More** button to view more information about your dependents.

Add Dependent

View More

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time St
You have no dependents on file.					

To correct information about a dependent, you must contact the Benefit Services Team by

Who are your eligible dependents?

- **Spouse** —A person to whom you are legally married.
- **Civil Union Partner** — A person of the same sex with whom you have entered into a civil union.
- **Child(ren)** — includes biological child(ren), step child(ren), foster child(ren), and adopted child(ren) through legal guardianship all up to age 26. Also includes overage child(ren) with disabilities.

Enter the information that is required with the **red** asterisk

Add Dependent

Foreign National:

No

SSN: *

First Name:*

Middle Name:

Last Name:*

Date of Birth:*

mm/dd/yyyy

Gender:*

Select

Relationship:*

Select

Disabled: ?

No

Multiple Birth: ?

No

☐ Lives Elsewhere ?

Full Time Student: ?

No

*Required

Save and Close

Close

Full Time Student Status:

Full Time Student: ?

*Required

Save and Close

Close

Please note, children can remain on the dental and vision from age 19 – 26 (NTU); 19-23 (All other unions and unaffiliated) if the dependent is unmarried, a full-time student at an accredited secondary or preparatory school, college, university, fellowship, or other educational institution with 12 undergraduate credits or 9 graduate credits. **Student verification is required each semester.** A tuition bill **AND** class schedule **OR** Letter from the Registrar's Office is considered proof of student verification.

Please visit <https://nboehrs.com/student-verification/> to use the Google Form to upload the required information. DO NOT upload student verification in your NBOEbenefits.com profile.

You will be required to verify the dependent by adding supporting documents. Please see the orange “Verify” button and follow the next steps:

My Dependents

Review Your Dependents

Review your dependents and please note that your newly added spouse and/or dependents will be pending until verification documents are received and approved by the Benefits department. If you do not attach the appropriate documentation within 31 days of enrolling, your spouse and/or dependents will not be covered on your benefits.

Adding/Editing Dependents

Click the **Add Dependent** button to add a new dependent. Click the name of the dependent to edit their information. You can upload supporting documentation for your dependent(s) on this page by clicking the “Verify” or “Upload Document” links.



Add Dependent

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
TESTDEP	Spouse	M	XXX-XX-		No	No	Verified		N/A
Test, Test	Child	F	XXX-XX-		No	No	Unverified	Verify Remove	N/A
TESTDEP	Child	M	XXX-XX-		No	No	Verified		N/A

If you click “Remove” button, the dependent will be “Marked for Removal.”

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status
	Child	M	XXX-XX-		Yes	No	Marked for Removal

If you clicked this in error, please email Benefits Team at benefits@nps.k12.nj.us.

You will have the option to upload the supporting documents:

Dependent Documentation

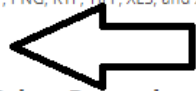
Acceptable Forms of Proof:

Spouse	• Marriage License (State/County Issued) • Copy of Last Tax Return (Can Blank Out Financials) • Copy of proof of Civil Union (state specific). Please note only same sex civil unions are eligible for coverage.
Dependent Child	• Birth Certificate (State/County Issued; Hospital Issued) • Certificate of Live Birth (Hospital Issued) • Copy of Last Tax Return (Can Blank Out Financials) • Legal Adoption Papers • Acknowledgement of Paternity

Step 1. Select Document

Click the **Browse** button below to select your document. **Please note:** The acceptable file formats include DOC, DOCX, GIF, JPG, PDF, PNG, RTF, TIFF, XLS, and XLSX. All other file extensions will be rejected. File size is limited to 10 MB.

Browse



Step 2. Select Dependent(s)

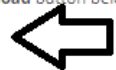
Select which dependent(s), from the table below, you are uploading the document for.

Select	Name	Admin ID	Relationship	Date of Birth	Status
☐	TESTDEI	XXX-XX-	Child		Verified
☐	TESTDEP	XXX-XX	Spouse	/	Verified
☐	TESTDEP	XXX-XX	Child	--	Verified
☒	Test, Test	XXX-XX	Child		Unverified

Step 3. Upload Documentation

Click the **Upload** button below to submit your documentation.

Upload



Once you have completed uploading your documentation, click the **Close** button below to return to the My Dependents page.

What should I upload?

Who are your eligible dependents?

- **Spouse** — A person to whom you are legally married.
- **Civil Union Partner** — A person of the same sex with whom you have entered into a civil union.
- **Child(ren)** — includes biological child(ren), step child(ren), foster child(ren), and adopted child(ren) through legal guardianship all up to age 26. Also includes overage child(ren) with disabilities.

What required documents need to accompany my benefits enrollment application?

- **Employee** — A Social Security card **AND** birth certificate, valid US passport, valid foreign passport with visa stamp, Permanent Resident card, **OR** Certificate of Naturalization.
- **Spouse OR Civil Union Partner coverage** — Social Security card **AND** birth certificate, valid US passport, valid foreign passport with visa stamp, Permanent Resident card, **OR** Certificate of Naturalization; **AND** Certificate of Marriage, **AND** proof of debt, if married for one year or more. Examples of proof of debt include a copy of the front page of the employee's federal tax return* (Form 1040) from last year that includes the spouse, **OR** lease, mortgage statement, utility bill, or bank statement dated within the last 60 days listing both names and the same address.
- **Child(ren)** —
 - (Natural or Adopted Child) A Social Security card **AND** birth certificate showing the name of the employee as a parent. For a newborn within 60 days of birth, a crib card or preferably the hospital verification application (the form used to apply for an official state birth certificate), can initiate the enrollment, but a Social Security card **AND** birth certificate is required on the 61st day to remain on coverage.
 - (Step Child) A Social Security card **AND** a copy of the child's birth certificate showing the name of the employee or spouse/partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee and spouse/partner.
 - (Legal Guardian, Grandchild, or Foster Child) – Copies of final court orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the employee. A Social Security card **AND** birth certificate.
 - (Child(ren) with Disabilities) If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. To continue coverage, employees are required to complete additional applications, and receive approval. Please reach out to Human Resource Services – Office of Benefit Services for additional information.

Then you will move onto section Express Enrollment: Here you can enroll into the Healthcare FSA, Dependent Care FSA, Medical, Prescriptions, Dental, and/or vision.

Home

My Plans

Account Information

Benefits Profile

Life Events

Library

Express Enrollment

Annual Enrollment!

1. **Required Action(s)** must be completed. You will not have coverage in these benefits if you do not take action.

2. **Your Benefits** shows the plans you are already enrolled in and that continue into the new plan year. These require action only if you want to make a change.

3. **Available Benefits** are other options you have not enrolled in. Take action only if you want to begin participating in those benefits.

4. **Your Total Cost** shows the amount that will be deducted from your pay.

Once you have made your choices, click on the "Save and Continue" button to complete your enrollment process.

If you prefer to go through your enrollment plan by plan, you can do so by clicking [here](#).

Required Action(s): You will not have coverage in the following plans unless you enroll.

Healthcare FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00

Take Action

Healthcare FSA

Dependent Care FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00

Take Action

Dependent Care FSA

Your Benefits: You already have coverage in the following plans. You can choose to edit if you would like to make any changes.

NBOE Choice POS II 10/15 (Aetna) formerly known as PPO

Number of covered dependents: 0

Coverage: Employee Only

You Pay Bi-Weekly:
\$203.23

Edit

Medical

NBOE \$0/\$20 Plan (Express Scripts)

Number of covered dependents: 0

Coverage: Employee Only

You Pay Bi-Weekly:
\$49.85

Edit

Prescription

DPPO Dental Plan (CASA/Unaffiliated)

Number of covered dependents: 0

Coverage: Employee Only

You Pay Bi-Weekly:
\$0.00

Edit

Dental

Aetna Vision Preferred

Number of covered dependents: 0

Coverage: Employee Only

You Pay Bi-Weekly:
\$0.00

Edit

Vision

Employee Assistance Program

Coverage Level:
Employee Assistance Program

Coverage: \$0.00

You Pay Bi-Weekly:
\$0.00

View

Each tile can be edited: You can waive, or enroll into different tiers between the medical/Rx and the dental or vision.

Your Benefits: You already have coverage in the following plans. You can choose to edit if you would like to make any changes.

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE NJEP (Express Scripts)	NTU DPPO Dental Plan	Aetna Vision Preferred-NTU
Coverage Level: Employee Only	Coverage Level: Included with your Medical Decision	Number of covered dependents: 1 ⓘ	Number of covered dependents: 1 ⓘ
Coverage: \$5,386.33	Coverage: \$0.00	Coverage: Employee + Spouse	Coverage: Employee + Spouse
You Pay Bi-Weekly: \$67.33	You Pay Bi-Weekly: \$0.00	You Pay Bi-Weekly: \$0.00	You Pay Bi-Weekly: \$0.00
Edit	View	Edit	Edit
 Medical	 Prescription	 Dental	 Vision

Employee Assistance Program
Coverage Level: Employee Assistance Program
Coverage: \$0.00
You Pay Bi-Weekly: \$0.00
View
 EAP

 Healthcare FSA  Dependent Care FSA

The NJEP and GSHP have a bundle prescription plan included. If you have the Legacy medical plans, you can enroll or waive into the RX standalone \$0/\$20 plan.

Changing your medical/Rx plans: Click on the medical tile, and it will open to a new screen and outline the prices for the different plans. You can waive, or enroll into different tiers between the medical/Rx and the dental or vision.

Mary TEST Smith

Home

My Plans

Account Information

Benefits Profile

Life Events

Library

Express Enrollment

Annual Enrollment!

1. **Required Action(s)** must be completed. You will not have coverage in these benefits if you do not take action.

2. **Your Benefits** shows the plans you are already enrolled in and that continue into the new plan year. These require action only if you want to make a change.

3. **Available Benefits** are other options you have not enrolled in. Take action only if you want to begin participating in those benefits.

4. **Your Total Cost** shows the amount that will be deducted from your pay.

Once you have made your choices, click on the "Save and Continue" button to complete your enrollment process.

If you prefer to go through your enrollment plan by plan, you can do so by clicking [here](#).

Required Action(s): You will not have coverage in the following plans unless you enroll.

Healthcare FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00

Take Action

Healthcare FSA

Dependent Care FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00

Take Action

Dependent Care FSA

Your Benefits: You already have coverage in the following plans. You can choose to edit if you would like to make any changes.

NBOE NJ Educators Plan (Aetna/Express Scripts)

Coverage Level:
Employee + Spouse

Coverage: \$5,386.33

You Pay Bi-Weekly:
\$118.50

Edit

NBOE NJEP (Express Scripts)

Coverage Level:
Included with your Medical Election

Coverage: \$0.00

You Pay Bi-Weekly:
\$0.00

When you click on the Medical tile, a new screen will appear, displaying all the plans available to you. If you were hired prior to July 2020, you have the option to elect the Legacy plans. Note, the Legacy plans are based on the Chapter 78 calculation. Questions on the cost of plans for the upcoming year please visit <https://nboehrs.com/cost-of-coverage/> or see each tile for the corresponding plan (in this example, employee only coverage NJEP is \$67.33, the GSHP is \$40.40, and the Legacy POS II 10/15, that does NOT include Rx, is \$156.77 per pay)

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive open enrollment. If you take no action, your coverage, or waiver, (if applicable), will remain the same.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEP) with Aetna includes both Medical and Prescription Drug coverage. The deductions for all the other plans are for Medical Coverage only. If you selected one of those plans, you will have the option to elect Prescription Drug Coverage on the next page.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee + Spouse) plan previously.

Who Do You Want To Enroll?

☐ TESTDEP Smith, John

☐ Smith, Bobby

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE Garden State Health Plan (Aetna/ExpressScripts)	NBOE Choice POS II 10/15 (Aetna) formerly known as PPO
Covered Dependents: 0	Covered Dependents: 0	Covered Dependents: 0
Coverage: Employee Only \$5,386.33	Coverage: Employee Only \$5,386.33	Coverage: Employee Only
You Pay: \$67.33	You Pay: \$40.40	You Pay: \$156.77
Plan Info	Plan Info	Plan Info
Selected	Select	Select

When you “check off” your dependents, the plans will reflect the new rates. In this example, employee + spouse coverage NJEP is now \$118.50, the GSHP is \$59.25, and the Legacy POS II 10/15, that does NOT include Rx, is \$241.25 per pay.

Mary TEST Smith

Medical

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive open enrollment. If you take no action, your coverage, or waiver, (if applicable), will remain the same.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEP) with Aetna includes both Medical and Prescription Drug coverage. The deductions for all the other plans are for Medical Coverage only. If you selected one of those plans, you will have the option to elect Prescription Drug Coverage on the next page.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee + Spouse) plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 1)

☒ TESTDEP Smith, John

☐ Smith, Bobby

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE Garden State Health Plan (Aetna/ExpressScripts)	NBOE Choice POS II 10/15 (Aetna) formerly known as PPO
Covered Dependents: 1 TESTDEP Smith, John Coverage: Employee + Spouse \$5,386.33 You Pay: \$118.50 Plan Info Selected	Covered Dependents: 1 TESTDEP Smith, John Coverage: Employee + Spouse \$5,386.33 You Pay: \$59.25 Plan Info Select	Covered Dependents: 1 TESTDEP Smith, John Coverage: Employee + Spouse You Pay: \$241.25 Plan Info Select

Adding a dependent: If you forgot to add another dependent, you have the option to add it in this screen as well. Click on the “Add New Dependent” button.

The screenshot shows the 'Medical | Select Your Plan' page. A yellow box highlights the 'Who Do You Want To Enroll? (Number of covered dependents: 1)' section, which includes a checkbox for 'TESTDEP Smith, John' and an 'Add New Dependent' button. A yellow arrow points from this section towards the plan cards. The plan cards are arranged in three columns. The first card, 'NBOE NJ Educators Plan (Aetna/Express Scripts)', is highlighted with a green border and shows a 'Selected' button. The second card, 'NBOE Garden State Health Plan (Aetna/ExpressScripts)', shows a 'Select' button. The third card, 'NBOE Choice POS II 10/15 (Aetna) formerly known as PPO', also shows a 'Select' button. Each card displays the dependent 'TESTDEP Smith, John' and the employee's contribution amount.

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive open enrollment. If you take no action, your coverage, or waiver, (if applicable), will remain the same.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEHP) with Aetna includes both Medical and Prescription Drug coverage. The deductions for all the other plans are for Medical Coverage only. If you selected one of those plans, you will have the option to elect Prescription Drug Coverage on the next page.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee + Spouse) plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 1)

☒ TESTDEP Smith, John

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE Garden State Health Plan (Aetna/ExpressScripts)	NBOE Choice POS II 10/15 (Aetna) formerly known as PPO
Covered Dependents: 1 TESTDEP Smith, John Coverage: Employee + Spouse \$5,386.33 You Pay: \$118.50 Plan Info Selected	Covered Dependents: 1 TESTDEP Smith, John Coverage: Employee + Spouse \$5,386.33 You Pay: \$59.25 Plan Info Select	Covered Dependents: 1 TESTDEP Smith, John Coverage: Employee + Spouse You Pay: \$241.25 Plan Info Select

When you add a new dependent: A pop up screen will appear. Please ensure you enter all the information correctly. Click Yes for Foreign National if the dependent was born outside the US, and does NOT have a Social Security Number. Children under age 1 years old can be added without a Social Security Number, but the information will be needed before they turn 1 years old.

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive operation.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEH) you selected one of those plans, you will have the option to elect Prescription Drug Coverage.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee + Spouse) plan.

Who Do You Want To Enroll? (Number of covered dependents)

☒ TESTDEP Smith, John

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)

Covered Dependents: 1

TESTDEP Smith, John

Coverage:

Employee + Spouse | \$5,386.33

You Pay: **\$118.50**

Plan Info

Selected

Add Dependent

Foreign National: No

Date of Birth: mm/dd/yyyy

SSN: *

Gender: *

Relationship: *

First Name: *

Middle Name:

Last Name: *

Disabled: *

Multiple Birth: *

Full Time Student: *

Save and Close **Close**

When you “check off” all your children dependents, the rate remains the same. It doesn’t matter if you have one child or several children, it’s one rate. In this example, employee + child(ren) coverage NJEP is now \$80.79, the GSHP is \$40.40, and the Legacy POS II 10/15, that does NOT include Rx, is \$223.86 per pay.

Mary TEST Smith

Medical

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive open enrollment. If you take no action, your coverage, or waiver, (if applicable), will remain the same.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEPH) with Aetna includes both Medical and Prescription Drug coverage. The deductions for all the other plans are for Medical Coverage only. If you selected one of those plans, you will have the option to elect Prescription Drug Coverage on the next page.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee + Spouse) plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 2)

☐ TESTDEP Smith, John

☒ Smith Jr., John

☒ Smith, Bobby

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)

Covered Dependents: 2

Smith Jr., John
Smith, Bobby

Coverage:

Employee + Child(ren) \$5,386.33

You Pay:

\$80.79

Plan Info

Select

NBOE Garden State Health Plan (Aetna/ExpressScripts)

Covered Dependents: 2

Smith Jr., John
Smith, Bobby

Coverage:

Employee + Child(ren) \$5,386.33

You Pay:

\$40.40

Plan Info

Select

NBOE Choice POS II 10/15 (Aetna) formerly known as PPO

Covered Dependents: 2

Smith Jr., John
Smith, Bobby

Coverage:

Employee + Child(ren)

You Pay:

\$223.86

Plan Info

Select

When you “check off” all your dependents (spouse + child, or spouse + children), the plans will reflect the new rates. In this example, family coverage NJEP is now \$134.66, the GSHP is \$67.33, and the Legacy POS II 10/15, that does NOT include Rx, is \$278.58 per pay.

Mary TEST Smith

Medical

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive open enrollment. If you take no action, your coverage, or waiver, (if applicable), will remain the same.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEHP) with Aetna includes both Medical and Prescription Drug coverage. The deductions for all the other plans are for Medical Coverage only. If you selected one of those plans, you will have the option to elect Prescription Drug Coverage on the next page.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee + Spouse) plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 2)

- ☒ TESTDEP Smith, John
- ☒ Smith, Bobby

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)

Covered Dependents: 2

TESTDEP Smith, John
Smith, Bobby

Coverage:

Family \$5,386.33

You Pay: **\$134.66**

Plan Info

Selected

NBOE Garden State Health Plan (Aetna/ExpressScripts)

Covered Dependents: 2

TESTDEP Smith, John
Smith, Bobby

Coverage:

Family \$5,386.33

You Pay: **\$67.33**

Plan Info

Select

NBOE Choice POS II 10/15 (Aetna) formerly known as PPO

Covered Dependents: 2

TESTDEP Smith, John
Smith, Bobby

Coverage:

Family

You Pay: **\$278.58**

Plan Info

Select

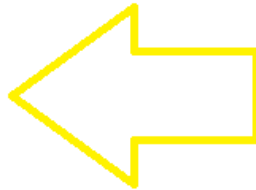
Documentation is required, when you add a new dependent: You are required to provide proof of relationship, please visit page 22 to review the documents that are required, pending to be verified.

Who Do You Want To Enroll? (Number of covered dependents: 2)

☒ TESTDEP Smith, John

☒ Smith, Bobby 

Add New Dependent



Dependent Info

This dependent is pending and Unverified

Details

Bobby Smith

Admin ID	XXX-XX-4321
Date of Birth	01/05/2024
Gender	M
Relationship	Child
Full Time Student	No
Disabled	No

Close

Enrollment: Once you complete all your elections, you can click “Save and Continue” button on the lower right-hand side to generate a confirmation statement.

The screenshot shows a web application interface for enrollment confirmation. On the left is a dark sidebar with a user profile icon and a list of navigation links: Home, My Plans, Account Information, Benefits Profile, Life Events, and Library. The main content area has a light blue header with the text 'Confirmation' and a breadcrumb trail. Below the header is a light blue banner with a warning icon and the text 'Please complete our satisfaction poll', followed by two buttons: 'Take our poll' and 'No thanks'. The main content area features a dark blue header for 'Enrollment Information for' with print and email icons. The body of the page contains the following text: 'Enrollment Type: Annual Open Enrollment | Effective Date: 01/01/2025 | Generated: 11/15/2024 at 1:58:47 p.m.' followed by a horizontal line. Below the line is the text: 'You have made or changed your elections for only **some** of the plan types available to you. Review your elections shown below.' Another horizontal line follows. Then, a paragraph states: 'If you are satisfied, use the button above to print this form.' A final horizontal line is present. The last paragraph reads: 'To make other changes, click on the name of the plan type you want to change. You will be returned to that spot in the enrollment process to make your change. Your election for one plan type is saved when you are provided with information for the next plan type. At that time, you may click on the Confirmation link in the Enrollment Status bar on the right to return to this statement.'

Be advised that in the event you do not click the “Finish Enrollment” button, any changes you made to your enrollments will be processed according to the selection made at that point. The online enrollment process will save your progress **even if you do not complete the enrollment.**

	Employer Pays	You Pay
Total Cost (Bi-Weekly)	\$32.64 <i>Bi-Weekly</i>	\$118.50 <i>Bi-Weekly</i>

- I understand that:

I am making an election concerning the above described benefits. I authorize applicable payroll deductions for the plan choices indicated. This election is subject to any changes required to comply with Federal or State Tax Laws.

I cannot revoke or change this election during the plan year unless there is a qualifying "change in family status". This change must be consistent with the IRS rules relating to a change in family status. If such a change occurs, I may then revoke my earlier election.

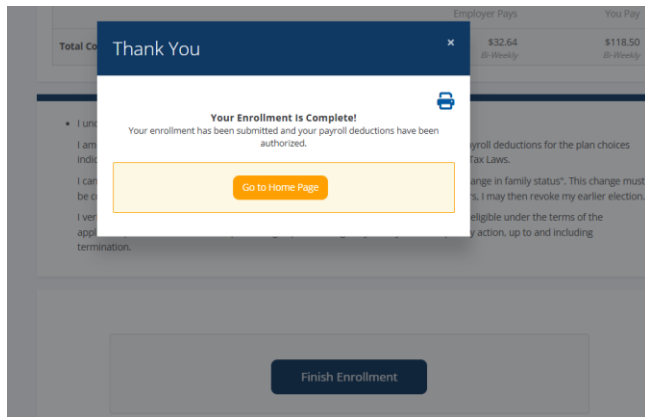
I verify and affirm the dependents enrolled for Medical, Dental and/or Vision coverage are eligible under the terms of the applicable plan. I understand misrepresenting dependent eligibility is subject to disciplinary action, up to and including termination.

Finish Enrollment

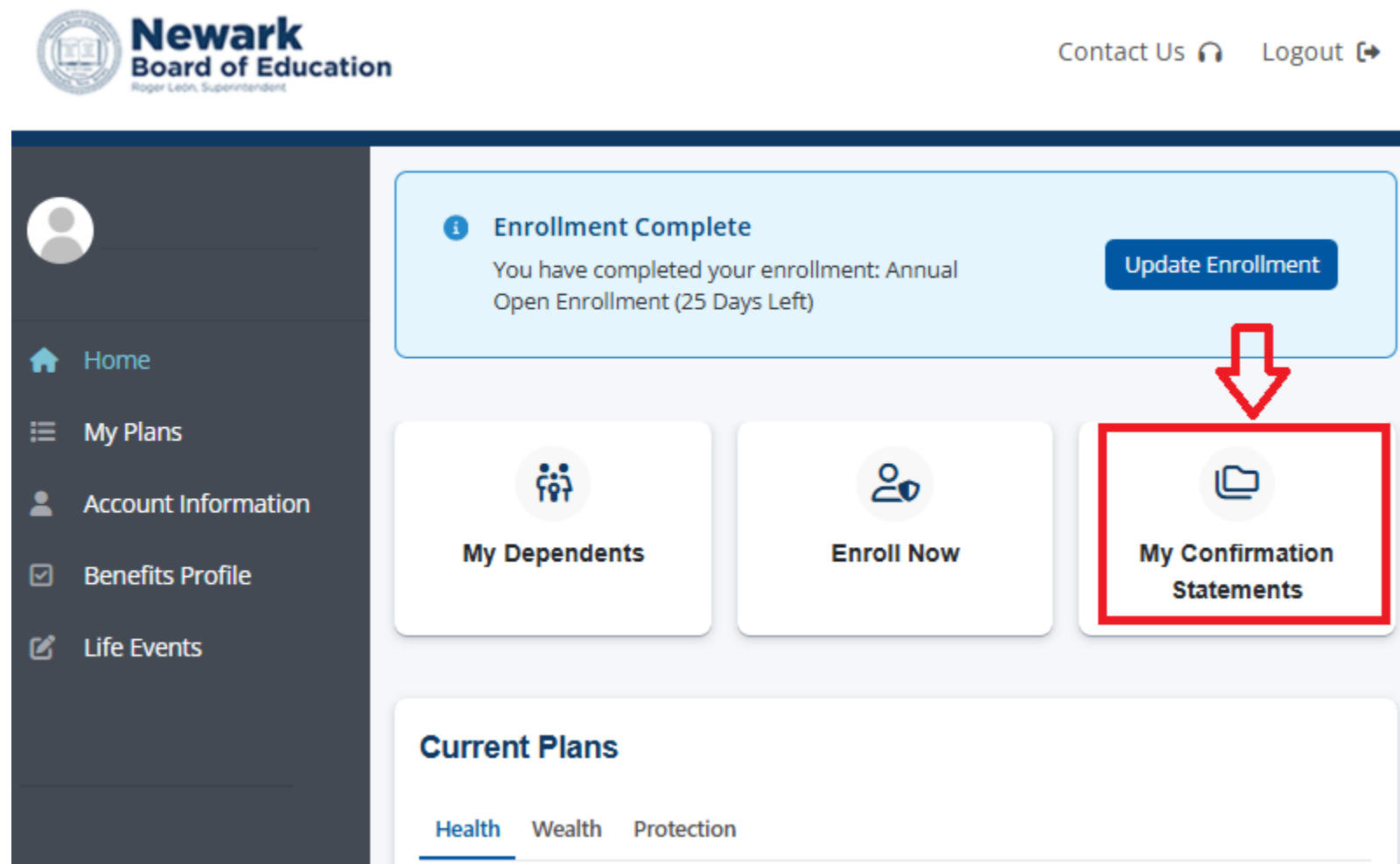
My Confirmation Statement:

***If you elected the NJ Educators Health Plan (NJEP) or Garden State Health Plan (GSHP), prescription is included.**

Finished Enrollment. Once you click on the Finish Enrollment, you'll be prompted to Go to the Home Page.

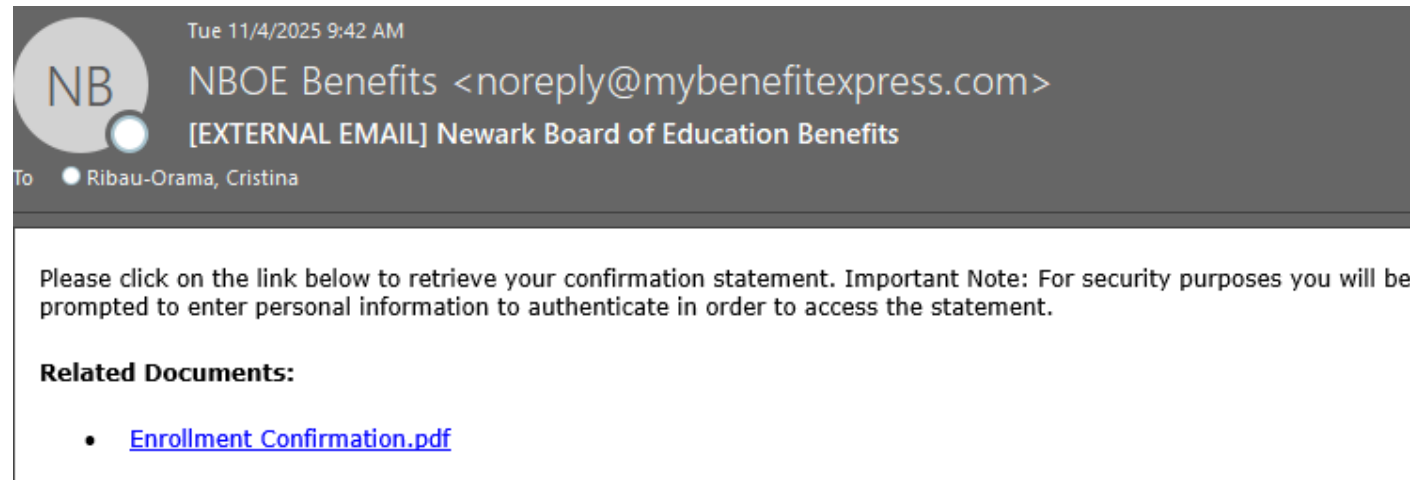


Now your orange Enroll Now notification, has changed to blue, see below



For a copy of confirmation statements, please visit the third bullet on the home page.

You will receive an email with your Enrollment Confirmation as well.



Last 4 of SSN

XXX-XX-1234

Date of Birth

MM/DD/YYYY

Download Document

Click on the link, and the system will ask you to verify you last 4 of Social Security

Number and Date of Birth. Then the PDF confirmation will download to your computer.

My Dependents: Can I upload my proof at a later time? Yes, click on the My Dependents bulletin, and then look up the depend, and click Verify. Page 22 outlines what to upload.

Newark Board of Education
Superior Learning. Superior Results.

Contact Us Logout

Enrollment Complete
You have completed your enrollment: Annual Open Enrollment (25 Days Left)
Update Enrollment

My Dependents

Enroll Now

My Confirmation Statements

Current Plans
Health Wealth Protection

Quick Document Search
Search

All dependents and beneficiaries in our records are shown below, regardless of whether or not they are currently covered under your benefits.

- The **birth date** and **relationship** you enter are very important. This information will determine whether the dependent is eligible for coverage, and in some cases, it may affect which plans you are offered.
- A dependent child over age 26 may only be added to your benefits if they are **legally disabled**. To update a **Disability Indicator**, please contact the Human Resource Services - Benefit Services Department via email at benefits@nps.k12.nj.us or call the main number at 973-733-7336.



Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
TESTDEP Smith, John	Spouse	M	XXX-XX-6789	11/03/1964	No	No	Verified		N/A
Smith, Bobby	Child	M	XXX-XX-4321	01/05/2024	No	No	Unverified	Verify Remove	N/A

To correct information about a dependent, you must contact the Benefit Services Team by phone at 973-733-7336 or email at benefits@nps.k12.nj.us.

Dependents listed do NOT constitute coverage on your current plan.

If a dependent was on your plan in the past, their information will remain posted here, especially dependent children who aged out:

Dependents

All dependents and beneficiaries in our records are shown below, regardless of whether or not they are currently covered under your benefits.

- The **birth date** and **relationship** you enter are very important. This information will determine whether the dependent is eligible for coverage, and in some cases, it may affect which plans you are offered.
- A dependent child over age 26 may only be added to your benefits if they are **legally disabled**. To update a **Disability Indicator**, please contact the Human Resource Services - Benefit Services Department via email at benefits@nps.k12.nj.us or call the main number at 973-733-7336.

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
	Spouse	M		09/05/1965	No	No	Verified		N/A
	Child	F		02/27/1994	No	No	Verified		N/A

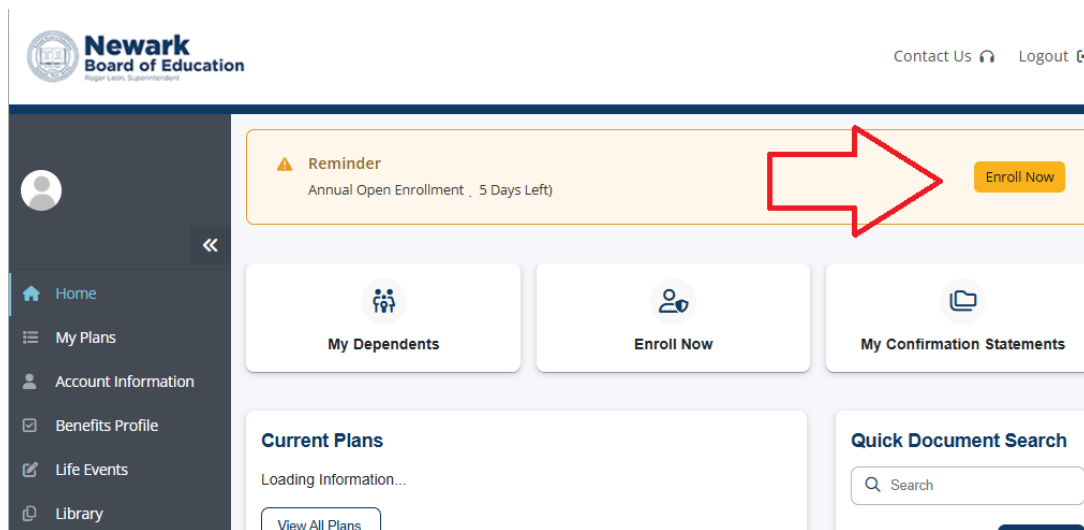
To correct information about a dependent, you must contact the Benefit Services Team by phone at 973-733-7336 or email at benefits@nps.k12.nj.us.

See page 44 to see directions to view your current plan.

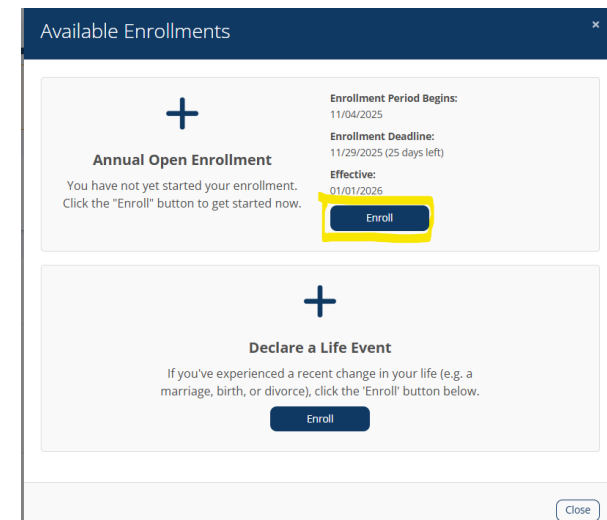
Changing from Legacy to NJEP or GSHP.

Employees in the Legacy plans in 2025 will expect about a 8% increase in 2026 under Chapter 78 rates. If you are considering switching from the Legacy Plans to one of the Chapter 44 plans, please follow these steps.

On the main page you will click on the orange button **Enroll Now** located near the top of the screen. **If you are waiving coverage, you must click here to start- and you have the option to waive coverage.**



A window will pop up and Click on the Annual Open Enrollment option, blue Change button.



If you were hired before July 2020, and want to enroll into the NJEP or GSHP, please edit your medical **AND** prescription tiles:

Your Benefits: You already have coverage in the following plans. You can choose to edit if you would like to make any changes.

NBOE Choice POS II 10/15 (Aetna) formerly known as PPO	NBOE \$0/\$20 Plan (Express Scripts)	NTU DPPO Dental Plan	Aetna Vision Preferred-NTU
Number of covered dependents: 1 ?	Number of covered dependents: 1 ?	Number of covered dependents: 1 ?	Number of covered dependents: 1 ?
Coverage: Employee + Spouse	Coverage: Employee + Spouse	Coverage: Employee + Spouse	Coverage: Employee + Spouse
You Pay Bi-Weekly: \$110.29	You Pay Bi-Weekly: \$25.10	You Pay Bi-Weekly: \$0.00	You Pay Bi-Weekly: \$0.00
Edit	Edit	Edit	Edit
 Medical	 Prescription	 Dental	 Vision

The system will display all the plans available to you. However, the NJ Educator Plan will be on the first slot, Garden State Health Plan is in slot two.

Questions about the difference in the plan, please visit <https://nboehrs.com/medical/> . Click on the plan you would like, and select “Save and Continue.”

You had the NBOE Choice POS II 10/15 (Aetna) formerly known as PPO (Employee + Spouse) plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 1)

☒ ⋮

☐ ⋮
Not Eligible, Dependent is over age

[Add New Dependent](#)

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE Garden State Health Plan (Aetna/ExpressScripts)	NBOE Choice POS II 10/15 (Aetna) formerly known as PPO
Covered Dependents: 1 Coverage: Employee + Spouse \$3,407.42 You Pay: \$67.47 Plan Info Selected	Covered Dependents: 1 Coverage: Employee + Spouse \$3,407.42 You Pay: \$33.73 Plan Info Select	Covered Dependents: 1 Coverage: Employee + Spouse You Pay: \$110.29 Plan Info Select

You are required to edit your Prescription tile as well. Click Edit, and Save and Continue.

Your Benefits: You already have coverage in the following plans. You can choose to edit if you would like to make any changes.

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE \$0/\$20 Plan (Express Scripts)	NTU DPPO Dental Plan	Aetna Vision Preferred-NTU
Coverage Level: Employee + Spouse	Number of covered dependents: 1 ?	Number of covered dependents: 1 ?	Number of covered dependents: 1 ?
Coverage: \$3,407.42	Coverage: Employee + Spouse	Coverage: Employee + Spouse	Coverage: Employee + Spouse
You Pay Bi-Weekly: \$67.47	You Pay Bi-Weekly: \$25.10	You Pay Bi-Weekly: \$0.00	You Pay Bi-Weekly: \$0.00
Edit	Edit	Edit	Edit
Medical	Prescription	Dental	Vision

Read the acknowledgment, and select “Save and Continue.”

Prescription

Prescription | View Your Coverage

Since you are enrolled in the combined medical plan (i.e. NBOE NJ Educators Plan or NBOE Garden State Health Plan), **your prescription coverage is automatically included with this plan.** Note, Aetna is your medical carrier, and Express Scripts is your prescription carrier. Additional information about the Express Scripts Prescription Plan, please click [here](#).

[< Previous](#) [Go to Confirmation](#) [Save and Continue >](#)

Now the dashboard will show the new deductions.

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE NJEP (Express Scripts)	NTU DPPO Dental Plan	Aetna Vision Preferred-NTU
Coverage Level: Employee + Spouse	Coverage Level: Included with your Medical Election	Number of covered dependents: 1 ?	Number of covered dependents: 1 ?
Coverage: \$3,407.42	Coverage: \$0.00	Coverage: Employee + Spouse	Coverage: Employee + Spouse
You Pay Bi-Weekly: \$67.47	You Pay Bi-Weekly: \$0.00	You Pay Bi-Weekly: \$0.00	You Pay Bi-Weekly: \$0.00
Edit	View	Edit	Edit
 Medical	 Prescription	 Dental	 Vision

If you are not satisfied with the plan, you can switch back to during the following Open Enrollment.

What is my current plan? That information is listed under your Benefits Profile.

On the left-hand side of the screen click on the Benefits Profile tab > Benefits Information View button> review your current elections.

The screenshot displays the Newark Board of Education employee benefits portal. At the top left is the Newark Board of Education logo with the text "Newark Board of Education" and "Roger León, Superintendent". To the right are links for "Contact Us" and "Logout".

The main interface features a dark blue sidebar on the left with a navigation menu. The menu items are: Home, My Plans, Account Information, **Benefits Profile** (highlighted with a red box and a red arrow pointing to it), Life Events, and Library.

The main content area has a light blue header with a "Reminder" box stating "Annual Open Enrollment (25 Days Left)" and an "Enroll Now" button. Below this are three white cards: "My Dependents", "Enroll Now", and "My Confirmation Statements".

Below the cards is a "Current Plans" section with tabs for "Health", "Wealth", and "Protection". The "Health" tab is selected. Below the tabs is a "Benefits Profile" section. It contains two white cards: "Benefits Information" (highlighted with a yellow box and a yellow arrow pointing to it) and "Dependents". Both cards have a "View" button.

At the bottom right, there are links for "Copyright", "Disclaimer", "Privacy", and "Terms".

 Mary TEST Smith

Home

My Plans

Account Information

Benefits Profile

Life Events

Library

Benefits Information

Benefits Information for Mary TEST Smith

☐ Show past and future benefit information

Plan Name	Coverage Detail	Coverage Period	You Pay	Last Updated
Medical				
NBOE NJ Educators Plan (Aetna/Express Scripts)	Employee + Spouse TEST Smith, Mary TESTDEP Smith, John	07/15/2024 - 12/31/2024	\$118.50 <i>Bi-Weekly</i>	07/20/2024
Prescription 2024				
NBOE NJEP (Express Scripts)	Included with your Medical Election TEST Smith, Mary	01/01/2024 - 12/31/2024	\$0.00 <i>Bi-Weekly</i>	09/20/2023
Dental				
NTU DPPO Dental Plan	Employee + Spouse TEST Smith, Mary TESTDEP Smith, John	01/01/2024 - 12/31/2024	\$0.00 <i>Bi-Weekly</i>	09/13/2023
I understand the above aspects of the dental plan I have elected.				
Vision				
Aetna Vision Preferred-NTU	Employee + Spouse TEST Smith, Mary TESTDEP Smith, John	01/01/2024 - 12/31/2024	\$0.00 <i>Bi-Weekly</i>	09/13/2023
Healthcare FSA				

Waiving coverage:

On the main page you will click on the orange button **Enroll Now** located near the top of the screen. **If you are waiving coverage, you must click here to start- and you have the option to waive coverage.**

The screenshot displays the Newark Board of Education enrollment portal. At the top, the Newark Board of Education logo is on the left, and 'Contact Us' and 'Logout' links are on the right. A red arrow points to an orange 'Enroll Now' button in a reminder banner that says 'Reminder: Annual Open Enrollment, 5 Days Left'. Below the banner are three main sections: 'My Dependents', 'Enroll Now', and 'My Confirmation Statements'. The 'Enroll Now' section is highlighted. To the left is a sidebar with navigation links: Home, My Plans, Account Information, Benefits Profile, Life Events, and Library. Below the main sections are 'Current Plans' (with a 'View All Plans' button) and a 'Quick Document Search' bar. A pop-up window titled 'Available Enrollments' is open on the right. It contains two main options: 'Annual Open Enrollment' and 'Declare a Life Event'. The 'Annual Open Enrollment' section includes the text 'You have not yet started your enrollment. Click the "Enroll" button to get started now.' and a blue 'Enroll' button. The 'Declare a Life Event' section includes the text 'If you've experienced a recent change in your life (e.g. a marriage, birth, or divorce), click the "Enroll" button below.' and a blue 'Enroll' button. A 'Close' button is at the bottom right of the pop-up.

A window will pop up and Click on the Annual Open Enrollment option, blue Change button.

First uncheck dependents, see arrow below. Then the system will automatically add the waive coverage option on the bottom of the list, see next page.

The District does not issue a stipend for those who choose to waive coverage.

[Compare Plans](#)

You had the **NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee Only)** plan previously.

Who Do You Want To Enroll?

☐ Doe, John 

[Add New Dependent](#)

NBOE NJ Educators Plan (Aetna/Express Scripts)	NBOE Garden State Health Plan (Aetna/ExpressScripts)	Medical Elect No Coverage
Covered Dependents: 0	Covered Dependents: 0	Covered Dependents: 0

Home

My Plans

Account Information

Benefits Profile

Life Events

Library

Medical

Medical | Select Your Plan

Your medical plan choices for the 2025 plan year are listed below. This is a passive open enrollment. If you take no action, your coverage, or waiver, (if applicable), will remain the same.

Please note: the bi-weekly deduction below for the NJ Educators Health Plan (NJEHP) with Aetna includes both Medical and Prescription Drug coverage. The deductions for all the other plans are for Medical Coverage only. If you selected one of those plans, you will have the option to elect Prescription Drug Coverage on the next page.

The District does not issue a stipend for those who choose to waive coverage.

Compare Plans

You had the NBOE NJ Educators Plan (Aetna/Express Scripts) (Employee Only) plan previously.

You have no dependents on file.

Add New Dependent

NBOE NJ Educators Plan (Aetna/Express Scripts)

Covered Dependents: 0

Coverage:
Employee Only | \$5,416.67

You Pay:
\$81.25

Plan Info

Select

NBOE Garden State Health Plan (Aetna/ExpressScripts)

Covered Dependents: 0

Coverage:
Employee Only | \$5,416.67

You Pay:
\$48.75

Plan Info

Select

Medical Elect No Coverage

Covered Dependents: 0

Coverage:
Elect No Coverage

You Pay:
\$0.00

Selected

< Previous

Go to Confirmation

Save and Continue >

You repeat these steps for the prescription, dental, and/or vision tiles.

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If you have any questions, contact: Human Resource Services

Benefit Services Email: benefits@nps.k12.nj.us

Phone: 8:00 am – 4:00 pm at (973) 733-7336.

Thank you!



Revised on November 4, 2025