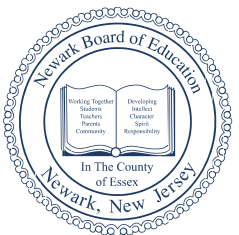




2026

Spring Medical Benefits Open Enrollment



Newark

Board of Education

Roger León, Superintendent
Where Passion Meets Progress

2026 Open Enrollment

**Passive
Enrollment
Medical, Rx,
Dental and
Vision**

**Where do I go to
enroll?**

NBOEbenefits.com

**Starting
May 13- May 27**

**What's
changing?**

**No action
required to
rollover
coverage**

2026 SPRING MEDICAL BENEFITS OPEN ENROLLMENT

WHAT'S THE SAME AND WHAT'S DIFFERENT

Open Enrollment

What's different?

- *The Medical, Prescription, Dental, and Vision plan year will **change from a calendar year to a fiscal year** (i.e. January to December to January 2026 to June 2026; July 2026 – June 2027)*
- *Elections made during May 13th – May 27th will run from July 1, 2026 through June 30, 2027*

What's the same?

- *Flexible Spending Account and Dependent Care Spending Accounts will run via calendar year, i.e. from January through December.*
- *November 2026 Fall Open Enrollment will **ONLY** be for 2027 FSA and DCA elections!*

Look ahead!

- ✓ ***The next medical, dental, vision, and prescription open enrollment will be in Spring 2027.***

OPEN ENROLLMENT
IS PASSIVE

Key Reminders for Open Enrollment

- **Open Enrollment window is from May 13th to May 27th .**
- **No changes to current Medical, Prescription Drug, Dental, and Vision plans**
- **Elections are effective July 1, 2026, and run from July 1, 2026 through June 30, 2027**
- **Coverage is NOT affiliated with School Employees Health Benefits.**
- **Per diems are ineligible for health benefits**
- **You can add eligible dependents, or remove dependents.**
- **During Open Enrollment you can:**
 - **Enroll into any of the Legacy Plans* (only if hired BEFORE July 2020), the NJ Educators Plan (NJEP), or Garden State Health Plan (GSHP) medical/Rx, dental, or vision plans.**
 - **Waive part or all coverage (No stipend if you waive coverage.)**



NBOE NJ Educators Plan (NJEP) & NBOE Garden State Health Plan (GSHP)



- The State of New Jersey passed legislation (Chapter 44) that requires all employees hired AFTER July 2020 to offer the NJ Educators Plan and the Garden State Health Plan to all members
- *NJEP or the GSHP they each have a prescription plan already built in with them.*
- The NJEP and GSHP have a different contribution schedule based on a percentage of salary, known as the Chapter 44 contribution schedule
- NJEP ONLY - Choice POS II network
- GSHP ONLY - Aetna Whole Health Network –NJ Providers and Facilities Only - No Coverage for Out of State Providers except in the case of a true emergency
- National Prescription Carrier, Express Scripts

Open Enrollment window:
May 13th – May 27th

NBOE
NJ EDUCATORS PLAN
(NJEP)

NBOE NJ Educators Plan (NJEP)

What do I need to know about the NBOE NJ Educators Plan?



Key In-Network Highlights

- *In-network benefits comparable to the \$10/\$15 PPO Plan*
- *Emergency Room copay \$125*
- *Choice POS II Network*

Key Out-of-Network (OON) Highlights

- *Emergency Room copay \$125*
- *200% of Medicare Fee Schedule*
- *Lower OON reimbursement; likelihood of being balance billed for remaining costs not covered by the plan*
- *Reduced OON reimbursement for Physical Therapy, Acupuncture and Chiropractic services*

- ✓ ***NJEP contributions based on a % of salary; may result in lower payroll deductions depending on your salary***
- ✓ ***Aetna has a large national network. Find a Doctor on [Aetna.com](https://www.aetna.com)***
- ✓ ***Use in-network doctors to maximize the benefit***
- ✓ ***Aetna's out-of-pocket cost-estimator tool is available at [Aetna.com](https://www.aetna.com)***

NJ Chapter 44 Contribution Schedule

for NJ Educators Plan (Questions about cost, please visit <https://nboehrs.com/cost-of-coverage/>)

BASE SALARY OR PENSION ² AMOUNT	LEVEL OF COVERAGE/PERCENTAGE OF SALARY			
	<u>Single</u>	<u>Parent/child(ren)</u>	<u>Two Adults</u>	<u>Family</u>
Up to - \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000 ³	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000	3.6%	4.4%	6.6%	7.2%

Example #1 – Single Coverage, \$67,000 annual salary for 10-month employee
(20 payroll deductions: bi-weekly basis)

$$\$67,000 \times .025 = \$1,675 / 20 = \$83.75 \text{ per paycheck}$$

Example #2 – Single Coverage, \$67,000 annual salary for 12-month employee
(24 payroll deductions: bi-weekly basis)

$$\$67,000 \times .025 = \$1,675 / 24 = \$69.79 \text{ per paycheck}$$

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

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

³ When the base salary or retirement allowance is more than \$125,000, the percent to be contributed shall be the same as for a base salary or retirement allowance of \$125,000.

NBOE

GARDEN STATE HEALTH PLAN
(GSHP)

NBOE Garden State Health Plan (GSHP)



What do I need to know about the NBOE Garden State Health Plan?

Key In-Network Highlights

- *In-network benefits comparable to the \$10/\$15 POS Plan*
- *Emergency Room copay \$125*
- *Aetna Whole Health Network – New Jersey Providers Only except for true emergencies*

No Out-of-Network (OON) Benefits

- ✓ ***GSHP contributions based on a % of salary; may result in lower payroll deductions depending on your salary***
- ✓ ***Find a Doctor on Aetna.com***
- ✓ ***Must utilize NJ in-network doctors***
- ✓ ***Aetna's out-of-pocket cost-estimator tool is available at Aetna.com***

NBOE Garden State Health Plan (GSHP) cont.



How can I find out if my doctors participates in GSHP?



Welcome ▾ Benefits ▾ Pension ▾ Other Benefits ▾ Leaves ▾ ES ▾ Payroll Know

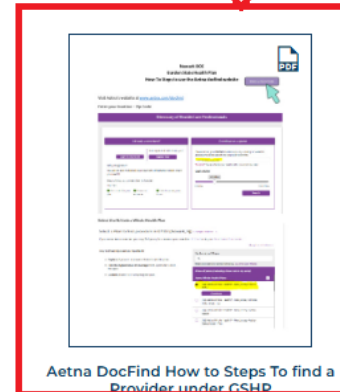
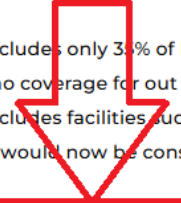
Visit Aetna to find providers in the Aetna Whole Health Network

- We have step by step guide to determine if your provider is part of the network, please visit <https://nboehrs.com/medical/#NJEP>
- The GSHP offers a significantly smaller network in comparison to the other plans offered in the District

Garden State Health Plan

Your benefits choices can have a big impact on your health care experiences and expenses, so it is important that you consider your options carefully and find the benefits that are right for you and your family. Here are a few highlights of the Garden State Health Plan with Aetna and Express Scripts:

- The GSHP uses the Aetna Whole HealthSM — New Jersey network of providers.
- The GSHP offers the same level of benefit for both in and out of network services as the NJ Educators Plan (NJEP)
- The co-pays mirror the rates for the NJEP
- The GSHP plan design follows the NJEP for both Medical and Prescription Drug benefits
- The GSHP offers a significantly smaller network in comparison to the other plans offered in the District
 - This includes only 33% of Hospitals and 60% of the Physicians in the Open Choice network
- There is no coverage for out of state providers in the GSHP, except for a true emergency.
 - This includes facilities such as Memorial Sloan Kettering in NYC and CHOP in Philadelphia, which would now be considered out of network



Aetna DocFind How to Steps To find a Provider under GSHP



GSHP Aetna Whole Health - New Jersey network map



Aetna Garden State Health Plan Summary Plan

NJ Chapter 44 Contribution Schedule

for Garden State Health Plan

(Questions about cost, please visit <https://nboehrs.com/cost-of-coverage/>)

BASE SALARY OR PENSION² AMOUNT

LEVEL OF COVERAGE/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/child(ren)</u>	<u>Two Adults</u>	<u>Family</u>
Up to - \$40,000	1.50%	1.50%	1.50%	1.65%
\$40,001 - \$50,000	1.50%	1.50%	1.65%	1.95%
\$50,001 - \$60,000	1.50%	1.50%	1.95%	2.20%
\$60,001 - \$70,000	1.50%	1.50%	2.20%	2.50%
\$70,001 - \$80,000	1.50%	1.65%	2.50%	2.75%
\$80,001 - \$90,000	1.50%	1.80%	2.75%	3.00%
\$90,001 - \$100,000	1.65%	1.95%	3.00%	3.30%
\$100,001 - \$100,999 ₃	1.80%	2.20%	3.30%	3.30%
\$101,000 - \$125,000	1.80%	2.20%	3.30%	3.60%

Example #1 – Single Coverage, \$67,000 annual salary for 10-month employee
(20 payroll deductions: bi-weekly basis)

$$\$67,000 \times .015 = \$1,005 / 20 = 50.25 \text{ per paycheck}$$

Example #2 – Single Coverage, \$67,000 annual salary for 12-month employee
(24 payroll deductions: bi-weekly basis)

$$\$67,000 \times .015 = \$1,005 / 24 = \$41.88 \text{ per paycheck}$$

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

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

³ When the base salary or retirement allowance is more than \$125,000, the percent to be contributed shall be the same as for a base salary or retirement allowance of \$125,000.

NBOE LEGACY PLANS

NBOE Legacy Plans



What do I need to know about the NBOE Legacy Plans? (**only if hired BEFORE July 2020**)

Key In-Network Highlights

- *Varies dependent on the plan type*
- *Emergency Room copay amount varies dependent on the plan type (i.e. \$100 POS - \$35 HMO)*

No Out-of-Network (OON) Benefits

- *Varies dependent on the plan*

Visit <https://nboehrs.com/medical/#legacy> to review the specific in-network and out-of-network benefits

- ✓ ***Legacy Plans contributions based on a % of salary and premiums of plan.***
- ✓ ***Find a Doctor on [Aetna.com](https://www.aetna.com)***

NJ Chapter 78 Contribution Schedule

for Legacy Health Plans (only if hired BEFORE July 2020)

For Health Benefits Contributions under Chapter 78, P.L.2011

Single Coverage Health Benefit Contribution %	
Salary Range	Year 4
less than 20,000	4.50%
20,000-24,999.99	5.50%
25,000-29,999.99	7.50%
30,000-34,999.99	10.00%
35,000-39,999.99	11.00%
40,000-44,999.99	12.00%
45,000-49,999.99	14.00%
50,000-54,999.99	20.00%
55,000-59,999.99	23.00%
60,000-64,999.99	27.00%
65,000-69,999.99	29.00%
70,000-74,999.99	32.00%
75,000-79,999.99	33.00%
80,000-94,999.99	34.00%
95,000 and over	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

Family Coverage Health Benefit Contribution %	
Salary Range	Year 4
less than 25,000	3.00%
25,000-29,999.99	4.00%
30,000-34,999.99	5.00%
35,000-39,999.99	6.00%
40,000-44,999.99	7.00%
45,000-49,999.99	9.00%
50,000-54,999.99	12.00%
55,000-59,999.99	14.00%
60,000-64,999.99	17.00%
65,000-69,999.99	19.00%
70,000-74,999.99	22.00%
75,000-79,999.99	23.00%
80,000-84,999.99	24.00%
85,000-89,999.99	26.00%
90,000-94,999.99	28.00%
95,000-99,999.99	29.00%
100,000-109,999.99	32.00%
110,000 and over	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

Employee Plus Child(ren) Employee Plus Spouse Coverage Health Benefit Contribution %	
Salary Range	Year 4
less than 25,000	3.50%
25,000-29,999.99	4.50%
30,000-34,999.99	6.00%
35,000-39,999.99	7.00%
40,000-44,999.99	8.00%
45,000-49,999.99	10.00%
50,000-54,999.99	15.00%
55,000-59,999.99	17.00%
60,000-64,999.99	21.00%
65,000-69,999.99	23.00%
70,000-74,999.99	26.00%
75,000-79,999.99	27.00%
80,000-84,999.99	28.00%
85,000-99,999.99	30.00%
100,000 and over	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

Employee's Medical Monthly Rates
July 1, 2026 - June 30, 2027

Monthly Rates:	Choice POS II 1015
Single	\$1,432.94
Employee + Spouse	\$2,835.09
Parent/Child(ren)	\$2,630.76
Family	\$4,044.12

Employee's Active Prescription Monthly Rates
July 1, 2026 - June 30, 2027

Monthly Rates:	Express Scripts Inc Rx
Single	\$0/\$20
Employee + Spouse	\$330.75
Parent/Child(ren)	\$441.88
Family	\$820.26

Please use the 2026 Chapter 78 Calculator posted here:
<https://nboehrs.com/eligibility/#enrollment>
to determine the cost!

12% rate increase for the 2026/2027 medical and prescription premiums for the NBOE Legacy Plans.

Example #1 – Single Coverage, \$67,000 annual salary for 10-month employee (20 payroll deductions: bi-weekly basis) \$1,432.94 (MED) + \$330.75 (RX) = \$1,763.69 x (12 for the year) = \$21,164.28 total year x 29% premium = \$6,137.64 per year, \$613.76 per month or \$306.88 per paycheck

NBOE
PRESCRIPTION DRUG PLANS
WITH EXPRESS SCRIPTS

NBOE NJEP & GSHP Rx Plan



What do I need to know about the NJEP & GSHP Rx Plan?

Pharmacy plan Highlights – automatic with GSHP Medical Plan

- **Copays:**

• Generic drugs:	Retail	\$5	Mail Order	\$10
• Brand Formulary:	Retail	\$10	Mail Order	\$20
• Specialty Drugs*:	(In Network Specialty Pharmacy required)			\$20

- **National Formulary**

- **Additional costs for non-Formulary Brands**

- **Other Required Pharmacy Programs:**

- **Step Therapy** – Requires patient to try one or more prerequisite drug(s) before a step therapy drug is covered. Skipping the appropriate prerequisite drug may lead to additional cost for the step-therapy drug
- **Precertification** – Your doctor must contact us to request approval of coverage for drugs requiring precertification, including those that should be used for limited conditions or cost more than other drugs that are proven to be just as effective
- **Mandatory Generics** – with Dispensed as Written (DAW)

NBOE \$0/\$20 Prescription Plan (Legacy Plan)

What do I need to know about the \$0/\$20 Rx Plan?

Pharmacy plan Highlights

- ***Copays:***

• <i>Generic drugs:</i>	<i>Retail</i>	<i>\$ 0</i>	<i>Mail Order</i>	<i>\$0</i>
• <i>Brand Formulary:</i>	<i>Retail</i>	<i>\$20</i>	<i>Mail Order</i>	<i>\$20</i>
• <i>Specialty Drugs*:</i>	<i>(In Network Specialty Pharmacy required)</i>			<i>\$20</i>

- National Formulary
- Mandatory Generics – with Dispensed as Written (DAW)
- Prior Authorization for Specialty Drugs
- Offered with Legacy Medical Plans

WHAT IS THE COST?

Cost of Coverage

What will be my cost for health coverage?

Disclaimer

- During this 2026 Spring Medical Benefits Open Enrollment, your cost outline on the confirmation statement will be outline by **your current salary status as** of effective May 1, 2026.
- Please note, your SY26/27 medical/Rx deductions **may** be different **if** you have a change in your salary on July 1, 2026.
- Questions about cost of coverage, you can visit <https://nboehrs.com/cost-of-coverage/>

WHERE DO I GO TO ENROLL?

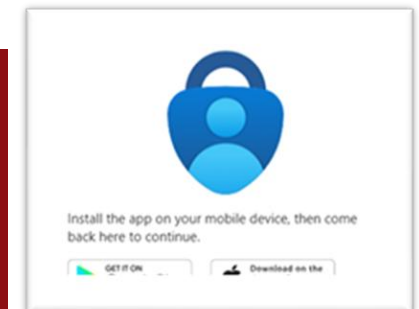
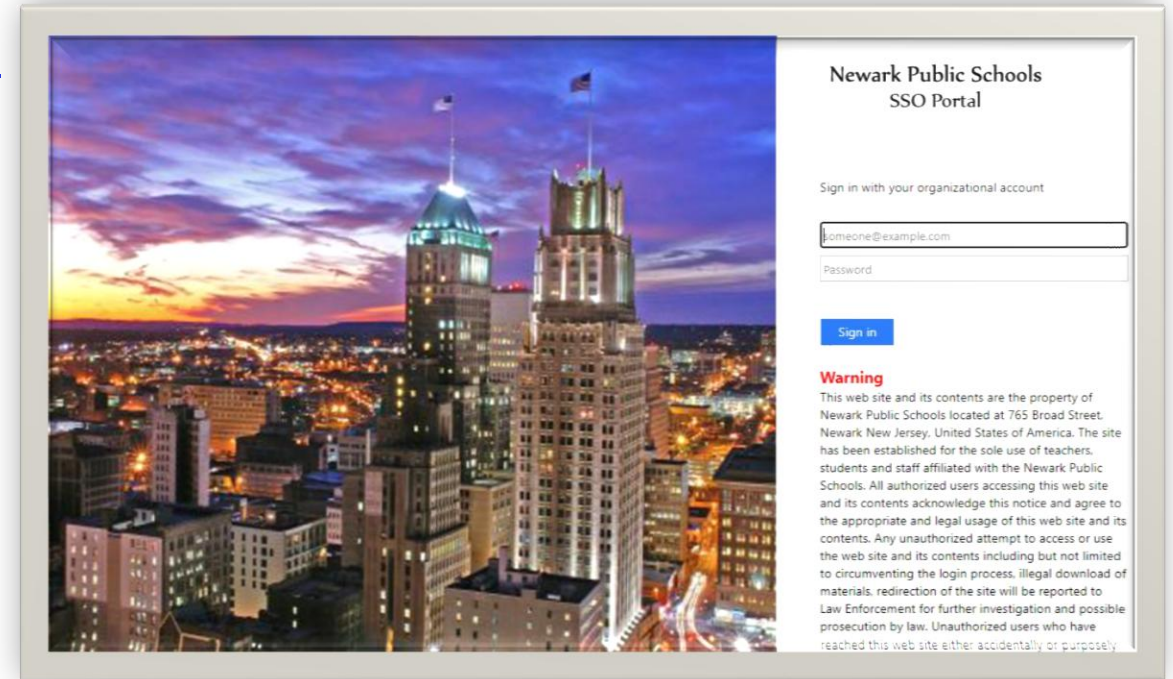
Where Do I Go to Enroll?

Enrollment is completed via [NBOEbenefits.com](https://nboebenefits.com)

Visit [NBOEHRS.com](https://nboehrs.com) for educational materials

- Medical Benefit and Prescription Drug Benefit Comparison charts
- Step-by-step instructions for accessing the benefits enrollment site, [NBOEbenefits.com](https://nboebenefits.com)
- Who can enroll? Please visit <https://nboehrs.com/eligibility/> to see a listing of dependents to enroll onto you coverage

✓ **The website will prompt you to enter your school USERNAME and your PASSWORD. Remember, if you are logging on from outside the district's secure network, you are required to use the Microsoft Authenticator to set up the Multi-factor Authentication.**



Enrollment via NBOEbenefits.com

Newark Board of Education
Annual Open Enrollment (4 Days Left) **Enroll Now**

My Dependents Enroll Now My Confirmation Statements

Current Plans: Health, Wealth, Protection
Dental

1. MY DEPENDENTS 2. CHOICES 3. CONFIRMATION

My Dependents

Add Dependent

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
	Spouse	M			No	No	Verified		N/A

Annual Open Enrollment
Effective Date: 01/01/2026
YOU PAY: \$0.00 Bi-Weekly
Save and Continue >

Available Enrollments

Annual Open Enrollment

You have not yet started your enrollment. Click the "Enroll" button to get started now.

Enrollment Period Begins: []
Enrollment Deadline: []
Effective: 07/01/2026
Enroll

Enrollment via NBOEbenefits.com (cont.)

Express Enrollment

Annual Enrollment!

- Required Action(s)** must be completed. You will not have coverage in these benefits if you do not take action.
- 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
- Available Benefits** are other options you have not enrolled in. Take action only if you want to begin participating in those benefits.
- 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



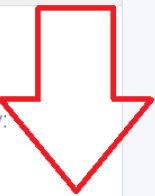
[Take Action](#)

[← Healthcare FSA](#)

Dependent Care FSA

Your Annual Amount:
\$0.00

You Pay Bi-Weekly:
\$0.00



[Take Action](#)

[Dependent Care FSA](#)

Newark Board of Education

Confirmation

Enrollment Information for

Enrollment Type: Annual Open Enrollment | **Effective Date:** 01/01/2026 | **Generated:**

You have made or changed your elections for only *some* of the plan types available to you. Review your elections shown below.

If you are satisfied, use the button above to print this form.

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.

Covered Dependent(s) (2)

Name	Relation	Plan Coverage

Your Choices

Getting Started Questions [Edit Info](#)

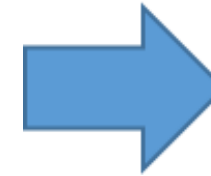
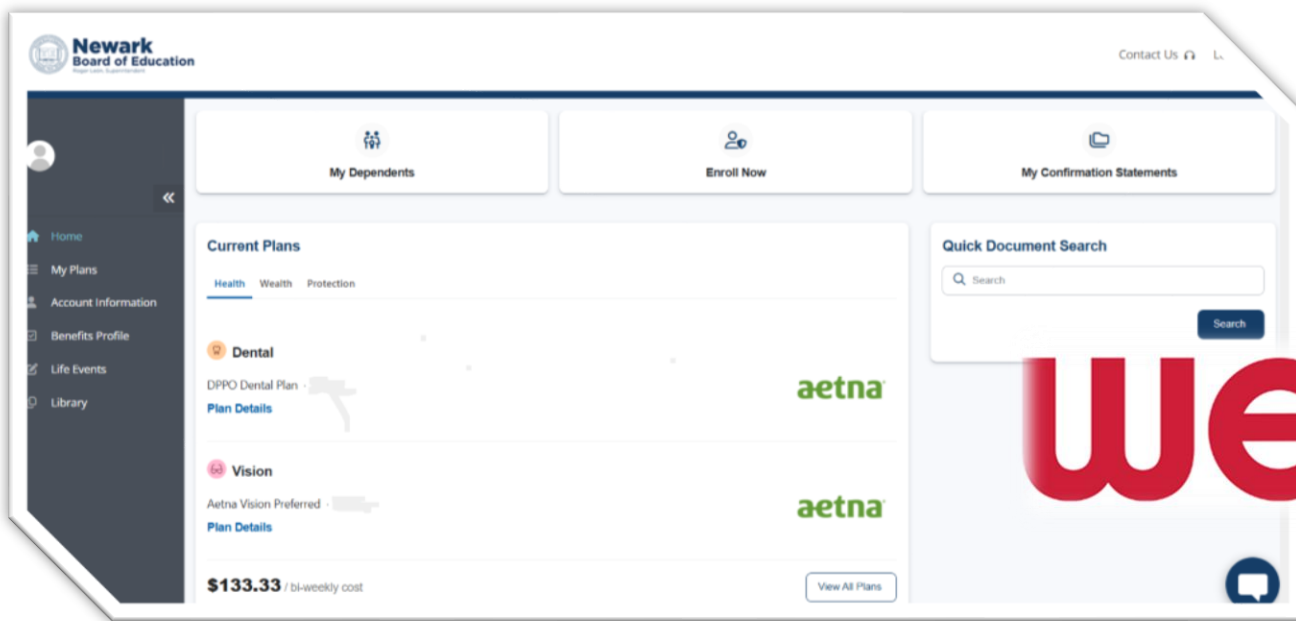
Related to another Enrollment

- 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](#)

Processing time

Once you complete your enrollment on [NBOEbenefits.com](https://www.nboebenefits.com) you must allow processing time for the information to be feed over to the insurance carriers.



Insurance ID cards will be mailed to the address on file in mid June

RESOURCES

Newark BOE HRS Portal



Scan the QR code
now to learn more!

www.nboehrs.com

Add to your Bookmarks

SCAN ME 



Welcome ▾ Benefits ▾ Pension ▾ Other Benefits ▾ Leaves ▾ ES ▾ Payroll Know More ▾

Welcome to the Newark BOE HRS Portal!

Search



This website provides a one stop shop for all of your needs, including benefits, wellness programs, pension, leaves, payroll, escrow, and much more! Our mission is clear, empowering you to "Know More. Choose Better. Live Well."

Please use the search tool, or click on the tiles below for additional details.

New hires please take a moment to read this [summary](#).



Congratulations Newark Board of Education
for winning GOLD!

For more details please visit:

<https://nboehrs.com/eligibility/#AboutUs>

Aetna & Express Scripts Resources

[Aetna.com](https://www.aetna.com) and the Aetna Mobile App

Aetna Dedicated NBOE Hotline: 855-223-8791

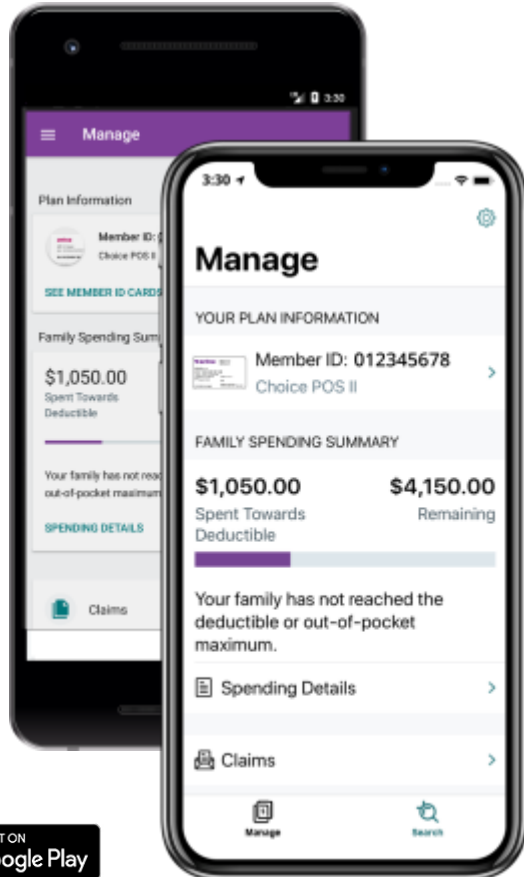


Find care

Find and compare doctors

Download digital ID cards

Read doctor reviews



[Express-Scripts.com](https://www.express-scripts.com) and the Express Scripts Mobile App

Express Scripts Dedicated NBOE Hotline 844-424-8882

It's easy to manage your medicine...



The Express Scripts® mobile app*

Save time and money with home delivery

Refill and renew your prescriptions

See your order status, claims and payment history

Find and compare prices with Price a Medication

Check for drug interactions and sign up for medicine alerts

Get instant access to your digital member ID card

*Some features may not be available for all benefit plans.



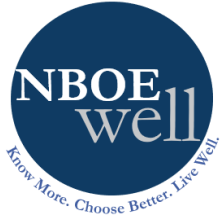
Scan this QR code to download the Express Scripts mobile app, or search for Express Scripts in your device's app store.



...anytime, anywhere.

Wellness

Current Wellness Resources



Preventive Services

- Annual Physical
- Mammography
- Colonoscopy
- Prostate Screening
- Immunizations

Covered at no cost to Patient

NOOM

MAVEN



AbleTo

Hinge Health

Aetna Health Your Way™

Eligibility ▾ Health Plans ▾ Other Valuable Benefits ▾ Contacts & Resources ▾

Wellness Program

Don't get stuck in the same-old routine—try a new program on us! All new employees, regardless of hire date, will receive the full annual wellness reimbursement amount.

NBOE Wellness 2022 Healthy Actions

NBOE Wellness FAQ updated 9-9-22

Search here ...

[Next Page -->](#)

For more detailed information on all existing and future programs please click on the Wellness Link at [NBOEHRS.com](https://www.nboehrs.com).

NOVEMBER 4TH – NOVEMBER 19TH



1) Choose Better!

This Open Enrollment is Passive; you only need to take action if you want to make changes to your current plans.

2) Educate Yourself

Consult the resources on either:
[NBOEHRS.com](https://www.nboehrs.com)

[NBOEbenefits.com](https://www.nboebenefits.com)
(Available May 13)

Questions?

Aetna Member Services

Dedicated NBOE Customer Service
855-223-8791

Express Scripts

Dedicated NBOE Customer Service
844-424-8882

NBOE Human Resource Services

Benefits Team
973-733-7336
benefits@nps.k12.nj.us

A copy of this presentation can be
found on NBOEHRS.com.





Newark
Board of Education
Roger León, Superintendent



Thank you