



Through membership in the Schools Health Insurance Fund (SHIF), your employer offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your benefit options through your employer's membership with the SHIF and choose the best coverage for you and your family.

IT'S TIME TO REVIEW YOUR BENEFITS FOR 2024-2025

**Enrollment Deadline:
MAY 10, 2024**

THE SHIF WILL HOLD A PASSIVE OPEN ENROLLMENT

“Passive” open enrollment means if you are currently enrolled in benefits, your current plan elections will remain in place from July 1, 2024 through June 30, 2025, unless you elect to make a change.

To obtain enrollment forms to make a change, please contact your Benefits Administrator.

WHAT IS THE SCHOOLS HEALTH INSURANCE FUND (SHIF)?

The SHIF was established to provide public school districts with a platform to purchase health insurance coverage in a shared-services environment.

ENROLLMENT INSTRUCTIONS

You must complete an enrollment form and return it to your benefits administrator by **May 10, 2024** if:

- You wish to add coverage for an eligible dependent
- You are currently enrolled and wish to terminate coverage for yourself or a covered dependent
- You would now like to elect coverage for yourself and your eligible dependent(s) in your employer's health benefits effective on July 1, 2024
- You are an employee, non-Medicare retiree or COBRA participant that is currently enrolled in coverage and you wish to change your current plan elections, effective July 1, 2024

Please Note:

The Garden State Health Plan (GSHP) only includes providers in New Jersey.

QUALIFIED LIFE EVENTS

You cannot make changes to your elections or covered dependents during the plan year unless you experience a **qualified life events**. To make a change, you must contact your personnel department **within 60 days of the event**. Qualified life events include:

- Marriage
- Loss or reduction of coverage for you or your spouse
- Birth or adoption of a child
- Death of a covered dependent
- Divorce

ID CARDS

New ID card will only be issued if you making changes to your plan elections for 2024.



BENEFITS CONTACTS & RESOURCES



QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/ADDRESS
Medical Benefits - Aetna Benefit questions, claims, locating a provider, printing new ID Cards	Aetna	800.370.4526	www.aetna.com
Telemedicine	Teladoc (Aetna Members)	855.835.2362	www.teladoc.com/aetna
Nurse Advocacy	Guardian Nurses	609.703.0623	www.guardiannurses.com

HealthyLearn®

HealthyLearn is a health and wellness resource available to all HIF members that provides a wealth of health and wellness information in a simple, straightforward manner.

ADDITIONAL FEATURES INCLUDE:

- Health Resources
- Health Tip-of-the-Day
- Symptom Checker and HealthTrackers
- Wellness and Disease Management
- Nutrition and Weight Loss
- HealthTrackers
- And much more!

Learn more and get started on your path to wellness today by visiting HealthyLearn at healthylearn.com/connerstrong.



HOW TO FIND IN-NETWORK PROVIDERS



TO FIND PARTICIPATING AETNA PROVIDERS:

- **STEP 1:** Visit Aetna’s website at www.aetna.com
- **STEP 2:** At the top of the webpage, click on “Find A Doctor”
- **STEP 3:** On right side of page under “Don't have a member account?”, select “Plan from an employer” (1st choice on the list)
- **STEP 4:** Under Continue as a Guest, enter your zip code, city, state or county
- **STEP 5:** You will be asked to “Select a Plan”. Use the Key below to help you make the correct selection:

IF YOU’RE ENROLLING IN...

All PPO Plans: PPO Admin, PPO 15, PPO 10, NJEHP

Aetna Garden State Plan

(SI GSHP AWH CPlI Docfind Lookup: [CLICK HERE](#))

PLAN SELECTION IS...

Category Heading = Aetna Open Access Plans

Plan Name = Aetna Choice POS II (Open Access)

Category Heading = Aetna Whole Health Plan

Plan Name = (NJ) Aetna Whole Health New Jersey Choice POS II

*** NOTE: THE GARDEN STATE HEALTH PLAN (GSHP) ONLY INCLUDES PROVIDERS IN NEW JERSEY**



SAVE TIME AND MONEY!

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing Telemedicine and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast.

KNOW WHERE TO GET CARE

Visits to the ER can be very costly, so before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from Telemedicine or at an Urgent Care Center instead.

Telemedicine	Urgent Care Center	Emergency Room
<ul style="list-style-type: none"> • Cold/Flu • Allergies • Animal/insect bite • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/ Eye irritation • Urinary issues • Dermatology • Behavioral health 	<ul style="list-style-type: none"> • Allergic reactions • Bone x-rays, sprains or strains • Nausea, vomiting, diarrhea • Fractures • Whiplash • Sports injuries • Cuts and minor lacerations • Infections • Tetanus vaccinations • Minor burns and rashes 	<ul style="list-style-type: none"> • Heart attack • Stroke symptoms • Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath • Coughing up blood • High fever with stiff neck, confusion or difficulty breathing • Sudden loss of consciousness • Excessive blood loss



HOW TO ACCESS TELEMEDICINE 24/7

\$0 COST TELEMEDICINE VS. VIRTUAL OFFICE VISITS

Please note that Telemedicine services are different from virtual/telephonic office visits with your participating provider. Most Fund Health Plans have a **\$0 copay for the Telemedicine services** (Teladoc).

Virtual/Telephonic Office Visits with your participating provider may require a copay or coinsurance in accordance with your specific health plan. For more information on your cost-share for virtual office visits, please consult your insurance carrier at the customer service number on the back of your ID card.

TELADOC

- Call **1.855.Teladoc (835.2362)**
- Visit **www.Teladoc.com/Aetna**
- Go to **Teladoc.com/Mobile** to learn more or download the mobile app from the App Store or Google Play



CVS MINUTE CLINICS AND HEALTH HUBS



Prior to visiting a Minute Clinic or HealthHUB, please check with your medical insurer to find out which facilities in your area may be participating with your plan.

minute clinic®

CVS Minute Clinics offer a broad range of services to keep you and your family healthy. In addition to diagnosing and treating illnesses, injuries and skin conditions, they provide wellness services including vaccinations, physicals, screenings and monitoring for chronic conditions.

- Located in select CVS pharmacies and Target stores nationwide
- No appointment necessary
- Visits usually last less than 30 minutes
- A record of your visit can be sent to your family doctor
- Open seven days a week with convenient evening hours

CVS MINUTE CLINIC PRACTITIONERS CAN:

- Treat common illnesses, like strep throat, ear ache, pink eye and sinus infection
- Treat minor injuries and skin conditions
- Provide vaccinations such as flu, pneumonia and hepatitis A/B
- Write prescriptions when appropriate
- Treat patients 18 months and older

HealthHUB.

CVS® HealthHUB offers an expanded range of health services and wellness products for everyday care and chronic conditions. To learn more or to find a HealthHUB location, visit [CVS.com/HealthHUB](https://www.cvs.com/HealthHUB).

HEALTH HUBS OFFER THE FOLLOWING SERVICES:

- Nutritional Counseling
- Durable Medical Equipment
- A Health Concierge
- Enhanced Minute Clinic service offerings
- Enhanced Pharmacist counseling services
- Community programs and meeting spaces

GET TO KNOW GUARDIAN NURSES



Struggling with a healthcare issue?

TAKE ADVANTAGE OF THIS BENEFIT

Our Mobile Care Coordinator RNs, backed by a team of registered nurses, are ready to respond whenever you are struggling with a healthcare issue.

GUARDIAN NURSES CAN:

- **VISIT YOU AT HOME** or in the hospital to assess your care needs.
- **GO WITH YOU** to see doctors, to ask questions and to get answers.
- **BE YOUR GUIDE**, coach and advocate for any healthcare issue.
- **MAKE APPOINTMENTS** so you can be seen as quickly as possible.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **RESOLVE PROBLEMS** with billing, claims and health insurance.
- **GET THINGS YOU NEED** such as healthcare equipment.
- **PROVIDE DECISION SUPPORT** when considering treatments or surgery.
- **EXPLAIN A NEW DIAGNOSIS** to help you make informed decisions.

WHO IS ELIGIBLE?

The services of our Mobile Care Coordinator Nurses are available to members of the Schools Health Insurance Fund and their covered dependents. **All services are offered at no charge to you and are confidential.**



To request help from our Mobile Care Coordinator or the team at Guardian Nurses, call **609.703.0623** or **609.414.6093**.

MAXIMIZE YOUR BENEFITS



ALWAYS CONSIDER YOUR IN-NETWORK OPTIONS FIRST

You will typically pay less for covered services when providers are in-network with your medical plan. In-network providers agree to discounted fees. You are responsible only for any copay or deductible that is included in your plan design.

The amount you are required to pay out-of-pocket for out-of-network services may be significant.

TO LOCATE PARTICIPATING IN-NETWORK PROVIDERS:

- **Aetna Participants:** Visit www.aetna.com and select “Find a Doctor.”

MAKE SURE YOU ARE USING IN-NETWORK LABS

- **Aetna Participants** may use either **Quest Diagnostics** or **LabCorp** for lab work.

IN-PATIENT OR OBSERVATION:

The difference between *inpatient* and *observation* status is important because benefits and provider payments are based on the status. Patients admitted under observation status are considered outpatients, even though they may stay in the hospital and receive treatment in a hospital bed.

Hospital admission status may affect coverage for services such as skilled nursing. Some health plans, including Medicare, require a three-day hospital inpatient stay minimum before covering the cost of rehabilitative care in a skilled nursing care center. However, observation stays regardless of length, do not count towards the requirement.

A new law requires hospitals to give Medicare patients notice of an observation status within 36 hours. This status determines how the hospital bills your health plan. Even if you are NOT under Medicare, when you or your family member arrives at the hospital, you can ask questions like:

- Is the patient’s status *inpatient* or *observation*?
- How long will the hospital stay be?
- Will there be a need for specialized skilled or rehab care after discharged?

Asking these questions throughout the hospital stay is important because hospitals can change the status from one day to the next. You can ask to have the status changed, but it is important to do so while still in the hospital. If necessary, you can request the hospital’s patient advocate for assistance.

