

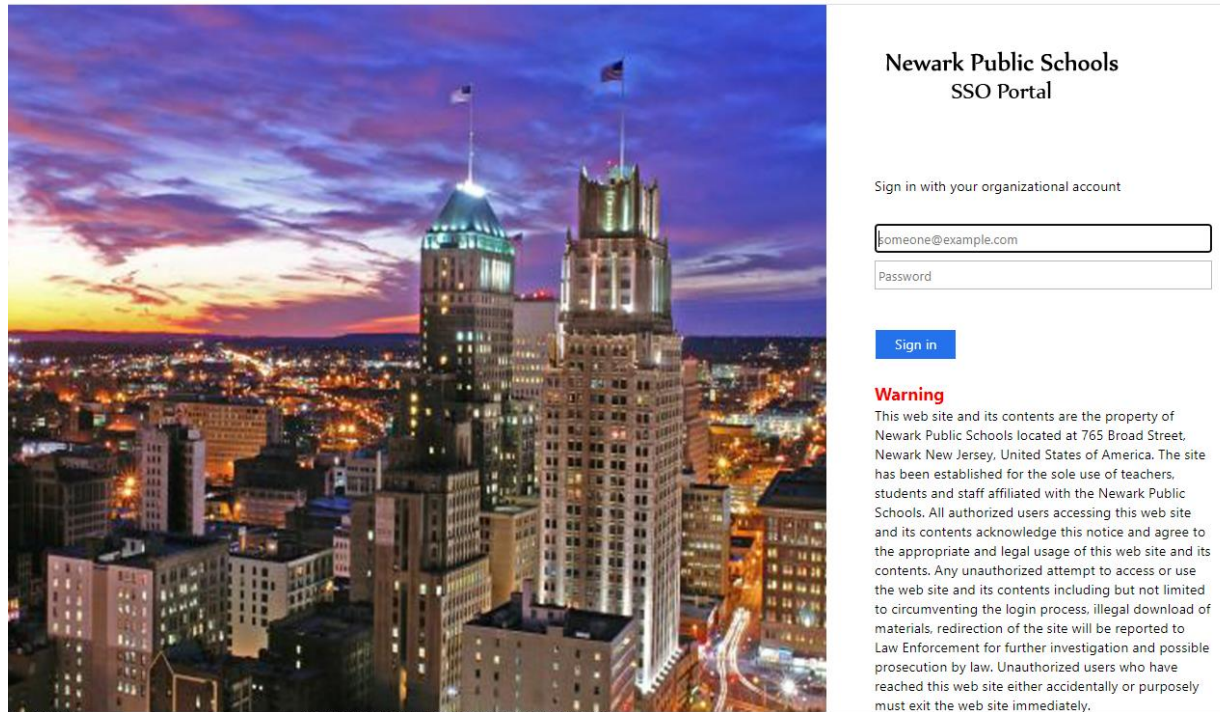
Step-by-Step Guide to completing your 2021 Open Enrollment

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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

The image is a composite. On the left is a photograph of the New York City skyline at night, featuring the Empire State Building and other illuminated skyscrapers under a dark, cloudy sky. On the right is a screenshot of the Newark Public Schools SSO Portal login page. The page has a white background with the title 'Newark Public Schools SSO Portal' at the top. Below the title is a sign-in section with the text 'Sign in with your organizational account'. There are two input fields: one for an email address (containing 'someone@example.com') and one for a password (labeled 'Password'). A blue 'Sign in' button is located below the password field. At the bottom of the login section is a 'Warning' section with a red heading. The warning text states that the website is the property of Newark Public Schools, located at 765 Broad Street, Newark, New Jersey, and is for the sole use of teachers, students, and staff. It also includes a disclaimer about unauthorized access and potential legal consequences.

Newark Public Schools
SSO Portal

Sign in with your organizational account

someone@example.com

Password

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- 8700 or ISD Customer Support Group via email CSupport@nps.k12.nj.us.

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



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

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 Employee Benefits Portal- where you can review plans - www.hrconnection.com Passcode **NBOE**



NBOE Benefits

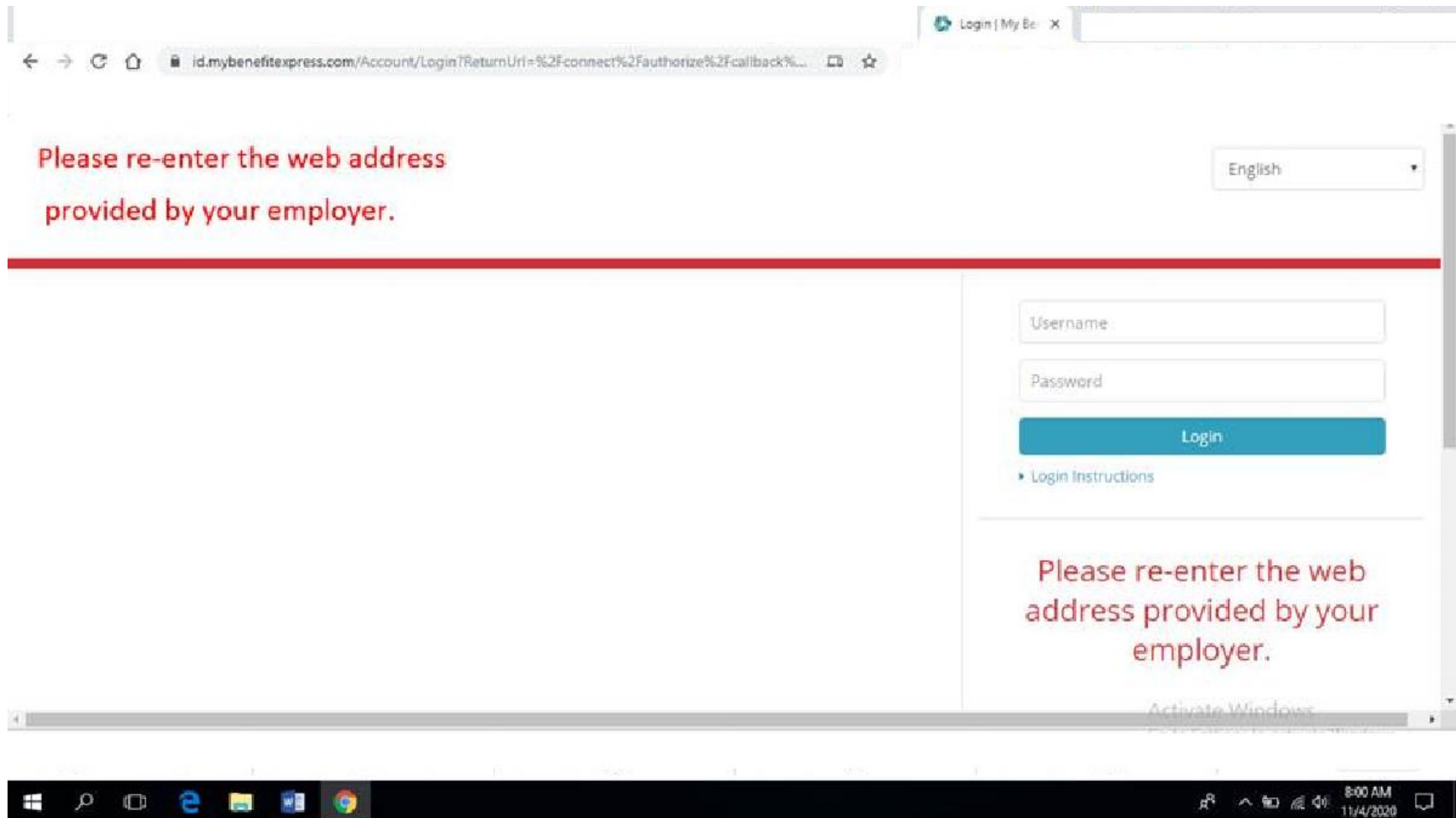


[Benefit Express - Open Enrollment](#) NBOE's robust online enrollment portal, administered by benefitexpress. This online portal includes a comparison tool that enables you to review and compare each plan options' benefits and cost. You will be able evaluate which plan will work best for your own situation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



[Employee Benefits Portal](#) Please use the passcode **NBOE** to log in. HRconnection is a one-stop shop for plan summaries, health and fringe benefit plans, and other important information.

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. We do not recommend you bookmark the site.



Please click on this [video](#) for assistance; **“How do I clear my cache and cookies?”**

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

Terms and Conditions

WEBSITE AGREEMENT

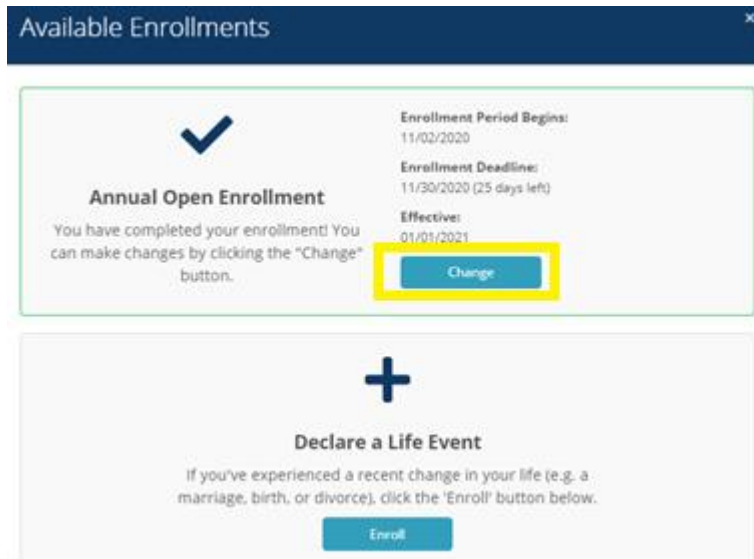
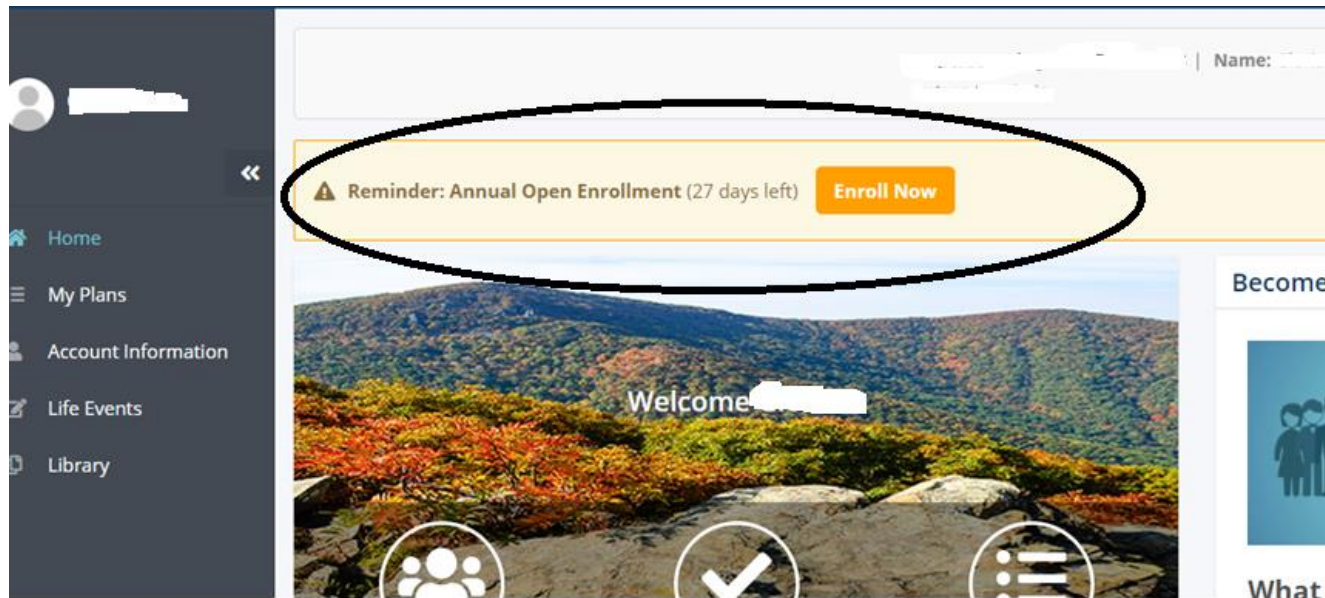
My Benefit Express™ - Terms and Agreement of Use

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.

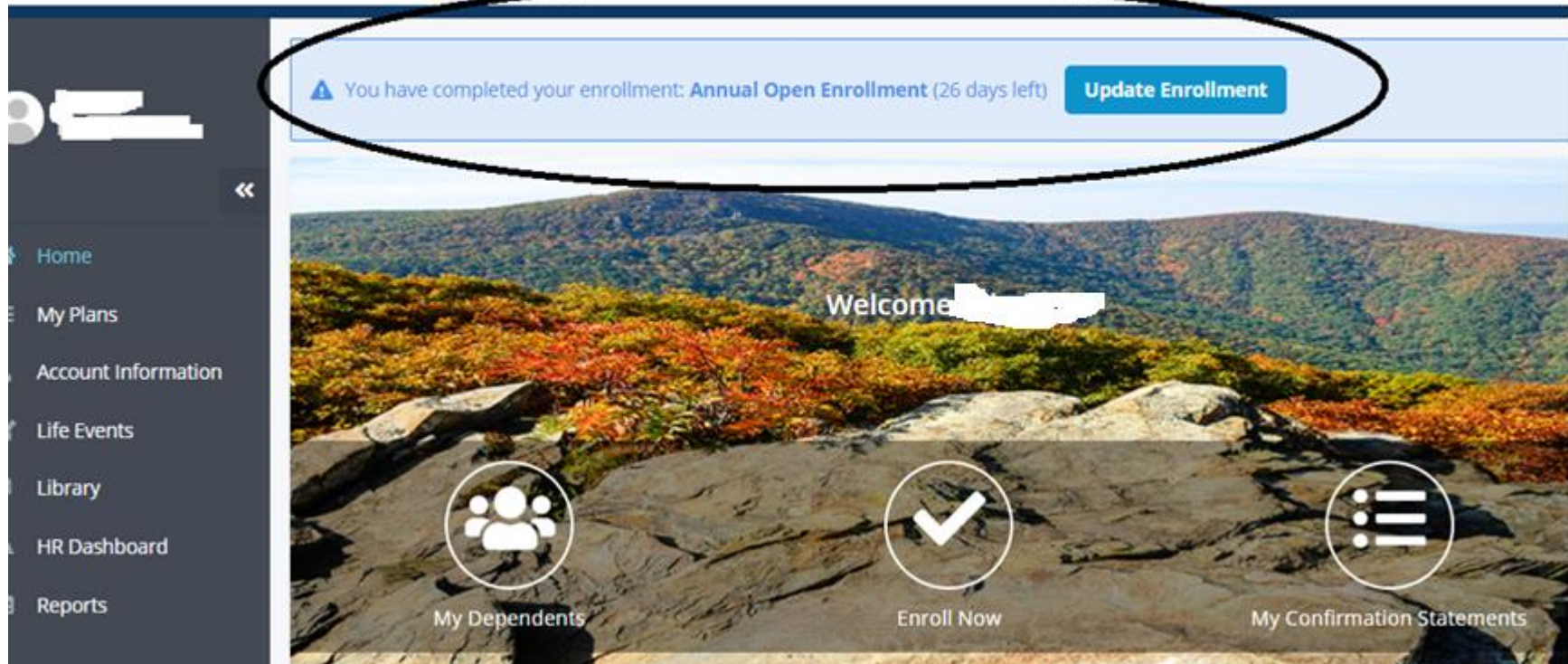
On the main page you will click on the orange button **Enroll Now** located near the top of the screen. **If you are waiving coverage, you must click here to start- and you have the option to waive coverage in the “Choices” section.**



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

Declare a Life Event feature won't be available until the new year.

Please note, you can start, complete, and return to this enrollment site mutiply times, now until Novemeber 30. If you require to make changes, resubmit, update information, you have that opporitiunity until November 30th.



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 shows the Newark Board of Education website interface. At the top left is the Newark Board of Education logo with the text "Newark Board of Education" and "Roger Leon, Superintendent". At the top right are links for "Contact Us" and "Logout". Below the header is a navigation bar with a search bar and a "Return to Admin" link. The main content area is titled "Pre-Enrollment Questions" and features three progress steps: "1. GETTING STARTED" (active), "2. CHOICES", and "3. CONFIRMATION". The "1. GETTING STARTED" section contains a question: "Related to another Employee" with the subtext "* Are you related to another Newark Board of Education employee (benefit eligible spouse or child)?". There are two radio button options: "Yes" and "No", with "No" selected. To the right of the question is a sidebar titled "Annual Open Enrollment" showing the "Effective Date: 01/01/2021" and a "YOU PAY:" section with a dollar sign and four hash symbols (\$####) and the text "Bi-Weekly". At the bottom right of the page is a "Save and Continue >" button.

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.

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

Newark Board of Education
Roger Leon, Superintendent

Impersonating UserID: | Name: Test

/ Ecommunication Preference

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Electronic Communication Information

Communication Information

Transmission of information electronically and/or digitally allows Newark Board of Education to communicate in a more efficient and timely manner with employees.

By electing to communicate electronically, you are authorizing Newark Board of Education to provide access to forms and documents via email and website access. You are agreeing that you do not require receipt of these materials in paper format. You are also certifying that email notifications sent to the address provided below are sufficient to meet the government requirements. You have the right to request and obtain a paper copy of documents sent electronically at no charge. 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 to request a paper copy of the health plan documents summarizing the medical, dental, vision, and prescription coverages.

Personal Email Address (Verified)

test@mybenefitexpress.com Send

Annual Op

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. 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)

Send

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

Send

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 *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

Contact Us | Logout

Impersonating UserID: ... | Name ... | Return to Admin

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.

[Add Dependent](#)

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled	Status	Action	Reason
TESTDEF	Spouse	M	XXX-XX	MM/DD/YEAR	No	No	Verified		N/A
TESTDEF	Child	M	XXX-XX	MM/DD/YEAR	No	No	Verified		N/A
TESTDEF	Child	F	XXX-XX	MM/DD/YEAR	No	No	Verified		N/A

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$...

Bi-Weekly

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.

The screenshot shows a web interface titled "My Dependents". It includes a section "Review Your Dependents" with a paragraph of text. Below that is a section "Adding/Editing Dependents" with a "View More" button. A blue "Add Dependent" button is highlighted with a yellow rectangle. Below the button is a table with columns: Name, Relationship, Gender, Admin ID, Date of Birth, and Full-Time Status. The table is currently empty, with the text "You have no dependents on file." below it. At the bottom, there is a red text line: "To correct information about a dependent, you must contact the Benefit Services Team by".

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 dependents.

Add Dependent

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Status
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 forward a copy of the required information listed above to the Office of Benefit Services, at this email inbox; benefits@nps.k12.nj.us. DO NOT upload student verification in this portal.

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

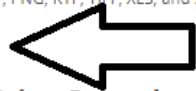
Acceptable Forms of Proof:

Spouse	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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)

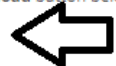
Select which dependent(s), from the table below, you are uploading the document for.

Select	Name	Admin ID	Relationship	Date of Birth	Status
<input type="checkbox"/>	TESTDEI	XXX-XX-	Child		Verified
<input type="checkbox"/>	TESTDEP	XXX-XX	Spouse	/	Verified
<input type="checkbox"/>	TESTDEP	XXX-XX	Child	--	Verified
<input checked="" type="checkbox"/>	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 Choices: Medical or combined NJ Educators Health Plan with Rx, Prescription (if hired before 7/1/2020), dental, vision, and other voluntary programs will be displayed on the next screens.

est

Impersonating UserID: 5484579 | Name: .est |

Medical

1. GETTING STARTED

2. CHOICES

3. CONFIRMATION

Medical | Step 1. Select Your Dependents

First, if applicable, select the dependents you wish to cover for this plan. If you would not like to cover a dependent, then uncheck the applicable dependent. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit their information or use the "Upload Document" link to upload any necessary documentation.

Select your dependents below:

☒ TESTDEF

Edit | Upload document

☒ TESTDEP (

Edit | Upload document

☒ TESTDEP

Edit | Upload document

Add Dependent

Annual Open Enrollment

Effective Date: 01/01

YOU PAY:

\$

Bi-Weekly

Medical | Step 2. Select Your Plan

You were enrolled in the following medical plan for the 2020 plan year:

Plan information listed here

Your medical plan choices for the 2021 plan year are listed below. **If you do not take any action, you will be enrolled in the NJ Educators Health Plan (NJEHP) with Aetna.** If you do not want the NJ Educators Health Plan (NJEHP) with Aetna, you will need to select another plan below (if available) or select "Elect No Coverage" to Waive Coverage.

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

Plan	Coverage Level	Bi-Weekly Deduction	Plan Info
<input type="radio"/> Aetna HMO 10	Family	\$	Plan Info
<input type="radio"/> Aetna HMO 15/25	Family	\$	Plan Info
<input type="radio"/> Aetna HMO 20/20	Family	\$	Plan Info
<input type="radio"/> Aetna HMO 20/35	Family	\$	Plan Info
<input type="radio"/> Aetna OAMC/PPO 10/15	Family	\$	Plan Info
<input type="radio"/> Aetna OAMC/PPO 20/35	Family	\$	Plan Info

What is my current plan? That information is listed on the center of the screen:

Test

Home

My Plans

Account Information

Benefits Profile

Life Events

Library

HR Dashboard

Reports

Impersonating User

Medical

1. GETTING STARTED

2. CHOICES

3. REVIEW

Medical | Step 1. Select Your Dependents

First, if applicable, select the dependents you wish to cover for this plan. If you would not like to cover a dependent, then uncheck the applicable dependent. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit their information or use the "Upload Document" link to upload any necessary documentation.

Select your dependents below:

☒ TESTDEF

[Edit](#) | [Upload document](#)

☒ TESTDEP

[Edit](#) | [Upload document](#)

☒ TESTDEP

[Edit](#) | [Upload document](#)

Add Dependent

Medical | Step 2. Select Your Plan

You were enrolled in the following medical plan for the 2020 plan year:

Plan information listed here

Your medical plan choices for the 2021 plan year are listed below. **If you do not take any action, you will be enrolled in the NJ Educators Health Plan (NJEHP) with Aetna.** If you do not want the NJ Educators Health Plan (NJEHP) with Aetna, you will need to select another plan below (if available) or select "Elect No Coverage" to Waive Coverage.

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

Compare Plans

Plan	Coverage Level	Bi-Weekly Deduction	Plan Info
<input type="radio"/> Aetna HMO 10	Family	\$ -	Plan Info
<input type="radio"/> Aetna HMO 15/25	Family	\$ -	Plan Info
<input type="radio"/> Aetna HMO 20/20	Family	\$ -	Plan Info
<input type="radio"/> Aetna HMO 20/35	Family	\$ -	Plan Info
<input type="radio"/> Aetna OAMC/PPO 10/15	Family	\$ -	Plan Info
<input type="radio"/> Aetna OAMC/PPO 20/35	Family	\$ -	Plan Info

Note, if you are waiving coverage:

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.

Test

Home

My Plans

Account Information

Benefits Profile

Life Events

Library

HR Dashboard

Reports

Medical

1. GETTING STARTED

2. CHOICES

3. CONFIRMATION

Medical | Step 1. Select Your Dependents

First, if applicable, select the dependents you wish to cover for this plan. If you would not like to cover a dependent, then uncheck the applicable dependent. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit their information or use the "Upload Document" link to upload any necessary documentation.

Select your dependents below:

☒ TESTDEF

☒ TESTDEP

☒ TESTDEP

Edit | Upload document

Edit | Upload document

Edit | Upload document

Add Dependent

Medical | Step 2. Select Your Plan

You were enrolled in the following medical plan for the 2020 plan year:

Plan information listed here

Your medical plan choices for the 2021 plan year are listed below. **If you do not take any action, you will be enrolled in the NJ Educators Health Plan (NJEHP) with Aetna.** If you do not want the NJ Educators Health Plan (NJEHP) with Aetna, you will need to select another plan below (if available) or select "Elect No Coverage" to Waive Coverage.

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Compare Plans

Plan	Coverage Level	Bi-Weekly Deduction	Plan Info
<input type="radio"/> Aetna HMO 10	Family	\$ -	Plan Info
<input type="radio"/> Aetna HMO 15/25	Family	\$ -	Plan Info
<input type="radio"/> Aetna HMO 20/20	Family	\$ -	Plan Info
<input type="radio"/> Aetna HMO 20/35	Family	\$ -	Plan Info
<input type="radio"/> Aetna OAMC/PPO 10/15	Family	\$ -	Plan Info
<input type="radio"/> Aetna OAMC/PPO 20/35	Family	\$ -	Plan Info

Annual Open Enrollment

Effective Date

YOU

\$

Bi-Weekly

Plan	Coverage Level	Bi-Weekly Deduction	Plan Info
<input type="radio"/> Aetna HMO 10	Employee Only	\$143.55	Plan Info
<input type="radio"/> Aetna HMO 15/25	Employee Only	\$131.97	Plan Info
<input type="radio"/> Aetna HMO 20/20	Employee Only	\$123.90	Plan Info
<input type="radio"/> Aetna HMO 20/35	Employee Only	\$106.46	Plan Info
<input type="radio"/> Aetna OAMC/PPO 10/15	Employee Only	\$137.12	Plan Info
<input type="radio"/> Aetna OAMC/PPO 20/35	Employee Only	\$117.40	Plan Info
<input type="radio"/> NJ Educators Health Plan (NJEHP) with Aetna	Employee Only	\$68.45	Plan Info
<input type="radio"/> Aetna HMO 1500	Employee Only	\$162.15	Plan Info
<input checked="" type="radio"/> Medical Elect No Coverage	Elect No Coverage	\$0.00	

You'll repeat the process for prescription (if applicable, hired before 7/1/2020), dental, and vision coverage.

Note, if you selected NJ Educators Health Plan with Aetna, since it is a combined medical and prescription plan, you won't see a Prescription screen, see below.

Prescription | Step 1. Select Your Dependents

First, if applicable, select the dependents you wish to cover for this plan. If you would not like to cover a dependent, then uncheck the applicable dependent. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit their information or use the "Upload Document" link to upload any necessary documentation.

You have no dependents on file.

[Add Dependent](#)

Prescription | Step 2. Select Your Plan

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

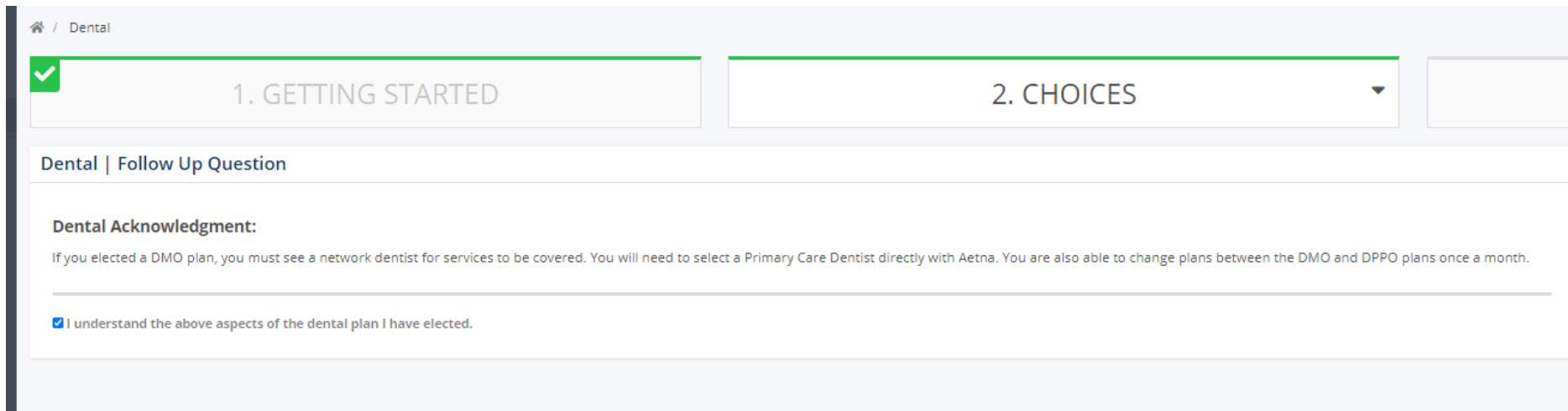
[Compare Plans](#)

Plan	Coverage Level	Bi-Weekly Deduction	Plan Info
<input type="radio"/> Aetna \$0/\$20 Plan	Employee Only	\$0	Plan Info
<input type="radio"/> Prescription Elect No Coverage	Elect No Coverage	\$0.00	Plan Info

This step will NOT appear if you select the NJEHP. NJEHP with Aetna includes Rx coverage.

The Prescription step will appear if you were hired before 7/1, and you selected any other medical plan, besides NJEHP.

Note, the Dental selection will require you to check off the dental acknowledgment. If you select a DMO (closed plan) you are required to see a participating DMO network dentist for services to be covered.



The screenshot shows a web portal interface for dental plan selection. At the top, there is a breadcrumb trail 'Home / Dental'. Below this is a progress bar with three steps: '1. GETTING STARTED' (marked with a green checkmark), '2. CHOICES' (marked with a dropdown arrow), and a third step that is partially visible. Below the progress bar, the page title is 'Dental | Follow Up Question'. The main content area is titled 'Dental Acknowledgment:' and contains the following text: 'If you elected a DMO plan, you must see a network dentist for services to be covered. You will need to select a Primary Care Dentist directly with Aetna. You are also able to change plans between the DMO and DPPO plans once a month.' Below this text is a checkbox labeled 'I understand the above aspects of the dental plan I have elected.', which is currently checked.

Again, children can remain on the dental and vision from age 19 – 26 (NTU); 19-23 (All other unions and non-union) 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 forward a copy of the required information listed above to the Office of Benefit Services, at this email inbox; benefits@nps.k12.nj.us. DO NOT upload student verification in this portal.

The system will ask if you are interested in a Flexible Spending Account (FSA):

My Plans

Account Information

Benefits Profile

Life Events

Library

HR Dashboard

Reports

1. GETTING STARTED

2. CHOICES

Healthcare FSA | Plan Information


The **Healthcare Flexible Spending Account** lets you set aside pre-tax dollars from your paycheck to help take care of certain health care expenses not covered or fully payable by your **medical, prescription, dental, or vision** plan.

To determine if you should contribute to a flexible spending account, estimate how much you pay out-of-pocket each year for medically necessary, IRS- approved health care expenses not covered (or only covered in part) by your medical, prescription, dental, and vision plans.

Here is a list of important links:

- [Eligible Health Care Expenses](#) will be reimbursed.
- [Tax Savings Calculator](#) shows you how much you can save on your taxes by using the Flexible Spending Account. Please note that ExpressJet does not offer transportation/parking FSA as an available benefit.
- [Please see your tax advisor or IRS Publication 969](#) if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).

Note: If you don't have eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the plan year.



Healthcare FSA | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$100.00**
- The maximum annual contribution to participate is **\$2,750.00**
- If you do not wish to participate, please enter **\$0.00**

ENTER:

Your Annual Amount:

or

Deduction (Bi-Weekly):

Information about what is a FSA is available at www.HRconnection.com Guest Key NBOE, > Benefits > Voluntary Benefits > scroll down to Benefit Express - Flexible Spending Account section.

Next the system will ask if you are interest in a Dependent Care FSA:

My Plans

Account Information

Benefits Profile

Life Events

Library

HR Dashboard


Reports

Dependent Care FSA | Plan Information

The Dependent Care Flexible Spending Account allows you to set aside pre-tax dollars to pay dependent care expenses for your children **under age 13** or adult dependents that are unable to care for themselves because of a mental or physical disability. **In order to use this account, you, and your spouse if you are married, must be at work or school at the time your dependents are receiving care.** Plan your annual Flexible Spending Account contribution amount carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31) unless you have a qualified life event. You must enroll each year; this benefit does not rollover from year to year.

Here is a list of important links:

- Review the [Eligible Dependent Care Expenses](#) for a list of items that are eligible for reimbursement.
- Any monies you contribute to the Dependent Care Flexible Spending Account reduces the amount you can claim as a Child Tax Credit on your income tax return. The value the Child Tax Credit is based on your income bracket. [IRS Publication 503](#) offers guidance on calculating the credit to determine which will be more advantageous for you personally.
- The [Tax Savings Worksheet](#) can show you how much you can save on your taxes by using the Flexible Spending Account. **Please see your tax advisor if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).**



Dependent Care FSA | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$100.00**
- The maximum annual contribution to participate is **\$5,000.00**
- If you do not wish to participate, please enter **\$0.00**

ENTER:

Your Annual Amount:

\$

or

Deduction (BI-Weekly):

\$

Calculate

Dependent Care FSA | Dependent Care FSA Acknowledgment

The **Dependent Day Care** Flexible Spending Account is to pay certain dependent care expenses in order for you to work or look for work. Examples include:

- Day care, local day camp or in-home child care for your dependent child under age 13.
- Adult daycare or in-home dependent care for a spouse who is physically or mentally incapable to care for him or herself.
- Elder care or in-home dependent care for an elderly parent who lives with you more than half the year.

CANNOT BE USED FOR MEDICAL, DENTAL OR VISION EXPENSES

Your per pay Dependent Care FSA contribution is calculated based on the number of pay periods in the calendar year.

☒ I understand the types of expenses that qualify under the Dependent Care Flexible Spending Account.

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Information about EAP and TransitChek will be displayed in the next two screens as well. Enrollment is optional.

EAP | View Your Coverage



The EAP is a benefit provided by your employer to help you manage work/life problems and achieve a healthy work/life balance. Counselors are available 24 hours a day 7 days a week at 1-800-531-0200 or via e-mail at inquiries@charlesnechtem.com

TransitChek | View Your Coverage



Transitchek is a voluntary benefit which allows employees to save money on their commute to work. Commuters can use pre-tax dollars to pay for their commute (up to \$270/month for transit and up to \$270/month for qualified parking*) and save on taxes. This benefit includes savings on various types of transportation including commuting via subway, bus train, ferry, car, or vanpool and on parking. NOTE: Tolls and E-Pass are not covered.

All you need to enroll is the following information:

- NBOE Company Code - RQO44
- Your Date of Birth
- Your Employee ID Number

Two Ways to Enroll:

- Online: Visit <https://tams.transitchek.com/>
- Phone: Call 888.618.CHECK (2435) Monday-Friday from 8:00 a.m. to 8:00 p.m. EST.

You will have the opportunity to review your confirmation, print or save it, and take a Poll. You can scroll down on this screen, and click “Finish Enrollment.”

Newark Board of Education

Contact Us | Logout

Impersonating UserID: | Name: | | Return to Adm

Confirmation

Please complete our satisfaction poll [Take our poll](#) [No thanks](#)

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Enrollment Information for [redacted] test

Enrollment Type: Annual Open Enrollment | Effective Date: 01/01/2021 | Generated: 11/02/2020 at 12:35:47 a.m.

Congratulations, you have completed making your elections!

Below is a summary of your benefit elections with your per pay deductions and a list of any covered dependents. Please print and review your benefit elections to confirm accuracy and see any next steps, such as providing required evidence of insurability and/or adding your emergency contact information.

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.

Your Choices

Getting Started Questions

Related to another Employee

Are you related to another Newark Board of Education employee (benefit eligible spouse or child)? No

total cost (bi-weekly) Bi-Weekly Bi-Weekly

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 (NJEHP), prescription is included.**

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.

Please note: If you elected the NJ Educators Health Plan (NJEHP) with Aetna, your prescription coverage is included with this plan.

Your Choices

Getting Started Questions

[Edit Info](#)

Related to another Employee

Are you related to another Newark Board of Education employee (benefit eligible spouse or child)? No

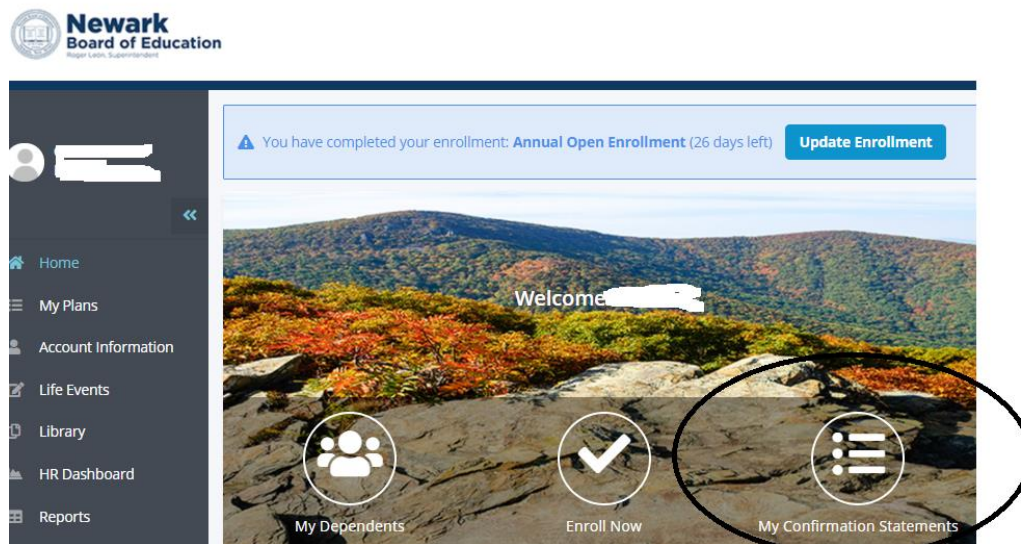
Medical.

Plan Detail	Coverage Detail	Coverage Period	Employer Pays	You Pay
Plan Name: NJ Educators Health Plan (NJEHP) with Aetna Coverage Level: Employee + Child(ren)	Employee	01/01/2021 - 12/31/2021	\$0.00 <i>Bi-Weekly</i>	\$76.44 <i>Bi-Weekly</i>

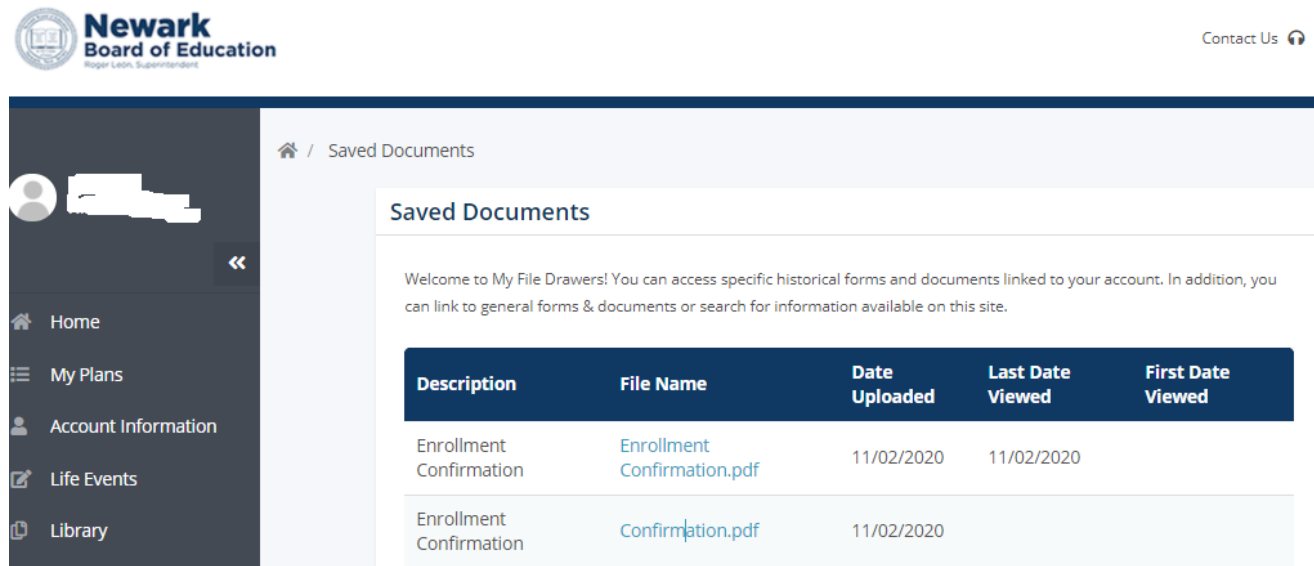
The individual prescription plan option will show as waived because your medical plan INCLUDES prescription coverage.

[Edit Choice](#)

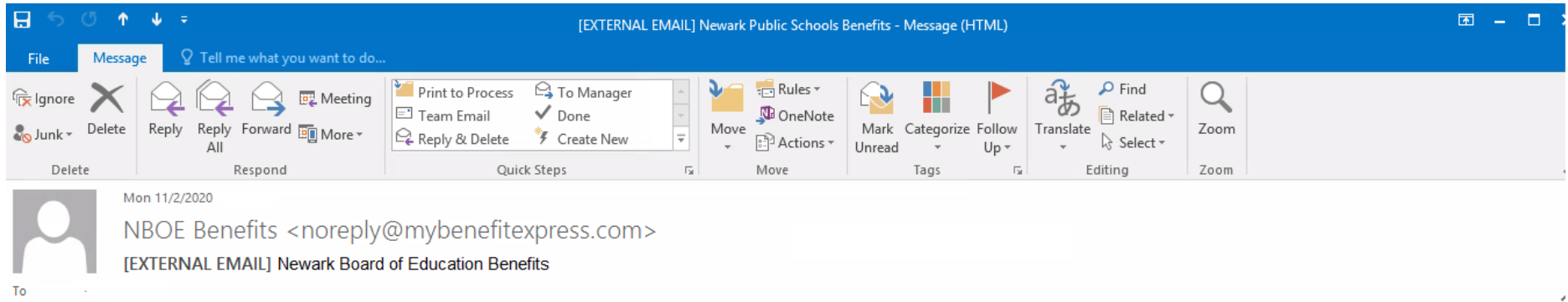
You can review your confirmation statement on the main home screen:



The save documents will be available on this screen, anytime.



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



Please click on the link below to retrieve your confirmation statement. Important Note: For security purposes you will be prompted to enter personal information to authenticate in order to access the statement.

Related Documents:

- [Enrollment Confirmation.pdf](#)

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.



Last 4 of SSN

XXX-XX-1234

Date of Birth

MM/DD/YYYY

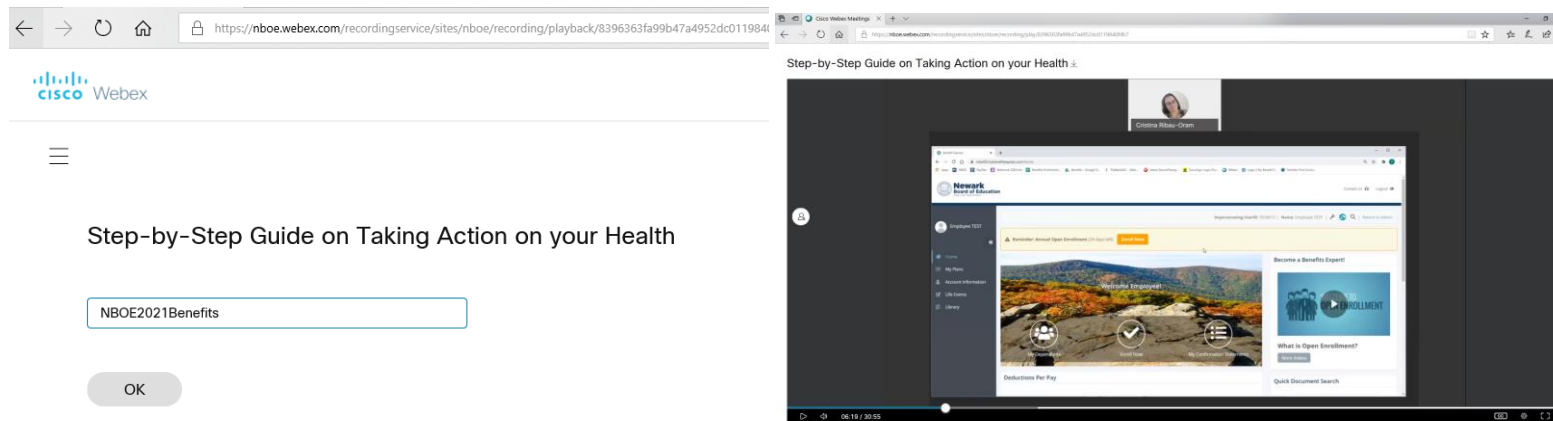
Download Document

Step-by-Step Guide on Taking Action on your Health click [here](#), password required.

Or copy this web address below, and paste into a web browser:

<https://nboe.webex.com/recordingservice/sites/nboe/recording/playback/8396363fa99b47a4952dc0119840fdb7>

Password: **NBOE2021Benefits**



If you have any questions, contact: Human Resource Services – Benefit Services Email: benefits@nps.k12.nj.us Phone: 8:30 am – 5:00 pm at (973) 733-7336.



Thank you for Taking Action on your Health and completing this 2021 Open Enrollment!

Revised on November 6, 2020