



Making It Better, Together.



ACTIVE EMPLOYEE BENEFITS GUIDE

WELCOME TO THE CAMDEN COUNTY

Camden County offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

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ENROLLMENT & ELIGIBILITY

WHO IS ELIGIBLE?

If you are a full-time employee at Camden County you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 35 or more hours per week.

WHEN TO ENROLL?

New hires will have 60 days from your date of hire to complete your benefits enrollment. If you do not enroll within this timeframe, you will not be able to enroll until our next Open Enrollment, unless you experience a Qualifying Life Event.

MAKING CHANGES DURING THE PLAN YEAR (QUALIFYING LIFE EVENTS)

Unless you experience a Qualifying Life Event (QLE), you cannot make changes to your benefits until the next Open Enrollment period.

Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status
- Change in coverage under another employer-sponsored plan

You must notify the Personnel Office within 30 days of experiencing a Qualifying Life Event.



MEDICAL PLAN OPTIONS

As you review your Aetna® medical plan options, remember that all of our plans cover the same services and include the same programs and support.

When you think about your out-of-pocket costs, consider how much you'll pay each month for coverage, whether you'll need to meet an annual deductible, and how much you'll owe when you see a doctor, get lab work, need urgent care and more.

Also think about whether you're okay staying within a provider network to keep your costs lower, or if you want to be able to visit providers outside of your plan's network when you need care. With all Aetna plans, you'll have unrivaled access to quality care, whether locally or across the country.

Of course, in a true emergency, you'll be covered regardless of a provider's network status. And with all of our medical plans, preventive care is covered at 100% with no deductible when you use an in-network provider.



MEDICAL PLAN OPTIONS

LIBERTY PLUS PLAN

This is a new kind of plan that gives you more ways to save and stay healthy, without compromising quality. When you need care, you have two “tiers” of providers to choose from: Tier 1 providers are part of the Aetna Premier Care Network Plus, and Tier 2 providers are part of the nationwide Open Access Aetna Select network. You’ll save money when stay within the Tier 1 network for care. With this plan, no referrals are required, and there’s no out-of-network coverage.

FREEDOM PLANS

With these plans, you have access to the Aetna Choice POS II network when you need care. This is our broadest nationwide provider network. You’ll still have the option to go outside the network for care, but your costs will be higher when you do. Choose from several Freedom plans, each with different copays.

HMO PLAN

This plan is ideal if you want fixed, predictable costs. It’s an in-network-only plan, which means you’ll need to use providers within the nationwide Aetna Select network in order to receive coverage. Each member will have to select a primary care physician (PCP).



MEDICAL PLANS

AETNA AND EXPRESS SCRIPTS

Camden County offers the following medical and prescription drug plans. The medical plan benefits are administered by Aetna, and the prescription drug plan benefits are administered by Express Scripts.

Please note that the retiree plans for retirees under 65 have a copay structure of \$10/\$22/\$44

	AC POS II (NJ DIRECT) 2019	AC POS II \$10	AC POS II \$15	AC POS II \$15/\$25	AC POS PRIOR TO JULY 2019	AC POS \$20/\$30
IN-NETWORK BENEFITS						
DEDUCTIBLE (Individual/Family)	\$100/\$100	N/A	N/A	N/A	N/A	Indv - \$0 Fam -\$0
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$800/\$2,000	\$400/\$1,000	\$400/\$1,000	\$400/\$1,000	\$800/\$2000	Indv - \$800 Fam - \$2000
PREVENTIVE CARE SERVICES	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	\$0 copay	\$0 copay
PCP VISIT	\$15 copay	\$10 copay	\$15 copay	\$15 copay	N/A	Not Required
SPECIALIST VISIT	\$15 copay	\$10 copay	\$15 copay	\$25 copay	\$15 copay	\$20 copay
INPATIENT HOSPITAL	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	\$15 copay	\$30 copay
OUTPATIENT SURGERY	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	100% Covered	100% Covered
OUTPATIENT LAB & X-RAY	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	100% Covered	100% Covered
EMERGENCY ROOM	\$50 copay	\$25 copay	\$50 copay	\$75 copay	\$50 copay	\$125 copay
OUT-OF-NETWORK BENEFITS						
DEDUCTIBLE (Individual/Family)	\$400/\$1,000	\$100/\$250	\$100/\$250	\$100/\$250	N/A	N/A
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	N/A	N/A
COINSURANCE	70%	80%	70%	70%	N/A	N/A
PRESCRIPTION BENEFITS						
RETAIL (UP TO A 30-DAY SUPPLY)						
Generic	\$7 copay	\$3 copay	\$3 copay	\$7 copay	\$7 copay	\$3 copay
Preferred Brand	\$16 copay	\$10 copay	\$10 copay	\$16 copay	\$16 copay	\$18 copay
Non-Preferred Brand	\$16 copay	\$10 copay	\$10 copay	\$35 copay	\$16 copay	\$46 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)						
Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Preferred Brand	\$40 copay	\$15 copay	\$15 copay	\$40 copay	\$40 copay	\$36 copay
Non-Preferred Brand	\$40 copay	\$15 copay	\$15 copay	\$88 copay	\$40 copay	\$92 copay

PREVENTIVE CARE SERVICES

Preventive care services, such as routine physicals and immunizations for adults and children, are covered 100% in-network - no copays, deductibles, or coinsurance!

FIND A PROVIDER

To locate participating providers, visit: www.aetna.com/individuals-families/find-a-doctor.html

MEDICAL PLANS

AETNA AND EXPRESS SCRIPTS

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AC POS II \$20/\$35 w/RX		AETNA OMNIA/LIBERTY PLUS (TIERED PLAN)		HMO
IN-NETWORK BENEFITS		TIER 1	TIER 2	
DEDUCTIBLE (Individual/Family)	\$200/\$500	N/A	\$1,500/\$3,000	N/A
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$2,000/\$5,000	\$2,500/\$5,000	\$4,500/\$9,000	\$7,280/\$14,560
PREVENTIVE CARE SERVICES	Plan pays 100%		Plan pays 100%	Plan pays 100%
PCP VISIT	\$20 copay	\$5 copay	\$20 copay	\$10 copay
SPECIALIST VISIT	\$35 copay	\$15 copay	\$30 copay	\$10 copay
INPATIENT HOSPITAL	Plan pays 80% after deductible	\$150 copay	Plan pays 80% after deductible	Plan pays 100%
OUTPATIENT SURGERY	No charge	\$150 copay	Plan pays 80% after deductible	Plan pays 100%
OUTPATIENT LAB & X-RAY	Plan pays 80% after deductible	\$15 copay	Plan pays 80% after deductible	Plan pays 100%
EMERGENCY ROOM	\$300 copay		\$100 copay	\$35 copay
OUT-OF-NETWORK BENEFITS				
DEDUCTIBLE (Individual/Family)	\$800/\$2,000		N/A	N/A
OUT-OF-POCKET MAXIMUM (Individual/Family)	\$6,500/\$13,000		N/A	N/A
COINSURANCE	60%		N/A	N/A
PRESCRIPTION BENEFITS				
RETAIL (UP TO A 30-DAY SUPPLY)				
Generic		\$7 copay	\$7 copay	\$3 copay
Preferred Brand		\$21 copay	\$16 copay	\$10 copay
Non-Preferred Brand		\$21 copay	\$35 copay	\$10 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)				
Generic		\$0 copay	\$0 copay	\$0 copay
Preferred Brand		\$52 copay	\$40 copay	\$15 copay
Non-Preferred Brand		\$52 copay	\$88 copay	\$15 copay

PREVENTIVE CARE SERVICES

Preventive care services, such as routine physicals and immunizations for adults and children, are covered 100% in-network - no copays, deductibles, or coinsurance!

FIND A PROVIDER

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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 middle of the webpage on the right, click on “**Find A Doctor**”
- **STEP 3:** On right side of page under Guest, 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**”. please refer to your ID card for correct plan selection:

Once you search for a list of doctors, you can click on the provider's name and view information such as:

- Credentials
- Hospital affirmations
- Reviews from other members
- Office hours
- Gender
- Specialty
- Language spoken
- National Provider Number (NPI)

Easily compare up to six doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews, and more.



MANAGE YOUR HEALTH CARE AT HOME OR ON THE GO!

Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View and pay claims on your member website.
- See your ID card online.
- Get cost info before you get care.
- Connect to care
- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

GET STARTED TODAY!

- Visit www.MyAetnaWebsite.com to register for your member website.
- Get the Aetna HealthSM app by texting “**AETNA**” to **90156** to receive a download link. Message and data rates may apply.

UNDERSTANDING YOUR PRESCRIPTION DRUG PROGRAM

HOW TO GET STARTED WITH EXPRESS SCRIPTS HOME DELIVERY

Contact Express Scripts

- For transfers from a retail pharmacy, sign in at www.Express-Scripts.com, or
- Speak with a prescription benefit specialist by calling **800.698.3757** (7:30 a.m. – 5 p.m., Central, Monday-Friday)

DIY—Do It Yourself

- Complete a home delivery order form
- Get a 90-day prescription from your doctor plus refills for up to one year (if applicable)
- Include your home delivery copayment (acceptable forms include credit/debit card, check or money order)
- Mail your form and prescription to Express Scripts at the address on the form. You can also have your doctor ePrescribe or fax your prescription.

Your medication will arrive by mail within 8 days of receipt of your initial prescription.

PLEASE NOTE: Walgreens no longer accepts Express Scripts. To find an in-network pharmacy near you please login to the Express Scripts member portal.

RECOMMENDED DRUG DOSING

Your Prescription Drug plan includes a program that reviews prescribed drug quantities to ensure your medications are being safely prescribed in accordance with FDA guidelines. The drug quantity review program provides the medications you need for good health, while making sure the dose you are receiving is considered safe. For instance, if FDA guidelines allow one pill/dose per day the program will allow a maximum of 30 pills for a month's supply. This quantity will give you the right amount to take for a daily dose considered safe and effective.

The prescription drug formulary is fluid and subject to change, Express Scripts is continuously evaluating drugs and alternatives as they come to market. The best way to find out if a drug is covered and what the copay would be is to reach out to Express Scripts directly.

The SaveonSP program covers certain specialty medications at no cost for eligible members. The 150+ medications included in the program consist of products covering conditions such as Hepatitis C (Hep C), Multiple Sclerosis (MS), Psoriasis, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA), Oncology, and others. To verify your eligibility for please call **800.683.1074**.

PRESCRIPTION ID CARDS



CONNECT TO YOUR DIGITAL PRESCRIPTION ID CARD. ANYTIME. ANYWHERE.

No more digging through cards at the pharmacy counter. Easily create your digital profile at www.express-scripts.com or on the Express Scripts mobile app to gain instant access to your prescription ID card. You can view your card online or on the app, download it to your digital wallet, or even print a card from the Express Scripts site.

To request an ID card from Express Scripts, you can contact them via the online member portal, via the mobile app, or call them directly at **800-698-3757**.

A digital profile also helps you connect to:

- Lower-cost medication options
- Nearby, in-network pharmacies
- More ways to manage your medications

For the temporary ID's below, when visiting a pharmacy make sure to ask the pharmacist to do the following when submitting a claim:

- Enter Bin Number
- Enter Processor Control Number
- Enter Rx Group Number
- Enter 9-digit member ID Number (Employee SSN)
- Enter the members date of birth

Express Scripts

By EVERNORTH

Temporary Pharmacy ID Card

Camden County NJ
* Effective 6/1/2025 *

Pharmacist:

Please enter the listed details below to process the claim. If you have any questions while processing the claim, please call the Express Scripts Pharmacist Help Desk at 1-800-922-1557.

BIN #: **003858**
PCN #: **A4**
RxGrp #: **CTYCARX**
Subscriber ID # or SSN
Patient's Date of Birth

Member Services: **866-716-9799**

** This is a temporary sample ID card. Please visit the Express Scripts website or download the Express Scripts app for your actual ID card.*

CVS MINUTE CLINICS AND HEALTH HUBS



Covered at \$0 or low cost (HDHP) by Aetna and AmeriHealth. Prior to visiting a Minute Clinic or Health Hub, please check with your medical insurer to find out which facilities in your area may be participating with your plan.



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



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.

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

SAVE TIME & 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
• Cold/Flu	• Allergic reactions	• Heart attack
• Allergies	• Bone x-rays, sprains or strains	• Stroke symptoms
• Animal/insect bite	• Nausea, vomiting, diarrhea	• Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath
• Bronchitis	• Fractures	• Coughing up blood
• Skin problems	• Whiplash	• High fever with stiff neck, confusion or difficulty breathing
• Respiratory infection	• Sports injuries	• Sudden loss of consciousness
• Sinus problems	• Cuts and minor lacerations	• Excessive blood loss
• Strep throat	• Infections	
• Pink eye/Eye irritation	• Tetanus vaccinations	
• Urinary issues	• Minor burns and rashes	
• Dermatology		
• Behavioral health		



CVS VIRTUAL CARE

On January 1, 2025, CVS Virtual Care will replace Teladoc for all active Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management

Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Attached is a member flyer that can be shared with Aetna covered members with instructions on how to access CVS Virtual Care, beginning January 1, 2025

Aetna covered members will receive new ID cards with the CVS Virtual Care information, removing any reference to Teladoc. Member ID numbers will not change.

BENEFITS MAC

CONNER STRONG & BUCKELEW

NEED HELP RESOLVING A BENEFITS ISSUE?

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a medical bill
- Are unclear on how your benefits work
- Need help resolving a benefits problem you've been working on

You can contact the Benefits MAC via:

- Phone: 800.563.9929, Monday through Friday, 8:30 am to 5:00 pm
- Web: www.connerstrong.com/memberadvocacy
- E-mail: cssteam@connerstrong.com

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.





City of Camden reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.