2023

SHORE BENEFITS GUIDE

We all have different needs that influence the choices we make every day. We are committed to providing eligible employees the option to choose from a large menu of benefit plans so you can customize your coverage to best fit the needs of your family.









YOUR 2023 SHORE BENEFITS

As a benefits eligible employee, you may elect to enroll in the benefits described in this guide. The benefits outlined in this guide are effective January 1, 2023 through December 31, 2023.

Coverage for new hires will be effective after the applicable waiting period is satisfied.

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BENEFIT RESOURCES

You Can Contact Member Advocacy for Assistance if You:

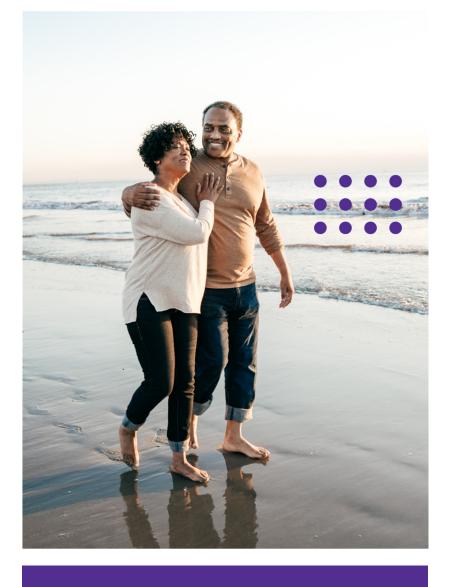
- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (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.

How to Contact Member Advocacy?

You may contact the Member Advocacy Team in any of the following ways:

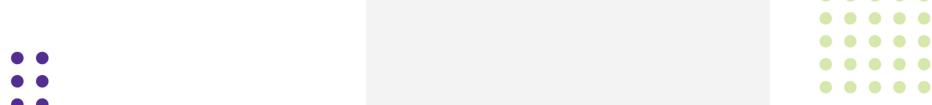
- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web: www.connerstrong.com/memberadvocacy
- Via fax: **856.685.2253**



NEED HELP?

Contact the Benefit Express (WEX) Customer Care Center for website login and password reset assistance from 8:30 am to 7:00 pm (CST) at 877.837.5017.

For additional assistance with benefit or enrollment questions, please contact Shore Medical Center Human Resources at **609.653.3271** or extension 3271 or 4533.



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Eligible employees also have the option to purchase the following voluntary benefits. Voluntary benefits can be used to supplement your core benefits and protect your family's financial future, should you be faced with the unexpected. The cost of these benefits is 100% paid by employees.

Vision - VSP

Our voluntary vision plan is administered by VSP and provides coverage for a range of vision care including exams, frames, contacts and discounts for vision surgery.

Supplemental Life Insurance -**New York Life**

Life insurance offers protection from life's unforeseen events, giving you and your family access to help assist with immediate expenses and other long-term obligations. Shore provides basic life insurance benefits through New York Life.

Additional life coverage is available to you on a voluntary basis through New York Life in order to supplement the Basic Life coverage provided by Shore. Supplemental coverage is also available for spouses and dependents. You must enroll yourself for Supplemental Life coverage prior to enrolling your spouse or dependent(s).

Supplemental STD – New York Life

Short-Term disability insurance can help to protect your income in the event that you become disabled and are unable to work. STD can give you the financial support you need until you are back on your feet and back to work.

Personal Accident Insurance - Cigna

Accidents can happen to anyone. Accident insurance will help pay for medical and other out-of-pocket costs incurred when suffering an accidental injury.

Critical Illness - Cigna

Critical Illness insurance helps offer financial support if you are diagnosed with a covered critical illness. This coverage pays a lump sum cash benefit which can be used for out-of-pocket expenses associated with a covered critical illness.

Legal Plan - MetLife

The Legal Plan provides you and your family with affordable access to a number of valuable legal services from network attorneys. Whether you are closing on a house, filing for divorce, facing a traffic violation, need a will, or filing a consumer complaint, receiving legal advice is important.

Pet Insurance – Nationwide

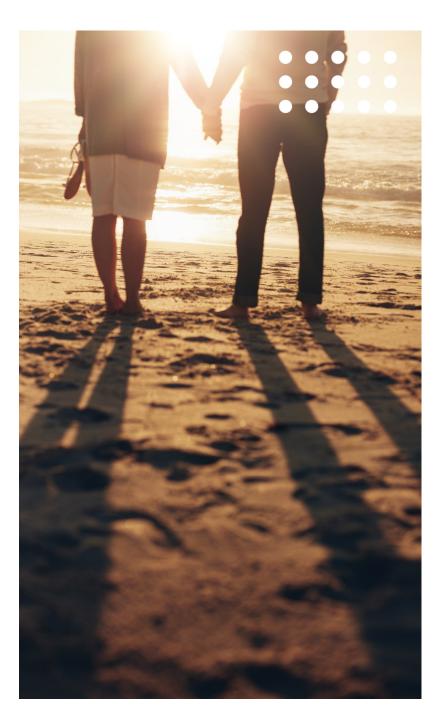
Our pets are our family. When your beloved pet needs care, you want to get them the best care possible. Pet Insurance offers you unbeatable protection against financial loss from large, unexpected veterinary bills, at an affordable price.

Additional plan information and rates are available by visiting www.myshorebenefits.org

ELIGIBILITY & HOW TO ENROLL

Who Is Eligible to Elect Benefits

If you are a benefits eligible full-time employee, regularly scheduled to work 36 or more hours per week, or a part time benefits eligible employee regularly scheduled to work between 24 and 35 hours per week, you may enroll in the benefits described in this Guide.



Online Enrollment Instructions

To review 2023 bi-weekly contributions and to enroll, log on to www.myshorebenefits.org:

- 1. Your username is SMC, followed by your six-digit Employee ID Number.
 - Your password is the first four digits of your birth date followed by the last four digits of your Social Security Number.
 - Click the Login button to enter the site.
 - Once logged into the system, you will be able to change and update your password.
 - If you are adding dependents, you must have the date of birth and social security number for each eligible dependent you wish to enroll. You must use exact name for you and your dependents as it appears on your social security cards. You will NOT be able to choose benefits online if you cannot provide this information for yourself and your eligible dependents.
- SELECTING BENEFIT ELECTIONS: Click "Save and Continue" at the bottom of each page.

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MEDICAL PLAN COMPARISON

AETNA

	PLATINUM 1 PLATINUM 2		
IN-NETWORK (INN) BENEFITS			
Deductible*	\$0	\$0	
Out-of-Pocket Maximum	\$4,950 Single / \$9,900 Family	\$4,950 Single / \$9,900 Family	
Preventive Care / Immunizations	Covered 100%	Covered 100%	
PCP Office Visit	\$35 SPG / \$40 SQP / \$70 INN	\$35 SPG / \$40 SQP / \$70 INN	
Specialist Office Visit	\$45 SPG / \$50 SQP / \$80 INN	\$45 SPG / \$50 SQP / \$80 INN	
Mental Health Visits	\$35 SPG / \$35 SQP / \$70 INN	\$35 SPG / \$35 SQP / \$70 INN	
X-Ray / Radiology Non-Complex	100% SMC / \$25 A.S.I.A. / \$110 INN	100% SMC / \$25 A.S.I.A. / \$110 INN	
X-Ray / Radiology Complex	100% SMC / \$100 A.S.I.A. / \$275 INN	100% SMC / \$100 A.S.I.A. / \$275 INN	
Laboratory	100% SMC / \$125 INN	100% SMC / \$125 INN	
Emergency Room**	\$150	\$200	
Urgent Care	\$45 SMC Urgent Care / \$80 INN	\$45 SMC Urgent Care / \$80 INN	
Inpatient Hospital	\$50 SMC / \$1,300 INN***	\$50 SMC / \$1,500 INN***	
Outpatient Surgery	100% SMC / \$1,000 INN****	100% SMC / \$1,000 INN****	
OUT-OF-NETWORK (OON) BENEFITS			
Deductible*	\$2,000 Single / \$4,000 Family	\$2,000 Single / \$4,000 Family	
Out-of-Pocket Maximum	\$8,500 Single / \$17,000 Family	\$8,500 Single / \$17,000 Family	
Coinsurance (Percentage paid by plan)	70%*	60%*	

^{*} Benefits paid after deductible. PLEASE NOTE: In-Network deductible does not apply for services performed by SMC providers.

Refer to your Summary
Benefits Coverage and
other plan documents for
more benefits detail.

PRESCRIPTION DRUG PLAN

The following prescription drug plan is included for all of the above medical plan options.

	RX (Up to a 30-day supply)	Mail-Order RX (Up to a 90-day supply)		
Generic	\$10 SMC / \$30 Retail	\$10 SMC / \$60 Mail		
Formulary Brand	\$25 SMC / 20% up to \$100	\$50 SMC / 20% up to \$200		
Non-Formulary Brand	\$50 SMC / 40% up to \$200	\$100 SMC / 40% up to \$400		
Specialty Drugs*	30% up to \$200	30% up to \$400		
Pharmacy Out-of-Pocket Maximum	\$2,000 Single/ \$4,000 Family			

All cost share is co-insurance up to the copay limit

For bi-weekly contributions, please log in at www.myshorebenefits.org.

FLEXIBLE SPENDING ACCOUNTS (FSA)



WEX

Flexible Spending Accounts (FSA) allow you to have money deducted from your pay on a pre-tax basis and put into an account that you can use to pay for eligible expenses.

Healthcare FSA

Your Healthcare Flexible Spending Account (FSA) funds can be used to pay for out-of-pocket healthcare expenses incurred by you and your dependents such as plan copays, non-cosmetic dental procedures, eyewear, LASIK eye surgery and more. The maximum you can contribute to the Healthcare FSA is \$3,050. The FSA plan year runs from January 1, 2023 to December 31, 2023.

Dependent Care FSA

The Dependent Care FSA is used for expenses related to the care of eligible dependents. Eligible expenses include Au Pair and baby-sitting services; dependent care to allow you to work or actively seek employment; day camps; preschool or after school programs; and eligible adult/eldercare for adult dependents. For the most current information regarding eligible dependents, providers and expenses, refer to the irs.gov website Publication 503.

The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$2,500.

Two and a Half Month Grace Period

The January 1 to December 31, 2022 Plan Year has a two and a half month grace period extension through March 15, 2023. The FSA Grace Period is an extended period of coverage at the end of every plan year that allows you extra time to incur eligible healthcare and dependent care expenses and use your remaining FSA balance(s) after the close of the plan year.



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^{**} Emergency Room (ER) copay is the same at SMC as well as in-network and out-of-network, not subject to deductible and waived if admitted.

^{***} If inpatient services cannot be performed at SMC, copay will reduce to \$1,000 on Platinum 1 and \$1,200 on Platinum 2

**** If outpatient surgery cannot be performed at SMC, copay will be reduced to \$250 in-network.

^{*} Beginning in 2023, specialty medications will be limited to a 30-day supply per fill. In addition, a new specialty medication program through, SaveOn SP, is being implemented. By opting into the program, member cost share will reduce to \$0 for members taking applicable specialty medications that are part of the program. Any members affected by this change, will be contacted directly by Express Scripts and SaveOn SP.



Shore Medical Center medical plan participants are eligible to receive a discounted medical contributions for being a non-smoker/non-vaper/non-tobacco user according to Shore's policy. In order to receive this discount, you must

• You are a non-smoker/non-vaper/non-tobacco user and you have not smoked a cigarette, e-cigarette, cigar, e-cigar, pipe, e-pipe, e-hookah, or used tobacco/chew products or electronic smoking devices of any kind in any form in the last 180 days.

attest on the myshorebenefits website that:

- You understand that it is your responsibility to notify Human Resources if you should begin to smoke/vape/use tobacco at any future date.
- You understand that Shore Medical Center may require you to re-certify this non-smoker/non-vaper/nontobacco user status in the future, but not more than once a year.
- You understand that if you smoke/vape/use tobacco, you will lose your discount and that your medical and prescription drug plan employee contributions will immediately increase as a result.
- You understand that any dishonest or false representation of your non-smoking/non-vaping/nontobacco use status will result in immediate loss of your discount. This may result in Shore Medical Center requiring you to reimburse them for any amounts reduced from employee contributions for the period in which you claimed you were eligible for the discount.
- If you fail to make appropriate reimbursement payments, Shore Medical Center may deduct such amount from your paycheck.

If you do not meet the criteria above to certify you are a Non-Smoker/Non-Vaper/Non-Tobacco, you have the option to complete a reasonable alternative standard to receive the discount. This reasonable alternative standard is the completion of a smoking cessation program offered by Shore through Atlantic Prevention Resources. A certificate of completion must be provided to Human Resources in order to obtain the discount to medical plan contributions.

Atlantic Prevention Resources

Shore employees are eligible to enroll in the FREE Atlantic Prevention Resources NJDOH Smoking Cessation Program. The program consists of four to six-week group counseling sessions or one-on-one counseling that covers topics such as stress management, coping skills and relapse prevention.

A weekly treatment plan will be created for each client and will include steps that will lead to a tobacco-free life. Clients will receive FREE nicotine replacement therapy.

If you would like more information about the program, please email: Quitcenter@atlprev.org or call 609.804.QUIT.

If you have any questions, please call Human Resources.



GOLD	SILVER	BRONZE	
\$1,000 Single / \$2,000 Family	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family	
4,950 Single / \$9,900 Family	\$6,500 Single / \$13,000 Family	\$6,500 Single / \$13,000 Family	
Covered 100%	Covered 100%	Covered 100%	
\$35 SPG / \$40 SQP / \$70 INN	\$35 SPG / \$40 SQP / \$70 INN	\$35 SPG / \$40 SQP / \$70 INN	
\$45 SPG / \$50 SQP / \$80 INN	\$45 SPG / \$50 SQP / \$80 INN	\$45 SPG / \$50 SQP / \$80 INN	
\$35 SPG / \$35 SQP / \$70 INN	\$35 SPG / \$35 SQP / \$70 INN	\$35 SPG / \$35 SQP / \$70 INN	
100% SMC / \$25 A.S.I.A. / \$110 INN	100% SMC / \$25 A.S.I.A. / \$110 INN	100% SMC / \$25 A.S.I.A. / \$110 INN	
100% SMC / \$100 A.S.I.A. / \$275 INN	100% SMC / \$100 A.S.I.A. / \$275 INN	100% SMC / \$100 A.S.I.A. / \$275 INN	
100% SMC / \$125 INN	100% SMC / \$125 INN	100% SMC / \$125 INN	
\$250	\$300	\$350	
\$45 SMC Urgent Care / \$80 INN	\$45 SMC Urgent Care / \$80 INN	\$45 SMC Urgent Care / \$80 INN	
\$50 SMC / 80%* INN	\$50 SMC / 70%* INN \$50 SMC / 60%* II		
100% SMC / 80%* INN	100% SMC / 70%* INN	100% SMC / 60%* INN	
\$2,000 Single / \$4,000 Family	Not Covered	Not Covered	
\$10,000 Single / \$20,000 Family	Not Covered	Not Covered	
60%*	Not Covered	Not Covered	

When looking up SMC/Aetna providers, you must log into **www.myaetnawebsite.com** to verify benefit plan tier and applicable provider status. This is a Shore Medical Center specific network.

Shore Medical Center has expanded access to virtual mental health providers for 2023. All shore members now have access to a 12-week program through Meru Health to reduce anxiety, stress, depression and burnout; and Brightline virtual mental and behavioral support for children, teens and families. To learn more about these programs by logging into the **www.myaetnawebsite.com** or call the Aetna number on the back of your ID card.



REMEMBER:

Shore Medical Center (SMC), Shore Physicians Group (SPG) and Shore Quality Partners (SQP) offer quality and value with cost savings within each plan choice.

- Maximum Savings: SPG and SMC
- Standard Savings Plus: SQP and Advanced Shore Imaging Associates (A.S.I.A.)
- Standard Savings: Aetna

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DENTAL BENEFITS AETNA

	BASIC PLAN PPO		HIGH PLAN PPO		DMO PLAN
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK ONLY
Calendar Year Deductible Individual/Family**	\$25* / \$75*	\$25* / \$75*	\$25* / \$75*	\$25* / \$75*	None
Calendar Year Maximum (per patient)***	\$1,000	\$1,000	\$2,000	\$2,000	None
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each once per 6 months), Fluoride Treatment (once in a cal yr)	100%	80%	100%	80%	100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	80%	70%	80%	70%	100%
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures, Inlays and Onlays	Not Covered	Not Covered	50%	50%	100%
Orthodontia Benefits	Not Covered	Not Covered	50% (child	50% d and adult)	100% (child only)
Orthodontia Lifetime Maximum (per patient)	Not Covered	Not Covered	\$1,000	\$1,000	None***

- * The deductible applies to basic services on the Basic PPO Plan and to basic and major services on the High Plan.
- ** Combined Participating and Non-Participating Deductible.
- *** Combined Participating and Non-Participating Maximum.
- **** 24 months of comprehensive orthodontic treatment plus 24 months of retention.
- † Aetna will reimburse out-of-network benefits under both the Basic Plan PPO and the High Plan PPO according to the maximum allowable charge (MAC) of the plan's payment, however the dentist may still balance bill up to the usual fees.

To Locate In-Network Dental Providers:

- Go to www.aetna.com
- Select Find a Doctor at the top of the page
- If registered, log into your account under Already a Member?
- Not registered yet? Under Guests, select Plan from an Employer
- Enter your zip code and Select a Plan from the following page
 - For PPO, select Dental PPO/PDN with PPO II
 - For DMO, select DMO/DNO



AETNA DENTAL PLANS

DID YOU KNOW...

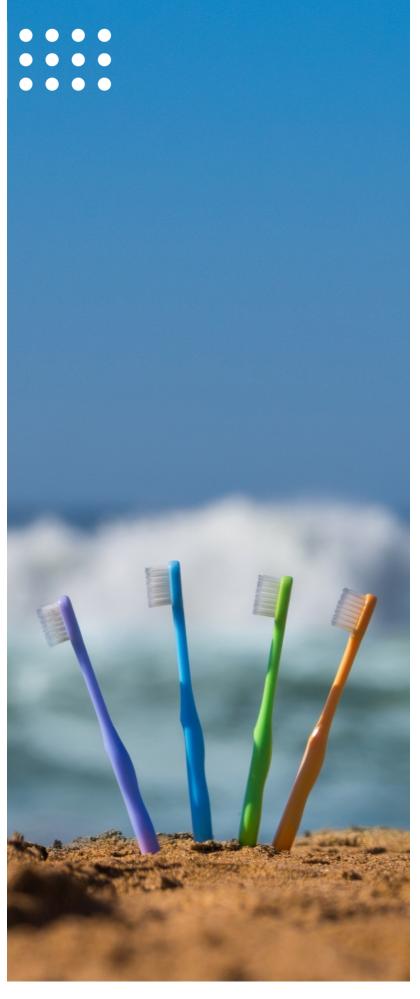
Shore Medical Center offers employees the option to enroll in two types of dental plans, a Preferred Provider Organization (PPO) plan or a Dental Maintenance Organization (DMO) plan. See below for important differences between the plans offered.

High & Basic PPO Plans

- Offers a large national network, but members have a limited maximum annual benefit amount
- Provides both in and out-of-network benefits
- The plan is based on a fee for service model
- No need to select a Primary Care Dentist

DMO Plan

- Offers a small national network, but provides a very high benefit level
- There is no annual maximum benefit
- Provides in-network only benefits
- The plan is based on a fee schedule provided by Aetna
- Members must select a Primary Care Dentist
- You may change your Primary Care Dentist selection on a monthly basis by contacting the Aetna Dental Customer Service Center at 800.872.3862



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