Bayshore Jointure Commission
The Shore Center for Students with Autism
100 Tornillo Way
Tinton Falls, NJ 07712
732 440-1122
www.theshorecenter.org

HEALTH AND DENTAL BENEFIT INFORMATION

- You **MUST** select your Health Benefits in Benefitsolver.
- You will receive an email notification from Tracy Petrino, Paymaster/Health Benefits Administrator- *see sample email notification below.*
- Follow the directions on the "NJDPB Explore Your Benefits" and "How to access your benefits" instruction guide. These are included in your New Hire packet **AND** are attached to Ms.Petrino's email.
- For Dental Benefits *if applicable*, You **MUST** fill out the:
  ENROLLMENT/CHANGE REQUEST - Horizon BCBSNJ Dental Programs form
- For additional questions regarding benefits, payroll and pensions please contact:
  Tracy Petrino
  Paymaster/Health Benefits Administrator
  732 264-8401 ext. 1110
  tpetrino@theshorecenter.org

SAMPLE EMAIL NOTIFICATION

Good afternoon.

As a new employee you must select your Health Benefits in Benefitsolver. See attached.

You must complete the enrollment process in Benefitsolver even if you are waiving benefits.

Please let me know if you have any questions.

Thanks.

Tracy

Tracy Petrino
Bayshore Jointure Commission
Paymaster / Health Benefits Administrator
732-264-8401 ext. 1110
tpetrino@theshorecenter.org

Businessolver
PO Box 887
Ames, IA 50010

NJDPB
Pensions & Benefits
Explore Your Benefits

40254_SONJE

Important News! New Ways to Access Your Health Benefits Online

The New Jersey School Employees' Health Benefits Program (SEHBP) and the New Jersey Division of Pensions & Benefits (NJDPB) are excited to announce a new portal, Benefitsolver, for accessing all your health benefit enrollment needs, including the fall Annual Open Enrollment period.

What You Need to Know

Through Benefitsolver, you can access information about your health benefits and complete your enrollment applications online. You'll be able to add new dependents and upload documentation right to the website, as well as confirm your coverage and get links to all your health benefit vendors. You'll have multiple ways to access the new portal including 24/7 access via a new mobile app.

What You Need to Do

Beginning June 1, 2021, you will be able to log in to review your health benefit information. *

- Navigate to: http://mynjbenefitshub.nj.gov
  a. Click Register
  b. Enter Social Security Number and Date of Birth
  c. Enter Company Key = SHBP/SEHBP
  d. Click Continue

Once you're on the Benefitsolver website, you will be asked to enter your personal email address so we can keep in touch with you – send you reminders, confirmations of enrollment, and important information about how to get the most out of your benefits.

From there, download the MyChoice Mobile App so you can have your benefits at your fingertips – even take a picture of your insurance cards and store them in the app, so you're never without them!

Don't worry, your personal information is safe with us, we don't share this with outside vendors.

Please see the enclosed flyer with detailed information about how you can download the mobile app and have all your benefits information at your fingertips.

If you have questions regarding your benefits, please see your employer or call the NJDPB Office of Client Services at 609-292-7524.

If you have trouble accessing the Benefitsolver website, please see your Human Resources Representative.

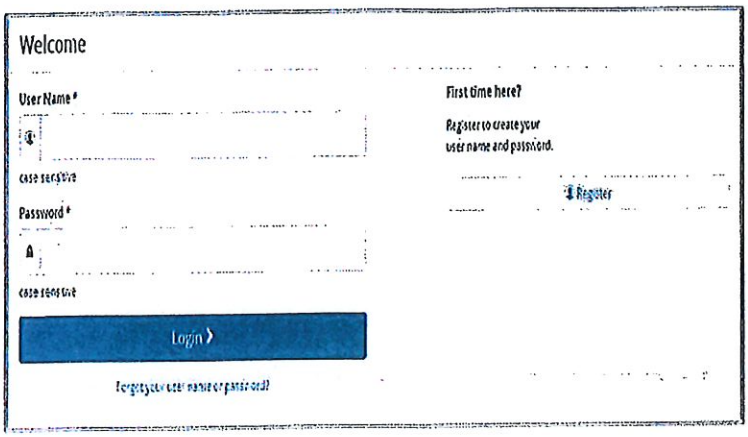
**You may also be able to access Benefitsolver via your myNewJersey account at https://www.state.nj.us/treasury/pensions/*

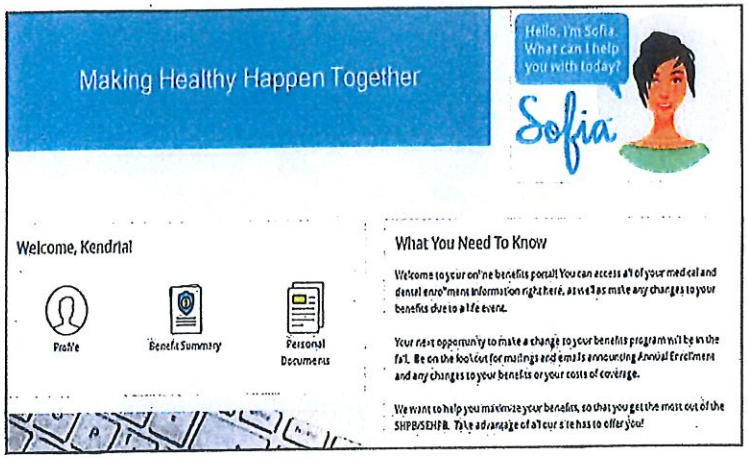
We look forward to assisting you with your health benefits in 2021 and beyond.

Enclosure

How to access your benefits

NJDPB
Pensions & Benefits





HOW TO LOGIN:

Navigate to: http://mynjbenefitshub.nj.gov and click Register.

Enter Social Security Number and Date of Birth.

Company Key = SHBP/SEHBP

LET'S KEEP IN TOUCH

You'll be asked to provide an email address so we can send you the latest information on your benefits, including Annual Open Enrollment information.

EXPLORE YOUR SITE

Explore the site to learn about your benefits. You'll find lots of helpful information in the **Reference Center**.

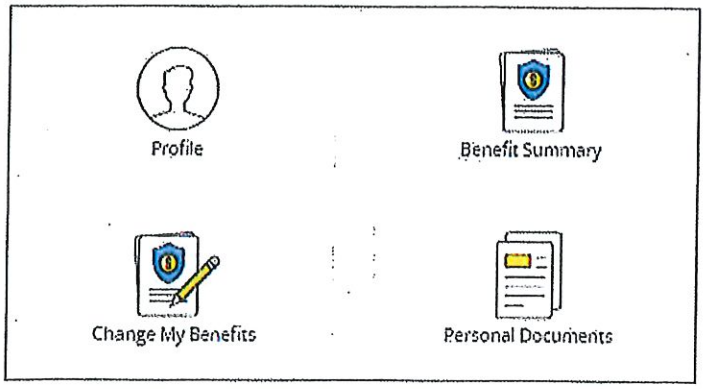
REVIEW YOUR BENEFITS

Click the **Benefit Summary** button on the home page to review your personal information, your covered dependents, and your medical, prescription, and dental plan details.

FOR HELP

Sofia, your personal benefits assistant, can answer questions and guide you through the site.

Contact your local Human Resources Department, Benefits Administrator, or your Certifying Officer for additional assistance.



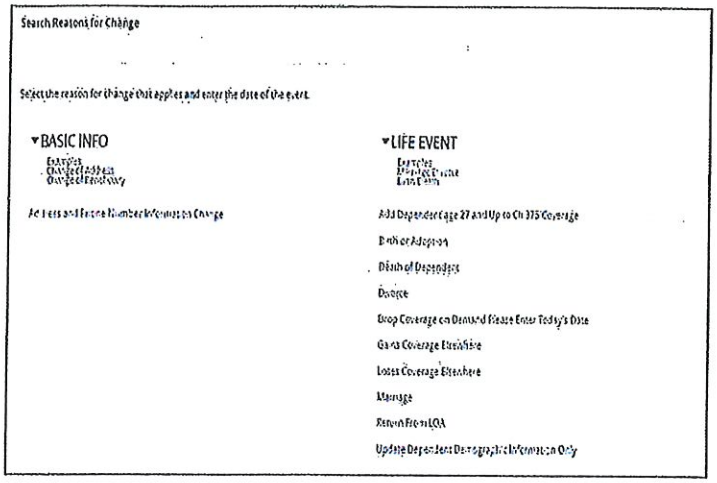
CHANGE YOUR BENEFITS OR INFORMATION

To report a Qualifying Life Event, such as a Marriage or Birth/Adoption, start by clicking the Change My Benefits button.

Select your Life Event from the Life Event box and enter the effective date of the change.

To change your contact information, start by clicking the Change My Benefits button.

Select Basic Info and click Address and Phone Number Information Change. Enter the effective date of the change.



CONTINUE YOUR CHANGE

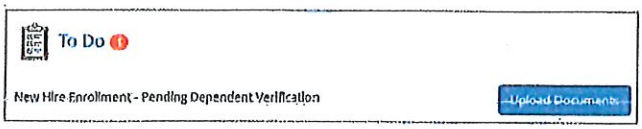
The next set of screens will walk you through your enrollment step by step, showing you the available options relevant to the change you'd like to make.

Make sure your personal information, elections, and dependents are accurate, then click **Looks Good!**

To complete your transaction, click **Approve**. On the Confirmation screen, click **I Agree.**

If you've added new dependents, you will be prompted to provide supporting documentation. Your employer will verify all uploaded documents before your dependent is approved.

When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.

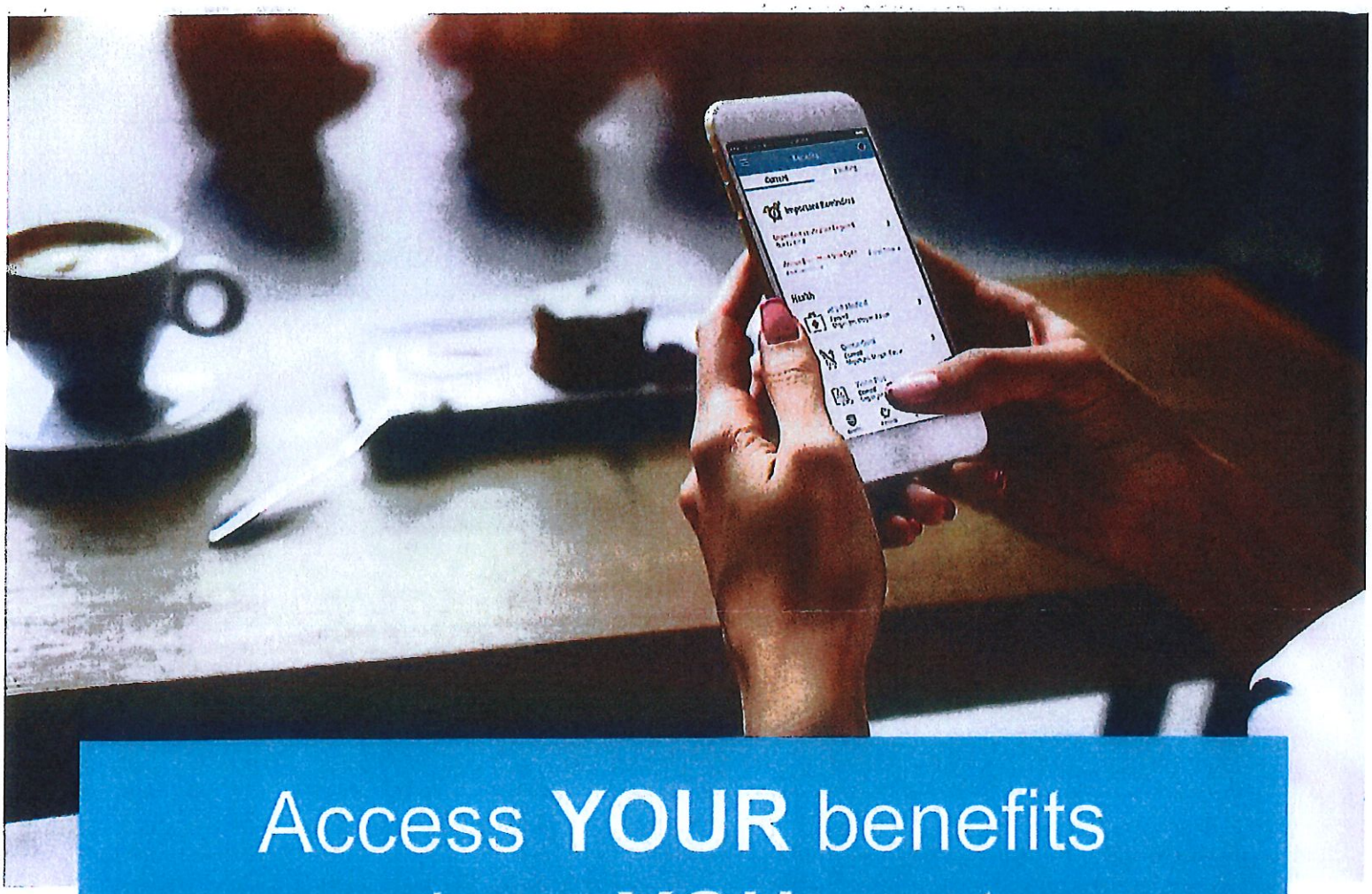


AFTER YOU ENROLL

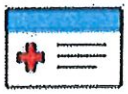
Return to the Home page to check for any additional tasks needed to complete your enrollment. View or download your Benefit Summary, and download the **MyChoice Mobile App.**

Visit this site anytime you want to learn more about your benefits or even search for a new provider and Book an Appointment using **Amino!**

amino



Access **YOUR** benefits where **YOU** want



Never again be stuck at the doctor's office without your ID card.

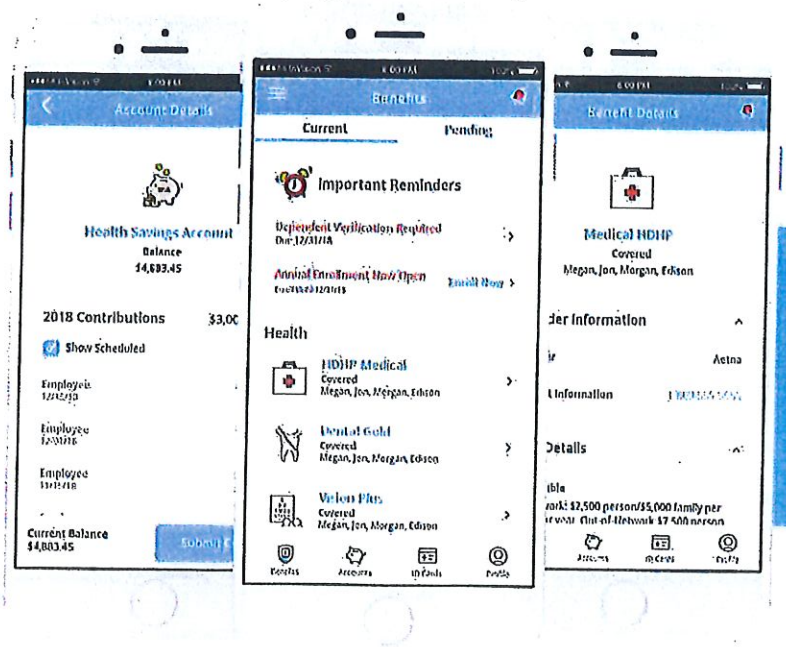
Getting married or having a baby? Upload your dependents here.

Find out if your benefits cover that upcoming surgery.

Call or chat with a Member Services Advocate at anytime, day or night.

NJDPB Pensions & Benefits

MyChoice℠ MOBILE APP



NJDPB
Pensions & Benefits

Explore Your Benefits

All your benefits in the palm of your hand

All of your benefits information on the MyChoice℠ Mobile App!

This is one app you will definitely want to download to make your life much easier. Here are some of the valuable features the MyChoice app offers you:

Current Benefits – View your current medical, dental, vision plans, medical savings accounts, voluntary and supplement benefits.

Beneficiaries – View your listed primary and contingent beneficiaries for applicable insurance policies.

Messages – Stay on top of important deadlines, send and receive important documentation in regards to your benefits, such as dependent verification and EOI.

ID Card – View your virtual card. Keep all of your Medical ID information at the tip of your fingers!

Contact Info – Easily contact a representative for general questions about your benefits, benefits enrollment, life events or required documentation.

You can do all this with a few taps of a finger, plus much more!

My Choice

Download the app now!
Once you download it, log into **Benefitsolver** to receive your access code.

Download on the App Store

GET IT ON Google Play

Horizon

Horizon Blue Cross Blue Shield of New Jersey

ENROLLMENT/CHANGE REQUEST

Horizon BCBSNJ Dental Programs

P.O. Box 1710
Newark, NJ 07101-1938
www.HorizonBlue.com/dental
1-800-4DENTAL

Reset Form

Group Information - To Be Completed by Employer

	Group Number	Subgroup Number
BAYSHORE JOINURE COMMISSION	096829	000

A. Type of Activity - To Be Completed by Employer *Refer to instructions on back before completing this form. Print clearly.*

1. Enrollment
☐ New Subscriber
Effective Date
__/__/__
Date of Hire
__/__/__

2. Change - *Check all that apply.*

	Date of Event	Reason
☐ Add Spouse	__/__/__	
☐ Domestic Partner		
☐ Civil Union Partner	__/__/__	
☐ Add Dependent Child	__/__/__	
☐ Name Change	__/__/__	
☐ Change Plan	__/__/__	
☐ Other	__/__/__	
☐ Add/Change Dentist Office ID		

3. Remove or Terminate - *Check all that apply.*

	Effective Date	Reason
☐ Remove Spouse/Domestic Partner/ Civil Union Partner*	__/__/__	
☐ Remove Dependent Child*	__/__/__	
☐ Employee Withdrawal/Termination	__/__/__	

Note: Employee must be enrolled for spouse/domestic partner/civil union partner/ dependent(s) to have coverage.
*Please complete Add/Change/Remove and Name columns in Section D.

4. Continuation of Coverage, i.e., COBRA, State, Total Disability
Not all options are available. Contact Employer for available options.
Coverage For: ☐ Employee ☐ Dependents
Length of Continuation: ☐ 18 mos ☐ 29 mos* ☐ 36 mos ☐ Total Disability
Date of Loss of Coverage: __/__/__
Date of Qualifying Event: __/__/__
*Attach proof of disability

B. Employee Information - Complete Sections B - G

Social Security Number	Last Name, First Name, M.I.		Home Telephone ( )
Home Address	Apt. No.	City, State	ZIP Code
Employer Name			Work Telephone ( )
Work Address		City, State	ZIP Code
Date of Employment		Hours Worked	

C. Plan Option - Your selection must be offered by your employer.

Horizon BCBSNJ	Horizon Healthcare Dental	Contract Type
☐ Horizon Dental Traditional	☐ *Horizon Dental Choice	☐ S - Single ☐ F - Family
☐ Horizon Dental Option	☐ *Horizon TotalCare Dental	☐ 2 Adults
☒ Horizon Dental PPO		☐ P/C - Parent & Child
☐ Horizon Dental PPO Access		

*Please select Dentist Office ID Number-Section D

D. Individuals Covered - List individuals for whom you are adding/changing/removing coverage. Attach sheet to list additional children. Attach proof if full-time college student. Attach proof of disability.

	(A)dd (C)hange (R)emove	Last Name, First Name, M.I.	Sex M F	Birthdate MM DD YYYY	Social Security Number	Other Dental Coverage Check if Yes	Dentist Office ID Number (if applicable)	NPI Number	Current Patient Check if Yes	Previous Coverage Check if Yes
Employee			☐ ☐	/ /		☐			☐	☐
Spouse			☐ ☐	/ /		☐			☐	☐
Domestic Partner			☐ ☐	/ /		☐			☐	☐
Civil Union Partner			☐ ☐	/ /		☐			☐	☐
Child			☐ ☐	/ /		☐			☐	☐
Child			☐ ☐	/ /		☐			☐	☐
Child			☐ ☐	/ /		☐			☐	☐

E. Other/Previous Insurance

Is your Spouse/Domestic Partner/Civil Union Partner Employed? ☐ Yes ☐ No If "Yes," give name & address of spouse's/ Domestic Partner's/Civil Union Partner's employer.

If "Yes" to Other Dental Coverage (Section D), give name & policy number of insurance carrier, HMO, or other source.

If "Yes" to previous coverage, identify name(s) of persons, give effective date and date coverage terminated, name of previous carrier and plan number and submit a copy of the Certificate of Credible Coverage issued by the previous carrier, if available.

F. Dependent Information

Does any dependent listed in Section D live at a different address than the Employee? ☐ Yes ☐ No If "Yes," who and at what address?

Explain the circumstances.

If any dependent's last name differs from yours, explain the circumstances.

G. Employee Signature

If you have any questions concerning the benefits and services provided by or excluded under this contract, contact a benefits representative at your company before signing this form.

I represent that all the information supplied in this enrollment/change request form is true and complete. I hereby agree to the conditions of enrollment on the reverse side of the employee copy of this enrollment/ change request. I authorize deductions from my earnings for any required contribution.

Employee Signature - *Required*
X

Date __/__/__

E-Mail Address

H. Employer Verification - To Be Completed by Employer

Employer Signature - *Required*
X

Title Payroll HB Administrator

Date __/__/__

Employee copy may be used as a temporary ID card for 30 days from the effective date if authorized by employer. Coverage must be verified with Horizon BCBSNJ Dental Programs prior to visiting a specialist or admission to a hospital.

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.