



New Jersey Turnpike Authority

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June 23, 2022

TO ALL PROPOSERS:

RE: New Jersey Turnpike Authority
Request for Proposals
Health Benefits Consulting Services
RM-170771

Responses to Inquiries

Dear Sir/Madam:

Below are the New Jersey Turnpike Authority's responses to inquiries received with respect to the above-referenced Request for Proposals ("RFP").

Responses to Inquiries:

1. Confirm that the procurement, besides stop loss, is excluded from the requested scope of services at this time.

ANSWER: The Authority's procurement for its self-funded medical plan is not part of this scope. The only procurement is for marketing stop loss.

2. Can you confirm that the implementation of any potential plan changes are deemed out of scope currently?

ANSWER: The Authority may require implementing benefit plan design changes during this contract, and assistance with these changes would be considered within the scope of services.

3. Plan Compliance Audit – It would be helpful if you could share the report from any previous audit.

ANSWER: The Authority has not had a Plan Compliance Audit in the current contract.

4. How many plans are offered for all benefit coverages including by enrollee status, and how many different type of employee contributions are currently in place?

ANSWER: The following grid highlights the number of MEDICAL plans administered by the Authority, the number of subscribers enrolled as of 12/31/2021, and the status of the plans (active vs. legacy).

Medical Plans	Direct Access	HMO	Tiered HMO	HDHP	Point of Service	Indemnity	Waived	TOTAL
Total Plans	6 Plans	10 Plans	1 Plan	1 Plan	2 Plans	4 Plans		24 Plans
Legacy Plans	4 Legacy	8 Legacy			2 Legacy	4 Legacy		18 Legacy
Active Enrolled	1584	91	156	8	0	0	151	1990
Pre-65 Enrolled	531	28	0	0	11	2	2	574
Post 65 Enrolled	872	80	0	0	115	614	13	1694

- a. Can you share current the rates and contributions workbook, or the report for the 2022 plan year?

ANSWER: See Exhibit A.

5. We need clarification on “the term extended dependent coverage”.

ANSWER: DU31, P.L. 2005, c. 375, is a New Jersey law that allows children older than the child-dependent age in a parent’s coverage to elect to remain covered until age 31, if certain other eligibility standards are met. The Authority refers to this coverage as Extended Dependent Coverage and allows eligible dependent children to be covered to the age of 30 at a fee.

6. Can you clarify the following “The Consultant will be required to compare their rates to the applicable rates of the respective New Jersey State Health Benefit Plan”?

ANSWER: The Authority maintains its own Health and Welfare plans but may require comparing its benefits and costs to those in the NJSHBP for analysis purposes only.

7. For the stop loss marketing, how many vendors did the marketing include in prior years?

ANSWER: The Stop Loss marketing effort is handled by the Benefit Consultant as needed. In the past, the program has been solicited to up to 25 vendors for consideration.

8. What are the annual/monthly premiums associated with each specific line of coverage currently being offered (at a minimum please provide this information for your medical coverage)? Knowing this information will allow us to submit a more customized proposal

response, and present accurate cost savings opportunities/projections specific to the New Jersey Turnpike Authority.

ANSWER: There are no annual premiums as the Authority is self-insured. Gross medical costs for all employees and retirees was \$67.5 Million in 2021 based on 4,100 subscribers.

9. Is the NJTA willing to share its current Stop Loss and Pharmacy contracts and/or detailed medical claims reports/past years' medical renewals with us so that our internal Underwriting team can provide a forensic underwriting analysis of your current medical program to identify specific areas where improvements and cost savings would be realized? We are certainly willing to sign a Non-Disclosure Agreement before receiving this information if required.

ANSWER: The Authority is not willing to share this information at this time but may do so with the successful proposer.

10. Does the current CVS Health/Caremark Pharmacy Benefit Manager (PBM) contract provide the NJTA with Rx rebates only, Rx rebates along with a credit on your administrative services contract (reduced PEPM fee), or just a credit on your administrative services contract only?

ANSWER: The Authority's negotiated contract with CVS Caremark provides for the payment of 100% of the Rx Rebates. Rebates are paid quarterly.

11. Specific to your Union Labor Life Insurance Company (ULLICO) Stop Loss contract, does your contract allow lasers? If so, are there any currently enrolled members with an active lasered specific deductible in place?

ANSWER: The current ULLICO Stop Loss agreement does not allow lasers for the current contract period.

- a. Will you please share how many members have an active laser, along with the specific deductible associated with each active laser, if there are any?

ANSWER: There are no lasered members with the current stop loss contract.

12. Please confirm that there are no additional commissions built into your current Stop Loss, Rx and/or ASO contracts (many times these commissions do not have to be disclosed to clients/publicly so many groups are unaware that they even exist), and that all broker compensation is paid directly by the NJTA as a fee-for-service?

ANSWER: This response will confirm that there are no additional broker commissions built into any contract the Authority has with the incumbent Benefit Consultant. All compensation is paid directly by the Authority on a fee-for-service basis.

13. We would prefer to propose an all-encompassing annual fee-for-service compensation arrangement, as opposed to submitting "billable hours" for specific services/tasks to be

completed (as outlined in proposal section IV E). We have the internal Technical Resource Team to meet, and exceed, every requirement listed within the NJTA's RFP and will provide direct, unlimited access to the various team members (Principal, Firm or Partner/Actuary/Consultant/ERISA Compliance Attorney/Pharmacy Benefit Consultant/Population Health Director/Technology Consultant/Communications Specialists/etc.) as needed at no additional cost above and beyond our proposed annual fee-for-service. Is the NJTA open to this type of compensation agreement, or do you require the consultant bill by the hour for the specific services/tasks outlined within the RFP?

ANSWER: The Authority is requesting that proposers propose an all-encompassing fee each for the Core Services, the annual Plan Rate Review, the Stop Loss Marketing (when needed), and the EGWP analysis. There may be a situation when the Authority may need assistance with a benefit-related project that is "Outside of the Scope" of this contract. In the event of such a project, the Authority will request the Benefit Consultant to price-out its services to conduct the project before it is approved. The cost of the project will be based on the time and cost on these "billable" hours.

14. Who is the NJTA's current Employee Benefits broker, and what is their total annual compensation?

ANSWER: The Authority's incumbent Health Benefits Consultant is the Segal Company.

15. Are there any current/future business initiatives being implemented/considered by the NJTA at this time that should be addressed in the RFP response (changing/upgrading current vendors/providers or considering partnerships with new vendors – i.e., Payroll/HCM/Ben Admin/EAP/Wellness/Disease Management/etc.)?

ANSWER: The Authority is not considering any future business initiatives at this time other than those with its current Third Party Administrators.

16. How long the relationship has been in place with your current broker/consultant?

ANSWER: The Authority has had various contract relationships with the Segal Company since 2012.

17. Why is the Authority going to bid for broker/consultant services? Are there issues with the current partner today?

ANSWER: The Authority is in the procurement process for the Benefit Consultant services since the term of the current contract will be ending.

18. Does the incumbent broker/consultant have particular areas of strength that you would like to maintain or any particular areas of weakness that you would like to see improved or enhanced if you were to make a change?

ANSWER: The Authority is seeking a proposal based on the scope of services provided in the RFP highlighting the strengths and weaknesses of the proposer.

19. Does the Authority run a calendar year plan (1/1-12/31) or off-cycle plan year?

ANSWER: The Authority's Benefit Plan years coincide with the calendar year for all of its coverages.

20. Does the Authority provide group voluntary benefits (i.e. accident, critical illness, hospital indemnity, among many others)?

ANSWER: The Authority does not sponsor voluntary benefits for its employees or retirees. The Authority does sponsor a supplemental disability coverage on four of its unions at the members option and cost.

21. Are the retirees both pre-65 and post-65 Medicare-eligible, or one or the other?

ANSWER: The Authority permits both pre-65 and post-65 to participate in its Health and Welfare program if they meet the eligibility requirements for coverage.

22. If pre-65, are the retirees offered the same health plan(s) as employees?

ANSWER: The Authority offers its retirees the same coverage into retirement they had as an active employee if they meet the eligibility requirements for coverage.

23. If Medicare-eligible retirees, does the Authority offer a MAPD or Medicare Supplement plan?

ANSWER: The Authority does NOT offer a MAPD or a Medicare Supplemental Plan to its retirees. The Authority does require those post-65 retirees to enroll in Medicare Parts A & B to participate in its medical program. The Authority also participates in the Retiree Drug Subsidy program with CMS.

24. Are retirees allowed to disenroll and reenroll on the plan?

ANSWER: The Authority does allow retirees to disenroll and reenroll in its Health and Welfare program. However, for those retirees that require contributions, they will be required to pay back the contributions from the time they drop the coverage.

25. Does the Authority offer a wellness program/initiative? If not, is this a consideration for a future strategic initiative?

ANSWER: The Authority does offer a wellness program. The Authority would certainly consider any future strategic initiative if it is in the best interest of their Health and Welfare program and its participants.

26. How are data and analytics provided today? Do you utilize a data warehouse product? Is the information typically provided by your health carriers or consultant/broker?

ANSWER: The Authority receives its data analytics from its third-party administrators directly.

27. Who is the Authority's benefits administrator/platform?

ANSWER: The Authority's benefits are administered by the Benefit Section as part of its Human Resources Department. PeopleSoft is the HRIS system platform utilized.

28. Do you have an online enrollment system/platform? If so, what system is utilized?

ANSWER: The Authority does NOT have an online enrollment system/platform currently. PeopleSoft is the HRIS system platform utilized.

29. Are the eight (8) unions offered different plans and/or rates?

ANSWER: The Authority offers the same benefits and rates to the eight different unions and non-aligned employees. There is one dental plan that is unique to one union not offered to the other participants.

30. Will the broker/consultant be required to participate in union negotiations?

ANSWER: The Authority may reach out to the Benefit Consultant for assistance in union negotiations as it relates to benefits (pricing, contributions, etc.).

31. Who do you consider your peer group for benchmarking purposes?

ANSWER: The Authority's peer group for benchmarking purposes would include New Jersey (region), 1,000-5,000 workers (firm size), and State Government and Transportation (Industry). The NJSHBP is the main benchmark for benefits and cost.

32. Have you had specific compliance issues that led you to an audit?

ANSWER: The Authority has not had any specific compliance issues that required an audit.

33. Please confirm whether finalist meetings will be conducted via on-site or virtual?

ANSWER: The Authority will be conducting on-site meetings. However, a virtual meeting may be requested to accommodate a finalist.

34. Do you anticipate marketing any vendors/coverages over the term of the new broker/consultant agreement? If so, which ones?

ANSWER: The Authority does not anticipate marketing any vendors/coverages during the term of this Benefit Consultant agreement other than the Stop Loss.

35. Are there currently any open competitive bids that will materially affect the program and process for 2023 planning?

ANSWER: There are no open competitive bids that will materially affect the program and process for the 2023 planning.

36. How are competitive bids handled—internally by Procurement or externally by your broker/consultant?

ANSWER: The Authority's competitive procurements are handled in accordance with its Procurement policies and procedures. The Benefit Consultant will work closely with the Authority's Procurement area on any competitive bids.

37. How often are competitive bids to be conducted and when was the last bid conducted for each line of coverage?

ANSWER: The Authority's contracts with its incumbent health and welfare third party administrators are all for three-year terms with two one-year renewal options. The Authority does not intend to rebid any of these contracts before 2026 for January 1, 2027 effective dates. However, should a situation arise where a competitive bid is required before this time, the Authority will address this at that time.

38. What are the annual fees, commissions and/or commission levels paid to the current consultant/broker today?

ANSWER: The Authority compensates its incumbent Benefit Consultant on a fee-for-service basis. There are no commissions paid on any of the coverages.

39. Within the health and welfare consulting industry, contingent commission, incentives, and bonuses are often the norm. Is the Authority open to allowing the chosen consultant to receive such payments, which in turn will be used to offset fees or used for out-of-scope permissible services?

ANSWER: No. The Authority is only interested in a fee for services basis.

40. Are there commissions included with any vendors today?

ANSWER: See Answer # 39.

41. Is any part of the fees to the Authority's current broker/consultant paid with commissions?

ANSWER: See Answer #39.

42. Can you provide the 2022 Benefits Guide or Open Enrollment material describing more details on the benefits offered and their differences, for both employees and retirees?

ANSWER: See Exhibit A.

43. Will the Authority provide a current census file for use for this proposal or to prepare for finalist meetings? Data should include employee and retiree demographics (DOB, gender, zip code), enrollment across all plans including tier, contributions/cost, and unique identifier (EEID). We are not requesting SSNs.

ANSWER: See Answer #4.

- a. If a census is not able to be provided, can you provide counts of employees and retirees enrolled with each vendor?

ANSWER: See Answer #4.

44. What is the average employee turnover rate?

ANSWER: The average employee turnover rate is currently less than 3%.

45. Will the Authority consider limiting vendor's direct damages and waiving all indirect and consequential damages?

ANSWER: Please refer to Section I of the RFP which states:

A DRAFT FORM OF THE SERVICES AGREEMENT IS ATTACHED. (See Appendix 1). ANY PROPOSED MODIFICATIONS TO THE SERVICES AGREEMENT MUST BE IDENTIFIED AND SUBMITTED WITH YOUR RESPONSE TO THIS RFP; OTHERWISE, BY SUBMISSION OF YOUR RESPONSE, YOU WILL BE DEEMED TO HAVE ACCEPTED THE SERVICES AGREEMENT ATTACHED HEREIN AND WILL BE FORECLOSED FROM NEGOTIATING ANY CHANGES TO THE SERVICES AGREEMENT.

The Authority will review all proposed modifications as part of the RFP review process.

46. Will the Authority consider limiting vendor's indemnification obligations to third party claims?

ANSWER: See Answer 45.

47. Will the Authority consider limiting vendor's indemnification obligations arising only out of gross negligence, willful misconduct, and fraudulent activities?

ANSWER: See Answer 45.

48. Will the Authority consider waiving all implicit warranties?

ANSWER: See Answer 45.

49. Will the Authority accept a Limit of Liability provision in final contracting?

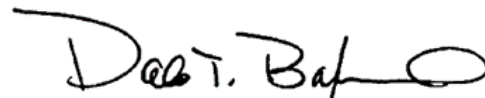
ANSWER: See Answer 45.

50. Does the Authority have any preferred MBE/WBE/Veteran Owned vendors that should be considered in response to this RFP?

ANSWER: There are no preferred SBE/MBE/WBE/DVOB vendors that should be considered in response to this RFP. However, the Authority strongly encourages SBE/MBE/WBE/DVOB participation to the extent possible.

PROPOSALS ARE DUE ON Thursday, July 7, 2022 at 4:00 PM EST.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dale T. Barnfield". The signature is fluid and cursive, with a large loop at the end.

Dale Barnfield
Director
Procurement and Materials Management



Exhibit A

THE NEW JERSEY TURNPIKE AUTHORITY HEALTHCARE CONTRIBUTION CHARTS 2022

EMPLOYEE ONLY COVERAGE OPTIONS

SALARY RANGE	MEDICAL PLANS					RX PLANS		DENTAL PLANS		VISION PLANS	
	\$ OMNI1R OMNIA MEDICAL ONLY	\$\$ HD15CR HIGH DEDUCTIBLE MEDICAL & RX	\$\$\$ HMO5R & EPO5R HMO MEDICAL ONLY	\$\$\$\$ DACH6R DIRECT ACCESS *NEW* MEDICAL ONLY	\$\$\$\$\$ DACH4R DIRECT ACCESS PREMIER MEDICAL ONLY	\$ RXVF1R VALUE FORMULARY	\$\$ RXACFR ADVANCED CONTROL FORMULARY	DENT4R LOCAL 196 ONLY	DENT5R ALL OTHER EMP.	VISD2R PAIRED W/ HMO5R & EPO5R	VISD3R ALL OTHER EMP.
Less than \$20,000	1.40%	1.40%	1.50%	1.70%	\$46.41	0.31%	0.34%	\$2.17	\$2.51	\$0.27	\$0.27
\$20,000-\$24,999	1.40%	1.50%	1.60%	1.80%	\$56.72	0.33%	0.37%	\$2.65	\$3.07	\$0.33	\$0.33
\$25,000-\$29,999	1.60%	1.70%	1.80%	1.90%	\$77.35	0.35%	0.39%	\$3.62	\$4.19	\$0.45	\$0.45
\$30,000-\$34,999	1.80%	1.90%	2.00%	2.10%	\$103.13	0.39%	0.43%	\$4.82	\$5.59	\$0.59	\$0.59
\$35,000-\$39,999	1.80%	1.90%	2.00%	2.20%	\$113.45	0.40%	0.44%	\$5.30	\$6.14	\$0.65	\$0.65
\$40,000-\$44,999	1.80%	2.00%	2.10%	2.30%	\$123.76	0.41%	0.46%	\$5.79	\$6.70	\$0.71	\$0.71
\$45,000-\$49,999	1.90%	2.00%	2.20%	2.50%	\$144.39	0.42%	0.47%	\$6.75	\$7.82	\$0.83	\$0.83
\$50,000-\$54,999	2.20%	2.30%	2.40%	2.60%	\$206.27	0.48%	0.54%	\$9.65	\$11.17	\$1.19	\$1.19
\$55,000-\$59,999	2.20%	2.40%	2.50%	2.70%	\$237.21	0.51%	0.56%	\$11.09	\$12.85	\$1.37	\$1.37
\$60,000-\$64,999	2.50%	2.60%	2.80%	2.90%	\$278.46	0.55%	0.61%	\$13.02	\$15.08	\$1.61	\$1.61
\$65,000-\$69,999	2.60%	2.70%	2.90%	3.00%	\$299.09	0.56%	0.63%	\$13.99	\$16.20	\$1.73	\$1.73
\$70,000-\$74,999	2.60%	2.70%	2.90%	3.10%	\$330.03	0.56%	0.63%	\$15.43	\$17.87	\$1.90	\$1.90
\$75,000-\$79,999	2.60%	2.70%	2.90%	3.30%	\$340.35	0.58%	0.64%	\$15.91	\$18.43	\$1.96	\$1.96
\$80,000-\$84,999	2.60%	2.80%	3.00%	3.40%	\$350.66	0.59%	0.65%	\$16.40	\$18.99	\$2.02	\$2.02
\$85,000-\$89,999	2.60%	2.80%	3.00%	3.40%	\$350.66	0.59%	0.65%	\$16.40	\$18.99	\$2.02	\$2.02
\$90,000-\$94,999	2.60%	2.80%	3.00%	3.40%	\$350.66	0.59%	0.65%	\$16.40	\$18.99	\$2.02	\$2.02
\$95,000-\$99,999	2.60%	2.80%	3.00%	3.40%	\$360.97	0.59%	0.65%	\$16.88	\$19.55	\$2.08	\$2.08
\$100,000-\$109,999	2.60%	2.80%	3.00%	3.40%	\$360.97	0.59%	0.65%	\$16.88	\$19.55	\$2.08	\$2.08
\$110,000 and Over *	\$241.67	\$241.67	\$245.83	\$311.67	\$360.97	\$56.25	\$62.50	\$16.88	\$19.55	\$2.08	\$2.08

*Note that the HD15CR plan includes prescription drug and the NJ Turnpike Authority contributes \$300 to the Health Savings Account (HSA).

**You do not need to pick a prescription plan if you choose the high deductible medical plan.



THE NEW JERSEY TURNPIKE AUTHORITY HEALTHCARE CONTRIBUTION CHARTS 2022

EMPLOYEE & CHILD/CHILDREN COVERAGE OPTIONS

SALARY RANGE	MEDICAL PLANS					RX PLANS		DENTAL PLANS		VISION PLANS	
	\$ OMNI1R OMNIA MEDICAL ONLY	\$\$ HD15CR HIGH DEDUCTIBLE MEDICAL & RX	\$\$\$ HMO5R & EPO5R HMO MEDICAL ONLY	\$\$\$\$ DACH6R DIRECT ACCESS *NEW* MEDICAL ONLY	\$\$\$\$\$ DACH4R DIRECT ACCESS PREMIER MEDICAL ONLY	\$ RXVF1R VALUE FORMULARY	\$\$ RXACFR ADVANCED CONTROL FORMULARY	DENT4R LOCAL 196 ONLY	DENT5R ALL OTHER EMP.	VISD2R PAIRED W/ HMO5R & EPO5R	VISD3R ALL OTHER EMP.
Less than \$20,000	1.60%	1.70%	1.80%	1.90%	\$53.42	0.35%	0.39%	\$3.55	\$4.11	\$0.31	\$0.31
\$20,000-\$24,999	1.60%	1.70%	1.80%	2.00%	\$53.42	0.36%	0.40%	\$3.55	\$4.11	\$0.31	\$0.31
\$25,000-\$29,999	1.70%	1.80%	1.90%	2.10%	\$68.69	0.45%	0.50%	\$4.56	\$5.28	\$0.40	\$0.40
\$30,000-\$34,999	1.80%	1.90%	2.00%	2.30%	\$91.59	0.45%	0.50%	\$6.08	\$7.04	\$0.53	\$0.53
\$35,000-\$39,999	1.80%	1.90%	2.00%	2.40%	\$106.85	0.45%	0.50%	\$7.09	\$8.21	\$0.62	\$0.62
\$40,000-\$44,999	1.80%	2.00%	2.10%	2.50%	\$122.11	0.45%	0.50%	\$8.10	\$9.38	\$0.70	\$0.70
\$45,000-\$49,999	1.90%	2.00%	2.20%	3.00%	\$152.64	0.45%	0.50%	\$10.13	\$11.73	\$0.88	\$0.88
\$50,000-\$54,999	2.40%	2.60%	2.70%	3.10%	\$228.96	0.63%	0.70%	\$15.19	\$17.59	\$1.32	\$1.32
\$55,000-\$59,999	2.50%	2.60%	2.80%	3.20%	\$259.49	0.63%	0.70%	\$17.22	\$19.94	\$1.50	\$1.50
\$60,000-\$64,999	2.90%	3.10%	3.20%	3.50%	\$320.55	0.72%	0.80%	\$21.27	\$24.63	\$1.85	\$1.85
\$65,000-\$69,999	2.90%	3.10%	3.20%	3.60%	\$351.08	0.72%	0.80%	\$23.30	\$26.98	\$2.02	\$2.02
\$70,000-\$74,999	3.00%	3.20%	3.40%	3.70%	\$396.87	0.72%	0.80%	\$26.34	\$30.50	\$2.29	\$2.29
\$75,000-\$79,999	3.10%	3.30%	3.50%	4.30%	\$412.13	0.72%	0.80%	\$27.35	\$31.67	\$2.38	\$2.38
\$80,000-\$84,999	3.10%	3.30%	3.50%	4.40%	\$427.40	0.72%	0.80%	\$28.36	\$32.84	\$2.46	\$2.46
\$85,000-\$89,999	3.10%	3.30%	3.50%	4.40%	\$457.93	0.72%	0.80%	\$30.39	\$35.19	\$2.64	\$2.64
\$90,000-\$94,999	3.10%	3.30%	3.50%	4.40%	\$457.93	0.72%	0.80%	\$30.39	\$35.19	\$2.64	\$2.64
\$95,000-\$99,999	3.10%	3.30%	3.50%	4.40%	\$457.93	0.72%	0.80%	\$30.39	\$35.19	\$2.64	\$2.64
\$100,000-\$109,999	3.10%	3.30%	3.50%	4.40%	\$534.25	0.72%	0.80%	\$35.45	\$41.05	\$3.08	\$3.08
\$110,000 and Over *	\$300.00	\$316.67	\$333.33	\$403.33	\$534.25	\$83.33	\$93.75	\$35.45	\$41.05	\$3.08	\$3.08

*Note that the HD15CR plan includes prescription drug and the NJ Turnpike Authority contributes \$300 to the Health Savings Account (HSA).

**You do not need to pick a prescription plan if you choose the high deductible medical plan.



THE NEW JERSEY TURNPIKE AUTHORITY HEALTHCARE CONTRIBUTION CHARTS 2022

EMPLOYEE & SPOUSE COVERAGE OPTIONS

SALARY RANGE	MEDICAL PLANS					RX PLANS		DENTAL PLANS		VISION PLANS	
	\$ OMNI1R OMNIA MEDICAL ONLY	\$\$ HD15CR HIGH DEDUCTIBLE MEDICAL & RX	\$\$\$ HMO5R & EPO5R HMO MEDICAL ONLY	\$\$\$\$ DACH6R DIRECT ACCESS *NEW* MEDICAL ONLY	\$\$\$\$\$ DACH4R DIRECT ACCESS PREMIER MEDICAL ONLY	\$ RXVF1R VALUE FORMULARY	\$\$ RXACFR ADVANCED CONTROL FORMULARY	DENT4R LOCAL 196 ONLY	DENT5R ALL OTHER EMP.	VISD2R PAIRED W/ HMO5R & EPO5R	VISD3R ALL OTHER EMP.
Less than \$20,000	1.80%	1.90%	2.00%	2.20%	\$72.19	0.39%	0.43%	\$2.94	\$3.40	\$0.43	\$0.43
\$20,000-\$24,999	1.80%	1.90%	2.00%	2.30%	\$72.19	0.40%	0.44%	\$2.94	\$3.40	\$0.43	\$0.43
\$25,000-\$29,999	1.80%	2.00%	2.10%	2.50%	\$92.82	0.41%	0.46%	\$3.78	\$4.37	\$0.55	\$0.55
\$30,000-\$34,999	2.10%	2.20%	2.30%	2.70%	\$123.76	0.46%	0.51%	\$5.04	\$5.83	\$0.73	\$0.73
\$35,000-\$39,999	2.10%	2.20%	2.30%	2.90%	\$144.39	0.47%	0.52%	\$5.87	\$6.80	\$0.85	\$0.85
\$40,000-\$44,999	2.20%	2.30%	2.40%	3.00%	\$165.02	0.48%	0.54%	\$6.71	\$7.77	\$0.98	\$0.98
\$45,000-\$49,999	2.40%	2.60%	2.70%	3.50%	\$206.27	0.53%	0.59%	\$8.39	\$9.72	\$1.22	\$1.22
\$50,000-\$54,999	3.30%	3.50%	3.70%	3.60%	\$309.41	0.73%	0.81%	\$12.59	\$14.58	\$1.83	\$1.83
\$55,000-\$59,999	3.40%	3.60%	3.80%	3.80%	\$350.66	0.75%	0.84%	\$14.27	\$16.52	\$2.08	\$2.08
\$60,000-\$64,999	3.80%	4.10%	4.30%	4.10%	\$433.17	0.86%	0.95%	\$17.62	\$20.41	\$2.56	\$2.56
\$65,000-\$69,999	3.90%	4.20%	4.40%	4.20%	\$474.42	0.87%	0.97%	\$19.30	\$22.35	\$2.81	\$2.81
\$70,000-\$74,999	4.10%	4.30%	4.60%	4.30%	\$536.30	0.92%	1.02%	\$21.82	\$25.27	\$3.17	\$3.17
\$75,000-\$79,999	4.20%	4.40%	4.70%	5.00%	\$556.93	0.93%	1.03%	\$22.66	\$26.24	\$3.30	\$3.30
\$80,000-\$84,999	4.20%	4.50%	4.80%	5.10%	\$577.56	0.94%	1.05%	\$23.50	\$27.21	\$3.42	\$3.42
\$85,000-\$89,999	4.20%	4.50%	4.80%	5.10%	\$618.81	0.94%	1.05%	\$25.18	\$29.16	\$3.66	\$3.66
\$90,000-\$94,999	4.20%	4.50%	4.80%	5.10%	\$618.81	0.94%	1.05%	\$25.18	\$29.16	\$3.66	\$3.66
\$95,000-\$99,999	4.20%	4.50%	4.80%	5.10%	\$618.81	0.94%	1.05%	\$25.18	\$29.16	\$3.66	\$3.66
\$100,000-\$109,999	4.20%	4.50%	4.80%	5.10%	\$721.95	0.94%	1.05%	\$29.37	\$34.01	\$4.27	\$4.27
\$110,000 and Over *	\$420.00	\$429.17	\$441.67	\$467.50	\$721.95	\$112.50	\$125.00	\$29.37	\$34.01	\$4.27	\$4.27

**Note that the HD15CR plan includes prescription drug and the NJ Turnpike Authority contributes \$300 to the Health Savings Account (HSA).*

***You do not need to pick a prescription plan if you choose the high deductible medical plan.*



THE NEW JERSEY TURNPIKE AUTHORITY HEALTHCARE CONTRIBUTION CHARTS 2022

EMPLOYEE & FAMILY COVERAGE OPTIONS (SPOUSE & CHILD/CHILDREN)

SALARY RANGE	MEDICAL PLANS					RX PLANS		DENTAL PLANS		VISION PLANS	
	\$ OMNI1R OMNIA MEDICAL ONLY	\$\$ HD15CR HIGH DEDUCTIBLE MEDICAL & RX	\$\$\$ HMO5R & EPO5R HMO MEDICAL ONLY	\$\$\$\$ DACH6R DIRECT ACCESS *NEW* MEDICAL ONLY	\$\$\$\$\$ DACH4R DIRECT ACCESS PREMIER MEDICAL ONLY	\$ RXVF1R VALUE FORMULARY	\$\$ RXACFR ADVANCED CONTROL FORMULARY	DENT4R LOCAL 196 ONLY	DENT5R ALL OTHER EMP.	VISD2R PAIRED W/ HMO5R & EPO5R	VISD3R ALL OTHER EMP.
Less than \$20,000	2.10%	2.20%	2.30%	2.40%	\$77.35	0.47%	0.52%	\$4.11	\$4.76	\$0.41	\$0.41
\$20,000-\$24,999	2.10%	2.20%	2.30%	2.50%	\$77.35	0.54%	0.60%	\$4.11	\$4.76	\$0.41	\$0.41
\$25,000-\$29,999	2.10%	2.20%	2.30%	2.70%	\$103.14	0.54%	0.60%	\$5.48	\$6.34	\$0.55	\$0.55
\$30,000-\$34,999	2.10%	2.20%	2.30%	2.90%	\$128.92	0.54%	0.60%	\$6.85	\$7.93	\$0.68	\$0.68
\$35,000-\$39,999	2.20%	2.40%	2.50%	3.10%	\$154.71	0.54%	0.60%	\$8.22	\$9.52	\$0.82	\$0.82
\$40,000-\$44,999	2.30%	2.50%	2.60%	3.20%	\$180.49	0.54%	0.60%	\$9.59	\$11.10	\$0.96	\$0.96
\$45,000-\$49,999	2.70%	2.90%	3.10%	4.00%	\$232.06	0.63%	0.70%	\$12.33	\$14.28	\$1.23	\$1.23
\$50,000-\$54,999	3.30%	3.50%	3.70%	4.20%	\$309.41	0.81%	0.90%	\$16.44	\$19.03	\$1.64	\$1.64
\$55,000-\$59,999	3.40%	3.70%	3.90%	4.30%	\$360.98	0.81%	0.90%	\$19.18	\$22.21	\$1.91	\$1.91
\$60,000-\$64,999	3.90%	4.20%	4.40%	4.60%	\$438.33	0.90%	1.00%	\$23.29	\$26.97	\$2.32	\$2.32
\$65,000-\$69,999	4.10%	4.30%	4.60%	4.80%	\$489.90	0.99%	1.10%	\$26.03	\$30.14	\$2.60	\$2.60
\$70,000-\$74,999	4.40%	4.70%	5.00%	5.00%	\$567.25	0.99%	1.10%	\$30.14	\$34.90	\$3.01	\$3.01
\$75,000-\$79,999	4.40%	4.70%	5.00%	5.90%	\$593.04	0.99%	1.10%	\$31.51	\$36.48	\$3.15	\$3.15
\$80,000-\$84,999	4.50%	4.80%	5.00%	6.10%	\$618.82	1.08%	1.20%	\$32.88	\$38.07	\$3.28	\$3.28
\$85,000-\$89,999	4.60%	4.80%	5.10%	6.10%	\$670.39	1.08%	1.20%	\$35.62	\$41.24	\$3.56	\$3.56
\$90,000-\$94,999	4.60%	4.80%	5.10%	6.10%	\$721.96	1.08%	1.20%	\$38.36	\$44.41	\$3.83	\$3.83
\$95,000-\$99,999	4.60%	4.90%	5.20%	6.10%	\$747.74	1.08%	1.20%	\$39.73	\$46.00	\$3.97	\$3.97
\$100,000-\$109,999	4.70%	5.00%	5.30%	6.10%	\$825.09	1.08%	1.20%	\$43.84	\$50.76	\$4.38	\$4.38
\$110,000 and Over *	\$533.33	\$550.00	\$566.67	\$559.17	\$902.45	\$141.67	\$158.33	\$47.95	\$55.52	\$4.79	\$4.79

*Note that the HD15CR plan includes prescription drug and the NJ Turnpike Authority contributes \$300 to the Health Savings Account (HSA).

**You do not need to pick a prescription plan if you choose the high deductible medical plan.



THE NEW JERSEY TURNPIKE AUTHORITY DENTAL PLANS

BENEFITS

Member flexibility : Members can visit any licensed dentist anywhere in the nation. Members may save out-of-pocket costs by seeing participating dentists.

Nation's largest network : More than 80 percent of the actively practicing dentists in the nation are participating Delta Dental Premier dentists.

Cost protection : Participating dentists have agreed to accept Delta Dental's contracted amount as payment in full, and cannot "balance bill" patients for any amounts above the contracted fee.

Did You Know?

Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the subscriber.



DELTA DENTAL NETWORKS

\$ PPO Plus Advantage Network : is based upon a sub-network of over 6,000 dental offices in New Jersey only who have agreed to a lower fee schedule.

\$\$\$ Premier Network : Delta Dental's original fee for service network. More than four out of five dentists nationwide are participating Delta Dental Premier dentists.

HOW CAN I FIND A DENTIST?

If you do not have a dentist, you may call 1-866-861-4692 and a list of participating dentists located in your area will be mailed directly to your home, or you may access Delta Dental's Website at www.DeltaDentalNJ.com.

DENTAL PREVENTIVE HEALTH

Check-ups keep your smile healthy, but they may also help to identify serious oral conditions such as gum disease, which has been linked to diabetes, heart disease, stroke, and other medical conditions.

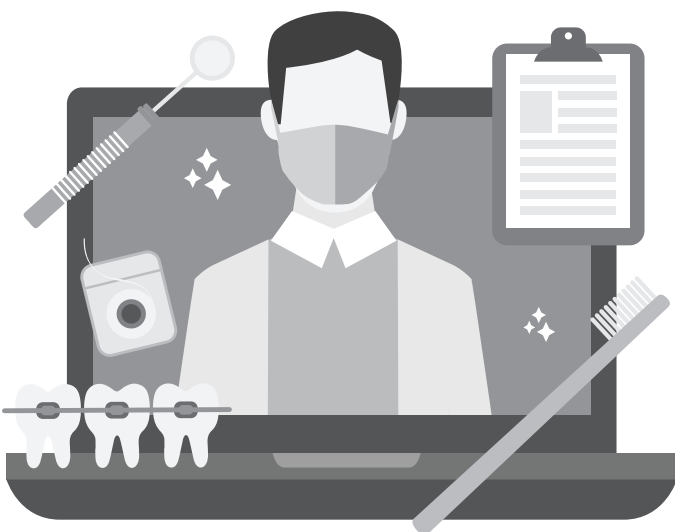
Delta Dental offers a variety of wellness information and online tools to educate and promote dental health in order to maintain the overall health of your members and their families. Wellness tools are available at www.DeltaDentalNJ.com.

ONLINE TOOLS

You will find the following tools by registering at www.DeltaDentalNJ.com:

- View your benefit details.
- Verify your eligibility.
- Check claim status.
- Print replacement ID cards.
- Locate a provider.
- Use the Delta Dental Cost Estimator.
- View health and wellness information.

If you have any questions regarding your benefits, you may contact Delta Dental Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-866-861-4692.



Dental Coverage

ALL OTHER UNIONS DENTAL PLAN - DENT5R	
DENTAL CARE SERVICES	COVERAGE
PREVENTIVE & DIAGNOSTIC	
Exams, Cleanings & Bitewing X-rays (twice per calendar year)	100%
Fluoride Treatment (children to age 19)	100%
REMAINING BASIC	
Fillings & Extractions	100%
Endodontics (root canal)	100%
Oral Surgery	100%
Sealants	100%
CROWNS & PROSTHODONTICS	
Crowns & Gold Restorations	80%
Bridgework	80%
Full & Partial Dentures	80%
PERIODONTICS	80%
IMPLANTS	80%
Calendar Year Maximum (per patient)	\$3000
Calendar Year Deductible (waived on Preventive, Diagnostic & Remaining Basic Procedures)	\$50 * per person
ORTHODONTIC BENEFITS (CHILD & ADULT)	100%
Lifetime Maximum (per patient)	\$4000



These services require a \$50 deductible for each procedure per person.

LOCAL 196 DENTAL PLAN - DENT4R	
DENTAL CARE SERVICES	COVERAGE
PREVENTIVE & DIAGNOSTIC	
Exams, Cleanings & Bitewing X-rays (twice per calendar year)	100%
Fluoride Treatment (children to age 19)	100%
Sealants	100%
REMAINING BASIC	
Fillings & Extractions	100%
Endodontics (root canal)	100%
Oral Surgery	100%
PROSTHODONTICS	
Bridgework	80%
Full & Partial Dentures	80%
PERIODONTICS	80%
IMPLANTS	80%
Calendar Year Maximum (per patient)	\$3000
ORTHODONTIC BENEFITS (CHILD & ADULT)	80%
Lifetime Maximum (per patient)	\$4000



These services do not require a deductible for each procedure per person.



THE NEW JERSEY TURNPIKE AUTHORITY

MEDICAL BENEFIT HIGHLIGHTS

FOR THE ACTIVE EMPLOYEES - EFFECTIVE JANUARY 1, 2022	1		2
	Omnia - OMNIAR		High Deductible - HD15CR
NETWORK BENEFIT PROVISIONS	In Network	In Network	In Network
Network	Tier 1	Tier 2	Direct Access
All Medical Service Managed by PCP / Primary Physician	NO	NO	NO
Health Saving Account (HSA) Employer Contribution	N/A	N/A	\$300 Per Year
Deductible (Individual / Family)	None	\$1,500 / \$3,000	\$1,500 / \$3,000
Coinsurance	N/A	20%	20%
Out of Pocket Maximum (Individual / Family)	\$2,500 / \$5,000	\$4,500 / \$9,000	\$1,000 / \$2,000
Primary Care Office Visit	\$5 Copay	\$20 Copay	20% after Deductible
Specialist Care Office Visit	\$15 Copay	\$30 Copay	20% after Deductible
Emergency Room (In & Out of Network)	\$100 Copay	\$100 Copay	20% after Deductible
Routine Physicals (Adult & Child)	Covered 100%	Covered 100%	Covered 100%
Inpatient Facility	\$150 Copay	20% after Deductible	20% after Deductible
Outpatient Facility	\$150 Copay	20% after Deductible	20% after Deductible
Lab / X-ray & Diagnostics (LabCorp Only)	\$15 Copay when rendered in an outpatient facility. 100% in office or Lab Corp.	Covered 100% in office / 80% after Deductible in OP facility	20% after Deductible
Radiology & Imaging	\$15 Copay when rendered in an outpatient facility. 100% in office or Lab Corp.	Covered 100% in office / 80% after Deductible in OP facility	20% after Deductible
Physical / Occupational Therapy Office Visit	\$5 Copay 30 Visits Per Therapy Per Year Combined Tier 1 & INN	\$20 Copay / 20% after deductible in OP facility 30 Visits Per Therapy Per Year Combined Tier 1 & INN	20% after Deductible Based on Medical Necessity
Acupuncture	\$15 Copay	\$15 Copay	20% after Deductible
Chiropractor Office Visit	\$15 Copay 25 Visits Per Year Combined Tier 1 & INN	\$30 Copay 25 Visits Per Year Combined Tier 1 & INN	20% after Deductible 30 Visits Per Year
Hearing Exam	\$15 Copay	\$30 Copay	20% after Deductible
Hearing Aids	Grace's Law Benefit only	Grace's Law Benefit only	20% after Deductible \$350 allowance every 2 years
Private Duty Nursing	100% No Copay. 30 visits combined Tier 1 & INN	20% after Deductible	20% after Deductible
Physical Rehabilitation	\$150 Copay	20% after Deductible	20% after Deductible
Durable Medical Equipment	No Charge	20% after Deductible	20% after Deductible
OUT-OF-NETWORK BENEFIT PROVISION	Out of Network	Out of Network	Out of Network
Out of Network Providers Allowance	N/A	N/A	80th Percentile of Fair Health Reimbursement Schedule
Deductible (Individual / Family)	N/A	N/A	\$1,500 / \$3,000
Coinsurance	N/A	N/A	40% after Deductible
Out of Pocket Maximum (Individual / Family)	N/A	N/A	\$2,000 / \$4,000
Inpatient Facility	N/A	N/A	40% after Deductible
Acupuncture - Out of Network Visits / Coinsurance	N/A	N/A	40% after Deductible
Chiropractic - Out of Network Visits / Coinsurance	N/A	N/A	40% after Deductible 30 Visits, combined In-Network and Out-of-Network
Physical Therapy - Out of Network Visits / Coinsurance	N/A	N/A	40% after Deductible
OUT-OF-NETWORK BENEFIT PROVISION	CVS / Caremark	CVS / Caremark	CVS / Caremark
Deductible Retail Copay (Generic / Single Source / Multi-Source Brand) Mail Order Copay (Generic / Single Source / Multi-Source Brand)	See Rx Options Grid Covered under separate, stand alone prescription plan	See Rx Options Grid Covered under separate, stand alone prescription plan	Subject to Medical Deductible 20% After Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Dependent Coverage	To age 26	To age 26	To age 26
ROUTINE VISION	Covered under separate, stand alone Vision Plan	Covered under separate, stand alone Vision Plan	Covered under separate, stand alone Vision Plan



THE NEW JERSEY TURNPIKE AUTHORITY

MEDICAL BENEFIT HIGHLIGHTS

FOR THE ACTIVE EMPLOYEES - EFFECTIVE JANUARY 1, 2022	3	4	5
	HMO - HMO5R	Direct Access *NEW* - DACH6R	Direct Access Premier - DACH4R
NETWORK BENEFIT PROVISIONS	In Network	In Network	In Network
Network	HMO Network	Direct Access 6 - *NEW*	Direct Access 4 – Premier
All Medical Service Managed by PCP / Primary Physician	YES	NO	NO
Health Saving Account (HSA) Employer Contribution	N/A	N/A	N/A
Deductible (Individual / Family)	None	None	None
Coinsurance	0%	0%	0%
Out of Pocket Maximum (Individual / Family)	\$5,350 / \$10,700	\$5,350 / \$10,700	\$5,350 / \$10,700
Primary Care Office Visit	\$15 Copay	\$15 Copay	\$15 Copay
Specialist Care Office Visit	\$15 Copay	\$15 Copay	\$15 Copay
Emergency Room (In & Out of Network)	\$50 Copay (waived if admitted)	\$100 Copay (waived if admitted)	\$50 Copay (waived if admitted)
Routine Physicals (Adult & Child)	Covered 100%	Covered 100%	Covered 100%
Inpatient Facility	Covered 100%	Covered 100%	Covered 100%
Outpatient Facility	Covered 100%	Covered 100%	Covered 100%
Lab / X-ray & Diagnostics (LabCorp Only)	Covered 100%	Covered 100%	Covered 100%
Radiology & Imaging	Covered 100%	Covered 100%	Covered 100%
Physical / Occupational Therapy Office Visit	Covered 100% Based on Medical Necessity	Covered 100% Based on Medical Necessity	Covered 100% Based on Medical Necessity
Acupuncture	\$15 Copay	\$15 Copay	\$15 Copay
Chiropractor Office Visit	\$15 Copay 30 Visits Per Year	\$15 Copay 60 Visits Per Year	\$15 Copay 60 Visits Per Year
Hearing Exam	\$15 Copay	\$15 Copay	\$15 Copay
Hearing Aids	\$700 allowance every 2 years	\$700 allowance every 2 years	\$700 allowance every 2 years
Private Duty Nursing	Covered 100%	Covered 100%	Covered 100%
Physical Rehabilitation	Covered 100%	Covered 100%	Covered 100%
Durable Medical Equipment	Covered 100%	Covered 100%	Covered 100%
OUT-OF-NETWORK BENEFIT PROVISION	Out of Network	Out of Network	Out of Network
Out of Network Providers Allowance	N/A	225% of Medicare Reimbursement Schedule	90th Percentile of Fair Health Reimbursement Schedule
Deductible (Individual / Family)	N/A	\$200 / \$500	\$100 / \$250
Coinsurance	N/A	30% After Deductible	20% After Deductible
Out of Pocket Maximum (Individual / Family)	N/A	\$2,000 / \$5,000	\$2,000 / \$5,000
Inpatient Facility	N/A	\$200 Copay Per Admission	\$200 Copay Per Admission
Acupuncture - Out of Network Visits / Coinsurance	N/A	30 Visits Annual Maximum 40% After Deductible	Unlimited Annual Visits 20% After Deductible
Chiropractic - Out of Network Visits / Coinsurance	N/A	Annual Maximum: 30 Visits 40% After Deductible	Annual Maximum: 60 Visits 20% After Deductible
Physical Therapy - Out of Network Visits / Coinsurance	N/A	30 Visits Annual Maximum 40% After Deductible	Unlimited Annual Visits 20% After Deductible
OUT-OF-NETWORK BENEFIT PROVISION	CVS / Caremark	CVS / Caremark	CVS / Caremark
Deductible Retail Copay (Generic / Single Source / Multi-Source Brand) Mail Order Copay (Generic / Single Source / Multi-Source Brand)	See Rx Options Grid Covered under separate, stand alone prescription plan	See Rx Options Grid Covered under separate, stand alone prescription plan	See Rx Options Grid Covered under separate, stand alone prescription plan
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Dependent Coverage	To age 26	To age 26	To age 26
ROUTINE VISION	Covered under separate, stand alone Vision Plan	Covered under separate, stand alone Vision Plan	Covered under separate, stand alone Vision Plan



THE NEW JERSEY TURNPIKE AUTHORITY PRESCRIPTION PLAN COMPARISON

CHOOSE ONE OPTION

\$\$ VALUE FORMULARY RXVF1			
Prescriptions from a Retail Pharmacy (Up to a 30-day Supply)		Voluntary Mail Order Prescriptions (Up to a 90-day Supply)	
Generic Medication	\$3	Generic Medication	\$5
Brand Name Medication	\$10	Brand Name Medication	\$15
Out of Pocket Maximum: Individual: \$1,000 / Family: \$2,000			

The Value Formulary is a low-cost, generic-driven drug coverage that lowers not only your out of pocket costs when you go to the drug store, but also the contributions that come out of your paycheck.

- The CVS Caremark Value Formulary is focused on generic and select brand medicines.
- There are drug options for all short-term and long-term health conditions.
- This includes Specialty medicine coverage, mail order service, and 90-day refills.

\$\$\$ ADVANCED CONTROL FORMULARY RXACFR			
Prescriptions from a Retail Pharmacy (Up to a 30-day Supply)		Voluntary Mail Order Prescriptions (Up to a 90-day Supply)	
Generic Medication	\$3	Generic Medication	\$0
Formulary Brand	\$10	Formulary Brand	\$15
Non Formulary Brand	\$25	Non Formulary Brand	\$40
Out of Pocket Maximum: Individual: \$1,000 / Family: \$2,000			

For those of you that wish for an enhanced prescription drug offering, the **Advance Control Formulary** coverage is that option. In addition to covering generic drugs, there is a preferred list of brand name drugs available at lower copay to you. For those drugs NOT on the preferred list would be available at a high copay. Those drugs that are excluded would require a clinical exception for consideration.

- The CVS Advance Control Formulary is focused on focused on generic and the preferred list of brand medications
- This Advance Formulary drug coverage includes Generic Mail Order prescriptions with a \$0 copay to you
- This option includes specialty medicine coverage, mail order service, and 90-day refills at a CVS pharmacy.
- **Should you desire a brand name drug that has a generic available, you will be responsible for the cost of the brand name drug and the applicable generic copay, less the cost of the generic drug.**