

HUDSON COUNTY COMMUNITY COLLEGE

**70 Sip Avenue
Jersey City, NJ 07306**

Regular Meeting – Board of Trustees**Tuesday, February 24, 2026****5:00 P.M.****Mary T. Norton Board Room and Via Zoom**

In-Person: Mary T. Norton Board Room, 4th Floor, 70 Sip Avenue, Jersey City, New Jersey

Members of the public may also use the following link and join the Zoom Meeting Webinar via Audio-only:

<https://zoom.us/j/97409869019?pwd=3SrSkkzf4JlXobqAUapl8eNZaYue86.1>

Passcode: 702541

Telephone: 1 929 205 6099

Webinar ID: 974 0986 9019

Passcode: 702541

Please note that members of the public who dial-in by telephone will not have the ability to speak during Comments from the Public and will be in listen mode only.

All microphones for public participants are muted except during the Comments from the Public portion of the meeting. If you wish to make comments and are attending via Zoom, please use the "Raise Hand" notification icon at the bottom of the screen. When you hear your name announced, you may address the Board. After the speaker's time ends, their microphone will be muted to allow others the opportunity to address the Board.

AGENDA**I. CALL TO ORDER - FLAG SALUTE**

Chair Peña

II. ROLL CALL AND RECOGNITION OF VISITORS**Trustees:**

Edward DeFazio, Secretary/Treasurer

Frank Gargiulo

Stacy Gemma

Roberta Kenny

Vincent Lombardo

Jeanette Peña, Chair

Christopher Reber, President (Ex Officio)

Joanne Rivera, Student Alumni Representative

Silvia Rodriguez

Lissa Santiago

Harold Stahl

Frances Teabout

- III. COMMENTS FROM THE PUBLIC** *Chair Peña*
- IV. CLOSED SESSION** *(The Board of Trustees will determine whether there is a need to go into closed session at the beginning of the meeting. If there is such a determination, an announcement will be made as to where the session will be placed on the agenda.)*
- V. REPORTS**
1. *Student Government Association President's Report* *Ms. Khajamohideen*
 2. *All College Council Report* *Mr. Youssef*
 3. *President's Report* *Dr. Reber*
- VI. REGULAR MONTHLY REPORTS AND RECOMMENDATIONS**
1. *Minutes of Previous Meetings*
 2. *Gifts, Grants, and Contracts*
- VII. FISCAL, ADMINISTRATIVE, LEASE, AND CAPITAL RECOMMENDATIONS** *Dr. Reber*
- VIII. PERSONNEL RECOMMENDATIONS** *Dr. Reber*
- IX. ACADEMIC AND STUDENT AFFAIRS RECOMMENDATIONS** *Dr. Reber*
- X. NEW BUSINESS** *Chair Peña*
- XI. ADJOURNMENT** *Chair Peña*

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

II. ROLL CALL

Trustees:

- Edward DeFazio, Secretary/Treasurer _____
- Frank Gargiulo _____
- Stacy Gemma _____
- Roberta Kenny _____
- Vincent Lombardo _____
- Jeanette Peña, Chair _____
- Christopher Reber, President, Ex Officio _____
- Joanne Rivera, Student Alumni Representative _____
- Silvia Rodriguez _____
- Lissa Santiago _____
- Harold Stahl _____
- Francis Teabout _____

This meeting is called in conformance with the "Open Public Meetings Act." A notice of the meeting of the Board of Trustees was transmitted to all Board members; advertised in The Star Ledger and NJ.com; filed with each office of the Hudson County Municipal Clerks; posted on the College Website and on Public Bulletin Boards of Hudson County Community College at 70 Sip Avenue, Jersey City, New Jersey, and at the North Hudson Campus, Union City, New Jersey, stating the date, time and place of said meeting.

MEETING INTRODUCTION

This meeting is called in conformance with the Open Public Meetings Act. Members of the public will now have an opportunity to address the Board of Trustees. Comments of each person will be limited to five minutes, including all responses. A member of the public may not provide any portion of his/her five-minute allotment to any other member of the public. Please be aware that the purpose of the public portion of the meeting is for the public to express any ideas, concerns or issues they may have concerning Hudson County Community College. Questions raised to the Board during the public comment period may be referred to the appropriate administrative person(s) at the College for response at a later time.

Any public comments made to the Board, which the Board considers obscene, harassing, or meant to incite, will be prevented by the Board. The person making these remarks may be required to relinquish the remaining time allotted to speak and will be asked to leave the Board of Trustees meeting. Public comments or questions are open to any matters over which the Board has purview and jurisdiction.

HUDSON COUNTY COMMUNITY COLLEGE**BOARD OF TRUSTEES MEETING****Tuesday, February 24, 2026****III. COMMENTS FROM THE PUBLIC**

If you are attending via Zoom Meeting Webinar and you wish to make comments, use the "Raise Hand" notification icon at the bottom of the screen. When you hear your name announced, you may address the Board. After the speaker's time ends, their microphone will be muted to allow others the opportunity to address the Board. Each virtual speaker will participate via audio-only.

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

IV. CLOSED SESSION

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

V. REPORTS

1. *Student Government Association President's Report (R. Khajamohideen)*
2. *All College Council Chair's Report (B. Youssef)*
3. *President's Report (C. Reber)*

Presentation of STEM Capstone Project

Dr. Issam El-Achkar, Professor of Mathematics

John Apena Encarnacion, Student

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

VI. REGULAR MONTHLY REPORTS AND RECOMMENDATIONS

1. MINUTES OF PREVIOUS MEETING

The Minutes of the Regular Meeting of January 20, 2026 are herewith submitted to the Board of Trustees for approval. (Page 9)

Recommendation:

It is the recommendation of the President that the Board of Trustees approve the Minutes of the Regular Meeting of January 20, 2026.

RESOLUTION:

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve Item VI., Regular Monthly Reports and Recommendations.

INTRODUCED BY: _____

SECONDED BY: _____

DATE: February 24, 2026 _____

DeFazio, Edward _____

Gargiulo, Frank _____

Gemma, Stacy _____

Kenny, Roberta _____

Lombardo, Vincent _____

Rodriguez, Silvia _____

Stahl, Harold _____

Santiago, Lissa _____

Teabout, Frances _____

Peña, Jeanette, Chair _____

_____ Aye _____ Nay

HUDSON COUNTY COMMUNITY COLLEGE

Regular Meeting – Board of Trustees
Tuesday, January 20, 2026
5:00 P.M., In Person and Via Zoom

MINUTES

PRESENT: *Edward DeFazio (Secretary/Treasurer); Roberta Kenny; Vincent Lombardo; Jeanette Peña (Chair); Christopher Reber; Joanne Rivera (Alumni Representative); Silvia Rodriguez; Frances Teabout; Lissa Santiago, and Harold Stahl.*

Counsel to the Board: Kevin M. Cuddihy, Esq., for Scarinci and Hollenbeck

ABSENT: *Frank Gargiulo and Stacy Gemma (Secretary/Treasurer).*

I. CALL TO ORDER - FLAG SALUTE

II. ROLL CALL

III. COMMENTS FROM THE PUBLIC - None

IV. CLOSED SESSION - None

V. REPORTS

1. President's Report

President Reber offered the following report.

Good evening, Trustees.

Before I begin, I ask you to join me in a moment of silence for victims of war and violence in the Middle East, Eastern Europe, Africa, India and Pakistan, and throughout the world.

Moment of Silence

Thank you.

Since our spring semester has not yet begun, we will not hear reports today from the Student Government Association or the All College Council. Those reports will resume next month, but I am pleased to offer my report today.

Recently, the College received the results of an audit of the College's disbursement of federal funds for career and technical education provided through the Carl D. Perkins annual grant for the period of July 1, 2020 through June 30, 2021. There is considerable lag time here, as that was six years ago. As you will recall, 2020-2021 was the peak of the pandemic when we were operating virtually. I have learned that a number of other colleges and universities have recently received a similar report.

The results of the audit will be posted on the College's website. The audit questions some of the expenditures and required documentation for that year's Perkins activities. We are currently gathering the additional information to substantiate the questioned expenditures and we will appeal most of the determinations. The audit asks that HCCC develop a corrective action plan to address any issues related to policies and procedures.

This evening's meeting agenda includes a resolution to authorize the appeal and file the corrective action plan, which we discussed in last week's meeting of the Board of Trustees Finance Committee. I thank Vice President Veronica Zeichner and her team for their leadership in responding to the audit questions.

This evening, I have invited Professor of Studio Art Laurie Riccadonna to discuss her involvement last fall in Princeton University's Community College Faculty Program, including upcoming opportunities at Princeton for our students. I have asked Vice President of Academic Affairs Dr. Darryl Jones to introduce Laurie and her presentation.

Dr. Darryl Jones offered the following remarks.

This evening's presentation is significant as it reminds us of the importance and the impact of faculty professional development. Professional development empowers our faculty and staff to remain current in their disciplines, adopt innovative pedagogical strategies, and respond effectively to the evolving needs of our students.

Through ongoing professional learning, faculty strengthen their ability to create engaging, student-centered learning environments that support academic excellence and foster a sense of belonging among our students.

Over the years, Professor Laurie Riccadonna has presented to the Board. Most recently, she and her colleague, Professor Jeremiah Typen, presented on the *Food Fuels Minds Project*, which addressed food insecurity and highlighted the importance of SNAP. That work was conducted in collaboration with the Hudson Helps Resource Center and Rutgers University.

Professor Riccadonna earned her Master of Fine Arts in Painting and Printmaking from Yale University School of Art, and her Bachelor of Fine Arts in Painting and Drawing from The Pennsylvania State University. Her work has been exhibited nationally and internationally and is included in the U.S. Department of State Art in Embassies Program, as well as a number of public and private collections. She has received numerous awards recognizing both her artistic excellence and her teaching.

This evening, Professor Riccadonna will be speaking about her participation during the fall semester in Princeton University's Community College Faculty Program, and the professional growth and academic opportunities that resulted from that experience, including opportunities that may benefit our students.

I now invite Professor Riccadonna to come forward and share her presentation.

[Laurie Riccadonna Presented Princeton University Community College Faculty Program](#)

Good evening, everyone.

During the fall 2025 semester, I participated in Princeton University's Community College Faculty Program, which was formerly known as the Community College Mid-Career Faculty Program. I initially assumed this was a new opportunity for Hudson faculty but learned that the last time an HCCC faculty member participated was in the late 1990s, so it has been quite some time.

Princeton invites faculty from New Jersey community colleges to apply for this program, which allows participants to audit one or two courses during a semester and to be fully integrated into the classroom experience. When reviewing the course offerings, two courses immediately stood out to me. I approached Vice President Jones with some concern about balancing my teaching schedule with participation in this program, and I am grateful for the release time that made my participation possible.

Participants are fully integrated into the academic environment, and communication with Princeton faculty is welcomed and encouraged. The goal of the program is professional growth and the opportunity to deepen one's engagement within a unique academic community. The program allows community college faculty to consult with leading scholars, deepen subject expertise, and become part of a major research university community.

I audited two courses during the fall semester. The first was an art history course titled "Italy Before Rome: Uncovering the Archaeology of the Early Peninsula." This course was taught by Professor Mattia D'acri, an archaeologist from the University of Calabria who was visiting Princeton for the year. My interest in this topic originated from a professional development experience I completed in Padula, Italy, during the summer of 2024, supported by Hudson County Community College, where I encountered pre-Roman artifacts that sparked my curiosity.

In this course, we explored archaeological evidence, excavation practices, and emerging scholarship related to early Italian civilizations. We studied objects held in the Princeton University Art Museum and participated in a visit to the Metropolitan Museum of Art for close study. Guest scholars included Massimo Osanna, former Director of the Pompeii Archaeological Site and current Director of Italian National Museums.

The second course I audited was Creative Ecologies: American Environmental Narrative and Art, taught by Professor Allison Carruth, who directs Princeton's Environmental Studies Program and leads the Princeton Blue Lab, a climate storytelling incubator. This course integrated literature, visual art, performance, and environmental science. Students engaged with weekly readings, performances, and works of art, and developed creative projects addressing environmental themes in collaboration with scientists and artists.

What was particularly meaningful for me was the experience of being on the other side of the classroom; sitting alongside students; observing classroom design, pedagogy, and approaches to student engagement. This perspective continues to inform my own teaching practice at Hudson.

Princeton University is deeply interested in developing relationships with community colleges. Faculty and students have access to Princeton's research libraries, museum resources, and academic programming. Community college faculty and students may request library access for research purposes, including supervised access to rare materials. The Princeton campus itself functions as an extended learning environment, with sculpture installations and museum resources integrated throughout.

One highlight of the semester was the reopening of the Princeton University Art Museum in October. It is designed as a teaching museum, with opportunities for close study of works from across cultures and historical periods. In March, I will bring a group of graduating Studio Arts students from Hudson to the museum for guided exploration, close-looking exercises, and engagement with contemporary exhibitions.

I strongly encourage my colleagues to consider participating in this program. It was an incredibly enriching professional experience, and it opened the door to meaningful academic collaboration and student opportunities.

Thank you very much, and I would be happy to answer any questions.

President Reber resumed his remarks.

Thanks very much, Professor Riccadonna and Vice President Jones.

Laurie, thanks for this exciting work and your support of upcoming opportunities for members of our HCCC family!

Trustees, we are very much looking forward to College Service Day tomorrow beginning promptly at 8:30 a.m. in the Culinary Conference Center and via WebEx.

As I have mentioned in my weekly *Green Memo* to trustees, the day will begin with a half-hour address by American Association of Community Colleges President Dr. DeRionne Pollard, who began her leadership last July as AACC's first woman president. In her new role, Dr. Pollard is the nation's leading advocate for community colleges.

We hope many of you will join us virtually or in person for Dr. Pollard's remarks and any or all of the day's activities.

You received a copy of the agenda in last Friday's *Green Memo*, and we have copies of the College Service Day agenda here this evening if you would like to take one.

Trustees, this concludes my report.

President Reber offered the following report.

It Takes a Village, and Hudson is Home!

Trustees, this concludes my report.

VI. REGULAR MONTHLY REPORTS AND RECOMMENDATIONS:

1. The Minutes of the Reorganization and Regular Meeting of November 25, 2025, were approved.

Introduced by: Jeanette Peña

Seconded by: Roberta Kenny

8 Ayes.....0 Nays

Resolution Adopted

VII. FISCAL, ADMINISTRATIVE, LEASE, AND CAPITAL RECOMMENDATIONS 1-3:

1. Resolution Authorizing Replacement of the Projector System in the North Hudson Campus Multipurpose Room
2. Resolution Amending Resolution #7 from November 25, 2025 Board of Trustees Meeting
3. Resolution to Appeal Audit Findings and Provide a Corrective Action Plan (CAP) for the 2020-21 Perkins Audit

Introduced by: Harold Stahl

Seconded by: Lissa Santiago

8 Ayes.....0 Nays

Resolutions Adopted

VIII. PERSONNEL RECOMMENDATIONS 1-10:

1. RETIREMENT

| First Name | Last Name | Title | Salary Grade | Effective Date |
|-------------------|------------------|---|---------------------|-----------------------|
| Carmen | Garcia | Assistant Director, Hudson Hub One Stop | 113 | February 1, 2026 |

RECOMMENDATION:

The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Retirement above as Personnel Recommendation Item No. 1.

2. RESIGNATIONS

| First Name | Last Name | Title | Salary Grade | Effective Date |
|-------------------|------------------|-------------------------------------|---------------------|-----------------------|
| Rebecca | Shaffer | Academic Counselor, Hudson Scholars | 113 | January 7, 2026 |

RECOMMENDATION:

The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Resignation above as Personnel Recommendation Item No. 2.

3. APPOINTMENT OF FULL-TIME STAFF

| First Name | Last Name | Title | Salary Grade | Effective Date | Annual Salary |
|-------------------|------------------|---|---------------------|-----------------------|----------------------|
| Charlene | Bayemi | Director of Grants and Sponsored Programs | 122 | February 23, 2026 | \$115,000 |

| | | | | | |
|----------|----------|---|-----|------------------|-----------|
| Eileen | Canavan | Clinical Site Manager, Nursing | 114 | January 21, 2026 | \$ 80,000 |
| Lucas | Manrique | Academic Counselor, Hudson Scholars | 113 | January 21, 2026 | \$ 62,000 |
| Alex | Vasquez | Academic Counselor, Hudson Scholars | 113 | January 21, 2026 | \$ 79,000 |
| Maritess | Wiggins | Executive Administrative Assistant, Human Resources | 112 | December 1, 2025 | \$ 70,000 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Full-time Staff above as Personnel Recommendation Item No. 3.*

4. APPOINTMENT OF TEMPORARY FULL-TIME STAFF

| First Name | Last Name | Title | Salary Grade | Effective Date | Anticipated End Date | Annual Salary |
|-------------------|------------------|---|---------------------|-----------------------|-----------------------------|----------------------|
| Gabriel | Cisneros | Patient Care Technician Training Specialist | INST | November 26, 2025 | June 30, 2026 | \$ 68,229 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Temporary Full-time Staff above as Personnel Recommendation Item No. 4.*

5. APPOINTMENT OF FULL-TIME FACULTY

| First Name | Last Name | Title | Salary Grade | Effective Date | Annual Salary |
|-------------------|------------------|--|---------------------|-----------------------|----------------------|
| Robert | Hamer | Instructor, Hospitality Management, Tenure-track | INST | January 21, 2026 | \$ 79,385 |
| Joanie | Scott | Instructor, Nursing (Medical-Surgical), Tenure-track | INST | January 21, 2026 | \$ 71,182 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Full-time Faculty above as Personnel Recommendation Item No. 5.*

6. APPOINTMENT OF TEMPORARY FULL-TIME FACULTY

| First Name | Last Name | Title | Salary Grade | Effective Date | Annual Salary |
|-------------------|------------------|---------------------------|---------------------|-----------------------|----------------------|
| Robert | Maurer | Instructor, Culinary Arts | INST | January 21, 2026 | \$ 57,097 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Temporary Full-time Faculty above as Personnel Recommendation Item No. 6.*

7. AUTHORIZATION OF PART-TIME STAFF THROUGH JANUARY 2027, AS NEEDED

| First name | Last name | Office | Title | Position ID | Supervisor |
|-------------------|-------------------|--|--------------------------|--------------------|---------------------------|
| Christopher | Capri | ADJ Academic Support Services | Tutor | TUTOR-252010 | Kenny Fabara |
| Miguel | Cruz | ADJ Academic Support Services | Tutor | TUTOR-252010 | Kenny Fabara |
| Soumeya | Nasri | ADJ Academic Support Services | Tutor | TUTOR-252010 | Kenny Fabara |
| Cristina | Negron | ADJ Academic Support Services | Academic Coach | COACH-252010 | Kenny Fabara |
| Jules | Rose | ADJ Academic Support Services | Tutor | TUTOR-252010 | Kenny Fabara |
| Darius | Gilmore | Advancement | Office Assistant | OFFAST-255010 | Nicole Johnson |
| Andrea | Siegel | Advancement | Art Coordinator | PTACOR D-255010 | Nicole Johnson |
| William | Bird | Advisement | Academic Advisor | ADVISOR-200510 | Marna Mozeff |
| Alaina | Branch Preudhomme | Advisement | Office Assistant | OFFAST-200510 | Andy Adler/Belinda Austin |
| Aliandra | Marrero | Advisement | Academic Advisor | ADVISOR-200510 | Andy Adler/Belinda Austin |
| Yukta | Sharma | Advisement | Academic Advisor | ADVISOR-200510 | Andy Adler/ Marna Mozeff |
| Amatalrahman | Mohsen | College Libraries | Library Associate | PTLRASO-150510 | Lisa Bogart |
| Priyanka | Mistry | Communications | Communications Assistant | OFFAST-254055 | Jennifer Christopher |
| Julieta | Veiga DaSouza | Communications | Office Assistant | OFFAST-254055 | Jennifer Christopher |
| Fatima | Abughannam | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Genesis | Castro Ramirez | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Hisani | DuBose | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |

| | | | | | |
|---------|-----------------|--|--------------------------|---------------|------------------|
| Regina | Espino | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Amira | Faheem | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Thelma | Ganguly | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Sarah | Gbadebo | Continuing Education and Workforce Development | PT Coordinator, AWPP | PTCORD-606004 | Anita Belle |
| Larry | Goodin | Continuing Education and Workforce Development | PT Instructor | PTINST-603091 | Maritza Reyes |
| Mirna | Ishaq | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Ghada | Ismail | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Radia | Kassa | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Cathryn | Lewis | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Debora | Mumma | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Stephen | Palmer | Continuing Education and Workforce Development | PT Healthcare Instructor | HCINST-103005 | Anita Belle |
| Katie | Rodammer | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Nilda | Rosario | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Jaime Pardo |
| Dilani | Samarathunga | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Hazel | Sarmiento | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Connie | Silletti-Cafaro | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |

| | | | | | |
|---------------|---------|---|-----------------------------|----------------|-------------------|
| Esmeralda | Tamayo | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Iqra | Naz | Enrollment Services | Enrollment Assistant | ENSASST-200525 | Hamza Saleem |
| Evet | Salama | Enrollment Services | Enrollment Assistant | ENSASST-200525 | Hamza Saleem |
| Aubrey | West | Finance/Payroll Services | Accounts Payable Assistant | PTAPS-253015 | Geoffrey Sims |
| Ciani | Harper | Humanities and Social Sciences | Figure Model | OFFAST-101025 | Laurie Riccadonna |
| Laoisia | Krupp | Humanities and Social Sciences | Figure Model | OFFAST-101025 | Laurie Riccadonna |
| Aubrey | Zich | Humanities and Social Sciences | Figure Model | OFFAST-101025 | Laurie Riccadonna |
| Mariam | Basta | Information Technology Services | Instructional Lab Assistant | POSNID-253025 | Diana Perez |
| Ethan | Kekesi | Information Technology Services | Instructional Lab Assistant | POSNID-253025 | Diana Perez |
| Juliana Paula | Lucila | Information Technology Services | Instructional Lab assistant | ITSLAB-253025 | Diana Perez |
| Nil | Patel | Information Technology Services | Instructional Lab Assistant | ITSLAB-253025 | Diana Perez |
| Amreen | Fatima | Institutional Engagement and Excellence/ Accessibility Services | Reader | READER-150525 | Karine Davis |
| Cara | Hyman | Institutional Engagement and Excellence/ Accessibility Services | Reader | READER-150525 | Karine Davis |
| Angelique | Reeves | Institutional Engagement and Excellence/ Accessibility Services | Reader | READER-150525 | Karine Davis |
| Ciara | Umali | Institutional Engagement and Excellence/ Accessibility Services | Reader | READER-150525 | Karine Davis |
| Natalie | Rosario | Nursing and Health Professions | Skills Lab Tutor | PTSLT-101017 | Lori Byrd |
| Michael | Tacsá | Operations/ Facilities | PT Facilities Worker | PTFWK-300510 | Mark Murray |

| | | | | | |
|-------|--------|------------------------|---------------------------|--------------|----------------|
| Emily | Dilone | Testing and Assessment | Testing Assistant/Proctor | TASST-200530 | Darlery Franco |
|-------|--------|------------------------|---------------------------|--------------|----------------|

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Authorization of Part-time Staff, as needed, as Personnel Recommendation Item No. 7.*

8. APPOINTMENT OF NEW HIRE ADJUNCT INSTRUCTORS

| First Name | Last Name | School/Office |
|-------------------|----------------------------|--|
| Paula | Pereira-Hartmann | Business, Culinary Arts, and Hospitality Management |
| Patricia | Chow | Humanities and Social Sciences |
| Shaina | Franklin | Humanities and Social Sciences |
| Aihua | Huang | Humanities and Social Sciences |
| Omar | Laboudi | Humanities and Social Sciences |
| Seraphine | Lin | Humanities and Social Sciences |
| Louis Samuel | Nicolosi | Humanities and Social Sciences |
| Milton R. | Restituyo | Humanities and Social Sciences |
| Fernanda | Reynolds Lourenco da Silva | Humanities and Social Sciences |
| Alexandra | Ruiz | Humanities and Social Sciences |
| Ali | Safivand | Humanities and Social Sciences |
| Coral | Branch | Nursing and Health Professions |
| Phyllis | Camilleri | Nursing and Health Professions |
| Mustafa | Alfaouri | Science, Technology, Engineering, and Mathematics (STEM) |
| Bekkouche | Nadjette | Science, Technology, Engineering, and Mathematics (STEM) |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of New Hire Adjunct Instructors listed above as Personnel Recommendation Item No. 8.*

9. MODIFICATIONS TO STAFFING TABLE

| Current Approved Title | New Title/ Classification | Incumbent | Current Salary Grade | New Salary Grade | Current Salary | New Salary | Effective Date |
|-------------------------------------|----------------------------------|-------------------|-----------------------------|-------------------------|-----------------------|-------------------|-----------------------|
| Senior Executive Assistant, Finance | Operations Manager, Finance | Christopher Ciely | 116 | 117 | \$ 81,796 | \$ 85,885 | January 21, 2026 |
| Dean of Student Affairs | Dean of Student Affairs | David Clark | 122 | 122* | \$ 128,159 | \$ 135,000 | January 1, 2025 |

| | | | | | | | |
|-----------------------------|-------------------------------|-----------------|-----|-------|------------|------------|------------------|
| Dean of Enrollment Services | Dean of Enrollment Services | Matthew Fessler | 122 | 122** | \$ 128,159 | \$ 135,000 | January 1, 2026 |
| Director, Student Accounts | Director, Accounts Receivable | N/A | 117 | 117 | N/A | N/A | January 21, 2026 |

*Additional Responsibilities for Leadership and Supervision of Office of Athletics.

**Additional Responsibilities for Leadership and Supervision of Hudson Hub One Stop Center.

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Staffing Table Modifications listed above as Personnel Recommendation Item No. 9.*

10. RESOLUTION TO APPROVE USE OF COLLEGE FACILITIES POLICY

WHEREAS, the Board of Trustees (“Board”) is committed to ensuring regular review and updates of the College’s policies; and,

WHEREAS, the President, Administration, and Personnel Committee recommend the approval of the Use of College Facilities Policy; and,

WHEREAS, the Board will delegate to the President the responsibility to develop procedures and guidelines for the implementation of the policy;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve the Use of College Facilities Policy.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the College’s Administration to take all steps necessary to effectuate the terms of this resolution.

RESOLUTION:

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve the recommendations of the President, Administration, and Personnel Committee as outlined above in **Item VIII., Personnel Recommendations 1-10.**

Introduced by: Harold Stahl

Seconded by: Silvia Rodriguez

8 Ayes.....0 Nays

Resolutions Adopted

IX. ACADEMIC AND STUDENT AFFAIRS RECOMMENDATIONS 1-7:

1. Resolution Authorizing Memorandum of Understanding (MOU) Between Hudson County Community College (HCCC) and New York University (NYU);
2. Resolution Authorizing Agreement Between Hudson County Community College (HCCC) and Hudson County Schools of Technology (HCST) for Dual Credit Instruction in Biomedical Sciences
3. Resolution Authorizing Amendment to Existing Affiliation Agreement Between Hudson County Community College (HCCC) and Peace Care St. Ann’s for Clinical Experiences in HCCC’s Practical Nursing Program

4. Resolution Authorizing Renewal of Affiliation Agreement Between Hudson County Community College (HCCC) and New Jersey Reentry Corporation for Internship Experiences in Human Services
5. Resolution Authorizing Amendment to Existing Agreement Between Hudson County Community College (HCCC) and New Jersey Reentry Corporation for the Delivery of Artificial Intelligence Curricula
6. Resolution Authorizing Agreement Between Hudson County Community College (HCCC) and the Regents of the University of California
7. Resolution Authorizing Memorandum of Understanding (MOU) Between Hudson County Community College (HCCC) and Greater Bergen Community Action.

Introduced by: Jeanette Peña

Seconded by: Frances Teabout

8 Ayes.....0 Nays

X. NEW BUSINESS - None

IV. CLOSED SESSION – None

XI. ADJOURNMENT at 5:23 p.m.

Introduced by: Vincent Lombardo

Seconded by: Roberta Kenny

8 Ayes.....0 Nays

Resolution Adopted

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

VII. FISCAL, ADMINISTRATIVE, LEASE, AND CAPITAL RECOMMENDATIONS

1. Resolution Authorizing Continuation of Technical Operations and Project Management Support Services for the Center for Student Success

WHEREAS, Hudson County Community College (“College”) is currently in the midst of the Center for Student Success construction project (“Project”) for which a Notice to Proceed was issued on February 16, 2024; and,

WHEREAS, given the complexity of the Project, the College publicly advertised a Request for Proposal for project management support services in 2022; and,

WHEREAS, in September 2022, the College awarded a contract for project management services to MAST Construction Services, Inc. for a term not to exceed two (2) years, which is the maximum term permitted for such services under the County College Contract Law; and,

WHEREAS, the term of the MAST Construction Services, Inc. contract has expired; and,

WHEREAS, the Project is not completed and the College continues to require the services of a professional consultant for project management support services to complete and close out the Project (“Services”); and,

WHEREAS, it is anticipated that the Project will achieve substantial completion by approximately October 2026 and Final Completion shortly thereafter; and,

WHEREAS, pursuant to N.J.S.A. 18:64A-25.5 (a) (2), the Services are exempt from public bidding as they constitute an extraordinary unspecifiable service; and,

WHEREAS, notwithstanding the bid exception, the College publicly advertised a Request for Proposal (“RFP”) for the services for the completion of the Project; and,

WHEREAS, the College requested monthly pricing for the Services plus a separate lump sum fee for closeout services; and,

WHEREAS, the Board received the following proposals:

| <u>Vendor</u> | <u>Location</u> | <u>Cost Per Month</u> | <u>One-Time Close Out Services and Schedule Reviews Fee</u> |
|----------------------------------|------------------|-----------------------|---|
| Greyhawk North America LLC | Mount Laurel, NJ | \$26,997 | \$44,320 |
| M&M Construction Company, Inc. | Cranford, NJ | \$21,000 | \$24,000 |
| MAST Construction Services, Inc. | Little Falls, NJ | \$39,470 | \$69,470 |

WHEREAS, after evaluating all proposals received, the College has determined that the proposal submitted by MAST Construction Services, Inc. (“MAST”) is in the best interests of the College since MAST has been providing project management services to the Project for two (2) years, and is intimately familiar with the details of the Project and the work needed to close out the Project; and,

WHEREAS, the proposal submitted by MAST Construction Services, Inc. is consistent with the fees in its original proposal to provide project management services for the Project; and,

WHEREAS, the cost of these services will be funded through Chapter 12; and,

WHEREAS, the Administration, Finance Committee, and Capital Projects Advisory Committee recommend this award;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a month-to-month contract to MAST Construction Services, Inc. for the Services as described herein with the total contract term not to exceed two (2) years.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

2. Resolution Authorizing Renewal of Website Redesign Content Management System (CMS) Services

WHEREAS, Hudson County Community College (“College”) needs to renew a Content Management System (“Services”) for the redesigned Website; and,

WHEREAS, pursuant to N.J.S.A. 18A:64A-25.28 (d), the Services are exempt from public bidding as they are providing goods or services for the use, support or maintenance of proprietary computer hardware, software peripherals, and system development for the hardware for any term of not more than five years; and,

WHEREAS, Modern Campus submitted a proposal to provide the Service at a total cost not to exceed \$48,433, which represents no increase from the prior agreement; and,

WHEREAS, the anticipated term is one (1) year; and,

WHEREAS, the cost of these services will be funded from the operating budget; and,

WHEREAS, the Administration and Finance Committee recommend this award;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a contract to Modern Campus of Camarillo, California for Services as described herein at a cost not to exceed \$48,433.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

3. Resolution Authorizing Purchase of a College Data Platform

WHEREAS, Hudson County Community College (“College”) requires a vendor to provide a comprehensive data platform solution to unify institutional data across multiple systems for analytics, reporting, and predictive insights (“Service”); and,

WHEREAS, pursuant to N.J.S.A. 18A:64A-25.5 (a) (2), the College may procure such services without public advertisement since such services constitute an extraordinary, unspecifiable service; and,

WHEREAS, notwithstanding, the College solicited proposals for the Service through a fair-and-open process and issued a Request for Proposal (“RFP”) for the Service for a term not to exceed five (5) years; and,

WHEREAS, the College received the following proposals in response to the RFP:

| <u>Vendor</u> | <u>Location</u> | <u>Cost</u> |
|-----------------------|--------------------|-------------|
| CampusWorks, Inc. | Sarasota, FL | \$2,840,000 |
| EAB Global Inc. | Washington, DC | \$864,435 |
| Invoke Learning, Inc. | Indianapolis, IN | \$869,000 |
| Inzata Analytics | St. Petersburg, FL | \$420,000 |

WHEREAS, after evaluating all proposals received, the College has determined that the proposal submitted by EAB Global Inc. (“EAB”) is responsive, reasonable as to price, and is in the best interests of the College due to a pre-built Higher Education Data Model, an existing productive relationship with EAB, and Inzata Analytics did not provide any references from other Community Colleges as required by the RFP; and,

WHEREAS, the term for these services is five (5) years; and,

WHEREAS, the cost of these services will be funded from the operating budget; and,

WHEREAS, the Administration and Finance Committee recommend this purchase;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a contract to EAB Global Inc. of Washington, DC to provide Services as described herein for a five (5) year term at a cost not to exceed \$864,435.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

4. Resolution Authorizing Renewal of Helpdesk ChatBot Platform for the Offices of Admissions, Financial Aid, and Student Services

WHEREAS, Hudson County Community College ("College") seeks to renew its Helpdesk ChatBot platform for the Offices of Admissions, Financial Aid, and Student Services; and,

WHEREAS, pursuant to N.J.S.A. 18A:64A-25.11a, the College may, without public bidding, purchase goods and services through national cooperatives; and,

WHEREAS, GovConnection, Inc. (part of OMNIA Partners/Region 4 ESC Contract #R210402) has submitted a proposal to provide these services at a total cost of \$49,460, which represents no increase from the prior year; and,

WHEREAS, the anticipated term is one (1) year; and,

WHEREAS, the cost of this service will be funded from the operating budget; and,

WHEREAS, the Administration and Finance Committee recommend this award;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a contract to GovConnection, Inc. of Merrimack, New Hampshire for the renewal of a Helpdesk ChatBot Platform for the Office of Information Technology Services as described herein for a one (1) year term at a cost not to exceed \$49,460.

5. Resolution Authorizing Special Conflict Counsel Services

WHEREAS, Hudson County Community College ("College") requires the services of a New Jersey licensed law firm for the provision of legal services in the event the College's current counsel has a conflict ("Services"); and,

WHEREAS, notwithstanding that the Services constitute a professional service pursuant to N.J.S.A. 18A:64A-25.5 (a)(1) and may be negotiated and awarded directly by the College, the College publicly advertised a Request for Proposal ("RFP") for the Services for a term not to exceed one (1) year; and,

WHEREAS, the College received the following proposals in response to the RFP:

| <u>Vendor</u> | <u>Location</u> | <u>Cost</u> |
|-------------------------|------------------|----------------|
| Ruderman & Roth, LLC | Springfield, NJ | \$195 per hour |
| Scarinci Hollenbeck LLC | Little Falls, NJ | \$200 per hour |

WHEREAS, after evaluating all proposals received, the College has determined that the proposal submitted by Ruderman & Roth is responsive, reasonable as to price, and is in the best interests of the College, price and other factors considered; and,

WHEREAS, the cost of the Services shall be funded from the operating budget; and,

WHEREAS, the Administration and Finance Committee recommend the award of contract for the Services;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a contract for special conflict counsel services to Ruderman & Roth, LLC of Springfield, New Jersey in accordance with the terms of the proposal submitted by the law firm.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

6. Resolution Authorizing Risk Management and Insurance Brokerage Services

WHEREAS, Hudson County Community College ("College") requires the services of an insurance consultant to provide a wide range of risk management and insurance brokerage services ("Services"); and,

WHEREAS, pursuant to N.J.S.A. 18A:64A-25.5 (a) (11), insurance, including the purchase of insurance coverage and consulting services, are exempt from public bidding; and,

WHEREAS, notwithstanding the bid exception, the College publicly advertised a Request for Proposal ("RFP") for the Services for a term not to exceed one (1) year; and,

WHEREAS, the College received the following proposals in response to the RFP:

| <u>Vendor</u> | <u>Location</u> | <u>Fees</u> |
|---------------|-----------------|---|
| Acrisure | Iselin, NJ | Anticipated to be paid as commission through College's policies |
| CBIZ | Ewing, NJ | 15% |

WHEREAS, after evaluating all proposals received, the College has determined that the proposal submitted by Acrisure is responsive, reasonable as to price, and is in the best interests of the College, price and other factors considered; and,

WHEREAS, the cost of the Services shall be funded from the operating budget; and,

WHEREAS, the Administration and Finance Committee recommend the award of contract for the Services;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a contract for risk management and insurance brokerage services to Acrisure of Iselin, New Jersey in accordance with the terms of the proposal submitted by the firm.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

7. Resolution Authorizing Purchase of Commencement Regalia to be Funded by the Student Life Fee (SLF)

WHEREAS, Hudson County Community ("College") needs to purchase caps, gowns, tassels, and stoles to be worn by students at the May 2026 Commencement Ceremony; and,

WHEREAS, pursuant to N.J.S.A. 18A:64A-25.5 (a) (22), the purchase of graduation caps and gowns is exempt from bidding; and,

WHEREAS, Follett Corporation submitted a proposal to supply the Commencement regalia at a cost not to exceed \$79,593, which represents a 5% increase per unit from the prior year; and,

WHEREAS, the cost of these services will be funded from the Student Life Fee; and,

WHEREAS, the Administration and Finance Committee recommend this award;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award a contract to Follett Corporation of Jersey City, New Jersey to provide the Commencement regalia as described herein at a cost not to exceed \$79,593.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

8. Resolution Authorizing Collection Services

WHEREAS, Hudson County Community College ("College") requires third-party vendors to provide collection services for delinquent student loans ("Services"); and,

WHEREAS, pursuant to N.J.S.A. 18A:64A-25.5, (a) (14), the collection of amounts due on student loans, including, without limitation, loans guaranteed by or made with funds of the United States of America, may be made, negotiated or awarded by the College by resolution at a public meeting of the Board of Trustees without public advertisement for bids or bidding therefor; and,

WHEREAS, the College conducted a fair and open process to solicit proposals for the Services; and,

WHEREAS, the College has received proposals from Allied Account Services, Inc. ("Allied") and Transworld Systems, Inc. ("TSI") to provide the Services; and,

WHEREAS, both proposals are consistent with the prior year's contracts and have no fee increases; and,

WHEREAS, the anticipated term is two (2) years; and,

WHEREAS, the Administration recommends awarding contracts for the Services to Transworld Systems, Inc. and Allied Account Services, Inc.;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College award contracts for the Services to Allied Account Services, Inc. of Bellmore, New York and Transworld Systems, Inc. of Wilmington, Delaware.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the Administration to take all steps necessary to effectuate the terms of this resolution.

9. Resolution Authorizing Addendum to Existing Agreement Between Hudson County Community College (HCCC) and Business-Higher Education Forum (BHEF)

WHEREAS, Hudson County Community College ("College") and Business-Higher Education Forum ("BHEF"), collectively the parties ("the parties"), entered into an agreement ("Agreement") dated February 18, 2025, through which BHEF provides professional consulting services for a career pathways plan that includes a pathway analysis and prioritization, credential selection and skills mapping, and implementation strategy and report with recommendations for two new or evolved career pathways ("Services"); and,

WHEREAS, the parties desire to extend the Services provided through June 30, 2026, since it has taken longer than anticipated to complete BHEF's scope of Services; and,

WHEREAS, there is no additional cost for the provision of the Services and all other terms and conditions of the Agreement shall remain the same; and,

WHEREAS, the Administration and Finance Committee recommend the authorization of the amendment of the existing Agreement between Hudson County Community College and Business-Higher Education Forum;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College authorize the amendment of the existing Agreement between Hudson County Community College and Business-Higher Education Forum to reflect the new completion date for the Services of June 30, 2026.

BE IT FURTHER RESOLVED that the Board authorize the Administration to take such other and further steps as necessary to effectuate the purpose of this resolution.

10. Resolution to Terminate All Participation Under the SHBP and SEHBP (Including Prescription Drug Plan and/or Dental Plan Coverage)

See attached documents.

Supporting Documents



RESOLUTION

A Resolution to Terminate All Participation Under the SHBP and SEHBP (Including Prescription Drug Plan and/or Dental Plan Coverage).

BE IT RESOLVED:

1. The Hudson County Community College 165600
Corporate Name of Employer *SHBP/SHEBP Employer Location Number*

hereby resolves to terminate its participation in the Program (Medical Plan, Prescription Drug Plan, and/or Dental Plan coverage) thereby canceling coverage provided by the SHBP and/or SEHBP (N.J.S.A. 52:14-17.25 et seq.) for all its active and retired employees.

- 2. We shall notify all active employees of the date of their termination of coverage under the Program.
- 3. We understand that the New Jersey Division of Pensions & Benefits (NJDPB) will notify retired employees of the cancellation of their coverage.
- 4. We understand that all COBRA participants will be notified by the NJDPB and advised to contact our office concerning a possible alternative health, prescription drug, and dental insurance plan.
- 5. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:

Hudson County Community College 2 / 10 / 2026
Corporate Name of Employer *mm dd yyyy*

26 Journal Square, 14th Floor Jersey City NJ 07306
Street Address *City* *State* *Zip Code*

(201) 714-7100
Area Code *Telephone Number*

Signature *Official Title*

Number of Employees *Employer's State Employer Identification Number (EIN)*

Please complete page 2 of this form.



State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

RESOLUTION

Please complete and comply with the following:

Type of funding method with the new contract:

- Conventionally insured _____
- Minimum premium _____
- Administrative Services Only (ASO) Horizon Blue Cross Blue Shield of New Jersey
- Other (please list) Sun Life (Stop Loss)
- _____
- New Health Carrier _____
- New Prescription Drug Carrier CVS Caremark
- New Dental Plan Carrier _____
- Reason for termination from the SHBP/SEHBP Reduce cost, access to monthly claims,
- better management of plan
- _____
- _____

In accordance with N.J.S.A. 18A:16-21 and 40A:10-25, you must file a copy of your new contract with the State Health Benefits Commission or School Employees' Health Benefits Commission. Please submit a copy of the new contract with this completed resolution.

Mail Completed Resolution to: **New Jersey Division of Pensions & Benefits**
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299



Hudson County Community College

Effective 04/01/2026 through
03/31/2027**Medical**

| | Base Cost PCPM |
|----------------------------------|-----------------------|
| | <u>Direct Access</u> |
| Administrative Cost* | \$34.00 |
| Behavioral Health Administration | Included |
| Autism Management | Included |
| Pain Management | \$0.65 |
| Spine Pain Management | \$1.28 |

Buy-up Options PCPM**Health & Wellness**

| | <u>Direct Access</u> |
|---------------------------------------|----------------------|
| 24/7 Nurseline | \$0.65 |
| Care Management Plus (CP+) | \$4.67 |
| Claim Fiduciary | \$2.03 |
| Precious Additions | \$0.65 |
| Prescription Drug Data Integration*** | \$1.41 |
| Stop Loss Standard Reporting | \$1.92 |
| Stop Loss Enhanced Reporting | \$5.10 |
| Horizon Care Online**** | \$0.65 |

eviCore:

| | |
|--------------------------------------|--------|
| Radiology/Cardiology | \$2.56 |
| Molecular/Genomic Diagnostic Testing | \$0.96 |

Buy-up Options PMPM**Broker Commission PCPM:**

\$20.00

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

Assumed Enrollment

339

Proposal Qualifications: Please see attached document(s).

**CDH Fees only apply to the CDH contracts when Horizon administers the banking.

***Only applies to contracts where the deductible and out of pocket cross accumulation is required with their PBM.

****Does not apply to Over 65 Retirees.

The Health Base Administrative Cost and Buy Up fees are guaranteed for one years and will increase by 5% in the second and third year.

The Health benefits listed above must comply with the Mental Health Parity and Addiction Equity Act MHPAEA which generally requires that any limitations on mental health and substance use disorder benefits be applied no more restrictively than equivalent limitations on medical and surgical benefits. Hudson County Community College agrees to modify their benefits needed to be compliant with MHP as ultimately determined by The Fund and its counsel.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. Horizon Blue Cross and Blue Shield provides administrative services only and does not assume financial risk.

Horizon BlueCross Blue Shield of New Jersey
ASC Services Included in Administrative Fee

Claim Processing

- Designated team assigned
- Calculation of benefits and check preparation
- Coordination of Benefits / Worker's Compensation claim recoveries
- Quality assurance procedures and review
- Performance of internal audits of claim payments on a random sample basis
- Fraud control
- Claim investigation, as necessary
- Discussion of claims, where appropriate, with physicians and other providers
- Verification to providers concerning coverage and benefits
- EOB vouchers provided directly to claimants
- Notification to claimants of rejected claims and the reason for rejection
- Coordination with Precertification and Case Management

Account Services

- Account executive and team assigned to coordinate services
- Plan design and underwriting services in connection with benefit revisions, benefit additions, and extensions of coverage to new employees and their dependents
- Cost estimates and actuarial advice in connection with the above
- Enrollment and eligibility verification and maintenance
- Employee communications, such as open enrollment meetings, with distribution of applicable information

Member Services

- Toll-free 800 number
- Designated team assigned to telephone services
- Network provider listing on-line

Document development and printing

available through Internet access, and through the 1-800 telephone number)

Accounting

- Monthly billing accompanied by detailed claims listing
- Handling of grievances
- Distribution of educational information

Reporting

- Detailed claims listing (fee for service) and enrollment provided to support monthly billing
- Detailed claims listing (fee for service) for the renewal experience period provided with renewal
- Network Utilization reporting provided with renewal
- See copy of 'Sample Reports'

Ad hoc reporting is not included in the proposed fees.



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
www.horizonblue.com

December 19, 2025

Michael Atkinson
Group Benefit Account Executive
Fairview Insurance Agency
25 Fairview Avenue
Verona, NJ 07044

VIA E-MAIL

Re: Hudson County Community College - Equal to or Better

Dear Michael:

Based on the information submitted, regarding **Hudson County Community College's** current benefits provided by the SEHBP, Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) agrees to provide benefit levels (i.e., co-payments, coinsurance, deductibles, plan limits and maximums) that are equal to or better than the current program.

Please note, Horizon BCBSNJ will administer the medical program in accordance with its own medical policies, protocols, networks and utilization management practices including determination of medical necessity and Horizon's standard prior authorization and medical management programs. We understand there exists the potential for misunderstanding during the transition to any new carrier. Be assured that our Business Team Leaders are prepared to work with you to identify and resolve any specific issues we encounter as we transition the plan to Horizon BCBSNJ.

If you should have any questions or concerns, please feel free to contact me. Thank you for considering Horizon Blue Cross Blue Shield of New Jersey.

Sincerely,

Daniel Pallotto

Senior Sales Executive
Horizon BCBSNJ

Proposal Qualifications—Proposal for Hudson County Community College

Financial

- Administrative fees based on a minimum of 339 employees enrolled as of the effective date: 04/01/2026.
- Administrative fee includes claim and service administration, medical utilization and case management.
- Administrative fees quoted are mature and include costs associated with 12 months of run-out administration.
- In the event that this administrative services arrangement terminates or the enrollment changes by 10% within the contract period, you would be liable to fund a pro-rated fee for run-out administration.
- Administrative fee includes ADR reporting. Ad hoc Stop Loss reporting either Standard or Enhanced will be charged on a Per Contract Per Month (PCPM) basis. Standard reporting fee is \$1.92 PCPM or Enhanced reporting is \$5.10 PCPM.
- The ongoing charge for a Medical and Pharmacy combined MOOP is \$1.41 PCPM contingent upon the file feed is in an established Horizon format already in place between the PBM and Horizon. This fee will be charged if Pharmacy is not with Horizon BCBSNJ.
- Administrative fee includes cost of set-up of one external monthly file feeds in Horizon’s standard format.
- Access fees may be applied in certain geographic locations. The terms and limitations associated with application fees are defined in the administrative services agreement.
- All terms of this agreement are subject to change based on changes in federal and/or state mandates or regulations.
- The group agrees to provide Horizon BCBSNJ with a “Working Capital Amount”, an amount necessary for Horizon BCBSNJ to cover costs for services Horizon BCBSNJ provides, such as claims payment to network providers, prior to billing or invoicing contract holder for such costs. Working capital amount may be recalculated based on the following:
 - a change in the plan’s benefits or type of product administered by Horizon BCBSNJ;
 - a change in contract holder’s plan eligibility rules; change in enrollment of more than 15% or of more than 200 plan participants;
 - or in the event projected claims do not accurately reflect actual claims on a routine basis.
- Collection of Working Capital is via ACH debit basis calculated on 7 days claims number consistent with our Underwriting formula.
- If the group chooses OMNIA, there is a Network Access Fee which must be added depending on group size.
- Our pharmacy offer is based on a broad network and a low-cost managed formulary with guaranteed rebates.
- **Requirements**
 - Standard Administrative Services Agreement – No changes/additional/edits

- Standard Billing with ACH debit
- No Advance Deposit Exceptions
- Limited to 10 subgroups
- No guarantees
- Standard Benefits
- Pharmacy (if applicable) Classic formulary, no customization
- **Pharmacy Rebate Credits:** Certain pharmacy rebates shall apply to benefits obtained through Horizon BCBSNJ's Pharmacy Network. Horizon BCBSNJ shall credit Contract Holder's Claims Due during the eighth month after the end of the quarter in which the Claim is Paid.
- **Broker Payment Administration.** Horizon BCBSNJ administers payment of broker commissions ("Broker Payments") on Contract Holder's behalf to Contract Holder's commissioned broker ("Broker of Record"). Broker Payments are specifically directed, approved, and authorized by Contract Holder. Horizon BCBSNJ provides administrative services only in making Broker Payments and does not independently make commission payments to Contract Holder's brokers. Contract Holder shall be solely responsible for contracting with and maintaining its relationship with the Broker of Record. Further, Contract Holder explicitly acknowledges that Horizon BCBSNJ is not a party to such relationship, nor does it have any implicit or explicit relationship for purposes of this Agreement, with the Broker of Record. Contract Holder shall be solely responsible for the identification, and any subsequent change, of the Broker of Record.

Contract Holder acknowledges that Horizon BCBSNJ's administration of Broker Payment shall be in accordance with Horizon BCBSNJ's applicable broker payment policy/ies, which is available upon request. Broker Payments shall be at the stated fee, shall be funded entirely by Contract Holder, and Horizon BCBSNJ shall commence Broker Payments to the Broker of Record on the start date of the Term up to the Term end date, or until given written notice by Contract Holder to cease payment in accordance with applicable Horizon BCBSNJ broker payment policy/ies, whichever is earlier. Notwithstanding, Horizon BCBSNJ will not administer Broker Payment without Contract Holder's endorsement of this Schedule. Contract Holder shall be invoiced for and pay Horizon BCBSNJ for any Broker Payments administered under this provision in accordance with the provisions governing payment for Administrative Fees.

- Broker Commission is \$20.00 PCPM.



| Hudson County Community College | |
|---------------------------------|----------|
| Effective Date: | 4/1/2026 |
| Members: | 712 |
| Contracts: | 339 |

| TRADITIONAL | |
|---|--------|
| Contract Period | Select |
| BRAND DISCOUNTS | |
| Retail Network | |
| 4/01/2026 to 3/31/2027 | 20.35% |
| 4/01/2027 to 3/31/2028 | 20.40% |
| Extended Supply Network (ESN) - 90 Day Channel | |
| 4/01/2026 to 3/31/2027 | 24.25% |
| 4/01/2027 to 3/31/2028 | 24.30% |
| Mail | |
| 4/01/2026 to 3/31/2027 | 25.10% |
| 4/01/2027 to 3/31/2028 | 25.10% |
| GENERIC DISCOUNTS | |
| Retail Network | |
| 4/01/2026 to 3/31/2027 | 86.20% |
| 4/01/2027 to 3/31/2028 | 86.30% |
| Extended Supply Network (ESN) - 90 Day Channel | |
| 4/01/2026 to 3/31/2027 | 88.50% |
| 4/01/2027 to 3/31/2028 | 88.60% |
| Mail | |
| 4/01/2026 to 3/31/2027 | 88.50% |
| 4/01/2027 to 3/31/2028 | 88.60% |
| BRAND DISPENSING FEES | |
| Retail Network | |
| 4/01/2026 to 3/31/2027 | \$0.40 |
| 4/01/2027 to 3/31/2028 | \$0.40 |
| Extended Supply Network (ESN) - 90 Day Channel | |
| 4/01/2026 to 3/31/2027 | \$0.00 |
| 4/01/2027 to 3/31/2028 | \$0.00 |
| Mail | |
| 4/01/2026 to 3/31/2027 | \$0.00 |
| 4/01/2027 to 3/31/2028 | \$0.00 |
| GENERIC DISPENSING FEES | |
| Retail Network | |
| 4/01/2026 to 3/31/2027 | \$0.40 |
| 4/01/2027 to 3/31/2028 | \$0.40 |
| Extended Supply Network (ESN) - 90 Day Channel | |
| 4/01/2026 to 3/31/2027 | \$0.00 |
| 4/01/2027 to 3/31/2028 | \$0.00 |
| Mail | |
| 4/01/2026 to 3/31/2027 | \$0.00 |
| 4/01/2027 to 3/31/2028 | \$0.00 |
| AGGREGATE SPECIALTY | |
| Discount | |
| 4/01/2026 to 3/31/2027 | 23.00% |
| 4/01/2027 to 3/31/2028 | 23.00% |
| Specialty Pharmacy Dispensing Fee | |
| 4/01/2026 to 3/31/2027 | \$0.00 |
| 4/01/2027 to 3/31/2028 | \$0.00 |

Notes:

- Discounts are based upon the actual NDC-11 dispensed on the fill date.
- Guarantees are based upon the above selected Horizon Network.
- Guarantees are based upon an implemented Horizon Extended Supply Network (90-day retail). If not implemented, retail network rates apply.
- Discount and dispensing fee rates exclude compound, long term care (LTC) pharmacy, home infusion (HI), veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, claims for products not covered by the benefit design or formulary, claims for products dispensed subject to grandfathering, claims for products approved through medical exception process, U.S. territory (TER), 340B, Medicare/Medicaid, out-of-network, member-submitted (e.g. direct member reimbursement), coordination of benefits (COB), subrogation, invalid, usual and customary (U&C) claims and non-specialty discount and dispensing fees also exclude specialty (as defined by the Horizon specialty drug file) claims.
- For discount purposes, Specialty is defined by the Horizon specialty drug file.
- Guarantees are based upon Home Delivery being the exclusive mail provider.
- Guarantees are based upon an exclusive specialty network arrangement.
- Aggregate Specialty Discount guarantees do not include limited distribution drugs nor any new specialty drugs brought to market and added to the specialty drug list during the term of each contract year.
- Unexpected generic launches, products launched at risk or under patent litigation are excluded from generic guarantees.
- For discount and dispensing fees, a brand name product is defined as drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- For discount and dispensing fees, generic drugs are defined as drugs that have a Medi-Span multisource code field equal to "Y".
- Discount and dispensing fee guarantees do not reflect adjustments for CMS negotiated drug prices as outlined in the Inflation Reduction Act. In the event CMS drug price negotiations impact Horizon's ability to meet guarantees, Horizon reserves the right to adjust the reconciliation of guarantees after CMS releases the negotiated prices for 2026 and beyond.
- For the purpose of reconciliation at contract year end, discount and dispensing fee guarantees are reconciled in aggregate. Rebate guarantees are also reconciled in aggregate but separate from discount and dispensing fee guarantees, as long as the contract remains in effect.
- Guarantees are based on adoption and adherence of an above Horizon formulary, including associated utilization management, recommended formulary strategies and clinical programs. Horizon reserves the right to make an equitable modification to the pricing terms of the agreement for the following: changes in any law or regulation, changes in the interpretation of the law or regulation, claims where pricing is controlled by the law, changes within PBM marketplace which lead to a significant deviation from the current economic environment, unexpected market events, unexpected generic launches, authorized generic launches, biosimilar products, products launched at risk, products under patent litigation, new lower cost NDCs priced net of rebates from the innovator, products with WAC decreases, changes in manufacturer or distribution supply chain, changes in drug indications, implementation of new clinical programs, removal of existing clinical programs, changes in pharmacy benefit plan design, specialty drug file, limited distribution list, or formulary changes.
- Members will pay the lower of the contracted rate, U&C, or their applicable copayment.
- Assumes client does not have 340B pricing.
- Guarantees provided do not include savings from DUR or other clinical programs.
- Specialty drugs dispensed through the medical benefit are not included in guarantees.
- Horizon reserves the right to equitably adjust guarantees in the event the number of covered members or pharmacy claims volume materially changes over the course of the contract.
- Products with government mandated reimbursement, emergency use protocols, or related to Covid 19 (e.g. testing, vaccines and treatments) are excluded from guarantees.
- Guarantees are measured based on the collective experience of clients with similar arrangement, reconciled annually (regardless of plan year or renewal date), and applied in aggregate as long as contract remains in effect.
- Actual client experience may vary based on utilization and drug mix.
- Horizon is offering a pharmacy management fund credit up to \$20,340.00 each year. This credit will be based on enrollment and will be \$60.00 Per Contract Per Year (PCPY) up to \$40,680.00. The annual pharmacy management fund credit will be calculated using the latest enrollment of the respective year and multiplied by \$60.00, capped at \$20,340.00 per year. The pharmacy management fund credit will be paid annually in a lump sum, 90 days post effective date of each contract year and this payment will be contingent on Horizon remaining the exclusive administrator of Hudson County Community College's medical and pharmacy programs.
- In the event that the group terminates any portion of their business with Horizon during the 24 month period, Horizon reserves the right to claw back a pro-rated portion of the credit. For example: If Horizon prepaid a credit of \$175,000 in 2025 but the group terminated their coverage in October of that same year, Hudson County Community College would be responsible to refund Horizon three months of the pre-paid credit.
- Mail guarantees only include claims from a mail vendor with 84 days of supply or greater. Claims from 1 to 83 days of supply from a mail vendor are included in the retail guarantees.
- If termination occurs before the 24-month contract term, Hudson County Community College will forfeit any earned but unpaid rebates as of the term date.
- Network pricing guarantees do not account for cost plus based pharmacy contracts (e.g. CVS CostVantage) as several key provider contract details remain unknown. Horizon reserves the right to adjust network pricing guarantees should any cost plus based pharmacy contracts impact Plan sponsor's ability to achieve the proposed pricing. Horizon will work in good faith with Hudson County Community College to adjust pricing to account for the unique structure of any non-traditional pharmacy contract structures.



| | |
|--|----------|
| Hudson County Community College | |
| Effective Date: | 4/1/2026 |
| Members: | 712 |
| Contracts: | 339 |

| TRADITIONAL | | |
|---|------------|-------------|
| Contract Period | Classic | Net Results |
| REBATE PER BRAND | | |
| Retail Network | | |
| 4/01/2026 to 3/31/2027 | \$390.00 | \$420.00 |
| 4/01/2027 to 3/31/2028 | \$410.00 | \$445.00 |
| Extended Supply Network (ESN) - 90 Day Channel | | |
| 4/01/2026 to 3/31/2027 | \$855.00 | \$935.00 |
| 4/01/2027 to 3/31/2028 | \$938.00 | \$1,000.00 |
| Mail | | |
| 4/01/2026 to 3/31/2027 | \$1,000.00 | \$1,100.00 |
| 4/01/2027 to 3/31/2028 | \$1,050.00 | \$1,200.00 |
| Specialty | | |
| 4/01/2026 to 3/31/2027 | \$3,900.00 | \$4,300.00 |
| 4/01/2027 to 3/31/2028 | \$4,200.00 | \$4,500.00 |

Notes:

- Pricing is based upon the above selected Horizon formulary.
- For rebate purposes, Specialty is defined by the Horizon specialty drug file.
- Compound, long term care (LTC) pharmacy, home infusion (HI) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/TT/U) pharmacy, U.S. territory (TER) pharmacy, 340B, Medicare/Medicaid, out-of-network, member-submitted, foreign, coordination of benefits (COB), subrogation, paper, invalid, vaccine, over-the-counter (OTC), biosimilar, and limited distribution drug (LDD) claims are excluded from rebate guarantees.
- Rebate guarantees do not reflect adjustments for CMS negotiated drug prices as outlined in the Inflation Reduction Act. In the event CMS drug price negotiations impact Horizon's ability to meet rebate guarantees, Horizon reserves the right to adjust the reconciliation of guarantees.
- For rebate purposes, Brand drugs are defined as all drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- Rebate guarantees assume WAC reduction for the following products due to AMP CAP: all versions of JANUMET, JANUVIA, SPIRIVA-HANDIHALER. Horizon reserves the right to adjust the reconciliation of guarantees for any other products with a WAC decrease.
- PBM reserves the right to make an equitable adjustment for differences from baseline data and/or pricing assumptions in mix, utilization, or brand/generic classification of biosimilars used to develop the offer. The adjustment may be applied to rebate payments during the contract year or at the time of final year end reconciliation. Pricing assumptions are 100% Humira, 0% Low WAC Brand, and 0% Low WAC Generic in Year 1; 100% Humira, 0% Low WAC Brand, and 0% Low WAC Generic in Year 2; 100% Humira, 0% Low WAC Brand, and 0% Low WAC Generic in Year 3. Pricing Assumptions are 100% Stelara, 0% Low WAC Brand, and 0% Low WAC Generic in Year 1; 100% Stelara, 0% Low WAC Brand, and 0% Low WAC Generic in Year 2; 100% Stelara, 0% Low WAC Brand, and 0% Low WAC Generic in Year 3.



2/3/2026

Hudson County Community College - May 1,2026 Stop Loss Options

| Effective Date | May 1,2026 | | | | | | |
|--|----------------------|------------------------|------------------------|------------------------|----------------------|----------------------|----------------------|
| Number of Lives | <u>Single</u> | <u>Family</u> | <u>Total Lives</u> | | | | |
| | 181 | 80 | 363 | | | | |
| | <u>EE+Spouse</u> | <u>EE+Child(ren)</u> | | | | | |
| | 57 | 45 | | | | | |
| | <u>Current</u> | <u>Option 1</u> | <u>Option 2</u> | <u>Option 3</u> | <u>Option 4</u> | <u>Option 5</u> | <u>Option 6</u> |
| Fixed Cost Summary | | | | | | | |
| Carrier: | NJ State 2026 | Sun Life | Sun Life | Sun Life | Sun Life | Sun Life | Sun Life |
| TPA - Network | Horizon/Aetna | Meritain/.Aetna | Meritain/.Aetna | Meritain/.Aetna | Horizon BC/BS | Horizon BC/BS | Horizon BC/BS |
| Individual Specific Deductible | N/A | \$200,000 | \$250,000 | \$300,000 | \$200,000 | \$250,000 | \$300,000 |
| Aggregating Specific Deductible Basis | N/A | \$200,000 | \$250,000 | \$300,000 | \$200,000 | \$250,000 | \$300,000 |
| Specific Coverages | Fully Insured | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO |
| Employee Rate | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card |
| EE+Spouse Rate | \$2,883.58 | \$143.53 | \$111.16 | \$83.37 | \$147.16 | \$114.19 | \$86.98 |
| EE+Child(ren) Rate | \$2,883.58 | \$343.00 | \$288.48 | \$227.02 | \$351.68 | \$296.35 | \$236.85 |
| Family Rate | \$2,883.58 | \$294.00 | \$247.27 | \$194.59 | \$301.44 | \$254.01 | \$203.01 |
| Monthly Premium | \$2,883.58 | \$506.33 | \$425.85 | \$335.13 | \$519.15 | \$437.47 | \$349.63 |
| Annual Premium | \$1,046,740 | \$99,266 | \$81,758 | \$63,597 | \$101,779 | \$83,988 | \$66,350 |
| Aggregate Premium PEP | \$12,560,874 | \$1,191,196 | \$981,102 | \$763,165 | \$1,221,342 | \$1,007,861 | \$796,196 |
| Monthly Aggregate Premium | \$0.00 | \$9.03 | \$9.28 | \$9.28 | \$9.03 | \$9.28 | \$9.28 |
| Annual Aggregate Premium | \$0 | \$3,278 | \$3,369 | \$3,369 | \$3,278 | \$3,369 | \$3,369 |
| *Administrative Fees | \$0 | \$39,335 | \$40,424 | \$40,424 | \$39,335 | \$40,424 | \$40,424 |
| Monthly Administrative Fee | \$0.00 | \$28.10 | \$28.10 | \$28.10 | \$74.60 | \$74.60 | \$74.60 |
| Annual Administrative Fee | \$0 | \$10,200 | \$10,200 | \$10,200 | \$27,080 | \$27,080 | \$27,080 |
| * Includes PPO, UR, Broker,TPA Admin. Fees & RX PBM credit | \$0 | \$122,404 | \$122,404 | \$122,404 | \$324,958 | \$324,958 | \$324,958 |
| Total Monthly Fixed Expenses | \$1,046,740 | \$112,745 | \$95,327 | \$77,166 | \$132,136 | \$114,437 | \$96,798 |
| Annual Fixed Expenses | \$12,560,874 | \$1,352,934 | \$1,143,929 | \$925,992 | \$1,585,635 | \$1,373,242 | \$1,161,577 |
| Aggregate & Expected Claims | | | | | | | |
| Basis | Fully Insured | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO | 12/12 w TLO |
| Aggregate Coverages | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card | Medical, RX Card |
| Attachment Corridor | 125% | 125% | 125% | 125% | 125% | 125% | 125% |
| Employee Attachment Factor | \$0.00 | \$1,701.56 | \$1,742.99 | \$1,785.18 | \$1,740.18 | \$1,781.61 | \$1,823.80 |
| EE+Spouse Rate | \$0.00 | \$3,573.27 | \$3,660.27 | \$3,748.87 | \$3,654.37 | \$3,741.38 | \$3,829.98 |
| EE+Child(ren) Rate | \$0.00 | \$3,062.81 | \$3,137.38 | \$3,213.32 | \$3,132.32 | \$3,206.89 | \$3,282.83 |
| Family Attachment Factor | \$0.00 | \$5,274.82 | \$5,403.26 | \$5,534.05 | \$5,394.55 | \$5,522.99 | \$5,653.77 |
| Total Annual Aggregate Deductible | \$0 | \$12,857,650 | \$13,170,714 | \$13,489,519 | \$13,149,481 | \$13,462,552 | \$13,781,347 |
| Total Annual Fixed | \$12,560,874 | \$1,352,934 | \$1,143,929 | \$925,992 | \$1,585,635 | \$1,373,242 | \$1,161,577 |
| Total Annual Aggregate Deductible | \$0 | \$12,857,650 | \$13,170,714 | \$13,489,519 | \$13,149,481 | \$13,462,552 | \$13,781,347 |
| Total Annual Cost | \$12,560,874 | \$14,210,584 | \$14,314,643 | \$14,415,511 | \$14,735,115 | \$14,835,794 | \$14,942,925 |
| Total Annual Fixed | \$12,560,874 | \$1,352,934 | \$1,143,929 | \$925,992 | \$1,585,635 | \$1,373,242 | \$1,161,577 |
| Total Estimated Paid - Medical | \$0 | \$7,035,361 | \$7,467,319 | \$7,745,369 | \$7,373,007 | \$7,825,773 | \$8,117,254 |
| Total Estimated A4 Surcharge | \$0 | \$119,601 | \$126,944 | \$131,671 | \$125,341 | \$133,038 | \$137,993 |
| Total Estimated Paid Prescription | \$0 | \$3,171,168 | \$3,171,168 | \$3,171,168 | \$3,202,880 | \$3,202,880 | \$3,202,880 |
| Estimated Prescription Drug Rebates | \$0 | \$634,234 | \$634,234 | \$634,234 | \$624,562 | \$624,562 | \$624,562 |
| Total Estimated Plan Cost Med & RX | \$12,560,874 | \$11,044,831 | \$11,275,127 | \$11,339,967 | \$11,662,300 | \$11,910,371 | \$11,995,143 |
| Savings Potential | 8 months 2026 Rates | \$1,516,044 | \$1,285,748 | \$1,220,908 | \$898,574 | \$650,503 | \$565,731 |
| | 4 Months 15% 2027 | | | | 106% | 106% | 106% |

Sun Life Highlights
 No New lasers at Renewal
 Gene Therapy Enhancement
 Gapless Renewal
 No Redisclosure at Renewal
 See Proposal for details

| Side-by-Side Medical Comparison | GARDEN STATE | EDUCATORS | DIRECT 10 | DIRECT 15 |
|--|---|---|---|---|
| Primary Care Copayment | \$10 | \$10 | \$10 | \$15 |
| Specialist Care Copayment | \$15 | \$15 | \$10 | \$15 |
| Emergency Room Copayment | \$125 | \$125 | \$25 | \$50 |
| In-Network Deductible | | | | |
| In-Network Coinsurance ¹ | 10% | 10% | 10% | 10% |
| In-Network Coinsurance Maximum (Individual/Family) | | | | \$400/\$1,000 |
| In-Network Out-of-Pocket Maximum (Individual/Family) | \$500/\$1,000 | \$500/\$1,000 | \$400/\$1,000 | \$8,480/\$16,960 |
| Out-of-Network Deductible (Individual/Family) | \$350/\$700 | \$350/\$700 | \$100/\$250 | \$100/\$250 |
| Out-of-Network Coinsurance ² | 30% | 30% | 20% | 30% |
| Out-of-Network Out-of-Pocket Maximum (Individual/Family) | \$2,000/\$5,000 | \$2,000/\$5,000 | \$2,000/\$5,000 | \$2,000/\$5,000 |
| Out-of-Network In Patient Hospital Deductible | Out-of-Network Deductible applies (see above) |
| Out-of-Network Allowance | 200% of CMS | 200% of CMS | 90th Percentile of FAIR Health national | 90th Percentile of FAIR Health national |

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-800-370-4526. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-370-4526 to request a copy.

| Important Questions | Answers | Why This Matters: |
|--|--|--|
| What is the overall deductible? | \$0. Out-of-Network: Individual \$350 / Family \$700. | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| Are there services covered before you meet your deductible? | No. | You will have to meet the deductible before the plan pays for any services |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | In-Network: Individual \$500 / Family \$1,000. Out of Network: Individual \$2,000 / Family \$5,000. | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billing charges & health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. See www.aetna.com/docfind or call 1-800-370-4526 for a list of in-network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist? | No. | You can see the specialist you choose without a referral. |



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|---|--|---|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$10 <u>copay</u> /visit, deductible doesn't apply; except no charge for office surgery | 30% <u>coinsurance</u> | None |
| | <u>Specialist</u> visit | \$15 <u>copay</u> /visit, deductible doesn't apply; except no charge for office surgery | 30% <u>coinsurance</u> | None |
| | <u>Preventive care</u> / <u>screening</u> /immunization | No charge | Not covered, except 30% <u>coinsurance</u> for immunizations up to age 12 months, mammograms & gynecological exams | You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. |
| If you have a test | <u>Diagnostic test</u> (x-ray, blood work) <u>Imaging</u> (CT/PET scans, MRIs) | No charge No charge | 30% <u>coinsurance</u> 30% <u>coinsurance</u> | None None |
| | Generic drugs Preferred brand drugs Non-preferred brand drugs | Not covered Not covered Not covered | Not covered Not covered Not covered | Not covered. |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|---|--|--|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.aetna.com/pharmacy-<u>insurance/individual-s-families</u>">www.aetna.com/pharmacy-<u>insurance/individual-s-families</u> | <u>Specialty drugs</u> | Not covered | Not covered | Not covered. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees | No charge No charge | 30% <u>coinsurance</u> 30% <u>coinsurance</u> | None None |
| If you need immediate medical attention | <u>Emergency room care</u> | <u>Deductible</u> doesn't apply: \$125 copay | <u>Deductible</u> doesn't apply: \$125 copay | Out-of-network emergency use paid the same as in-network. No coverage for non-emergency use. |
| | <u>Emergency medical transportation</u> | 10% <u>coinsurance</u> , <u>deductible</u> doesn't apply | 30% <u>coinsurance</u> | Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except 20% <u>coinsurance</u> if pre-authorized. |
| | <u>Urgent care</u> | \$10 <u>copay/visit</u> , <u>deductible</u> doesn't apply | 30% <u>coinsurance</u> | No coverage for non-urgent use. |
| If you have a hospital stay | Facility fee (e.g., hospital room) | No charge | 30% <u>coinsurance</u> | <u>Pre-authorization</u> required for out-of-network care. |
| | Physician/surgeon fees | No charge | 30% <u>coinsurance</u> | None |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | Office: \$15 <u>copay/visit</u> , <u>deductible</u> doesn't apply; other outpatient services: no charge | Office & other outpatient services: 30% <u>coinsurance</u> | None |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|--|---|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you are pregnant | Inpatient services | No charge | 30% <u>coinsurance</u> | <u>Pre-authorization</u> required for out-of-network care. |
| | Office visits | No charge | 30% <u>coinsurance</u> | <u>Cost sharing</u> does not apply for <u>preventive</u> services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). <u>Pre-authorization</u> for out-of-network care may apply. |
| | Childbirth/delivery professional services | No charge | 30% <u>coinsurance</u> | |
| | Childbirth/delivery facility services | No charge | 30% <u>coinsurance</u> | <u>Pre-authorization</u> required for out-of-network care. |
| If you need help recovering or have other special health needs | <u>Home health care</u> | No charge | 30% <u>coinsurance</u> | Out-of-network maximum: 75% of in-network cost up to \$52/visit for Physical Therapy, including outpatient hospital services. |
| | <u>Rehabilitation services</u> | \$15 <u>copay/visit</u> , <u>deductible</u> doesn't apply | 30% <u>coinsurance</u> | None |
| | <u>Habilitation services</u> | \$15 <u>copay/visit</u> , <u>deductible</u> doesn't apply; except no charge for Autism & outpatient hospital facility | 30% <u>coinsurance</u> | 120 days/calendar year <u>in-network</u> & 60 days out-of-network/calendar year. <u>Pre-authorization</u> required for out-of-network care. |
| | <u>Skilled nursing care</u> | No charge | 30% <u>coinsurance</u> | Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse. |
| | <u>Durable medical equipment</u> | 10% <u>coinsurance</u> , <u>deductible</u> doesn't apply | 30% <u>coinsurance</u> | <u>Pre-authorization</u> required for out-of-network care. |
| | <u>Hospice services</u> | No charge | 30% <u>coinsurance</u> | 1 routine eye exam/calendar year. |
| If your child needs dental or eye care | Children's eye exam | \$15 <u>copay/visit</u> , <u>deductible</u> doesn't apply | Not covered | Not covered. |
| | Children's glasses | Not covered | Not covered | Not covered. |
| | Children's dental check-up | Not covered | Not covered | Not covered. |

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Prescription drugs
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture - Limited to disease, injury & chronic pain. Out-of-network maximum: 75% of in-network cost up to \$60/visit.
- Bariatric surgery
- Chiropractic care - 30 visits/calendar year.
- Out-of-network maximum: 75% of in-network cost up to \$35/visit.
- Hearing aids - 1 hearing aid to \$2,500 maximum per ear/60 months.
- Infertility treatment - For more information & exceptions, see policy document provided by your employer or call the number on your ID card.
- Private-duty nursing
- Routine eye care (Adult) - 1 routine eye exam/calendar year for in-network only.

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the [plan](tel:1-800-370-4526) at 1-800-370-4526.
 - If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>
 - For non-federal governmental group health [plans](#), you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
 - If your coverage is a church [plan](#), church [plans](#) are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.
- Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your plan documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general number at 1-800-370-4526. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>

- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0
- Specialist copayment \$10
- Hospital (facility) copayment \$0
- Other copayment \$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

| <u>Cost Sharing</u> | |
|-----------------------------------|-------------|
| <u>Deductibles</u> | \$0 |
| <u>Copayments</u> | \$0 |
| <u>Coinsurance</u> | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$70 |
| The total Peg would pay is | \$70 |

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$10
- Hospital (facility) copayment \$0
- Other copayment \$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

| <u>Cost Sharing</u> | |
|-----------------------------------|----------------|
| <u>Deductibles</u> | \$0 |
| <u>Copayments</u> | \$100 |
| <u>Coinsurance</u> | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$4,300 |
| The total Joe would pay is | \$4,400 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0
- Specialist copayment \$10
- Hospital (facility) copayment \$0
- Other copayment \$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

| <u>Cost Sharing</u> | |
|-----------------------------------|--------------|
| <u>Deductibles</u> | \$0 |
| <u>Copayments</u> | \$100 |
| <u>Coinsurance</u> | \$90 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$10 |
| The total Mia would pay is | \$200 |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-800-370-4526.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-800-370-4526.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Coverage Period: 01/01/2026 - 12/31/2026

Horizon BCBSNJ: School Employees' Health Benefits Program- NJ Educators Health Plan (PPO)

Coverage for: All Coverage Types Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. Benefits may change upon renewal. For more information about your coverage, or to get a copy of the complete terms of coverage, visit Member Online Services at <http://www.nj.gov/treasury/pensions/index.shtml> or by calling 1-609-292-7524. If you do not currently have coverage with Horizon BCBSNJ you can view a sample policy here, <http://www.nj.gov/treasury/pensions/index.shtml>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-609-292-7524 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| What is the overall deductible? | \$350.00 Individual / \$700.00 Family per calendar year for out-of-network providers. Aggregate family. | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| Are there services covered before you meet your deductible? | Yes. Preventive care is covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | For Active employee in-network Health providers \$500.00 Individual/ \$1,000.00 Family. Retiree in-network Health providers \$500.00 Individual/ \$1,000.00 Family. Out-of-network providers \$2,000.00 Individual/ \$5,000.00 Family. | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billing charges and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. For a list of in-network providers, see www.HorizonBlue.com/shbp or call 1-800-414-SHBP (7427) . Benefits provided by in-network providers and BlueCard PPO providers are at the in-network level of benefits. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

Do you need a referral to see a specialist? No. You can see the specialist you choose without a referral.
 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|---|--|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$10.00 Copayment per visit. | 30% Coinsurance. | Out-of-network allowances for Chiropractic, Acupuncture and Physical Therapy services are limited to no more than \$35.00 per visit for Chiropractic, \$60.00 per visit for Acupuncture and \$52.00 per visit for Physical Therapy or 75% of the in network cost per visit, whichever is less. |
| | Specialist visit | \$15.00 Copayment per visit. | 30% Coinsurance. | |
| If you have a test | Preventive care/ screening/immunization | No Charge. | Not Covered. | One per calendar year. You may have to pay for services that aren't Preventive. Ask your provider if the services needed are Preventive. Then check what your plan will pay for. |
| | Diagnostic test (x-ray, blood work) | No Charge. | 30% Coinsurance. | |
| If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available through your employer. | Imaging (CT/PET scans, MRIs) | No Charge. | 30% Coinsurance. | Requires pre-approval. none |
| | Generic drugs | See separate Prescription Drug Plan SBC | 30% Coinsurance. | |
| | Preferred brand drugs | | | |
| | Non-preferred brand drugs | | | |
| Specialty drugs | | | | |
| If you have outpatient surgery | Facility fee (e.g, ambulatory surgery center) | No Charge. | 30% Coinsurance. | none |
| | Physician/surgeon fees | No Charge. | 30% Coinsurance. | |
| If you need immediate medical attention | Emergency room care | \$125.00 Copayment per visit for Outpatient Hospital. | \$125.00 Copayment per visit for Outpatient Hospital. Deductible does not apply. | If admitted within 24 hours, the copayment is waived. Payment at the in-network level applies only to true |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | | | | Medical Emergencies & Accidental Injuries. |
| | <u>Emergency medical transportation</u> | <u>10% Coinsurance.</u> | <u>30% Coinsurance.</u> | Limited to local emergency transport to the nearest facility equipped to treat the emergency condition. |
| | <u>Urgent care</u> | <u>\$15.00 Copayment per visit for Specialist.</u> | <u>30% Coinsurance for Specialist.</u> | _____none_____ |
| If you have a hospital stay | Facility fee (e.g., hospital room) | No Charge for Inpatient Hospital. | <u>30% Coinsurance for Inpatient Hospital.</u> | Requires pre-approval. |
| | Physician/surgeon fees | No Charge for Inpatient Hospital. | <u>30% Coinsurance for Inpatient Hospital.</u> | Requires pre-approval. <u>30% Coinsurance for out-of-network anesthesia.</u> |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | No Charge for Outpatient Hospital. <u>\$15.00 Copayment per Office Visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office Visit.</u> | <u>30% Coinsurance for Outpatient Hospital.</u> | Some specialty outpatient services require pre-approval. The Integrated System of Care (ISC) program is available to members with a serious mental illness or substance use disorder. Reimbursement for ISC services requires a <u>contracted ISC provider</u> . Locate a <u>provider at www.Horizonblue.com/member-ISC</u> . |
| | Inpatient services | No Charge for Inpatient Hospital. | <u>30% Coinsurance for Inpatient Hospital.</u> | Requires pre-approval. |
| If you are pregnant | Office visits | <u>\$10.00 Copayment per visit for Office. \$15.00 Copayment per visit for Office; Specialist.</u> | <u>30% Coinsurance.</u> | <u>Cost sharing does not apply for preventive services.</u> Maternity care may include tests and services described elsewhere in the SBC (i.e. Ultrasound.) |
| | Childbirth/delivery professional services | No Charge. | <u>30% Coinsurance.</u> | _____none_____ |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---------------------------------------|---|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need help recovering or have other special health needs | Childbirth/delivery facility services | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. |
| | <u>Home health care</u> | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. |
| | <u>Rehabilitation services</u> | No Charge for Inpatient and Outpatient Facility. \$15.00 <u>Copayment</u> per visit for Office. | 30% <u>Coinsurance</u> . | Requires pre-approval. Out-of-network allowance for Physical Therapy services is limited to \$52.00 per visit or 75% of the in network cost per visit, whichever is less. |
| | <u>Habilitation services</u> | No Charge for Inpatient and Outpatient Facility. \$15.00 <u>Copayment</u> per visit for Office. | 30% <u>Coinsurance</u> . | |
| | <u>Skilled nursing care</u> | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. Limited to 120 days in-network and 60 out-of-network facility days for a combined maximum of 120 days per calendar year. |
| | <u>Durable medical equipment</u> | 10% <u>Coinsurance</u> . | 30% <u>Coinsurance</u> . | Requires pre-approval for all rentals and some purchases. |
| | <u>Hospice services</u> | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. |
| | Children's eye exam | \$15.00 <u>Copayment</u> per visit. | Not Covered. | Coverage is limited to 1 visit. |
| | Children's glasses | Not Covered. | Not Covered. | _____none_____ |
| | Children's dental check-up | Not Covered. | Not Covered. | _____none_____ |
| If your child needs dental or eye care | | | | |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
 - Most coverage provided outside the United States.
 - Private-duty nursing
- Dental care
 - Non-emergency care when traveling outside the U.S.
 - Routine foot care
- Long Term Care
 - Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (for pain management only)
 - Chiropractic care (limited to 30 visits/year)
 - Infertility treatment (requires pre-approval)
- Bariatric surgery (requires pre-approval)
 - Hearing aids, including coverage for Cochlear implants
 - Routine eye care (Adult)

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-414-7427 (SHBP), the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cicio.cms.gov, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.getcovered.nj.gov or call 1-833-677-1010.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Horizon Blue Cross Blue Shield of New Jersey Member Services at 1-800-414-SHBP (7427). You may also contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700.00

In this example, Peg would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$0.00 |
| Copayments | \$20.00 |
| Coinsurance | \$0.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$70.00 |
| The total Peg would pay is | \$90.00 |

Please note that some of the Limits or Exclusions listed above may be covered under the Prescription Plan.

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600.00

In this example, Joe would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|-------------------|
| Deductibles | \$0.00 |
| Copayments | \$100.00 |
| Coinsurance | \$0.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$4,300.00 |
| The total Joe would pay is | \$4,400.00 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800.00

In this example, Mia would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|-----------------|
| Deductibles | \$0.00 |
| Copayments | \$200.00 |
| Coinsurance | \$100.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$10.00 |
| The total Mia would pay is | \$310.00 |

This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>



Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin (including limited English proficiency and primary language), age, disability, pregnancy, gender identity, sex, sexual orientation, sex characteristics or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon provides language assistance services and appropriate auxiliary aids and services at no cost to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

- Claim, benefits or enrollment inquiries
- Lost/stolen ID cards
- Address changes
- Any other inquiry related to your benefits or health plan

Filing a Section 1557 Grievance

If you believe that Horizon has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin (including limited English proficiency and primary language), age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101

If you are not a Horizon member, you may contact Section 1557 Coordinator by calling **1-866-660-6528 (TTY 711)** or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> opens a dialog window, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

* For more information about limitations and exceptions, see the [plan](#) or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>



Notice of Availability

If you speak English, free language assistance services and auxiliary aids are available to provide information in accessible formats. Call the number on the back of your member ID card for help.

Si habla español, hay servicios gratuitos de asistencia lingüística y ayudas auxiliares disponibles para proporcionar información en formatos accesibles. Llame al número que figura en el reverso de su tarjeta de identificación de miembro para obtener ayuda.

如果您說中文，我們提供免費的語言協助服務和輔助工具，以無障礙格式提供資訊。請撥打您的會員 ID 卡背面的電話號碼尋求協助。

한국어를 사용하시는 경우, 무료 언어 지원 서비스 및 보조 기구를 통해 접근 가능한 형식으로 정보를 제공받을 수 있습니다. 도음이 필요하시면 가입자 ID 카드 뒷면에 있는 번호로 전화하시기 바랍니다.

Se fala português, estão disponíveis serviços de assistência linguística e auxiliares gratuitos para fornecer informações em formatos acessíveis. Telefone para o número no verso do seu cartão de identificação de associado para obter ajuda.

જો તમે ગુજરાતી બોલતા હોવ, તો સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાર્ડની પાછળના નંબર પર કોલ કરો.

Jeśli posługujesz się językiem polski, dostępne są bezpłatne usługi wsparcia językowego i materiały pomocnicze w celu przekazania informacji w przystępnym formacie. Aby uzyskać pomoc, zadzwoń pod numer podany na odwrocie identyfikacyjnej karty członkowskiej.

Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica e ausili aggiuntivi per fornire informazioni in formati accessibili. Chiamate il numero sul retro della Vostra tessera identificativa per ricevere assistenza.

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية والمساعدات الإضافية لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو للحصول على المساعدة.

Kung nagsasalita ka ng Tagalog, handang magamit ang mga libreng tulong na serbisyo sa wika at mga auxiliary na tulong para magbigay ng impormasyon sa mga na-access na format. Tawagan ang numero sa likod ng iyong kard ng pagkakakilanlan bilang miyembro para sa tulong.

Если вы говорите на Русский язык, мы готовы бесплатно предоставить услуги переводчика и вспомогательные средства для получения информации в доступных форматах. Для получения помощи позвоните по номеру, указанному на обратной стороне вашей карточки участника.

Si w pale Kreyòl Ayisyen, sèvis asistans lang gratis ak èd oksilyè disponib pou bay enfòmasyon nan fòm ki aksesib. Rele nimewo ki sou do kat manm ou a pou èd.

यदि आप हिंदी बोलते हैं, तो सुलभ प्रारूपों में जानकारी प्रदान करने के लिए नि:शुल्क भाषा सहायता सेवाएं और सहायक साधन उपलब्ध हैं। मदद के लिए अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें।

Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí và công cụ hỗ trợ để cung cấp thông tin ở các định dạng có thể truy cập. Hãy gọi số điện thoại ở mặt sau thẻ nhận dạng thành viên của bạn để được trợ giúp.

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اگر آپ اردو بولتے ہیں، تو مفت زبان کی مدد کی خدمات اور معاون امداد ایک قابل رسائی شکل میں معلومات کی فراہمی کے لیے دستیاب ہیں۔ مدد کے لیے اپنے ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں۔

আপনি যদি বাংলায় ভাষায় কথা বলেন, তাহলে সহজলভ্য ফরম্যাটে তথ্য প্রদানের জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা ও সহায়ক উপকরণ উপলব্ধ। সাহায্যের জন্য আপনার সদস্য আইডি কার্ডের পিছনে দেওয়া নম্বরে কল করুন।

ECNA0023235 (0125)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services **Coverage Period: 01/01/2026 - 12/31/2026**

Horizon BCBSNJ: School Employees' Health Benefits Program- NJ DIRECT10 (PPO)

Coverage for: All Coverage Types **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. Benefits may change upon renewal. For more information about your coverage, or to get a copy of the complete terms of coverage, visit Member Online Services at <http://www.nj.gov/treasury/pensions/index.shtml> or by calling 1-609-292-7524. If you do not currently have coverage with Horizon BCBSNJ you can view a sample policy here, <http://www.nj.gov/treasury/pensions/index.shtml>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-609-292-7524 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|--|---|
| What is the overall deductible? | \$100.00 Individual / \$250.00 Family per calendar year for out-of-network providers. Aggregate family. | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| Are there services covered before you meet your deductible? | Yes. Preventive care is covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | For Active employee in-network Health providers \$400.00 Individual/ \$1,000.00 Family. Out-of-network providers \$2,000.00 Individual/ \$5,000.00 Family. | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billing charges and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. For a list of in-network providers, see www.HorizonBlue.com/shbp or call 1-800-414-SHBP (7427) . Benefits provided by in-network providers and BlueCard PPO providers are at the in-network level of benefits. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist? | No. | You can see the specialist you choose without a referral. |

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|--|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$10.00 Copayment per visit. | 20% Coinsurance. | Out-of-network allowances for Chiropractic, Acupuncture and Physical Therapy services are limited to no more than \$35.00 per visit for Chiropractic, \$60.00 per visit for Acupuncture and \$52.00 per visit for Physical Therapy or 75% of the in network cost per visit, whichever is less. One per calendar year. You may have to pay for services that aren't <u>Preventive</u> . Ask your provider if the services needed are <u>Preventive</u> . Then check what your plan will pay for. |
| | Specialist visit | \$10.00 Copayment per visit. | 20% Coinsurance. | |
| | Preventive care/ screening/immunization | No Charge. | Not Covered. | |
| | Diagnostic test (x-ray, blood work) | No Charge. | 20% Coinsurance. | |
| If you have a test | Imaging (CT/PET scans, MRIs) | No Charge. | 20% Coinsurance. | Requires pre-approval. none |
| | Generic drugs | | | |
| | Preferred brand drugs | | | |
| | Non-preferred brand drugs | | | |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available through your employer. | Specialty drugs | | | |
| | See separate Prescription Drug Plan SBC | | | |
| If you have outpatient surgery | Facility fee (e.g, ambulatory surgery center) | No Charge. | 20% Coinsurance. | none |
| | Physician/surgeon fees | No Charge. | 20% Coinsurance. | |
| If you need immediate medical attention | Emergency room care | \$25.00 Copayment per visit for Outpatient Hospital. | \$25.00 Copayment per visit for Outpatient Hospital. <u>Deductible</u> does not apply. | 20% Coinsurance for out-of-network anesthesia. If admitted within 24 hours, the copayment is waived. Payment at the in-network level applies only to true Medical Emergencies & Accidental Injuries. |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | <u>Emergency medical transportation</u> | 10% <u>Coinsurance</u> . | 20% <u>Coinsurance</u> . | Limited to local emergency transport to the nearest facility equipped to treat the emergency condition. |
| | <u>Urgent care</u> | \$10.00 <u>Copayment</u> per visit for Specialist. | 20% <u>Coinsurance</u> for Specialist. | _____none_____ |
| If you have a hospital stay | Facility fee (e.g, hospital room) | No Charge for Inpatient Hospital. | 20% <u>Coinsurance</u> for Inpatient Hospital. | Requires pre-approval. |
| | Physician/surgeon fees | No Charge for Inpatient Hospital. | 20% <u>Coinsurance</u> for Inpatient Hospital. | Requires pre-approval. 20% <u>Coinsurance</u> for out-of-network anesthesia. |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | No Charge for Outpatient Hospital. \$10.00 <u>Copayment</u> per Office visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office visit. | 20% <u>Coinsurance</u> for Outpatient Hospital. | Some specialty outpatient services require pre-approval. The Integrated System of Care (ISC) program is available to members with a serious mental illness or substance use disorder. Services must be rendered by a contracted ISC provider to be eligible for reimbursement. Locate a provider www.Horizonblue.com/member-ISC . |
| | Inpatient services | No Charge for Inpatient Hospital. | 20% <u>Coinsurance</u> for Inpatient Hospital. | Requires pre-approval. |
| If you are pregnant | Office visits | \$10.00 <u>Copayment</u> per visit for Office. | 20% <u>Coinsurance</u> . | <u>Cost sharing</u> does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. Ultrasound.) |
| | Childbirth/delivery professional services | No Charge. | 20% <u>Coinsurance</u> . | _____none_____ |
| | Childbirth/delivery facility services | No Charge. | 20% <u>Coinsurance</u> . | Requires pre-approval. |

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| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|---|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need help recovering or have other special health needs | <u>Home health care</u> | No Charge. | 20% <u>Coinsurance</u> . | Requires pre-approval. |
| | <u>Rehabilitation services</u> | No Charge for Inpatient and Outpatient Facility. \$10.00 <u>Copayment</u> per visit for Office. | 20% <u>Coinsurance</u> . | Requires pre-approval. Out-of-network allowance for Physical Therapy services is limited to \$52.00 per visit or 75% of the in-network cost per visit, whichever is less. |
| | <u>Habilitation services</u> | No Charge for Inpatient and Outpatient Facility. \$10.00 <u>Copayment</u> per visit for Office. | 20% <u>Coinsurance</u> . | |
| | <u>Skilled nursing care</u> | No Charge. | 20% <u>Coinsurance</u> . | Requires pre-approval. Limited to 120 days in-network and 60 out-of-network facility days for a combined maximum of 120 days per calendar year. |
| | <u>Durable medical equipment</u> | 10% <u>Coinsurance</u> . | 20% <u>Coinsurance</u> . | Requires pre-approval for all rentals and some purchases. |
| | <u>Hospice services</u> | No Charge. | 20% <u>Coinsurance</u> . | Requires pre-approval. |
| | Children's eye exam | \$10.00 <u>Copayment</u> per visit. | Not Covered. | Coverage is limited to 1 visit. |
| | Children's glasses | Not Covered. | Not Covered. | _____none_____ |
| | Children's dental check-up | Not Covered. | Not Covered. | _____none_____ |
| | If your child needs dental or eye care | | | |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
 - Most coverage provided outside the United States.
 - Private-duty nursing
- Dental care
 - Non-emergency care when traveling outside the U.S.
 - Routine foot care
- Long Term Care
 - Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (for pain management only)
 - Chiropractic care (limited to 30 visits/year)
 - Infertility treatment (requires pre-approval)
- Bariatric surgery (requires pre-approval)
 - Hearing aids, including coverage for Cochlear implants
 - Routine eye care (Adult)

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-414-7427 (SHBP), the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccoio.cms.gov, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.getcovered.nj.gov or call 1-833-677-1010.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Horizon Blue Cross Blue Shield of New Jersey Member Services at 1-800-414-SHBP (7427). You may also contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0.00
- Specialist Copayment \$10.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700.00

In this example, Peg would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$0.00 |
| Copayments | \$10.00 |
| Coinsurance | \$0.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$70.00 |
| The total Peg would pay is | \$80.00 |

Please note that some of the Limits or Exclusions listed above may be covered under the Prescription Plan.

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0.00
- Specialist Copayment \$10.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600.00

In this example, Joe would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|-------------------|
| Deductibles | \$0.00 |
| Copayments | \$100.00 |
| Coinsurance | \$0.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$4,300.00 |
| The total Joe would pay is | \$4,400.00 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0.00
- Specialist Copayment \$10.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800.00

In this example, Mia would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|-----------------|
| Deductibles | \$0.00 |
| Copayments | \$100.00 |
| Coinsurance | \$100.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$10.00 |
| The total Mia would pay is | \$210.00 |

This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>



Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin (including limited English proficiency and primary language), age, disability, pregnancy, gender identity, sex, sexual orientation, sex characteristics or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon provides language assistance services and appropriate auxiliary aids and services at no cost to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

- Claim, benefits or enrollment inquiries
- Lost/stolen ID cards
- Address changes
- Any other inquiry related to your benefits or health plan

Filing a Section 1557 Grievance

If you believe that Horizon has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin (including limited English proficiency and primary language), age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101

If you are not a Horizon member, you may contact Section 1557 Coordinator by calling **1-866-660-6528 (TTY 711)** or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

* For more information about limitations and exceptions, see the [plan](#) or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>



Notice of Availability

If you speak English, free language assistance services and auxiliary aids are available to provide information in accessible formats. Call the number on the back of your member ID card for help.

Si habla español, hay servicios gratuitos de asistencia lingüística y ayudas auxiliares disponibles para proporcionar información en formatos accesibles. Llame al número que figura en el reverso de su tarjeta de identificación de miembro para obtener ayuda.

如果您說中文，我們提供免費的語言協助服務和輔助工具，以無障礙格式提供資訊。請撥打您的會員 ID 卡背面的電話號碼尋求協助。

한국어를 사용하시는 경우, 무료 언어 지원 서비스 및 보조 기구를 통해 접근 가능한 형식으로 정보를 제공받을 수 있습니다. 도음이 필요하시면 가입자 ID 카드 뒷면에 있는 번호로 전화하시기 바랍니다.

Se fala português, estão disponíveis serviços de assistência linguística e auxiliares gratuitos para fornecer informações em formatos acessíveis. Telefone para o número no verso do seu cartão de identificação de associado para obter ajuda.

જો તમે ગુજરાતી બોલતા હોવ, તો સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાર્ડની પાછળના નંબર પર કોલ કરો.

Jeśli posługujesz się językiem polski, dostępne są bezpłatne usługi wsparcia językowego i materiały pomocnicze w celu przekazania informacji w przystępnym formacie. Aby uzyskać pomoc, zadzwoń pod numer podany na odwrocie identyfikacyjnej karty członkowskiej.

Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica e ausili aggiuntivi per fornire informazioni in formati accessibili. Chiamate il numero sul retro della Vostra tessera identificativa per ricevere assistenza.

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية والمساعدات الإضافية لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو للحصول على المساعدة.

Kung nagsasalita ka ng Tagalog, handang magamit ang mga libreng tulong na serbisyo sa wika at mga auxiliary na tulong para magbigay ng impormasyon sa mga na-access na format. Tawagan ang numero sa likod ng iyong kard ng pagkakailanlan bilang miyembro para sa tulong.

Если вы говорите на Русский язык, мы готовы бесплатно предоставить услуги переводчика и вспомогательные средства для получения информации в доступных форматах. Для получения помощи позвоните по номеру, указанному на обратной стороне вашей карточки участника.

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Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí và công cụ hỗ trợ để cung cấp thông tin ở các định dạng có thể truy cập. Hãy gọi số điện thoại ở mặt sau thẻ nhận dạng thành viên của bạn để được trợ giúp.

Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, ainsi que des outils auxiliaires fournissant des informations dans des formats accessibles. Pour recevoir de l'aide, appelez le numéro indiqué au dos de votre carte de membre.

اگر آپ اردو بولتے ہیں، تو مفت زبان کی مدد کی خدمات اور معاون امداد ایک قابل رسائی شکل میں معلومات کی فراہمی کے لیے دستیاب ہیں۔ مدد کے لیے اپنے ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں۔

আপনি যদি বাংলায় ভাষায় কথা বলেন, তাহলে সহজলভ্য ফরম্যাটে তথ্য প্রদানের জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা ও সহায়ক উপকরণ উপলব্ধ। সাহায্যের জন্য আপনার সদস্য আইডি কার্ডের পিছনে দেওয়া নম্বরে কল করুন।

ECNA0023235 (0125)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services **Coverage Period: 01/01/2026 - 12/31/2026**

Horizon BCBSNJ: School Employees' Health Benefits Program- NJ DIRECT15 (PPO)

Coverage for: All Coverage Types

Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. Benefits may change upon renewal. For more information about your coverage, or to get a copy of the complete terms of coverage, visit Member Online Services at <http://www.nj.gov/treasury/pensions/index.shtml> or by calling 1-609-292-7524. If you do not currently have coverage with Horizon BCBSNJ you can view a sample policy here, <http://www.nj.gov/treasury/pensions/index.shtml>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cms.gov or call 1-609-292-7524 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|--|---|
| What is the overall deductible? | \$100.00 Individual / \$250.00 Family per calendar year for out-of-network providers. Aggregate family. | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| Are there services covered before you meet your deductible? | Yes. Preventive care is covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | In-network coinsurance limit \$400.00 Individual/ \$1,000.00 Family; In-network Health providers for Active \$8,480.00 Individual/ \$16,960.00 Family. Out-of-network providers \$2,000.00 Individual/ \$5,000.00 Family. | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billing charges and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. For a list of in-network providers, see www.HorizonBlue.com/shbp or call 1-800-414-SHBP (7427) . Benefits provided by in-network providers and BlueCard PPO providers are at the in-network level of benefits. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

Do you need a referral to see a specialist?

No.

You can see the specialist you choose without a referral.

! All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|---|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$15.00 Copayment per visit. | 30% Coinsurance. | Out-of-network allowances for Chiropractic, Acupuncture and Physical Therapy services are limited to no more than \$35.00 per visit for Chiropractic, \$60.00 per visit for Acupuncture and \$52.00 per visit for Physical Therapy or 75% of the in network cost per visit, whichever is less. |
| | Specialist visit | \$15.00 Copayment per visit. | 30% Coinsurance. | |
| | Preventive care/ screening/ immunization | No Charge. | Not Covered. | |
| | Diagnostic test (x-ray, blood work) | No Charge. | 30% Coinsurance. | |
| If you have a test | Imaging (CT/PET scans, MRIs) | No Charge. | 30% Coinsurance. | One per calendar year. You may have to pay for services that aren't Preventive. Ask your provider if the services needed are Preventive. Then check what your plan will pay for. |
| | Generic drugs | | | |
| | Preferred brand drugs | | | |
| | Non-preferred brand drugs | | | |
| If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available through your employer. | Specialty drugs | | | Requires pre-approval. none |
| | Facility fee (e.g., ambulatory surgery center) | No Charge. | 30% Coinsurance. | |
| | Physician/surgeon fees | No Charge. | 30% Coinsurance. | |
| If you have outpatient surgery | Emergency room care | \$50.00 Copayment per visit for Outpatient Hospital. | \$50.00 Copayment per visit for Outpatient Hospital. Deductible does not apply. | If admitted within 24 hours, the copayment is waived. Payment at the in- |
| | | | | |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | | | | network level applies only to true Medical Emergencies & Accidental Injuries. |
| | <u>Emergency medical transportation</u> | 10% <u>Coinsurance</u> . | 30% <u>Coinsurance</u> . | Limited to local emergency transport to the nearest facility equipped to treat the emergency condition. |
| | <u>Urgent care</u> | \$15.00 <u>Copayment</u> per visit for Specialist. | 30% <u>Coinsurance</u> for Specialist. | _____none_____ |
| If you have a hospital stay | Facility fee (e.g, hospital room) | No Charge for Inpatient Hospital. | 30% <u>Coinsurance</u> for Inpatient Hospital. | Requires pre-approval. |
| | Physician/surgeon fees | No Charge for Inpatient Hospital. | 30% <u>Coinsurance</u> for Inpatient Hospital. | Requires pre-approval. 30% <u>Coinsurance</u> for out-of-network anesthesia. |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | No Charge for Outpatient Hospital. \$15.00 <u>Copayment</u> per Office visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office visit. | 30% <u>Coinsurance</u> for Outpatient Hospital. | Some specialty outpatient services require pre-approval. The Integrated System of Care (ISC) program is available to members with a serious mental illness or substance use disorder. Services must be rendered by a contracted ISC <u>provider</u> to be eligible for reimbursement. Locate a <u>provider</u> www.Horizonblue.com/member-ISC . |
| | Inpatient services | No Charge for Inpatient Hospital. | 30% <u>Coinsurance</u> for Inpatient Hospital. | Requires pre-approval. |
| If you are pregnant | Office visits | \$15.00 <u>Copayment</u> per visit for Office. | 30% <u>Coinsurance</u> . | Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. Ultrasound.) |
| | Childbirth/delivery professional services | No Charge. | 30% <u>Coinsurance</u> . | _____none_____ |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---------------------------------------|---|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need help recovering or have other special health needs | Childbirth/delivery facility services | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. |
| | <u>Home health care</u> | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. |
| | <u>Rehabilitation services</u> | No Charge for Inpatient and Outpatient Facility. \$15.00 <u>Copayment</u> per visit for Office. | 30% <u>Coinsurance</u> . | Requires pre-approval. Out-of-network allowance for Physical Therapy services is limited to \$52.00 per visit or 75% of the in-network cost per visit, whichever is less. |
| | <u>Habilitation services</u> | No Charge for Inpatient and Outpatient Facility. \$15.00 <u>Copayment</u> per visit for Office. | 30% <u>Coinsurance</u> . | |
| | <u>Skilled nursing care</u> | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. Limited to 120 days in-network and 60 out-of-network facility days for a combined maximum of 120 days per calendar year. |
| | <u>Durable medical equipment</u> | 10% <u>Coinsurance</u> . | 30% <u>Coinsurance</u> . | Requires pre-approval for all rentals and some purchases. |
| | <u>Hospice services</u> | No Charge. | 30% <u>Coinsurance</u> . | Requires pre-approval. |
| | Children's eye exam | \$15.00 <u>Copayment</u> per visit. | Not Covered. | Coverage is limited to 1 visit. |
| | Children's glasses | Not Covered. | Not Covered. | _____none_____ |
| | Children's dental check-up | Not Covered. | Not Covered. | _____none_____ |
| If your child needs dental or eye care | | | | |

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
 - Most coverage provided outside the United States.
 - Private-duty nursing
- Dental care
 - Non-emergency care when traveling outside the U.S.
 - Routine foot care
- Long Term Care
 - Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (for pain management only)
 - Chiropractic care (limited to 30 visits/year)
 - Infertility treatment (requires pre-approval)
- Bariatric surgery (requires pre-approval)
 - Hearing aids, including coverage for Cochlear implants
 - Routine eye care (Adult)

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-414-7427 (SHBP), the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccoio.cms.gov, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.getcovered.nj.gov or call 1-833-677-1010.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Horizon Blue Cross Blue Shield of New Jersey Member Services at 1-800-414-SHBP (7427). You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the [plan](#) or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700.00

In this example, Peg would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$0.00 |
| Copayments | \$20.00 |
| Coinsurance | \$0.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$70.00 |
| The total Peg would pay is | \$90.00 |

Please note that some of the Limits or Exclusions listed above may be covered under the Prescription Plan.

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600.00

In this example, Joe would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|-------------------|
| Deductibles | \$0.00 |
| Copayments | \$200.00 |
| Coinsurance | \$80.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$3,500.00 |
| The total Joe would pay is | \$3,780.00 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800.00

In this example, Mia would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|-----------------|
| Deductibles | \$0.00 |
| Copayments | \$200.00 |
| Coinsurance | \$100.00 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$10.00 |
| The total Mia would pay is | \$310.00 |

This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above. The plan would be responsible for the other costs of these EXAMPLE covered services.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>



Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin (including limited English proficiency and primary language), age, disability, pregnancy, gender identity, sex, sexual orientation, sex characteristics or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon provides language assistance services and appropriate auxiliary aids and services at no cost to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

- Claim, benefits or enrollment inquiries
- Lost/stolen ID cards
- Address changes
- Any other inquiry related to your benefits or health plan

Filing a Section 1557 Grievance

If you believe that Horizon has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin (including limited English proficiency and primary language), age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101

If you are not a Horizon member, you may contact Section 1557 Coordinator by calling **1-866-660-6528 (TTY 711)** or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

* For more information about limitations and exceptions, see the [plan](#) or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>



Notice of Availability

If you speak English, free language assistance services and auxiliary aids are available to provide information in accessible formats. Call the number on the back of your member ID card for help.

Si habla español, hay servicios gratuitos de asistencia lingüística y ayudas auxiliares disponibles para proporcionar información en formatos accesibles. Llame al número que figura en el reverso de su tarjeta de identificación de miembro para obtener ayuda.

如果您說中文，我們提供免費的語言協助服務和輔助工具，以無障礙格式提供資訊。請撥打您的會員 ID 卡背面的電話號碼尋求協助。

한국어를 사용하시는 경우, 무료 언어 지원 서비스 및 보조 기구를 통해 접근 가능한 형식으로 정보를 제공받을 수 있습니다. 도음이 필요하시면 가입자 ID 카드 뒷면에 있는 번호로 전화하시기 바랍니다.

Se fala português, estão disponíveis serviços de assistência linguística e auxiliares gratuitos para fornecer informações em formatos acessíveis. Telefone para o número no verso do seu cartão de identificação de associado para obter ajuda.

જો તમે ગુજરાતી બોલતા હોવ, તો સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને પૂરક સહાયો ઉપલબ્ધ છે. મદદ માટે તમારા સભ્ય આઈડી કાર્ડની પાછળના નંબર પર કોલ કરો.

Jeśli posługujesz się językiem polski, dostępne są bezpłatne usługi wsparcia językowego i materiały pomocnicze w celu przekazania informacji w przystępnym formacie. Aby uzyskać pomoc, zadzwoń pod numer podany na odwrocie identyfikacyjnej karty członkowskiej.

Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica e ausili aggiuntivi per fornire informazioni in formati accessibili. Chiamate il numero sul retro della Vostra tessera identificativa per ricevere assistenza.

إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية والمساعدات الإضافية لتوفير المعلومات بصيغ يسهل الوصول إليها. اتصل بالرقم الموجود على ظهر بطاقة هوية العضو للحصول على المساعدة.

Kung nagsasalita ka ng Tagalog, handang magamit ang mga libreng tulong na serbisyo sa wika at mga auxiliary na tulong para magbigay ng impormasyon sa mga na-access na format. Tawagan ang numero sa likod ng iyong kard ng pagkakakilanlan bilang miyembro para sa tulong.

Если вы говорите на Русский язык, мы готовы бесплатно предоставить услуги переводчика и вспомогательные средства для получения информации в доступных форматах. Для получения помощи позвоните по номеру, указанному на обратной стороне вашей карточки участника.

Si w pale Kreyòl Ayisyen, sèvis asistans lang gratis ak èd oksilyè disponib pou bay enfòmasyon nan fòm ki aksesib. Rele nimewo ki sou do kat manm ou a pou èd.

यदि आप हिंदी बोलते हैं, तो सुलभ प्रारूपों में जानकारी प्रदान करने के लिए नि:शुल्क भाषा सहायता सेवाएं और सहायक साधन उपलब्ध हैं। मदद के लिए अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर पर कॉल करें।

Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí và công cụ hỗ trợ để cung cấp thông tin ở các định dạng có thể truy cập. Hãy gọi số điện thoại ở mặt sau thẻ nhận dạng thành viên của bạn để được trợ giúp.

Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, ainsi que des outils auxiliaires fournissant des informations dans des formats accessibles. Pour recevoir de l'aide, appelez le numéro indiqué au dos de votre carte de membre.

اگر آپ اردو بولتے ہیں، تو مفت زبان کی مدد کی خدمات اور معاون امداد ایک قابل رسائی شکل میں معلومات کی فراہمی کے لیے دستیاب ہیں۔ مدد کے لیے اپنے ممبر آئی ڈی کارڈ کی پشت پر موجود نمبر پر کال کریں۔

আপনি যদি বাংলায় ভাষায় কথা বলেন, তাহলে সহজলভ্য ফরম্যাটে তথ্য প্রদানের জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা ও সহায়ক উপকরণ উপলব্ধ। সাহায্যের জন্য আপনার সদস্য আইডি কার্ডের পিছনে দেওয়া নম্বরে কল করুন।

ECNA0023235 (0125)

RESOLUTION:

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve the recommendations of the President, Administration, and Finance Committee as outlined above in **Item VII., Fiscal, Administrative, Lease and Capital Recommendations 1-10.**

1) Resolution Authorizing Continuation of Technical Operations and Project Management Support Services for the Center for Student Success; 2) Resolution Authorizing Renewal of Website Redesign Content Management System (CMS) Services; 3) Resolution Authorizing Purchase of a College Data Platform; 4) Resolution Authorizing Renewal of Helpdesk ChatBot Platform for the Offices of Admissions, Financial Aid, and Student Services; 5) Resolution Authorizing Special Conflict Counsel Services; 6) Resolution Authorizing Risk Management and Insurance Brokerage Services; 7) Resolution Authorizing Purchase of Commencement Regalia to be Funded by the Student Life Fee (SLF); 8) Resolution Authorizing Collection Services; 9) Resolution Authorizing Addendum to Existing Agreement Between Hudson County Community College (HCCC) and Business-Higher Education Forum (BHEF); and 10) Resolution to Terminate All Participation Under the SHBP and SEHBP (Including Prescription Drug Plan and/or Dental Plan Coverage).

INTRODUCED BY: _____

SECONDED BY: _____

DATE: February 24, 2026

| | |
|-----------------------|-------|
| DeFazio, Edward | _____ |
| Gargiulo, Frank | _____ |
| Gemma, Stacy | _____ |
| Kenny, Roberta | _____ |
| Lombardo, Vincent | _____ |
| Rodriguez, Silvia | _____ |
| Stahl, Harold | _____ |
| Santiago, Lissa | _____ |
| Teabout, Frances | _____ |
| Peña, Jeanette, Chair | _____ |

_____ Aye _____ Nay

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

VIII. PERSONNEL RECOMMENDATIONS

1. RETIREMENT

| First Name | Last Name | Title | Salary Grade | Effective Date |
|-------------------|------------------|---|---------------------|-----------------------|
| Taramatty | Persaud | Office Service Clerk, Customer Service | 101 | March 1, 2026 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Retirement above as Personnel Recommendation Item No. 1.*

2. RESIGNATIONS

| First Name | Last Name | Title | Salary Grade | Effective Date |
|-------------------|------------------|---|---------------------|-----------------------|
| Sonia | Anastasi | Instructor, Radiography, Tenure-track | INST | February 6, 2026 |
| Brianna | Casagrande | Associate Director, Career and Transfer Pathways | 115 | February 13, 2026 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Resignations above as Personnel Recommendation Item No. 2.*

3. APPOINTMENT OF FULL-TIME STAFF

| First Name | Last Name | Title | Salary Grade | Effective Date | Annual Salary |
|-------------------|------------------|---|---------------------|-----------------------|----------------------|
| Estefany | Ferreira | Assistant Director, Student Accounts | 113 | February 25, 2026 | \$ 65,000 |
| Donna | Weber | Director, Accounts Receivable | 117 | March 2, 2026 | \$ 95,000 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Full-time Staff above as Personnel Recommendation Item No. 3.*

4. APPOINTMENT OF TEMPORARY FULL-TIME STAFF

| First Name | Last Name | Title | Salary Grade | Effective Date | Anticipated End Date | Annual Salary |
|-------------------|------------------|--------------------|---------------------|-----------------------|-----------------------------|----------------------|
| Kadiatou | Camara | Admissions Advisor | 109 | December 1, 2025 | April 30, 2026 | \$ 49,520 |

| | | | | | | |
|----------|----------|---|-----|-------------------|-------------------|-----------|
| Daniela | Galvez | Internship Coordinator | 112 | February 25, 2026 | January 31, 2027 | \$ 52,500 |
| Mark | McCarthy | Coordinator, Academic Support Services Center | 109 | January 26, 2026 | June 30, 2026 | \$ 49,520 |
| Cristina | Vazquez | Program Coordinator, Continuing Education | 112 | February 25, 2026 | February 25, 2027 | \$ 55,000 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Temporary Full-Time Staff above as Personnel Recommendation Item No. 4.*

5. APPOINTMENT OF TEMPORARY FULL-TIME FACULTY

| First Name | Last Name | Title | Salary Grade | Effective Date | Annual Salary |
|-------------------|------------------|---------------------------------|---------------------|-----------------------|----------------------|
| Maria | Daniel | Instructor, Criminal Justice | INST | February 25, 2026 | \$ 60,494 |
| Amr | Khalil | Instructor, ESL | INST | February 25, 2026 | \$ 60,494 |
| Masudur | Rahman | Instructor, ESL | INST | February 25, 2026 | \$ 60,494 |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of Temporary Full-Time Faculty above as Personnel Recommendation Item No. 5.*

6. AUTHORIZATION OF PART-TIME STAFF THROUGH FEBRUARY 2027, AS NEEDED

| First name | Last name | Office | Title | Position ID | Supervisor |
|-------------------|------------------|---|-----------------|--------------------|---------------------|
| Marlene | Andalia | Academic Support Services | Tutor | TUTOR- 252010 | Kenny Fabara |
| Omnia | Daoud | Academic Support Services | Academic Coach | COACH- 601021 | Kenny Fabara |
| Lillyan | Ling | Academic Support Services | Tutor | TUTOR- 252010 | Kenny Fabara |
| Yescenia | Fuentes | Business Culinary Arts and Hospitality Management | Receiving Clerk | RECKER- 101030 | Ara Karakashian |
| Regina | Espino | Continuing Education and Workforce Development | PT Instructor | PTINST- 102010 | Chastity Farrell |
| Cathryn | Lewis | Continuing Education and Workforce Development | PT Instructor | PTINST- 102010 | Chastity Farrell |

| | | | | | |
|-------------|-----------------|--|-----------------------------|---------------|------------------|
| Debora | Mumma | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Stephen | Palmer | Continuing Education and Workforce Development | PT Healthcare Instructor | HCINST-103005 | Anita Belle |
| Katie | Rodammer | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Nilda | Rosario | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Jaime Pardo |
| Dilani | Samarathunga | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Hazel | Sarmiento | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Connie | Silletti-Cafaro | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Esmeralda | Tamayo | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Anthony | Angelone | Continuing Education and Workforce Development | PT Instructor | PTINST-103005 | Anita Belle |
| Steve | Chambers | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Maria Carme | de Sagun | Continuing Education and Workforce Development | PT Instructor | HBINST-103005 | Jaime Pardo |
| Ivan | Garcia Jr. | Continuing Education and Workforce Development | PT Instructor | HBINST-103005 | Jaime Pardo |
| Hiram | Miranda | Continuing Education and Workforce Development | PT Instructor | PTINST-102010 | Chastity Farrell |
| Lissa | Ramirez | Continuing Education and Workforce Development | PT Instructor | PTINST-603091 | Maritza Reyes |
| Joshua | Jones | Facilities | PT Facilities Worker | PTFWK-300510 | Mark Murray |
| Quafae | Hassini | Financial Aid | Office Assistant | OFFAST-200520 | Sylvia Mendoza |
| Sara | Faiz | Information Technology Services | Instructional Lab Assistant | ISTLAB-253025 | Diana Perez |
| Marwa | Monsour | Information Technology Services | Instructional Lab Assistant | ISTLAB-253025 | Diana Perez |

| | | | | | |
|-----------|------------|---|-----------------------------|---------------|-------------------|
| Dhairya | Patel | Information Technology Services | Instructional Lab Assistant | ISTLAB-253025 | Diana Perez |
| Jameya | Sandi | Institutional Engagement and Excellence/ Accessibility Services | Reader | READER-150525 | Karine Davis |
| Darshaine | Ramdat | Radiography | Office Assistant | OFFAST-101018 | Cheryl Cashell |
| Michelle | Cruz | Finance | Payroll Office Assistant | OFFAST-253015 | Zuany Chicas |
| Brianna | Vargas | EOF | Office Assistant | OFFAST-150520 | Jose Lowe |
| Natalie | Betancourt | Student Life and Leadership | PT Coordinator | PTCORD-701000 | Veronica Gerosimo |
| Lisa | Camacho | Student Life and Leadership | PT Coordinator | PTCORD-701000 | Veronica Gerosimo |
| Keiry | Hernandez | Student Life and Leadership | PT Coordinator | PTCORD-701000 | Veronica Gerosimo |
| Joanne | Rivera | Student Life and Leadership | PT Coordinator | PTCORD-701000 | Veronica Gerosimo |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Authorization of Part-time Staff, as needed, as Personnel Recommendation Item No. 6.*

7. APPOINTMENT OF NEW HIRE ADJUNCT INSTRUCTORS

| First Name | Last Name | School/Office |
|-------------------|------------------|--------------------------------|
| Sonia | Anastasi | Nursing and Health Professions |
| Sherette | Thomas | Nursing and Health Professions |
| Lien-Fang | Chen | Humanities and Social Sciences |
| Jordan | Coll | Humanities and Social Sciences |
| Teresita | Tor | Humanities and Social Sciences |
| Sean | Gaughan | STEM |

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Appointment of New Hire Adjunct Instructors listed above as Personnel Recommendation Item No. 7.*

8. MODIFICATIONS TO STAFFING TABLE

| Current Approved Title | New Title/ Classification | Incumbent | Current Salary Grade | New Salary Grade | Current Salary | New Salary | Effective Date |
|-------------------------------|----------------------------------|---------------------|-----------------------------|-------------------------|-----------------------|-------------------|-----------------------|
| Accountant | N/A | Mildred Vera-Matich | 116 | 116* | \$ 76,785 | \$ 83,313* | February 25, 2026 |

| | | | | | | | |
|--|---|-----------------|-----|-----|-----|-----|----------------------|
| Executive Director, Center for Online Learning | Associate Vice President for Digital Learning, Artificial Intelligence and Emerging Technologies | Matthew LaBrake | 122 | 122 | N/A | N/A | February 25, 2026 |
|--|---|-----------------|-----|-----|-----|-----|----------------------|

*Salary increase reflects the current responsibilities and additional duties.

RECOMMENDATION: *The President, Administration, and Personnel Committee recommend that the Board of Trustees approve the Staffing Table Modifications listed above as Personnel Recommendation Item No. 8.*

RESOLUTION:

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve the recommendations of the President, Administration, and Personnel Committee as outlined above in ***Item VIII., Personnel Recommendations 1-8.***

1) Retirement; 2) Resignations; 3) Appointment of Full-time Staff; 4) Appointment of Temporary Full-time Staff; 5) Appointment of Temporary Full-time Faculty; 6) Authorization of Part-time Staff, as Needed; 7) Appointment of New Hire Adjunct Instructors; and 8) Modifications to Staffing Table.

INTRODUCED BY: _____

SECONDED BY: _____

DATE: *February 24, 2026* _____

DeFazio, Edward _____
 Gargiulo, Frank _____
 Gemma, Stacy _____
 Kenny, Roberta _____
 Lombardo, Vincent _____
 Rodriguez, Silvia _____
 Santiago, Lissa _____
 Stahl, Harold _____
 Teabout, Frances _____
 Peña, Jeanette, Chair _____

_____ Aye _____ Nay

HUDSON COUNTY COMMUNITY COLLEGE**BOARD OF TRUSTEES MEETING**

Tuesday, February 24, 2026

IX. ACADEMIC AND STUDENT AFFAIRS**1. Resolution Authorizing Policy on Graduation**

WHEREAS, the Board of Trustees (“Board”) is committed to ensuring regular review and updates of the College’s policies; and,

WHEREAS, the President, Administration, and Academic and Student Affairs Committee recommend the approval of the Policy on Graduation; and,

WHEREAS, the Board will delegate to the President the responsibility to develop procedures and guidelines for the implementation of the policy;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve the Policy on Graduation.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the College’s Administration to take all steps necessary to effectuate the terms of this resolution.

2. Resolution Authorizing Memorandum of Understanding (MOU) Between Hudson County Community College (HCCC) and Jersey City Economic Development Corporation (JCEDC)

WHEREAS, Hudson County Community College (“College”), as one of the nation’s leading and most diverse urban community colleges, aspires to offer consistently best-practice, transformative educational and economic opportunities for its students and all residents of Hudson County; and,

WHEREAS, the Jersey City Economic Development Corporation (“JCEDC”) shares this vision as it aspires to support entrepreneurs and small businesses in Jersey City as well as the College community; and,

WHEREAS, the College seeks to enter into a Memorandum of Understanding (“MOU”) with the JCEDC whereby the College and the JCEDC will work collaboratively to promote one another’s programs and events; and,

WHEREAS, this MOU will remain in effect for three (3) years unless otherwise terminated by either party in accordance with the parameters established in the MOU; and,

WHEREAS, the Administration, and Academic and Student Affairs Committee, recommend the authorization of the MOU between Hudson County Community College and the JCEDC;

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees of Hudson County Community College authorize the Memorandum of Understanding between Hudson County Community College and the Jersey City Economic Development Corporation, retroactive to February 11, 2026.

BE IT FURTHER RESOLVED that the Board of Trustees authorize the College’s Administration to take all steps necessary to effectuate the terms of this resolution.

RESOLUTION:

NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees approve the recommendations of the President, Administration, and Academic and Student Affairs Committee as outlined above in **Item IX., Academic and Student Affairs Recommendations 1 and 2:**

1) Resolution Authorizing Policy on Graduation; and 2) Resolution Authorizing Memorandum of Understanding (MOU) Between Hudson County Community College (HCCC) and Jersey City Economic Development Corporation (JCEDC).

INTRODUCED BY: _____

SECONDED BY: _____

DATE: February 24, 2026

- DeFazio, Edward _____
- Gargiulo, Frank _____
- Gemma, Stacy _____
- Kenny, Roberta _____
- Lombardo, Vincent _____
- Rodriguez, Silvia _____
- Stahl, Harold _____
- Santiago, Lissa _____
- Teabout, Frances _____
- Peña, Jeanette, Chair _____

_____ Aye _____ Nay

Supporting Documents

OFFICE OF THE REGISTRAR

POLICY ON GRADUATION

Purpose

The purpose of this Policy on Graduation is to ensure that Hudson County Community College (“College”) provides all credential-seeking students with clear and barrier-free academic pathways toward credential attainment.

Policy

The College and its Board of Trustees (“Board”) believe in the transformative milestone of earning a post-secondary credential and that all students deserve the opportunity and possess the potential to complete a credential. The College and Board are committed to removing barriers, fostering a sense of belonging, providing necessary support, and creating flexible, stackable, high-value credentials that align with students’ short-term and long-term transfer and/or career goals. Further, the Board acknowledges that obtaining a post-secondary degree is beneficial for students, Hudson County, and the larger community.

The Board delegates to the President the responsibility of developing procedures and processes for implementing this policy. The Office of the Registrar will ensure compliance with this policy.

Approved by: Board of Trustees

Approval Date: February 2026

Category: Office of the Registrar

Responsible Department: Office of the Registrar

Scheduled for Review: February 2029



MEMORANDUM OF UNDERSTANDING

February 11, 2026 – February 10, 2029

Between:

Hudson County Community College (HCCC) and the Jersey City Economic Development Corporation (JCEDC)

1. Description

HCCC and JCEDC will enter into a partnership to mutually support each organization's mission. HCCC will work collaboratively with JCEDC to support entrepreneurs, small businesses, and programs which strive to increase job creation and retention and upward economic mobility for residents of Jersey City. This includes workshops, training programs, sharing data, surveys, studies, and grant-funded programs. HCCC will work with staff, students, faculty, other college departments, and partners to support JCEDC initiatives. JCEDC will work with staff, and other partners to support HCCC initiatives. Both HCCC and JCEDC will share resources to expand capacity to support entrepreneurs and small businesses.

2. Roles and Responsibilities

It is agreed that the following will be the roles and responsibilities of the participating organizations.

JCEDC

- a. Promote HCCC programs and events for entrepreneurs and small businesses which increase job creation and retention and upward economic mobility for residents of Jersey City.
- b. Collaborate on programs, including workshops, business training sessions, sharing data, surveys, studies, and grant-funded programs.
- c. Engage in planning sessions with HCCC and leverage JCEDC resources for the benefit of students, faculty, and Jersey City entrepreneurs and small businesses.

HCCC

- a. Promote JCEDC programs and events for entrepreneurs and small businesses which increase job creation and retention and upward economic mobility for residents of Jersey City.
- b. Collaborate on programs, including workshops, business training sessions, sharing data, surveys, studies, and grant-funded programs.
- c. Engage in planning sessions with JCEDC and leverage HCCC resources for the benefit of Jersey City entrepreneurs and small businesses.

3. Provisions and Amendments

This Memorandum of Understanding contains all provisions agreed upon by the parties. Any amendments to this Memorandum of Understanding must be in writing and signed by either parties or their duly authorized representative. It is further understood that the term of this agreement is for the period: February 11, 2026 - February 10, 2029. Any continuation is subject to a new agreement.

Mira Prinz-Arey
Executive Director
Jersey City Economic Development
Corporation

Dr. Christopher M. Reber
Hudson County Community College

Date

Date

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

X. NEW BUSINESS

HUDSON COUNTY COMMUNITY COLLEGE

BOARD OF TRUSTEES MEETING

Tuesday, February 24, 2026

XI. ADJOURNMENT

RESOLUTION:

NOW, THEREFORE, BE IT RESOLVED that the February 24, 2026 meeting of the Hudson County Community College Board of Trustees be adjourned at ____P.M.

INTRODUCED BY: _____

SECONDED BY: _____

DATE: February 24, 2026

- DeFazio, Edward _____
- Gargiulo, Frank _____
- Gemma, Stacy _____
- Kenny, Roberta _____
- Lombardo, Vincent _____
- Rodriguez, Silvia _____
- Stahl, Harold _____
- Santiago, Lissa _____
- Teabout, Frances _____
- Peña, Jeanette, Chair _____

_____ Aye _____ Nay