IT'S TIME FOR OPEN ENROLLMENT

Open Enrollment Highlights

Open Enrollment will run from **October 1, 2026, through October 30, 2026.**

- The changes you make now will be effective January 1, 2027.
- Horizon Blue Cross & Blue Shield of NJ (Horizon) will continue to serve as the City's Third-Party Administrator (TPA) for medical benefits. Express Scrips (ESI) will remain our prescription drug carrier.
- This is a passive Open Enrollment – if you are not making any changes or you do not waive your current benefits, your 2026 benefit levels and dependent coverage will roll over to 2027. If you are not making any changes, there is nothing you need to do.

OPEN ENROLLMENT DATES:

October 1 – October 30, 2026

If you do not wish to make any changes, no action is required, and your current coverage will automatically transition to the new plan year.

However, you must complete an enrollment form if you are enrolling for the first time or wish to make any changes for 2027, such as:

- Adding or removing dependents (spouse, children)
- Changing your current medical plan
- Enrolling in benefits for the first time

If you need to make any changes, please submit your completed enrollment form to the Employee Benefits Office in City Hall by October 30, 2026.



MEMBER ADVOCACY

Conner Strong and Buckelew's Benefits Member Advocacy Center (Benefits MAC) is here to help you and your dependents navigate the health care system.If you should have a problem using your benefits, or have a question, please reach out to the Benefits MAC team. Contact the Benefits MAC at **800.563.9929** or submit a request online at **connerstrong.com/memberadvocacy**.

BENEPORTAL

Online Benefits Resource

BenePortal is your virtual employee benefits portal, providing access to City of Elizabeth benefits programs, health and wellness information, recommended links, and pertinent guides.

BenePortal is available 24/7 to employees. Simply go to **cityelizabethbenefits.com** to access your benefits information today!

2027 MONTHLY PREMIUMS — Medical & Prescription Plans

Plan	Coverage tier	Monthly Premium	Annual Premium
DA 7 Public $10 Copay (NJ Direct 10)	Single	$1,901.67	$22,820.04
	Member & Spouse/Partner	$3,803.36	$45,640.32
	Family	$5,305.66	$63,667.92
	Parent & Child	$3,404.00	$40,848.00
DA 7 Public $15 Copay (NJ Direct 15)	Single	$1,823.23	$21,878.76
	Member & Spouse/Partner	$3,646.47	$43,757.64
	Family	$5,086.80	$61,041.60
	Parent & Child	$3,263.59	$39,163.08
POS 100.60 $10 Copay (Horizon HMO)	Single	$1,778.23	$21,338.76
	Member & Spouse/Partner	$3,556.48	$42,677.76
	Family	$4,961.26	$59,535.12
	Parent & Child	$3,183.04	$38,196.48
DA 7 Public $15-$25 Copay (NJ Direct 15/25)	Single	$1,776.34	$21,316.08
	Member & Spouse/Partner	$3,552.69	$42,632.28
	Family	$4,955.98	$59,471.76
	Parent & Child	$3,179.65	$38,155.80
OMNIA State Defector (Horizon OMNIA)	Single	$1,348.33	$16,179.96
	Member & Spouse/Partner	$2,696.67	$32,360.04
	Family	$3,761.83	$45,141.96
	Parent & Child	$2,413.51	$28,962.12
DA 7 Public $20-$30 Copay (NJ Direct 20/30)	Single	$1,685.20	$20,222.40
	Member & Spouse/Partner	$3,370.41	$40,444.92
	Family	$4,701.70	$56,420.40
	Parent & Child	$3,016.52	$36,198.24
DA 7 Public $20-$35 Copay (NJ Direct 20/35)	Single	$1,485.46	$17,825.52
	Member & Spouse/Partner	$2,970.93	$35,651.16
	Family	$4,144.42	$49,733.04
	Parent & Child	$2,658.97	$31,907.64
DA State Defector 16 (NJ Direct*) *Members hired prior July 1, 2019	Single	$1,721.52	$20,658.24
	Member & Spouse/Partner	$3,443.06	$41,316.72
	Family	$4,803.04	$57,636.48
	Parent & Child	$3,081.53	$36,978.36
DA State Defector 17 Public 19 (NJ Direct 2019*) *Members hired after July 1, 2019	Single	$1,713.81	$20,565.72
	Member & Spouse/Partner	$3,427.64	$41,131.68
	Family	$4,781.54	$57,378.48
	Parent & Child	$3,067.74	$36,812.88
DA HSA State Defector High (NJ Direct HDHigh)	Single	$977.27	$11,727.24
	Member & Spouse/Partner	$1,954.53	$23,454.36
	Family	$2,726.56	$32,718.72
	Parent & Child	$1,749.30	$20,991.60
DA HSA State Defector Low (NJ Direct HDLow)	Single	$1,449.39	$17,392.68
	Member & Spouse/Partner	$2,898.79	$34,785.48
	Family	$4,043.80	$48,525.60
	Parent & Child	$2,594.41	$31,132.92