



Health Capsule

Fall 2017



State Health Benefits Program (SHBP)

A newsletter for Local Government Employees from the New Jersey Division of Pensions & Benefits (NJDPB)

Pharmacy benefits to be managed by OptumRx

We are pleased to announce that, beginning January 1, 2018, the State Health Benefits Program and School Employees' Health Benefits Program prescription drug benefit will be managed by **OptumRx**. Following a competitive bidding process, **OptumRx** was awarded the contract for pharmacy benefits management for the State Health Benefits Program and School Employees' Health Benefits Program.



Members will receive more information directly from **OptumRx** during the implementation process, including a welcome letter and **OptumRx** ID cards to be mailed to member home addresses. The NJDPB will work in conjunction with **OptumRx** to ensure a smooth transition.

Open Enrollment Ends October 31, 2017

This Open Enrollment, review all your health plan options and choose the plan that best fits your family's and your needs! All plan options are offered through Aetna and Horizon Blue Cross Blue Shield of New Jersey. The following is an overview of your Medical Plan Choices for 2018:

Tiered-Network Plans

The SHBP is offering two tiered-network plans for 2018: the Aetna Liberty Plan, and Horizon OMNIA Health Plan.

With tiered-network plans, you have the flexibility to visit high-quality practitioners in the carrier's managed care network, with no referrals required, based on two "tiers": Tier 1 refers to specific doctors, hospitals, and other healthcare professionals who offer high-quality, cost-effective care; Tier 2 refers to providers included in the managed care network, but with slightly higher cost sharing. There is no out-of-network coverage with the Tiered Plans.

Horizon members can find Tier 1 and Tier 2 providers with the Doctor & Hospital finder at www.horizonblue.com/shbp Aetna members can use DocFind™ to search for participating Tier 1 and Tier 2 providers at www.AetnaStateNJ.com

HMO Plans

The SHBP is offering two Health Maintenance Organization (HMO) plans for 2018: the Aetna HMO plan and the Horizon HMO plan.

With HMO plans, you select a Primary Care Physician (PCP) within the carrier's HMO network; you must get referrals to see specialists and there is no out-of-network coverage except for emergencies. You pay set copays for PCP and specialist visits, so there is no guesswork involved with coinsurance. HMO plans are best for members who prefer predictable, manageable costs for their health care.

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PPO Plans

The SHBP is offering several Preferred Provider Organization (PPO) plans for 2018: Aetna Freedom10, Aetna Freedom15, Aetna Freedom1525, Aetna Freedom2030, and Aetna Freedom2035; NJ DIRECT10, NJ DIRECT15, NJ DIRECT1525, NJ DIRECT2030, and NJ DIRECT2035.

With PPO plans, you are not required to choose a PCP and referrals are not required for specialists. You have copays for PCP and specialist visits, but some services do require that you pay coinsurance; out-of-network charges cost more out of your pocket. PPO plans are best for members who prefer a wider range/variety of doctors over cost.

HDHP Plans

The SHBP is offering four High Deductible Health Plan (HDHP) options for 2018: the Aetna Value HD1500 and the Aetna Value HD4000 plans, and Horizon NJ DIRECT HD1500 and the NJ DIRECT HD4000 plans.

With HDHP plans, you pay for services out-of-pocket until you reach your deductible; preventive care and certain screenings are paid by the plan without reaching the deductible. Once the deductible is met, you pay only coinsurance until you reach an out-of-pocket maximum, at which point eligible services are covered in-full by the plan.

You may be able to open a Health Savings Account (HSA) when you enroll in an HDHP. An HSA is an interest-bearing account that helps you save for future health care expenses. HDHP plans also offer lower monthly premiums. HDHP plans are best for members who want greater control over how they manage health care spending.

Open Enrollment in 3 Easy Steps *(continued on page 3)*

Links at Your Fingertips

Open Enrollment starts on October 2nd and ends October 31st. This is your annual opportunity to examine your medical and dental coverage, and to make any changes to ensure that you and your dependents get the coverage that you need in the coming year. See pages 1 and 2 for a complete list of plans.

1. Review — Review the Medical Plan Design comparison chart, which has side-by-side comparisons for each of the medical plans.

- Plan Comparison Chart:
www.nj.gov/treasury/pensions/hb-comparison-home.shtml

2. Calculate — You can use our Percentage of Premium Calculator to determine your estimated premium contributions for plans offered in 2018.

- Percentage of Premium Calculator:
www.nj.gov/treasury/pensions/hb-percentage-home.shtml

3. Apply — Download and complete an application if you wish to enroll in a new plan or make any changes to your current plan. Return the properly completed application (and, if applicable, required documentation for dependents) to your benefits administrator or human resources representative prior to October 31st.



Open Enrollment in 3 Easy Steps *(continued from page 2)*

Applications:

HMO/PPO/Tiered-Network Plan application:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0889.pdf

High Deductible Health Plan (HDHP) application:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0911.pdf

HDHP Health Savings Account (HSA) form:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0914.pdf

Dental Plans application: www.nj.gov/treasury/pensions/epbam/exhibits/pdf/hd0719.pdf

COBRA Information:

For a COBRA application, please visit our website at:

www.nj.gov/treasury/pensions/hb-cobra.shtml

CHAPTER 375 Members:

For a Chapter 375 application (coverage for children over the age of 26 until age 31), please visit our website at:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ho0805.pdf

Important Note: Due to the volume of applications received during Open Enrollment, members should give four to six weeks **at minimum** for processing. Members should also keep photocopies of any sent applications for their records.

For questions about specific plan benefits, contact the plan directly or visit our website at:

www.nj.gov/treasury/pensions/health-benefits.shtml

Overview of Your Dental Plan Choices for 2018

The SHBP is offering active employees two types of plans for 2018: the **Dental Plan Organizations (DPO)** and the **Dental Expense Plan (DEP)**. The **DPO** plans are similar to HMO plans; you pick a Primary Care Dentist and get referrals for any specialist care. The **DEP** allows you to see any dentist you choose, but the out-of-pocket costs, including deductibles, coinsurance, and monthly premiums, are higher. Currently, the **DPO** plans are: Aetna, Cigna, Healthplex, Horizon, and MetLife. The **DEP** is administered by Aetna.

See **Fact Sheet #37, Employee Dental Plans**, for details about plan choices and a comparison of costs for the **DPO vs. DEP** plans at www.nj.gov/treasury/pensions/pdf/factsheets/fact37.pdf

To find participating dentists, visit our website for links to the **DPO** websites: www.nj.gov/treasury/pensions/employee-dental-plans.shtml



Terms You Need to Know

Coinsurance

The sharing of certain covered expenses by the plan and the plan participant. For example, if the plan covers an expense at 80 percent (the plan's coinsurance), your coinsurance is 20 percent of the provider's charge.

Coinsurance Limit

The coinsurance limit is the maximum that you must pay out-of-pocket for your coinsurance share each calendar year.

Copayment (copay)

The specified dollar amount or percentage required to be paid directly to an in-network provider.

Deductible

The amount of covered expenses that a member must pay each plan year before the plan begins to pay benefits.

Dependent

A member's spouse, civil union partner, same-sex domestic partner (as defined by P.L. 2003, c.246), or child(ren) under the age of 26. Children include natural, adopted, foster, and stepchildren. If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or a physical disability, coverage may be continued subject to approval.

In-Network Provider or Participating Provider

Any physician, hospital, skilled nursing facility, or other individual or entity involved in the delivery of health care or ancillary services that contracts to provide covered services to plan participants for a negotiated charge.

Out-of-Network Provider

This term generally is used to mean providers who have not contracted with a health plan to provide services at negotiated fees; or, with an HMO, an in-network provider who is furnishing services or supplies without a referral from the patient's PCP.

Out-of-Pocket Maximum

The out-of-pocket maximum is the maximum amount you must pay toward covered medical expenses in a calendar year. Once you reach this maximum, the plan pays 100 percent of your remaining covered expenses for the rest of the year.

Urgent Care

Services received for an unexpected illness or injury that is not life threatening but requires immediate outpatient medical care that cannot be postponed. An urgent medical condition requires prompt medical attention to avoid complications and unnecessary suffering or severe pain, such as a high fever.



NJWELL IN 2018

The mission of **NJWELL** is for members to cultivate healthy lifestyle choices to lower health risk factors, improve well-being, and ensure that New Jersey's public employees are healthy, inspired, and productive for years to come.

The focus of **NJWELL** is to encourage participants to "keep going" with their fitness goals and healthy lifestyle choices. Employees and their covered spouses or partners can each receive up to \$250. You must submit your assessment and proof of screening and complete your activities by October 31, 2017, in order to earn the 2017 reward. For more information about **NJWELL**, visit our website at: www.nj.gov/njwell

Plan Year 2018

You and your covered spouse or partner will still have additional opportunities to earn rewards during 2018. Look out for more information about **NJWELL** for Plan Year 2018.



PLAN YEAR 2018 CONTACT INFORMATION

PLAN	PHONE NO.	WEBSITE
MEDICAL		
Aetna	1-877-782-8365	www.aetna.com/statenj
Horizon Blue Cross Blue Shield of New Jersey	1-800-414-7427	www.horizonblue.com/sehbp
PRESCRIPTION DRUG PLAN		
OptumRx	1-844-368-8740	www.optumrx.com/stateofnewjersey
DENTAL PLANS		
Aetna DPO	1-800-843-3661	www.aetna.com/statenj
Cigna Dental Health, Inc.	1-800-564-7642	www.cigna.com/sites/stateofnjdenal
Healthplex (International Health Care Services)	1-800-468-0600	www.healthplex.com
Horizon Dental Choice	1-800-433-6825	www.horizonblue.com/shbp
MetLife	1-866-880-2984	www.metlife.com/dental
Dental Expense Plan (PPO administered by Aetna)	1-877-238-6200	www.aetna.com/statenj

Is Your Child Turning Age 26?

Covered children who turn age 26 by the end of 2017 will be terminated from coverage as of December 31, 2017. These children will be eligible to continue coverage under COBRA or Chapter 375. They may also wish to seek coverage through the Federal Marketplace to find an affordable option.

For more information about COBRA, see **Fact Sheet #30, *The Continuation of Health Benefits Under COBRA*** at: www.nj.gov/treasury/pensions/pdf/factsheets/fact30.pdf

For more information about coverage of overage children until age 31 under Chapter 375, see **Fact Sheet #74, *Health Benefits Coverage of Children Under Chapter 375*** at: www.nj.gov/treasury/pensions/pdf/factsheets/fact74.pdf

Dependent Children with Disabilities — If the child turning age 26 is not capable of self-support due to mental illness or a physical disability, he or she may be eligible for a continuance of coverage.

To request continued coverage, contact the Office of Client Services at (609) 292-7524 for a *Continuance for Dependent with Disabilities* form, or write to:

**Division of Pensions & Benefits
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299**

The form and proof of the child's condition must be given to the **NJDPB** no later than 31 days after the date coverage would normally end.

Since coverage for children ends on December 31st of the year they turn 26, **you have until January 31st to file the *Continuance for Dependent with Disabilities* form.**

Coverage for children with disabilities may continue only while (1) you are covered through the SHBP, (2) the child continues to be disabled, (3) the child is unmarried, and (4) the child remains dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.

See also **Fact Sheet #51, *Continuing Health Benefits Coverage for Overage Children with Disabilities***, at: www.nj.gov/treasury/pensions/pdf/factsheets/fact51.pdf

State of New Jersey Health Capsule

**Division of Pensions & Benefits
609-292-7524**

www.nj.gov/treasury/pensions

The Health Capsule is published periodically and is designed to keep employees informed about developments in their health benefits program. The newsletter addresses issues affecting your health and prescription benefits and includes articles on new or proposed legislation, New Jersey Administrative Code changes, decisions of the State and School Employees' Health Benefits Commissions, and national issues affecting our programs.

The selections in this publication are for informational purposes only and, while every attempt at accuracy is made, it cannot be guaranteed.

If you would like to see any particular health benefits issue addressed, please forward your ideas to:

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