



# Health Capsule

The Division of Pensions and Benefits ♦ For State Employees ♦ Issue #26

## SHBP Open Enrollment Begins October 1

Open Enrollment is your annual opportunity to closely review your medical, prescription drug, and dental benefits. The State Health Benefits Program (SHBP) will be holding the Open Enrollment period for Plan Year 2011 for State employees from October 1 through October 29, 2010. Any changes made to your coverage during Open Enrollment will become effective on January 1, 2011 for State employees paid through the State's Centralized Payroll Unit and all other State employees.

### During the Open Enrollment

During the Open Enrollment period you may:

- Enroll in the SHBP if you have not previously done so;
- Change to a different medical plan and/or dental plan (see article on page 4 for more dental information);
- Add eligible dependents you have not previously enrolled. (Please note that the maximum age for covering children has been raised to age 26. To learn more, see page 2 that explains the new provision.); or
- Remove dependents from your coverage.

To make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Medical and prescription drug coverage

changes are made on the same application. Dental coverage changes are made on a separate application. Completed applications must be returned to your human resources representative or benefits administrator by October 29, 2010. **Do not send the application directly to the Division of Pensions and Benefits.**

### Health Plan Premiums and Copayments

Health plan premiums and copayments will remain the same for 2011. Most State employees are required to contribute 1.5 percent of their annual base salary regardless of the medical plan or level of coverage that is selected. Your health contribution changes any time there is a change in your base annual salary.

The copayment for SHBP medical plans (NJ DIRECT, Aetna HMO, and CIGNA HealthCare HMO) for primary doctor visits and visits to a specialist is \$15 and the copayment for a visit to an emergency room is \$50. The emergency room copayment is waived if you are admitted.

### For More Information

For questions about specific plan benefits, contact the plan directly or see the *Plan Comparison Summary*, available on the Division of Pensions and Benefits Web site at: [www.state.nj.us/treasury/pensions/health-benefits.shtml](http://www.state.nj.us/treasury/pensions/health-benefits.shtml)

---

## Federal Health Care Reform and Your SHBP Plan

The SHBP considers itself a “grandfathered health plan” under the Patient Protection and Affordable Care Act (Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

## New! Coverage of Children Until Age 26

Provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act) include the coverage of children until age 26. Currently the State Health Benefits Program (SHBP) permits the coverage of dependent children until age 23. Under the Affordable Care Act, the extended coverage until age 26 is effective for the plan year to begin after September 2010 and will, therefore, apply to the SHBP for the plan year beginning January 2011.

### Is Your Child Eligible?

Under the Affordable Care Act:

- A “child” is defined as an enrollee’s child until age 26, regardless of the child’s marital, student, or financial dependency status — even if the young adult no longer lives with his or her parents.
- Coverage will be extended to eligible children through December 31 of the year they turn age 26.
- However, until 2014, the extension of coverage is only available if the adult child is not eligible to enroll in employer-based coverage (aside from coverage through the parent).

### Enrolling Your Child

October 2010 has been set aside by the SHBP as the period when parents may enroll/re-enroll children who meet the above criteria and who will be under age 26 as of December 31, 2010.

- Employees may submit a *Health Benefits Application*, through their employer, between October 1 and 29, 2010 to enroll, or re-enroll, an eligible child.
- For all enrollments a photocopy of the child's birth certificate that includes the covered parent's name must be submitted along with the application (or other supporting documentation for foster or stepchildren).
- Covered children who turn **age 23** during 2010 do not need to enroll during October to continue coverage in 2011. Coverage will be continued automatically.

More about this provision of the Affordable Care Act is available on the U.S. Department of Health and Human Services Web site at: [www.hhs.gov/ociio/regulations/adult\\_child\\_fact\\_sheet.html](http://www.hhs.gov/ociio/regulations/adult_child_fact_sheet.html)

### Coverage for Children Ages 26 to 31

Chapter 375, P.L. 2005, provides for the continuation of health coverage to children past the age of 26 until age 31. The cost of Chapter 375 coverage is paid by the member-parent or over age child.

A child by blood or law who previously "aged-out" of a plan and does not currently receive coverage or have coverage under COBRA, provided he or she meets certain requirements for dependent status, may elect continued coverage — even if there has been a gap in coverage. The eligibility requirements are outlined as follows:

1. be 30 years of age or younger at the time of application;
2. be unmarried;
3. have no dependent(s) of his or her own;
4. be a resident of New Jersey or enrolled as a full-time student at an accredited public or private institution of higher education;
5. have no other coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, church plan, or health benefits plan, or entitled to benefits under Medicare; and
6. provide proof of previous credible coverage.

An over age child is eligible for coverage until age 31 in the medical and/or prescription drug plan that is identical to the plan in which the parent is enrolled. The application for over age children must be signed by both the child and parent responsible for paying for the cost of coverage. In order to enroll for the 2011 plan year, you must complete a *Chapter 375 Enrollment Application* and return it to the Division of Pensions and Benefits, Health Benefits Bureau, PO Box 299, Trenton, NJ 08625 by **October 30, 2010**.

## Multiple SHBP or SEHBP Coverage Prohibited

Effective May 21, 2010, Chapter 2, PL 2010, prohibits **multiple coverage** under the SHBP or School Employees’ Health Benefits Program (SEHBP). This means that an employee (or retiree) cannot be eligible for coverage as both a subscriber **and** a dependent under the SHBP and/or SEHBP.

In June, a notification was sent to those members who were identified as having multiple coverage. In order to comply with the law and retain your current and future eligibility for SHBP coverage, members were asked to either waive coverage as a subscriber (employee) **OR** terminate other coverage as a retiree or dependent. **If you did not take action by submitting an application to the Division of Pensions and Benefits by September 1, 2010, one of your coverages will be automatically terminated..** Please check your account information through the Member Benefit Online System (MBOS).

## HIPAA Notice for 2010

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires group health plans to implement several provisions contained within the law to annually notify its membership of any provisions for which they file an exemption. For plan year 2010, all health plans meet or exceed the federal requirements, with the exception of mental health parity for NJ DIRECT/NJ PLUS.

The State Health Benefits Commission filed an exemption from the area of mental health parity for non-biologically based mental illness with the federal Centers for Medicare and Medicaid Services for calendar year 2010 for NJ DIRECT/NJ PLUS. These limitations are outlined in the *NJ DIRECT Member Handbook* or contact NJ DIRECT/NJPLUS at 1-800-414-SHBP (7427) for more information.

## Find Open Enrollment and Plan Information Online

In compliance with State initiatives to provide paperless services, Open Enrollment informational materials, plan comparison charts, and SHBP plan member handbooks are only available in electronic format. Most publications are provided in Adobe™ PDF format for user friendly viewing or printing. Access to SHBP publications is available on the Division of Pensions and Benefits Web site: [www.state.nj.us/treasury/pensions/health-benefits.shtml](http://www.state.nj.us/treasury/pensions/health-benefits.shtml)

### Participating SHBP Medical Plans

| MEDICAL PLANS  | WEB ADDRESS  | PHONE#         |
|--|--|----------------|
| <b>NJ DIRECT*</b>  | <a href="http://www.horizonblue.com/shbp">www.horizonblue.com/shbp</a> | 1-800-414-7427 |
| <i>*Administered by Horizon Blue Cross Blue Shield of New Jersey</i>   |  |                |
| <b>Aetna HMO</b>   | <a href="http://www.aetna.com/statenj">www.aetna.com/statenj</a>       | 1-877-STATE NJ |
| <b>CIGNA HealthCare</b>  | <a href="http://www.cigna.com">www.cigna.com</a>                       | 1-800-564-7642 |
| <i>All plans are available nationwide. There are no longer specific service areas in different states; however, you should check with your medical provider to verify his or her plan participation.</i> |  |                |
| PRESCRIPTION DRUG PLAN   | WEB ADDRESS  | PHONE#         |
| <b>Medco Health Solutions</b>  | <a href="http://www.medco.com/statenj">www.medco.com/statenj</a>       | 1-866-220-6512 |

# Employee Dental Plans

Members who enroll in the Employee Dental Plans may choose from two types of dental plans: one of six Dental Plan Organizations (DPO) or the Dental Expense Plan.

## Dental Plan Organizations

The Dental Plan Organizations contract with a network of providers for dental services. There are six DPOs participating in the SHBP from which you may choose: Aetna DMO, Atlantic Southern Dental, CIGNA DHMO, Community Dental Associates, Horizon Healthcare Dental, and International Health Care Services.

You must use providers participating with the DPO you select to receive coverage. Since DPOs also service other organizations, be sure to confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP Employee Dental Plans.

## Dental Expense Plan

The Dental Expense Plan is a traditional indemnity plan that allows you to obtain services from any dentist. After you satisfy the \$50 annual deductible (no deductible applies for preventive services), you are reimbursed a percentage of the reasonable and customary charges for the services that are covered under the Dental Expense Plan up to the annual plan maximum of \$3,000. The Dental Expense Plan is administered for the SHBP by Aetna.

## Find Out More

For more information contact your benefits administrator or human resources representative, or see the *Employee Dental Plans Member Handbook* that is available on the Division's Web site at: [www.state.nj.us/treasury/pensions/health-benefits.shtml](http://www.state.nj.us/treasury/pensions/health-benefits.shtml)

## Participating Employee Dental Plans

| DENTAL PLAN NAME   | WEB ADDRESS AND MEMBERSHIP SERVICES PHONE NUMBER                                       | SERVICE AREA   |
|--|--|--|
| <b>BeneCare</b><br>(Atlantic Southern Dental Foundation) | <a href="http://www.benecare.com">www.benecare.com</a><br>1-800-843-4727               | All of New Jersey<br>(Except Hunterdon, Morris, Passaic, Salem, Somerset, Sussex & Warren Counties)  |
| <b>Community Dental Associates</b>                       | <a href="http://www.cdaplan.com">www.cdaplan.com</a><br>(856) 451-8844                 | Cumberland County  |
| <b>CIGNA Dental Health, Inc.</b>                         | <a href="http://www.cigna.com/stateofnj">www.cigna.com/stateofnj</a><br>1-800-367-1037 | All of New Jersey and Eastern Pennsylvania (Except Cape May County)  |
| <b>Healthplex</b> (International Health Care Services)   | <a href="http://www.healthplex.com">www.healthplex.com</a><br>1-800-468-0600           | All of New Jersey, Bucks County, and Philadelphia, Pennsylvania<br>(Except Cape May, Gloucester, Hunterdon, Salem, Sussex & Warren Counties) |
| <b>Horizon Dental Choice</b>                             | <a href="http://www.horizonblue.com">www.horizonblue.com</a><br>1-800-433-6825         | All of New Jersey<br>(Except Salem County)   |
| <b>Aetna DMO</b>   | <a href="http://www.aetna.com/statenj">www.aetna.com/statenj</a><br>1-800-843-3661     | All of New Jersey and Eastern Pennsylvania   |
| <b>Dental Expense Plan</b><br>(Administered by Aetna)    | <a href="http://www.aetna.com/statenj">www.aetna.com/statenj</a><br>1-877-238-6200     | Unrestricted   |

New Jersey SHBP

## Health Capsule

Division of Pensions  
and Benefits  
(609) 292-7524

[www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

*Health Capsule* is published periodically for State employees 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 Health Benefits Commission, and national issues affecting our programs.

The selections in this publication are for information 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 *Health Capsule*, Division of Pensions and Benefits, Office of Client Services, P.O. Box 295, Trenton, NJ 08625-0295.

**Florence J. Sheppard**  
Acting Director  
Division of Pensions  
and Benefits

•  
**Steven R. Stokley**  
Senior Editor  
Publications

•  
**Helen C. Benjamin**  
Editor  
Publications

•  
**Kathleen M. Marsala**  
Graphic Artist  
Publications