



Health Capsule

The Division of Pensions and Benefits ♦ For State Employees ♦ Issue #27

New Medical Plan Choices for Plan Year 2013

The State Health Benefits Program (SHBP) offers medical plans through Horizon Blue Cross Blue Shield of New Jersey and Aetna. State employees may select from the following plans offered by the SHBP:

Preferred Provider Organizations (PPO) — members may see any physician, nationwide, and do not need to select a Primary Care Physician. When using an in-network provider, most services require a copayment. Out-of-network benefits are payable subject to a deductible and coinsurance.

PPO Plans: Aetna Freedom15; Aetna Freedom1525; Aetna Freedom2030; NJ DIRECT15; NJ DIRECT1525; NJ DIRECT2030.

Health Maintenance Organizations (HMO) — members must choose a Primary Care Physician to coordinate all care. Referrals must be obtained in order to visit a specialist. There are no benefits for using an out-of-network provider.

HMO Plans: Aetna HMO; Aetna HMO 1525; Aetna HMO 2030; Horizon HMO*; Horizon HMO 1525*; Horizon HMO 2030*.

High Deductible Health Plans (HDHP) — allow members to see any physician, nationwide, and do not require the selection of a Primary Care Physician. Members are responsible for eligible medical expenses until the deductible is met. A Health Savings Account (HSA) is available to all HDHP subscribers.

HDHP: Aetna Value HD1500; Aetna Value HD4000; NJ DIRECT HD1500; NJ DIRECT HD4000.

Plan information and Summaries of Benefits and Coverage can be found at: www.state.nj.us/treasury/pensions/health-benefits.shtml

*Service areas for Horizon HMO plans are limited to New Jersey, Delaware, and bordering counties of Pennsylvania and New York.

Attention Cigna HealthCare Members

As of January 1, 2013 Cigna HealthCare medical plans will no longer be offered in the SHBP. Cigna members were sent information by mail regarding the termination. Cigna members must choose a new medical plan and return a health benefits application to their human resources representative or benefits administrator by November 9, 2012. The new plan you choose will become effective January 1, 2013 (December 29, 2012 for employees paid through State Centralized Payroll). Check with your current health providers to verify medical plan participation.

Note: The Cigna Dental DPO remains available to employees eligible for the SHBP Employee Dental Plans.

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Open Enrollment for Plan Year 2013

Open Enrollment is your annual opportunity to closely review your medical, prescription drug, and dental benefits. The State Health Benefits Program (SHBP) will hold the Open Enrollment for employees from October 1, through November 9, 2012. Any changes made to your coverage during Open Enrollment will become effective on January 1, 2013. (December 29, 2012 for State employees paid through Centralized Payroll.)

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 page 4 for more dental plan information.
- Add eligible dependents you have not previously enrolled. (Please note that the maximum age for covering children is 26. (See page 3, “Coverage for Children Over Age 26); 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:

- Members selecting a **Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) medical plan** must complete the *Health Benefits Program Application* to enroll or make coverage changes. Prescription drug coverage changes are made on the same application.
- Members selecting a **High Deductible Health Plan (HDHP)** must complete the *High Deductible Health Plan Application* to enroll or make coverage changes (Note: For members selecting a HDHP, prescription drug coverage is included as part of the High Deductible Health Plan.). The *Health Savings Account (HSA) Contribution Form* is also included as part of the HDHP enrollment packet.
- **Dental coverage** changes are made on a separate dental application.

Completed applications must be returned to your human resources representative or benefits administrator by November 9, 2012. Do not send the application directly to the Division of Pensions and Benefits.

For More Information

For questions about specific plan benefits, contact the plan directly or see the *Summaries of Benefits and Coverage*, available on the Division of Pensions and Benefits Web site at: www.state.nj.us/treasury/pensions/health-benefits.shtml

Find Open Enrollment and Plan Information Online

In compliance with State initiatives to provide paperless services, Open Enrollment informational materials, *Summaries of Benefits and Coverage*, the Percentage of Premium Calculator, 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 are available on the Division of Pensions and Benefits Web site at: www.state.nj.us/treasury/pensions/health-benefits.shtml



Coverage for Children Over Age 26

Chapter 375, P.L. 2005, provides for the continuation of health coverage to eligible children from age of 26 until age 31. The cost of 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 have other coverage may elect coverage — even if there has been a gap in coverage — provided he or she meets requirements for dependent status as follows:

1. is under the age of 30;
2. is unmarried;
3. has no dependent(s) of his or her own;
4. is a resident of New Jersey or enrolled as a full-time student at an accredited public or private institution of higher education; and
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.

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 2013 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 08625-0299 by November 9, 2012.

Continuation of Coverage for Children with Disabilities Over Age 26

Children who are disabled and turn age 26 during 2012, who are still dependent on you for support, may remain on your health plan upon approval of their disabled status. To apply for an extension of health benefits coverage for a dependent child with disabilities, write to the Division of Pensions and Benefits, PO Box 299, Trenton, NJ 08625-0299, send an e-mail to pensions.nj@treas.state.nj.us or call (609) 292-7524. Please provide your name, address, and Social Security number. Ask for the *Request for Continuance for Dependent with Disabilities* form. The form and proof of the child's condition must be completed and returned to the Division by January 31, 2013.

Medco and Express Scripts Are Now One Company

Express Scripts and Medco have come together to provide prescription drug benefits to the SHBP/SEHBP as one company, Express Scripts. The new Express Scripts will provide the same service you've come to expect from Medco. Although the name has changed, there will be no benefit changes to the Employee Prescription Drug Plan. **Please continue to use your current identification card.** Additionally, continue to refill your prescription drugs using the same order forms or through the company's Web site at: www.medco.com/statenj

The customer service telephone number on your identification card, 1-866-220-6512 will also remain the same.

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 from which you may choose: Aetna DMO, Benecare (Atlantic Southern Dental), CIGNA DHMO, Community Dental Associates, Horizon Healthcare Dental, and International Health Care Services (Healthplex).

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 Preferred Provider Organization (PPO) plan that allows you to obtain services from any dentist. You will pay a higher coinsurance if using an out-of-network provider. After you satisfy the 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 by Aetna.

Find Out More

For more information contact your benefits administrator or human resources representative, or for specific plan phone numbers and Web addresses 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

New Jersey SHBP

Health Capsule

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www.state.nj.us/treasury/pensions

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 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.

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