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September 15, 2008

TO: State Health Benefits Program Participating Local Government Employers
FROM: New Jersey State Health Benefits Program
SUBJECT: SHBP Open Enrollment 2008 — Local Government Employers

The State Health Benefits Program (SHBP) Open Enrollment Period for local government employees will begin on **October 1, 2008 and end on October 31, 2008**. All changes to coverage made during this open enrollment will be effective on January 1, 2009.

For changes made during this Open Enrollment, completed employer-certified *Health Benefit Applications* and/or *Dental Plan Applications* should be forwarded to the Health Benefits Bureau as soon as they are received from employees. The last day that certified applications may arrive at the Health Benefits Bureau to be effective for the start of the new plan year is November 7, 2008.

Employees who are *newly married*, or enrolling in the SHBP for the first time during the Open Enrollment, and are enrolling their spouse as a dependent are required to provide a copy of the marriage certificate at the time of enrollment. Similarly, if an employee is enrolling a civil union partner or an eligible domestic partner as a dependent, a copy of the *NJ Civil Union Certificate*, or a *Certificate of Domestic Partnership* dated prior to February 19, 2007, is required at the time of enrollment. To ensure that the documentation submitted is properly matched to the employee's record, the Health Benefits Bureau requests that employers provide the employee's Social Security number on the copy of the marriage/partnership documentation. In addition, employees adding dependent children to coverage must submit legal documentation verifying the child's relationship to the employee.

Please note that in the Fall of 2009 the SHBP's health consultant, Aon Consulting, will be conducting a full legal documentation audit of all subscribers who cover dependents. Subscribers will be required to provide legal documentation verifying a dependent's relationship to the subscriber. This open enrollment period may be a good opportunity for employees to review the individuals covered under their medical plan and make any necessary updates.

2009 SHBP RATES FOR EMPLOYERS

The State Health Benefits Commission has approved health, dental, and prescription drug plan rates for the 2009 plan year. These rates are based upon the recommendation of the Commission's actuarial consultant, Aon Consulting.

Effective January 1, 2009, SHBP plan rates for the Local Government Active Group will see the following percentage of change.

PLAN TYPE	RATE INCREASE
NJ DIRECT10	3%
NJ DIRECT15	3%
Aetna HMO	6%
CIGNA HealthCare HMO	6%
Prescription Drug Plan	2%
Dental Expense Plan	0%
Dental Provider Organization (DPO) Plans	2.4%

MEDICAL AND PRESCRIPTION DRUG PLANS AND COPAYMENTS

The SHBP currently offers local government employees a choice of one of four medical plans.

- **NJ DIRECT10** — a Preferred Provider Organization administered by Horizon Blue Cross Blue Shield of New Jersey that offers a selection of both in-network coverage with a \$10 copayment and out-of-network coverage subject to deductibles and coinsurance; or
- **NJ DIRECT15** — a Preferred Provider Organizations administered by Horizon Blue Cross Blue Shield of New Jersey that offers a selection of both in-network coverage with a \$15 copayment and out-of-network coverage subject to deductibles and coinsurance; or
- **Aetna HMO** or **CIGNA HealthCare HMO** — standard Health Maintenance Organization (HMO) plans offering in-network coverage through a primary care physician for a \$10 copayment.

A side-by-side comparison of medical plan benefits is available in the *Plan Comparison Summary for Local Government Employees*, available for viewing or printing at the SHBP Web site: www.state.nj.us/treasury/pensions/shbp.htm

If your employing entity does not offer a freestanding prescription drug plan, the SHBP medical plan includes prescription drug coverage as part of the medical plan. When included in the medical plan:

- **NJ DIRECT10** and **NJ DIRECT15** provide reimbursement of prescription drug costs at 90% for prescriptions filled by an in-network pharmacy or 80% (NJ

DIRECT10) or 70% (NJ DIRECT15) for prescriptions filled by an out-of-network pharmacy.

- **Aetna HMO** or **CIGNA HealthCare HMO** provide a three tier copayment benefit. Copayments for a 30 day supply when purchased at a retail pharmacy are \$5 for generic drugs, \$10 for preferred brand name drugs, and \$20 for all other brand name drugs. Mail order copayments for up to a 90-day supply are \$5 for generic drugs, \$15 for preferred brand name drugs, and \$25 for all other brand name drugs.

The Employee Prescription Drug Plan is offered to local government employers as a freestanding prescription drug plan. If your employing entity has chosen to participate:

- Copayments for a 30 day supply when purchased at a retail pharmacy are \$3 for generic drugs, \$10 for brand name prescription drugs.
- Mail order prescription drug copayments for up to a 90-day supply, are \$5 for generic drugs, \$15 for brand name drugs.

Employer rate charts for medical plans — with and without prescription coverage — as well as Employee Prescription Drug Plan rates are included in this mailing. Rate information is also available on the SHBP Web site: www.state.nj.us/treasury/pensions/shbp.htm. Please note that “with prescription drug coverage” means that the employer is providing a separate prescription drug card plan such as the Employee Prescription Drug Plan or other private plan; “without prescription drug coverage” means that prescription drugs are provided through the member’s SHBP medical plan

EMPLOYEE DENTAL PLANS

The **Employee Dental Plans** are offered to local government employers as a freestanding dental plan. If your employing entity has chosen to participate there are seven different dental plans offered based on one of two different plan designs — **Dental Plan Organizations (DPO)** and a **Dental Expense Plan**.

- Six **DPOs** are available: **Aetna DMO; BeneCare; CIGNA Dental Health; Community Dental Associates; Healthplex; and Horizon Dental Choice**. DPOs contract with a network of providers for dental services. When you use a DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a small copayment. You must use providers participating with the DPO you select to receive coverage. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP Employee Dental Plans, since DPOs also service other organizations.
- The **Dental Expense Plan** is an indemnity type plan administered by **Aetna** that allows members to obtain services from any dentist. After satisfying an annual deductible (no deductible for preventive services), members are reimbursed a percentage of the reasonable and customary charges for most services.

A side-by-side comparison of dental plan benefits is available in Fact Sheet #37, *Employee Dental Plans*, which is available on the SHBP Web site at: www.state.nj.us/treasury/pensions/fact37.htm

Employer rate charts for the Employee Dental Plans are included in this mailing. Rate information is also available on the SHBP Web site at: www.state.nj.us/treasury/pensions/shbp.htm

Employees **must** remain enrolled in a dental plan for a minimum of 12 months before they will be allowed to change plans. This means that if an employee was not enrolled in a dental plan as of January 1, 2008, they will not be permitted to change dental plans during this Open Enrollment.

OPEN ENROLLMENT INFORMATIONAL MATERIALS

Please note that the SHBP is not providing health fairs during this open enrollment period.

MILESTONES — Enclosed is a milestone chart that lists the critical dates of the open enrollment period and outlines the efforts being made to educate employees. Please use this chart as a checklist to guide your activities during open enrollment.

RATE CHARTS — Enclosed you will find employer rates for medical, prescription drug, and dental plans. Rate information is also posted to the SHBP Web site: www.state.nj.us/treasury/pensions/shbp.htm

HEALTH CAPSULE — The *Health Capsule* newsletter announces the SHBP Open Enrollment Period to employees and presents important information and changes that may affect their benefit selection. A supply of the local government edition of the newsletter will be shipped to employers for distribution to employees prior to the start of the Open Enrollment.

HEALTH PLAN CONTACTS — A list medical and dental plan telephone contact information and Web site addresses for employees is provided.

A separate list of employer marketing contacts for the medical and dental plans is also enclosed. Use these contacts to obtain plan specific literature. (These telephone numbers are not for member services. Please do not give these telephone numbers to your employees.)

HEALTH AND DENTAL PLAN APPLICATIONS — The medical plans (including prescription drug coverage) and the Employee Dental Plans use two different applications. The health and dental applications are available for printing from the SHBP Web site at: www.state.nj.us/treasury/pensions/shbp.htm

SUMMARY PROGRAM DESCRIPTION (SPD) BOOKLET, PLAN HANDBOOKS, AND HEALTH PLAN COMPARISON SUMMARY CHARTS — The SHBP *Summary Program Description*, SHBP plan *Member Handbooks* (NJ DIRECT, Aetna HMO, CIGNA HealthCare HMO), and SHBP *Plan Comparison Summary* charts have been revised for the Open enrollment and will be available as online publications on the SHBP Web site at: www.state.nj.us/treasury/pensions/shbp.htm Please encourage your employees to access these materials online. Bulk supplies of printed copies are no longer available.

UNIFIED PROVIDER DIRECTORY — Participating medical plan provider information is available in the Unified Provider Directory (UPD), an online service that provides a comprehensive listing of health care providers and facilities that deliver their services

through one or more of the SHBP's plans in New Jersey and adjacent counties in Pennsylvania, New York and Delaware. Updated monthly, employees can access the UPD through the SHBP home page at: www.state.nj.us/treasury/pensions/shbp.htm

Since all plans have nationwide coverage and only three plan options remain, the UPD will not be available after January 1, 2009. Employees will still be able check if their provider participates with any or all of the health plans by accessing that information through the health plan's Web site. The Web site links are located on the SHBP home page at: www.state.nj.us/treasury/pensions/shbp.htm.

ADDITIONAL INFORMATION

If you have any questions about the SHBP Open Enrollment Period or the information in this letter, please contact our Office of Client Services at (609) 292-7524 to speak with an Employer Group representative.

Thank you for your assistance in making the SHBP Open Enrollment Period a success for your employees.

Enclosures:

SHBP Open Enrollment Milestone Chart
Medical and Dental Plan Rates
Health Capsule Newsletter
Medical/Dental Plan Employee Contact Information
Medical/Dental Plan Marketing Contacts

(LOCAL – MILESTONE – 2008)

**FALL 2008 SHBP OPEN ENROLLMENT MILESTONE CHART
for Participating Local Employers**

Note: If the event is underlined, you should be accomplishing the event.

<u>PROJECTED DATE</u>	<u>EVENT</u>
Late-September	<i>SHBP Health Capsule</i> newsletter shipped to employers. <u>Distribute to employees.</u>
October 1	<u>Open Enrollment Begins.</u>
October 31	<u>Open Enrollment Ends.</u>
November 7	<u>Employer certified applications due at the Health Benefits Bureau.</u>
January 1, 2009	Open Enrollment changes effective.

(FOR EMPLOYERS WITH A SEPARATE PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM

LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
 RATES EFFECTIVE 1/1/2009 to 12/31/2009

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150</u>			
Single	\$391.06	-----	\$391.06
Member & Spouse/Partner	\$392.64	\$487.24	\$879.88
Family	\$393.21	\$584.44	\$977.65
Parent & Child	\$391.75	\$155.73	\$547.48
<u>NJ DIRECT10 - #050</u>			
Single	\$410.66	-----	\$410.66
Member & Spouse/Partner	\$412.24	\$511.74	\$923.98
Family	\$412.81	\$613.83	\$1,026.64
Parent & Child	\$411.35	\$163.57	\$574.92
<u>AETNA HMO - #019</u>			
Single	\$394.55	-----	\$394.55
Member & Spouse/Partner	\$396.13	\$491.62	\$887.75
Family	\$396.70	\$589.69	\$986.39
Parent & Child	\$395.24	\$157.14	\$552.38
<u>CIGNA HealthCare HMO - #020</u>			
Single	\$398.50	-----	\$398.50
Member & Spouse/Partner	\$400.08	\$496.55	\$896.63
Family	\$400.65	\$595.60	\$996.25
Parent & Child	\$399.19	\$158.71	\$557.90
<u>PRESCRIPTION DRUG PROGRAM - #201</u>			
Single	\$133.51	-----	\$133.51
Member & Spouse/Partner	\$133.51	\$166.88	\$300.39
Family	\$133.51	\$200.25	\$333.76
Parent & Child	\$133.51	\$53.39	\$186.90

(FOR EMPLOYERS **WITHOUT** A SEPARATE PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM

LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS

RATES EFFECTIVE 1/1/2009 to 12/31/2009

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150</u>			
Single	\$469.27	-----	\$469.27
Member & Spouse/Partner	\$470.85	\$585.00	\$1,055.85
Family	\$471.42	\$701.75	\$1,173.17
Parent & Child	\$469.96	\$187.02	\$656.98
<u>NJ DIRECT10 - #050</u>			
Single	\$492.79	-----	\$492.79
Member & Spouse/Partner	\$494.37	\$614.40	\$1,108.77
Family	\$494.94	\$737.03	\$1,231.97
Parent & Child	\$493.48	\$196.42	\$689.90
<u>AETNA HMO - #019</u>			
Single	\$501.08	-----	\$501.08
Member & Spouse/Partner	\$502.66	\$624.79	\$1,127.45
Family	\$503.23	\$749.49	\$1,252.72
Parent & Child	\$501.77	\$199.75	\$701.52
<u>CIGNA HealthCare HMO - #020</u>			
Single	\$506.10	-----	\$506.10
Member & Spouse/Partner	\$507.68	\$631.04	\$1,138.72
Family	\$508.25	\$756.99	\$1,265.24
Parent & Child	\$506.79	\$201.75	\$708.54

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS

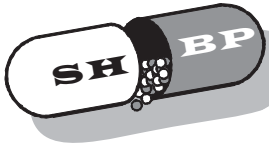
EMPLOYEE DENTAL PLANS

LOCAL MONTHLY ACTIVE GROUP

LOCAL GOVERNMENT AND EDUCATION EMPLOYERS

RATES EFFECTIVE 1/1/2009 to 12/31/2009

DESCRIPTION OF COVERAGE	MONTHLY BILLING RATE	
	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL MONTHLY RATE
DENTAL EXPENSE PLAN - #399		
SINGLE	\$20.67	\$41.34
MEMBER & SPOUSE/PARTNER	\$35.92	\$71.83
FAMILY	\$58.77	\$117.53
PARENT & CHILD	\$43.53	\$87.06
DENTAL PROVIDER ORGANIZATIONS (DPO)		
BENECARE (DPO #301)		
SINGLE		\$25.18
MEMBER & SPOUSE/PARTNER		\$43.74
FAMILY		\$71.58
PARENT & CHILD		\$53.02
COMMUNITY DENTAL (DPO #302)		
SINGLE		\$24.02
MEMBER & SPOUSE/PARTNER		\$41.77
FAMILY		\$68.32
PARENT & CHILD		\$50.60
CIGNA (DPO #305)		
SINGLE		\$21.59
MEMBER & SPOUSE/PARTNER		\$37.55
FAMILY		\$61.41
PARENT & CHILD		\$45.51
HEALTHPLEX (DPO #307)		
SINGLE		\$21.39
MEMBER & SPOUSE/PARTNER		\$37.17
FAMILY		\$60.81
PARENT & CHILD		\$45.04
HORIZON DENTAL CHOICE (DPO #317)		
SINGLE		\$19.57
MEMBER & SPOUSE/PARTNER		\$34.00
FAMILY		\$55.63
PARENT & CHILD		\$41.21
AETNA DMO (DPO #319)		
SINGLE		\$21.36
MEMBER & SPOUSE/PARTNER		\$37.17
FAMILY		\$60.80
PARENT & CHILD		\$45.05
DPO COMPOSITE RATES FOR EMPLOYEE CONTRIBUTION PURPOSES		
	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL COMPOSITE RATE
SINGLE	\$10.58	\$21.16
MEMBER & SPOUSE/PARTNER	\$18.51	\$37.02
FAMILY	\$30.15	\$60.30
PARENT & CHILD	\$22.17	\$44.35



Health Capsule

The Division of Pensions and Benefits ♦ For Local Government Employees ♦ Issue #24

Open Enrollment for Plan Year 2009

Every fall the State Health Benefits Program (SHBP) holds the Open Enrollment period as your annual opportunity to review your health benefits and to make any changes for you and your dependents for the following plan year.

For all eligible Local Government employees the Open Enrollment will take place from **October 1 through October 31, 2008**. Coverage changes made during this Open Enrollment will be effective on January 1, 2009 for all Local Government employees.

The Fall Open Enrollment is for the medical plans — **NJ DIRECT, Aetna HMO, and CIGNA HealthCare HMO**; and if your employer participates, the Employee Dental Plans and the Employee Prescription Drug Plan.

How to Enroll and/or Make Changes

During the open enrollment period, closely examine your health care coverage to make sure that your medical and (if eligible) dental plans have the services you and your dependents need, and that the health care providers you want are available to you. You may:

- enroll in the SHBP if you have not previously done so;
- change to a different medical plan (and/or dental plan, if your employer participates);
- add eligible dependents you have not previously enrolled (including over age dependents under age 31 who are not currently covered or who are reaching the end of COBRA eligibility — see article on

(continued on page 2)



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Have you registered with MBOS?

New Jersey State-administered pension system members may now access the **Member Benefits Online System (MBOS)**. MBOS is a set of Internet based applications that allow registered active members access to their pension account and State Health Benefits Program account information.

When registering for MBOS, you will need your pension Member ID number. Your Member ID number can usually be found on your payroll statement and/or your *Personal Benefits Statement*. To see detailed instructions about MBOS registration, go to:

www.state.nj.us/treasury/pensions/mbosregister.htm

Please note that while MBOS is now available to retired members, access to retiree State Health Benefits Program information is still under development.

Open Enrollment for Plan Year 2009 *(continued from page 1)*

page 3). Please note that when adding a dependent, full documentation (such as a birth certificate, adoption papers, court orders, marriage or civil union certificate) is required; and

- remove dependents from 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 31, 2008. **Do not send the application directly to the SHBP.**

For More Information

For questions about specific plan benefits:

- Contact the plan directly (see the chart below); or
- See the *SHBP Plan Comparison Summary*, available on the Division of Pensions and Benefits' Web site at: www.state.nj.us/treasury/pensions/shbp.htm

Medical Plan Name	Web Address	Phone#
Preferred Provider Organization (PPO)		
NJ DIRECT10 and NJ DIRECT15	www.horizonblue.com/shbp	1-800-414-7427 (SHBP)
<i>Administered by Horizon Blue Cross Blue Shield of New Jersey</i>		
Health Maintenance Organizations (HMO)		
Aetna HMO	www.aetna.com/statenj	1-877-STATE NJ
CIGNA HealthCare	www.cigna.com	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>		

Need to Find a Doctor?

The Unified Provider Directory (UPD) is an online service that provides information concerning health care providers and facilities that deliver their services through one or more of the SHBP's health care plans. The UPD is available for all areas of New Jersey, and the contiguous counties of Eastern Pennsylvania and New York. You can search for information two ways:

- by name for a provider or hospital; or
- by entering an address and ZIP Code, find the providers and facilities that are most convenient to you and which health plans they accept.

The UPD can be found on our Web page at: www.state.nj.us/treasury/pensions/shbp.htm and can be accessed by clicking on the "Quick Links to Plan Information" pull down menu.

Coverage for Children Past Age 23

The following information explains the different coverage options and the eligibility requirements your child must meet in order to maintain coverage through the SHBP.

Over Age Dependents with Disabilities

Unmarried children with disabilities who turn age 23 in 2008, who are still dependent on you for support, and meet the definition of a dependent may remain on your health plan upon approval of their disabled status. **Requests for the continuation of coverage must be sent to the SHBP by the January 31, 2009 deadline.** To apply for an extension of health benefits coverage for a dependent with disabilities, write to the Division of Pensions and Benefits, State Health Benefits Program, PO Box 299, Trenton, NJ 08625-0299 or call (609) 292-7524. Please provide your name, address, and Social Security number, and ask for the *Request for Continuance for Dependent with Disabilities* form. Previously approved requests are reviewed annually to determine if the disabled child still meets the eligibility requirements.

Children Over Age 23

The SHBP has specific guidelines about providing health coverage to children past the age of 23 until age 31 and these guidelines have changed in recent years due to the enactment of health benefit related legislation, Chapter 375, P.L. 2005, as amended by Chapter 38, P.L. 2008. A child who previously "aged-out" of a plan and does not currently receive coverage or who has 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. **In order to enroll, you must complete a Chapter 375 Enrollment Application and return it to your human resources representative or benefits administrator by October 31, 2008.** The application for over age children must be signed by both the child and parent responsible for paying for the cost of coverage.

There is no provision under Chapter 375 for enrollment in dental or vision benefits. Continued dental and vision coverage may be available under federal COBRA rules. See your human resources representative or benefits administrator for details.

HIPAA Notice for 2008

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 2008, all SHBP health plans meet or exceed the federal requirements, with the exception of mental health parity for NJ DIRECT. 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 2008 for NJ DIRECT. The maximum annual and lifetime dollar limits for mental health benefits under NJ DIRECT will not change. These limitations are outlined in the *NJ DIRECT Member Handbook* or contact your health plan for more information.

Help Stop Healthcare Fraud!

Healthcare fraud wastes tax dollars and drains valuable resources from the New Jersey State Health Benefits Program. Healthcare fraud is defined as the intentional deception or misrepresentation that an individual knows could result in some unauthorized benefit to the individual or to some other person. Examples of potential fraud include: submitting false information on the *SHBP Application*; adding or keeping ineligible dependents on your coverage; creating, altering and submitting false documentation; submitting false or misleading claim reimbursement data; and/or providing an identification card to someone else to use who is not eligible for coverage.

Healthcare fraud is a crime. Any member who willfully and knowingly engages in an activity intended to defraud the New Jersey State Health Benefits Program may result in prosecution. Any member who receives monies fraudulently from a health plan will be required to fully reimburse the plan.

The Division of Pensions and Benefits will be conducting a full legal document audit of all enrolled members who cover dependents during 2009. This will require that you provide legal documentation for all dependents you cover under the SHBP. Those dependents that do not have proper legal documentation will be terminated from coverage.

Do you know of a fraud being committed against the New Jersey State Health Benefits Program? Call (609) 292-7524 to report this possible fraud. All calls will remain confidential.

New Jersey SHBP

Health Capsule

Division of Pensions
and Benefits
(609) 292-7524

www.state.nj.us/treasury/pensions

Health Capsule is published periodically for Local Government employees and is designed to keep employees informed about developments in their health benefits program. The newsletter will address issues affecting your health and prescription benefits and will include 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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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD
MEDICAL AND DENTAL PLAN CONTACT INFORMATION

The annual Open Enrollment period for the State Health Benefits Program (SHBP) is scheduled for **October 1 to October 31, 2008**. During this period, eligible employees have the opportunity to enroll in or change existing health coverage. Changes made during this Open Enrollment period will be **effective January 1, 2009**. The chart below provides SHBP medical and dental plan contact numbers and coverage areas. If you decide to change medical or dental plans, see your Human Resources Representative to obtain a *Health Benefits Application* or *Dental Plan Application* and submit it by October 31, 2008. The new plan you choose will become effective January 1, 2009.

AVAILABLE MEDICAL PLANS			
Unit #	Health Plan Name	Member Services Telephone Number	Web Site Address
050	NJ DIRECT10	1-800-414-SHBP (1-800-414-7427)	www.horizonblue.com/shbp
150	NJ DIRECT15	1-800-414-SHBP (1-800-414-7427)	www.horizonblue.com/shbp
005	Aetna HMO	1-877-STATE NJ (1-877-782-8365)	www.aetna.com/statenj
006	CIGNA HealthCare HMO	1-800-564-7642	www.cigna.com/stateofnj

AVAILABLE DENTAL PLANS				
Unit#	Dental Plan Name	Member Services Telephone Number	Web Site Address	Service Area (contact dental plan to verify available providers in your county)
301	Atlantic Southern Dental (BeneCare)	1-800-843-4727	www.benecare.com	Parts of NJ
302	Community Dental Associates	(856) 451-8844	www.cdaplan.com	Cumberland County NJ
305	CIGNA Dental Health, Inc.	1-800-367-1037	www.cigna.com/stateofnj	Parts of NJ, Eastern PA
307	Healthplex (International Health Care Srvs.)	1-800-468-0600	www.healthplex.com	Parts of NJ
317	Horizon Dental Choice	1-800-433-6825	www.horizonblue.com	All of NJ (except Salem and Hunterdon Co.)
319	Aetna DMO	1-800-843-3661	www.aetna.com/statenj	All of NJ, Eastern PA
399	Dental Expense Plan (administered by Aetna Dental)	1-877-238-6200	www.aetna.com/statenj	Unrestricted

(MEDICAL - 2008)

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM MEDICAL PLANS
MARKETING MATERIAL CONTACTS*
2008 OPEN ENROLLMENT**

PLAN NAME	PLAN #	PHONE NUMBER	CONTACT PERSON
NJ DIRECT10 NJ DIRECT15 Administered by Horizon Blue Cross Blue Shield of New Jersey	050 150	(973) 466-6666	Olga Lockett

HEALTH MAINTENANCE ORGANIZATIONS

PLAN NAME	HMO #	PHONE NUMBER	CONTACT PERSON
Aetna HMO	005 (State Employees) 019 (Local Govt. & All Retirees)	(215) 775-0221 Fax: (215) 775-0080	Jennifer Pruchnic E-mail: pruchnicj@aetna.com
CIGNA HealthCare	006 (State Employees) 020 (Local Govt. & All Retirees)	(201) 533-7758	Kathy Reed E-mail: kathy.reed@cigna.com

***These phone numbers are for Human Resource Representatives to use in contacting the medical plans to obtain booklets/plan literature for employee distribution. The numbers are NOT for membership services – please do not provide them to your employees.**

(9/08)

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM DENTAL PLANS
MARKETING MATERIAL CONTACTS*
2008 OPEN ENROLLMENT**

PLAN NAME	UNIT/ DPO #	PHONE NUMBER	CONTACT PERSON
Atlantic Southern Dental Foundation (Benecare)	301	(215) 440-1020	Lisa Conaway E-mail: lconaway@benecare.com
Community Dental Associates	302	(856) 692-4670 Fax: (856) 692-3068	Dr. Gorsen
CIGNA Dental Health, Inc.	305	(201) 533-7758	Kathy Reed E-mail: kathy.reed@cigna.com
International Health Care Services (Healthplex)	307	(516) 542-2208 Fax: (516) 794-3186	Patricia Mastandrea E-mail: PatriciaM@Healthplex.com
Horizon Healthcare Dental, Inc.	317	(973) 466-5380	Misti Bloomer
Aetna DMO	319	(215) 775-0221 Fax: (215) 775-0080	Jennifer Pruchnic E-mail: pruchnicj@aetna.com
Dental Expense Plan – Administered by Aetna Dental	399	(215) 775-0221 Fax: (215) 775-0080	Jennifer Pruchnic E-mail: pruchnicj@aetna.com

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