



State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
(609) 292-7524 TDD (609) 292-7718
www.state.nj.us/treasury/pensions

JON S. CORZINE
Governor

MAILING ADDRESS:
PO Box 295
TRENTON, NJ 08625-0295

LOCATION:
50 WEST STATE STREET
TRENTON, NEW JERSEY

R. DAVID ROUSSEAU
State Treasurer

FREDERICK J. BEAVER
Director

September 15, 2008

TO: State Monthly Certifying Officers
State Monthly Human Resources Representatives

FROM: New Jersey State Health Benefits Program

SUBJECT: SHBP Open Enrollment 2008 — State Monthly Employers

The State Health Benefits Program (SHBP) Open Enrollment period for all State 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 State monthly employees.

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 starting in January 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 State Active Monthly Group will see the following percentage of change.

PLAN TYPE	RATE INCREASE
NJ DIRECT15	2%
Aetna HMO	8%
CIGNA HealthCare HMO	8%
Prescription Drug Plan	2%
Dental Expense Plan	0%
Dental Provider Organization (DPO) Plans	2.4%

MEDICAL AND PRESCRIPTION DRUG PLANS AND EMPLOYEE COSTS

Since July 2007, most State employees contribute 1.5 percent of annual base salary for SHBP medical plan and/or prescription drug plan coverage regardless of the medical plan, level of coverage selected, salary level, or date of hire.

The SHBP currently offers State employees a choice of one of three medical plans.

- **NJ DIRECT15** — 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 \$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 that offer in-network coverage through a primary care physician for a \$15 copayment.
- For each of the medical plans, the copayment for a visit to an emergency room is \$50. The emergency room copayment is waived if the member is admitted to the hospital.

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

Note: Certain State employees covered by labor contracts that are not yet ratified remain in the **Traditional Plan, NJ PLUS, Aetna HMO** or **CIGNA HealthCare HMO** until new contracts are settled and may only make changes within these plans at this time. Any former premium sharing agreements also remain in place for these employee groups. Rate information for these employees will be posted to the Web site and forwarded to the appropriate Human Resources personnel prior to the Open Enrollment.

Prescription drug coverage is offered to most eligible State employees through the **Employee Prescription Drug Plan**. The plan has a three tier copayment design.

- Copayments for a 30 day supply when purchased at a retail pharmacy are \$3 for generic drugs, \$10 for brand name prescription drugs *without generic equivalents*, and \$25 for brand name drugs *where a generic equivalent is available*.
- Mail order prescription drug copayments for up to a 90-day supply, are \$5 for generic drugs, \$15 for brand name drugs *without generic equivalents*, and \$40 for brand name drugs *where a generic equivalent is available*.

Waiving SHBP Coverage

State employees are permitted to waive SHBP medical *and* prescription coverage to avoid the 1.5 percent health contribution from salary — provided the employee has other health care coverage. To waive coverage a *SHBP State Waiver* form and a *Health Benefits Application* must be completed and submitted by October 31, 2008.

DENTAL PLANS AND EMPLOYEE COSTS

Dental coverage is offered to *all* eligible State employees through the **Employee Dental Plans**. For plan year 2009, seven different dental plans are offered based on one of two different plan types — **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.

Premium sharing agreements regarding SHBP **dental plans** remain in place for all eligible State employees. Rate information will be published in the *Health Capsule* newsletter and posted to the SHBP Web site: www.state.nj.us/treasury/pensions/shbp.htm

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

TAX\$AVE AND THE SHBP

The State Employees Tax Savings Program (Tax\$ave) Open Enrollment Period runs concurrent with the SHBP Open Enrollment Period (October 1 – October 31, 2008). Tax\$ave is a benefit program available to full-time State employees who are eligible for the SHBP. Tax\$ave can save your employees tax money by paying health and dental benefit premiums and eligible unreimbursed medical and/or dependent care expenses from before-tax dollars. Separate Tax\$ave Open Enrollment materials were distributed to employers and contain more information about these valuable benefits. Please also note the items detailed below that relate to **both** Tax\$ave and SHBP medical and dental plan enrollment.

- **Limitations on Plan Changes if Enrolled in POP** — Internal Revenue Service (IRS) rules require that for an employee covered by the Premium Option Plan, payroll deductions for health and dental plan benefits remain the same for the entire plan year. Therefore, no coverage level changes can be made which result in a change in the amount of an employee's health and/or dental plan deduction unless a Qualifying Event has occurred.
- **Tax\$ave, Civil Unions, and Domestic Partners** — SHBP members need to be aware of the possible federal tax implications of adding a civil union partner or domestic partner to SHBP benefits. Since the federal tax code does not view civil union or domestic partners in the same manner as spouses, an employer may have to treat the civil union or domestic partner SHBP benefit as taxable to the employee and withhold federal income, Social Security, and Medicare taxes on its value. Similarly, since the partner's coverage is a federally taxable benefit, an employee who participates in the Tax\$ave Premium Option Plan cannot make pre-tax payments for the cost of a civil union or domestic partner's coverage. Pre-tax dollars may still be used to pay for the employee's portion of the cost of his or her own and dependent children's coverage. If an employee wants to claim a federal tax dependency exemption for a civil union or domestic partner, he or she should contact the Internal Revenue Service or see *IRS Tax Topic 354 — Dependents* for more details.

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. Because most State employees pay a contribution of 1.5 percent of salary rather than a set premium, employee rates for medical plans and the Prescription Drug Plan *are no longer provided*. Dental premiums are being published in the *Health Capsule* newsletter (see below), provided with dental plan information in this mailing, and 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 newsletter will be shipped to employers

for distribution to employees prior to the start of the Open Enrollment. A sample is enclosed for your review.

HEALTH PLAN CONTACTS — A list of medical and dental plans, telephone contact information, Web site addresses, and service areas is enclosed. Please copy and provide this information to your employees.

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 or send e-mail to: pensions.nj@treas.state.nj.us.

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

FALL 2008 SHBP OPEN ENROLLMENT MILESTONE CHART for State Employers

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

<u>PROJECTED DATE</u>	<u>EVENT</u>
September 5	Heads Up paycheck message to employees paid through the State Centralized Payroll Unit announcing Open Enrollment to start October 1, 2008.
Late-September	<i>SHBP Health Capsule</i> newsletter shipped to State universities, colleges, authorities and commissions.
September 19	Second Open Enrollment paycheck message to employees paid through State Centralized Payroll. <u>2008 Health Capsule</u> newsletter distributed with payroll. State universities, colleges, authorities and commissions should <u>distribute the 2008 Health Capsule newsletter</u> to their employees.
October 1	<u>Open Enrollment Begins.</u>
October 3	Open Enrollment “reminder” paycheck message to employees paid through State Centralized Payroll.
October 17	Open Enrollment “reminder” paycheck message to employees paid through State Centralized Payroll.
October 31	Open Enrollment “last chance” paycheck message to employees paid through State Centralized Payroll. <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 State employees at State universities, colleges, authorities and commissions.
January 3, 2009	Open Enrollment changes effective for State employees paid through State Centralized Payroll.

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

**STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 1/1/2009 to 12/31/2009**

For Employees Paying Contribution of 1.5% of Salary for Any Plan or Coverage Level;
NJ DIRECT 15 and HMO office visit copayment \$15

PLAN/COVERAGE DESCRIPTION	TOTAL
<u>NJ DIRECT15 - #150</u>	
Single	\$415.17
Member & Spouse/Partner	\$934.12
Family	\$1,037.92
Parent & Child	\$581.24
<u>AETNA HMO - #005</u>	
Single	\$432.24
Member & Spouse/Partner	\$972.54
Family	\$1,080.60
Parent & Child	\$605.13
<u>CIGNA HealthCare HMO - #006</u>	
Single	\$436.56
Member & Spouse/Partner	\$982.27
Family	\$1,091.40
Parent & Child	\$611.18
<u>PRESCRIPTION DRUG PROGRAM - #203</u>	
Single	\$120.34
Member & Spouse/Partner	\$270.78
Family	\$300.86
Parent & Child	\$168.49

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

STATE MONTHLY ACTIVE GROUP

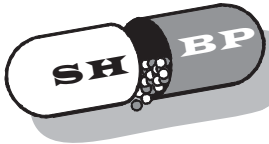
RATES EFFECTIVE 1/1/2009 to 12/31/2009

DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
<u>DENTAL EXPENSE PLAN - #399</u>			
SINGLE	\$20.67	\$20.67	\$41.34
MEMBER & SPOUSE/PARTNER	\$35.91	\$35.92	\$71.83
FAMILY	\$58.76	\$58.77	\$117.53
PARENT & CHILD	\$43.53	\$43.53	\$87.06
<u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u>			
BENECARE (DPO #301)			
SINGLE	\$14.60	\$10.58	\$25.18
MEMBER & SPOUSE/PARTNER	\$25.23	\$18.51	\$43.74
FAMILY	\$41.43	\$30.15	\$71.58
PARENT & CHILD	\$30.85	\$22.17	\$53.02
COMMUNITY DENTAL (DPO #302)			
SINGLE	\$13.44	\$10.58	\$24.02
MEMBER & SPOUSE/PARTNER	\$23.26	\$18.51	\$41.77
FAMILY	\$38.17	\$30.15	\$68.32
PARENT & CHILD	\$28.43	\$22.17	\$50.60
CIGNA (DPO #305)			
SINGLE	\$11.01	\$10.58	\$21.59
MEMBER & SPOUSE/PARTNER	\$19.04	\$18.51	\$37.55
FAMILY	\$31.26	\$30.15	\$61.41
PARENT & CHILD	\$23.34	\$22.17	\$45.51
HEALTHPLEX (DPO #307)			
SINGLE	\$10.81	\$10.58	\$21.39
MEMBER & SPOUSE/PARTNER	\$18.66	\$18.51	\$37.17
FAMILY	\$30.66	\$30.15	\$60.81
PARENT & CHILD	\$22.87	\$22.17	\$45.04
HORIZON DENTAL CHOICE (DPO #317)			
SINGLE	\$8.99	\$10.58	\$19.57
MEMBER & SPOUSE/PARTNER	\$15.49	\$18.51	\$34.00
FAMILY	\$25.48	\$30.15	\$55.63
PARENT & CHILD	\$19.04	\$22.17	\$41.21
AETNA DMO (DPO #319)			
SINGLE	\$10.78	\$10.58	\$21.36
MEMBER & SPOUSE/PARTNER	\$18.66	\$18.51	\$37.17
FAMILY	\$30.65	\$30.15	\$60.80
PARENT & CHILD	\$22.88	\$22.17	\$45.05

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

**CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 1/1/2009 to 12/31/2009**

PLAN/COVERAGE DESCRIPTION	PART-TIME EMPLOYEE MONTHLY RATE
<u>NJ DIRECT15 - #150</u>	
Single	\$456.68
Member & Spouse/Partner	\$1,027.53
Family	\$1,141.71
Parent & Child	\$639.36
<u>PRESCRIPTION DRUG PROGRAM - #203</u>	
Single	\$132.37
Member & Spouse/Partner	\$297.85
Family	\$330.94
Parent & Child	\$185.33



Health Capsule

The Division of Pensions and Benefits ♦ For State 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, prescription drug, and dental benefits, and to make any changes for you and your dependents for the following plan year.

For all eligible State 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 3, 2009 for State employees paid by the State's Centralized Payroll Unit, and January 1, 2009 for all other State employees.

The Fall Open Enrollment is for the medical plans that are currently in place — **NJ DIRECT, Aetna HMO, and CIGNA HealthCare HMO**; the current dental plans (see pages 2 and 3); 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 health and 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 health and/or dental plan;
- add eligible dependents* you have not previously enrolled (including over age dependents up to age 30 who are not currently covered or who are reaching the end of COBRA eligibility - see page 4); and
- remove dependents from coverage.

To make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Health 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.**

**Full documentation (birth certificate, adoption papers, court orders, marriage or civil union certificate) is required.*



Fall 2008 CONTENTS

Help Stop Healthcare Fraud2

Employee Dental Plans2

A Comparison of Your Dental Choices3

Need More Information4

Coverage for Children Past Age 234

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 Traditional Plan, and 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 2008 for the NJ DIRECT, Traditional Plan, and NJ PLUS. The maximum annual and lifetime dollar limits for mental health benefits under NJ DIRECT, the Traditional Plan, and NJ PLUS will not change. These limitations are outlined in your health plan's 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 face disciplinary action that could include termination of employment and 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.

Employee Dental Plans

Members who enroll in the Employee Dental Plans may choose to enroll into one of two types of dental plan: one of six Dental Plan Organizations (DPO) or the Dental Expense Plan. A cost comparison and an example chart is available on page 3.

The Dental Plan Organizations contract with a network of providers for dental services. Your contribution rate for the cost of coverage is considerably less expensive under a DPO than the Dental Expense Plan. There are six DPOs participating in the SHBP from which you may choose. 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.

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.

Employee Dental Plans Contact Information

Aetna DMO

www.aetna.com/statenj

800-843-3661

Serving all of New Jersey, Eastern Pennsylvania.

BeneCare (Atlantic Southern Dental Foundation)

www.benecare.com

800-843-4727

Serving most of New Jersey (Except Hunterdon, Morris, Passaic, Salem, Somerset, Sussex & Warren Counties).

Community Dental Associates

www.cdaplan.com

(856) 451-8844

Serving Cumberland County.

CIGNA Dental Health, Inc.

www.cigna.com/stateofnj

800-367-1037

Serving most of New Jersey (Except Cape May County); Eastern Pennsylvania.

Healthplex (International Health Care Services)

www.healthplex.com

800-468-0600

Serving most of New Jersey (Except Cape May, Gloucester, Hunterdon, Salem, Sussex & Warren Counties); Bucks County and Philadelphia, Pennsylvania.

Horizon Dental Choice

www.horizonblue.com

800-433-6825

Serving most of New Jersey (Except Salem County).

Dental Expense Plan (Administered by Aetna)

www.aetna.com/statenj 877-238-6200

A Comparison of Your Dental Plan Choices

To assist you in selecting a dental plan, the tables below provide a cost comparison of dental premiums, common procedures, and typical services for a family of four. Costs shown for the Dental Plan Organizations are the same no matter where you live. The costs shown for the Dental Expense Plan are for illustrative purposes and based on the Trenton area. Costs in your geographic area may be different. For additional details, see the *Employee Dental Plans Member Handbook* which is available on our Web site at: www.state.nj.us/treasury/pensions/shbp.htm

Common Procedures	Dental Plan Organizations	Dental Expense Plan Out-of-Network
Employee’s Share of Premium (Biweekly amount - 26 pay periods)	Single: \$4.86 Member/Spouse/Partner: \$8.52 Family: \$13.87 Parent and Child(ren): \$10.20	Single: \$9.51 Member/Spouse/Partner: \$16.53 Family: \$27.12 Parent and Child(ren): \$20.03
Annual Deductible	\$0	\$50 Individual \$150 Family
Amalgam Filling 1 Surface	\$0	\$23
Resin Based Composite 1 Surface	\$0	\$27
Crown Porcelain Fused to High Noble Metal	\$225	\$336
Molar Root Canal	\$150	\$188
Scaling and Root Planing per Quadrant	\$55	\$112
Partial Dentures	\$275	\$540
Tooth Extraction	\$20	\$25
24 Month Orthodontic (for Child)	\$1,000	\$3,994

Example Comparison of Annual Costs for Family of Four (for illustrative purposes only)

Family Member	Procedure	Dental Plan Organization	Dental Expense Plan Out-of-Network
Member	Two Cleanings and One Oral Exam	\$0	\$0
Spouse/Partner	Two Cleanings and One Oral Exam	\$0	\$0
	Root Canal	\$150	\$188
	Deductible	\$0	\$50
	Crown	\$225	\$188
Child #1	Two Cleanings and One Oral Exam	\$0	\$0
	Two Amalgam Fillings	\$0	\$46
	Deductible	\$0	\$50
Child #2	Two Cleanings and One Oral Exam	\$0	\$0
	24 month Orthodontic Treatment*	\$1,000	\$2,994
Total Out-of-Pocket Cost		\$1,375	\$3,516

* Actual amount may be paid over two years.

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. 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 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.

Need more information?

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.

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 State 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.

Frederick J. Beaver
Director

*Division of Pensions
and Benefits*

Florence J. Sheppard
Deputy Director
Benefits Operations

Steven R. Stokley
Senior Editor
Publications

Helen C. Benjamin
Editor
Publications

Serena M. Falzini
Graphic Artist
Publications

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM
FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD
FOR STATE EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL
(PAID MONTHLY)**

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**.

Employee Contributions — State employees covered under the CWA, AFSCME, IPFTE, and employees not cov-

ered by a labor agreement are required to contribute 1.5 percent of annual base salary regardless of the SHBP medical plan or level of coverage that is selected.

The chart below provides SHBP medical plan contact numbers and coverage areas¹. Please also note the SHBP medical plan numbers denoting the 1.5 percent employee contribution arrangement.

Employees covered under *other labor bargaining units* who remain subject to premi-

um sharing, should see their Human Resources Representative to obtain the premium sharing rate charts for the 2008 plan year.

If you decide to change to a new medical plan, see your Human Resources Representative to obtain a *Health Benefits Enrollment Application* and submit it by October 31, 2008. The new medical plan you choose will become effective January 1, 2009.

AVAILABLE MEDICAL PLANS			
Unit #	Health Plan Name	Member Services Telephone Number	Web Site Address
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

¹The cost of SHBP medical and prescription drug plan coverage is now independent of plan or coverage level selected, therefore, premium amounts are no longer shown. Employees are still required to share the premium cost if enrolled for SHBP Dental Plans which are listed on the reverse side of this chart.

EMPLOYEE DENTAL PLANS
FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD
FOR STATE EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL
(PAID MONTHLY)

The annual Open Enrollment period for the Employee Dental Plans is scheduled for **October 1 to October 31, 2008**. During this period, eligible employees have the opportunity to enroll in or change existing coverage. All enrollments or changes made during this Open Enrollment will be **effective January 1, 2009**.

Any eligible employee wishing to make a change may chose between:

- one of six **Dental Plan Organizations**; or
- the **Dental Expense Plan** (administered by Aetna Dental).

Dental Plan Rates — The State and State employees share dental plan premiums. Employees will pay the same premium amounts for any DPO in the 2009 plan year. Employee premiums for each plan and coverage level are shown in the chart below.

Employees must maintain enrollment in a dental plan choice for a minimum of 12 months before they are permitted to change plans. Therefore, if you were not enrolled in a dental plan as of January 1, 2008; you cannot make a dental plan change during this open enrollment.

If you are eligible and decide to change to a new dental plan, see your Human Resources Representative to obtain a *Dental Plan Enrollment Application* and submit it by October 31, 2008. The new dental plan you choose will become effective January 1, 2009.

If you are changing DPOs, contact the new DPO to confirm participation of a particular dentist or dental facility in its program. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the DPO in the State program since DPOs also service other organizations.

AVAILABLE DENTAL PLANS			EMPLOYEE PREMIUM INFORMATION				
Unit#	Dental Plan Name	Member Services Telephone Number	Service Area (contact dental plan to verify available providers in your county)	MONTHLY COST			
				Single	Member & Spouse/ Partner ²	Family	Parent & Child(ren)
301	Atlantic Southern Dental (BeneCare)	1-800-843-4727	Parts of NJ	\$10.58	\$18.51	\$30.15	\$22.17
302	Community Dental Associates	(856) 451-8844	Cumberland County NJ	\$10.58	\$18.51	\$30.15	\$22.17
305	CIGNA Dental Health, Inc.	1-800-367-1037	Parts of NJ, Eastern PA	\$10.58	\$18.51	\$30.15	\$22.17
307	Healthplex (International Health Care Svcs.)	1-800-468-0600	Parts of NJ	\$10.58	\$18.51	\$30.15	\$22.17
317	Horizon Dental Choice	1-800-433-6825	All of NJ (except Salem and Hunterdon Co.)	\$10.58	\$18.51	\$30.15	\$22.17
319	Aetna DMO	1-800-843-3661	All of NJ, Eastern PA	\$10.58	\$18.51	\$30.15	\$22.17
399	Dental Expense Plan ¹ (administered by Aetna Dental)	1-877-238-6200	Unrestricted	\$20.67	\$35.92	\$58.77	\$43.53

¹ Dental Expense Plan allowable charges are subject to the reasonable and customary allowances applied by Aetna Dental.

² "Partner" denotes a *civil union partner* or an eligible same-sex *domestic partner* as recognized under New Jersey State Law.

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM
FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD
FOR STATE EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL
(24 PAID PERIODS)**

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**.

Employee Contributions — State employees covered under the CWA, AFSCME, IPFTE, and employees not cov-

ered by a labor agreement are required to contribute 1.5 percent of annual base salary regardless of the SHBP medical plan or level of coverage that is selected.

The chart below provides SHBP medical plan contact numbers and coverage areas¹. Please also note the SHBP medical plan numbers denoting the 1.5 percent employee contribution arrangement.

Employees covered under *other labor bargaining units* who remain subject to premi-

um sharing, should see their Human Resources Representative to obtain the premium sharing rate charts for the 2008 plan year.

If you decide to change to a new medical plan, see your Human Resources Representative to obtain a *Health Benefits Enrollment Application* and submit it by October 31, 2008. The new medical plan you choose will become effective January 1, 2009.

AVAILABLE MEDICAL PLANS			
Unit #	Health Plan Name	Member Services Telephone Number	Web Site Address
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

¹The cost of SHBP medical and prescription drug plan coverage is now independent of plan or coverage level selected, therefore, premium amounts are no longer shown. Employees are still required to share the premium cost if enrolled for SHBP Dental Plans which are listed on the reverse side of this chart.

**EMPLOYEE DENTAL PLAN
FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD
FOR EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL
(24 PAY PERIODS)**

The annual Open Enrollment period for the Employee Dental Plans is scheduled for **October 1 to October 31, 2008**. During this period, eligible employees have the opportunity to enroll in or change existing coverage. All enrollments or changes made during this Open Enrollment will be **effective January 1, 2009**.

Any eligible employee wishing to make a change may chose between:

- one of six **Dental Plan Organizations**; or
- the **Dental Expense Plan** (administered by Aetna Dental).

Dental Plan Rates — The State and State employees share dental plan premiums. Employees will pay the same premium amounts for any DPO in the 2009 plan year. Employee premiums for each plan and coverage level are shown in the chart below.

Employees must maintain enrollment in a dental plan choice for a minimum of 12 months before they are permitted to change plans. Therefore, if you were not enrolled in a dental plan as of January 1, 2008; you cannot make a dental plan change during this open enrollment.

If you are eligible and decide to change to a new dental plan, see your Human Resources Representative to obtain a *Dental Plan Enrollment Application* and submit it by October 31, 2008. The new dental plan you choose will become effective January 1, 2009.

If you are changing DPOs, contact the new DPO to confirm participation of a particular dentist or dental facility in its program. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the DPO in the State program since DPOs also service other organizations.

AVAILABLE DENTAL PLANS				EMPLOYEE PREMIUM INFORMATION			
Unit#	Dental Plan Name	Member Services Telephone Number	Service Area (contact dental plan to verify available providers in your county)	COST PER PAY PERIOD (24 PAYS)			
				Single	Member & Spouse/ Partner ²	Family	Parent & Child(ren)
301	Atlantic Southern Dental (BeneCare)	1-800-843-4727	Parts of NJ	\$5.29	\$9.26	\$15.08	\$11.09
302	Community Dental Associates	(856) 451-8844	Cumberland County NJ	\$5.29	\$9.26	\$15.08	\$11.09
305	CIGNA Dental Health, Inc.	1-800-367-1037	Parts of NJ, Eastern PA	\$5.29	\$9.26	\$15.08	\$11.09
307	Healthplex (International Health Care Srvs.)	1-800-468-0600	Parts of NJ	\$5.29	\$9.26	\$15.08	\$11.09
317	Horizon Dental Choice	1-800-433-6825	All of NJ (except Salem and Hunterdon Co.)	\$5.29	\$9.26	\$15.08	\$11.09
319	Aetna DMO	1-800-843-3661	All of NJ, Eastern PA	\$5.29	\$9.26	\$15.08	\$11.09
399	Dental Expense Plan ¹ (administered by Aetna Dental)	1-877-238-6200	Unrestricted	\$10.34	\$17.96	\$29.39	\$21.77

¹ Dental Expense Plan allowable charges are subject to the reasonable and customary allowances applied by Aetna Dental.

² "Partner" denotes a *civil union partner* or an eligible same-sex *domestic partner* as recognized under New Jersey State Law.

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM
FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD
FOR STATE EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL
(26 PAY PERIODS)**

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**.

Employee Contributions — State employees covered under the CWA, AFSCME, IPFTE, and employees not cov-

ered by a labor agreement are required to contribute 1.5 percent of annual base salary regardless of the SHBP medical plan or level of coverage that is selected.

The chart below provides SHBP medical plan contact numbers and coverage areas¹. Please also note the SHBP medical plan numbers denoting the 1.5 percent employee contribution arrangement.

Employees covered under *other labor bargaining units* who remain subject to premi-

um sharing, should see their Human Resources Representative to obtain the premium sharing rate charts for the 2008 plan year.

If you decide to change to a new medical plan, see your Human Resources Representative to obtain a *Health Benefits Enrollment Application* and submit it by October 31, 2008. The new medical plan you choose will become effective January 1, 2009.

AVAILABLE MEDICAL PLANS			
Unit #	Health Plan Name	Member Services Telephone Number	Web Site Address
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

¹The cost of SHBP medical and prescription drug plan coverage is now independent of plan or coverage level selected, therefore, premium amounts are no longer shown. Employees are still required to share the premium cost if enrolled for SHBP Dental Plans which are listed on the reverse side of this chart.

EMPLOYEE DENTAL PLAN

FALL 2008 ANNUAL OPEN ENROLLMENT PERIOD

FOR STATE EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL

(26 PAY PERIODS)

The annual Open Enrollment period for the Employee Dental Plans is scheduled for **October 1 to October 31, 2008**. During this period, eligible employees have the opportunity to enroll in or change existing coverage. All enrollments or changes made during this Open Enrollment will be **effective January 1, 2009**.

Any eligible employee wishing to make a change may chose between:

- one of six **Dental Plan Organizations**; or
- the **Dental Expense Plan** (administered by Aetna Dental).

Dental Plan Rates — The State and State employees share dental plan premiums. Employees will pay the same premium amounts for any DPO in the 2009 plan year. Employee premiums for each plan and coverage level are shown in the chart below.

Employees must maintain enrollment in a dental plan choice for a minimum of 12 months before they are permitted to change plans. Therefore, if you were not enrolled in a dental plan as of January 1, 2008; you cannot make a dental plan change during this open enrollment.

If you are eligible and decide to change to a new dental plan, see your Human Resources Representative to obtain a *Dental Plan Enrollment Application* and submit it by October 31, 2008. The new dental plan you choose will become effective January 1, 2009.

If you are changing DPOs, contact the new DPO to confirm participation of a particular dentist or dental facility in its program. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the DPO in the State program since DPOs also service other organizations.

AVAILABLE DENTAL PLANS			EMPLOYEE PREMIUM INFORMATION				
Unit#	Dental Plan Name	Member Services Telephone Number	Service Area (contact dental plan to verify available providers in your county)	COST PER PAY PERIOD (26 PAYS)			
				Single	Member & Spouse/ Partner ²	Family	Parent & Child(ren)
301	Atlantic Southern Dental (BeneCare)	1-800-843-4727	Parts of NJ	\$4.86	\$8.52	\$13.87	\$10.20
302	Community Dental Associates	(856) 451-8844	Cumberland County NJ	\$4.86	\$8.52	\$13.87	\$10.20
305	CIGNA Dental Health, Inc.	1-800-367-1037	Parts of NJ, Eastern PA	\$4.86	\$8.52	\$13.87	\$10.20
307	Healthplex (International Health Care Svcs.)	1-800-468-0600	Parts of NJ	\$4.86	\$8.52	\$13.87	\$10.20
317	Horizon Dental Choice	1-800-433-6825	All of NJ (except Salem and Hunterdon Co.)	\$4.86	\$8.52	\$13.87	\$10.20
319	Aetna DMO	1-800-843-3661	All of NJ, Eastern PA	\$4.86	\$8.52	\$13.87	\$10.20
399	Dental Expense Plan ¹ (administered by Aetna Dental)	1-877-238-6200	Unrestricted	\$9.51	\$16.53	\$27.05	\$20.03

¹ Dental Expense Plan allowable charges are subject to the reasonable and customary allowances applied by Aetna Dental.

² "Partner" denotes a *civil union partner* or an eligible same-sex *domestic partner* as recognized under New Jersey State Law.

(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

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