

RESOLUTION: Tiered Network Incentive Program

A resolution for Local Employers to offer a modified Tiered-Network incentive under the State Health Benefits Program.

The _____ *Corporate Name of Employer* _____ *SHBP Employer Location Number*

- The Incentive Program shall be available to subscribers who are first time enrollees in a tiered-network medical plan;
- The Incentive Program does not extend to participants enrolled under P.L. 2005, c. 375 (certain over-age adult children) and COBRA;
- Participation is voluntary at the option of the employer;
- The financial incentive for eligible employees shall be: \$1,000 at any level of coverage (Single, Member/Spouse, Family, Parent/Child) when changing to a tiered-network plan.
- The incentive amount shall be paid within the first quarter of Plan Year 2025 and is reportable income; and
- The incentive shall be forfeited and returned to the employer if the subscriber fails to remain enrolled for at least one plan year, except that if a subscriber is made ineligible for healthcare through layoff, involuntary separation, reduction to part-time status, or classification into an ineligible position. If a subscriber voluntarily retires or changes health plans due to a catastrophic or emergency health need as determined by the employer within the year, then the incentive shall be forfeited on a pro-rata basis.

Corporate Name of Employer *Phone Number*

Street Address	City	State	Zip Code
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Signature

_____/_____/_____
Date

Number of Employees Employer's State Employer Identification Number (EIN)

Mail Completed Resolution to: **New Jersey Division of Pensions & Benefits**
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299

Or Email: **Your Designated NJDPB Health Benefits Group Email Box found on the Resources & Support page in your Benefitsolver Administrator account.**