



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
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March 2023

TO: Participating SHBP and SEHBP Employers
FROM: New Jersey Division of Pensions & Benefits (NJDPB)
SUBJECT: **Required Notices to SHBP/SEHBP Enrollees - for Plan Year 2023**

Federal law mandates employers to provide notice of requirements concerning the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Health Insurance Portability and Accountability Act (HIPAA), and the Patient Protection and Affordable Care Act (PPACA) to employees and their dependents 1.) upon the employee's enrollment in the employer's group health insurance, and 2.) at certain other times during the employee's working career.

New Jersey State law requires notice of certain coverage available under the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) upon an employee's enrollment in the Program.

As a participating employer, this packet includes everything you need for compliance with the notification requirements regarding HIPAA and PPACA. Specific distribution instructions are detailed in the latter portion of this letter. Information regarding COBRA is provided separately by Businessolver. Businessolver will send new enrollees their *Your Continuation Coverage Rights Under COBRA* letter and their *COBRA Continuation Coverage & Other Health Coverage Alternatives* letter when the member is terminated and eligible for COBRA.

DOCUMENTS FOR REQUIRED NOTIFICATIONS

The documents included in this packet are:

- A cover letter for use in forwarding the required notices to new enrollees. You should modify this letter to reflect its being mailed from your employing location and address it to the "employee and family" (see the "Delivery Requirements" section).
- Enclosure One — *Notice to Health Benefits Program Participants about Compliance with Federal Health Insurance Requirements* with information about special coverage provisions.
- Enclosure Two — *Notice of Privacy Practices to Enrollees in the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP)*.
- Enclosure Three - *Notice of Availability – SHBP/SEHBP Notice of Privacy Practices*.
- Enclosure Four — *Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)*.

- Enclosure Five — The *Health Benefits Coverage of Children until Age 31 under Chapter 375* Fact Sheet, as provided under New Jersey State law.

DISTRIBUTION INSTRUCTIONS

Distribution requirements vary for newly enrolled employees and employees during their working careers. The required documents and distribution time frames are outlined below.

Newly Enrolled Employees

Notices must be distributed to new employees *at the time of enrollment* into the SHBP or SEHBP. New enrollees receive the cover letter (see “Delivery Requirements” section) along with enclosures one through five. For enclosure three, new enrollees must be provided with the complete *Notice of Privacy Practices*.

Current Employees

Certain notices are required to be distributed to all enrolled employees no less frequently than once every three years. The distribution must contain enclosures three through five. The cover letter can also be modified at the employer’s option and included to explain the contents of the required distribution.

DELIVERY REQUIREMENTS

The federal government has specific distribution requirements for HIPAA information provided to new and/or current employees. To meet federal distribution requirements, the envelope and cover letter must be addressed to the “Employee and Family” and must be distributed by one of the following methods.

1. U.S. Mail — regular first class mail is sufficient;
2. By email to the employee’s work email address with verification of receipt; or
3. To an employee’s private email address with verification of receipt and where there is prior agreement by the individual to receive electronic notice at the private address and where such agreement has not been withdrawn.

When email verification indicates a failure of delivery, a paper version of the required notification must be mailed to the “Employee and Family.”

In all cases, records of the distribution must be retained by the employer to prove compliance. Additional information and printable versions of the attached forms can be found in the *Employer’s Pensions and Benefits Administration Manual* (EPBAM) which is available online at: www.nj.gov/treasury/pensions

Questions about this letter should be directed to the NJDPB’s Office of Client Services at (609) 292-7524 or sent by email to: pensions.nj@treas.nj.gov

Enclosures

(COVER LETTER TO BE PUT ON
EMPLOYER LETTERHEAD)

(DATE)

TO: (EMPLOYEE NAME) and Family

FROM: (EMPLOYER)

SUBJECT: Notification of Health Benefits Rights Under Federal Law

This letter provides information about health benefits that federal and State law requires your employer to send to you and your family members enrolled under State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) coverage. Everyone enrolled under your coverage should read this information.

You should keep this letter and the enclosed information for future reference.

The first enclosure (*Notice to Health Benefits Program Participants about Compliance with Federal Health Insurance Requirements*) contains information about special coverage provisions under federal law. The law establishes certain coverage requirements applicable to most employer health insurance plans. Certain plans, such as those in the SHBP or SEHBP, may exempt themselves from some of these requirements as long as participants of the plan are notified of the exemption.

The second enclosure (*Notice of Privacy Practices to Enrollees in the SHBP/SEHBP*) addresses privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA) and how the SHBP/SEHBP may use and/or allow access to your personal health information.

The third enclosure (*Notice of Availability - SHBP/SEHBP Notice of Privacy Practices*) describes how you can obtain a copy of the plan's *Notice of Privacy Practices*.

The fourth enclosure (*Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)*) provides information about premium assistance available to individuals for employer-sponsored health coverage.

The fifth enclosure (*the Health Benefits Coverage of Children until Age 31 under Chapter 375 Fact Sheet*) provides information about the coverage available to over age children who lose health benefit coverage prior to turning age 31.

There is nothing that you or your family members have to do as a result of this mailing. The sole purpose is to inform you of your rights under these federal and State laws and, by doing so, comply with the notification requirements contained in the laws. If you have any questions concerning this mailing, you should contact (employer human resource/benefits manager contact information) or the New Jersey Division of Pensions & Benefits' Office of Client Services at (609) 292-7524.

Enclosures

NOTICE OF PRIVACY PRACTICES TO ENROLLEES IN THE STATE HEALTH BENEFITS PROGRAM (SHBP) AND THE SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM (SEHBP)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
EFFECTIVE DATE: JANUARY 1, 2023**

Protected Health Information

The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required by the federal Health Insurance Portability and Accountability Act (HIPAA) and State laws to maintain the privacy of any information that is created or maintained by the Programs that relates to your past, present, or future physical or mental health. This Protected Health Information (PHI) includes information communicated or maintained in any form. Examples of PHI are your name, address, Social Security number, birth date, telephone number, fax number, dates of health care service, diagnosis codes, and procedure codes. PHI is collected by the Programs through various sources, such as enrollment forms, employers, health care providers, federal and State agencies, or third-party vendors.

The Programs are required by law to abide by the terms of this Notice. The Programs reserve the right to change the terms of this Notice. If the Programs make material changes to this Notice, a revised Notice will be sent.

Uses and Disclosures of PHI

The Programs are permitted to use and to disclose PHI in order for our members to obtain payment for health care services and to conduct the administrative activities needed to run the Programs without specific member authorization. Under limited circumstances, we may be able to provide PHI for the health care operations of providers and health plans. Specific examples of the ways in which PHI may be used and disclosed

are provided below. This list is illustrative only and not every use and disclosure in a category is listed.

- The Programs may disclose PHI to a doctor or a hospital to assist them in providing a member with treatment.
- The Programs may use and disclose member PHI so that our Business Associates may pay claims from doctors, hospitals, and other providers.
- The Programs receive PHI from employers, including the member's name, address, Social Security number, and birth date. This enrollment information is provided to our Business Associates so that they may provide coverage for health care benefits to eligible members.
- The Programs and/or our Business Associates may use and disclose PHI to investigate a complaint or process an appeal by a member.
- The Programs may provide PHI to a provider, a health care facility, or a health plan that is not our Business Associate that contacts us with questions regarding the member's health care coverage.
- The Programs may use PHI to bill the member for the appropriate premiums and reconcile billings we receive from our Business Associates.
- The Programs may use and disclose PHI for fraud and abuse detection.
- The Programs may allow use of PHI by our Business Associates to identify and contact

our members for activities relating to improving health or reducing health care costs, such as information about disease management programs or about health-related benefits and services or about treatment alternatives that may be of interest to them.

- In the event that a member is involved in a lawsuit or other judicial proceeding, the Programs may use and disclose PHI in response to a court or administrative order as provided by law.
- The Programs may use or disclose PHI to help evaluate the performance of our health plans. Any such disclosure would include restrictions for any other use of the information other than for the intended purpose.
- The Programs may use PHI in order to conduct an analysis of our claims data. This information may be shared with internal departments such as auditing or it may be shared with our Business Associates, such as our actuaries.

Except as described above, unless a member specifically authorizes us to do so, the Programs will provide access to PHI only to the member, the member's authorized representative, and those organizations who need the information to aid the Programs in the conduct of its business (our "Business Associates"). An authorization form may be obtained on our website: www.nj.gov/treasury/pensions or by sending an email to: hipaaform@treas.nj.gov A member may revoke an authorization at any time.

Restricted Uses

- PHI that contains genetic information is prohibited from use or disclosure by the Programs for underwriting purposes.
- The use or disclosure of PHI that includes psychotherapy notes requires authorization from the member.

When using or disclosing PHI, the Programs will make every reasonable effort to limit the use or disclosure of that information to the minimum extent necessary to accomplish the intended purpose. The Programs maintain physical, technical and procedural safeguards that comply with federal law regarding PHI. In the event of a breach of unsecured PHI the member will be notified.

Member Rights

Members of the Programs have the following rights regarding their PHI:

Right to Inspect and Copy: With limited exceptions, members have the right to inspect and/or obtain a copy of their PHI that the Programs maintain in a designated record set which consists of all documentation relating to member enrollment and the Programs' use of this PHI for claims resolution. The member must make a request in writing to obtain access to their PHI. The member may use the contact information found at the end of this Notice to obtain a form to request access.

Right to Amend: Members have the right to request that the Programs amend the PHI that we have created and that is maintained in our designated record set.

We cannot amend demographic information, treatment records or any other information created by others. If members would like to amend any of their demographic information, please contact your personnel office. To amend treatment records, a member must contact the treating physician, facility, or other provider that created and/or maintains these records.

The Programs may deny the member's request if:

- We did not create the information requested on the amendment;
- The information is not part of the designated record set maintained by the Programs;
- The member does not have access rights to the information; or
- We believe the information is accurate and complete. If we deny the member's request, we will provide a written explanation for the denial and the member's rights regarding the denial.

Right to an Accounting of Disclosures: Members have the right to receive an accounting of the instances in which the Programs or our Business Associates have disclosed member PHI. The accounting will review disclosures made over the past six years. We will provide the member with the date on which we made a disclosure, the name of the person or entity to whom we disclosed the PHI, a description of the information

we disclosed, the reason for the disclosure, and certain other information. Certain disclosures are exempted from this requirement (e.g., those made for treatment, payment or health benefits operation purposes or made in accordance with an authorization) and will not appear on the accounting.

Right to Request Restrictions: The member has the right to request that the Programs place restrictions on the use or disclosure of their PHI for treatment, payment, or health care operations purposes. The Programs are not required to agree to any restrictions and in some cases will be prohibited from agreeing to them. However, if we do agree to a restriction, our agreement will always be in writing and signed by the Privacy Officer. The member request for restrictions must be in writing. A form can be obtained by using the contact information found at the end of this Notice.

Right to Restrict Disclosures: The member has the right to request that a provider restrict disclosure of PHI to the Programs or Business Associates if the PHI relates to services or a health care item for which the individual has paid the provider in full. If payment involves a flexible spending account or health savings account, the individual cannot restrict disclosure of information necessary to make the payment but may request that disclosure not be made to another program or health plan.

Right to Receive Notification of a Breach: The member has the right to receive notification in the event that the Programs or a Business Associate discover unauthorized access or release of PHI through a security breach.

Right to Request Confidential Communications: The member has the right to request that the Programs communicate with them in confidence about their PHI by using alternative means or an alternative location if the disclosure of all or part of that information to another person could endanger them. We will accommodate such a request if it is reasonable, if the request specifies the alternative means or locations, and if it continues to permit the Programs to collect premiums and pay claims under the health plan.

To request changes to confidential communications, the member must make their request in writing, and must clearly state that the information could endanger them if it is not communicated in confidence as they requested.

Right to Receive a Paper Copy of the Notice: Members are entitled to receive a paper copy of this Notice. Please contact us using the information at the end of this Notice.

Questions and Concerns

If you have questions or concerns, please contact the Programs using the information listed at the end of this Notice.

If members think the Programs may have violated their privacy rights, or they disagree with a decision made about access to their PHI, in response to a request made to amend or restrict the use or disclosure of their information, or to have the Programs communicate with them in confidence by alternative means or at an alternative location, they must submit their complaint in writing. To obtain a form for submitting a complaint, use the contact information found at the end of this Notice.

Members also may submit a written concern to the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

The Programs support member rights to protect the privacy of PHI. It is your right to file a complaint with the Programs or with the U.S. Department of Health and Human Services.

Contact Office: HIPAA Privacy Officer

Address:

**New Jersey Division of Pensions & Benefits
P.O. Box 295
Trenton, NJ 08625-0295**

Fax: (609) 341-3412

Email: hipaafom@treas.nj.gov

Notice of Availability

SHBP/SEHBP Notice of Privacy Practices

This notice describes how you may obtain a copy of the plan's *Notice of Privacy Practices*, which describes the ways that the plan uses and discloses your Protected Health Information (PHI).

The SHBP and SEHBP (the "Plan") provide health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains, and discloses health information about participating employees and dependents in the course of providing these health benefits.

The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered PHI and has done so by providing to Plan participants a *Notice of Privacy Practices*, which describes the ways that the Plan uses and discloses PHI.

The Plan's *Notice of Privacy Practices* is available at the New Jersey Division of Pensions & Benefits website: **www.nj.gov/treasury/pensions**

If you have any questions about the Plan's privacy practices, please contact your human resources office.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS Medicaid	CALIFORNIA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">INDIANA Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">LOUISIANA Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">MINNESOTA Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY Medicaid and CHIP	NEW YORK Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	NORTH DAKOTA Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	OREGON Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	RHODE ISLAND Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA Medicaid	SOUTH DAKOTA Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS Medicaid	UTAH Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT Medicaid	VIRGINIA Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON Medicaid	WEST VIRGINIA Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	WYOMING Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Health Benefits Coverage of Children Until Age 31 Under Chapter 375

Information for:
State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

ELIGIBILITY

Under the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP), an eligible child is defined as a subscriber's child under age 26. Health benefits coverage for children usually ends as of December 31 of the year in which the child turns age 26.

Under the provisions of P.L. 2005, c. 375 (Chapter 375), as amended by P.L. 2008, c. 38 (Chapter 38), certain over age natural, adopted, or stepchildren may be eligible for coverage until age 31.

This includes a child by blood or law who:

- Is under the age of 31;
- Is unmarried;
- Has no dependent(s) of his or her own;
- Is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and
- Is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.

ENROLLMENT

A covered employee from a SHBP- or SEHBP-participating employer or retiree may enroll an over age child who is Chapter 375-eligible at either of the following times:

- If, within 60 days of coverage loss for the child, the covered employee or retiree provides proof of loss of other group coverage (HIPAA certificate). If the termination was due to the child attaining age 26 within the SHBP/SEHBP, proof of coverage loss is not required; coverage will be effective the date that the prior coverage was terminated; or
- During the Open Enrollment period of each year (October) if the over age child meets the eligibility requirements of Chapter 375 as outlined previously. Coverage will be effective the following January 1.

REQUIRED DOCUMENTATION

Online enrollment through Benefitsolver, which can be accessed by navigating to [mynjbenefitshub](#) or via your [myNewJersey](#) account, is required. Additional required documentation to be submitted online through Benefitsolver includes a photocopy of the over age child's birth certificate and a photocopy of the front page of the child's most recently filed federal tax return (*Form 1040*). You may black out all financial information and all but the last four digits of any Social Security numbers.

If the child resides outside of the State of New Jersey, documentation of full-time student status must be submitted.

If applicable, proof of loss of other coverage (HIPAA certificate) is also required when enrolling for this extended coverage. If the over age child is adopted, a

stepchild, or a legal ward, supporting documentation is required if not already on file. For a description of the required documentation, see the New Jersey Division of Pensions & Benefits (NJDPB) website at: www.nj.gov/treasury/pensions

PLAN SELECTION

Under Chapter 375, an over age child does not have any choice in the selection of benefits, but is enrolled in exactly the same plan or plans (medical and/or prescription drug) that the covered parent has selected. There is no provision for dental or vision benefits. See the "A Note About COBRA Coverage" section.

COVERAGE COSTS

When Chapter 375 coverage is elected, the covered parent will be billed directly for the cost; therefore, the covered parent is held responsible for the payment of the coverage.

Chapter 375 Rate Charts showing the premium amounts for all health benefit plans are available on our website.

Enrollment of over age children for coverage under Chapter 375 is voluntary. The provisions of Chapter 375 do not require an employer to pay any part of the cost of this coverage.

WHEN COVERAGE ENDS

Coverage for an enrolled over age child will end when the child no longer meets any one of the el-

eligibility requirements previously listed or when the covered parent's coverage ends (e.g., termination of employment, divorce, or death of the covered parent). Coverage may also be terminated in the event of non-payment of the required premiums.

Chapter 375 coverage ends on the first of the month following the event that makes the child ineligible. Coverage will be terminated in accordance with N.J.S.A. 52:14-17.29k if premiums are not received within 45 days of the payment due date. If the coverage was used and the premium(s) was not paid, the parent and Chapter 375 subscriber will be responsible for the additional monthly premiums. Termination of coverage must be completed online using Benefitsolver by navigating to myNJbenefitshub or via your myNewJersey account. A letter signed by the covered parent is also acceptable.

Note: Written requests on the bill for termination will not be accepted.

The termination date is dependent upon the following:

- Date of acceptable request to terminate;
- Date of service of last paid claim; and/or
- Non-payment of premiums.

Terminations will not be retroactive unless the request is received within 30 days of the requested termination date and no claims have been paid for services after that date. Otherwise, the coverage will be terminated timely.

COVERAGE UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

The year in which your covered child turns age 26, you will receive a COBRA notification letter prior to the termination of the child's coverage, which is required by federal law. The notice outlines the right to purchase continued health coverage, gives the date coverage will end, and the period of time over which

coverage may be extended (usually 36 months). Rates for Chapter 375 coverage and COBRA coverage can change annually; be sure to compare the rates prior to enrolling in either program.

There is no provision for the continuation of group coverage under COBRA for a child due to the loss of Chapter 375 coverage, nor is there any provision for conversion to non-group coverage.

Since Chapter 375 does not cover vision and dental benefits, your child may request to obtain them under COBRA.

ADDITIONAL INFORMATION

For a *Chapter 375 Rate Chart*, or if you have additional questions, see your employer's benefits administrator, or the Chapter 375 information on the NJDPB website.

If you need information concerning COBRA coverage, see the *COBRA — The Continuation of Health Benefits* Fact Sheet.

You may also contact the NJDPB Office of Client Services at (609) 292-7524, or email the NJDPB at: pensions.nj@treas.nj.gov

Note: Instead of enrolling in Chapter 375 coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through a Special Enrollment Period. Some of these options may cost less than Chapter 375 coverage. You can learn more about many of these options at: www.healthcare.gov

This fact sheet has been produced and distributed by:

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