

**DEPARTMENT OF
THE TREASURY**
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State Treasurer
**DIVISION OF PENSIONS
AND BENEFITS**
Frederick J. Beaver
Director

**STATE HEALTH
BENEFITS PROGRAM
OF NEW JERSEY**

**COMMISSION
as of June 30, 2008**

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State of New Jersey
DIVISION OF PENSIONS AND BENEFITS
PO Box 295 • Trenton, NJ 08625-0295

TO THE HONORABLE
JON S. CORZINE
GOVERNOR of the STATE OF NEW JERSEY

Dear Governor Corzine:

As Secretary of the New Jersey State Health Benefits Commission and Director of the Division of Pensions and Benefits, I am pleased to present the fiscal year 2008 State Health Benefits Program Annual Report in accordance with the provisions of N.J.S.A. 52:14-17.27.

We have had a year that has seen many positive changes to our health programs as we continue to implement new, innovative, and cost effective benefit designs. In fiscal year 2008:

- On April 1, 2008, NJ DIRECT, a new Preferred Provider Organization (PPO) became effective for State, Local Government, and Local Education employees and retirees participating in the New Jersey State Health Benefits Program. NJ DIRECT is the replacement plan for the Traditional Plan and NJ PLUS as required under Chapter 103, P.L. 2007.
- Joining NJ DIRECT are two Health Maintenance Organization (HMO) medical plans, Aetna HMO and CIGNA HealthCare HMO, which have been redesigned with increased access through expanded service areas.
- Initial steps were taken during fiscal year 2008 for the establishment of the School Employees Health Benefits Commission and the School Employees' Health Benefits Program (SEHBP) to cover employees and retirees of local education employers. The Commission and the SEHBP will go into full operation as of July 1, 2008.

It is the goal of the Division of Pensions and Benefits to continue to pursue new and innovative health care programs and concepts that will enhance the care to our members while continuing to contain health costs for all concerned.

Respectfully submitted,

A handwritten signature in cursive script that reads "Frederick J. Beaver".

FREDERICK J. BEAVER
Secretary

Table of Contents

Mission & Vision of SHBP and Organization Chart	4
Overview of SHBP	5
History of SHBP	6
Health Plans Offered	7
Plan Changes	8
2008 Significant Legislation	8
Graphs and Charts — Membership	
State and Local Employees and Retirees, <i>FYs 2003-2008</i>	11
State Employers — Active Employees Plan Participation, <i>FYs 2006-2008</i>	12
Local Employers — Active Employees Plan Participation, <i>FYs 2006-2008</i>	12
SHBP Retirees — Who Pays for Health Benefits Coverage?	13
SHBP Enrollment — State Employer Group — <i>As of June 30, 2008</i>	14
SHBP Enrollment — Local Employer Group — Education - <i>As of June 30, 2008</i>	15
SHBP Enrollment — Local Employer Group — Government Employers - <i>As of June 30, 2008</i>	16
SHBP Enrollment by State and Local Employer Groups - <i>As of June 30, 2008</i>	17
Percentage of Health Care Premium Dollars Required for State Employer Group and Local Employer Group Plan Coverages	
State Active and Retired Group — <i>FYs 2006 - 2008</i>	18
Local Active and Retired Group — <i>FYs 2006 - 2008</i>	18
SHBP Local Employer Participation <i>1996 — 2008</i>	19
SHBP Participation by Dental Plans — <i>As of June 30, 2008</i>	20
Distribution of Prescription Drug (Rx) Coverage within Local Employer Group Active Employee Population	21
Independent Auditors' Report	22
Management's Discussion and Analysis	24
Basic Financial Statements	
Statement of Fiduciary Net Assets	29
Statement of Changes in Fiduciary Net Assets	31
Notes to Financial Statements	33
Schedule	
#1 Required Supplementary Information (Unaudited) — Schedule of Funding Progress	39
#2 Required Supplementary Information (Unaudited) — Schedule of Employer Contributions	41
#3 Combining Schedule of Fiduciary Net Assets Information — State	42
#4 Combining Schedule of Changes in Fiduciary Net Assets Information — State	43

#5 Combining Schedule of Fiduciary Net Assets Information — Local	44
#6 Combining Schedule of Changes in Fiduciary Net Assets Information — Local	45
Appendix A — Related State Legislation	46
Appendix B — SHBP Rate Charts	
State Monthly Active Group — Effective 1/1/2008 to 4/1/2008	66
State Monthly Active Group — Effective 4/1/2008 to 12/31/2008	67
State Monthly Active Group (For Employees contributing 1.5% salary) — Effective 1/1/2008 to 4/1/2008	68
State Monthly Active Group (For Employees contributing 1.5% salary) — Effective 4/1/2008 to 12/31/2008	69
Local Monthly Active Group — Education Employers (For Employers WITHOUT Prescription Drug Plan) — Effective 1/1/2008 to 4/1/2008	70
Local Monthly Active Group — Education Employers (For Employers WITHOUT Prescription Drug Plan) — Effective 4/1/2008 to 12/31/2008	71
Local Monthly Active Group — Education Employers (For Employers WITH Prescription Drug Plan) — Effective 1/1/2008 to 4/1/2008	72
Local Monthly Active Group — Education Employers (For Employers WITH Prescription Drug Plan) — Effective 4/1/2008 to 12/31/2008	73
Local Monthly Active Group — (Excludes Education Employers) (For Employers WITHOUT Prescription Drug Plan) — Effective 1/1/2008 to 4/1/2008	74
Local Monthly Active Group — (Excludes Education Employers) (For Employers WITHOUT Prescription Drug Plan) — Effective 4/1/2008 to 12/31/2008	75
Local Monthly Active Group — (Excludes Education Employers) (For Employers WITH Prescription Drug Plan) — Effective 1/1/2008 to 4/1/2008	76
Local Monthly Active Group — (Excludes Education Employers) (For Employers WITH Prescription Drug Plan) — Effective 4/1/2008 to 12/31/2008	77
New Jersey State Dental Program — State Monthly Group Rates — Effective 1/1/2008 to 12/31/2008	78
New Jersey State Dental Program — Local Monthly Group (Local Government and Education) Rates — Effective 1/1/2008 to 12/31/2008	79
State Retired Group — Effective 1/1/2008 to 4/1/2008	80
State Retired Group — Effective 4/1/2008 to 12/31/2008	81
Local Retired Group — Education Employers — Effective 1/1/2008 to 4/1/2008	82
Local Retired Group — Education Employers — Effective 4/1/2008 to 12/31/2008	83
Local Retired Group — Government Employers (Excludes Education) — Effective 1/1/2008 to 4/1/2008	84
Local Retired Group — Government Employers (Excludes Education) — Effective 4/1/2008 to 12/31/2008	85
New Jersey State Dental Program — State Retiree Group, Retiree Group - Local Government, Retiree Group - Local Education — Effective 1/1/2008 to 12/31/2008	86

NEW JERSEY STATE HEALTH BENEFITS PROGRAM

Mission and Vision

Mission

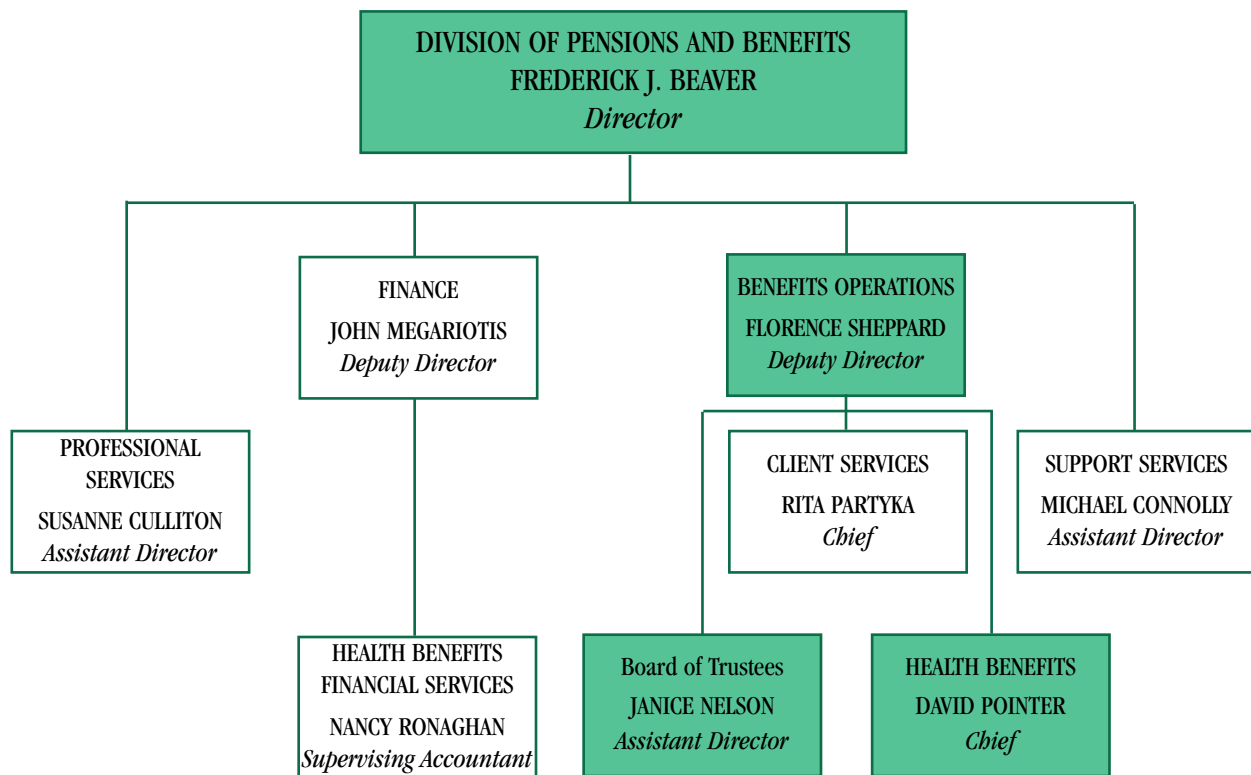
The State Health Benefits Program is committed to a standard of excellence that delivers quality health care in an efficient and cost effective manner.

Vision

To be proactive in establishing the standard for top quality benefits by focusing on innovative approaches and a commitment to member satisfaction.

STATE HEALTH BENEFITS PROGRAM AND RELATED SERVICES

Organization Chart as of June 30, 2008



NEW JERSEY STATE HEALTH BENEFITS PROGRAM

Overview

The State Health Benefits Program (SHBP) offers a variety of health plans for the more than 759,000 active and retired New Jersey public sector employees and their dependents. The SHBP consists of two distinct groups - the State Group and the Local Employer Group that includes entities such as boards of education, municipalities, counties, etc. The education and local municipality groups are rated separately since their overall experience differs.

The responsibility for the operations of the SHBP resides with the Director of the Division of Pensions and Benefits. The Division is part of the State's Department of the Treasury. The policy-making body of the SHBP is the State Health Benefits Commission (SHBC). The SHBC includes the State Treasurer as the chairperson, the Commissioner of the Department of Banking and Insurance, the Commissioner of the Department of Personnel, a State employee representative chosen by the Public Employees' Committee of the AFL-CIO, and a representative chosen by the New Jersey Education Association (NJEA), or their designated representatives. The Director of the Division of Pensions and Benefits is the Secretary to the SHBC. All decisions made by the Commission are a matter of public record.

The Division of Pensions and Benefits, specifically the Health Benefits Bureau and the Bureau of Policy and Planning, is responsible for the daily administrative activities of the SHBP under the direction of a Deputy Director.

Bureau of Health Benefits

The Health Benefits Bureau is responsible for all SHBP enrollment activities encompassing 7 medical plans, 12 dental plans, and a prescription drug plan. In addition, the Bureau is responsible for the administration of benefits under the federal COBRA law.

Bureau of Policy and Planning

The Bureau of Policy and Planning analyzes and makes recommendations concerning all current and proposed health benefits programs. The Bureau is also responsible for contract renewals, requests for proposals, State Health Benefits Commission business, and plan vendor compliance.



NEW JERSEY STATE HEALTH BENEFITS PROGRAM

History

The State Health Benefits Program was established by Chapter 49, P.L. 1961 to provide traditional indemnity benefits for State employees and their dependents. Chapter 125, P.L. 1964 extended the program to include employees of local government at the option of each public employer.

Chapter 337PL. 1973 (C.26:2J-2) authorized the establishment of Health Maintenance Organizations to be offered to both State and local employers. The first HMO enrollment took place in 1976.

In 1989, the State Health Benefits Commission introduced a point-of-service plan known as NJ PLUS.

A carved-out Prescription Drug Program was initiated as a result of union negotiations for certain State employees effective December 1, 1974. The passage of Chapter 41, P.L. 1976 extended this coverage to all eligible State employees. The State Health Benefits Commission offered the program to local employers that participated in the SHBP on July 1, 1993.

The State Dental Program was established February 1, 1978 for State employees only. Initially only one plan was offered: a traditional indemnity plan known as the New Jersey State Dental Expense Benefits Program. The Program expanded in June 1984 to include Dental Provider Organizations (DPOs). In 2005, all eligible employees of the State and participating local government employers who adopted a resolution to provide dental benefits under the SHBP may enroll for dental coverage. The Retiree Dental Expense Plan was established January 1, 2005 as a retiree pay-all plan.

The Traditional Plan, NJ PLUS, NJ DIRECT, the Employee Prescription Drug Program, as well as all HMOs, are self-insured. The dental indemnity plan is also self-insured, with administrative services provided by Aetna. All participating Dental Provider Organizations offered are on an insured basis.

The Statutes governing the SHBP can be found in the New Jersey Statutes Annotated, Title 52, Chapter 14, Article 3D. Rules governing the operation and administration of the program may be found in Title 17, Chapter 9 of the New Jersey Administrative Code.

NEW JERSEY STATE HEALTH BENEFITS PROGRAM

Health Plans Offered

NJ DIRECT

A preferred provider organization that offers in-network services and the health promotion features of managed care plans; however, members are not required to select a primary care physician and do not need a referral for in-network specialist services (certain services may require pre-certification). The plan also offers out-of-network services with a full choice of physicians and services, subject to deductibles, coinsurance and reasonable and customary allowances similar to an indemnity plan.

NJ PLUS

A point-of-service plan that utilizes a gatekeeper approach, offers in-network services and the health promotion features of managed care plans. The plan also offers out-of-network services with a full choice of physicians and services, subject to deductibles, coinsurance and reasonable and customary allowances similar to an indemnity plan.

Traditional Plan

An indemnity plan that allows free choice of medical providers and facilities. Reimbursement is subject to reasonable and customary allowances, deductibles and coinsurance. The plan does not provide coverage for wellness services such as routine checkups and screening tests, except where specifically directed by legislation.

Health Maintenance Organizations (HMOs)

Choices of multiple programs offering comprehensive coverage where employees choose a primary care physician from a closed network of participating providers to manage all care provided. Most HMOs cover the entire State and adjacent counties in neighboring states where licensed. For Medicare eligible retirees, all State participating HMOs coordinate their benefits with Medicare. Several HMOs now offer coverage in the following states: Pennsylvania, Connecticut, Delaware, Arizona, New Hampshire, New Mexico, Rhode Island, Vermont, and Washington, D.C.; parts of California, New York, Florida, Illinois, Indiana, Maryland, Massachusetts, Nevada, Alabama, Arkansas, Colorado, Idaho, Kansas, Kentucky, Louisiana, Maryland, Oklahoma, Oregon, South Carolina, Tennessee, Utah, Wisconsin, Mississippi, North Carolina, Ohio, Texas, Virginia, Georgia, and West Virginia.

Dental Program

State employees and employees of participating employers may choose a traditional indemnity plan called the Dental Expense Plan or prepaid dental HMOs, called Dental Provider Organizations. Dental coverage is optional. State employees who opt for coverage pay 50% of the overall cost through payroll deductions, local participating employees pay up to 50% of the overall cost. In 2005, Dental coverage was made available to State retirees and local retirees. Retirees pay 100% of the overall dental cost.

Prescription Drug Program

Employee Prescription Drug Plan

The Employee Prescription Drug Plan is offered to active State employees and their eligible dependents as a separate drug plan. Local employers may also elect to provide the SHBP Employee Prescription Drug Plan to their employees as a separate prescription drug benefit.

The Employee Prescription Drug Plan is currently administered by Caremark through Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ).

A mail order program is also available.

Retiree Prescription Drug Plan

Effective 2002, all prescription drug plans available to retirees became three-tiered prescription drug plans. Mail order service was also included in all retiree prescription drug plans.

NEW JERSEY STATE HEALTH BENEFITS PROGRAM

Plan Changes

Administrative Change

There were no administrative changes during Fiscal Year 2008.

HIPAA Requirements

The State Health Benefits Commission has filed for exemption from the HIPAA mental health parity requirement with the federal Health Care Financing Administration for calendar year 2008. As a result, the maximum annual and lifetime dollar limits for mental health benefits under the Traditional Plan, NJ PLUS, and NJ DIRECT have not changed.

2008 Significant Legislation

Chapter 345, P.L. 2007

The law requires health insurers, including health, hospital and medical service corporations, commercial individual and group health insurers, health maintenance organizations, and health benefits plans issued pursuant to the New Jersey Individual Health Coverage (IHC) and Small Employer Health Benefits (SEH) Programs, and the State Health Benefits Program (SHBP), to provide health benefits coverage for expenses incurred in obtaining an orthotic or prosthetic appliance from any licensed orthotist or prosthetist, or any certified pedorthist, as determined medically necessary by the covered person's physician.

The law requires health insurers and the SHBP to reimburse for the orthotic and prosthetic appliances at the same rate as reimbursement for such appliances under the federal Medicare reimbursement schedule.

Chapter 21, P.L. 2008

This law provides early retirement incentive program to eligible State employees in the Executive Branch of State government and eligible Judiciary employees in the Judicial Branch of State government who apply to retire on or after March 1, 2008 but by July 15, 2008 and retire by August 1, 2008.

An eligible State employee or an eligible Judiciary employee who is at least 58 years of age and has at least 25 years of service credit under the Public Employees' Retirement System (PERS) or the Teachers' Pension and Annuity Fund (TPAF) will receive an additional three years of service credit. An employee who is at least 58 years of age and has at least 25 years of service credit and retires on a veteran's retirement under the PERS or the TPAF will receive an additional pension in the amount of 3/55 of the compensation upon which the retirement allowance is based.

For an eligible State employee, but not an eligible Judiciary employee, who is at least 60 years of age and has at least 20, but less than 25, years of service credit under the PERS or the TPAF, the retirement system will pay the premium or periodic charges for health care benefits provided to the retired State employee and the employee's dependents, but not including survivors, under the State Health Benefits Program, in the same manner provided for State payment of premiums or periodic charges for a retired State employee with 25 or more years of service credit under current law and in the same manner provided for State payment of premiums or periodic charges for a qualified retiree from the TPAF under current law.

An eligible State employee, but not an eligible Judiciary employee, who is at least 60 years of age and has at least 10, but less than 20, years of service credit under the PERS or the TPAF will receive an additional pension of \$500 a month for 24 months following the date of retirement.

To receive these benefits, an eligible State employee or an eligible Judiciary employee must submit an application for retirement on or after March 1, 2008 but by July 15, 2008 and retire no later than August 1, 2008. An application submitted by an eligible State employee or an eligible Judiciary employee for retirement within the time period set to receive the benefits provided will be irrevocable seven days after submission.

2008 Significant Legislation, Continued

Service credit in the Public Employees' Retirement System or the Teachers' Pension and Annuity Fund established through a purchase completed after the effective date of this law will not be considered in determining an employee's eligibility, except that those employees who have previously authorized payroll deductions for a purchase of service credit or those employees who have received a quotation for a purchase of service credit from the Division of Pensions and Benefits within the 90 days prior to the effective date of this act may effectuate the purchase to qualify for eligibility under this act so long as that entire purchase is paid in full by July 15, 2008 or the date of the expiration of the purchase quotation, whichever date is earliest.

An "eligible State employee" means a full-time employee of the Executive Branch of State government eligible to participate in the New Jersey State Health Benefits Program, but not including an employee of the Department of Human Services, Department of Military and Veterans' Affairs, Department of Corrections, Juvenile Justice Commission in but not of the Department of Law and Public Safety, Office of the Public Defender in but not of the Department of the Treasury, and Department of Children and Families.

The term does not include an employee of Rutgers, The State University; the New Jersey Institute of Technology; the University of Medicine and Dentistry of New Jersey; or a State college or university.

The term does not include an employee of a public authority, board, commission, corporation, or other agency or instrumentality of the State allocated in, but not of, a principal department of State government pursuant to Article V, Section IV, paragraph 1 of the New Jersey Constitution, authorized to participate in the Public Employees' Retirement System under section 73 of Chapter 84, P.L.1954 (C.43:15A-73) or Chapter 25, P.L.1990 (C.43:15A-73.2 et seq.), or an employee of a public agency or organization as defined in section 71 of Chapter 84, P.L.1954 (C.43:15A-71), or a person participating in the Public Employees' Retirement System under the provisions of Chapter 167, P.L.1972 (C.43:15A-135 et seq.), Chapter 259, P.L.2001 (C.43:15A-142 et seq.), Chapter 366, P.L.2001 (C.43:15A-155 et seq.) or Chapter 202, P.L.1953 (C.32:23-1 et seq.).

"Eligible Judiciary employee" means a full-time employee of the Judicial branch of State Government eligible to participate in the New Jersey State Health Benefits Program of the State of New Jersey. The term does not include a Justice of the Supreme Court, or a Judge of the Superior Court, or a Judge of a Municipal Court or an employee of a Municipal Court.

An eligible State employee who retires and receives a benefit will not be eligible for appointment to, or employment in, any position or capacity in the Executive Branch of State government, other than employment on an hourly basis for emergency management purposes, for a period of three years following the effective date of retirement. An eligible State employee who retires and receives a benefit will be barred from being awarded any contract for professional services by the Executive Branch of State government, or from performing professional services for the State as part of a contract awarded to a third party by the Executive Branch of State government, for a period of three years following the effective date of retirement.

An eligible Judiciary employee who retires and receives a benefit pursuant to this section will not be eligible for appointment to, or employment in, any position or capacity in the Judicial Branch of State Government for a period of three years following the effective date of retirement. An eligible Judiciary employee who retires and receives a benefit will be barred from being awarded any contract for professional services by the Judicial Branch of State Government, or from performing professional services for the State as part of a contract awarded to a third party by the Judicial Branch of State Government, for a period of three years following the effective date of retirement.

When the needs of the Executive Branch of State government require the services of an employee who elects to retire and receive a benefit, a State department may delay the effective date of retirement of the employee until the first day of any calendar month after August 1, 2008, but not later than July 1, 2009. For each such delayed retirement, the State department must request the approval of the State Treasurer by submitting in writing an explanation of the needs of the department, the services required of the employee, and the reasons why that particular employee's services are so essential as to necessitate a delay. The delay will be effective only upon approval of the request by the State Treasurer. A request by an eligible State employee for a delay in the effective date of retirement, whether the employee provides reasons for the delay or not, will not be considered by the State Treasurer unless the State department submits a request for a delay to the State Treasurer with the explanation described above.

When the needs of the Judicial Branch of State Government require the services of an employee who elects to retire and receive a

2008 Significant Legislation, Continued

benefit, the Judiciary may delay the effective date of retirement of the employee until the first day of any calendar month after August 1, 2008, but not later than July 1, 2009, pursuant to protocols to be issued by the Chief Justice of the Supreme Court.

An eligible State employee or an eligible Judiciary employee who applies to retire and receive the benefits will be deemed to consent, by that application, to a delay in the employee's effective date of retirement with regard to an eligible state employee, if the State department requests and receives approval for such a delay or, with regard to an eligible Judiciary employee, if the Chief Justice determines that such a delay is appropriate. Such an employee's receipt of the benefits provided by this law will be conditioned upon faithful performance of service by the employee during the period of delay.

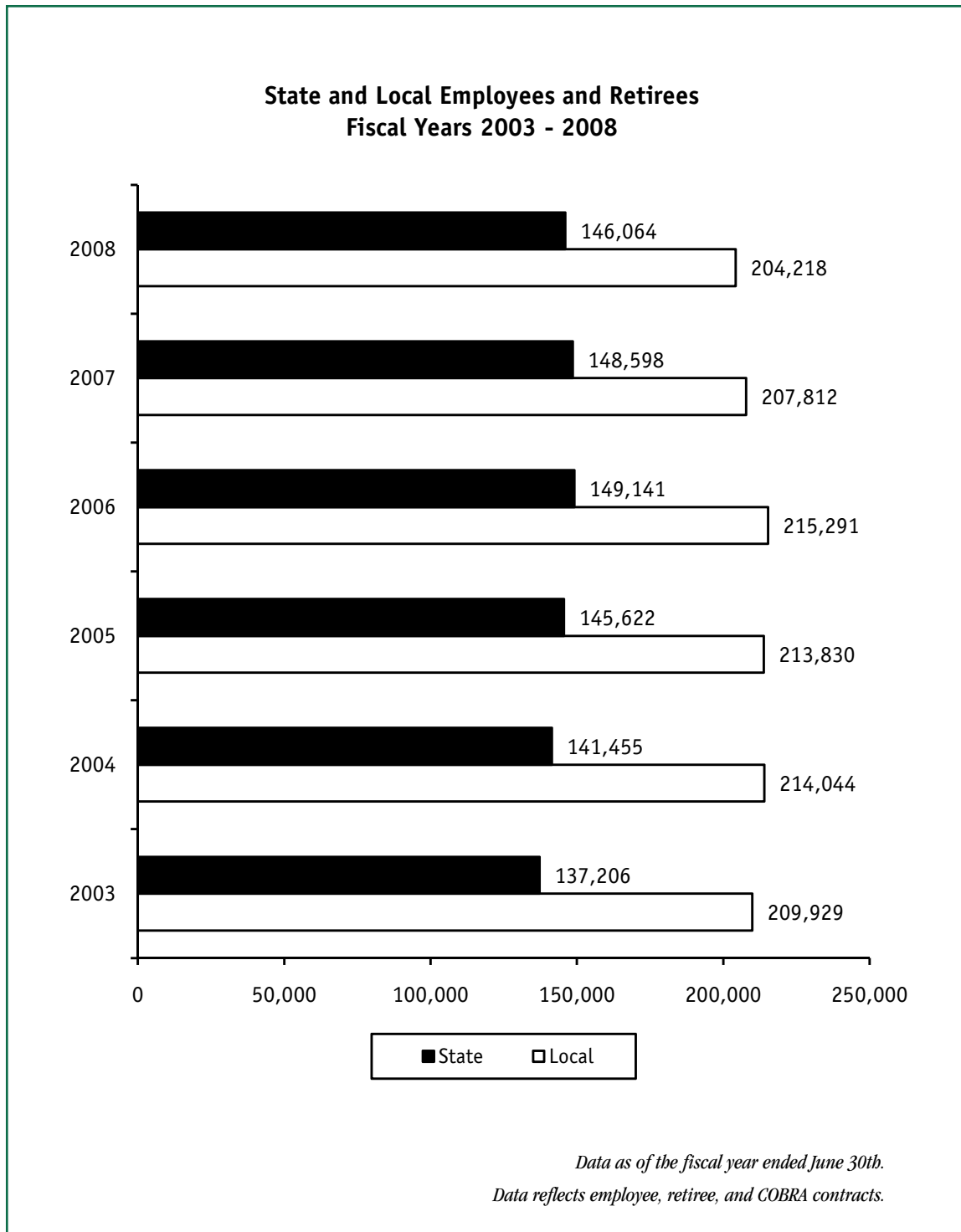
A request by an eligible State employee or an eligible Judiciary employee for a delay in the effective date of retirement, whether the employee provides reasons for the delay or not, will not be sufficient reason to approve a delay.

The Division of Pensions and Benefits in the Department of Treasury will report in writing to the Joint Budget Oversight Committee beginning on August 15, 2008, and annually thereafter on or before August 15, through 2014, on the results of the additional retirement benefits provided.

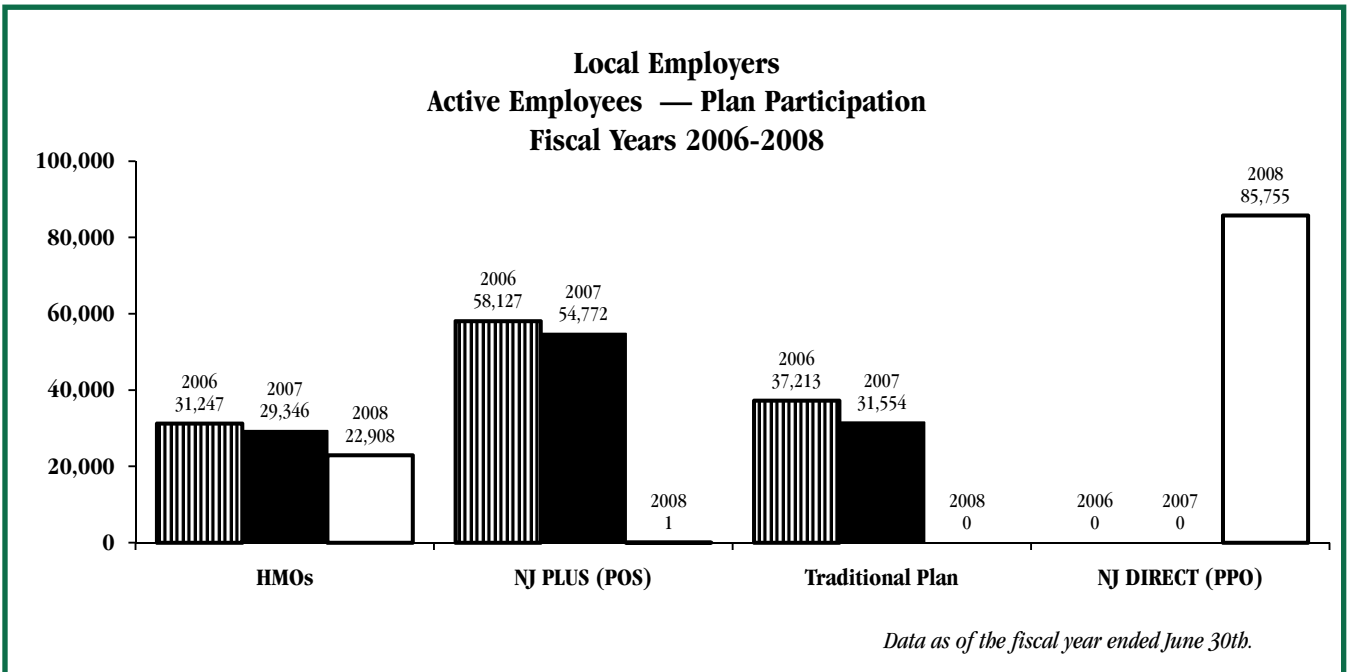
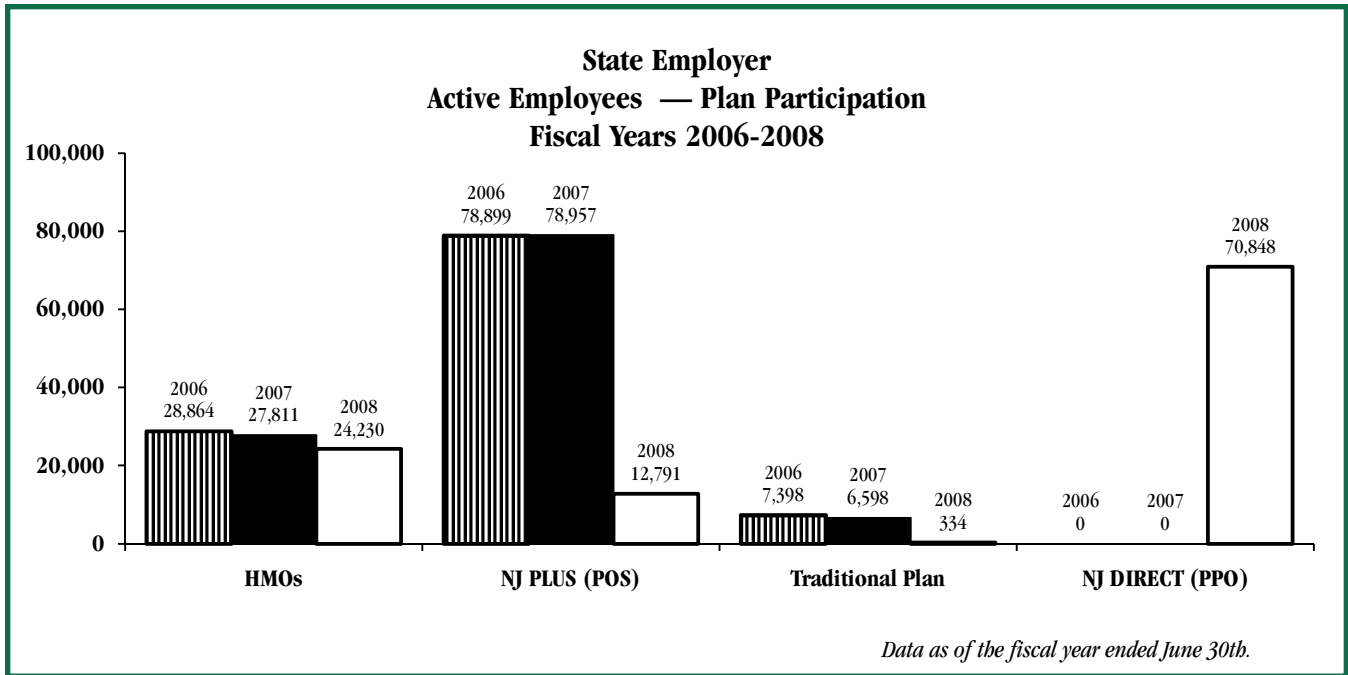
The law limits the hiring of replacements for individuals taking advantage of the retirement incentives. It provides that the number of employees hired in the Executive Branch to fill the vacancies created directly or indirectly because eligible employees retired to receive additional retirement benefits pursuant to the law shall not exceed, in total for all departments in the Executive Branch of State government, 10 percent of the total number of employees who retired pursuant this law. A similar separate limitation applies to replacement in the Judiciary,

In addition, the State Treasurer shall report to the Joint Budget Oversight Committee every six months for the first two years and annually thereafter, on the impact of that act on the State workforce, including an analysis of the allocation of position reductions that occur in each department and division as a result of that act and the plans adopted by each department to maintain the essential governmental services provided by that department.

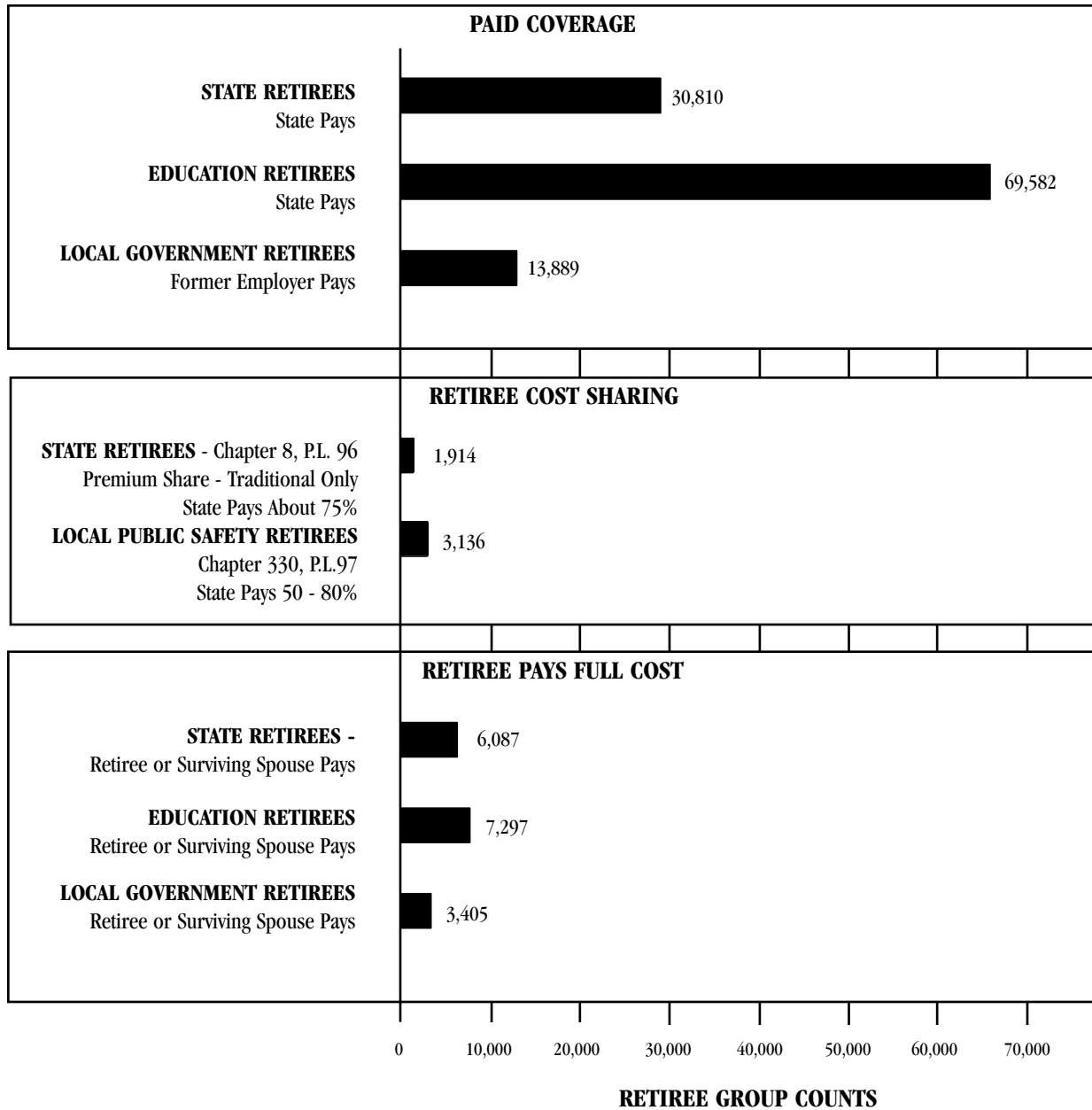
SHBP Membership



SHBP Membership



SHBP Retirees - Who Pays for Health Benefits Coverage?



Data as of the fiscal year ended June 30th.

SHBP Enrollment — State Employer Group

As of June 30, 2008

EMPLOYEES

PLAN NAME	EMPLOYEES	AS A % OF EMPLOYEE ENROLLMENT	DEPENDENTS OF EMPLOYEES	EMPLOYEES AND DEPENDENTS
NJ PLUS	12,791	11.80%	20,882	33,673
Traditional	334	0.32%	205	549
Aetna, Inc.	20,931	19.31%	33,371	54,302
CIGNA	3,299	3.04%	5,031	8,330
NJ DIRECT15	71,056	65.54%	98,681	169,737
TOTAL	108,421	100.00%	158,170	266,591

RETIRES

PLAN NAME	RETIRES	AS A % OF RETIREE ENROLLMENT	DEPENDENTS OF RETIREES	RETIRES AND DEPENDENTS
Traditional	1	0.00%	3	4
Aetna, Inc.	5,979	16.38%	5,093	11,072
CIGNA	1,223	3.35%	1,063	2,286
NJ DIRECT10	17,819	48.82%	9,453	27,272
NJ DIRECT15	11,474	31.44%	9,141	20,615
TOTAL	36,496	100.00%	24,753	61,249

BOTH EMPLOYEES AND RETIREES

PLAN NAME	EMPLOYEES AND RETIREES	DEPENDENTS OF EMPLOYEES AND RETIREES	TOTAL	AS A % OF ALL STATE ENROLLMENT (TOTAL LIVES)
NJ PLUS	12,791	20,882	33,673	8.83%
Traditional	345	208	553	0.24%
Aetna, Inc.	26,910	38,464	65,374	18.57%
CIGNA	4,522	6,094	10,616	3.12%
NJ DIRECT10	17,819	9,453	27,272	12.30%
NJ DIRECT15	82,530	107,822	190,352	56.95%
TOTAL	144,917	182,923	327,840	100.00%

SHBP Enrollment — Local Employer Group — Education

As of June 30, 2008

EMPLOYEES

PLAN NAME	EMPLOYEES	AS A % OF EMPLOYEE ENROLLMENT	DEPENDENTS OF EMPLOYEES	EMPLOYEES AND DEPENDENTS
NJ PLUS	—	0.00%	—	—
Traditional	1	0.00%	3	4
Aetna, Inc.	10,052	14.91%	15,574	25,626
CIGNA	2,753	4.08%	4,772	7,525
NJ DIRECT10	46,398	68.83%	64,905	111,303
NJ DIRECT15	8,209	12.18%	11,869	21,078
TOTAL	67,413	100.00%	97,123	164,536

RETIREES

PLAN NAME	RETIREES	AS A % OF RETIREE ENROLLMENT	DEPENDENTS OF RETIREES	RETIREES AND DEPENDENTS
NJ PLUS	1	0.00%	—	1
Traditional	1	0.00%	—	1
Aetna, Inc.	5,242	6.83%	3,877	9,119
CIGNA	1,222	1.59%	1,100	2,322
NJ DIRECT 10	61,325	79.96%	37,616	98,941
NJ DIRECT15	8,904	11.61%	6,431	15,335
TOTAL	76,695	100.00%	49,024	125,719

BOTH EMPLOYEES AND RETIREES

PLAN NAME	EMPLOYEES AND RETIREES	DEPENDENTS OF EMPLOYEES AND RETIREES	TOTAL	AS A % OF ALL ENROLLMENT (TOTAL LIVES)
NJ PLUS	1	—	—	0.00%
Traditional	2	3	5	0.00%
Aetna, Inc.	15,294	19,451	34,745	10.61%
CIGNA	3,975	5,872	9,847	2.76%
NJ DIRECT10	107,723	102,521	210,244	74.75%
NJ DIRECT15	17,113	18,300	35,413	11.88%
TOTAL	144,108	146,147	290,254	100.00%

SHBP Enrollment — Local Employer Group — Government Employers

As of June 30, 2008

EMPLOYEES

PLAN NAME	EMPLOYEES	AS A % OF EMPLOYEE ENROLLMENT	DEPENDENTS OF EMPLOYEES	EMPLOYEES AND DEPENDENTS
Aetna, Inc.	8,122	19.69%	13,878	22,000
CIGNA	1,981	4.80%	3,899	5,880
NJ DIRECT10	23,758	57.59%	37,303	61,061
NJ DIRECT15	7,390	17.91%	11,216	18,606
TOTAL	41,251	100.00%	66,296	107,547

RETIRES

PLAN NAME	RETIRES	AS A % OF RETIREE ENROLLMENT	DEPENDENTS OF RETIREES	RETIRES AND DEPENDENTS
Aetna, Inc.	2,387	13.89%	2,819	5,206
CIGNA	630	3.67%	748	1,378
NJ DIRECT10	10,432	60.72%	6,696	17,128
NJ DIRECT15	3,732	21.72%	3,150	6,882
TOTAL	17,181	100.00%	13,413	30,594

BOTH EMPLOYEES AND RETIREES

PLAN NAME	EMPLOYEES AND RETIREES	DEPENDENTS OF EMPLOYEES AND RETIREES	TOTAL	AS A % OF ALL ENROLLMENT (TOTAL LIVES)
Aetna, Inc.	10,509	16,697	27,206	17.99%
CIGNA	2,611	4,647	7,258	4.47%
NJ DIRECT10	34,190	43,999	78,189	58.51%
NJ DIRECT15	11,122	14,366	25,488	19.03%
TOTAL	58,432	79,709	138,141	100.00%

SHBP Enrollment by State and Local Employer Groups

As of June 30, 2008

EMPLOYEES

PLAN NAME	EMPLOYEES	AS A % OF EMPLOYEE ENROLLMENT	DEPENDENTS OF EMPLOYEES	EMPLOYEES AND DEPENDENTS
NJ PLUS	12,791	5.89%	20,882	33,673
Traditional	345	0.16%	208	553
Aetna, Inc.	39,105	18.01%	62,823	101,928
CIGNA	8,033	3.70%	13,702	21,735
NJ DIRECT10	70,156	32.32%	102,208	172,364
NJ DIRECT15	86,655	39.92%	121,766	208,421
TOTAL	217,085	100.00%	321,589	538,674

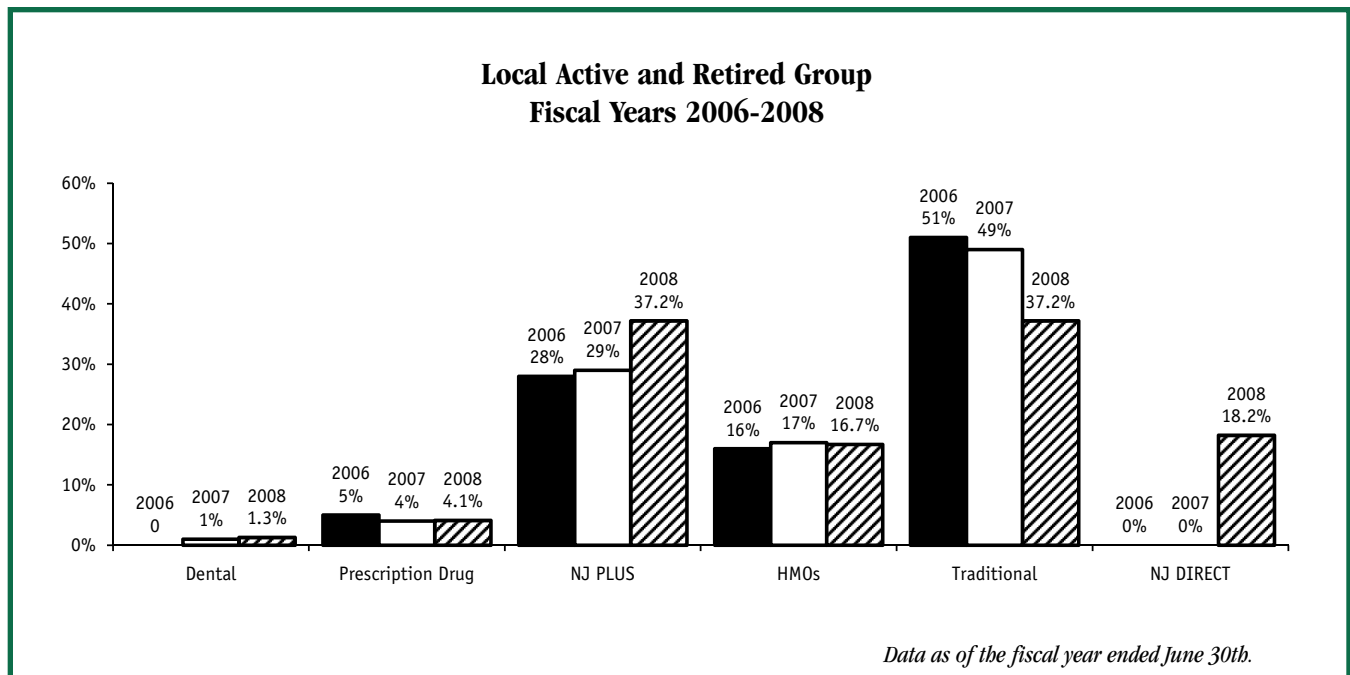
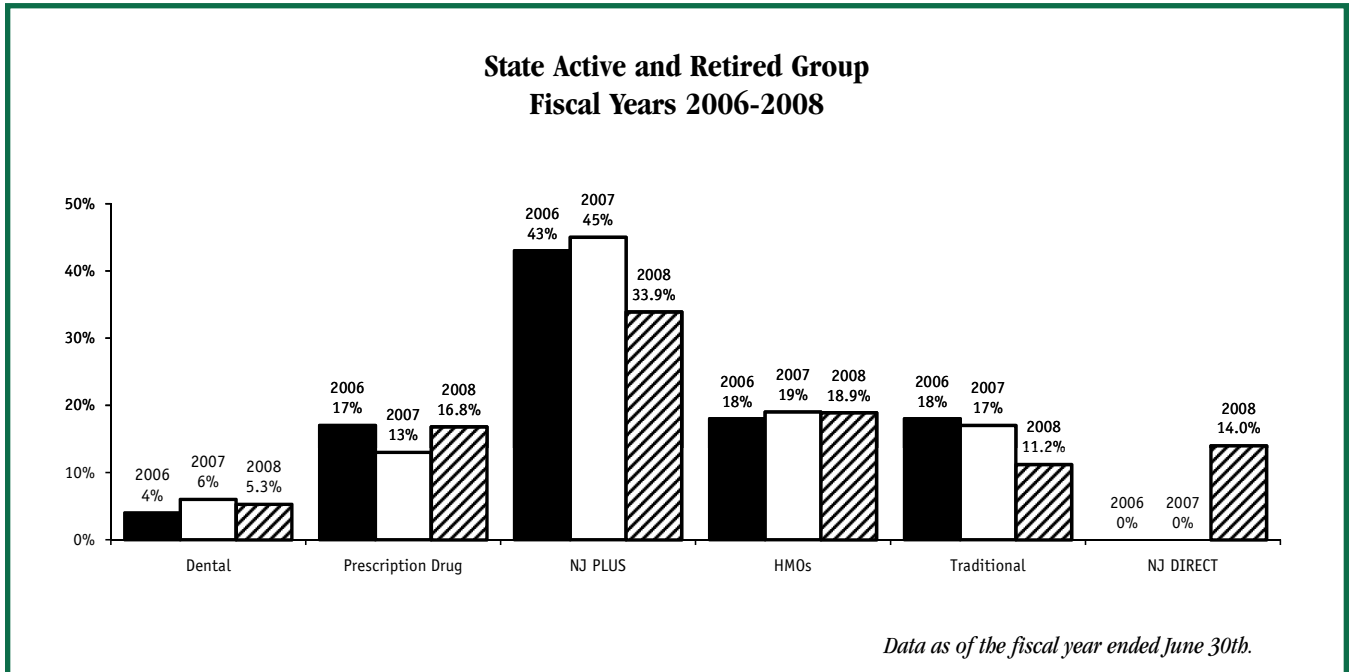
RETIREES

PLAN NAME	RETIREES	AS A % OF RETIREE ENROLLMENT	DEPENDENTS OF RETIREES	RETIREES AND DEPENDENTS
NJ PLUS	1	0.00%	—	1
Traditional	2	0.00%	3	5
Aetna, Inc.	13,608	10.44%	11,789	25,397
CIGNA	3,075	2.36%	2,911	5,986
NJ DIRECT10	89,576	68.71%	53,765	143,341
NJ DIRECT15	24,110	18.49%	18,722	42,832
TOTAL	130,372	100.00%	87,190	217,562

BOTH EMPLOYEES AND RETIREES

PLAN NAME	EMPLOYEES AND RETIREES	DEPENDENTS OF EMPLOYEES AND RETIREES	TOTAL	AS A % OF ALL SHBP ENROLLMENT (TOTAL LIVES)
NJ PLUS	12,792	20,881	33,673	3.68%
Traditional	347	211	558	0.10%
Aetna, Inc.	52,713	74,612	127,325	15.17%
CIGNA	11,108	16,613	27,721	3.20%
NJ DIRECT10	159,732	155,973	315,705	45.97%
NJ DIRECT15	110,765	140,488	251,253	31.88%
TOTAL	347,457	408,778	756,235	100.00%

***Percentage of Health Care Premium Dollars Required
for State Employer Group and Local Employer Group Plan Coverages***



SHBP Local Employer Participation 1996 - 2008

	COUNTIES	SCHOOL DISTRICTS	MUNICIPALITIES	OTHERS*	CHARTER SCHOOLS**	SUB TOTAL	SUB GROUPS***	TOTAL	LOCAL EMPLOYEES RETIREES
JUL 1996	4	256	243	248		751	19	770	168,312
JUL 1997	3	218	224	250		695	21	716	134,374
JUL 1998	3	236	228	250	9	726	20	746	149,620
JUL 1999	4	280	230	253	9	776	23	799	162,910
JUL 2000	4	293	246	254	22	819	29	848	176,127
JUL 2001	4	307	267	268	23	869	37	906	190,999
JUL 2002	5	312	293	274	23	907	37	944	204,891
JUL 2003	5	311	308	274	22	920	33	953	209,929
JUL 2004	5	302	311	286	23	927	49	976	214,044
JUL 2005	5	290	311	292	23	921	47	968	213,830
JUL 2006	5	269	310	297	23	904	47	951	215,291
JUL 2007	5	222	296	295	22	840	46	886	207,812
JUL 2008	5	231	299	297	23	855	45	900	202,540

* Others category includes agencies such as authorities, commissions, state autonomous agencies, etc.

** A charter school is a public school open to all students, on a space-available basis, that operates independently of the district board of education under a charter granted by the Commissioner of Education.

*** Subgroups may be a county, a municipality, or a school district and each one is linked to another SHBP employer. Subgroups are developed when an employer has a need to particularize a group of employees for billing purposes.

***SHBP Participation by Dental Plans
as of June 30, 2008***

PLAN NAME	ESTIMATED STATE EMPLOYEE CONTRACTS	ESTIMATED LOCAL EMPLOYEE CONTRACTS	TOTAL CONTRACTS	AS A % OF EMPLOYEE ENROLLMENT
<u>DENTAL PROVIDER ORGANIZATIONS</u>				
Atlantic Southern	6,055	45	6,100	5.97%
Community Dental	1,742	5	1,747	1.71%
CIGNA Dental Health	7,059	76	7,135	6.99%
International HealthCare	3,454	5	3,459	3.39%
Horizon Healthcare Dental	6,861	50	6,911	6.77%
Aetna DMO	15,867	176	16,043	15.71%
DPO Plans Total	41,038	357	41,395	40.54%
Dental Expense Plan	59,758	967	60,725	59.46%
Total Active Contracts	100,796	1,324	102,120	100.00%
Retiree Dental Expense Plan	12,731	32,959	45,690	
Total Active/Retired Contracts			147,810	

Columns may not total 100% due to rounding.

***Distribution of Prescription Drug (Rx) Coverage within
Local Employer Group Active Employee Population***

ALL LOCAL SHBP EMPLOYERS				
	Employers	Employees Covered	As a % of all Local Employers	As a % of all Local Employees
Employers with SHBP Employee RX Plan	356	34,079	39.56%	30.89%
Employers Providing Rx thru SHBP Medical Plans*	419	30,510	46.56%	27.65%
Employers with Private Rx Plan	125	45,736	13.89%	41.46%
Total	900	110,325	100.00%	100.00%

The SHBP provides Rx coverage in some form to 85% of its local SHBP employers; however, these employers provide coverage to only 55% of the SHBP local active employee population. The remainder have other (private) Rx card plans provided by the public employer.

LOCAL GOVERNMENT SHBP EMPLOYERS				
	Government Employers	Employees Covered	As a % of all Gov. Employers	As a % of all Gov. Employees
Employers with SHBP Employee RX Plan	262	17,037	42.12%	41.76%
Employers Providing Rx thru SHBP Medical Plans*	285	10,801	45.82%	26.47%
Employers with Private Rx Plan	75	12,963	12.06%	31.77%
Total	622	40,801	100.00%	100.00%

LOCAL EDUCATION SHBP EMPLOYERS				
	Education Employers	Employees Covered	As a % of all Ed. Employers	As a % of all Ed. Employees
Employers with SHBP Employee RX Plan	94	17,042	33.81%	24.51%
Employers Providing Rx thru SHBP Medical Plans*	134	19,709	48.20%	28.35%
Employers with Private Rx Plan	50	32,773	17.99%	47.14%
Total	278	69,524	100.00%	100.00%

*Rx coverage is provided through each SHBP medical plan if the employer does not provide separate Rx plan; the employer is charged a higher medical plan rate as a result of this additional coverage.

Note: Local Education Employers represent only 30% of the SHBP participating local employer population; however, their employees represent 60% of all SHBP local active employees.

Certain columns may not equal 100% due to rounding.

All data as of June 2008.



KPMG LLP
Suite 402
301 Carnegie Center
Princeton, NJ 08540-6227

Independent Auditors' Report

Office of Legislative Services
Office of the State Auditor
State of New Jersey:

We have audited the accompanying statements of fiduciary net assets of the State of New Jersey Health Benefit Program Funds (the Funds) as of and for the years ended June 30, 2008 and 2007, and the related statements of changes in fiduciary net assets for the years then ended. These financial statements are the responsibility of the Funds' management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Funds' internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the State of New Jersey Health Benefit Program Funds as of June 30, 2008 and 2007, and the respective changes in financial position for the years then ended in conformity with U.S. generally accepted accounting principles.

As discussed in note 1 to the financial statements, the Funds adopted Governmental Accounting Standards Board (GASB) Statement No. 50, *Pension Disclosures* in 2008.

Management's Discussion and Analysis and the supplementary information included in the schedule of funding progress and schedule of employer contributions (schedules 1 and 2) are not a required part of the basic financial statements but are supplementary information required by U.S. generally accepted accounting principles. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.



Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Funds' basic financial statements. The 2008 combining schedule of fiduciary net assets information - state, combining schedule of changes in fiduciary net assets information - state, combining schedule of fiduciary net assets information - local, and combining schedule of changes in fiduciary net assets information - local (schedules 3 through 6) are presented for purposes of additional analysis and are not a required part of the 2008 basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects, in relation to the 2008 basic financial statements taken as a whole.

KPMG LLP

April 29, 2009

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Management's Discussion and Analysis

June 30, 2008 and 2007

Our discussion and analysis of the financial performance of the Health Benefit Program Funds – State and Local (the Funds) provides an overview of the Funds' financial activities for the fiscal years ended June 30, 2008 and 2007. Please read it in conjunction with the basic financial statements and financial statement footnotes, which follow this discussion.

Financial Highlights

2008 – 2007

- The Funds' net assets held in trust for benefits increased by \$149,960,052 as a result of fiscal year 2008's operations from \$551,231,100 to \$701,191,152.
- The Funds' additions for the year were \$3,722,023,682, which are comprised of member and employer pension contributions of \$3,678,637,026 and investment income of \$43,386,656.
- The Funds' deductions for the year were \$3,572,063,630, which are comprised of benefit payments of \$3,563,196,052 and administrative expenses of \$8,867,578.

2007 – 2006

- The Funds' net assets held in trust for benefits decreased by \$10,621,222 as a result of fiscal year 2007's operations from \$561,852,322 to \$551,231,100.
- The Funds' additions for the year were \$3,597,829,109, which are comprised of member and employer pension contributions of \$3,547,621,153 and investment income of \$50,207,956.
- The Funds' deductions for the year were \$3,608,450,331, which are comprised of benefit payments of \$3,601,096,822 and administrative expenses of \$7,353,509.

The Statements of Fiduciary Net Assets and the Statements of Changes in Fiduciary Net Assets

This annual report consists of two financial statements: *The Statements of Fiduciary Net Assets* and *The Statements of Changes in Fiduciary Net Assets*. These financial statements report information about the Funds and about its activities to help you assess whether the Funds, as a whole, have improved or declined as a result of the year's activities. The financial statements were prepared using the accrual basis of accounting. Under the accrual basis of accounting, revenues are recognized in the period they are earned, and expenses are recorded in the year they are incurred, regardless of when cash is received or paid.

The Statements of Fiduciary Net Assets show the balances in all of the assets and liabilities of the Funds at the end of the fiscal year. The difference between assets and liabilities represents the Funds' net assets. Over time, increases or decreases in the Funds' net assets provide one indication of whether the financial health of the Funds is improving or declining. *The Statements of Changes in Fiduciary Net Assets* show the results of financial operations for the year. The statements provide an explanation for the change in the Funds' net assets since the prior year. These two financial statements should be reviewed along with the information contained in the financial statement footnotes, including the required supplementary schedules, to determine whether the Funds are becoming financially stronger or weaker.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Management's Discussion and Analysis

June 30, 2008 and 2007

Financial Analysis

Summary of Net Assets

2008 – 2007

	<u>2008</u>	<u>2007</u>	<u>Increase (decrease)</u>
Assets	\$ 1,112,185,890	1,019,053,766	93,132,124
Liabilities	<u>410,994,738</u>	<u>467,822,666</u>	<u>(56,827,928)</u>
Net assets	<u>\$ 701,191,152</u>	<u>551,231,100</u>	<u>149,960,052</u>

Assets consist of cash and cash equivalents, investments, and contributions due from members, participating employers and former members who are covered under the rules of the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Between fiscal years 2007 and 2008, total assets increased by \$93.1 million or 9.1%. The increase in total assets is due to an increase in the fair value of the balances invested in the Cash Management Fund (CMF).

Liabilities consist of outstanding medical and long-term disability claim payments, classified under accounts payable and accrued expenses. Total liabilities decreased by \$56.8 million or 12.1%. The decrease in total liabilities is due to a decrease in claims payable.

Net assets increased by \$150.0 million or 27.2%.

2007 – 2006

	<u>2007</u>	<u>2006</u>	<u>Increase (decrease)</u>
Assets	\$ 1,019,053,766	912,054,744	106,999,022
Liabilities	<u>467,822,666</u>	<u>490,802,422</u>	<u>(22,979,756)</u>
Net assets	<u>\$ 551,231,100</u>	<u>421,252,322</u>	<u>129,978,778</u>

Assets consist of cash, investments, and contributions due from members, participating employers and former members who are covered under the rules of the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Between fiscal years 2006 and 2007, total assets increased by \$107.0 million or 11.7%. The increase in total assets is due to an increase in the fair value of the balances invested in the CMF. Investments of the Post-Retirement Medical Funds (PRM) of the Teachers' Pension and Annuity Fund (TPAF) and the Public Employees' Retirement System (PERS) are also included as part of the Funds as a result of the implementation of GASB Statement No. 43.

Liabilities consist of outstanding medical and long-term disability claim payments. Total liabilities decreased by \$23.0 million or 4.7%. The decrease in total liabilities is due to a decrease in claims payable.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Management's Discussion and Analysis

June 30, 2008 and 2007

Net assets increased by \$130.0 million or 30.9%.

Summary of Additions to Net Assets

2008 – 2007

	<u>2008</u>	<u>2007</u>	Increase (decrease)
Member contributions	\$ 199,319,910	161,113,500	38,206,410
Employer contributions	3,479,317,116	3,386,507,653	92,809,463
Net investment income	43,386,656	50,207,956	(6,821,300)
Totals	<u>\$ 3,722,023,682</u>	<u>3,597,829,109</u>	<u>124,194,573</u>

Additions primarily consist of member and employer contributions and earnings from CMF investment activities. Total additions increased by \$124.2 million or 3.5%. Member contributions increased by \$38.2 million or 23.7%. Employer contributions increased by \$92.8 million or 2.7% partly due to a rate increase.

Net investment income decreased by \$6.8 million or 13.6% primarily due to a decrease in net appreciation in fair value of the CMF and a lower rate of return.

2007 – 2006

	<u>2007</u>	<u>2006</u>	Increase (decrease)
Member contributions	\$ 161,113,500	165,607,369	(4,493,869)
Employer contributions	3,386,507,653	3,354,002,431	32,505,222
Net investment income	50,207,956	30,206,681	20,001,275
Totals	<u>\$ 3,597,829,109</u>	<u>3,549,816,481</u>	<u>48,012,628</u>

Additions primarily consist of member and employer contributions and earnings from CMF investment activities. Total additions increased by \$48.0 million or 1.4%. Member contributions decreased by \$4.5 million or 2.7%. Employer contributions increased by \$32.5 million or 1.0% partly due to a rate increase. Also, the State made a contribution of \$592.7 million for the TPAF PRM and \$224.3 million for the PERS PRM for fiscal year 2007, which are included as part of the Funds as a result of implementation of GASB Statement No. 43. Comparatively, the State made a contribution of \$555.3 million for the TPAF PRM and \$211.5 million for the PERS PRM for fiscal year 2006.

Net investment income increased by \$20.0 million or 66.2% primarily due to a higher Cash Management Fund rate of return.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Management's Discussion and Analysis

June 30, 2008 and 2007

Summary of Deductions from Net Assets

2008 – 2007

	<u>2008</u>	<u>2007</u>	Increase (decrease)
Benefits	\$ 3,563,196,052	3,601,096,822	(37,900,770)
Administrative expenses	<u>8,867,578</u>	<u>7,353,509</u>	<u>1,514,069</u>
Totals	<u>\$ 3,572,063,630</u>	<u>3,608,450,331</u>	<u>(36,386,701)</u>

Expenses primarily consist of claim charges for the self-insured health, prescription drug, and dental plans, premium charges for the insured health and dental programs, and administrative expenses. During the year, total expenses decreased by \$36.4 million or 1.0%.

For the insured plans, expenses decreased due to the newly adjusted premium rates for calendar year 2008. The average premium rate change for all plans is an increase of 2.0% for active members and a decrease of 4.5% for retirees in calendar year 2008.

2007 – 2006

	<u>2007</u>	<u>2006</u>	Increase (decrease)
Benefits	\$ 3,601,096,822	3,347,076,683	254,020,139
Administrative expenses	<u>7,353,509</u>	<u>8,811,546</u>	<u>(1,458,037)</u>
Totals	<u>\$ 3,608,450,331</u>	<u>3,355,888,229</u>	<u>252,562,102</u>

Expenses primarily consist of claim charges for the self-insured health, prescription drug, and dental plans, premium charges for the insured health and dental programs, and administrative expenses. During the year, total expenses increased by \$252.6 million or 7.5%.

For the insured plans, expenses increased due to the higher premium rates for calendar year 2007. The average premium rate increase for all plans is 6.2% for active members and 2.0% for retirees in calendar year 2007. For the self-insured plans, the increase in benefit expenses was due to higher claim charges, which is attributable to the rising cost of health services.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Management's Discussion and Analysis

June 30, 2008 and 2007

Overall Financial Condition of the Funds

For the State Health Benefits Program Funds, the replacement of the Traditional Plan and the NJ Plus Plan with the NJ Direct Plans resulted in favorable rate actions for calendar year 2008, which reduced required premium amounts for the State, local employers, and participants. On the State side, revenues collected exceeded incurred claim charges reducing the year-end deficit. On the local side, reserve balances increased as a result of favorable claims experience. As of June 30, 2008, the total surplus for the local employer group of \$642.4 million represents approximately 4 months of claims. The overall favorable rate actions were based on a favorable experience for the prior year, decreased benchmark medical and drug trends, an increase in co-pays, and the new PPO plans replacing NJ PLUS and Traditional Plan.

For the health benefit program funds, the unfunded actuarial accrued liability for other postemployment benefits (OPEB under GASB Statement No. 43) for fiscal year 2008 is \$50.6 billion for the State and \$9.1 billion for the Local participating employers in the State Health Benefit Program Fund. The unfunded actuarial accrued liability for the OPEB for fiscal year 2007 was \$58.1 billion for the State and \$10.8 billion for the Local participating employers.

Contacting System Financial Management

The financial report is designed to provide our members, beneficiaries, investors and creditors with a general overview of the Funds' finances and to show the Funds' accountability for the money it receives. If you have any questions about this report or need additional financial information, contact the Division of Pensions and Benefits, P.O. Box 295, Trenton, NJ 08625-0295.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Statement of Fiduciary Net Assets

June 30, 2008

	Health Benefit Program Fund State	Health Benefit Program Fund Local
Assets:		
Cash and cash equivalents	\$ 327,229	201,783
Investments, at fair value:		
Cash Management Fund	163,941,288	844,240,742
Total investments	163,941,288	844,240,742
Receivables:		
Contributions:		
Members	400,657	698,509
Employers	26,855,427	73,496,430
Other	327,631	1,696,194
Total receivables	27,583,715	75,891,133
Total assets	191,852,232	920,333,658
Liabilities:		
Accounts payable and accrued expenses	174,465,192	236,529,546
Total liabilities	174,465,192	236,529,546
Net assets:		
Held in trust for health benefits	\$ 17,387,040	683,804,112

See schedule of funding progress on pages 39-40.

See accompanying notes to financial statements.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Statement of Fiduciary Net Assets

June 30, 2007

	Health Benefit Program Fund State	Health Benefit Program Fund Local
Assets:		
Cash and cash equivalents	\$ —	374,739
Investments, at fair value:		
Cash Management Fund	134,549,125	775,554,767
Total investments	134,549,125	775,554,767
Receivables:		
Contributions:		
Members	556,909	474,212
Employers	26,114,160	80,223,684
Other	213,538	992,632
Total receivables	26,884,607	81,690,528
Total assets	161,433,732	857,620,034
Liabilities:		
Accounts payable and accrued expenses	191,630,448	276,102,278
Cash overdraft	89,940	—
Total liabilities	191,720,388	276,102,278
Net assets (deficit):		
Held in trust for health benefits	\$ (30,286,656)	581,517,756

See schedule of funding progress on pages 39-40.

See accompanying notes to financial statements.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Statement of Changes in Fiduciary Net Assets

Year ended June 30, 2008

	Health Benefit Program Fund State	Health Benefit Program Fund Local
	<u> </u>	<u> </u>
Additions:		
Contributions:		
Members	\$ 121,702,318	77,617,592
Employers	<u>1,427,661,308</u>	<u>2,051,655,808</u>
Total contributions	<u>1,549,363,626</u>	<u>2,129,273,400</u>
Investment income:		
Net appreciation in fair value of investments	3,603	17,144
Interest	<u>8,591,733</u>	<u>34,774,176</u>
Total investment income	<u>8,595,336</u>	<u>34,791,320</u>
Total additions	<u>1,557,958,962</u>	<u>2,164,064,720</u>
Deductions:		
Benefits	1,506,738,235	2,056,457,817
Administrative expenses	<u>3,547,031</u>	<u>5,320,547</u>
Total deductions	<u>1,510,285,266</u>	<u>2,061,778,364</u>
Net increase	47,673,696	102,286,356
Net assets (deficit) held in trust for health benefits:		
Beginning of year	<u>(30,286,656)</u>	<u>581,517,756</u>
End of year	<u>\$ 17,387,040</u>	<u>683,804,112</u>

See accompanying notes to financial statements.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Notes to Financial Statements

June 30, 2008 and 2007

(1) Description of the Funds

The State Health Benefits Program Fund (SHBP)–State and State Health Benefits Program Fund (SHBP)–Local (the Funds) are included along with other state-administered trust funds in the basic financial statements of the State of New Jersey.

The Funds adopted Governmental Accounting Standards Board (GASB) Statement No. 43, “*Financial Reporting for Postemployment Benefit Plans Other than Pension Plans*” (OPEB) as of July 1, 2006. Prior to the adoption SHBP-State, Prescription Drug Program Fund (PDP)-State and Dental Expense Program Fund (DEP)-State were reported as governmental funds – special revenue funds. The SHBP-Local, PDP-Local and DEP-Local were reported as proprietary funds – enterprise funds. The Post-Retirement Medical Funds (PRM) of Public Employees’ Retirement System (PERS) and Teachers’ Pension and Annuity Fund (TPAF) were reported as trust funds and were combined with the respective PERS and TPAF pension trust fund plans. As a result of the implementation of GASB Statement No. 43, SHBP, PDP, and PRM of PERS and TPAF are combined and reported as Health Benefit Program Funds. Specifically, SHBP-State, PDP-State, and PRM of PERS are combined and reported as a trust fund classified as a single employer plan. The SHBP-Local, PDP-Local, and PRM of TPAF are combined and reported as a separate trust fund classified as a cost-sharing multiple-employer plan. Certain amounts included in the PERS PRM and TPAF PRM are legally required to be transferred to the SHBP and are recorded as additions and deductions in PERS PRM, TPAF PRM and SHBP. All interfund transactions have been eliminated in the accompanying financial statements.

The SHBP-State is a single-employer defined benefit OPEB plan and the SHBP-Local is a multi-employer, cost-sharing defined benefit OPEB plan, with a special funding situation for the TPAF PRM portion of SHBP-Local.

In 2008, the Funds adopted the provisions of GASB Statement No. 50, “*Pension Disclosures*.”

(2) Summary of Significant Accounting Policies

The financial statements of the funds have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to governmental units. GASB is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Reporting Entity

The financial statements include the Health Benefit Program Funds–State and Local, which are administered by the Division of Pensions and Benefits (the Division) over which operating controls are with the individual funds governing Boards and/or the State of New Jersey. The financial statements of the funds are included in the financial statements of the State of New Jersey; however, the accompanying financial statements are intended to present solely the funds listed above which are administered by the Division and not the State of New Jersey as a whole.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Notes to Financial Statements

June 30, 2008 and 2007

Measurement Focus and Basis of Accounting

The accounting and financial reporting treatment applied to a fund is determined by its measurement focus. All funds are accounted for using an economic resources measurement focus.

The accrual basis of accounting is used for measuring financial position and changes in fiduciary net assets of the Funds. Under this method, revenues are recorded in the accounting period in which they are earned, and deductions are recorded at the time the liabilities are incurred. The financial statements of the Funds conform to the provisions of GASB Statement No. 43.

Membership

Membership in the funds consisted of the following as of June 30, 2008 and 2007:

	2008		
	State	Local	Total
Health Benefits Program Fund*	146,237	204,074	350,311
Prescription Drug Program Fund*	109,406	31,504	140,910
	2007		
	State	Local	Total
Health Benefits Program Fund*	148,616	207,617	356,233
Prescription Drug Program Fund*	113,423	30,883	144,306

*Active and retired participants

The health benefit programs had a total of 456 and 454 state and local participating employers and contributing entities for fiscal year 2008 and 2007, respectively.

Valuation of Investments

Cash Management Fund units are stated at fair value using the closing bid price on the last day of trading during the period as determined by the Transfer Agent.

The State of New Jersey, Department of the Treasury, Division of Investment, issues publicly available financial reports that include the financial statements of the State of New Jersey Cash Management Funds. The financial reports may be obtained by writing to the State of New Jersey, Department of the Treasury, Division of Investment, P.O. Box 290, Trenton, New Jersey 08625-0290.

The State of New Jersey, Department of the Treasury, Division of Investment, under the jurisdiction of the State Investment Council, has the investment responsibility for all funds administered by the State of New Jersey, Division of Pensions and Benefits. All investments must conform to standards set by state law.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Notes to Financial Statements

June 30, 2008 and 2007

The purchase, sale, receipt of income, and other transactions affecting investments are governed by custodial agreements between the Fund, through the State Treasurer, and custodian banks as agents for the Fund. State laws and policies set forth the requirements of such agreements and other particulars as to the size of the custodial institutions, amount of the portfolio to be covered by the agreements, and other pertinent matters.

Investments

The Funds' investments as of June 30, 2008 consist of an interest in the Cash Management Funds. The Cash Management Fund is not evidenced by securities that exist in physical or book entry form held by the Funds, and it is unrated.

Significant New Legislation

Chapter 103, P.L. 2007, effective July 1, 2007, implemented changes to State Health Benefits Program (SHBP) and established an employee contribution of 1.5% of the employee's base salary. The legislation also eliminated the funding for the postretirement medical benefits through TPAF and the PERS.

Administrative Expenses

Administrative expenses are paid by the Funds to the State of New Jersey, Department of the Treasury and are included in the accompanying financial statements.

Funded Status and Funding Progress

The required supplementary information regarding the funded status and funding progress of the Funds for the OPEB includes actuarial valuations which involve estimates of the value of reported amounts and assumptions about the probability of events far into the future. These amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the probability of future events.

The required schedule of funding progress presents multi-year trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liability for benefits.

Actuarial calculations reflect a long-term perspective and are based on the benefits provided under State statutes in effect at the time of each valuation and also consider the pattern of the sharing of costs between the employer and members at that point in time. The projection of benefits for financial reporting purposes does not explicitly incorporate the potential effects of legal or contractual funding limitations on the pattern of cost sharing between the employer and members in the future.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Notes to Financial Statements
June 30, 2008 and 2007

Actuarial Methods and Assumptions

In the June 30, 2007 and 2006 actuarial valuations, the projected unit credit was used as the actuarial cost method, and market value was used as the asset valuation method for the OPEB. The actuarial assumptions included 4.50% for investment rate of return.

	State		Local	
	June 30, 2007	June 30, 2006	June 30, 2007	June 30, 2006
Actuarial valuation date	June 30, 2007	June 30, 2006	June 30, 2007	June 30, 2006
Actuarial value of assets	\$ —	\$ —	\$ —	\$ —
Actuarial accrued liability	50,649,500,000	58,059,000,000	9,096,600,000	10,774,600,000
Unfunded (overfunded)				
actuarial accrued liability	50,649,500,000	58,059,000,000	9,096,600,000	10,774,600,000
Funded ratio	—	—	—	—
Covered payroll	N/A	N/A	N/A	N/A
Unfunded (overfunded)				
actuarial accrued liability				
as a percentage of				
covered payroll	N/A	N/A	N/A	N/A
Actuarial cost method	Projected unit credit	Projected unit credit	Projected unit credit	Projected unit credit
Asset valuation method	Market value	Market value	Market value	Market value
Amortization method	Level percent, open	Level percent, open	Level percent, open	Level percent, open
Payroll growth rate for				
amortization	4%	4%	4%	4%
Remaining amortization				
period	30 years	30 years	30 years	30 years
Actuarial assumptions:				
Interest rate	4.50% (assuming	4.50% (assuming	4.50% (assuming	4.50% (assuming
	no prefunding)	no prefunding)	no prefunding)	no prefunding)
Salary range	N/A	N/A	N/A	N/A
Cost-of-living				
adjustments	N/A	N/A	N/A	N/A

(3) Contributions

Contribution Requirements – SHBP–State (including PDP–State)

Contributions to pay for the health premiums of participating employees in the State Health Benefits Program (SHBP)–State are collected from the State of New Jersey, active members, and retired members. The State of New Jersey provides contributions for State employees through State appropriations. These appropriations are generally distributed to the SHBP on a monthly basis. Active and retired member contributions and payments from PERS are generally received on a monthly basis. Certain State employees share in the cost of their premiums, as provided by Chapter 8, P.L. 1996.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Notes to Financial Statements

June 30, 2008 and 2007

Under the provisions of Chapter 8, P.L. 1996, the SHBP implemented premium sharing for employees covered under the State component of the program. Chapter 8 authorizes the State to negotiate premium sharing in the collective bargaining agreements governing employment of State employees. Premium sharing also applies to retired group coverage for employees who attain 25 years of creditable pension service after July 1, 1997 or who retire on a disability retirement after that same date. Those employees not represented by any bargaining unit premium share in accordance with rules established by the State Health Benefits Commission.

Contributions to pay for the premiums of participating employees in the PDP are collected from the State of New Jersey, and former active and retired members who have elected to participate under the rules of COBRA. The State of New Jersey provides contributions for State employees through State appropriations. These appropriations are distributed to the PDP on a monthly basis.

The State of New Jersey's contribution also includes funding for the cost of medical premiums after retirement for qualified retirees. In accordance with Chapter 62, P.L. 1994, PRM benefits have been funded on a pay-as-you-go basis since 1994. Prior to 1994, medical benefits were funded on an actuarial basis.

The State made a contribution of \$1.43 billion, including administrative revenue of \$3.22 million for fiscal year 2008. The State made a contribution of \$1.29 billion, including administrative revenue of \$2.95 million for fiscal year 2007.

Chapter 103, P.L. 2007 implemented changes to SHBP and established an employee contribution of 1.5% of the employee's base salary for State employees, effective July 1, 2007.

Contribution Requirements – SHBP–Local (including PDP–Local)

Contributions to pay for the health premiums of participating employees in the State Health Benefits Program (SHBP)–Local are collected from State of New Jersey, participating local employers, active members, and retired members. Local employer payments, active and retired member contributions, and payments from TPAF are generally received on a monthly basis.

Local group employees are not affected by the premium sharing provisions of Chapter 8, P.L. 1996.

Contributions to pay for the premiums of participating employees in the PDP are collected from participating local employers, and former active and retired members who have elected to participate under the rules of COBRA. Local employer payments as well as COBRA contributions are also received on a monthly basis.

Local employers made a contribution of \$2.05 billion, including administrative revenue of \$4.34 million for fiscal year 2008. Local employers made a contribution of \$2.10 billion, including administrative revenue of \$4.42 million for fiscal year 2007.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Notes to Financial Statements

June 30, 2008 and 2007

The State of New Jersey's contribution also includes funding for the cost of medical premiums after retirement for qualified retirees. In accordance with Chapter 62, P.L. 1994, post-retirement medical (PRM) benefits have been funded on a pay-as-you-go basis since 1994. Prior to 1994, medical benefits were funded on an actuarial basis.

(4) Vesting and Benefits

Vesting and Benefit Provisions – SHBP–State (including PDP–State)

The Program provides medical coverage to qualified active and retired participants. Under Chapter 136, P.L. 1977, the State of New Jersey pays for the health insurance coverage of all enrolled retired State employees (regardless of age) whose pensions are based upon 25 years or more of credited service or a disability retirement regardless of years of service. Retirees who are not eligible for employer paid health coverage at retirement can continue in the program by paying the cost of the insurance for themselves and their covered dependents. The PDP was established in December 1974, under N.J.S.A. 52:14–17.29 to provide coverage to employees and their eligible dependents for drugs which under federal or State law may be dispensed only upon a prescription written by a physician. State employees are eligible for PDP coverage after 60 days of employment.

Vesting and Benefit Provisions – SHBP–Local (including PDP–Local)

The Program provides free coverage to members of the PERS, TPAF, and the Alternate Benefit Program (ABP) who retire from a board of education or county college with 25 years of service or on a disability retirement. Partially funded benefits are also provided to local police officers and firefighters who retire with 25 years of service (or on disability) from an employer who does not provide coverage. Also, local employees are eligible for the PDP coverage after 60 days of employment.

(5) Funds

The Funds maintain the following legally required funds as follows:

Reserve Fund – SHBP–State (including PDP–State) (2008 – \$17,387,040; 2007 – (\$30,286,656))

The State as the employer is attempting to deal with the rising cost of healthcare by implementing changes to cost sharing between employees and employers, by conversion of an indemnity plan to a managed care plan, and through the establishment of rates that are projected to recover anticipated claims and result in a positive balance.

Reserve Fund – SHBP–Local (including PDP–Local) (2008 – \$683,804,112; 2007 – \$581,517,756)

The net assets of the SHBP–Local are available to pay claims of future periods. These reserves are maintained by the fund to stabilize rates and to meet unexpected increase in claims.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Required Supplementary Information

Schedule of Funding Progress

(Unaudited - See accompanying independent auditors' report)

Actuarial valuation date	Actuarial value of assets (a)	Actuarial accrued liability (b)	Unfunded (overfunded) actuarial accrued liability (b - a)	Funded ratio (a / b)	Covered payroll *	Unfunded (overfunded) actuarial accrued liability as a percentage of covered payroll * ((b - a) / c)
Health Benefit Program-State						
June 30, 2006	\$ —	21,587,100,000	21,587,100,000	—	N/A	N/A
June 30, 2007	—	18,417,000,000	18,417,000,000	—	N/A	N/A
Health Benefit Program-Education-State						
June 30, 2006	—	36,471,900,000	36,471,900,000	—	N/A	N/A
June 30, 2007	—	32,232,500,000	32,232,500,000	—	N/A	N/A
Total State						
June 30, 2006	—	58,059,000,000	58,059,000,000	—	N/A	N/A
June 30, 2007	—	50,649,500,000	50,649,500,000	—	N/A	N/A
Health Benefit Program -Local						
June 30, 2006	—	10,774,600,000	10,774,600,000	—	N/A	N/A
June 30, 2007	—	9,096,600,000	9,096,600,000	—	N/A	N/A

* Required disclosure at adoption of standard. Covered payroll not available for the initial analysis.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Required Supplementary Information

Schedule of Funding Progress – Additional Actuarial Information

(Unaudited - See accompanying independent auditors' report)

Significant actuarial methods and assumptions used in the most recent 2007 and 2006 actuarial valuations include the following:

	<u>June 30, 2007</u>	<u>June 30, 2006</u>
Actuarial cost method	Projected unit credit	Projected unit credit
Asset valuation method	Market value	Market value
Amortization method	Level percent, open	Level percent, open
Payroll growth rate for amortization	4.00%	4.00%
Remaining amortization period	30 years	30 years
Actuarial assumptions:		
Interest rate	4.50% (assuming no prefunding)	4.50% (assuming no prefunding)
Salary range	N/A	N/A
Cost-of-living adjustments	N/A	N/A
Valuation date	June 30, 2007	June 30, 2006

For medical benefits, the healthcare cost trend rate assumption initially is at 9.5% or 10.5% (depending on the medical plan) and decreases to a 5.0% long-term trend rate for all medical benefits after eleven years. For prescription drug benefits, the initial healthcare cost trend rate assumption is 11.5%, decreasing to a 5.0% long-term trend rate after fourteen years. For Medicare Part B reimbursement, the healthcare cost trend rate assumption is 6.5% for two years, with a long-term trend rate of 5.0% thereafter.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Required Supplementary Information

Schedule of Employer Contributions

(Unaudited - See accompanying independent auditors' report)

	<u>Annual required contribution</u>	<u>Employer contributions</u>	<u>Percentage contributed</u>
Health Benefit Program-State			
Year ended June 30, 2007	\$ 1,880,600,000	404,415,000	21.5%
Year ended June 30, 2008	1,554,300,000	391,448,000	25.2%
Health Benefit Program-Education-State			
Year ended June 30, 2007	3,067,400,000	659,405,000	21.5%
Year ended June 30, 2008	2,692,700,000	678,152,000	25.2%
Total State			
Year ended June 30, 2007	4,948,000,000	1,063,820,000	21.5%
Year ended June 30, 2008	4,247,000,000	1,069,600,000	25.2%
Health Benefit Program-Local			
Year ended June 30, 2007	892,200,000	185,536,000	20.8%
Year ended June 30, 2008	748,100,000	179,900,000	24.0%

Notes to schedule:

- * The annual required contribution reflects a 30-year, 4.0% annual increasing amortization of the unfunded actuarial accrued liability. Based on expected benefit payments plus retiree drug subsidy for the applicable fiscal year end.

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Combining Schedule of Fiduciary Net Assets Information
Health Benefit Program Fund-State

June 30, 2008

	Health Benefit Program Fund State	Prescription Drug Program Fund State	PERS Post- Retirement Medical Fund	Total Health Benefit Program Fund State
Assets:				
Cash	\$ 275,378	51,851	—	327,229
Investments, at fair value:				
Cash Management Fund	124,802,880	39,138,408	—	163,941,288
Total investments	124,802,880	39,138,408	—	163,941,288
Receivables:				
Contributions:				
Members	376,588	24,069	—	400,657
Employers	26,498,897	356,530	—	26,855,427
Other	327,631	—	—	327,631
Total receivables	27,203,116	380,599	—	27,583,715
Total assets	152,281,374	39,570,858	—	191,852,232
Liabilities:				
Accounts payable and accrued expenses	167,965,267	6,499,925	—	174,465,192
Total liabilities	167,965,267	6,499,925	—	174,465,192
Net assets (deficit) held in trust for health benefits	\$ (15,683,893)	33,070,933	—	17,387,040

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Combining Schedule of Changes In Fiduciary Net Assets Information
Health Benefits Program Fund-State

Year ended June 30, 2008

	Health Benefit Program Fund State	Prescription Drug Program Fund State	PERS Post- Retirement Medical Fund	Total Health Benefit Program Fund State
Additions:				
Contributions:				
Members	\$ 120,038,700	1,663,618	—	121,702,318
Employers	1,164,086,765	264,695,213	(1,120,670)	1,427,661,308
Total contributions	<u>1,284,125,465</u>	<u>266,358,831</u>	<u>(1,120,670)</u>	<u>1,549,363,626</u>
Investment income:				
Net appreciation in fair value of investments	2,613	990	—	3,603
Interest	6,819,919	1,771,814	—	8,591,733
Net investment income	<u>6,822,532</u>	<u>1,772,804</u>	<u>—</u>	<u>8,595,336</u>
Total additions	<u>1,290,947,997</u>	<u>268,131,635</u>	<u>(1,120,670)</u>	<u>1,557,958,962</u>
Deductions:				
Benefits	1,259,848,902	246,889,333	—	1,506,738,235
Administrative expenses	3,547,031	—	—	3,547,031
Total deductions	<u>1,263,395,933</u>	<u>246,889,333</u>	<u>—</u>	<u>1,510,285,266</u>
Net increase (decrease)	27,552,064	21,242,302	(1,120,670)	47,673,696
Net assets (deficit) held in trust for health benefits:				
Beginning of year	<u>(43,235,957)</u>	<u>11,828,631</u>	<u>1,120,670</u>	<u>(30,286,656)</u>
End of year	<u>\$ (15,683,893)</u>	<u>33,070,933</u>	<u>—</u>	<u>17,387,040</u>

STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS

Combining Schedule of Fiduciary Net Assets Information
Health Benefits Program Fund-Local

June 30, 2008

	Health Benefit Program Fund Local	Prescription Drug Program Fund Local	TPAF Post- Retirement Medical Fund	Total Health Benefit Program Fund Local
Assets:				
Cash	\$ 196,144	5,639	—	201,783
Investments, at fair value:				
Cash Management Fund	808,174,085	36,066,657	—	844,240,742
Total investments	808,174,085	36,066,657	—	844,240,742
Receivables:				
Contributions:				
Members	691,974	6,535	—	698,509
Employers	67,767,042	5,729,388	—	73,496,430
Other	230,889	1,465,305	—	1,696,194
Total receivables	68,689,905	7,201,228	—	75,891,133
Total assets	877,060,134	43,273,524	—	920,333,658
Liabilities:				
Accounts payable and accrued expenses	234,629,546	1,900,000	—	236,529,546
Total liabilities	234,629,546	1,900,000	—	236,529,546
Net assets held in trust for health benefits	\$ 642,430,588	41,373,524	—	683,804,112

**STATE OF NEW JERSEY
HEALTH BENEFIT PROGRAM FUNDS**

Combining Schedule of Changes in Fiduciary Net Assets Information
Health Benefit Program Fund-Local

Year ended June 30, 2008

	Health Benefit Program Fund Local	Prescription Drug Program Fund Local	TPAF Post- Retirement Medical Fund	Total Health Benefit Program Fund Local
Additions:				
Contributions:				
Members	\$ 77,106,173	511,419	—	77,617,592
Employers	1,969,828,429	82,278,409	(451,030)	2,051,655,808
Total contributions	<u>2,046,934,602</u>	<u>82,789,828</u>	<u>(451,030)</u>	<u>2,129,273,400</u>
Investment income:				
Net appreciation in fair value of investments	16,897	247	—	17,144
Interest	34,331,223	442,953	—	34,774,176
Net investment income	<u>34,348,120</u>	<u>443,200</u>	<u>—</u>	<u>34,791,320</u>
Total additions	<u>2,081,282,722</u>	<u>83,233,028</u>	<u>(451,030)</u>	<u>2,164,064,720</u>
Deductions:				
Benefits	1,978,971,865	77,485,952	—	2,056,457,817
Administrative expenses	5,320,547	—	—	5,320,547
Total deductions	<u>1,984,292,412</u>	<u>77,485,952</u>	<u>—</u>	<u>2,061,778,364</u>
Net increase (decrease)	96,990,310	5,747,076	(451,030)	102,286,356
Net assets held in trust for health benefits:				
Beginning of year	<u>545,440,278</u>	<u>35,626,448</u>	<u>451,030</u>	<u>581,517,756</u>
End of year	<u>\$ 642,430,588</u>	<u>41,373,524</u>	<u>—</u>	<u>683,804,112</u>

New Jersey State Health Benefits Program
Related State Legislation

The State Health Benefits Program was established by state statute, cited as N.J.S.A. 52:14-17.25 et. seq. A brief description of the key laws modifying this section of the statute is provided below.

Chapter 49, P.L. 1961 established the State Health Benefits Program. The State Health Benefits Commission was authorized to solicit and award contracts for hospitalization, medical-surgical, and major medical insurance benefits with the cost to be paid by the State for employee coverage. Optional coverage for dependents was to be provided at the employee's expense.

Chapter 125, P.L. 1964 permitted State Health Benefits Program coverage for local public employees at the option of each public employer. This law also allowed continuation of coverage from the Active Group into the Retired Group.

Chapter 75, P.L. 1972 provided for state payment of retired health benefits coverage of all enrolled retired state employees and their dependents, retired after July 1, 1972, whose pensions are based on 25 years of credited service (except those who elected a deferred retirement) or a disability retirement based on fewer years credited service. It also provided for state reimbursement of Part B Medicare premiums for eligible retired State employees and their dependents.

Chapter 111, P.L. 1973 allowed local employers to elect to pay for health benefits coverage and reimburse Part B Medicare premiums of certain eligible retired employees and their dependents. Eligible employees include those who had retired on or after July 1, 1972, and receive a retirement benefit from a state- or locally-administered retirement system based on 25 years of credited service (excluding those who elected a deferred retirement) or retired on a disability pension based on fewer years service.

Chapter 337, P.L. 1973 allowed an employee to elect to enroll in a Health Maintenance Organization. The employee is permitted to elect HMO participation at least once a year.

Chapter 88, P.L. 1974 allowed local employers who had adopted the provisions of Chapter 111, P.L. 1973, to extend coverage to eligible enrolled retirees who retired between July 1, 1964, and June 30, 1972.

Chapter 136, P.L. 1977 amended Chapter 75, P.L. 1972 to extend the eligibility for State-paid coverage to those otherwise eligible retirees who retired between July 1, 1964, and June 30, 1972, and were enrolled for Retired Group coverage.

Chapter 54, P.L. 1979 allowed local employers who had adopted the provisions of Chapter 88, P.L. 1974 to extend benefits to those eligible retirees who had retired between July 1, 1964, and the date the employer joined the State Health Benefits Program.

Chapter 436, P.L. 1981 allowed employers who adopted the provisions of Chapter 88, P.L. 1974, to also include surviving spouses of eligible retirees. The law also gave employers who had adopted Chapter 88, P.L. 1974, the option of including otherwise eligible employees who retired after the employer joined the State Health Benefits Program but who had not continued coverage into retirement because they had to pay for it.

Chapter 384, P.L. 1987, although designed to bring benefits for retired teachers in line with those for state retirees, affected many other retirees also. The law permitted the Teachers' Pension and Annuity Fund (TPAF) to pay for the State Health Benefits Program coverage of members receiving retirement allowances based upon 25 or more years of credited service or a disability retirement (regardless of years of service). In addition to paying for the cost of coverage, the pension fund reimburses eligible retirees and/or covered spouses for the cost of Part B (medical insurance) of the federal Medicare program. The TPAF began paying for coverage as of June 1, 1988. Those eligible retirees not already enrolled were given an opportunity through May 31, 1988, to enroll in the program. One of the most important features of this law is that it applies to all eligible TPAF members (except those who elected a deferred retirement - adjusted by Chapter 126, P.L. 1992), not just those who belong to the State Health Benefits Program while actively employed. Beginning June 1, 1988, a new TPAF retiree qualifying for TPAF-paid coverage was offered the opportunity to join this program.

Another important feature of Chapter 384 was the elimination of the July 1, 1964, restrictions. Previously only those who retired on or after that date could enroll in the State Program. This allowed TPAF members who were eligible for TPAF-paid

coverage to join the program regardless of their retirement date. Further, the law amended Chapter 136, P.L. 1977, to permit the State to pay for the coverage of eligible state individuals who retired prior to July 1, 1964; those eligible former state employees who had retired prior to July 1, 1964, even those who had not been teachers, were given an opportunity to enroll as of June 1, 1988. Finally, the law amended Chapter 54, P.L. 1979, to permit local employers who have adopted the provisions of Chapter 88, P.L. 1974, as amended by Chapter 436, P.L. 1981, to also agree to include all former employees who retired before the location joined the State Plan. Originally, Chapter 54 only applied to those who retired on or after July 1, 1964.

Chapter 386, P.L. 1987 required that, as of June 1, 1988, all boards of education in New Jersey must give their retirees an opportunity to join the employer's current health insurance plan. For a one-year period (from June 1, 1988, through May 31, 1989) former employees who were not eligible under another plan (for instance, those eligible under Chapter 384 would not be eligible under Chapter 386) must have been given the opportunity to enroll under the employer's group contract. The retiree would pay the cost of such coverage. If the employer belonged to the State Health Benefits Program, the retiree had the chance to enroll under the State Program regardless of the retirement date.

Chapter 6, P.L. 1989 redefined the qualifications of the carriers or providers of the health benefits with whom the State Health Benefits Commission may contract in order to provide such benefits to participants in the State Health Benefits Program. This law eliminated the former requirements that basically forced the State Health Benefits Program to use two specific carriers.

Chapter 48, P.L. 1989 established the same major medical benefits limit for retired employees in the State Health Benefits Program as is provided to active employees. The lifetime maximum available to retirees was previously significantly less than that provided Active Group employees.

Chapter 127, P.L. 1989 permits school employees who have been employed under a permanent appointment for at least three years to continue State Health Benefits Program coverage when they are on an approved leave of absence with or without pay up to a maximum of two years. The employer may pay the premiums for such coverage in these instances.

Chapter 271, P.L. 1989 provides that the State shall pay the State Health Benefits Program (State Health Benefits Program) costs for the surviving spouse and dependent children of members of the Police and Firemen's Retirement System (PFRS) and the State Police Retirement System (SPRS) who die as a result of an accident met in the actual performance of their duties. Such surviving spouses and dependent children can enroll in the State Health Benefits Program or, if enrolled in a local employer's plan, can obtain reimbursement of required premiums from the State. This law was approved on January 8, 1990, and applies to all present surviving spouses and dependent children of members for whom an accidental death benefit was payable.

Chapter 6, P.L. 1990 provides, in addition to other matters, that the premiums or periodic charges which the State is required to pay for the post-retirement health care benefits under the State Health Benefits Program to retired state employees of PERS and their dependents shall be paid by the retirement system and shall be funded in a manner similar to that provided for the funding of employer obligations for retirement benefits. This law was effective March 8, 1990.

Chapter 126, P.L. 1992 provides that members of the Public Employees' Retirement System (PERS) and the Alternate Benefits Program (ABP) who retired from a school board of education or a county college with a benefit based upon 25 or more years of service or on a disability pension based upon fewer years of service credit and receive a retirement allowance from that system are eligible for state-paid health coverage regardless of employers' participation in the State Health Benefits Program

Members of PERS, TPAE, and ABP who retire from a school board of education or county college and elect deferred retirement based upon 25 or more years of service credit and receive a retirement allowance from that system will be eligible to enroll in the State Health Benefits Program This law also provides for the State to reimburse Part B Medicare premiums for the retirees' extended benefits under its provisions.

Chapter 8, P.L. 1993 provides that members of PERS, TPAE, and PFRS who retire from a school board of education, vocational/technical school, or a special service commission may be eligible to join the State Health Benefits Program providing they meet the following requirements: the member is currently participating in the health benefit plan of the employer for whom (s)he was previously employed, and (s)he is eligible for the full Medicare Parts A and B.

This law also imposes a surcharge on insurance carriers (including hospital service corporations, medical service corporations, health service corporations, and health maintenance organizations) that provide health coverage to local boards of education that do not participate in the State Health Benefits Program.

Chapter 275, P.L. 1994 makes special provisions for retirement coverage and Medicare reimbursement for a select group of county judicial employees from seven counties who became state employees under the terms of the State Judicial Unification Act. This law was enacted to fulfill the mandate of a 1993 constitutional referendum moving control of county courts to the State. The purpose of the law was to authorize the continuation of certain contractual benefits.

Chapter 259, P.L. 1995 authorizes municipalities which participate in the State Health Benefits Program or another group health benefits plan to allow an employee who is enrolled for health care coverage as a dependent of his/her spouse to waive coverage to which (s)he is entitled as an employee of the municipality. It permits a municipality to pay an employee an amount not to exceed 50% of the amount saved by the municipality because of the waiver. Any municipal employee waiving coverage under the State Health Benefits Program must file such waiver with the Division. Further, an employee who waives coverage shall be able to immediately resume coverage under the State Health Benefits Program if the employee ceases to be covered by the spouse for any reason by filing a declaration with the Division that the waiver is revoked.

Chapter 8, P.L. 1996 applies to state employees in the executive, legislative, and judicial branches of government as well as employees of the state universities and colleges and independent commissions and agencies participating in the State Health Benefits Program. The law applies to local employers only with regards to provisions affecting Medicare reimbursement for active employees and the HMO coverage restrictions. Chapter 8, P.L. 1996 ends Medicare reimbursement for active employees and their spouses; prohibits dual coverage by any individual in two State Health Benefits Program HMO contracts; allows active employee premium sharing resulting from labor contract agreements; allows retiree premium sharing resulting from labor contract agreements; allows adjustments to retiree Medicare reimbursement resulting from labor contract agreements; authorizes the State Health Benefits Commission to establish rules governing active employee and retiree premium sharing and retiree Medicare reimbursement for employees not represented by labor unions, that is, for nonaligned employees; and grandfathers retired health coverage and retiree Medicare reimbursement for employees who retire prior to July 1, 1997, and employees who have 25 years of credited pension service before July 1, 1997, regardless of when they retire (except for deferred retirements).

Chapter 94, P.L. 1997 requires the State Health Benefits Program to provide coverage for a minimum of 72 hours of inpatient care following a modified radical mastectomy and a minimum of 48 hours of inpatient care following a simple mastectomy. The law also provides that a carrier under the program shall not require a health care provider to obtain authorization from the carrier for prescribing 72 or 48 hours, as appropriate, of inpatient care. The law shall not be construed to require a patient to receive inpatient care for 72 or 48 hours, as appropriate, if the patient in consultation with the patient's physician determines that a shorter length of stay is medically appropriate or relieve a patient or physician from any insurer notification requirements.

Chapter 330, P.L. 1997 provides health benefits to qualified retirees and their dependents (but not survivors), from the Police and Firemen's Retirement System (PFRS), the Consolidated Police and Firemen's Pension Fund (CPFPPF), or the Public Employees' Retirement System (PERS) if the service was as a law enforcement officer or in a position eligible for participation in the PFRS. A qualified retiree is one who:

1. retires with 25 or more years of service or on a disability retirement;
2. retires from an employer who does not currently provide any payment or compensation toward the cost of health benefits to the retiree for any period of time;
3. was eligible to receive health benefits coverage at the expense of the employer immediately preceding retirement; and
4. has no other employer group coverage as an "employee" as a result of employment while retired.

The State pays 80% of the cost of coverage for the least expensive plan covering all 21 counties in the State. The retiree pays the rest. Qualified retirees are eligible regardless of whether the retiree's employer participated in the State Health Benefits Program.

Chapter 335, P.L. 1997 provides State paid health benefits to a retired State employee and any dependents (not including survivors), to employees who retire under the State Police Retirement System (SPRS) prior to January 12, 1998 with more than

20 but less than 25 years of service credit in the SPRS; were subsequently employed by the State in another position(s) not covered by the SPRS; and have in the aggregate, at least 30 years of full-time employment with the State. To be eligible the employee must be covered by the State Health Benefits Program at the time of terminating full-time employment with the State.

Chapter 338, P.L. 1997 requires hospital, medical and health service corporations, individual, small employer and large group insurers, health maintenance organizations and the New Jersey State Health Benefits Program (State Health Benefits Program) to provide coverage for the therapeutic treatment of inherited metabolic diseases, including the purchase of medical foods and low protein modified food products, when diagnosed and determined to be medically necessary by the covered person's physician. An "inherited metabolic disease" is defined as a disease caused by an inherited abnormality of body chemistry such as phenylketonuria (PKU). A "Low protein modified food product" is a food product that is specially formulated to have less than one gram of protein per serving and is intended to be used under the direction of a physician for the dietary treatment of an inherited metabolic disease, but does not include a natural food that is naturally low in protein; and "medical food" is a food that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and is formulated to be consumed under direction of a physician.

Chapter 44, P.L. 1998 abolishes the Department of Commerce and Economic Development and creates the New Jersey Commerce and Economic Growth Commission. Section 7 of the bill states that employees of the commission shall be enrolled in the Public Employees' Retirement System and shall be eligible to participate in the State Health Benefits Program. The Commission can, however, elect to provide health benefits for its employees through private insurance policies, hospital and medical service corporations, HMOs, or any other manner available for the provision of health benefits, provided that the types of benefits do not provide less coverage than those benefits provided to other State employees.

Chapter 48, P.L. 1999 changes the way local employers participating in the State Health Benefits Program (State Health Benefits Program) can provide post-retirement health benefit coverage to its retired employees. The law makes the age and service eligibility requirements for employer payment of State Health Benefits Program health benefits coverage for retired employees the same as the requirements of N.J.S.40A:10-23 currently applicable to local government employers that do not participate in State Health Benefits Program. The employer may, by filing a resolution with the Division of Pensions and Benefits, assume the cost of post retirement medical coverage for employees (and their dependents) who:

1. retired on a disability pension; or
2. retired with 25 or more years of service credit in a State or locally administered retirement system and a period of service of up to 25 years with the employer at the time of retirement, such period as established by the employer; or
3. retired and reached the age of 65 with 25 or more years of service credit in a State or locally administered retirement system and a period of service of up to 25 years with the employer at the time of retirement, such period as established by the employer; or
4. retired and reached age 62 with at least 15 years of service with the employer.

Further, the law provides that the employer payment obligations for retiree coverage may be determined by means of a collective negotiations agreement. With respect to employees for whom there is no majority representative for collective negotiations purposes, the employer may, in its sole discretion, determine the payment obligations for the employer and the employees, except that if there are collective negotiations agreements binding upon the employer for employees who are within the same community of interest as employees in a collective negotiations unit, the payment obligations shall be determined in a manner consistent with the terms of any collective negotiations agreement applicable to the collective negotiations unit. This provision applies to all local employers except an independent State authority, board, commission, corporation, agency or organization covered by Chapter 8, P. L. 1996, and school boards.

This law includes a grandfather provision which provides that the payment obligations of an employee for State Health Benefits Program coverage in retirement shall be the payment obligations applicable to the employee on the date the employee retires on a disability pension or the date the employee meets the age and service requirements for employer payment for the coverage, as the case may be.

Chapter 390, P.L. of 1999 impacts the insured managed care plans that participate in the State Health Benefits Program. This law requires carriers which offer managed care plans, including health maintenance organizations and preferred provider

organizations and selective contracting arrangements offered by health insurance companies in the State, to provide for the continuation of treatment by a physician, under certain circumstances, in the event that the physician is no longer employed by the carrier.

Specifically, the law permits a covered person who is receiving post-operative follow-up care, oncological treatment, psychiatric treatment or obstetrical care by a physician who is employed by or under contract with a carrier at the time the treatment is initiated, to continue to be treated by that physician for the duration of the treatment in the event that the physician is no longer employed by or under contract with the carrier as follows:

- (1) for a period not to exceed six months in the case of post-operative follow-up care;
- (2) for a period not to exceed one year in the case of oncological treatment and psychiatric treatment; and
- (3) through the duration of a pregnancy and up to six weeks after delivery in the case of obstetrical care.

The continuation of treatment by a particular physician shall be at the option of the covered person.

The law also provides that a carrier which offers a managed care plan shall provide in that plan for continued coverage of other health care services by a physician who was employed by or under contract with the carrier at the time the treatment was initiated, but is no longer employed by or under contract with the carrier, for up to 120 calendar days in cases where it is medically necessary for the covered person to continue treatment with that physician.

Health care benefits or services, as applicable, shall be provided by the health benefits plan for treatment of the specified conditions and any medically necessary treatment to the same extent as such benefits or services were provided while the physician was employed by or under contract with the carrier. Reimbursement for the health care services shall be pursuant to the same fee schedule used to reimburse for the services when the physician was employed by or under contract with the carrier.

The law provides that a carrier shall not be liable for any inappropriate treatment provided to the covered person by a physician who is no longer employed by or under contract with the carrier. Also, the provisions of the law shall not apply to health care services provided by a physician who is the subject of disciplinary action by the State Board of Medical Examiners.

This law was approved on January 18, 2000.

Chapter 441, Public Law of 1999 requires that the State Health Benefits Commission provide the same coverage for biologically-based mental illness to persons covered under the State Health Benefits Program as that required for other health insurers and health maintenance organizations under P.L.1999, c.106.

Specifically, this law:

- requires that coverage be provided for biologically-based mental illness under the same terms and conditions as provided for any other sickness under the contract;
- defines "biologically-based mental illness" as a mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism;
- defines "same terms and conditions" to mean that a health insurance carrier cannot apply different copayments, deductibles or benefit limits to biologically-based mental health benefits than those applied to other medical or surgical benefits;
- stipulates that its provisions shall not be construed to change the manner in which a health insurance carrier determines:
 - a. whether a mental health care service meets the medical necessity standard as established by the carrier; or
 - b. which health care providers shall be entitled to reimbursement for providing services for mental illness under the contract; and
- requires the State Health Benefits Commission to provide notice to employees regarding the coverage required by this bill in accordance with the provisions of the bill and regulations adopted by the Commissioner of Health and Senior Services.

The law clarifies that its provisions are an exception to the provisions in N.J.S.A.52:14-17.29, which provides for annual and lifetime caps on eligible expenses incurred because of mental illness or functional nervous disorders (a category which is broader than the biologically-based mental illnesses addressed in this law) that are lower than for major medical expense benefits.

This law was approved on January 18, 2000.

Chapter 126, P. L. of 2000 revises certain mandates, requirements and procedures that are burdensome on counties, municipalities and school districts. It also resolves certain administrative ambiguities and encourages more business-like practices on the part of local units in order to effectuate cost savings that will benefit property taxpayers. It is an omnibus piece of legislation, much of which is not related to pension or health benefit coverage.

Sections of the law impacting health benefits coverage are as follows:

Section 24: Amends N.J.S.A. 40A:10-6 to permit certain local units to establish health benefits funds for the provision of contributory or non-contributory self-funded or partially self-funded health benefits for employees or their dependents, or both. Boards of education, venture commissions, educational service commissions, county special services school districts, county vocational-technical schools, and county colleges are not included in the provision. Previously, the law only permitted local units to enter into contracts for health insurance and was not clear whether local units could be self insured for health insurance without specific statutory authority. This provision validates local unit health benefits funds operating prior to the effective date of this law.

Section 25: Amends section 37 of P.L.1995, c.259 (N.J.S.A. 40A:10-17.1) to permit a county employee who receives health benefits as the dependent of his or her spouse, to waive health coverage under the county plan. Such persons could, at the discretion of the county, receive annually a payment from the county that does not exceed 50% of the county's savings because of the employee's waiver of coverage. Municipal employees received this right to waive coverage as a result of the enactment of P.L.1995, c.259.

This law was approved on September 21, 2000 and was effective immediately.

CHAPTER 189, P.L. 2001 extends to municipal authorities health benefit waiver provisions similar to those applicable to municipal employers under Chapter 259, P.L. 1995. Unlike Chapter 259, which applied to municipalities that participated in either the State Health Benefits Program or another group health plan, Chapter 189 only applies to municipal authorities that participate in the State Health Benefits Program.

The law pertains to any municipal authority created by a municipality under either the municipal sewerage authorities law, N.J.S.A.40:14A-1 et seq., or the municipal and county utilities authority law, N.J.S.A.40:14B-1 et seq. A municipal authority that participates in the State Health Benefits Program, may allow any employee who is eligible for coverage as a dependent of the employee's spouse under that program or under another health benefits plan offered by the spouse's employer, whether a public or private employer, to waive the State Health Benefits Program coverage to which the employee is entitled by virtue of employment with the municipal authority. In consideration of filing such a waiver, a municipal authority may pay to the employee annually an amount, to be established in the sole discretion of the authority, which shall not exceed 50% of the amount saved by the authority because of the employee's waiver of coverage. Under this law, an employee who waives coverage will be permitted to immediately resume coverage if the employee ceases to be covered through the employee's spouse for any reason, including, but not limited to, the retirement or death of the spouse or divorce. An employee who resumes coverage will repay, on a pro rata basis, any amount received from the municipal authority which represents an advance payment for a period of time during which coverage is resumed.

The law also provides that the decision of a municipal authority to allow its employees to waive State Health Benefits Program coverage and the amount of consideration to be paid therefor will not be subject to the collective bargaining process.

This law was approved on July 31, 2001 and was effective immediately.

Chapter 200, P.L. 2001 requires providers of most health benefits plans that include prescription drug coverage to issue to their insured members an identification card containing standardized pharmacy information.

The law applies to any health insurance carrier, multiple employer welfare arrangement or other health benefits plan provider, its agents (including any pharmacy benefits manager or third party administrator for a self-insured health benefits plan), that provides, administers or manages coverage for prescription drugs provided on an outpatient basis. The law

explicitly does not apply to providers of Medicaid fee for service, Medicare supplemental insurance, disability income and long-term care plans, hospital indemnity insurance, and various other plans offering restricted health benefit coverage.

The law stipulates that the card shall comply with the standards set forth in the National Council for Prescription Drug Programs Pharmacy ID Card Implementation Guide in effect at the time of card issuance or, at a minimum, contain the following information:

- (1) the insured's identification number;
- (2) the insured's name or, if the card is issued for another person included under the primary insured's coverage, that person's name;
- (3) if required for proper claims adjudication,
 - the name or identification number of the health benefits plan,
 - the American National Standards Institute International Identification Number assigned to the plan's administrator or pharmacy benefits manager,
 - the processor control number, and
 - the insured's group number;
- (4) the telephone number that providers may call for pharmacy benefits assistance; and
- (5) any other information needed for proper claims adjudication, except for information required to be provided on the prescription.

The law directs a plan provider to issue each primary insured a new pharmacy identification card within 180 days after a change in the insured's coverage that changes the information required to be included on the card. The plan provider does not, however, have to issue a new card more than once in a calendar year.

The law provides that a plan provider need not issue a special pharmacy identification card to an insured who has already been issued a general plan member identification card containing the information required under the law. Also, it allows providers to use data elements that are required by State or federal regulations adopted under the federal "Health Insurance Portability and Accountability Act of 1996" ("HIPAA") in place of the information required under the law.

This law was approved August 8, 2001 and was effective on September 1, 2002.

Chapter 209, P.L. 2001 amends the statutes governing a retiree's eligibility for paid coverage under the State Health Benefits Program.

This law provides that instead of having to meet the 25-year service credit requirement for paid post-retirement medical coverage in a single State or locally-administered retirement system, a public employee under the State Health Benefits Program may receive this benefit if the 25 years of service credit is in one or more State or locally-administered retirement systems.

This law was approved August 15, 2001 and was effective immediately.

Chapter 227, P.L. 2001 clarifies the requirements of Chapter 415, P.L.1995, which requires health insurers that cover groups of 51 or more persons and HMOs to provide benefits for Pap smears. This law stipulates that the required health insurance coverage shall include coverage for any confirmatory test, when medically necessary and as ordered by the woman's physician, and all laboratory costs associated with the initial Pap smear and any such confirmatory test.

This law also requires the State Health Benefits Commission to provide these same benefits to each person covered under the State Health Benefits Program.

This law was approved August 27, 2001 and was effective immediately.

Chapter 284, P.L. 2001 requires the State Health Benefits Program to ensure that any person covered under the program who is enrolled in a health maintenance organization or the NJ PLUS, will be provided with 90-days notice if that person's primary care physician will be terminated from the provider network by the plan. If 90-days notice cannot be provided because the termination will occur prior to the end of the 90-day period, the health maintenance organization or NJ PLUS must notify the member as soon as the health maintenance organization or NJ PLUS has knowledge of the termination. Upon receiving such notification, the covered person shall be permitted to change coverage to another health benefits plan, even though the

physician's termination may occur outside of the annual open enrollment period.

This law was approved on December 27, 2001 and was effective immediately.

Chapter 367, P.L. 2001 applies to health care carriers which offer a managed care plan that provides for both in-network and out-of-network benefits. It requires a carrier to reimburse a health care facility for the services provided by the facility at the carrier's full contracted rate without any penalty for the patient's selection of an out-of-network health care provider, in accordance with the in-network policies and in-network copayment, coinsurance or deductible requirements of the managed care plan. This is so even if:

- a covered person is admitted by an out-of-network provider to an in-network health care facility for medically necessary health care services, or
- the covered person receives covered, medically necessary health care services from an out-of-network provider while the covered person is a patient at an in-network health care facility and was admitted to the health care facility by an in-network provider.

The law also amends the "Health Care Quality Act," N.J.S.A.26:2S-1 et seq., to require carriers which offer a managed care plan to disclose to subscribers, at the time of enrollment and annually thereafter, the carrier's preauthorization and review requirements of the health benefits plan regarding the determination of medical necessity that apply to a covered person who is admitted to an in-network health care facility, and the financial responsibility of the patient for the cost of services provided by an out-of-network admitting or attending health care practitioner.

The law applies to all policies and contracts issued or renewed on or after the date of enactment of the law.

Any contract purchased or renewed by the State Health Benefits Commission on or after the effective date of this Act, which provides hospital or medical expense benefits through a managed care plan, must meet the requirements of this law.

This law was approved on January 8, 2002 and was effective February 1, 2002..

The law also provides that the decision of a municipal authority to allow its employees to waive State Health Benefits Program coverage and the amount of consideration to be paid therefor will not be subject to the collective bargaining process.

This law was approved on January 8, 2002 and was effective February 1, 2002.

Chapter 23, P.L. 2002 Provides additional retirement benefits to eligible State employees and employees of State autonomous authorities who meet specified age and service requirements and who retire within a specified time period. State employees must retire on or after February 1, 2002, but no later than July 1, 2002. Employees of State autonomous authorities must retire on or after July 1, 2002, but no later than September 1, 2002 if the authority fiscal year ends on or before June 30, 2002. If the fiscal year ends after June 30, 2002, employees shall retire no earlier than two months before and not later than the first day of the calendar month after the close of the fiscal year. The offering of the additional retirement benefits is optional for the authorities.

The eligibility requirements and the additional benefits are as follows:

- Employees who are at least 50 years of age with at least 25 years of service credit under the Public Employees' Retirement System (PERS) or the Teachers' Pension and Annuity Fund (TPAF) will receive three additional years of service credit. Such members of the Alternate Benefit Program (ABP), federal Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS) will receive an amount equal to 60% of base annual salary. The amounts payable to members of the ABP and the federal systems will be paid in two separate installments.
- Employees who are at least 60 years of age with at least 20, but less than 25, years of service credit in PERS, TPAF or ABP, will receive payment by the retirement system or the State of retiree health care benefits on the same basis that the State currently pays for the coverage of retirees with 25 or more years of service credit. Authority employees already eligible for authority-paid health care benefits will receive \$500 per month for 24 months, as will employees of authorities which do not offer employer-paid retiree health care coverage.
- Employees who are at least 60 years of age with at least 10, but not more than 20, years of service credit in PERS, TPAF or ABP, will receive an additional pension or payment of \$500 a month for 24 months following the date of retirement.
- Employees who are at least 55 years of age with 25 or more years of service credit in PERS or TPAF and who retire on

a veteran's retirement will receive an additional pension in the amount of 3/55 of the compensation upon which the retirement allowance is based.

Amounts payable to members of the ABP will be made to the employee's retirement annuity contract, up to the amount allowed by Section 415 of the Internal Revenue Code, and then to a contract on behalf of the employee that meets the requirements of Section 403(b) of the Code. Any amount in excess of the cumulative maximum contributions allowed under these Code provisions will be payable directly to the employee.

When the needs of State government, a college or university, or a State autonomous authority so require, an employee electing to retire under the law may continue in employment for up to one year with the approval of the employer and the agreement of the employee. If the employee dies during the period of continued employment, the retirement will become effective on the first day of the month after the date of death.

A State autonomous authority may elect to provide the benefits of this law by filing a resolution with the Division. A State autonomous authority which elects to offer the benefits provided by this law to its employees who are in PERS and which also has employees under other retirement systems or pension plans would be required to provide comparable benefits to those eligible employees.

The additional PERS and TPAF pension liabilities incurred by the State and electing State autonomous authorities will be added to their accrued liability and funded pursuant current pension laws governing unfunded accrued liabilities. Cash payments to ABP members will be made by the State colleges and universities.

The Director of the Division of Pensions and Benefits is required to report annually for five years to the Joint Budget Oversight Committee on the aggregate costs and savings resulting from the enactment of this substitute.

This law was effective on May 30, 2002.

Chapter 3, P.L. 2003 This law amends the statutes that allow a county, municipality, or contracting unit, as defined in the "Local Public Contracts Law" P.L. 1971 c. 198 (C. 40A:11-1 et seq.) that participates in the State Health Benefits Program or another group health benefits plan to allow an employee who is eligible for other health care coverage to waive coverage to which the employee is entitled as an employee of the county, municipality, or contracting unit.

The new law amends these statutes in two ways:

1. The ability to waiver is no longer limited to employees who have other coverage as a dependent of a spouse. It extends the waiver of coverage provisions to apply to any situation in which an employee is eligible for other health care coverage, and
2. The waiver provisions are extended to county colleges in the State Health Benefits Program or another group health benefits plan.

This law was effective January 27, 2003.

Chapter 27, P.L. 2003 This law requires:

- an employer that provides a health benefits plan to its employees or their dependents to provide 30 days' prior written notice to its employees if the plan is terminated, and
- a health insurer that increases premium rates upon the renewal of a health benefits plan to provide 60 days' prior written notice of the amount of a proposed increase to the employer that purchased the plans.

The provisions of this law apply to health benefits plans impacted by P.L. 1997, c. 192, otherwise known as the "Health Care Quality Act" (N.J.S.A. 26:2S-1 et seq.).

Although there is a question whether this law impacts the SHBP, the SHBP already meets or exceeds the notification provisions of this law.

This law was effective May 9, 2003.

Chapter 71, P.L. 2003 This law provides for the addition of two members to the membership of the State Health Benefits Commission. The current members are the State Treasurer who serves as the Chairman, the Commissioner of Banking and Insurance and the Commissioner of Personnel.

One of the additional members will be a State employees' representative chosen by the Public Employees' Committee of the AFL-CIO; the other will be a representative chosen by the New Jersey Education Association.

This law was effective May 5, 2003.

Chapter 119, P.L. 2003 This law modifies the benefits of State employees under the New Jersey State Health Benefits Program (SHBP) and the New Jersey Employer-Employee Relations Act. The law provides that a State employee enrolled in SHBP on or after July 1, 2003 may not be eligible for coverage in the traditional plan pursuant to a binding collective negotiations agreement or pursuant to the application by the State Health Benefits Commission, in its sole discretion, of the terms of any collective negotiations agreement binding on the State to non-aligned State employees.

This law was effective July 1, 2003.

Chapter 127, P.L. 2003 This law provides additional retirement benefits to certain employees of a public agency or instrumentality, other than State agencies or instrumentalities, that elects to provide the benefits, who retire under the Public Employees' Retirement System (PERS). The governing body of the employer will have one year after the enactment of this law to adopt a resolution. Once a resolution is adopted and effective, employees will have three months to retire. These employers are authorities, boards, commissions, corporations and other agencies and instrumentalities participating in the PERS.

Employees who are at least 50 years of age and have at least 25 years of service credit as of the effective date of retirement will receive an additional three years of service credit. If the member is under age 55 at the time of retirement, the member's retirement allowance will not be reduced. Employees who satisfy age and service requirements and who retire on special veteran's retirement will receive an additional pension in the amount of $\frac{3}{55}$ of the compensation upon which the retirement allowance is based.

Employees of employers that offer retirees paid health care benefits coverage who are at least 60 years of age with between 20 and 25 years of service as of the effective date of retirement will receive employer-paid post-retirement health care benefits coverage. Employees of employers that do not offer retirees paid health care benefits coverage who are at least 60 years of age and have at least 20 years of service as of the effective date of retirement will not be eligible for paid health care benefits coverage, but will receive an additional pension payment of \$500 per month for the first 24 months after retirement. Employees who are at least 60 years of age with at least 10 but not more than 20 years of service credit as of the effective date of retirement will receive an additional pension of \$500 per month for the first 24 months after retirement.

When the needs of an employer require the services of an employee who elects to retire and receive a benefit under this law, the employer, with the approval of the governing body and the consent of the employee, may delay the effective retirement date of the employee for up to one year. The delay authorized under the law does not extend the dates for qualification for benefits.

The cost of the enhanced PERS pension benefits will be funded by employer contributions to the retirement system and paid by the public agency or instrumentality that elects to participate. The additional pension liability shall be paid by each electing entity over a period of 15 years.

An employer may elect to provide these benefits by the adoption of a resolution by its governing body and the filing of a certified copy with the Director of the Division of Pensions and Benefits within three business days. The effective date of the resolution must fall within one year of enactment of this law. An employer may offer these benefits only once. An employer covered by this law must meet with the employee union representatives, whether or not the employer adopts a resolution, within a year of the enactment of this law.

The provisions of this law do not apply to employees of a public agency or organization that were eligible to participate in the State early retirement incentive program offered in 2002 pursuant to P.L. 2002, c.23.

This law also provides for the following:

- Partial purchase of pension service credit to qualify.
- The employer shall pay the cost of the actuarial work to determine the additional liability of the retirement systems for the benefits under this act, which shall be included in the initial contribution required from the employer.
- The promulgation of rules and regulations by the Division of Pensions and Benefits deemed necessary for the effective implementation of this act.

- Authorizes public agencies and instrumentalities to issue refunding bonds to retire the present value of the unfunded accrued pension liabilities for early retirement incentive benefits granted by the law.

This law was effective July 14, 2003.

Chapter 128, P.L. 2003 This law provides additional retirement benefits to certain employees of a county, a county college or a municipality that elect to provide the benefits, who retire under the Public Employees' Retirement System (PERS), the Teachers' Pension and Annuity Fund (TPAF) or the Alternate Benefit Program (ABP). The governing body of the employer will have one year after the enactment of this law to adopt a resolution electing to participate in this program. Once a resolution is adopted and effective, employees will have three months to retire. Employers participating in several locally administered county, municipal and school district pension systems may also adopt the provisions of this law.

Employees who are at least 50 years of age and have at least 25 years of service credit as of the effective date of retirement will receive an additional three years of service credit. If a member of PERS or TPAF is under age 55 at the time of retirement, the member's retirement allowance will not be reduced. Employees who satisfy age and service requirements and who retire on a special veteran's retirement will receive an additional pension in the amount of 3/55 of the compensation on which the retirement allowance is based. Participants in ABP will receive an amount equal to 100% of base annual salary at the time of retirement.

Employees who are at least 60 years of age with between 20 and 25 years of service as of the effective date of retirement will receive employer-paid coverage in the New Jersey State Health Benefits Program. The retired employees and their dependents will be eligible for coverage in the program even if the employer does not participate in the program or otherwise provide health care benefits coverage in retirement upon the normal retirement of such employees. Employees who are at least 60 years of age with between 10 and 20 years of service as of the effective date of retirement will receive an additional pension payment of \$500 per month for the first 24 months after retirement.

When the needs of an employer require the services of an employee who elects to retire and receive a benefit under this law, the employer, with the approval of the governing body and the consent of the employee, may delay the effective retirement date of the employee for up to one year. The delay authorized under the law does not extend the dates for qualification for benefits.

The cost of the enhanced PERS and TPAF pension benefits will be funded by employer contributions to the retirement systems and paid by the county, county college or municipality who elect to participate. The additional pension liability shall be paid by each electing entity over a period of 15 years. Payments to ABP members shall be made by employers first to the members' annuity contract under the ABP, then to a member's section 403(b) contract, up to the limits allowed by the Internal Revenue Code. Payments in excess of any limits shall be paid directly to the member. The SHBP health care benefits payments for eligible retirees and their dependents will be paid by the employer on a current cost basis. Additionally, an electing county college employer shall be required to pay the SHBP health care premiums for three years following retirement for each employee who retires under this program with 25 or more years of pension service credit and who would otherwise be qualified for State-paid health benefits after retirement.

An employer may elect to provide these benefits by the adoption of a resolution by its governing body and the filing of a certified copy with the Director of the Division of Pensions and Benefits within three business days. The effective date of the resolution must fall within one year of enactment of this law. An employer may offer these benefits only once. An employer covered by this law must meet with the employee union representatives, whether or not the employer adopts a resolution, within a year of the enactment of this law.

The provisions of this law do not apply to employees of a public agency or organization, nor does it apply to members of the Prosecutors Part of PERS.

This law also provides for the following:

- Partial purchase of pension service credit to qualify.
- The employer shall pay the cost of the actuarial work to determine the additional liability of the retirement systems for the benefits under this act, which shall be included in the initial contribution required from the employer.
- The promulgation of rules and regulations by the Division of Pensions and Benefits deemed necessary for the effective implementation of this act.

- The enrollment in the SHBP of those retiring under this act at age 60 with between 20 and 25 years of service within 60 days of retirement.
- Authorizes counties and municipalities to issue refunding bonds to retire the present value of the unfunded accrued pension liabilities for early retirement incentive benefits granted by the law.

This law was effective July 14, 2003.

Chapter 129, P.L. 2003 This law provides additional retirement benefits to certain employees of a local school board, educational services commission or jointure commission that elect to provide the benefits, who retire under the Public Employees' Retirement System (PERS) or the Teachers' Pension and Annuity Fund (TPAF). The governing body of the employer will have one year after the enactment of this law to adopt a resolution electing to participate in this program. Once a resolution is adopted and effective, employees will have two months to retire.

An employee who is at least 50 years of age and has at least 25 years of service credit under PERS or TPAF as of the effective date of retirement will receive an additional three years of service credit. If a member of PERS or TPAF is under age 55 at the time of retirement, the member's retirement allowance will not be reduced. An employee veteran who meets the age and service credit requirements and retires on a special veteran's retirement under PERS or TPAF will receive an additional pension in the amount of 3/55 of the compensation on which the retirement allowance is based.

An employee who is at least 60 years of age and has at least 20, but less than 25, years of service as of the effective date of retirement will receive full payment of premiums for coverage under the State Health Benefits Program (SHBP) for the retired employee and dependents, but not including survivors, whether or not the employer participates in SHBP with respect to its active employees. An employee who is at least 60 years of age with at least 10, but less than 20, years of service credit will receive an additional pension of \$500 per month for the 24 months following retirement.

When the needs of an employer require the services of an employee who elects to receive a benefit under this law, the employer may delay, with the consent of the employee, the effective retirement date of the employee for up to one year. The authorization for a delay in the effective retirement date does not extend the dates for qualification for benefits.

The cost of the enhanced pension benefits will be funded by employer contributions to the retirement systems and paid by the school boards, educational services commissions or jointure commissions who elect to participate. The additional pension liability shall be paid by each electing entity in level payments over a period of 15 years. The SHBP health care benefits payments for eligible retirees and their dependents will be paid by the employer on a current cost basis. Additionally, an electing employer shall be required to pay the SHBP health care premiums for each employee who retires under this program with 25 or more years of pension service credit for three years following retirement.

An employer may elect to provide these benefits by the adoption of a resolution by its governing body, which is to be effective July 1, and the filing of a certified copy with the Director of the Division of Pensions and Benefits within three business days after its adoption. The effective date of the resolution must fall within 15 months of enactment of this law. An employer may offer these benefits only once. An employer covered by this law must meet with the employee union representatives, whether or not the employer adopts a resolution, within a year of the enactment of this law.

Any employee that was eligible, or could have been if the employer elected, to participate in the State early retirement incentive program offered in 2002 pursuant to P.L. 2002, c.23, is not eligible for the early retirement incentive benefits granted under this law.

This law also provides for the following:

- Partial purchase of pension service credit to qualify.
- The employer shall pay the cost of the actuarial work to determine the additional liability of the retirement systems for the benefits under this act which shall be included in the initial contribution required from the employer.
- The promulgation of rules and regulations by the Division of Pensions and Benefits deemed necessary for the effective implementation of this act.
- Authorizes boards of education to issue refunding bonds to retire the present value of the unfunded accrued pension liabilities for early retirement incentive benefits granted by the law.

This law was effective July 14, 2003.

Chapter 130, P.L. 2003 This law provides for additional retirement benefits for employees of an employer other than the State, that elects to offer the benefits, who retire under the Police and Firemen's Retirement System (PFRS). The governing body of the employer will have one year after the enactment of this law to adopt a resolution to offer the benefits. Once a resolution is adopted and effective, employees will have three months to retire.

Employees who have at least 25 years of service credit as of the effective date of retirement will receive an additional three years of service credit.

Employees who are at least 55 years of age with between 20 and 25 years of service as of the effective date of retirement will receive employer-paid coverage in the New Jersey State Health Benefits Program (SHBP). The retired employees, their dependents and survivors will be eligible for coverage in the program even if the employer does not participate in the SHBP or otherwise provide health care benefits coverage in retirement upon the normal retirement of such employees.

Employees who are at least 55 years of age with between 10 and 20 years of service as of the effective date of retirement will receive an additional pension payment of \$500 per month for the first 24 months after retirement.

When the needs of an employer require the services of an employee who elects to retire and receive a benefit under this law, the employer, with the approval of the governing body and the consent of the employee, may delay the effective retirement date of the employee for up to one year. The delay authorized under the law does not extend the dates for qualification for benefits.

The cost of the enhanced PFRS pension benefits will be funded by employer contributions to the retirement systems and paid by the employers who elect to participate. The additional pension liability shall be paid by each electing entity over a period of 15 years. The SHBP health care benefits payments for eligible retirees and their dependents will be paid by the employer on a current cost basis.

An employer may elect to provide these benefits by the adoption of a resolution by its governing body and the filing of a certified copy with the Director of the Division of Pensions and Benefits within three business days. The effective date of the resolution must fall within one year of enactment of this law. An employer may offer these benefits only once. An employer covered by this law must meet with the employee union representatives, whether or not the employer adopts a resolution, within a year of the enactment of this law.

This law also provides for the following:

- Partial purchase of pension service credit to qualify.
- The employer shall pay the cost of the actuarial work to determine the additional liability of the retirement systems for the benefits under this act, which shall be included in the initial contribution required from the employer.
- The promulgation of rules and regulations by the Division of Pensions and Benefits deemed necessary for the effective implementation of this act.
- The enrollment in the SHBP of those retiring under this act at age 55 with between 20 and 25 years of service within 60 days of retirement.
- Authorizes counties and municipalities to issue refunding bonds to retire the present value of the unfunded accrued pension liabilities for early retirement incentive benefits granted by the law.

This law was effective July 14, 2003.

Chapter 142, P.L. 2003 Provides health care benefits coverage through the State Health Benefits Program to members of the New Jersey National Guard, and their dependents, during the period when the member is called to State active duty by the Governor for at least 30 days within a 35 consecutive day period.

Benefits under the law are provided through enrollment in the State Health Benefits Program's NJ PLUS plan. The coverage would begin on the first day of active duty and end on the last day of such duty. It is available only if the member:

1. Is not a compensated, full-time appointed or elected public officer or employee of the State or any political subdivision thereof when called to active duty;
2. Had employer-provided health care benefits coverage that was canceled due to the member's military service or does not have employer-provided health care benefits coverage; and

3. Is not covered for health care benefits under a program, plan or policy as a dependent of the member's spouse when called to active duty.

The cost of coverage will be paid in full by the State.

Health care benefits coverage will be provided only if such coverage by the SHBP does not violate applicable federal statutes in a manner that would change the nature, governance, or status of the program.

This law was effective August 1, 2003

Chapter 172, P.L. 2003 Provides that a part-time State employee or a part-time faculty member, including part-time lecturers and adjunct faculty members, at a public institution of higher education in this State, who is enrolled in a State-administered retirement system, will be entitled to participate in the State Health Benefits Program and may purchase health benefits coverage in the State managed care plan under the State Health Benefits Program for the employee or faculty member, and the dependents of the employee or faculty member. If such an employee or faculty member elects to enroll and purchase coverage, the employee or faculty member will pay the full cost of the coverage. The employer will not be responsible for any costs in connection with the purchase of the coverage, unless the employer is obligated to pay all or a portion of such costs in accordance with the provisions of a binding collective negotiations agreement.

This law includes the following provisions:

- Part-time State employees and part-time faculty members will not qualify for employer or State-paid post-retirement health care benefits under the State Health Benefits Program, but that upon retirement, such employees and faculty members will be permitted to enroll in the State Health Benefits Program managed care plan they were enrolled in prior to retirement through the retired group at their own expense.
- The State Health Benefits Commission must advise eligible employees, and the public institutions of higher education must advise eligible faculty members, that they may enroll in the State Health Benefits Program and about any benefits to which they are entitled upon the termination of their employment.
- The State Health Benefits Commission may establish such rules and regulations necessary to enroll the persons covered by the law and to adopt procedures for the remittance to the program of the cost of coverage.
- A faculty member may enroll in the State Health Benefits Program only if the public institution of higher education that employs the faculty member participates in the program.

This law was effective on January 1, 2004.

Chapter 181, P.L. 2003 Provides that the eligibility of a surviving spouse to receive an accidental death benefit under the Police and Firemen's Retirement System (PFRS) or the State Police Retirement System (SPRS) shall not terminate upon remarriage.

Under the PFRS, when a member of the system dies in active service as a result of an accident met in the actual performance of duty, the surviving spouse is eligible to receive a survivorship benefit consisting of (i) a pension equal to 70% of the compensation upon which contributions by the member were based in the last year of creditable service, and (ii) State-paid coverage under the member's employer-sponsored health insurance plan. Under the SPRS, the corresponding accidental death benefit to the surviving spouse is a pension of 70% of the final compensation received by the member in the last 12 months of creditable service prior to death, plus the health benefit coverage.

Prior to the enactment of this law, under both the PFRS and SPRS, the surviving spouse ceased to be eligible for the accidental death benefit if he or she remarried. This law allows these surviving spouses to remarry without losing the benefit.

This law was effective on September 12, 2003.

Chapter 193, P.L. 2003 Establishes a Mandated Health Benefits Advisory Commission to study the social, financial, and medical impact of proposed mandated health benefits. Mandated health benefits are defined in this law as benefits or coverage that are required by law to be provided by a carrier and includes: coverage for specific health care services, treatments or practices; or direct reimbursement to specific health care providers.

This law was effective on November 21, 2003.

Chapter 308, P.L. 2003 Provides that if a member of the Legislature elects health benefits coverage on the basis of service in the Legislature, the member will not enroll as the primary insured for health benefits for which the member is eligible through

any other public entity, and will not accept any amount of money in consideration for filing a waiver of coverage.

This law was effective on January 14, 2004.

Chapter 86, P.L. 2004 This law requires health insurers, including health, hospital and medical service corporations, commercial individual, small employer and group health insurers, health maintenance organizations and the State Health Benefits Program (SHBP), to provide health benefits coverage for expenses incurred in conducting a mammogram for women under 40 years of age who have a family history of breast cancer or other breast cancer risk factors, at such age and intervals as deemed medically necessary by the woman's health care provider.

The law also codifies in statute that the SHBP shall provide coverage for one baseline mammogram examination for women who are at least 35 but less than 40 years of age and a mammogram every year for women age 40 and over.

This law was effective October 5, 2004.

Chapter 135, P.L. 2005, provides that an affiliate of a majority representative of State employees for collective negotiation purposes, which affiliate represents State employees, may obtain coverage in the State Health Benefits Program (SHBP) for its elected officers and employees and their dependents. As used in the law, the phrase "an affiliate of a majority representative of State employees" means a local union affiliate that has some employees who are engaged in the day-to-day representation of State employees, and does not mean a local union affiliate's parent or international union.

Each affiliate electing to participate in SHBP will remit the premium rates or periodic charges to the program, as such rates or charges are determined for local government employees and applicable to the coverage provided.

This law requires that on its effective date the Division of Pensions and Benefits in the Department of the Treasury must seek a determination letter from the federal Department of Labor confirming the status of the State Health Benefits Program as a qualified and exempt governmental plan under Title I of the federal Employee Retirement Income Security Act of 1974 (ERISA). In the event the division receives a determination letter from the federal Department of Labor stating that the law as embodied in this law changes the status of the State Health Benefits Program so that it is no longer a qualified and exempt governmental plan under Title I of ERISA, the law would be void and expire immediately and no employees of an affiliate of a majority representative of State employees for collective negotiation purposes would be permitted to newly enroll or continue to participate in the State Health Benefits Program.

This law was effective July 7, 2005, with union SHBP participation to begin 120 days hence.

Chapter 375, P.L. 2005, requires health insurers to provide for an election of continued coverage by certain dependents, following the termination of dependent coverage at the time the dependents "age-out" of coverage, until their 30th birthday, under health benefits plans issued by health insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers, health maintenance organizations and health benefits plans issued pursuant to the New Jersey Small Employer Health Benefits Program, and the New Jersey State Health Benefits Program. Nothing within the provisions of this law would require an employer to pay all or part of the cost of coverage for any election of this continued coverage.

In order to qualify as a "dependent" for purposes of electing coverage pursuant to this law, the individual must be: (1) less than 30 years of age; (2) unmarried; (3) without a dependent of his own; (4) a resident of this State or enrolled as a full-time student at an accredited institution of higher education; and (5) not actually provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). The intent of the phrase "actually provided coverage" concerning a dependent's coverage under another plan as the named subscriber, insured, enrollee, or covered person, is to only remove a dependent from coverage as provided under the law once the individual can receive immediate services under another plan, and not when merely eligible to obtain coverage under another plan.

A dependent may elect coverage within 30 days prior to "aging-out" of plan coverage so that coverage immediately continues beyond the specific age set forth in the applicable plan. Alternatively, a dependent who previously "aged-out" of a plan and does not receive coverage may, so long as the dependent meets the law's requirements for dependent status, subsequently elect coverage under that plan, notwithstanding the gap in coverage, during specified time periods as provided in the law.

In addition, a dependent previously provided continuation coverage under a plan pursuant to the law, whose coverage subsequently terminates prior to the dependent's 30th birthday, may again elect coverage under that plan until the dependent's 30th birthday. As such, a health insurer is prohibited from refusing a written election for coverage based only upon the fact that the dependent previously elected and lost coverage under the applicable plan.

Any coverage provided to a dependent pursuant to an election of coverage under the law must consist of coverage which is identical to the coverage provided to that dependent prior to the dependent "aging-out" of the plan. This coverage cannot be conditioned upon, or discriminate on the basis of, lack of evidence of insurability.

The applicable plan covering the dependent may require payment of a premium by either the named insured or the dependent for any period of elected coverage. This premium cannot exceed 102% of "the applicable portion" of the premium previously paid for that dependent's coverage under the plan prior to the dependent aging out of the contract. The formula to determine this applicable portion will be established by regulation, and, similar to dependent continuation coverage premiums calculated pursuant to federal COBRA, based upon the difference between the plan's rating tiers for adult and dependent coverage or family coverage, as appropriate, and single coverage; or the formula may be based upon some other formulation or dependent rating tier which provides a substantially similar result.

Any period of elected coverage by a dependent will terminate upon: 1) the dependent no longer meeting the law's requirements for dependent status; 2) the failure to make a timely payment for any applicable premium; or 3) the plan's named insured losing coverage under the contract.

Finally, with respect to the State Health Benefits Program, the State Health Benefits Commission must ensure that, on or after the effective date of the law, every contract purchased by the commission that provides dependent coverage does not terminate such coverage by reason of age before the dependent's 23th birthday, and otherwise complies with the provisions of the law for elections of coverage until the dependent's 30th birthday. Public employees must reimburse the cost of the coverage provided pursuant to the law to the New Jersey State Health Benefits Program, in accordance with a rate to be determined by the commission.

This act shall take effect on the 120th day after enactment (May 12, 2006), and shall apply to all contracts, policies, or plans that are delivered, issued, executed or renewed, or approved for issuance or renewal in this State on or after the effective date.

Chapter 341, P.L. 2005, amends N.J.S.A. 52:14-17.28 to provide that all law enforcement officers employed by the State for whom there is a majority representative for collective negotiations purposes may not be eligible for coverage under the traditional plan within the State Health Benefits Program (SHBP). Coverage under the SHBP traditional indemnity health insurance plan may be limited or discontinued pursuant to a binding collective negotiations agreement or pursuant to the application by the State Health Benefits Commission, in its sole discretion, of the terms of any collective negotiations agreement binding on the State to non-aligned State employees.

In addition, it amends N.J.S.A. 52:14-17.32 to require that, for law enforcement officers employed by the State for whom there is a majority representative for collective negotiation purposes and for nonaligned sworn members of the Division of the State police who retire after July 1, 2005, the coverage options available to such employees in retirement will be limited to those options that were available to the employee on the employee's last day of employment.

This law was effective January 12, 2006

Chapter 103, P.L. 2007, provides for the following:

1. Changes PERS, TPAF and DCRP contribution rates and new employees' compensation base and retirement age;
2. Implements changes to the SHBP and the transfer of education employees to School Employees' Health Benefits Program; and
3. Modifies the State Investment Council.

Health Care Benefits Provisions

This law amends the State Health Benefits Program (SHBP) statutes to reflect changes to the program to be implemented as the result of binding collective negotiations agreements between the Executive branch and collective bargaining units representing State employees. There are two basic changes: (1) the creation and grant of authority to the State Health Benefits

Commission to contract for the administration of preferred provider organizations (PPOs), and (2) the establishment of an employee contribution of 1.5% of the employee's base salary toward the cost of whatever type of SHBP coverage the employee has chosen. Reflecting discussions with the New Jersey Education Association, the law also establishes a School Employees' Health Benefits Program (SEHBP) through the School Employees' Health Benefits Act. The SEHBP will provide health care benefits for active and retired education employees through PPOs and HMOs overseen by a new School Employees' Health Benefits Commission.

Section 19: Adds a new definition of a "successor plan" to identify a PPO plan that replaces the traditional plan. The definitions of "employee" and "dependents" are updated to reflect coverage of intermittent employees and partners of a civil union.

Section 20: Provides that, upon the creation of the SEHBP, the member of the State Health Benefits Commission representing the New Jersey Education Association will be replaced by a local employees' representative.

Section 21: Requires any contract entered into after June 30, 2007 by the State Health Benefits Commission to include the successor plan to the Traditional Plan, one or more HMO's and a State managed care plan substantially equivalent to the NJ PLUS. Describes the availability of the successor plan and the State managed care plan into retirement. The section also recognizes that the State Health Benefits Commission may have issued a request for proposals for the administration of new plans not including the traditional plan.

Section 22: Implements the 1.5% of base salary active employee contribution to the cost of SHBP benefits for State employees per ratified agreements and for all non-aligned State employees, as well as the contribution arrangements for retirees. For State retirees who attain 25 or more years of service, and who retire on or after July 1, 2007, the contribution will not be effective until the New Jersey Retirees' Wellness Program is open for enrollment. Thereafter, the contribution will be waived for a retiree who participates in the wellness program. The Division of Pensions and Benefits will issue a report on this pilot program. The report will include, but need not be limited to, the claims experience with regard to retirees in the program, and the costs and savings realized. The report will be issued at the end of the third year after the program's implementation or by December 30, 2010, whichever is earlier. The report will be submitted to the Governor, the Legislature, and the State Treasurer. The section also provides that an employee or retiree may terminate the withholding of the contribution for SHBP benefits if the participant withdraws from SHBP coverage and certifies current coverage by other health benefits.

Section 23: Codifies in law the services and benefits to be included in contracts for the new PPOs and provides for coordination between the State Health Benefits Commission and the new School Employees' Health Benefits Commission in effectuating provisions of the School Employees' Health Benefits Program Act, contained within this law, which creates the new SEHBP to cover active and retired educators.

Sections 24 to 26: Replaces references to the traditional plan or NJ PLUS with the more general references in statutes related to notification of termination of a physician contract, SHBP coverage if both husband and wife are eligible for SHBP benefits, and SHBP benefits for certain members of the National Guard.

Sections 27 to 30: Amends SHBP statutes to delete references to school board participation and coverage of education employees once their health care benefits are under the SEHBP.

Section 31: Provides that Sections 31 through 41 will be known and cited as the School Employees' Health Benefits Program Act.

Section 32: Defines terms used for the School Employees' Health Benefits Program (SEHBP), which is anticipated to be operational July 1, 2008, including employers able to participate in SEHBP.

Sections 33 to 35: Creates and describes the responsibilities and powers of the School Employees' Health Benefits Commission, administered in the Department of the Treasury. The commission will have nine members: the State Treasurer, the Commissioner of the Department of Banking and Insurance, an appointee of the Governor, a person appointed by the Governor from New Jersey School Board Association nominations, three persons appointed by the Governor from New Jersey Education Association nominations, a person appointed by the Governor from New Jersey State AFL-CIO nominations, and a chairperson appointed by the Governor from nominations jointly submitted by at least six of the other eight members of the commission. The Director of the Division of Pensions and Benefits will serve as secretary.

Sections 36 to 39: Describe the benefits, services and payment obligations of the SEHBP. Prescription drug benefits will be provided through the School Employee Prescription Drug Plan or a free-standing employer prescription drug plan or the prescription drug part of a SEHBP plan. Prescription drug benefits for retirees will be provided through the School Retiree Prescription Drug Plan.

Section 40: Requires of the School Employees' Health Benefits Commission certain annual reports, periodic audits and review of program costs.

Section 41: Provides that the provisions of the SHBP statutes will continue to be applicable to SEHBP, except as expressly stated to the contrary in the School Employees' Health Benefits Program Act.

Sections 42 to 49: Amends and supplements existing law to reflect implementation of the School Employees' Health Benefits Program. Sections 43 and 44 amend the law to eliminate the funding of post-retirement medical benefits through the TPAF and PERS. Sections 48 and 49 create separate funds outside of the pension plans for the funding and payment of post-retirement medical benefits for retired State employees and retired educational employees.

This law was effective February 19, 2007.

Chapter 345, P.L. 2007 requires health insurers, including health, hospital and medical service corporations, commercial individual and group health insurers, health maintenance organizations, and health benefits plans issued pursuant to the New Jersey Individual Health Coverage (IHC) and Small Employer Health Benefits (SEH) Programs, and the State Health Benefits Program (SHBP), to provide health benefits coverage for expenses incurred in obtaining an orthotic or prosthetic appliance from any licensed orthotist or prosthetist, or any certified pedorthist, as determined medically necessary by the covered person's physician.

The law requires health insurers and the SHBP to reimburse for the orthotic and prosthetic appliances at the same rate as reimbursement for such appliances under the federal Medicare reimbursement schedule.

This law was effective April 12, 2008.

Chapter 21, P.L. 2008 provides early retirement incentive program to eligible State employees in the Executive Branch of State government and eligible Judiciary employees in the Judicial Branch of State government who apply to retire on or after March 1, 2008 but by July 15, 2008 and retire by August 1, 2008.

An eligible State employee or an eligible Judiciary employee who is at least 58 years of age and has at least 25 years of service credit under the Public Employees' Retirement System (PERS) or the Teachers' Pension and Annuity Fund (TPAF) will receive an additional three years of service credit. An employee who is at least 58 years of age and has at least 25 years of service credit and retires on a veteran's retirement under the PERS or the TPAF will receive an additional pension in the amount of 3/55 of the compensation upon which the retirement allowance is based.

For an eligible State employee, but not an eligible Judiciary employee, who is at least 60 years of age and has at least 20, but less than 25, years of service credit under the PERS or the TPAF, the retirement system will pay the premium or periodic charges for health care benefits provided to the retired State employee and the employee's dependents, but not including survivors, under the State Health Benefits Program, in the same manner provided for State payment of premiums or periodic charges for a retired State employee with 25 or more years of service credit under current law and in the same manner provided for State payment of premiums or periodic charges for a qualified retiree from the TPAF under current law.

An eligible State employee, but not an eligible Judiciary employee, who is at least 60 years of age and has at least 10, but less than 20, years of service credit under the PERS or the TPAF will receive an additional pension of \$500 a month for 24 months following the date of retirement.

To receive these benefits, an eligible State employee or an eligible Judiciary employee must submit an application for retirement on or after March 1, 2008 but by July 15, 2008 and retire no later than August 1, 2008. An application submitted by an eligible State employee or an eligible Judiciary employee for retirement within the time period set to receive the benefits provided will be irrevocable seven days after submission.

Service credit in the Public Employees' Retirement System or the Teachers' Pension and Annuity Fund established through a purchase completed after the effective date of this law will not be considered in determining an employee's eligibility, except

that those employees who have previously authorized payroll deductions for a purchase of service credit or those employees who have received a quotation for a purchase of service credit from the Division of Pensions and Benefits within the 90 days prior to the effective date of this act may effectuate the purchase to qualify for eligibility under this act so long as that entire purchase is paid in full by July 15, 2008 or the date of the expiration of the purchase quotation, whichever date is earliest.

An "eligible State employee" means a full-time employee of the Executive Branch of State government eligible to participate in the New Jersey State Health Benefits Program of the State of New Jersey, but not including an employee of the Department of Human Services, Department of Military and Veterans' Affairs, Department of Corrections, Juvenile Justice Commission in but not of the Department of Law and Public Safety, Office of the Public Defender in but not of the Department of the Treasury, and Department of Children and Families.

The term does not include an employee of Rutgers, The State University; the New Jersey Institute of Technology; the University of Medicine and Dentistry of New Jersey; or a State college or university.

The term does not include an employee of a public authority, board, commission, corporation, or other agency or instrumentality of the State allocated in, but not of, a principal department of State government pursuant to Article V, Section IV, paragraph 1 of the New Jersey Constitution, authorized to participate in the Public Employees' Retirement System under section 73 of Chapter 84, P.L.1954 (C.43:15A-73) or Chapter 25, P.L.1990 (C.43:15A-73.2 et seq.), or an employee of a public agency or organization as defined in section 71 of Chapter 84, P.L.1954 (C.43:15A-71), or a person participating in the Public Employees' Retirement System under the provisions of Chapter 167, P.L.1972 (C.43:15A-135 et seq.), Chapter 259, P.L.2001 (C.43:15A-142 et seq.), Chapter 366, P.L.2001 (C.43:15A-155 et seq.) or Chapter 202, P.L.1953 (C.32:23-1 et seq.).

"Eligible Judiciary employee" means a full-time employee of the Judicial branch of State Government eligible to participate in the New Jersey State Health Benefits Program of the State of New Jersey. The term does not include a Justice of the Supreme Court, or a Judge of the Superior Court, or a Judge of a Municipal Court or an employee of a Municipal Court.

An eligible State employee who retires and receives a benefit will not be eligible for appointment to, or employment in, any position or capacity in the Executive Branch of State government, other than employment on an hourly basis for emergency management purposes, for a period of three years following the effective date of retirement. An eligible State employee who retires and receives a benefit will be barred from being awarded any contract for professional services by the Executive Branch of State government, or from performing professional services for the State as part of a contract awarded to a third party by the Executive Branch of State government, for a period of three years following the effective date of retirement.

An eligible Judiciary employee who retires and receives a benefit pursuant to this section will not be eligible for appointment to, or employment in, any position or capacity in the Judicial Branch of State Government for a period of three years following the effective date of retirement. An eligible Judiciary employee who retires and receives a benefit will be barred from being awarded any contract for professional services by the Judicial Branch of State Government, or from performing professional services for the State as part of a contract awarded to a third party by the Judicial Branch of State Government, for a period of three years following the effective date of retirement.

When the needs of the Executive Branch of State government require the services of an employee who elects to retire and receive a benefit, a State department may delay the effective date of retirement of the employee until the first day of any calendar month after August 1, 2008, but not later than July 1, 2009. For each such delayed retirement, the State department must request the approval of the State Treasurer by submitting in writing an explanation of the needs of the department, the services required of the employee, and the reasons why that particular employee's services are so essential as to necessitate a delay. The delay will be effective only upon approval of the request by the State Treasurer. A request by an eligible State employee for a delay in the effective date of retirement, whether the employee provides reasons for the delay or not, will not be considered by the State Treasurer unless the State department submits a request for a delay to the State Treasurer with the explanation described above.

When the needs of the Judicial Branch of State Government require the services of an employee who elects to retire and receive a benefit, the Judiciary may delay the effective date of retirement of the employee until the first day of any calendar month after August 1, 2008, but not later than July 1, 2009, pursuant to protocols to be issued by the Chief Justice of the

Supreme Court.

An eligible State employee or an eligible Judiciary employee who applies to retire and receive the benefits will be deemed to consent, by that application, to a delay in the employee's effective date of retirement with regard to an eligible state employee, if the State department requests and receives approval for such a delay or, with regard to an eligible Judiciary employee, if the Chief Justice determines that such a delay is appropriate. Such an employee's receipt of the benefits provided by this law will be conditioned upon faithful performance of service by the employee during the period of delay.

A request by an eligible State employee or an eligible Judiciary employee for a delay in the effective date of retirement, whether the employee provides reasons for the delay or not, will not be sufficient reason to approve a delay.

The Division of Pensions and Benefits in the Department of Treasury will report in writing to the Joint Budget Oversight Committee beginning on August 15, 2008, and annually thereafter on or before August 15, through 2014, on the results of the additional retirement benefits provided.

The law limits the hiring of replacements for individuals taking advantage of the retirement incentives. It provides that the number of employees hired in the Executive Branch to fill the vacancies created directly or indirectly because eligible employees retired to receive additional retirement benefits pursuant to the law shall not exceed, in total for all departments in the Executive Branch of State government, 10 percent of the total number of employees who retired pursuant this law. A similar separate limitation applies to replacement in the Judiciary,

In addition, the State Treasurer shall report to the Joint Budget Oversight Committee every six months for the first two years and annually thereafter, on the impact of that act on the State workforce, including an analysis of the allocation of position reductions that occur in each department and division as a result of that act and the plans adopted by each department to maintain the essential governmental services provided by that department.

This law was effective June 24, 2008.

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM
STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 1/1/2008 TO 4/1/2008**

PROGRAM	DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	MAXIMUM EMPLOYEE CONTRIBUTION	TOTAL
NJ PLUS-#101	Single	\$346.63	-----	\$346.63
	Member & Spouse/Partner	\$755.55	-----	\$755.55
	Family	\$899.29	-----	\$899.29
	Parent & Child	\$521.48	-----	\$521.48
TRADITIONAL-#102	Single	\$523.62	\$174.53	\$698.15
	Member & Spouse/Partner	\$1,120.69	\$373.56	\$1,494.25
	Family	\$1,333.80	\$444.60	\$1,778.40
	Parent & Child	\$773.40	\$257.80	\$1,031.20
AETNA, INC.-#119	Single	\$375.71	\$19.77	\$395.48
	Member & Spouse/Partner	\$829.76	\$43.67	\$873.43
	Family	\$965.08	\$50.79	\$1,015.87
	Parent & Child	\$554.80	\$29.19	\$583.99
CIGNA HEALTHCARE-#120	Single	\$429.15	\$22.58	\$451.73
	Member & Spouse/Partner	\$936.12	\$49.26	\$985.38
	Family	\$1,116.47	\$58.76	\$1,175.23
	Parent & Child	\$644.20	\$33.90	\$678.10
OXFORD-#128	Single	\$359.73	\$18.93	\$378.66
	Member & Spouse/Partner	\$791.33	\$41.64	\$832.97
	Family	\$935.19	\$49.22	\$984.41
	Parent & Child	\$539.61	\$28.40	\$568.01
AMERIHEALTH-#133	Single	\$390.91	\$20.57	\$411.48
	Member & Spouse/Partner	\$869.78	\$45.77	\$915.55
	Family	\$1,012.92	\$53.31	\$1,066.23
	Parent & Child	\$577.09	\$30.37	\$607.46
HEALTH NET-#134	Single	\$376.70	\$19.82	\$396.52
	Member & Spouse/Partner	\$820.58	\$43.18	\$863.76
	Family	\$996.12	\$52.42	\$1,048.54
	Parent & Child	\$577.87	\$30.41	\$608.28
PRESCRIPTION DRUG PROGRAM-#202	Single	\$111.09	-----	\$111.09
	Member & Spouse/Partner	\$253.90	-----	\$253.90
	Family	\$266.69	-----	\$266.69
	Parent & Child	\$148.26	-----	\$148.26

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.

Maximum Employee Contribution is 25% for the Traditional Plan or 5% for an HMO plan.

NJ PLIS and HMO office visit copayment is \$10.

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	MAXIMUM EMPLOYEE CONTRIBUTION*	TOTAL
NJ PLUS-#101	Single	\$366.09	-----	\$366.09
	Member & Spouse/Partner	\$797.97	-----	\$797.97
	Family	\$949.78	-----	\$949.78
	Parent & Child	\$550.76	-----	\$550.76
TRADITIONAL-#102	Single	\$542.11	\$180.70	\$722.81
	Member & Spouse/Partner	\$1,160.28	\$386.75	\$1,547.03
	Family	\$1,380.92	\$460.30	\$1,841.22
	Parent & Child	\$800.73	\$266.90	\$1,067.63
AETNA, INC.-#119	Single	\$387.81	\$20.41	\$408.22
	Member & Spouse/Partner	\$872.59	\$45.92	\$918.51
	Family	\$969.55	\$51.02	\$1,020.57
	Parent & Child	\$542.95	\$28.57	\$571.52
CIGNA HEALTHCARE-#120	Single	\$391.69	\$20.61	\$412.30
	Member & Spouse/Partner	\$881.32	\$46.38	\$927.70
	Family	\$979.24	\$51.53	\$1,030.77
	Parent & Child	\$548.37	\$28.86	\$577.23
PRESCRIPTION DRUG PROGRAM-#202	Single	\$120.70	-----	\$120.70
	Member & Spouse/Partner	\$271.58	-----	\$271.58
	Family	\$301.75	-----	\$301.75
	Parent & Child	\$168.98	-----	\$168.98

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.
Maximum Employee Contribution is 25% for the Traditional Plan or 5% for an HMO plan.
NJ PLIS and HMO office visit copayment is \$10.

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

PROGRAM	DESCRIPTION OF COVERAGE	TOTAL
NJ PLUS-#101	Single	\$346.63
	Member & Spouse/Partner	\$755.55
	Family	\$899.29
	Parent & Child	\$521.48
TRADITIONAL-#102	Single	\$698.15
	Member & Spouse/Partner	\$1,494.25
	Family	\$1,778.40
	Parent & Child	\$1,031.20
AETNA, INC.-#119	Single	\$395.48
	Member & Spouse/Partner	\$873.43
	Family	\$1,015.87
	Parent & Child	\$583.99
CIGNA HEALTHCARE-#120	Single	\$451.73
	Member & Spouse/Partner	\$985.38
	Family	\$1,175.23
	Parent & Child	\$678.10
OXFORD-#128	Single	\$378.66
	Member & Spouse/Partner	\$832.97
	Family	\$984.41
	Parent & Child	\$568.01
AMERIHEALTH-#133	Single	\$411.48
	Member & Spouse/Partner	\$915.55
	Family	\$1,066.23
	Parent & Child	\$607.46
HEALTH NET-#134	Single	\$396.52
	Member & Spouse/Partner	\$863.76
	Family	\$1,048.54
	Parent & Child	\$608.28
PRESCRIPTION DRUG PROGRAM-#202	Single	\$111.09
	Member & Spouse/Partner	\$253.90
	Family	\$266.69
	Parent & Child	\$148.26

*Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.
Employee Contribution is 1.5% of salary for any plan or coverage level.
NJ PLUS and HMO office visit copayment is \$15.*

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
STATE MONTHLY ACTIVE GROUP
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	TOTAL
NJ DIRECT-#150	Single	\$408.23
	Member & Spouse/Partner	\$918.51
	Family	\$1,020.57
	Parent & Child	\$571.52
AETNA, INC.-#119	Single	\$400.22
	Member & Spouse/Partner	\$900.50
	Family	\$1,000.56
	Parent & Child	\$560.31
CIGNA HEALTHCARE-#120	Single	\$404.22
	Member & Spouse/Partner	\$909.51
	Family	\$1,010.56
	Parent & Child	\$565.91
PRESCRIPTION DRUG PROGRAM-#202	Single	\$118.33
	Member & Spouse/Partner	\$266.25
	Family	\$295.83
	Parent & Child	\$165.67

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.

Employee Contribution is 1.5% of salary for any plan or coverage level.

NJ PLIS and HMO office visit copayment is \$15.

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

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ PLUS-#001	Single	\$363.33	-----	\$363.33
	Member & Spouse/Partner	\$364.57	\$444.07	\$808.64
	Family	\$365.02	\$575.84	\$940.86
	Parent & Child	\$363.87	\$172.62	\$536.49
TRADITIONAL-#002	Single	\$607.43	-----	\$607.43
	Member & Spouse/Partner	\$608.67	\$709.93	\$1,318.60
	Family	\$609.12	\$933.93	\$1,543.05
	Parent & Child	\$607.97	\$275.81	\$883.78
AETNA, INC.-#019	Single	\$463.25	-----	\$463.25
	Member & Spouse/Partner	\$464.49	\$537.58	\$1,002.07
	Family	\$464.94	\$662.51	\$1,127.45
	Parent & Child	\$463.79	\$171.20	\$634.99
CIGNA HEALTHCARE-#020	Single	\$536.66	-----	\$536.66
	Member & Spouse/Partner	\$537.90	\$614.69	\$1,152.59
	Family	\$538.35	\$789.73	\$1,328.08
	Parent & Child	\$537.20	\$215.04	\$752.24
OXFORD-#028	Single	\$432.26	-----	\$432.26
	Member & Spouse/Partner	\$433.50	\$517.35	\$950.85
	Family	\$433.95	\$689.79	\$1,123.74
	Parent & Child	\$432.80	\$215.56	\$648.36
AMERIHEALTH-#033	Single	\$509.13	-----	\$509.13
	Member & Spouse/Partner	\$510.37	\$622.48	\$1,132.85
	Family	\$510.82	\$808.43	\$1,319.25
	Parent & Child	\$509.67	\$241.92	\$751.59
HEALTH NET-#034	Single	\$499.91	-----	\$499.91
	Member & Spouse/Partner	\$501.15	\$587.88	\$1,089.03
	Family	\$501.60	\$820.41	\$1,322.01
	Parent & Child	\$500.45	\$266.49	\$766.94

*Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.
 NJ PLIS and HMO office visit copayment is \$10.*

(FOR EMPLOYERS WITHOUT A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT15-#150	Single	\$394.40	-----	\$394.40
	Member & Spouse/Partner	\$395.64	\$491.76	\$887.40
	Family	\$396.09	\$589.91	\$986.00
	Parent & Child	\$394.94	\$157.22	\$552.16
NJ DIRECT10-#050	Single	\$414.30	-----	\$414.30
	Member & Spouse/Partner	\$415.54	\$516.63	\$932.17
	Family	\$415.99	\$619.76	\$1,035.75
	Parent & Child	\$414.84	\$165.18	\$580.02
AETNA, INC.-#019	Single	\$409.22	-----	\$409.22
	Member & Spouse/Partner	\$410.46	\$510.29	\$920.75
	Family	\$410.91	\$612.15	\$1,023.06
	Parent & Child	\$409.76	\$163.15	\$572.91
CIGNA HEALTHCARE-#020	Single	\$413.31	-----	\$413.31
	Member & Spouse/Partner	\$414.55	\$515.41	\$929.96
	Family	\$415.00	\$618.29	\$1,033.29
	Parent & Child	\$413.85	\$164.79	\$578.64

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NJ DIRECT15 office visit copayment is \$15; NJ DIRECT10 and HMO office visit copayment is \$10.

(FOR EMPLOYERS WITH A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ PLUS-#001	Single	\$325.54	-----	\$325.54
	Member & Spouse/Partner	\$326.78	\$397.73	\$724.51
	Family	\$327.23	\$515.76	\$842.99
	Parent & Child	\$326.08	\$154.61	\$480.69
TRADITIONAL-#002	Single	\$508.24	-----	\$508.24
	Member & Spouse/Partner	\$509.48	\$598.96	\$1,108.44
	Family	\$509.93	\$785.74	\$1,295.67
	Parent & Child	\$508.78	\$232.67	\$741.45
AETNA, INC.-#019	Single	\$338.57	-----	\$338.57
	Member & Spouse/Partner	\$339.81	\$407.92	\$747.73
	Family	\$340.26	\$529.41	\$869.67
	Parent & Child	\$339.11	\$160.82	\$499.93
CIGNA HEALTHCARE-#020	Single	\$409.12	-----	\$409.12
	Member & Spouse/Partner	\$410.36	\$482.05	\$892.41
	Family	\$410.81	\$653.54	\$1,064.35
	Parent & Child	\$409.66	\$204.46	\$614.12
OXFORD-#028	Single	\$358.73	-----	\$358.73
	Member & Spouse/Partner	\$359.97	\$429.15	\$789.12
	Family	\$360.42	\$572.17	\$932.59
	Parent & Child	\$359.27	\$178.84	\$538.11
AMERIHEALTH-#033	Single	\$394.60	-----	\$394.60
	Member & Spouse/Partner	\$395.84	\$482.17	\$878.01
	Family	\$396.29	\$626.22	\$1,022.51
	Parent & Child	\$395.14	\$187.40	\$582.54
HEALTH NET-#034	Single	\$382.08	-----	\$382.08
	Member & Spouse/Partner	\$383.32	\$448.99	\$832.31
	Family	\$383.77	\$626.60	\$1,010.37
	Parent & Child	\$382.62	\$203.50	\$586.12
PRESCRIPTION DRUG PROGRAM-#201	Single	\$120.88	-----	\$120.88
	Member & Spouse/Partner	\$120.88	\$155.45	\$276.33
	Family	\$120.88	\$169.66	\$290.54
	Parent & Child	\$120.88	\$40.51	\$161.39

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.

NJ PLIS and HMO office visit copayment is \$10.

(FOR EMPLOYERS WITH A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT15-#150	Single	\$328.67	-----	\$328.67
	Member & Spouse/Partner	\$329.91	\$409.59	\$739.50
	Family	\$330.36	\$491.31	\$821.67
	Parent & Child	\$329.21	\$130.92	\$460.13
NJ DIRECT10-#050	Single	\$345.25	-----	\$345.25
	Member & Spouse/Partner	\$346.49	\$430.32	\$776.81
	Family	\$346.94	\$516.19	\$863.13
	Parent & Child	\$345.79	\$137.55	\$483.34
AETNA, INC.-#019	Single	\$322.22	-----	\$322.22
	Member & Spouse/Partner	\$323.46	\$401.54	\$725.00
	Family	\$323.91	\$481.65	\$805.56
	Parent & Child	\$322.76	\$128.35	\$451.11
CIGNA HEALTHCARE-#020	Single	\$325.44	-----	\$325.44
	Member & Spouse/Partner	\$326.68	\$405.57	\$732.25
	Family	\$327.13	\$486.48	\$813.61
	Parent & Child	\$325.98	\$129.64	\$455.62
PRESCRIPTION DRUG PROGRAM-#201	Single	\$119.00	-----	\$119.00
	Member & Spouse/Partner	\$119.00	\$148.75	\$267.75
	Family	\$119.00	\$178.50	\$297.50
	Parent & Child	\$119.00	\$47.60	\$166.60

*Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.
 NJ DIRECT15 office visit copayment is \$15; NJ DIRECT10 and HMO office visit copayment is \$10.*

(FOR EMPLOYERS WITHOUT A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
(EXCLUDES EDUCATION EMPLOYERS)
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ PLUS-#001	Single	\$424.50	-----	\$424.50
	Member & Spouse/Partner	\$425.74	\$519.02	\$944.76
	Family	\$426.19	\$673.06	\$1,099.25
	Parent & Child	\$425.04	\$201.78	\$626.82
TRADITIONAL-#002	Single	\$668.37	-----	\$668.37
	Member & Spouse/Partner	\$669.61	\$781.35	\$1,450.96
	Family	\$670.06	\$1,027.91	\$1,697.97
	Parent & Child	\$668.91	\$303.53	\$972.44
AETNA, INC.-#019	Single	\$463.25	-----	\$463.25
	Member & Spouse/Partner	\$464.49	\$537.58	\$1,002.07
	Family	\$464.94	\$662.51	\$1,127.45
	Parent & Child	\$463.79	\$171.20	\$634.99
CIGNA HEALTHCARE-#020	Single	\$536.66	-----	\$536.66
	Member & Spouse/Partner	\$537.90	\$614.69	\$1,152.59
	Family	\$538.35	\$789.73	\$1,328.08
	Parent & Child	\$537.20	\$215.04	\$752.24
OXFORD-#028	Single	\$432.26	-----	\$432.26
	Member & Spouse/Partner	\$433.50	\$517.35	\$950.85
	Family	\$433.95	\$689.79	\$1,123.74
	Parent & Child	\$432.80	\$215.56	\$648.36
AMERIHEALTH-#033	Single	\$509.13	-----	\$509.13
	Member & Spouse/Partner	\$510.37	\$622.48	\$1,132.85
	Family	\$510.82	\$808.43	\$1,319.25
	Parent & Child	\$509.67	\$241.92	\$751.59
HEALTH NET-#034	Single	\$499.91	-----	\$499.91
	Member & Spouse/Partner	\$501.15	\$587.88	\$1,089.03
	Family	\$501.60	\$820.41	\$1,322.01
	Parent & Child	\$500.45	\$266.49	\$766.94

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.

NJ PLIS and HMO office visit copayment is \$10.

(FOR EMPLOYERS WITHOUT A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
(EXCLUDES EDUCATION EMPLOYERS)
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT15-#150	Single	\$455.60	-----	\$455.60
	Member & Spouse/Partner	\$456.84	\$568.26	\$1,025.10
	Family	\$457.29	\$681.71	\$1,139.00
	Parent & Child	\$456.14	\$181.70	\$637.84
NJ DIRECT10-#050	Single	\$487.44	-----	\$478.44
	Member & Spouse/Partner	\$479.68	\$596.80	\$1,076.48
	Family	\$480.13	\$715.96	\$1,196.09
	Parent & Child	\$478.98	\$190.83	\$669.81
AETNA, INC.-#019	Single	\$472.72	-----	\$472.72
	Member & Spouse/Partner	\$473.96	\$589.67	\$1,063.63
	Family	\$474.41	\$707.40	\$1,181.81
	Parent & Child	\$473.26	\$188.55	\$661.81
CIGNA HEALTHCARE-#020	Single	\$477.45	-----	\$477.45
	Member & Spouse/Partner	\$478.69	\$595.57	\$1,074.26
	Family	\$479.14	\$714.48	\$1,193.62
	Parent & Child	\$477.99	\$190.44	\$668.43

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NJ DIRECT15 office visit copayment is \$15; NJ DIRECT10 and HMO office visit copayment is \$10.

(FOR EMPLOYERS WITH A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
(EXCLUDES EDUCATION EMPLOYERS)
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ PLUS-#001	Single	\$377.06	-----	\$377.06
	Member & Spouse/Partner	\$378.30	\$460.94	\$839.24
	Family	\$378.75	\$597.71	\$976.46
	Parent & Child	\$377.60	\$179.18	\$556.78
TRADITIONAL-#002	Single	\$571.97	-----	\$571.97
	Member & Spouse/Partner	\$573.21	\$674.29	\$1,247.50
	Family	\$573.66	\$884.57	\$1,458.23
	Parent & Child	\$572.51	\$261.99	\$834.50
AETNA, INC.-#019	Single	\$338.57	-----	\$338.57
	Member & Spouse/Partner	\$339.81	\$407.92	\$747.73
	Family	\$340.26	\$529.41	\$869.67
	Parent & Child	\$339.11	\$160.82	\$499.93
CIGNA HEALTHCARE-#020	Single	\$409.12	-----	\$409.12
	Member & Spouse/Partner	\$410.36	\$482.05	\$892.41
	Family	\$410.81	\$653.54	\$1,064.35
	Parent & Child	\$409.66	\$204.46	\$614.12
OXFORD-#028	Single	\$358.73	-----	\$358.73
	Member & Spouse/Partner	\$359.97	\$429.15	\$789.12
	Family	\$360.42	\$572.17	\$932.59
	Parent & Child	\$359.27	\$178.84	\$538.11
AMERIHEALTH-#033	Single	\$394.60	-----	\$394.60
	Member & Spouse/Partner	\$395.84	\$482.17	\$878.01
	Family	\$396.29	\$626.22	\$1,022.51
	Parent & Child	\$395.14	\$187.40	\$582.54
HEALTH NET-#034	Single	\$382.08	-----	\$382.08
	Member & Spouse/Partner	\$383.32	\$448.99	\$832.31
	Family	\$383.77	\$626.60	\$1,010.37
	Parent & Child	\$382.62	\$203.50	\$586.12
PRESCRIPTION DRUG PROGRAM-#201	Single	\$120.88	-----	\$120.88
	Member & Spouse/Partner	\$120.88	\$155.45	\$276.33
	Family	\$120.88	\$169.66	\$290.54
	Parent & Child	\$120.88	\$40.51	\$161.39

Partner means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.

NJ PLIS and HMO office visit copayment is \$10.

(FOR EMPLOYERS WITH A PRESCRIPTION DRUG PLAN)

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
(EXCLUDES EDUCATION EMPLOYERS)
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT15-#150	Single	\$379.67	-----	\$379.67
	Member & Spouse/Partner	\$380.91	\$473.34	\$854.25
	Family	\$381.36	\$567.81	\$949.17
	Parent & Child	\$380.21	\$151.32	\$531.53
NJ DIRECT10-#050	Single	\$398.70	-----	\$398.70
	Member & Spouse/Partner	\$399.94	\$497.13	\$897.07
	Family	\$400.39	\$596.35	\$996.74
	Parent & Child	\$399.24	\$158.93	\$558.17
AETNA, INC.-#019	Single	\$372.22	-----	\$372.22
	Member & Spouse/Partner	\$373.46	\$464.04	\$837.50
	Family	\$373.91	\$556.65	\$930.56
	Parent & Child	\$372.76	\$148.35	\$521.11
CIGNA HEALTHCARE-#020	Single	\$375.94	-----	\$375.94
	Member & Spouse/Partner	\$377.18	\$468.70	\$845.88
	Family	\$377.63	\$562.23	\$939.86
	Parent & Child	\$376.48	\$149.84	\$526.32
PRESCRIPTION DRUG PROGRAM-#201	Single	\$130.89	-----	\$130.89
	Member & Spouse/Partner	\$130.89	\$163.61	\$294.50
	Family	\$130.89	\$196.33	\$327.22
	Parent & Child	\$130.89	\$52.35	\$183.24

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NJ DIRECT15 office visit copayment is \$15; NJ DIRECT10 and HMO office visit copayment is \$10.

NEW JERSEY STATE HEALTH BENEFITS PROGRAM

DENTAL PROGRAM

STATE MONTHLY ACTIVE GROUP

RATES EFFECTIVE 1/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
DENTAL EXPENSE PLAN - #399	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
DENTAL PROVIDER ORGANIZATIONS (DPO)				
BENECARE (DPO #301)	Single	\$14.00	\$10.33	\$24.33
	Member & Spouse/Partner	\$24.19	\$18.07	\$42.26
	Family	\$39.72	\$29.44	\$69.16
	Parent & Child	\$29.58	\$21.65	\$51.23
COMMUNITY DENTAL (DPO #302)	Single	\$12.88	\$10.33	\$23.21
	Member & Spouse/Partner	\$22.29	\$18.07	\$40.36
	Family	\$36.57	\$29.44	\$66.01
	Parent & Child	\$27.24	\$21.65	\$48.89
CIGNA (DPO #305)	Single	\$10.84	\$10.33	\$21.17
	Member & Spouse/Partner	\$18.74	\$18.07	\$36.81
	Family	\$30.77	\$29.44	\$60.21
	Parent & Child	\$22.97	\$21.65	\$44.62
HEALTHPLEX (DPO #307)	Single	\$10.34	\$10.33	\$20.67
	Member & Spouse/Partner	\$17.84	\$18.07	\$35.91
	Family	\$29.31	\$29.44	\$58.75
	Parent & Child	\$21.87	\$21.65	\$43.52
HORIZON DENTAL CHOICE (DPO #319)	Single	\$9.24	\$10.33	\$19.57
	Member & Spouse/Partner	\$15.93	\$18.07	\$34.00
	Family	\$26.19	\$29.44	\$55.63
	Parent & Child	\$19.56	\$21.65	\$41.21
AETNA DMO (DPO #319)	Single	\$10.31	\$10.33	\$20.64
	Member & Spouse/Partner	\$17.84	\$18.07	\$35.91
	Family	\$29.30	\$29.44	\$58.74
	Parent & Child	\$21.88	\$21.65	\$43.53

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
DENTAL PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT AND EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE RATE	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL MONTHLY
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		\$24.33
	Member & Spouse/Partner		\$42.26
	Family		\$69.16
	Parent & Child		\$51.23
COMMUNITY DENTAL (DPO #302)	Single		\$23.21
	Member & Spouse/Partner		\$40.36
	Family		\$66.01
	Parent & Child		\$48.89
CIGNA (DPO #305)	Single		\$21.17
	Member & Spouse/Partner		\$36.81
	Family		\$60.21
	Parent & Child		\$44.62
HEALTHPLEX (DPO #307)	Single		\$20.67
	Member & Spouse/Partner		\$35.91
	Family		\$58.75
	Parent & Child		\$43.52
HORIZON DENTAL CHOICE (DPO #319)	Single		\$19.57
	Member & Spouse/Partner		\$34.00
	Family		\$55.63
	Parent & Child		\$41.21
AETNA DMO (DPO #319)	Single		\$20.64
	Member & Spouse/Partner		\$35.91
	Family		\$58.74
	Parent & Child		\$43.53
DPO Composite Rates for Employee Contribution Purposes			
	Single	\$10.33	\$20.66
	Member & Spouse/Partner	\$18.07	\$36.14
	Family	\$29.44	\$58.88
	Parent & Child	\$21.65	\$43.30

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
STATE RETIRED GROUP
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

DESCRIPTION	NJ PLUS (001)	TRADITIONAL (002)	AETNA, INC. (019)	CIGNA HEALTHCARE (020)	OXFORD (028)	AMERIHEALTH (033)	HEALTH NET (034)
Single — No Medicare	\$637.76	\$791.62	\$554.88	\$607.73	\$467.94	\$601.64	\$532.09
Single — On Medicare	\$433.01	\$391.69	\$429.73	\$416.68	\$399.97	\$437.40	\$377.25
Member & Spouse/Partner — No Medicare	\$1,390.10	\$1,694.39	\$1,200.27	\$1,305.25	\$1,029.36	\$1,338.69	\$1,159.12
Member & Spouse/Partner — One on Medicare	\$1,070.77	\$1,183.31	\$953.20	\$990.01	\$841.42	\$1,039.04	\$909.34
Member & Spouse/Partner — Both on Medicare	\$865.93	\$783.42	\$859.50	\$833.40	\$799.96	\$874.83	\$754.53
Family — No Medicare	\$1,654.61	\$2,016.64	\$1,350.45	\$1,503.98	\$1,216.52	\$1,558.97	\$1,407.10
Family — One on Medicare	\$1,335.28	\$1,505.56	\$1,094.88	\$1,177.49	\$1,017.99	\$1,259.32	\$1,157.32
Family — Both on Medicare	\$1,130.44	\$1,055.56	\$1,015.46	\$1,021.20	\$1,029.78	\$1,109.39	\$984.60
Parent & Child — No Medicare	\$959.47	\$1,169.33	\$760.57	\$851.88	\$701.89	\$888.16	\$816.31
Parent & Child — Retiree on Medicare	\$754.72	\$753.97	\$623.78	\$664.56	\$620.68	\$688.27	\$661.47

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NJ PLUS and HMO office visit copayment is \$10.*

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
STATE RETIRED GROUP
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

DESCRIPTION	NJ DIRECT15 (150)	NJ DIRECT10 (050)	AETNA, INC. (019)	CIGNA HEALTHCARE (020)
Single — No Medicare	\$588.22	\$617.54	\$508.28	\$513.37
Single — On Medicare	\$352.93	\$370.52	\$381.21	\$385.02
Member & Spouse/Partner — No Medicare	\$1,282.32	\$1,346.23	\$1,108.06	\$1,119.14
Member & Spouse/Partner — One on Medicare	\$941.16	\$988.07	\$889.49	\$898.39
Member & Spouse/Partner — Both on Medicare	\$705.87	\$741.05	\$762.42	\$770.05
Family — No Medicare	\$1,458.79	\$1,531.50	\$1,260.54	\$1,273.15
Family — One on Medicare	\$1,117.62	\$1,173.32	\$1,041.98	\$1,052.40
Family — Both on Medicare	\$882.33	\$926.31	\$914.91	\$924.06
Parent & Child — No Medicare	\$823.51	\$864.55	\$711.60	\$718.71
Parent & Child — Retiree on Medicare	\$558.81	\$586.66	\$559.11	\$564.70

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NJ DIRECT15 office visit copayment is \$15; NJ DIRECT10 and HMO office visit copayment is \$10.*

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL RETIRED GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2008 TO 4/1/2008**

DESCRIPTION	NJ PLUS (001)	TRADITIONAL (002)	AETNA, INC. (019)	CIGNA HEALTHCARE (020)	OXFORD (028)	AMERHEALTH (033)	HEALTH NET (034)
Single — No Medicare	\$566.66	\$722.15	\$463.25	\$536.66	\$432.26	\$509.13	\$499.91
Single — On Medicare	\$362.52	\$361.72	\$392.72	\$411.11	\$376.87	\$411.36	\$364.27
Member & Spouse/Partner — No Medicare	\$1,261.32	\$1,572.86	\$1,002.07	\$1,152.59	\$950.85	\$1,132.85	\$1,089.03
Member & Spouse/Partner — One on Medicare	\$929.18	\$1,083.87	\$855.97	\$947.77	\$809.13	\$920.49	\$864.18
Member & Spouse/Partner — Both on Medicare	\$725.07	\$723.47	\$785.47	\$822.26	\$753.76	\$822.75	\$728.56
Family — No Medicare	\$1,467.51	\$1,839.15	\$1,127.45	\$1,328.08	\$1,123.74	\$1,319.25	\$1,322.01
Family — One on Medicare	\$1,135.37	\$1,350.16	\$981.35	\$1,123.26	\$982.02	\$1,106.89	\$1,097.16
Family — Both on Medicare	\$931.26	\$942.48	\$928.00	\$1,007.55	\$970.29	\$1,043.34	\$950.70
Parent & Child — No Medicare	\$836.76	\$1,052.72	\$634.99	\$752.24	\$648.36	\$751.59	\$766.94
Parent & Child — Retiree on Medicare	\$632.62	\$656.66	\$564.46	\$626.69	\$592.97	\$653.82	\$631.30

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NJ PLUS and HMO office visit copayment is \$10.*

NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL RETIRED GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

DESCRIPTION	NJ DIRECT15 (150)	NJ DIRECT10 (050)	AETNA, INC. (019)	CIGNA HEALTHCARE (020)
Single — No Medicare	\$570.00	\$598.41	\$409.22	\$413.31
Single — On Medicare	\$342.00	\$359.05	\$306.92	\$309.99
Member & Spouse/Partner — No Medicare	\$1,242.60	\$1,304.53	\$892.10	\$901.03
Member & Spouse/Partner — One on Medicare	\$912.00	\$957.45	\$716.14	\$723.30
Member & Spouse/Partner — Both on Medicare	\$684.00	\$718.09	\$613.83	\$619.97
Family — No Medicare	\$1,413.60	\$1,484.05	\$1,014.87	\$1,025.02
Family — One on Medicare	\$1,083.00	\$1,136.98	\$838.91	\$847.29
Family — Both on Medicare	\$855.00	\$897.61	\$736.60	\$743.97
Parent & Child — No Medicare	\$798.00	\$837.77	\$572.91	\$578.64
Parent & Child — Retiree on Medicare	\$541.50	\$568.49	\$450.14	\$454.65

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL RETIRED GROUP - LOCAL GOVERNMENT EMPLOYERS (EXCLUDES EDUCATION)
RATES EFFECTIVE 1/1/2008 TO 4/1/2008

DESCRIPTION	NJ PLUS (001)	TRADITIONAL (002)	AETNA, INC. (019)	CIGNA HEALTHCARE (020)	OXFORD (028)	AMERHEALTH (033)	HEALTH NET (034)
Single — No Medicare	\$569.62	\$832.84	\$463.25	\$536.66	\$432.26	\$509.13	\$499.91
Single — On Medicare	\$366.41	\$384.08	\$392.72	\$411.11	\$376.87	\$411.36	\$364.27
Member & Spouse/Partner — No Medicare	\$1,267.92	\$1,814.05	\$1,002.07	\$1,152.59	\$950.85	\$1,132.85	\$1,089.03
Member & Spouse/Partner — One on Medicare	\$936.03	\$1,216.92	\$855.97	\$947.77	\$809.13	\$920.49	\$864.18
Member & Spouse/Partner — Both on Medicare	\$732.82	\$768.05	\$785.47	\$822.26	\$753.76	\$822.75	\$728.56
Family — No Medicare	\$1,475.19	\$2,121.19	\$1,127.45	\$1,328.08	\$1,123.74	\$1,319.25	\$1,322.01
Family — One on Medicare	\$1,143.30	\$1,524.06	\$981.35	\$1,123.26	\$982.02	\$1,106.89	\$1,097.16
Family — Both on Medicare	\$940.09	\$1,022.12	\$928.00	\$1,007.55	\$970.29	\$1,043.34	\$950.70
Parent & Child — No Medicare	\$841.13	\$1,214.17	\$634.99	\$752.24	\$648.36	\$751.59	\$766.94
Parent & Child — Retiree on Medicare	\$637.92	\$717.49	\$564.46	\$626.69	\$592.97	\$653.82	\$631.30

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL RETIRED GROUP - LOCAL GOVERNMENT EMPLOYERS (EXCLUDES EDUCATION)
RATES EFFECTIVE 4/1/2008 TO 12/31/2008

DESCRIPTION	NJ DIRECT15 (150)	NJ DIRECT10 (050)	AETNA, INC. (019)	CIGNA HEALTHCARE (020)
Single — No Medicare	\$629.44	\$660.81	\$472.72	\$477.45
Single — On Medicare	\$377.67	\$396.49	\$354.54	\$358.09
Member & Spouse/Partner — No Medicare	\$1,372.19	\$1,440.58	\$1,030.53	\$1,040.84
Member & Spouse/Partner — One on Medicare	\$1,007.11	\$1,057.30	\$827.26	\$835.54
Member & Spouse/Partner — Both on Medicare	\$755.33	\$792.98	\$709.08	\$716.17
Family — No Medicare	\$1,561.02	\$1,638.82	\$1,172.35	\$1,184.07
Family — One on Medicare	\$1,195.94	\$1,255.55	\$969.08	\$978.77
Family — Both on Medicare	\$944.17	\$991.23	\$850.90	\$859.41
Parent & Child — No Medicare	\$881.22	\$925.14	\$661.81	\$668.43
Parent & Child — Retiree on Medicare	\$597.97	\$627.77	\$519.99	\$525.19

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM

**DENTAL PROGRAM
STATE RETIREE GROUP**

RATES EFFECTIVE 1/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	MONTHLY RETIREE RATE
RETIREE DENTAL EXPENSE PLAN - #398	Single	\$41.57
	Member & Spouse/Partner	\$82.02
	Family	\$106.87
	Parent & Child	\$61.81

NEW JERSEY STATE HEALTH BENEFITS PROGRAM

**DENTAL PROGRAM
RETIREE GROUP - LOCAL GOVERNMENT**

RATES EFFECTIVE 1/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	MONTHLY RETIREE RATE
RETIREE DENTAL EXPENSE PLAN - #398	Single	\$41.57
	Member & Spouse/Partner	\$82.02
	Family	\$106.87
	Parent & Child	\$61.81

NEW JERSEY STATE HEALTH BENEFITS PROGRAM

**DENTAL PROGRAM
RETIREE GROUP - LOCAL EDUCATION**

RATES EFFECTIVE 1/1/2008 TO 12/31/2008

PROGRAM	DESCRIPTION OF COVERAGE	MONTHLY RETIREE RATE
RETIREE DENTAL EXPENSE PLAN - #398	Single	\$41.57
	Member & Spouse/Partner	\$82.02
	Family	\$106.87
	Parent & Child	\$61.81

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