



Health Capsule

Fall 2015

State Health Benefits Program (SHBP)

A newsletter for Local Government Employees from the New Jersey Division of Pensions and Benefits

Find the Plan that Fits!

Open Enrollment Ends November 2!

The following is an overview of your medical plan choices for Plan Year 2016:

New — Tiered Network Plans!

New Plan Choices will be offered to Active SHBP subscribers with lower monthly premiums for you and your family! Our medical plan carriers, Aetna and Horizon Blue Cross Blue Shield of New Jersey, will each offer a new Tiered Network Plan. These plans will give members the flexibility to visit high-quality practitioners in the carrier’s managed care network and no referrals are required. There will be lower member cost sharing when utilizing Tier 1 providers. Tier 1 refers to specific doctors, hospitals, and other health care professionals who offer high-quality, cost-effective care. Tiered Network plan members also have the flexibility to see any Tier 2 provider included in the managed care network, but with slightly higher cost sharing. There is no out-of-network coverage with the Tiered Plans.

Members can find Tier 1 and Tier 2 providers on the Horizon BCBSNJ online Doctor & Hospital finder at www.horizonblue.com/shbp Aetna members can use DocFind™ to search for participating Tier 1 and Tier 2 providers at www.aetnastatenj.com

HMO Plans

The SHBP will offer two Health Maintenance Organization Plan (HMO) options for 2016 through Aetna and Horizon. Members choose from a selection of doctors within the carrier’s HMO network; you must select a Primary Care Physician (PCP) and get referrals to see specialists. There is no out-of-network coverage, except in cases of emergency. You pay set co-pays for PCP and specialist visits, so there is no guesswork involved with co-insurance. HMO plans are great for members who prefer predictable, manageable costs for their health care.

PPO Plans

The SHBP will offer several Preferred Provider Plan (PPO) options for 2016. Horizon will offer: NJ DIRECT10, NJ DIRECT15, NJ DIRECT1525, NJ DIRECT2030, and NJ DIRECT2035. Aetna will offer: Aetna Freedom 10, Aetna Freedom 15, Aetna Freedom 1525, Aetna Freedom 2030, and Aetna Freedom 2035.

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With PPO plans, you are not required to choose a PCP and referrals are not required for specialists. You have copays for PCP and specialist visits, but some services do require that you pay coinsurance, and out-of-network charges cost more out of your pocket. PPO plans are best for members who prefer wider range/variety of doctors over cost.

HDHP Plans

The SHBP will offer four High Deductible Health Plan (HDHP) options for 2016: Aetna will offer the Value HD1500 plan and the Aetna Value HD4000 plan and Horizon will offer the NJ DIRECT HD1500 plan and the NJ DIRECT HD4000 plan.

With HDHP plans, you pay for services out-of-pocket until you reach your deductible. Preventive care and certain screenings are paid by the plan without the deductible. Once the deductible is met, you pay only coinsurance until you reach an out-of-pocket maximum, and then eligible services are covered in-full by the plan.

You may be able to open a Health Savings Account (HSA) when you enroll in an HDHP. An HSA is an interest-bearing account that helps you save for future health care expenses. HDHP plans also offer lower monthly premiums. HDHP plans are best for members who want greater control over how they manage health care spending.

This Open Enrollment, review all your health plan choices and find the plan that fits you and your family's needs!

What's New for 2016

Changes taking effect with Plan Year 2016 include the following:

- New Plan Choices for Active SHBP subscribers with **lower monthly premiums** for you and your family! Horizon and Aetna will each offer a new Tiered Network Plan. **No referrals** are required. You'll have lower copays if you use providers in Tier 1 of your plan's network. There is no out-of-network coverage, except in cases of emergency. Check with Horizon or Aetna to find participating providers!
 - HMO 1525, 2030, and 2035 plans currently offered by Aetna and Horizon will no longer be available to active SHBP members. They will be replaced by the Tiered Network plans. If you are currently enrolled in one of the terminating plans, you will be automatically placed in the new tiered plan, unless you complete an application to choose an alternate plan.
 - Payment for Out-Of-Network Chiropractic and Acupuncture visits will be limited to \$35 for chiropractic and \$60 for acupuncture, or 75% of the in-network cost per visit, whichever is less. That's the full amount the provider will receive from the carriers for the visit, not just your co-insurance. This means that, if your chiropractor charges more than \$35 for an office visit, you **will have to pay the difference out of your pocket**. Aetna and Horizon both have extensive provider networks, so you may want to consider switching to an in-network practitioner.
 - Emergency room co-pays will increase by \$25 where the co-pay is currently less than \$100. For example, in NJ DIRECT10 and Freedom10, the copays will increase to \$50. This does not apply to dependents under age 19 or members referred to the ER by a physician.
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Terms You Need to Know

Coinsurance

The sharing of certain covered expenses by the Plan and the Plan participant. For example, if the Plan covers an expense at 80% (the Plan's coinsurance), your coinsurance is 20% of the provider's charge.

Coinsurance Limit

The coinsurance limit is the maximum that you must pay out-of-pocket for your coinsurance share each calendar year.

Copayment (copay)

The specified dollar amount or percentage required to be paid directly to an in-network provider.

Deductible

The amount of covered expenses that a member must pay each plan year before the Plan begins to pay benefits.

Dependent

A member's spouse, civil union partner, or same-sex domestic partner (as defined by Chapter 246, P.L. 2003); child(ren) under the age of 26. Children include natural, adopted, foster, and stepchildren. If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or a physical disability, coverage may be continued subject to approval.

In-Network Provider, or Participating Provider

Any physician, hospital, skilled nursing facility, or other individual or entity involved in the delivery of health care or ancillary services that contracts to provide covered services to Plan participants for a negotiated charge.

Out-of-Network Provider

This term generally is used to mean providers who have not contracted with a health plan to provide services at negotiated fees; or, with an HMO, an in-network provider who is furnishing services or supplies without a referral from the patient's PCP.

Out-of-Pocket Maximum

The out-of-pocket maximum is the maximum amount you must pay toward covered medical expenses in a calendar year. Once you reach this maximum, the Plan pays 100% of your remaining covered expenses for the rest of the year.

Urgent Care

Services received for an unexpected illness or injury that is not life threatening but requires immediate outpatient medical care that cannot be postponed. An urgent medical condition requires prompt medical attention to avoid complications and unnecessary suffering or severe pain, such as a high fever.

Open Enrollment in 3 Easy Steps

Links at Your Fingertips

Open Enrollment starts on October 1 and ends November 2. This is your annual opportunity to examine your medical and dental coverage, and to make any changes to ensure that you and your dependents get the coverage that you need in the coming year. Medical coverage is offered through Aetna and Horizon Blue Cross Blue Shield of New Jersey. See page 5 for a complete list of plans.

1. Review — Review the Summaries of Benefits and Coverage (SBC) and compare the plans' benefits, co-payments, and other out-of-pocket costs for the coverage level you and/or your family need. While the basic benefits and covered services in each plan type are almost identical, in general you can expect to pay lower premium contributions for plans that have higher out-of-pocket costs, and vice versa. You can also review the Medical Plan Comparison, which has side-by-side comparison for each of the medical plans.

- Plan Comparison Chart:

www.state.nj.us/treasury/pensions/hb_open_enrollment_2015/ha0895-0216.pdf

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Open Enrollment In 3 Easy Steps *(continued from page 3)*

- Summary of Benefits and Coverage (SBC):
www.nj.gov/treasury/pensions/hb-sbc-home.shtml
- 2. **Calculate** — You can use our Percentage of Premium Calculator to determine your estimated premium contributions for plans offered in 2016. Calculators are available at:
 - Percentage of Premium Calculator:
www.state.nj.us/treasury/pensions/hb-percentage-home.shtml
- 3. **Apply** — Download and complete an application if you wish to enroll in a new plan or make any changes from your current plan. Return the properly completed application (and, if applicable, required documentation for dependents) to your benefits administrator or human resources representative prior to November 2, 2015.

Applications:

- HMO/PPO/Tiered Plan application:
www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ha0891.pdf
- High Deductible Health Plan (HDHP) application:
www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ha0910.pdf
- HDHP Health Savings Account (HSA) form for State employees paid through Centralized Payroll:
www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ha0913.pdf
- HDHP Health Savings Account (HSA) form for all other employees:
www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ha0914.pdf
- Dental Plans application:
www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/hd0719.pdf

COBRA Information:

For a COBRA application, please visit our website at:
www.nj.gov/treasury/pensions/open-2016.shtml#cobra

CHAPTER 375 Members:

- Chapter 375 Application:
www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ho0805.pdf

Important Note: Due to the volume of applications received during Open Enrollment, members should give four to six weeks minimum for processing. Members should also keep photocopies of any sent applications for their records.

For questions about specific plan benefits, contact the plan directly or visit our website at:
www.nj.gov/treasury/pensions/healthbenefits.shtml

NJWELL In 2016

The mission of NJWELL is to cultivate healthy lifestyle choices among members to lower health risk factors, improve well-being, and ensure that New Jersey's public and education employees are healthy, inspired, and productive for years to come. And since healthy members typically require less costly health care, NJWELL will help the SHBP contain future costs.

For the past year, the focus of NJWELL was to help participants understand their current health status by "taking action". Employees and their covered spouses or partners can each receive up to \$200. You must submit your assessment and proof of screening and complete your activities by October 31, 2015 in order to earn the 2015 reward.



Plan Year 2016

You and your covered spouse or partner will still have additional opportunities to "keep going" and earn points during 2016. In 2016, employees and their covered spouses or partners can each receive a gift card worth up to \$250.

For more information about **NJWELL**, visit our Web site at: www.nj.gov/njwell

PLAN YEAR 2016 CONTACT INFORMATION

PLAN	PHONE NO.	WEB SITE
MEDICAL		
Aetna	1-877-782-8365	www.aetna.com/statenj
NJ DIRECT (Blue Cross Blue Shield of New Jersey)	1-800-414-7427	www.horizonblue.com/shbp
PRESCRIPTION DRUG PLAN		
Express Scripts	1-866-220-6512	www.express-scripts.com
DENTAL PLANS		
Aetna DPO	1-800-843-3661	www.aetna.com/statenj
Cigna Dental Health, Inc.	1-800-564-7642	www.cigna.com/sites/stateofnj/dental
Healthplex (International Health Care Services)	1-800-468-0600	www.healthplex.com
Horizon Dental Choice	1-800-433-6825	www.horizonblue.com/shbp
MetLife	1-866-880-2984	www.metlife.com/dental
Dental Expense Plan (PPO Administered by Aetna)	1-877-238-6200	www.aetna.com/statenj

Overview of Your Dental Plan Choice for 2016

The SHBP offers active employees two types of plans, the Dental Plan Organizations (DPO) and the Dental Expense Plan (DEP). The DPO plans are similar to HMO plans; you pick a Primary Care Dentist and get referrals for any specialist care. The DEP allows you to see any dentist you choose, but the out-of-pocket costs, including deductibles, coinsurance, and monthly premiums, are much higher. Currently, the DPO plans are: Aetna, Cigna, Healthplex, Horizon, and MetLife. The DEP is administered by Aetna.

Take a look at [Fact Sheet #37, Employee Dental Plans](#) for details about plan choices and a comparison of costs for the DPO vs. DEP plans.

To see which DPO your dentist might participate with, click the website below for links to the DPO web sites

www.state.nj.us/treasury/pensions/employee-dental-plans.shtml



Is Your Dependent Child Turning Age 26?

Dependent children who turn age 26 by the end of 2015 will be terminated as of December 31, 2015. These children will be eligible to continue coverage under COBRA or Chapter 375. They may also wish to seek coverage through the Federal Marketplace to find an affordable option.

Dependent Children with Disabilities — If the child turning age 26 is not capable of self-support due to mental illness or a physical disability, he or she may be eligible for a continuance of coverage.

To request continued coverage, contact the Office of Client Services at (609) 292-7524, or for a *Continuance for Dependent with Disabilities* form write to:

Division of Pensions and Benefits
Health Benefits Bureau
PO Box 299
Trenton, New Jersey 08625-0299

The form and proof of the child's condition must be given to the Division no later than 31 days after the date coverage would normally end.

Since coverage for children ends on December 31 of the year they turn 26, **you have until January 31 to file the *Continuance for Dependent with Disabilities* form.** Coverage for children with disabilities may continue only while (1) you are covered through the SHBP, and (2) the child continues to be disabled, and (3) the child is unmarried, and (4) the child remains dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.

New Jersey

Health Capsule

Division of
Pensions and Benefits

609-292-7524

www.nj.gov/treasury/pensions

Health Capsule is published periodically and is designed to keep employees informed about developments in their health benefits program. The newsletter addresses issues affecting your health and prescription benefits and includes articles on new or proposed legislation, New Jersey Administrative Code changes, decisions of the State and School Employees' Health Benefits Commissions, and national issues affecting our programs.

The selections in this publication are for information purposes only and, while every attempt at accuracy is made, it cannot be guaranteed.

If you would like to see any particular health benefits issue addressed, please forward your ideas to Health Capsule, Division of Pensions and Benefits, Office of Client Services, P.O. Box 295, Trenton, NJ 08625-0295.

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