



# Health Capsule

The Division of Pensions and Benefits ♦ For Local Government Employees ♦ Issue #24

## Open Enrollment for Plan Year 2009

Every fall the State Health Benefits Program (SHBP) holds the Open Enrollment period as your annual opportunity to review your health benefits and to make any changes for you and your dependents for the following plan year.

For all eligible Local Government employees the Open Enrollment will take place from **October 1 through October 31, 2008**. Coverage changes made during this Open Enrollment will be effective on January 1, 2009 for all Local Government employees.

The Fall Open Enrollment is for the medical plans — **NJ DIRECT, Aetna HMO, and CIGNA HealthCare HMO**; and if your employer participates, the Employee Dental Plans and the Employee Prescription Drug Plan.

### How to Enroll and/or Make Changes

During the open enrollment period, closely examine your health care coverage to make sure that your medical and (if eligible) dental plans have the services you and your dependents need, and that the health care providers you want are available to you. You may:

- enroll in the SHBP if you have not previously done so;
- change to a different medical plan (and/or dental plan, if your employer participates);
- add eligible dependents you have not previously enrolled (including over age dependents under age 31 who are not currently covered or who are reaching the end of COBRA eligibility — see article on

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## Have you registered with MBOS?

New Jersey State-administered pension system members may now access the **Member Benefits Online System (MBOS)**. MBOS is a set of Internet based applications that allow registered active members access to their pension account and State Health Benefits Program account information.

When registering for MBOS, you will need your pension Member ID number. Your Member ID number can usually be found on your payroll statement and/or your *Personal Benefits Statement*. To see detailed instructions about MBOS registration, go to:

[www.state.nj.us/treasury/pensions/mbosregister.htm](http://www.state.nj.us/treasury/pensions/mbosregister.htm)

Please note that while MBOS is now available to retired members, access to retiree State Health Benefits Program information is still under development.

## Open Enrollment for Plan Year 2009 *(continued from page 1)*

page 3). Please note that when adding a dependent, full documentation (such as a birth certificate, adoption papers, court orders, marriage or civil union certificate) is required; and

- remove dependents from coverage.

To make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Medical and prescription drug coverage changes are made on the same application. Dental coverage changes are made on a separate application. Completed applications must be returned to

your human resources representative or benefits administrator by October 31, 2008. **Do not send the application directly to the SHBP.**

### For More Information

For questions about specific plan benefits:

- Contact the plan directly (see the chart below); or
- See the *SHBP Plan Comparison Summary*, available on the Division of Pensions and Benefits' Web site at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm)

Medical Plan Name	Web Address	Phone#
<b>Preferred Provider Organization (PPO)</b>		
<b>NJ DIRECT10</b> and <b>NJ DIRECT15</b>	<a href="http://www.horizonblue.com/shbp">www.horizonblue.com/shbp</a>	1-800-414-7427 (SHBP)
<i>Administered by Horizon Blue Cross Blue Shield of New Jersey</i>		
<b>Health Maintenance Organizations (HMO)</b>		
<b>Aetna HMO</b>	<a href="http://www.aetna.com/statenj">www.aetna.com/statenj</a>	1-877-STATE NJ
<b>CIGNA HealthCare</b>	<a href="http://www.cigna.com">www.cigna.com</a>	1-800-564-7642
<i>All plans are available nationwide. There are no longer specific service areas in different states; however, you should check with your medical provider to verify his or her plan participation.</i>		

## Need to Find a Doctor?

The Unified Provider Directory (UPD) is an online service that provides information concerning health care providers and facilities that deliver their services through one or more of the SHBP's health care plans. The UPD is available for all areas of New Jersey, and the contiguous counties of Eastern Pennsylvania and New York. You can search for information two ways:

- by name for a provider or hospital; or
- by entering an address and ZIP Code, find the providers and facilities that are most convenient to you and which health plans they accept.

The UPD can be found on our Web page at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm) and can be accessed by clicking on the "Quick Links to Plan Information" pull down menu.

## Coverage for Children Past Age 23

The following information explains the different coverage options and the eligibility requirements your child must meet in order to maintain coverage through the SHBP.

### Over Age Dependents with Disabilities

Unmarried children with disabilities who turn age 23 in 2008, who are still dependent on you for support, and meet the definition of a dependent may remain on your health plan upon approval of their disabled status. **Requests for the continuation of coverage must be sent to the SHBP by the January 31, 2009 deadline.** To apply for an extension of health benefits coverage for a dependent with disabilities, write to the Division of Pensions and Benefits, State Health Benefits Program, PO Box 299, Trenton, NJ 08625-0299 or call (609) 292-7524. Please provide your name, address, and Social Security number, and ask for the *Request for Continuance for Dependent with Disabilities* form. Previously approved requests are reviewed annually to determine if the disabled child still meets the eligibility requirements.

### Children Over Age 23

The SHBP has specific guidelines about providing health coverage to children past the age of 23 until age 31 and these guidelines have changed in recent years due to the enactment of health benefit related legislation, Chapter 375, P.L. 2005, as amended by Chapter 38, P.L. 2008. A child who previously "aged-out" of a plan and does not currently receive coverage or who has coverage under COBRA, provided he or she meets certain requirements for dependent status, may elect continued coverage — even if there has been a gap in coverage. The eligibility requirements are outlined as follows:

1. be 30 years of age or younger at the time of application;
2. be unmarried;
3. have no dependent(s) of his or her own;
4. be a resident of New Jersey or enrolled as a full-time student at an accredited public or private institution of higher education;
5. have no other coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, church plan, or health benefits plan, or entitled to benefits under Medicare; and
6. provide proof of previous credible coverage.

An over age child is eligible for coverage until age 31 in the medical and/or prescription drug plan that is identical to the plan in which the parent is enrolled. **In order to enroll, you must complete a Chapter 375 Enrollment Application and return it to your human resources representative or benefits administrator by October 31, 2008.** The application for over age children must be signed by both the child and parent responsible for paying for the cost of coverage.

There is no provision under Chapter 375 for enrollment in dental or vision benefits. Continued dental and vision coverage may be available under federal COBRA rules. See your human resources representative or benefits administrator for details.

## HIPAA Notice for 2008

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires group health plans to implement several provisions contained within the law to annually notify its membership of any provisions for which they file an exemption. For plan year 2008, all SHBP health plans meet or exceed the federal requirements, with the exception of mental health parity for NJ DIRECT. The State Health Benefits Commission filed an exemption from the area of mental health parity for non-biologically based mental illness with the federal Centers for Medicare and Medicaid Services for calendar year 2008 for NJ DIRECT. The maximum annual and lifetime dollar limits for mental health benefits under NJ DIRECT will not change. These limitations are outlined in the *NJ DIRECT Member Handbook* or contact your health plan for more information.

## Help Stop Healthcare Fraud!

Healthcare fraud wastes tax dollars and drains valuable resources from the New Jersey State Health Benefits Program. Healthcare fraud is defined as the intentional deception or misrepresentation that an individual knows could result in some unauthorized benefit to the individual or to some other person. Examples of potential fraud include: submitting false information on the *SHBP Application*; adding or keeping ineligible dependents on your coverage; creating, altering and submitting false documentation; submitting false or misleading claim reimbursement data; and/or providing an identification card to someone else to use who is not eligible for coverage.

**Healthcare fraud is a crime.** Any member who willfully and knowingly engages in an activity intended to defraud the New Jersey State Health Benefits Program may result in prosecution. Any member who receives monies fraudulently from a health plan will be required to fully reimburse the plan.

The Division of Pensions and Benefits will be conducting a full legal document audit of all enrolled members who cover dependents during 2009. This will require that you provide legal documentation for all dependents you cover under the SHBP. Those dependents that do not have proper legal documentation will be terminated from coverage.

*Do you know of a fraud being committed against the New Jersey State Health Benefits Program? Call (609) 292-7524 to report this possible fraud. All calls will remain confidential.*

New Jersey SHBP

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Division of Pensions  
and Benefits  
(609) 292-7524

[www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

*Health Capsule* is published periodically for Local Government employees and is designed to keep employees informed about developments in their health benefits program. The newsletter will address issues affecting your health and prescription benefits and will include articles on new or proposed legislation, New Jersey Administrative Code changes, decisions of the State Health Benefits Commission, and national issues affecting our programs.

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

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

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