

# SHBP COVERAGE FOR STATE INTERMITTENT EMPLOYEES

State Health Benefits Program

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## INTRODUCTION

Under negotiated agreements between the State of New Jersey and the Communications Workers of America (CWA) representing State employees, certain Intermittent employees working at the Department of Labor and the Department of the Treasury are eligible for enrollment in the State Health Benefits Program (SHBP). Under the agreement, eligible Intermittent employees can enroll for health coverage through any plan and/or prescription drug coverage through the **Employee Prescription Drug Plan**. These plans are described at the end of this fact sheet.

The plan benefits, as well as the rules and procedures of the plans, are the same for Intermittent enrollees as they are for all other enrollees, **except for those areas listed below**. If a specific topic is not outlined in this publication, please refer to the information provided on our Web site at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

## ELIGIBILITY AND ENROLLMENT

### Intermittent Employee Eligibility

Eligibility for coverage is determined by the human resources offices at the departments at which the employee works. Enrollments, terminations, changes to contracts, etc. must be processed through your employer first, then the SHBP. If you have any questions concerning eligibility provisions, you should see your employer. You may call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524 for general eligibility questions.

To be eligible for coverage an Intermittent employee **must** be:

- An employee of the State of New Jersey who is hired in an Intermittent position and has a minimum of 750 regular pay status hours within the previous fiscal year (July 1 to June 30); and
- Covered under the labor contract between the CWA and the State of New Jersey that committed the State to provide SHBP coverage to Intermittent employees.

### Eligible Dependents

Your eligible dependents are:

- Your spouse, civil union partner, or eligible same-sex domestic partner\*;
- Your children (including step-children, legally adopted children, foster children, legal wards) under the age of 26.

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*\*For more information about health benefits for domestic partners, including eligibility requirements, see Fact Sheet #71, Benefits Under the Domestic Partnership Act. For more information about health benefits for civil union partners see Fact Sheet #75, Civil Unions.*

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**Enrollment**

If you meet the eligibility requirements outlined above, your employer will provide you with the *Intermittent Employee State Health Benefits Program Application*. You must complete the application, providing all of the information requested, and submit it to your employer.

Enrollees are required to contribute toward the cost of their health benefits. The contribution is determined as a specified percentage of the health benefits/prescription drug premiums for a salary range, but not less than 1.5% of salary. As an employee receives salary increases during the year, the amount of contribution will be adjusted upwards accordingly. The contribution percentages can be found on our Web site.

If you do not enroll all eligible members of your family within 60 days of the time you or they first become eligible for coverage, you must wait until the next Annual Open Enrollment period to enroll them if you are still eligible for coverage (for more information visit our Web site). Open Enrollment periods generally occur once a year. Information concerning the duration of the Open Enrollment period and effective dates of coverage are announced by the Division of Pensions and Benefits.

**Effective Dates of Coverage**

Coverage will be effective as of the first day of the first coverage period that includes January 1 of a given year, provided the Intermittent employee had a minimum of 750 regular pay status hours in the prior fiscal year.

The effective date of coverage for an eligible dependent is effective the same date as the employee's provided they are listed on the enrollment application when first submitted to the SHBP.

Coverage changes involving the addition of dependents are effective retroactive to the date of the event (marriage, civil union, birth, adoption, etc.) providing the application is filed within 60 days of the event. Deletion of dependents is effective on a timely or prospective basis, depending upon receipt of the application by the Health Benefits Bureau. Dependent children are automatically terminated as of the end of the year they attain age 26.

**Annual Recertification of Eligibility**

Your employer will recertify eligibility of every Intermittent employee with SHBP coverage each year. To qualify for coverage in subsequent years, your employer must certify that you have at least 750 regular pay status hours in the prior fiscal year.

**Leave-of-Absence,  
Furlough, and Workers' Compensation**

Because of the arrangement for coverage under the labor contract, absence from work without pay does not affect the continuation of your existing coverage.

It may, of course, impact coverage in the next year as such time will not count towards the 750 required regular pay status hours.

**Termination of Coverage**

Your coverage will end if you terminate employment with the State; i.e., resignation, layoff, or death. You should consult your payroll clerk for your exact termination date.

Your coverage will also end if you do not have the 750 regular pay status hours in a fiscal year required by the labor contract. The termination date of your coverage in this case will be at the end of that calendar year or the first payroll period after December 31 of that calendar year. For Example: If you fail to meet the 750 hours in Fiscal Year 2010, your coverage will end the first biweekly payroll date after December 31, 2010.

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**Coverage after Retirement**

Since Intermittent employees are not members of a public pension fund, there will not be any retirement from State employment on the basis of the Intermittent position. Therefore, there can be no provision for continuation of coverage in retirement.

**COBRA COVERAGE**

Upon termination of SHBP coverage, continued coverage in the health plan and the Employee Prescription Drug Plan is available under federal COBRA legislation. See our Web site for more information on COBRA coverage.

For a summary of benefits provided by the SHBP, see the *Plan Comparison Summary* for State employees.

Detailed information about the plans can be found online at:

[www.nj.gov/treasury/pensions/health-benefits.shtml](http://www.nj.gov/treasury/pensions/health-benefits.shtml)

**Employee Prescription Drug Plan**

The Employee Prescription Drug Plan is a separate drug plan for active employees. The plan is currently administered by Express Scripts Pharmacy Benefits.

Prescription drugs can be obtained at a retail pharmacy or by mail order. Copayment amounts for generic prescription drugs, brand name prescription drugs *without generic equivalents*, or brand name prescription drugs *where a generic equivalent is available* can be found on Division's Web site listed below and are subject to change.

For more information about the Employee Prescription Drug Plan, see the *Employee Prescription Drug Plan Member Handbook* which is available online at:

[www.nj.gov/treasury/pensions.health-benefits.shtml](http://www.nj.gov/treasury/pensions.health-benefits.shtml)

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This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295**

**(609) 292-7524 • TTY for the hearing impaired (609) 292-6683**

**URL: <http://www.nj.gov/treasury/pensions> • E-mail: [pensions.nj@treas.nj.gov](mailto:pensions.nj@treas.nj.gov)**

This fact sheet is a summary and not intended to provide total information.

Although every attempt at accuracy is made, it cannot be guaranteed.

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