



# Health Capsule

Fall 2016

State Health Benefits Program (SHBP)

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

## Your Open Enrollment is Here, October 3 – November 11!

This Open Enrollment, review all your health plan options and choose the plan that best fits you and your family’s needs! All plan options are offered through Aetna and Horizon Blue Cross Blue Shield of New Jersey. The following is an overview of your Medical Plan Choices for 2017:

### Tiered-Network Plans

The SHBP is offering two tiered-network plans for 2017: the **Aetna Liberty Plan**, and **Horizon’s OMNIA Health Plan**.

With tiered-network plans, you have the flexibility to visit high-quality practitioners in the carrier’s managed care network, with no referrals required, based on two “tiers”: Tier 1 refers to specific doctors, hospitals, and other healthcare professionals who offer high-quality, cost-effective care; Tier 2 refers to providers included in the managed care network, but with slightly higher cost sharing. There is no out-of-network coverage with the tiered-network plans.

Horizon members can find Tier 1 and Tier 2 providers with the Doctor & Hospital finder at: [www.horizonblue.com/shbp](http://www.horizonblue.com/shbp)  
Aetna members can use DocFind™ to search for participating Tier 1 and Tier 2 providers at: [www.aetnastatenj.com](http://www.aetnastatenj.com)

### HMO Plans

The SHBP is offering two Health Maintenance Organization (HMO) plans for 2017: the Aetna HMO plan and the Horizon HMO plan.

With HMO plans, you select a Primary Care Physician (PCP) within the carrier’s HMO network; you must get referrals to see specialists and there is no out-of-network coverage except for emergencies. You pay set copayments for PCP and specialist visits, so there is no guesswork involved with coinsurance. HMO plans are best for members who prefer predictable, manageable costs for their health care.



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## PPO Plans

The SHBP is offering several Preferred Provider Organization (PPO) plans for 2017: Aetna Freedom15, Aetna Freedom1525, Aetna Freedom2030, and Aetna Freedom2035; and Horizon's NJ DIRECT15, NJ DIRECT1525, NJ DIRECT2030, and NJ DIRECT2035.

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

## HDHP Plans

The SHBP is offering four High Deductible Health Plan (HDHP) options for 2017: the Aetna Value HD1500 and the Aetna Value HD4000 plans, and Horizon's NJ DIRECT HD1500 and the NJ DIRECT HD4000 plans.

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 reaching the deductible. Once the deductible is met, you pay only coinsurance until you reach an out-of-pocket maximum, at which point 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.

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# What's New for 2017

## Tiered-Network Incentive Program

For plan year 2017, the Division of Pensions and Benefits is implementing a "Pilot Incentive Program" for the tiered-network plans: the Aetna Liberty Plan and the Horizon OMNIA Health Plan. This program encourages employees to subscribe to one of the tiered-network plans by offering financial incentives. State employees are automatically eligible to participate in the program.

The Pilot Incentive Program is available to first-time enrollees who must remain enrolled for two years, from January 1, 2017 through December 31, 2018. This program does not extend to over-age children or COBRA members. The incentives vary depending on level of coverage: Single-coverage employees receive \$1,000; Member/Spouse or Parent/Child-covered employees receive \$1,250; and Family-covered employees receive \$2,000. This incentive is paid by gift card within the first quarter of Plan Year 2017, and is deemed reportable income for tax purposes.

**IMPORTANT** – The incentive shall be forfeited and returned to the SHBP if you fail to remain enrolled in a tiered-network plan for at least two plan years, except if you become ineligible for healthcare due to: layoff, involuntary separation, reduction to part-time status, or classification into an ineligible position. If you voluntarily retire or change health plans due to catastrophic or emergency health needs as determined by the Division after a full year, then the incentive shall be forfeited on a pro-rata basis.

## Other SHBP Changes

- Effective December 24, 2016, for employees paid by Centralized Payroll (January 1, 2017, for all other employees), the Emergency Room copayment will increase by \$25, where the copayment is currently less than \$100.

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## What's New for 2017 – *continued from page 2*

For Example, if the emergency room copayment for your chosen plan in 2016 was \$75, the copayment will be raised to \$100 for Plan Year 2017.

There are several other changes taking effect before the new 2017 plan year:

- Effective November 1, 2016, for out-of-network physical therapy visits, the maximum allowed amount per visit will be limited to the medical plans average in-network allowance – Aetna \$55 and Horizon \$52. You are responsible for applicable co-insurance and any amount your provider charges above the new allowed amounts.
- Effective November 1, 2016, the Preferred Drug Step Therapy (PDST) program will be expanded to all State active employees and their dependents. Under PDST, a member is required to try and fail a lower cost prescription drug before approval of a high cost prescription drug in the following classes of drugs: Proton Pump Inhibitors (ulcer/reflux drugs), SSRI/SSNRI antidepressants, osteoporosis drugs, nasal steroids, and hypnotics. For more information, please refer to pages 19-20 of the Prescription Drug Plans Member Handbook, available at:  
<http://www.state.nj.us/treasury/pensions/pdf/handbook/hp0506.pdf>
- Effective December 1, 2016, cost sharing for brand name drugs with a generic equivalent available will be increased. Members will pay the generic copayment plus the difference in cost between the generic drug and the brand name drug.
- Effective December 1, 2016, certain drugs will be excluded from coverage under the SHBP Prescription Drug Plans. A copy of Express Scripts' National Preferred Formulary is available at: <http://www.nj.gov/treasury/pensions/hb-active.shtml> If you are currently taking a medication that will no longer be eligible for coverage, ask your doctor if a preferred alternative is appropriate for you. If your doctor believes that the excluded medication is medically necessary, the doctor's office may initiate an appeal by calling Express Scripts.

This also applies to drugs that are considered preferred therapy – copayments for non-formulary drugs will be increased to share the additional cost, unless they are medically necessary and appropriate under the guidelines currently applicable to the plan.

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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.

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## Terms You Need to Know – *continued from page 3*

### 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), and 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 specialist 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.

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## Open Enrollment in 3 Easy Steps

### Links at Your Fingertips

Open Enrollment starts on October 3 and ends November 11. 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. See page 1 for a complete list of plans.

1. **Review** — Review the Medical Plan Design comparison chart, which has side-by-side comparisons for each of the medical plans.

- Plan Comparison Chart:

[www.nj.gov/treasury/pensions/hb-comparison-home.shtml](http://www.nj.gov/treasury/pensions/hb-comparison-home.shtml)

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2. **Calculate** — You can use the online Percentage of Premium Calculator to determine your estimated premium contributions for plans offered in 2017.
  - Percentage of Premium Calculator  
[www.nj.gov/treasury/pensions/hb-percentage-home.shtml](http://www.nj.gov/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 11, 2016.

### **Applications:**

#### **HMO/PPO/Tiered Plan application:**

[www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0891.pdf](http://www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0891.pdf)

#### **High Deductible Health Plan (HDHP) application:**

[www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0910.pdf](http://www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0910.pdf)

#### **HDHP Health Savings Account (HSA) Contribution form for those paid by Centralized Payroll:**

[www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0913.pdf](http://www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0913.pdf)

#### **HDHP Health Savings Account (HSA) Contribution form (State-monthly employees):**

[www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0914.pdf](http://www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0914.pdf)

#### **Dental Plan application:**

[www.nj.gov/treasury/pensions/epbam/exhibits/pdf/hd0719.pdf](http://www.nj.gov/treasury/pensions/epbam/exhibits/pdf/hd0719.pdf)

### **COBRA Information:**

For a COBRA application, please visit our Web site at:

[www.nj.gov/treasury/pensions/hb-cobra.shtml](http://www.nj.gov/treasury/pensions/hb-cobra.shtml)

### **CHAPTER 375 Members:**

**Chapter 375 application (Coverage for children over the age of 26 until age 31):**

[www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ho0805.pdf](http://www.nj.gov/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 at 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 Web site at:

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

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## NJWELL IN 2017

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 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 encourage participants to "keep going" with their fitness goals and healthy lifestyle choices. Employees and their covered spouses or partners can each receive up to \$250. You must submit your assessment and proof of screening and complete your activities by October 31, 2016, in order to earn the 2016 reward. For more information about **NJWELL**, visit our Web site at: [www.nj.gov/njwell](http://www.nj.gov/njwell)

### Plan Year 2017

You and your covered spouse or partner will still have additional opportunities to earn rewards during 2017. Look out for more information about **NJWELL** for Plan Year 2017.



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## Overview of Your Dental Plan Choices for 2017

The SHBP is offering active employees two types of plans for 2017: 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.

See **Fact Sheet #37, Employee Dental Plans**, for details about plan choices and a comparison of costs for the DPO vs. DEP plans at [www.nj.gov/treasury/pensions/pdf/factsheets/fact37.pdf](http://www.nj.gov/treasury/pensions/pdf/factsheets/fact37.pdf)

To see which DPO your dentist might participate with, visit the Web site below for links to the DPO web sites:

[www.nj.gov/treasury/pensions/employee-dental-plans.shtml](http://www.nj.gov/treasury/pensions/employee-dental-plans.shtml)



# PLAN YEAR 2017 CONTACT INFORMATION

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

## Is Your Child Turning Age 26?

Covered children who turn age 26 by the end of 2016 will be terminated from coverage as of December 31, 2016. 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.

For more information about COBRA, see Fact Sheet #30, *The Continuation of Health Benefits Under COBRA* at: [www.nj.gov/treasury/pensions/pdf/factsheets/fact30.pdf](http://www.nj.gov/treasury/pensions/pdf/factsheets/fact30.pdf)

For more information about coverage of over-age children until at 31 under Chapter 375, see Fact Sheet #74, *Health Benefits Coverage of Children Under Chapter 375* at: [www.nj.gov/treasury/pensions/pdf/factsheets/fact74.pdf](http://www.nj.gov/treasury/pensions/pdf/factsheets/fact74.pdf)

**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.

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## Is Your Child Turning 26? – *continued from page 7*

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, (2) the child continues to be disabled, (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.

See also Fact Sheet #51, *Continuing Health Benefits Coverage for Over-age Children with Disabilities*, at:

[www.nj.gov/treasury/pensions/pdf/factsheets/fact51.pdf](http://www.nj.gov/treasury/pensions/pdf/factsheets/fact51.pdf)

New Jersey

### Health Capsule

Division of  
Pensions and Benefits  
609-292-7524

[www.nj.gov/treasury/pensions](http://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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