



# Health Capsule

The Division of Pensions and Benefits ♦ For State 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, prescription drug, and dental benefits, and to make any changes for you and your dependents for the following plan year.

For all eligible State 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 3, 2009 for State employees paid by the State's Centralized Payroll Unit, and January 1, 2009 for all other State employees.

The Fall Open Enrollment is for the medical plans that are currently in place — **NJ DIRECT, Aetna HMO, and CIGNA HealthCare HMO**; the current dental plans (see pages 2 and 3); 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 health and 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 health and/or dental plan;
- add eligible dependents\* you have not previously enrolled (including over age dependents up to age 30 who are not currently covered or who are reaching the end of COBRA eligibility - see page 4); and
- remove dependents from coverage.

To make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Health 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.**

*\*Full documentation (birth certificate, adoption papers, court orders, marriage or civil union certificate) is required.*



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## 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 Traditional Plan, and NJ PLUS. 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 the NJ DIRECT, Traditional Plan, and NJ PLUS. The maximum annual and lifetime dollar limits for mental health benefits under NJ DIRECT, the Traditional Plan, and NJ PLUS will not change. These limitations are outlined in your health plan's handbook or contact your health plan for more information.

## Help Stop Healthcare Fraud

**H**ealthcare 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 face disciplinary action that could include termination of employment and 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.*

## Employee Dental Plans

**M**embers who enroll in the Employee Dental Plans may choose to enroll into one of two types of dental plan: one of six Dental Plan Organizations (DPO) or the Dental Expense Plan. A cost comparison and an example chart is available on page 3.

The Dental Plan Organizations contract with a network of providers for dental services. Your contribution rate for the cost of coverage is considerably less expensive under a DPO than the Dental Expense Plan. There are six DPOs participating in the SHBP from which you may choose. You must use providers participating with the DPO you select to receive coverage. Since DPOs also service other organizations, be sure to confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP Employee Dental Plans.

The Dental Expense Plan is a traditional indemnity plan that allows you to obtain services from any dentist. After you satisfy the \$50 annual deductible (no deductible applies for preventive services), you are reimbursed a percentage of the reasonable and customary charges for the services that are covered under the Dental Expense Plan.

### Employee Dental Plans Contact Information

#### Aetna DMO

[www.aetna.com/statenj](http://www.aetna.com/statenj)

800-843-3661

Serving all of New Jersey, Eastern Pennsylvania.

#### BeneCare (Atlantic Southern Dental Foundation)

[www.benecare.com](http://www.benecare.com)

800-843-4727

Serving most of New Jersey (Except Hunterdon, Morris, Passaic, Salem, Somerset, Sussex & Warren Counties).

#### Community Dental Associates

[www.cdaplan.com](http://www.cdaplan.com)

(856) 451-8844

Serving Cumberland County.

#### CIGNA Dental Health, Inc.

[www.cigna.com/stateofnj](http://www.cigna.com/stateofnj)

800-367-1037

Serving most of New Jersey (Except Cape May County); Eastern Pennsylvania.

#### Healthplex (International Health Care Services)

[www.healthplex.com](http://www.healthplex.com)

800-468-0600

Serving most of New Jersey (Except Cape May, Gloucester, Hunterdon, Salem, Sussex & Warren Counties); Bucks County and Philadelphia, Pennsylvania.

#### Horizon Dental Choice

[www.horizonblue.com](http://www.horizonblue.com)

800-433-6825

Serving most of New Jersey (Except Salem County).

#### Dental Expense Plan (Administered by Aetna)

[www.aetna.com/statenj](http://www.aetna.com/statenj) 877-238-6200

# A Comparison of Your Dental Plan Choices

To assist you in selecting a dental plan, the tables below provide a cost comparison of dental premiums, common procedures, and typical services for a family of four. Costs shown for the Dental Plan Organizations are the same no matter where you live. The costs shown for the Dental Expense Plan are for illustrative purposes and based on the Trenton area. Costs in your geographic area may be different. For additional details, see the *Employee Dental Plans Member Handbook* which is available on our Web site at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm)

Common Procedures	Dental Plan Organizations	Dental Expense Plan Out-of-Network
Employee’s Share of Premium (Biweekly amount - 26 pay periods)	Single: \$4.86 Member/Spouse/Partner: \$8.52 Family: \$13.87 Parent and Child(ren): \$10.20	Single: \$9.51 Member/Spouse/Partner: \$16.53 Family: \$27.12 Parent and Child(ren): \$20.03
Annual Deductible	\$0	\$50 Individual \$150 Family
Amalgam Filling 1 Surface	\$0	\$23
Resin Based Composite 1 Surface	\$0	\$27
Crown Porcelain Fused to High Noble Metal	\$225	\$336
Molar Root Canal	\$150	\$188
Scaling and Root Planing per Quadrant	\$55	\$112
Partial Dentures	\$275	\$540
Tooth Extraction	\$20	\$25
24 Month Orthodontic (for Child)	\$1,000	\$3,994

## Example Comparison of Annual Costs for Family of Four (for illustrative purposes only)

Family Member	Procedure	Dental Plan Organization	Dental Expense Plan Out-of-Network
Member	Two Cleanings and One Oral Exam	\$0	\$0
Spouse/Partner	Two Cleanings and One Oral Exam	\$0	\$0
	Root Canal	\$150	\$188
	Deductible	\$0	\$50
	Crown	\$225	\$188
Child #1	Two Cleanings and One Oral Exam	\$0	\$0
	Two Amalgam Fillings	\$0	\$46
	Deductible	\$0	\$50
Child #2	Two Cleanings and One Oral Exam	\$0	\$0
	24 month Orthodontic Treatment*	\$1,000	\$2,994
<b>Total Out-of-Pocket Cost</b>		<b>\$1,375</b>	<b>\$3,516</b>

\* Actual amount may be paid over two years.

## 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. 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 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.

## Need more information?

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.

New Jersey SHBP

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Division of Pensions  
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(609) 292-7524

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

*Health Capsule* is published periodically for State 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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