



Health Capsule

Fall 2016

School Employee Health Benefits Program (SEHBP)
A newsletter for SEHBP members from the New Jersey Division of Pensions and Benefits

Open Enrollment Ends October 31!

This Open Enrollment, review all your health plan choices and find the plan that 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:

HMO Plans

The SEHBP will offer several Health Maintenance Organization Plan (HMO) options for 2017. 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 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. Available plans include: Aetna HMO, Aetna HMO 1525, Aetna HMO 2030, and Aetna HMO 2035; and Horizon HMO, Horizon HMO1525, Horizon HMO 2030, and Horizon HMO 2035.

PPO Plans

The SEHBP will offer several Preferred Provider Plan (PPO) options for 2017 including: Aetna Freedom 10, Aetna Freedom 15, Aetna Freedom 1525, Aetna Freedom 2030, and Aetna Freedom 2035; and Horizon's NJ DIRECT10, 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 and variety of doctors over cost.

HDHP Plans

The SEHBP will offer two High Deductible Health Plan (HDHP) options for 2017: Aetna Value HD1500 plan and Horizon's NJ DIRECT HD1500 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, at which point 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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OPEN ENROLLMENT IN 3 EASY STEPS

Links at Your Fingertips

Open Enrollment starts on October 3 and ends October 31. 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 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 at:

<http://www.nj.gov/treasury/pensions/hb-comparison-home.shtml>

2. **Calculate** — You can use the Percentage of Premium Calculator to determine your estimated premium contributions for plans offered in 2017. Calculators are available at:

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 October 31, 2016.

PPO/HMO PLAN application:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0890.pdf

High Deductible Health Plan (HDHP) application:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0912.pdf

HDHP Health Savings Account (HSA) Contribution form:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/ha0914.pdf

Dental Plan application:

www.nj.gov/treasury/pensions/epbam/exhibits/pdf/hd0719.pdf

COBRA Information

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

<http://www.nj.gov/treasury/pensions/hb-cobra.shtml>

Chapter 375 Members

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

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 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

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 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 **SEHBP** 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 \$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

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.



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.

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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 out-patient 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.

Overview of Your Dental Plan Choices for 2017

The SEHBP 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, visit the Web site below for links to the DPO Web sites: www.nj.gov/treasury/pensions/employee-dental-plans.shtml



PLAN YEAR 2017 CONTACT INFORMATION

PLAN	PHONE NO.	WEB SITE
MEDICAL		
Aetna	1-877-782-8365	www.aetna.com/statenj
Horizon Blue Cross Blue Shield of New Jersey	1-800-414-7427	www.horizonblue.com/sehbp
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/stateofnjdenal
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

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

For more information about coverage of over-age children until age 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

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 the:

**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 SEHBP, 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.

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

New Jersey

Health Capsule

Division of
Pensions and Benefits

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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, PO Box 295, Trenton, NJ 08625-0295.

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