

SHBP PDC Resolution #2019-3

**RESOLUTION OF THE STATE HEALTH BENEFITS PROGRAM PLAN DESIGN COMMITTEE MODIFYING
COVERAGE FOR CERTAIN LAB SERVICES**

WHEREAS, pursuant to N.J.S.A. 52:14-17.29 et seq. the State Health Benefits Program (SHBP) provides health coverage to qualified employees and retirees of the State and participating local employers; and

WHEREAS, the SHBP was enacted in 1961 for the purpose of providing affordable, quality health care coverage for public employees on a cost-effective basis; and

WHEREAS, all SHBP plans, with the exception of Medicare Advantage plans, are self-funded, which means that the money paid out for benefits comes directly from an SHBP fund funded by State appropriations, participating local employers, and member premiums; and

WHEREAS, the SHBP Plan Design Committee (SHBP PDC) aims to encourage the use of in-network services to ensure better access to quality patient services and cost savings; and

WHEREAS, the current SHBP carriers, Horizon and Aetna, provide comprehensive in-network coverage for routine lab services.

NOW, THEREFORE, BE IT RESOLVED:

1. The SHBP PDC directs that, beginning July 1, 2019, all routine lab services, with the exception of genetic testing and other lab services that are not covered by Quest and LabCorp such as molecular and surgical pathology, Transfusion Medicine and Immunology, shall be provided on an in-network basis;
2. The SHBP PDC further directs that the carriers shall communicate this change in coverage with members and the provider community prior to, and following, the July 1, 2019 implementation;
3. Plan Members shall be afforded a one-time forgiveness for their first routine out-of-network lab service after July 1, 2019.
4. This resolution shall take effect immediately.