



# Health Capsule

The Division of Pensions and Benefits ♦ For Local Employees ♦ Issue #22

## Two Open Enrollments for Plan Year 2008

Every fall the State Health Benefits Program (SHBP) holds the Open Enrollment period as your annual opportunity to review your health, and if your employer participates, prescription drug and dental benefits. This is the time to make any changes for you and your dependents for the following plan year. However, for the 2008 plan year two open enrollments will be held.

### Fall 2007 Open Enrollment

For all eligible employees the Fall Open Enrollment will take place from October 1 through October 31, 2007. Coverage changes made during this Open Enrollment will be effective on January 1, 2008.

The Fall 2007 Open Enrollment is for the medical plans that are currently in place — NJ PLUS, the Traditional Plan, the HMO plans: Aetna, Amerihealth, CIGNA, Health Net, and Oxford; and if eligible, the current dental plans (see page 4) and Employee Prescription Drug Plan. If you are

considering making a medical plan change, please note that new PPO plans and HMO plans will be put into place in 2008. If it is not imperative that you change plans at this time, you may want to wait for the “special” open enrollment in 2008 so you can review the new plans before making a change.

### 2008 Special Open Enrollment

A second “special” open enrollment, scheduled for 2008, will introduce the new plans to be offered by the SHBP. The procurement process for the new PPO and HMO plans is still ongoing.

Additional information about the plan redesign will be made available later. The Request for Proposal for the new plans is available for viewing on the SHBP Web site at: [www.state.nj.us/treasury/pensions/shbp.htm](http://www.state.nj.us/treasury/pensions/shbp.htm)

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## Have You Registered with MBOS Yet?

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 obtained by calling the Division's Automated Information System at (609) 777-1777. (When prompted, enter your Social Security number and then select option number 2 for pension information. You will then hear your Member ID number.) Please note that MBOS is not yet available to retired members. To see detailed introductions about MBOS registration, go to: [www.state.nj.us/treasury/pensions/mbosregister.htm](http://www.state.nj.us/treasury/pensions/mbosregister.htm)



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### How to Enroll and/or Make Changes

During the open enrollment period, closely examine your health care coverage to make sure that your health plan has 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 (if your employer participates);
- 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 3); 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, 2007. **Do not send the application directly to the SHBP.**

## Caremark is now CVS/Caremark

Caremark Rx, Inc., the company that manages the SHBP Employee Prescription Drug Plan, merged with CVS Corporation on March 22, 2007. The company is now named CVS/Caremark Corporation. While the name of the company is changing, **there is no change in your prescription drug benefit.** Since there is no change in benefits, only new plan members or those needing replacement ID cards will receive cards with the new CVS/Caremark logo.

You may still use any pharmacy in the Caremark network. Prescription drugs can still be obtained using your current prescription drug ID card at retail pharmacies or from the Caremark mail service pharmacy using the current order forms. You can still order your prescription drug refills via their Web site at: [www.caremark.com](http://www.caremark.com) and the customer service telephone number remains the same at 1-866-881-5605. When submitting a paper prescription drug claim to Caremark, you may use the current claim form. The current stock of Caremark forms will be used until depleted; however, as the company begins to brand materials in the marketplace, you will see the new CVS/Caremark logo. As of January 1, 2008, all materials will include the new logo.

If you would like to learn more about the merged company, visit their Web site at: [www.caremark.com](http://www.caremark.com)

## HIPAA Notice for 2007

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 2007, all SHBP health plans meet or exceed the federal requirements, with the exception of mental health parity for 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 2007 for the Traditional Plan and NJ PLUS. The maximum annual and lifetime dollar limits for mental health benefits under 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.

# Continuing Coverage for Children Age 23 to 30

The SHBP has very specific guidelines about providing health coverage to children past the age of 23. The following explains the different coverage options and eligibility requirements your child must meet in order to maintain coverage through the SHBP.

## COBRA for Children Turning Age 23 during 2007

Do you have a child who turned/or will turn age 23 during 2007? A dependent child who is age 23 as of December 31 will automatically be deleted from your coverage after December 31, 2007. However, your over age child may continue the same group coverage under the provisions of the federal COBRA law.

Under COBRA, your over age dependent will be billed once a month for the COBRA coverage (cost plus a 2 percent administrative charge) and can continue the coverage for up to 36 months. Dependents may enroll in any of the medical, dental, and/or prescription drug plans under which they were eligible. To ensure receipt of a COBRA notice and application, you must notify your benefits administrator if your dependent is no longer eligible for coverage. **Your dependent child must submit a completed COBRA application within 60 days of the date your employer provides you with a COBRA notice or 60 days from the date of termination, whichever is later.**



## Over Age Dependents with Disabilities

Unmarried children with disabilities who turn age 23 in 2007 and who are still dependent on you for support, 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, 2008 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.

## Children Over Age 23 but Ineligible for COBRA

A child who previously "aged-out" of a plan and does not currently receive coverage or who is coming to the end of a COBRA eligibility period, provided he or she meet certain requirements for dependent status, may elect continued coverage — even if there has been a gap in coverage. Those eligibility requirements are outlined as follows:

- Be less than 30 years of age;
- Be unmarried;
- Have no dependent(s) of his or her own;
- Be a resident of New Jersey or enrolled as a full-time student at an accredited public or private institution of higher education; and
- 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.

An over age child is eligible for coverage in the medical and/or prescription drug plan that is identical to the plan in which the parent is enrolled. There is no provision under Chapter 375 for enrollment in dental or vision benefits. **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, 2007.** The application for over age children must be signed by both the child and parent responsible for paying for the cost of coverage.

For more information regarding COBRA coverage, continuing coverage for a disabled child, or obtaining separate coverage for a child under 30 who is ineligible for COBRA see your human resources representative or benefits administrator.

# Attention Dental Plan Organization Members

## Four DPOs to No Longer Participate in SHBP Employee Dental Plans as of January 2008.

If your employer is a participant in the SHBP's Employee Dental Plan please note that as of January 1, 2008 the SHBP will terminate the participation of four Dental Plan Organizations (DPOs). Those DPOs are: **Assurant Employee Benefits, Flagship Health Systems, Inc., Group Dental Health Administrators, Inc., and Dental Group of New Jersey, Inc.** All DPO members who are affected by this termination will be mailed material announcing the termination.

DPO members must choose a new plan and return a dental enrollment application to their human resources representative or benefits administrator by October 31. The new dental plan you choose will become effective January 1, 2008. **If you do not transfer to another plan you will be without dental coverage as of January 1.** Your current dentist may participate in one of the remaining DPOs. Check with your current dentist or the DPO plans to find out.

### What Are Your Dental Plan Choices?

You have a choice between two types of dental plans:

- One of six Dental Plan Organizations (DPO); or
- The Dental Expense Plan.

If you join another **Dental Plan Organization** you must use providers participating with the DPO you select to receive coverage. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP Employee Dental Plans. When you use a DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a copayment. The following DPOs are remaining with the SHBP Employee Dental Plan:

- **Aetna DMO** — 1-800-843-3661
- **Atlantic Southern Dental Foundation (BeneCare)** — 1-800-843-4727
- **CIGNA Dental Health, Inc** — 1-800-367-1037
- **Community Dental Associates** — (856) 451-8844
- **Healthplex (International Health Care Services)** — 1-800-468-0600
- **Horizon Dental Choice** — 1-800-433-6825

The **Dental Expense Plan** is a indemnity-type plan administered by Aetna Dental. The plan allows you to choose any licensed dentist for your dental care; however, there is a deductible to satisfy for some services and some services are eligible only up to a limited amount. The deductible does not apply to diagnostic, preventive, and orthodontic services. After you satisfy the annual deductible, you are reimbursed a percentage of the reasonable and customary charges for services that are covered under the plan. **Call Aetna at 1-877-238-6200 for more information.**

For more detailed information see the *Employee Dental Plans Handbook* that is available on our Web site at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) and select "Forms and Publications."

**If you have dental coverage through one of the terminated plans and have not received information by mail or you are unsure as to which dental plan you have, see your human resources representative or benefits administrator.**

### New Jersey SHBP

## Health Capsule

Division of Pensions  
and Benefits  
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[www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

*Health Capsule* is published periodically for local 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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