

[MEMBER NAME]
[STREET ADDRESS 1]
[STREET ADDRESS 2]
[CITY, STATE, ZIP]

[TODAY'S DATE]
Medicaid ID [MEDICAID ID]

General Notice

Community Engagement/Work Requirements to Qualify for NJ FamilyCare/Medicaid

Dear [MEMBER NAME],

This letter contains important information about your NJ FamilyCare/Medicaid health coverage. The Trump administration has changed who qualifies for NJ FamilyCare and what some adult members age 19-64 must do to keep their coverage.

Why am I getting this letter?

Starting January 1, 2027, two new rules may affect your NJ FamilyCare coverage:

1. **Community engagement/work requirements.** Unless you meet one of the situations listed in Enclosure A, you must work, go to school, volunteer, or participate in a job training program to qualify for or keep your NJ FamilyCare coverage. These are officially called community engagement requirements, but you may also hear them called work requirements.
2. **More frequent eligibility renewals.** You will need to renew your coverage every six (6) months instead of once a year.

Our records show that you may be affected by these changes. Your coverage is not impacted today, but you should respond quickly to any mail you receive from NJ FamilyCare to help keep your coverage.

Make sure your mailing address, phone number, and email address are up to date, so you do not miss important notices. Go to <https://dmahs-nj.my.site.com/addressupdate>, or call 1-833-409-2370.

Do work requirements apply to me?

You do **NOT** have to meet the requirements if any of the situations listed in **Enclosure A: Who does not need to meet work requirements?** apply to you. Otherwise, you must meet the requirements if you are enrolled in NJ FamilyCare plan type ABP (Alternative Benefit Plan). See **Enclosure B: How do I determine my plan type?**

How do I meet work requirements?

You can meet work requirements by completing one of the following **activities**:

- Your household earns at least \$580 per month. If your income changes during the year because of seasonal work, such as teaching or landscaping, use your average monthly income from the past 6 months.
- Go to school at least half-time. Your school decides what half-time means.
- Spend at least 80 hours each month doing one or more of these activities:
 - Working
 - Going to school, if you are enrolled less than half-time
 - Participating in a job training program
 - Volunteering or community service

To keep your coverage, you must have completed any of the required activities for at least one (1) month since your last renewal. Starting January 1, 2027, NJ FamilyCare will check every 6 months if you meet the requirements. NJ FamilyCare will first check information it already has. If more information is needed, NJ FamilyCare will contact you to request it. See **Enclosure C: How will NJ FamilyCare check my work requirement status?** for more detail.

To help find out how these requirements may impact you, use the *NJ FamilyCare Activity Requirements Checker* found on www.njfcchecker.nj.gov.

What happens if I do NOT meet work requirements?

If the work requirement applies to you and you don't meet it, you will lose your NJ FamilyCare coverage when your current coverage period ends. You may be eligible for coverage at GetCoveredNJ, but you will not receive financial help. If you lose your NJ FamilyCare coverage, you can always reapply if your situation changes.

What should I be doing now?

- **Update your contact info:** Update your address, phone number, and email so you do not miss important notices. You can do this online at <https://dmahs-nj.my.site.com/addressupdate> or by calling 1-833-409-2370.
- **Watch for letters, emails, or text messages from NJ FamilyCare or your health plan:** Respond to letters from NJ FamilyCare as soon as possible if they ask you for information.
- **Check if the requirements may apply to you:** Use the *NJ FamilyCare Activity Requirements Checker* to see if work requirements apply to you. You can access this tool at www.njfcchecker.nj.gov
- **Collect and store your documents:** Start keeping records that show you meet the work requirements, such as pay stubs or school records. Do not send them now. **NJ FamilyCare will send you a letter if you need to provide documents.**

Resources to help you understand the changes:

- Visit MedicaidWorkRules.nj.gov for more information.
- **Ask questions or request help:** Call NJ FamilyCare at 1-833-409-2370.

Enclosure A: Who does NOT need to meet work requirements?

You may not need to meet work requirements if you have certain health, family, or life situations. You may be “excluded” or “excepted.”

Group 1 – Excluded

You do **NOT** have to complete work requirements if any of the following describe you right now. You are:

- A member of a household that currently receives Supplemental Nutrition Assistance Program (SNAP) benefits and SNAP requires you to follow a work requirement
- Currently meeting the WorkFirst NJ or Temporary Assistance for Needy Families (TANF) work requirement
- Currently pregnant or had a pregnancy end within the last 12 months while you were enrolled in NJ FamilyCare/Medicaid
- A parent, guardian, or caregiver of a child under age 14 or a disabled person
- Currently in jail or prison
- A member of a federally recognized American Indian or Alaska Native tribe
- A veteran with a total disability as determined by the U.S. Department of Veterans Affairs (VA)
- Under age 26 and aged out of foster care
- Participating in a substance use or alcohol treatment program
- Medically frail. This means you have a health condition that makes it hard for you to complete work requirements. Your condition must fall into one of these types:
 - Blind or disabled, as determined by the Social Security Administration
 - Substance use disorder. This doesn't apply if you are in recovery for 5 or more years
 - Disabling mental health disorder
 - Serious or complex medical condition(s)
 - Significant physical, intellectual, or developmental disability

Group 2 – Excepted

- You **DO NOT** have to complete requirements if any of the following were true about you at any time since your last renewal:
 - Under 19 years of age
 - Enrolled in Medicare
 - Received Supplemental Security Income (SSI)
 - Received inpatient acute care services, for example, at a hospital, nursing facility, intermediate care facility, or a psychiatric hospital
 - Traveled outside your community to access health care services for yourself or a dependent. This was because that care was not available where you live
 - Lived in a county with high unemployment, as defined by the federal government
 - Lived in an area where the President declared an emergency or disaster
- You **MAY NOT** have to complete work requirements if you were recently released from jail or prison

Enclosure B: How do I determine my plan type?

To determine your plan type you can:

- Call the member services number on the back of your current health plan ID card
- Check the front of your health plan ID card – see instructions below:
 - If you are enrolled in Aetna, you will not be able to use this method. Please call the member services number on your health plan ID card
 - If you are enrolled in Fidelis Care, United Healthcare, Horizon, or Wellpoint, please review the example Alternative Benefit Plan (ABP) ID cards below. If it says ABP or Alternative Benefit Plan on your card, as shown in the boxes in the examples, you are enrolled in the ABP plan

Fidelis

 **FIDELIS CARE**

Issue Date: 02/10/2025

Member: SAMPLE A SAMPLE
Member ID: 123456789 Medicaid #: 1234567890

Plan Name: NJ FamilyCare A/ABP

Effective Date: MM/DD/YYYY
Primary Care Provider (PCP):
[PCP Name]
PCP Phone: 1-XXX-XXX-XXXX
Dental: 1-888-442-2375

Co-Pay Information

Dental	\$0
Emergency	\$0
PCP	\$0
Pharmacy	\$0
Specialist	\$0

Horizon

  

NJ FamilyCare

NAME: JANE DOE	Plan	ABP
MEMBER ID NO: YHZ000000000	Dental Benefit	YES
PCP: DOE, MARIA G.	Emergency	\$0.00
PHONE: 973-000-0000	PCP Copay	\$0.00
ISSUE DATE: 02/28/2024	Dental Copay	\$0.00
EFFECTIVE: 01/01/2020	Specialist Copay	\$0.00
BC/BS Plan Codes 280/780	Rx Generic	\$0.00
horizonNJhealth.com	Rx Brand	\$0.00
	Pharmacies Group: HORIZON, BIN 61066, ProCin HMC	
	086-19-153	

United Healthcare

 **United Healthcare**
Community Plan

Health Plan (80840) 911-86047-08

Member ID: 000300112 Group Number: NJFAMCAR

Member: REISSUE ENGLISH

PCP Name: DOUGLAS GETWELL
PCP Phone: (201)792-3022
Issue Date: 06/22/23

Payer ID: 86047

Optum Rx®

Rx Bin:	610494
Rx Grp:	AMNJ
Rx PCN:	4343

Copay: No Copays

See reverse for dental/vision benefits
DOI -0501

NJ Alternative Benefit Plan
Underwritten by AmeriChoice of New Jersey, Inc.

Wellpoint



Effective Date:
Date of Birth:
Subscriber #: 123456789
RxBIN: 020107
RxPCN: WP
RxGRP: WKPA

NJ FamilyCare ABP
wellpoint.com/nj/medicaid

Member Name: JOHN Q SAMPLE
Primary Care Provider (PCP):
PCP Address:
PCP Telephone #:
Co-pays: Office Visits: \$0 Emergency Room Visits: \$0
Pharmacy: \$0 FOR GENERIC / \$0 FOR BRAND NAME

Dental: 1-833-276-0848 Vision: 1-800-879-6901
Wellpoint Member Services/BH: 1-833-731-2147 24/7 BH Crisis: 1-877-842-7187
Pharmacy Member Services: 1-833-207-3115

Enclosure C: How will NJ FamilyCare check my work requirement status?

NJ FamilyCare will check every 6 months whether your activities meet the requirements or you are in an excluded or excepted group. First, NJ FamilyCare will check information it already has.

Sometimes, NJ FamilyCare needs more information to decide your status. If this happens, NJ FamilyCare will send you a letter explaining:

- The kind of documents you will need to provide
- The deadline to send in your information

NJ FamilyCare will review your documents and decide if you are meeting work requirements or if they do not apply to you. Then, NJ FamilyCare will send you another letter with its decision about your coverage.

If your work, school, volunteer, excluded, or excepted status changes, you can report it at your next renewal. You do not need to report these changes right away. This includes if you:

- Start or stop working, going to school, or volunteering
- Become part of, or no longer belong to, an excluded or excepted group listed in Enclosure A

If something else changes that could affect your Medicaid eligibility, such as your income or the number of people in your household, you must notify NJ FamilyCare within 10 days of the change.