



State of New Jersey

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TO: Certifying Officers, State Colleges and Universities; Local Employers participating in the State Health Benefits Program (SHBP), and School Employees' Health Benefits Program (SEHBP)

FROM: New Jersey Division of Pensions & Benefits (NJDPB)

SUBJECT: Preventative Health Services – SHBP/SEHBP coverage of the 18 FDA-approved methods of contraception.

This Certifying Officer letter pertains to the coverage of the 18 FDA-approved methods of contraception available under both the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) medical and prescription drug plans.

AVAILABILITY OF CONTRACEPTIVE COVERAGE UNDER THE SHBP/SEHBP

Since the passage of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, group health plans ("plans") have been required to cover the full range of FDA-approved contraceptive methods. Specifically, the PPACA requires that plans cover at least one form of contraception in each method approved by the Food and Drug Administration (FDA) without cost-sharing to the enrollee. Currently, the FDA has approved 18 distinct methods of contraception for women that are required to be covered by both the SHBP/SEHBP medical and prescription drug benefits.

The contraceptive methods for women currently approved by the FDA include: (1) sterilization surgery for women; (2) surgical sterilization implant for women; (3) implantable rod; (4) IUD copper; (5) IUD with progestin; (6) shot/injection; (7) oral contraceptives (combined pill); (8) oral contraceptives (progestin only); (9) oral contraceptives extended/continuous use; (10) patch; (11) vaginal contraceptive ring; (12) diaphragm; (13) sponge; (14) cervical cap; (15) female condom; (16) spermicide; (17) emergency contraception (Plan B/Plan B One Step/Next Choice); and (18) emergency contraception (Ella). **Note:** The most up to date HRSA guidelines list can be found at: <https://www.hrsa.gov/womens-guidelines-2016/index.html>

Plans may use reasonable medical management techniques to help control costs, such as offering "preferred," low-cost, generic options with zero cost-sharing and charging a copayment or coinsurance for equivalent brand-name drugs or devices. However, plans must accommodate individuals for whom a "preferred" drug covered with no cost-sharing would be medically inappropriate (as determined by the individual's health care provider), by waiving the otherwise applicable cost-sharing for the "non-preferred" drug.

Please see “Affordable Care Act Implementation FAQ set 12” via the following URL for more guidance concerning the contraceptive coverage requirements of the PPACA: https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html

Following a review of SHBP/SEHBP plans by the NJDPB and the Centers for Medicare & Medicaid Services (CMS), it was discovered that members may have elected both Medical and Prescription Drug plans in order to have access to the full contraceptive coverage benefit. This was a miscommunication, as the PPACA-mandated contraceptive coverage has been covered under all SHBP/SEHBP medical plans. Enrollment in the prescription drug plan is not required to access the contraceptive benefits.

Any member who elected to enroll in the Prescription Drug Plan between March 23, 2010, and March 16, 2018, for the sole purpose of obtaining PPACA-mandated contraceptive coverage or paid out of pocket for PPACA-mandated contraceptive coverage may submit any claims and/or documentation for consideration and possible reimbursement within 90 days of the date of this letter so that they may be promptly reviewed and processed. If a member is unable to obtain the necessary documentation within the 90-day period, they should notify the DPB Policy & Planning Unit within the 90-day period to request an extension.

Acceptable documentation as evidence of claims incurred may include a dated proof of payment such as a printout of a pharmacy record or an itemized receipt, or an Explanation of Benefits (EOB).

Note: All submitted documentation must contain a valid group/policy number to allow for cross-referencing of the claim.

Please submit claims and/or documentation to: New Jersey Division of Pensions & Benefits, Attention: Policy & Planning Unit, P.O. Box 299, Trenton, NJ 08625-0299, or by email to: Policy.Planning@treas.nj.gov

FOR ADDITIONAL INFORMATION

If you have any questions, please contact the Policy & Planning Unit at the email address above.