



Health Benefits Coverage – Enrolling as a Retiree

Information for:

State Health Benefits Program
School Employees' Health Benefits Program

ELIGIBILITY

The following full-time employees, who are eligible for health insurance coverage until their retirement date, will be offered State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) coverage for themselves and their eligible dependents when they retire:

- State employees, employees of State universities/colleges and autonomous State agencies and commissions, as well as local government employees who were covered by, or eligible for, the State Health Benefits Program (SHBP).
- Members of the Teachers' Pension and Annuity Fund (TPAF) and school board or county college employees enrolled in the Public Employees' Retirement System (PERS) who retire with 25 years or more of service credit in the retirement system* or who retire on a Disability Retirement, even if their employer did not cover its employees under the School Employees' Health Benefits Program (SEHBP). This also includes those who elect to defer retirement with 25 or more years of service credit in the retirement system.
- Members of the TPAF and PERS who **retired** from a participating board of education, vocational/technical school, or special services commission, with less than 25 years of service credit, as long as the employer continues to participate with the SEHBP.

- Upon turning age 65, members of the TPAF and PERS who retired with less than 25 years of service credit from a non-participating board of education, vocational/technical school, or special services commission who have continuously participated in the health benefits plan of their former employer since their retirement and are enrolled in Medicare Parts A and B.
- Participants in the Alternate Benefit Program (ABP) who retire with at least 25 years of credited ABP service,* or those who are on a long-term disability.
- Certain local policemen or firemen with 25 years or more of service credit in the retirement system* or retiring on a Disability Retirement if the employer does not provide any payment or compensation toward the cost of the retiree's health benefits, in accordance with P.L. 1997, c. 330 (Chapter 330). A qualified retiree may enroll at the time of retirement or when eligible for Medicare.

ENROLLMENT

Generally, your employer will continue to cover you in the active employee group for one month beyond your termination of employment. Eligible members whose employer does not participate in the SHBP or SEHBP will be enrolled as of their retirement date.

Most eligible members enrolled in coverage as active employees will automatically be enrolled as retirees. It is not necessary to complete an application. Exceptions include those members who: have changed their retirement date; waived coverage as an active employee; have applied for a Disability Retirement; or retired from non-participating employer locations. Members in any of these categories must complete a *Retiree Health Benefit Enrollment and/or Change Form* to be enrolled. If you are waiving coverage because of other coverage, a *Cancel/Decline/Waive Retired Coverage* form must be submitted at the time of retirement in order to be eligible for enrollment if/when you lose the other coverage. If you do not submit an application within 60 days of your retirement date, you will not be permitted to enroll at a later date, unless you are subsequently approved for a Disability Retirement (see below).

If you are not eligible for employer-paid coverage, the premium will be deducted from your monthly retirement check, or you will be billed on a monthly basis if the amount of your retirement check is not enough to cover your premium.

Prescription drug coverage is included with all retiree medical plans.

If you are eligible for health care coverage at retirement, you are eligible to enroll in dental care coverage through the Retiree Dental Plans (see the *Dental Plans — Retirees* Fact Sheet).

*See "Combining Service Credit from More than One Retirement System" on page 4.

Disability Retirement

If you have applied for a Disability Retirement and your employer participates with the SHBP/SEHBP, the Health Benefits Bureau will send you a letter offering continued health benefits coverage under the provisions of COBRA. Members of non-participating locations will **not** be offered COBRA coverage through the SHBP/SEHBP. If a Disability Retirement is approved, the Health Benefits Bureau will send the employee a letter offering continued coverage in retirement. The employee must complete a *SHBP or SEHBP Retiree Disability Application*. Members of participating locations entitled to employer-paid or retirement system-paid health insurance will receive a refund of the COBRA premiums they paid to the program for coverage after the effective date of retirement, minus any premiums owed as the retiree.

Multiple Coverage is Prohibited

State law prohibits two members who are each enrolled in SHBP/SEHBP plans from covering each other. Therefore, an eligible individual may enroll in the SHBP/SEHBP as an employee or retiree, or be covered as a dependent, but cannot be both.

Eligible children may only be covered by one participating subscriber.

For example: A husband and wife both have coverage based on their employment. One may choose Family coverage, covering the spouse and children as dependents, making them ineligible for any other SHBP/SEHBP coverage; or one may choose Single coverage and the spouse may choose Parent and Child(ren) coverage.

Note: If you are eligible for SHBP/SEHBP retired group coverage but have other coverage through your spouse/partner, you must complete a Cancel/Decline/Waive Retired Coverage form and indicate your selection to waive your SHBP/SEHBP **coverage**. Waiving your coverage will ensure that if you lose the other coverage, you may rejoin the SHBP/SEHBP at a later date (see page 4). Otherwise you

will be considered “terminated” from the SHBP/SEHBP and you *will not* be permitted to reenter the program.

Medicare Coverage is Required if Eligible

If you or any of your dependents are eligible for Medicare you must submit proof of enrollment in both Part A and Part B of Medicare to continue participation in the SHBP or SEHBP. Attach a photocopy of your and/or your dependent’s Medicare ID card to the health benefits application, or attach a letter of confirmation from Social Security stating the effective dates of Medicare enrollment.

If you and/or your dependent is age 65 or have a Social Security Disability at retirement and have *not* enrolled in both Parts A and B of Medicare, you should contact Social Security to apply for Parts A and B Medicare coverage 90 days prior to your retirement date.

If you or any of your dependents become eligible for Medicare due to turning age 65, or 24 months after approval of Social Security Disability after you retire, you and/or your dependent must enroll in both Part A and Part B of Medicare. If you and/or your dependents do not enroll in both parts of Medicare when eligible, your SHBP/SEHBP coverage will terminate.

If you are paying the full cost of your SHBP/SEHBP coverage, that cost generally decreases when you and/or your dependent enroll in Medicare Parts A and B because most medical plans charge lower premiums for Medicare-eligible members.

Medicare Part D

Retired members of the SHBP or SEHBP who are enrolled in Medicare are automatically enrolled in the OptumRx Medicare Part D Prescription Drug Plan (PDP).

If you enroll in another Medicare Part D plan, you will lose your prescription drug benefits provided by the SEHBP/SHBP. However, your medical benefits will continue.

You may waive the OptumRx Medicare PDP only if you are enrolled in another Medicare Part D plan. To request that your coverage be waived, you must submit proof of other Medicare Part D coverage to the New Jersey Division of Pensions & Benefits (NJDPB).

If you have previously waived your prescription drug coverage for another Medicare Part D plan, and you wish to re-enroll in the OptumRx Medicare PDP, you must send proof of your termination from the other Medicare Part D plan. Acceptable proof is a letter from the other Medicare Part D plan confirming the date upon which you are disenrolled. We must receive this proof within 60 days of the termination from the other Medicare Part D plan.

PAYMENT OF COVERAGE COSTS

The State and certain employers have negotiated to pay some or all of the cost of SHBP/SEHBP coverage for retirees who meet specific service credit or retirement criteria outlined in the following sections.

SHBP- or SEHBP-eligible retirees who do not qualify for State-paid or employer-paid coverage must pay the full cost of their health benefits coverage. Premiums are deducted from your monthly pension checks. If the monthly retirement allowance is not sufficient to cover the premium, you will be billed monthly.

Note: For PERS and TPAF members, purchases of U.S. Government Service or Out-of-State Service made after November 1, 2008, cannot be used to qualify for State-paid or employer-paid post-retirement health benefits.

State Employees and Employees of State Universities/Colleges

If you had 25 or more years of service credited in one pension system before July 1, 1997 (the effective date of P.L. 1996, c. 8 (Chapter 8)), the State of New Jersey agreed to pay the full health benefit cost in retirement.

If you had 25 or more years of service credit or had an approved Disability Retirement between July 1, 1997, and June 27, 2011 (the effective date of P.L. 2011, c. 78 (Chapter 78)), you are governed by the terms applicable on the date you attained 25 years of service credit or your Disability Retirement became effective.

Under Chapter 78, if you had 20 years of service credit by June 28, 2011, and retire with at least 25 years of service credit, your health benefits cost will be 1.5 percent of your monthly retirement allowance.

If you attain 20 years of service credit after June 28, 2011, and retire with at least 25 years of service credit, you will pay a contribution toward post-retirement medical coverage based on the applicable percentage of premium as determined by your annual retirement allowance.*

If you retire on a Disability Retirement after June 28, 2011, your health benefits cost will be 1.5% of your monthly retirement allowance.*

Medicare Part B Reimbursement — If you had 25 or more years of service credited in one pension system before July 1, 1997, the State of New Jersey agreed to reimburse you at retirement for the standard cost of any Medicare Part B premiums paid by you and/or your spouse, civil union partner, or eligible same-sex domestic partner. If you attained 25 years of service credit after July 1, 1997, any reimbursement of Medicare Part B premiums paid by you and/or your spouse, civil union partner, or eligible domestic partner may be limited by the terms of the bargaining unit agreement in place at the time of your retirement or by legislation (Chapter 8). State employees who began employment after July 1, 1995, will not be eligible for Medicare Part B reimbursement.

School Board and County College Employees

If you had 25 or more years of service credit or retired on a Disability Retirement before June 28, 2011 (the effective date of Chapter 78), the State of New Jersey, by law, pays the health benefit costs for school board and county college employees at retirement.

Under Chapter 78, if you are a school board or county college employee with 20 or more years of service credit by June 28, 2011, upon obtaining 25 years of service credit, your health benefits costs will be State-paid.

If you attain 20 years of service credit after June 28, 2011, and retire with 25 years of service credit, you will pay a contribution toward post-retirement medical coverage based on the applicable percentage of premium as determined by your annual retirement allowance.**

Medicare Part B Reimbursement — The standard cost of Medicare Part B premiums will be paid by you and/or your spouse, civil union partner, or eligible same-sex domestic partner and reimbursed.

Local Government Employees

Some local employers agreed, under the provisions of P.L. 1999, c. 48 (Chapter 48) or P.L. 1974, c. 88 (Chapter 88), to pay for all or some of the cost of health benefits for retirees under certain conditions. *Check with your employer to determine whether your employer adopted the provisions of these laws.*

For Local employees who retire on an approved Disability Retirement, or who had 20 or more years of service credit by June 28, 2011, and later retire with 25 or more years of service credit, the healthcare contribution in retirement is governed by the resolution filed by the local employer with the NJDPB pursuant to N.J.S.A. 52:14-17.38. For employees hired

after May 21, 2010, who retire on an approved Disability Retirement, the minimum contribution towards health benefits in retirement is 1.5 percent.

Under Chapter 78, if you attain 20 years of service credit **after** June 28, 2011, and retire with 25 years of service credit, your cost is based on the contract as of the date you attained 25 years if your employer adopted Chapter 88. If your employer adopted Chapter 48, you will pay a percentage of the premium based on your annual pension allowance.

Medicare Part B Reimbursement — Employers that adopted Chapter 88 also agreed to reimburse those employees for the Medicare Part B premiums paid by the member and/or their spouse, civil union partner, (and in some cases an eligible same-sex domestic partner — see page 6). Some employers that adopted Chapter 48 also agreed to reimburse Medicare Part B premiums. Check with your employer to determine eligibility for Medicare B reimbursement.

Chapter 330

To qualify for Chapter 330 coverage, you must have retired from a law enforcement or firefighter position with 25 or more years of pension service credit, or on a Disability Retirement, from an employer who does not provide any payment towards retiree health coverage or reimbursement of Medicare Part B premiums. You need not be covered by the SHBP while employed to qualify for enrollment. Those eligible for coverage under Chapter 330 may pay a percentage of a premium (the State will pay a flat amount equal to 80 percent of the lowest cost plan and the retiree will pay the difference) or 1.5 percent of his/her annual pension, whichever is larger. For more information see the *Health Benefits Retired Coverage Under Chapter 330 Fact Sheet*.

*Members represented by Union IBEW33 or Union IFPTE who retired on a Disability Retirement after January 1, 2017, must pay a contribution toward post-retirement medical coverage based on the applicable percentage of premium as determined by your retirement allowance.

**If you attain 20 years of service after June 28, 2011, and retire on a Disability Retirement, your health benefits costs will be State-paid.

COMBINING SERVICE CREDIT FROM MORE THAN ONE RETIREMENT SYSTEM

If you meet the eligibility requirements for enrollment in the SHBP or SEHBP at retirement, you may combine nonconcurrent service credit from more than one State- or locally-administered retirement system to meet the 25-year minimum for State- or employer-paid coverage.

To qualify for coverage based on combined service in more than one retirement system, you must:

- Retire and be receiving a retirement benefit from each retirement system membership;
- Have 25 or more years of nonconcurrent pension service credit in total;
- Be eligible for SHBP or SEHBP coverage from your last employer; and
- Notify the Health Benefits Bureau that you have an aggregate of 25 or more years of nonconcurrent service in more than one public retirement system in New Jersey (see below).

Upon notification, the Health Benefits Bureau must verify your service with the different retirement systems before the nonconcurrent service credit can be applied to meet the 25-year minimum for State- or employer-paid coverage.

A retiree from the State, or from a participating local employer who has agreed by resolution to pay for the coverage of their retirees, must be eligible for SHBP coverage immediately prior to retirement from the last contributing employer in the retirement system.

A school board or county college retiree must be eligible for SEHBP coverage immediately prior to retirement or separation from the school board or county college. The school board or county college must have been your last contributing employer.

Notification if You Qualify Due to Service in Two or More Retirement Systems

If you retire from a position with the State or an employer who participates in the SHBP or SEHBP, you will receive a health benefits offering letter for retired group coverage. When you respond to the offering letter, you must indicate that you have over 25 years of service in two or more State- or locally-administered retirement systems. You must identify the retirement systems in order for us to verify your service credit.

If you retire from a position with a school board or county college that does not participate in the SEHBP, the Health Benefits Bureau will not know to send you an offering letter. You must contact the Health Benefits Bureau to notify us you have over 25 years of service in two or more retirement systems. Be sure to identify the retirement systems in order for us to verify your service credit.

ELIGIBLE DEPENDENTS

Your eligible dependents are your spouse, civil union partner, or an eligible same-sex domestic partner and your children who are under age 26. Documented proof of eligibility for dependent coverage is required at the time of enrollment. For definitions of eligible dependents and required documentation, see our website: www.nj.gov/treasury/pensions

Note: Eligible children may only be covered by one SHBP/SEHBP participating subscriber (see page 1).

Coverage for Over Age Children to Age 31

P.L. 2005, c. 375 (Chapter 375), provides for medical and/or prescription drug coverage for children over age 26 and under age 31. For more information, see the *Health Benefits Coverage of Children until Age 31 under Chapter 375* Fact Sheet.

CHANGES TO DEPENDENT COVERAGE

It is your responsibility to notify the Health Benefits Bureau of any change in family status. If family members are not properly enrolled, claims will not be paid. You may file an application to add dependents within 60 days of a change in family status. Examples of a change of status “qualifying event” include marriage, civil union, birth, adoption of a child, or a change in your spouse’s/partner’s employment that significantly affects the health benefits coverage provided by your spouse’s/partner’s employer. When the application is received by the Health Benefits Bureau within the 60-day window, the family member will be enrolled retroactively to the date of eligibility.

If the application to add a dependent is not received within 60 days of the qualifying event, the effective date of coverage will be the first of the month following 60 days from the Health Benefits Bureau’s receipt of the application. For example, if you are married on January 5, but do not submit an application adding your spouse to health benefits coverage until March 15, the coverage effective date for your spouse will be June 1.

You may remove family members from coverage at any time (but not retroactively). Decreases in coverage are processed on a timely basis.

Divorce or Dissolution of a Civil Union or Domestic Partnership

Coverage for your spouse ends at the end of the month in which you divorce. If you dissolve a civil union or domestic partnership, coverage for your partner ends at the end of the month in which the partnership terminates.

CHANGING PLANS

You may submit a *Retiree Health Benefit Enrollment and/or Change Form* to change your plan when the rate increases, or at any time provided that you have been with that same health plan for at least 12 months.

WAIVING COVERAGE IF COVERED BY ANOTHER HEALTH PLAN

You may waive retired group health benefits coverage and retain your right to enroll at a later date if you are covered as an employee through other employment or as a dependent of your spouse, civil union partner, or eligible same-sex domestic partner in another group health plan. You must complete a *Cancel/Decline/Waive Retired Coverage* form.

If you lose your other coverage, you may enroll/re-enroll in health benefits coverage **within 60 days** of your loss of the other coverage. Proof of loss of the other coverage is required. Submit a *Retiree Health Benefit Enrollment and/or Change Form* to reenroll.

Chapter 330

If you are a member of the Police and Firemen's Retirement System (PFRS) and will be enrolling under the provisions of Chapter 330, you must waive any other coverage you have through active employment. See the *Health Benefits Retired Coverage Under Chapter 330* Fact Sheet.

WHEN HEALTH BENEFITS COVERAGE ENDS

Coverage under retired group health benefits will terminate if:

- you formally request the termination in writing, or you complete a *Cancel/Decline/Waive Retired Coverage* form and cancel coverage (**reinstatement is generally not permitted**);
- your premiums are not paid;
- your plan discontinues services in your area and you do not submit an application to the Health Benefits Bureau to change to another plan;
- your employer withdraws from the SHBP or SEHBP (does not apply to retirees who qualified for State-paid coverage, i.e. former employees of local school districts or county colleges, and municipal policemen and firemen who qualify under the provisions of Chapter 330);

- you or your dependents fail to enroll when eligible in Part A and Part B of Medicare;
- you cease to receive retirement benefits; or
- you die (see section to follow).

SURVIVING SPOUSE/PARTNER COVERAGE

Coverage of your spouse/partner terminates at the end of the month in which you die. However, your spouse or partner will be sent a letter offering continuation of coverage in the plan of their choice at their own cost. If your spouse or partner elects to continue SHBP/SEHBP coverage, they will be reenrolled, without a break in coverage, upon the timely receipt of the completed and signed application. If your spouse or partner will receive a monthly pension check large enough to cover the premium, the premium will be deducted from the pension payment. If your spouse or partner will not receive a pension check, or if the pension check is not large enough to cover the cost, your spouse or partner is billed monthly for the premiums.

Some local employers have agreed to pay for the coverage of spouses or partners of deceased retirees; check with your employer to see if they provide this benefit. The State does not pay for the coverage of spouses, civil union partners, or domestic partners of deceased retirees.

ADDITIONAL INFORMATION

Obtain personalized information about your health benefits coverage through the **Member Benefits Online System (MBOS)**. Register for MBOS or log on at: www.nj.gov/treasury/pensions

Obtain general health benefits information by calling the NJDPB's Automated Information System at (609) 292-7524.

For questions about SHBP/SEHBP enrollment, plan changes, premium costs, or adding or deleting dependents, contact the NJDPB's Office of Client Services at (609) 292-7524; or by email at: pensions.nj@treas.nj.gov

For questions about participating providers, coverage of specific procedures, claims, or for replacement ID cards, contact your medical plan.

Horizon/NJ DIRECT 1-800-414-SHBP (7427)

Aetna Plans 1-877-STATE NJ (1-877-782-8365)

Aetna Medicare Plan 1-866-234-3129

OptumRx for Non-Medicare Retirees 1-866-220-6512

OptumRx for Medicare-enrolled Retirees 1-844-368-8765

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Health Benefits Programs and Medicare Parts A & B for Retirees

Information for:
State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)

See the *Medicare & You 2018* handbook (available from Social Security at www.medicare.gov or call 1-800-633-4227) for a detailed description of eligible Medicare benefits or see your *Summary Program Description* for additional information.

MEDICARE AND YOUR HEALTH PLAN

Your choice of a medical plan in retirement is a personal decision based on your needs and the needs of your family. Even though your health benefits program offers several medical plans administered by Horizon Blue Cross Blue Shield of New Jersey and Aetna, no one plan is best suited for everyone, especially when an individual becomes eligible for Medicare. Copayments, deductibles, prescription drug costs, and premiums (for retirees who pay the full cost of coverage) vary with each plan; be sure to review all the available plans:

Aetna Plan Design

- Aetna Freedom10
- Aetna Freedom15
- Aetna HMO
- Aetna1525

Horizon Blue Cross Blue Shield of New Jersey Plan Design

- NJ DIRECT10
- NJ DIRECT15
- NJ DIRECT1525
- NJ DIRECT2030
- Horizon HMO
- Horizon HMO1525
- Horizon HMO2030

Check with your medical providers to find out which plans they accept. If any of your doctors do not accept Medicare, all expenses incurred for services rendered by these doctors are not eligible for coverage under your medical plan and will not be paid.

The charts in this fact sheet provide an easy way to compare the benefits of Medicare and the plans offered by the health benefits program by summarizing what each plan provides for a specified service. The benefits listed on the charts are selected as those most likely to be of interest to you. To be eligible for these benefits, both Parts A and B of Medicare must be obtained once you become Medicare-eligible.*

AETNA

Under Aetna plans, the coverage provided is a Medicare Advantage plan, which means that eligible

claims are paid by the medical plan. You do not need to coordinate coverage between Medicare and Aetna.

- Aetna plans are combined with Medicare and pay eligible expenses directly, replacing the need for claims to first be paid by Medicare and then by a secondary plan.

NJ DIRECT MEDICARE ADVANTAGE PLANS

Under Horizon Medicare Advantage NJ DIRECT10 and Horizon Medicare Advantage NJ DIRECT15, eligible claims are paid by the medical plan. You do not need to coordinate coverage between Medicare and Horizon.

- These plans are combined with Medicare and pay eligible expenses directly, replacing the need for claims to first be paid by Medicare and then by a secondary plan.

For more information about Medicare Advantage plans, visit our website at:

www.nj.gov/treasury/pensions

NJ DIRECT/Horizon Medicare Supplement Plans

Under NJ DIRECT1525, NJ DIRECT2030, Horizon HMO, Horizon HMO1525, and Horizon HMO2030 (in-network), claims are coordinated by first submitting them to Medicare. This coordination of benefits with Medicare is handled by NJ DIRECT/Horizon.

*If you are eligible but did not obtain or dropped Medicare coverage, your health benefits will be terminated. Please contact your local Social Security office to obtain or reinstate your Medicare coverage. Open enrollment for Medicare is held from January 1, 2018, through March 31, 2018, with an effective date of July 1, 2018.

Benefits and plan procedures remain the same as they did prior to enrolling in Medicare; simply pay the normal copayments to the provider. The deductibles and coinsurance required by Medicare will be paid in full by your medical plan.

Under NJ DIRECT1525, NJ DIRECT2030, Horizon HMO, Horizon HMO1525, and Horizon HMO2030 out-of-network coverage, claims are coordinated by first submitting them to Medicare. Unreimbursed expenses may then be sent to NJ DIRECT/Horizon by Medicare for further reimbursement. You may still have out-of-pocket expenses such as deductibles, coinsurance, and costs above reasonable and customary allowances.

- **NJ DIRECT1525, NJ DIRECT2030, Horizon HMO, Horizon HMO1525, and Horizon HMO2030** will not pay for benefits which should have been paid by Medicare.

Under these plans, if NJ DIRECT/Horizon does not receive your Medicare claim information automatically, you must submit a *Medicare Summary Notice* directly to your plan (this comes with your Medicare reimbursement). Be sure your physician's or provider's name is clearly indicated on the *Medicare Summary Notice*.

A Note About Medicare Part D

Retired members of the SHBP/SEHBP who are eligible for Medicare are enrolled by the SHBP/SEHBP in Medicare Part D prescription drug coverage under the OptumRx Medicare Prescription Plan. Enrollment in the OptumRx plan is automatic and the plan design maintains the same copayments and out-of-pocket maximums of non-Medicare retirees.

Participating Providers

To find a participating physician contact the plans directly:

- NJ DIRECT/Horizon plans: 1-800-414-7427 or online at: www.horizonblue.com/shbp
- Aetna plans: 1-866-234-3129 or online at: www.aetna.com/statenj

Important Note: If a provider is not registered with or opts out of Medicare, no benefits are payable under the SHBP/SEHBP for the provider services. The charges would not be considered under the medical plan, and the member will be responsible for the charges.

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Health Benefits Programs and Medicare Parts A & B for Retirees

This fact sheet is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.

SHBP MEMBER CLAIMS ELIGIBLE FOR CALENDAR YEAR 2018 UNDER MEDICARE PART A HOSPITAL INSURANCE AND YOUR RETIRED HEALTH BENEFITS PLAN						
SERVICE	BENEFIT	MEDICARE PAYS	AETNA MEDICARE ADVANTAGE PLANS Aetna Freedom10 Aetna Freedom15 Aetna HMO Aetna HMO1525	HORIZON MEDICARE ADVANTAGE PLANS NJ DIRECT10 NJ DIRECT15	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS IN-NETWORK NJ DIRECT1525 NJ DIRECT2030 Horizon HMO Horizon HMO1525 Horizon HMO2030	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS OUT-OF-NETWORK NJ Direct1525 NJ DIRECT2030
Hospitalization — Semi-private room and board; including routine general nursing care, operating and recovery rooms, anesthesia, X-rays, lab tests, oxygen, drugs, and dressings.	First 60 days.	All but \$1,340.	100% of eligible charges.		All eligible charges not covered by Medicare.	After a \$200 deductible per hospital stay ² (\$500 for NJ DIRECT2030) NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare, subject to the annual maximum.
	61st through 90th day.	All but \$335 per day.				
	91st through 150th day.	All but \$670 per day.				
	After 150th day.	Nothing.				
Post-Hospital Skilled Nursing Facility Care — This is not nursing home care. Services include room and board, routine nursing care, and physical, occupational, and speech therapies.	First 20 days.	100% of approved amount.	100% of eligible charges.		N/A (covered by Medicare)	N/A (covered by Medicare)
	21st through 100th day.	All but \$167.50 per day.	100% of eligible charges.		All eligible charges not covered by Medicare.	After \$200 deductible, NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare; up to 60 days to annual maximum, after 60 days — nothing.
	After 100th day.	Nothing.	100% of eligible charges through the 120th day.		Precertification required based on Horizon BCBSNJ review of medical appropriateness and eligibility.	
Hospice Care — Nursing care, physician services, counseling services, respite care, medical applications and supplies, short-term inpatient care, health aide services, and homemaker services.	Covered if doctor certifies need.	All but limited cost per outpatient prescription drugs and inpatient respite care. Inpatient room and board services are generally not covered.	Prescription Drugs for symptom control and pain relief, short-term respite care, and home care are covered from any Medicare-certified hospice program. Hospice doctor can be in- or out-of-network provider.		Eligible charges not covered by Medicare, including prescription drugs, respite care, and inpatient room and board.	After \$200 deductible, NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare, including outpatient prescription drugs, inpatient respite care, and inpatient room and board.

Health Benefits Programs and Medicare Parts A & B for Retirees

SEHBP MEMBER CLAIMS ELIGIBLE FOR CALENDAR YEAR 2018 UNDER MEDICARE PART A HOSPITAL INSURANCE AND YOUR RETIRED HEALTH BENEFITS PLAN					
SERVICE	BENEFIT	MEDICARE PAYS	AETNA MEDICARE ADVANTAGE PLANS Aetna Freedom10 Aetna Freedom15 Aetna HMO Aetna HMO1525	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS IN-NETWORK NJ DIRECT10 NJ DIRECT15 NJ DIRECT1525 NJ DIRECT2030 Horizon HMO Horizon HMO1525 Horizon HMO2030	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS OUT-OF-NETWORK NJ DIRECT10 NJ DIRECT15 NJ Direct1525 NJ DIRECT2030
Hospitalization — Semi-private room and board; including routine general nursing care, operating and recovery rooms, anesthesia, X-rays, lab tests, oxygen, drugs, and dressings.	First 60 days.	All but \$1,340.	100% of eligible charges.	All eligible charges not covered by Medicare.	After a \$200 deductible per hospital stay ² (\$500 for NJ DIRECT2030) NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare, subject to the annual maximum.
	61st through 90th day.	All but \$335 per day.			
	91st through 150th day.	All but \$670 per day.			
	After 150th day.	Nothing.			
Post-Hospital Skilled Nursing Facility Care — This is not nursing home care. Services include room and board, routine nursing care, and physical, occupational, and speech therapies.	First 20 days.	100% of approved amount.	100% of eligible charges.	N/A (covered by Medicare)	N/A (covered by Medicare)
	21st through 100th day.	All but \$167.50 per day.	100% of eligible charges.	All eligible charges not covered by Medicare.	After \$200 deductible, ² NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare; up to 60 days to annual maximum, after 60 days — nothing.
	After 100th day.	Nothing.	100% of eligible charges through the 120th day.	Precertification required based on Horizon BCBSNJ review of medical appropriateness and eligibility.	
Hospice Care — Nursing care, physician services, counseling services, respite care, medical applications and supplies, short-term inpatient care, health aide services, and homemaker services.	Covered if doctor certifies need.	All but limited cost per outpatient prescription drugs and inpatient respite care. Inpatient room and board services are generally not covered.	Prescription Drugs for symptom control and pain relief, short-term respite care, and home care are covered from any Medicare-certified hospice program. Hospice doctor can be in- or out-of-network provider.	Eligible charges not covered by Medicare, including prescription drugs, respite care, and inpatient room and board.	After \$200 deductible, NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare, including outpatient prescription drugs, inpatient respite care, and inpatient room and board.

Health Benefits Programs and Medicare Parts A & B for Retirees

This fact sheet is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.

SHBP MEMBER CLAIMS ELIGIBLE FOR CALENDAR YEAR 2018 UNDER MEDICARE PART B MEDICAL INSURANCE AND YOUR RETIRED HEALTH BENEFITS PLAN					
SERVICE	MEDICARE PAYS	AETNA MEDICARE ADVANTAGE PLANS Aetna Freedom10 Aetna Freedom15 Aetna HMO Aetna HMO1525	HORIZON MEDICARE ADVANTAGE PLANS NJ DIRECT10 NJ DIRECT15	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS IN-NETWORK NJ DIRECT1525 NJ DIRECT2030 Horizon HMO Horizon HMO1525 Horizon HMO2030	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS OUT-OF-NETWORK NJ Direct1525 NJ DIRECT2030
Medical Expenses — Physician's care, including surgeon's and assistant surgeon's fee.	80% of approved amount after \$183 Medicare deductible. ¹	100% of eligible charges subject to plan copayments.	100% of eligible charges subject to plan copayments.	100% of eligible charges not covered by Medicare subject to plan copayments.	After deductible NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare (subject to reasonable and customary charges ²).
Outpatient Mental Health Services	80% of approved amount.	100% of eligible charges subject to plan copayments.	100% of eligible charges subject to plan copayments.	NJ DIRECT/Horizon covers 100% of eligible charges subject to plan copayments.	After deductible NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare (subject to reasonable and customary charges ²).
Durable Medical Equipment	Full cost of services. 80% of approved amount.	100% of eligible charges.	100% of eligible charges.	NJ DIRECT/Horizon — covered at 90% of eligible charges not covered by Medicare. Horizon HMO — cov- ered at 100% after \$100 deductible.	After deductible NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare (subject to reasonable and customary charges ²).

Health Benefits Programs and Medicare Parts A & B for Retirees

SEHBP MEMBER CLAIMS ELIGIBLE FOR CALENDAR YEAR 2018 UNDER MEDICARE PART B MEDICAL INSURANCE AND YOUR RETIRED HEALTH BENEFITS PLAN				
SERVICE	MEDICARE PAYS	AETNA MEDICARE ADVANTAGE PLANS Aetna Freedom10 Aetna Freedom15 Aetna HMO Aetna HMO1525	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS IN-NETWORK NJ DIRECT10 NJ DIRECT15 NJ DIRECT1525 NJ DIRECT2030 Horizon HMO Horizon HMO1525 Horizon HMO2030	NJ DIRECT/ HORIZON MEDICARE SUPPLEMENT PLANS OUT-OF-NETWORK NJ Direct1525 NJ DIRECT2030
Medical Expenses — Physician's care, including surgeon's and assistant surgeon's fee.	80% of approved amount after \$183 Medicare deductible. ¹	100% of eligible charges subject to plan copayments.	100% of eligible charges not covered by Medicare subject to plan copayments.	After deductible NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare (subject to reasonable and customary charges ²).
Outpatient Mental Health Services	80% of approved amount.	100% of eligible charges subject to plan copayments.	NJ DIRECT/Horizon covers 100% of eligible charges subject to plan copayments.	After deductible NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare (subject to reasonable and customary charges ²).
Durable Medical Equipment	Full cost of services. 80% of approved amount.	100% of eligible charges.	NJ DIRECT/Horizon — covered at 90% of eligible charges not covered by Medicare. Horizon HMO — covered at 100% after \$100 deductible.	After deductible NJ DIRECT10 pays 80% and NJ DIRECT15, 1525, and 2030 pay 70% of eligible charges not covered by Medicare (subject to reasonable and customary charges ²).
<p>¹ Provider must accept Medicare.</p> <p>² Annual Maximum out-of-pocket expenses for coinsurance for all eligible charges is \$2,000 per individual for NJ DIRECT10, 15, 1525, and \$5,000 for NJ DIRECT2030.</p> <p>Note: The standard Part B premium amount in 2018 will be \$134 per month (or higher depending on your income). However, most people who pay the Part B premium through their monthly Social Security benefit will pay less (\$130 per month on average). Social Security will tell you the exact amount you will pay for Part B in 2018, which is based on several factors: income; the timeliness of application for Part B; and the date when deductions began for Part B. For more information about premiums, call Social Security at 1-800-772-1213 or visit the Centers for Medicare & Medicaid Services website at: www.cms.hhs.gov</p>				



Family Status Changes — Retirees

Information for:
All Funds

A family status change is a personal event that can have an impact on many aspects of your retired benefits (pension, life insurance, health insurance, etc.). Use this fact sheet as a guide for updating information pertaining to your pension and benefits for the following family status changes:

- Marriage, civil union, or domestic partnership;
- Addition of a newborn child, adopted child, step-child, foster child, or legal ward to your family;
- Divorce or dissolution of a civil union or domestic partnership; or
- Death of a family member.

UPDATING PERSONAL INFORMATION

Name Change

To change your name on your pension account, write a cover letter stating your former name, new name, and last four digits of your Social Security number. Send the letter along with a photocopy of your marriage certificate or other legal documentation showing the name change to:

**New Jersey Division of Pensions & Benefits
Retired Payroll
P.O. Box 295
Trenton, NJ 08625-0295**

Address Change

If your address has changed, you should notify the New Jersey Division of Pensions & Benefits (NJDPB) as soon as possible. There are three ways you can update your address:

- by writing to the:
**New Jersey Division of Pensions & Benefits
Office of Client Services
P.O. Box 295
Trenton, NJ 08625-0295;**
- by calling the Automated Information System at **(609) 292-7524**; or
- online via the Member Benefits Online System (MBOS). To register, visit our website at: **www.nj.gov/treasury/pensions**

If writing to the NJDPB, be sure to include your name, retirement number or last four digits of your Social Security number, both the new and old address, and your signature. If calling or using the internet, you will need your Social Security number or retirement number ready. If you are enrolled in the State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP), your address on those records will be changed as well.

PENSION AND GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

You may update your beneficiary information for pension and/or group life insurance at any time.¹ To do this, you can designate your beneficiary online if you are a registered MBOS user, or complete and return a *Designation of Beneficiary* form to the NJDPB. The change is effective immediately, provided the designation is proper and complete. After approximately six weeks, a confirmation letter acknowledging the insurance beneficiary change will be returned to you from the Prudential Insurance Company; if you change your pension beneficiary, a confirmation letter from the NJDPB will similarly be returned to you. When filling out your *Designation of Beneficiary* form:

- Thoroughly read the instructions.
- Carefully complete the online or paper form, making sure to indicate your beneficiary's full name (e.g. Mary Jones, not Ms. M. Jones). Paper *Designation of Beneficiary* forms containing erasures, cross outs, or correction fluid will not be processed and a new form will be sent to you for completion.

To designate your beneficiary online, you must be a registered MBOS user. To register, visit our website at: **www.nj.gov/treasury/pensions**

¹PERS and TPAF retirees cannot change their pension beneficiary for Option A, B, C, D, 2, 3, or 4, but may change their life insurance beneficiary.

To obtain a paper *Designation of Beneficiary* form, contact the NJDPB Office of Client Services at (609) 292-7524. The form is also available on our website at: www.nj.gov/treasury/pensions

Alternate Benefit Program (ABP) Members or Defined Contribution Retirement Program (DCRP) Members: You should complete a *Designation of Beneficiary* form to update your life insurance beneficiary. To change the beneficiary on your retirement investment, contact your chosen investment carrier(s).

Deferred Compensation Plan or Supplemental Annuity Collective Trust (SACT) Members: Changing your beneficiary on your pension account will not automatically change your Deferred Compensation Plan or SACT² beneficiary. If you are a member of the Deferred Compensation Plan and/or SACT and wish to change your beneficiary, a separate *Deferred Compensation* or *SACT Beneficiary Designation* form must be completed for those plans. To obtain the form, contact the Deferred Compensation Plan at **1-866-NJSEDCP** or SACT at **(609) 292-7524**.

INCOME TAXES

You may change your marital status and/or the number of dependents you claim to increase or decrease your level of withholding federal income tax. If you are a New Jersey resident, you can also update your withholding for New Jersey income tax. A federal and/or State *Form W-4P* can be filed online if you are a registered MBOS user; a paper form is also available by contacting the NJDPB at (609) 292-7524, or download the forms at: www.nj.gov/treasury/pensions

The NJDPB cannot give tax advice. If you need help determining your level of withholding for feder-

al income tax, please contact the Internal Revenue Service at **1-800-TAX-1040**. For help with New Jersey income tax, contact the New Jersey Division of Taxation at **1-800-323-4400** (N.J. residents only; out-of-state residents, please contact your home state's tax office), or see a professional tax advisor.

FAMILY STATUS CHANGES FOR HEALTH BENEFITS

When a family status change occurs, you are responsible for notifying the SHBP or SEHBP. The process to make any changes to your coverage begins with the completion of a *Retired Change of Status Application*, which is available online at: www.nj.gov/treasury/pensions

You are required to submit supporting documentation of your family status change, such as a photocopy of your marriage license or child's birth certificate, in addition to the health benefits application.

The effective date of any change in which a dependent is added to coverage because of marriage, civil union, birth, or adoption is the date the event occurred if the *Retired Change of Status Application* is filed with the Health Benefits Bureau **within 60 days of the event**.

If the *Retired Change of Status Application* and required documentation is **not received within 60 days of the event** by the Health Benefits Bureau, the effective date will be the first of the month following a full two-month waiting period from the date of receipt of the application.

For an **adopted child, stepchild, foster child, or legal ward**, additional supporting legal documentation is required to attest to the legal guardianship by the covered retiree. If the dependent you are adding to your coverage is eligible for Medicare, you must in-

clude a photocopy of his or her Medicare card showing enrollment in BOTH Medicare Part A (hospital) and Part B (medical).

When Health Benefits Coverage Ends

To remove a dependent from your health coverage as a result of a change in family status, you must submit a *Retired Change of Status Application* to the Health Benefits Bureau. In cases such as **the death of a dependent family member, divorce, or dissolution of a civil union or domestic partnership**, coverage will end on the first day of the month following the date in which the event occurred.

Over Age Dependent Children: SHBP/SEHBP coverage for dependent children ends on December 31 of the year in which they reach the age of 26.³ An over age dependent will be automatically deleted from your coverage.

Coverage for Over Age Children Until Age 31

P.L. 2005, c. 375 (Chapter 375), provides for medical and/or prescription drug coverage for an over age child by blood or law until age 31 who: is unmarried; has no dependent(s) of his or her own; is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.

Under Chapter 375, an over age child *does not* have any choice in the selection of benefits and is enrolled in the same plan or plans (medical and/or prescription drug; there is no provision for eligibility for dental or vision benefits) that the covered parent has selected. The covered parent is responsible for the en-

²If you are a retired SACT member who has chosen the monthly variable annuity with guaranteed benefits to you or your beneficiary for five years or 10 years and for your life only thereafter, you do not have the option to change your beneficiary.

³An over age child may be eligible for continued dependent coverage if disabled. See the *Health Benefits Coverage Continuation for Overage Children with Disabilities Fact Sheet* for more information.

tire cost of coverage. For more information, see the *Health Benefits Coverage of Children Until Age 31* Fact Sheet.

Continued Coverage Under COBRA

If your dependent is no longer eligible for health benefits coverage due to divorce, dissolution of a partnership, or other ineligibility, your former dependent is entitled to continue participation in the SHBP/SE-HBP under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). See the *COBRA - The Continuation of Health Benefits* Fact Sheet.

For more detailed information about your health coverage, including COBRA benefits, visit our website at: www.nj.gov/treasury/pensions

DIVORCE, DISSOLUTION OF A CIVIL UNION OR DOMESTIC PARTNERSHIP

In cases of divorce or dissolution of a partnership, you, your spouse/former spouse or partner, and your respective attorneys or authorized legal representatives have the right to obtain information about your benefits and how they are determined. Requests for additional information on Qualified Domestic Relation Orders and how they relate specifically to your employee benefits may be submitted in writing to the:

**New Jersey Division of Pensions & Benefits
Legislative/Legal Affairs Unit
P.O. Box 295
Trenton, NJ 08625-0295**

The *Divorce, Dissolution of a Civil Union and Your Retirement Benefits* Fact Sheet can be obtained online at: www.nj.gov/treasury/pensions

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions & Benefits
P.O. Box 295, Trenton, NJ 08625-0295**

(609) 292-7524

*For the hearing impaired: TRS 711 (609) 292-6683
www.nj.gov/treasury/pensions*



State Health Benefits Program (SHBP) • State/Local Government Retirees
RETIREE HEALTH BENEFIT ENROLLMENT and/or CHANGE FORM
MEDICARE ENROLLEES

1. MEMBER INFORMATION — Last Name _____ First _____ MI _____

Gender	Birth Date / /	Social Security Number — —	Marital Status*
Telephone Number ()		Personal E-mail Address	

<p><i>Street Address</i> _____</p> <p><i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____</p> <p>2. REASON FOR APPLICATION (check one)</p> <p><input type="checkbox"/> New Retiree</p> <p><input type="checkbox"/> Medical Plan Change</p> <p><input type="checkbox"/> Enrolling in Medical (Previously Waived)</p> <p><input type="checkbox"/> Adding Dependents</p> <p><input type="checkbox"/> Deleting Dependents</p> <p><input type="checkbox"/> Survivor Enrollment Decedents SS# _____</p> <p>Reason _____</p> <p>Date of Event ____/____/____</p>	<p>4. LEVEL of COVERAGE</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Parent/Child</p> <p><input type="checkbox"/> Member/Spouse/Civil Union <input type="checkbox"/> Member/Domestic Partner</p> <p><input type="checkbox"/> Family</p> <hr/> <p>5. MEDICARE COVERAGE</p> <p>Do you have Medicare Part A? (Hospital Insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have Medicare Part B? (Medical Insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your Spouse/Partner have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your Spouse/Partner have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your Child have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;"><input type="checkbox"/> Medicare Proof Enclosed</p>
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3. DATE OF RETIREMENT ____/____/____

3a. FORMER EMPLOYER NAME _____

3b. Were you a part-time employee when you retired? Yes No

6. HEALTH PLAN (check one box only) Not all State retirees will be eligible for NJ DIRECT10 and Aetna Freedom 10. See Instructions page for information.

<p>HORIZON</p> <p><input type="checkbox"/> Horizon Medicare Advantage NJ DIRECT10*</p> <p><input type="checkbox"/> Horizon Medicare Advantage NJ DIRECT15*</p> <p><input type="checkbox"/> Horizon HMO</p> <p><input type="checkbox"/> Horizon HMO2030</p>	<p><input type="checkbox"/> NJ DIRECT1525</p> <p><input type="checkbox"/> NJ DIRECT2030</p> <p><input type="checkbox"/> Horizon HMO1525</p>	<p>AETNA MEDICARE ADVANTAGE*</p> <p><input type="checkbox"/> Aetna PPO ESA 10** (Freedom10)</p> <p><input type="checkbox"/> Aetna PPO ESA 15** (Freedom15)</p> <p><input type="checkbox"/> Aetna HMO</p> <p><input type="checkbox"/> Aetna HMO1525</p>
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For HMO Plans, Enter Primary Care Physician's ID# _____

* Non Medicare-eligible dependents will be placed in the corresponding retired commercial plan. ** Extended Service Area

NOTE: Medicare-eligible retirees and dependents cannot enroll in High Deductible Health Plans (HDHP), Aetna Freedom1525, Aetna Freedom2030, or Aetna HMO2030.

7. DEPENDENT INFORMATION: List all eligible dependents and attach required proof of dependency documents.*

Additional sheets attached. Any dependents not listed will be removed.

Eligible Dependents Name – Last, First	Social Security No.	Circle Relationship	Birth Date	Gender
	— —	Spouse / Civil Union / Domestic Partner	/ /	
	— —	Child (Natural, Adopted, Foster, Step, Legal Ward)	/ /	
	— —	Child (Natural, Adopted, Foster, Step, Legal Ward)	/ /	

*See Instructions page for detailed information and Mailing Address

FOR DIVISION USE ONLY

Event Reason:

Effective Date
____/____/____

Location No.

EMPLOYEE CERTIFICATION — I certify that all the information supplied on this form is true to the best of my knowledge. I authorize a health premium deduction from my pension check, including initial check, last check benefit, withdrawal check, or return of contributions check as required by the State Health Benefits Commission. I also understand that there is no guarantee of continuous participation by medical service providers, either doctors or facilities in the plans. I authorize any hospital, physician, or health care provider to furnish my medical plan or its assignee with such medical information about myself, or my covered dependents on this application, as the assignee may require. **Anyone eligible for Medicare (age 65 or older or in receipt of Social Security Disability benefits) must be enrolled under both Hospital Insurance (Part A) and Medical Insurance (Part B) in order to continue coverage under this program. PROOF OF ENROLLMENT IS REQUIRED.** If I or a covered dependent enroll in Medicare at a later date, I understand that the Health Benefits Bureau must be notified immediately.

8. Employee Signature: _____ **Date:** ____/____/____

**INSTRUCTIONS FOR THE STATE HEALTH BENEFITS PROGRAM (SHBP)
RETIREE HEALTH BENEFIT ENROLLMENT and/or CHANGE FORM FOR MEDICARE ENROLLEES**

SECTION 1 – MEMBER INFORMATION – Complete entire section. **Indicate Marital Status** as follows: **S** (Single), **M** (Married), **CU** (Civil Union), **DP** (Domestic Partner), **D** (Divorced), **W** (Widowed)

SECTION 2 – REASON FOR APPLICATION (*check one*) New Retiree, Medical Plan Change, Enrolling in Medical (*Previously Waived*), Adding Dependents, Deleting Dependents, or Survivor Enrollment.

SECTION 3 – DATE OF RETIREMENT, FORMER EMPLOYER NAME, and indicate if you were a part-time employee when you retired.

SECTION 4 – LEVEL OF COVERAGE – Indicate by checking the appropriate block.

SECTION 5 – LEVEL OF MEDICARE COVERAGE – Indicate whether you or your spouse partner and/or child are enrolled in Medicare Parts A and B by checking the appropriate block(s). Anyone eligible for Medicare (age 65 or older or in receipt of Social Security Disability benefit(s) for at least 24 months) must be enrolled under both Medicare Part A (Hospital) and Part B (Medical) in order to continue coverage under this program. If enrolled, a photocopy of the Medicare card must be submitted with this application.

SECTION 6 – HEALTH PLAN – Indicate by checking the appropriate block. When choosing an HMO Plan, you must list the identification number (ID#) of your Primary Care Physician. If you worked for the **State** and attained 25 years prior to July 1, 2007, or retired on a Disability Retirement on or before August 1, 2007, you may elect NJ DIRECT10 or Aetna Freedom10.

SECTION 7 – DEPENDENT INFORMATION – List all eligible dependents and attach dependent documentation proof (see attached). If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. Ensure your dependents match your level of coverage. Your child(ren) may be covered until the end of the calendar year they turn 26. **ANY DEPENDENTS NOT LISTED WILL NOT BE COVERED.**

SECTION 8 – EMPLOYEE SIGNATURE – Read, sign, date, and attach required dependent documentation. If additional sheets are submitted with the application, check box indicating such.

MISREPRESENTATION: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A. 17:33A-6c

MAIL COMPLETED APPLICATION TO:
New Jersey Division of Pensions & Benefits
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299





State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY AND ENROLLMENT

The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and eligible dependents are receiving health care coverage under the Programs. The New Jersey Division of Pensions & Benefits (NJDPB) must guarantee consistent application of eligibility requirements within the plans. Employees or retirees who enroll dependents for coverage (spouses, civil union partners, domestic partners, children, disabled and/or overage children continuing coverage) **MUST** submit the following documentation in addition to the appropriate health benefits enrollment or change of status application. If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. **ANY DEPENDENTS NOT LISTED ON THE APPLICATION WILL NOT BE COVERED.**

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
SPOUSE	A person to whom you are legally married.	A copy of the marriage certificate and a copy of the front page of the employee/retiree's federal tax return* (Form 1040) from last year that includes the spouse. If filing separately, submit a copy of both spouses' tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or , if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both spouses and is received at the same address.
CIVIL UNION PARTNER	A person of the same sex with whom you have entered into a civil union.	A copy of the marriage certificate and a copy of the front page of the employee/retiree's federal tax return* (Form 1040) from last year that includes the partner. If filing separately, submit a copy of both partners' tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or , if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both partners and is received at the same address.
DOMESTIC PARTNER	A person of the same sex with whom you have entered into a domestic partnership. Under P.L. 2003, c. 246, the Domestic Partnership Act, health benefits coverage is available to domestic partners of State employees, State retirees, or employees or retirees of a SHBP - or SEHBP - participating local public entity that has adopted a resolution to provide Chapter 246 health benefits.	A copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the front page of the employee/retiree's N.J. tax return* from last year that includes the partner. If filing separately, submit a copy of both partners' NJ tax returns that list the same address. If Domestic Partnership occurred in the current calendar year, a copy of the tax return is not required. Or , if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both partners and is received at the same address.
CHILDREN	A subscriber's child until age 26, regardless of the child's marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents. This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.	Natural or Adopted Child – A copy of the child's birth certificate showing the name of the employee/retiree as a parent. Step Child – A copy of the child's birth certificate showing the name of the employee/retiree's spouse or partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner. Legal Guardian, Grandchild, or Foster Child – Copies of final court orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the employee.
DEPENDENT CHILDREN WITH DISABILITIES	If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP; (2) the child continues to be disabled; (3) the child is unmarried or does not enter into a civil union or domestic partnership; and (4) the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage.	Documentation for the appropriate "child" type (as noted above) and a copy of the front page of the employee/retiree's federal tax return* (Form 1040) from last year that includes the child. If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted. Please note that this information is only verifying the child's eligibility as a dependent. The disability status of the child is determined through a separate process.
CONTINUED COVERAGE FOR OVERAGE CHILDREN	Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of P.L. 2005, c. 375. This includes a child by blood or law who: (1) is under the age of 31; (2) is unmarried or not a partner in a civil union or domestic partnership; (3) has no dependent(s) of his or her own; (4) is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 credit hours; and (5) is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.	Documentation for the appropriate "child" type (as noted above), and a copy of the front page of the child's federal tax return* (Form 1040) from last year, and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.

*You may black out all financial information and all but the last four digits of any Social Security numbers on tax returns. To obtain copies of the documents listed above, contact the office of the town clerk in the city of the birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org. Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.nj.gov/health/vital/index.shtml



State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
CANCEL/DECLINE/WAIVE RETIRED COVERAGE FORM

MEMBER INFORMATION — Last Name		First	MI
Gender	Birth Date / /	Social Security Number — —	Marital Status*
Telephone Number ()		Personal E-mail Address	
Street Address		City	State Zip

FORMER EMPLOYER NAME _____

DATE OF RETIREMENT ____/____/____

CANCEL/DECLINE COVERAGE — For those who permanently DO NOT want coverage

I wish to cancel/decline my SHBP/SEHBP coverage. I understand that I will not be permitted to enroll in the SHBP/SEHBP at a later date.

Check applicable box: **Medical Only** **Dental Coverage Only** **Both Medical and Dental Coverage**

If you are currently enrolled in the SHBP/SEHBP Medical and/or Dental Plan and you wish to **cancel** one or both types of coverage, check appropriate block. If you are newly eligible to enroll and wish to **decline** SHBP/SEHBP Medical and/or Dental coverage, check appropriate block. If you are declining only one type of coverage, you must also complete a *Retiree Health Benefit Enrollment and/or Change Form* or a *Retiree Dental Plan Application* to enroll in the coverage of your choice. **Note:** If you cancel or decline Medical coverage, you will not be permitted to enroll in the SHBP/SEHBP Medical plan at a later date. If you cancel or decline Dental coverage only, you will not be permitted to enroll in the SHBP/SEHBP Dental plans at a later date. Your enrollment in Medical coverage will not be affected.

WAIVE COVERAGE — For those who have other coverage and may wish to enroll later

I am enrolled in another group plan and wish to waive coverage (you cannot waive SHBP/SEHBP coverage for a private plan). In order to enroll with the SHBP/SEHBP at a later date, I understand that I must submit a *Retiree Health Benefit Enrollment and/or Change Form*, and/or a *Retiree Dental Plan Application* along with the proof of coverage loss, within 60 days of losing the other coverage.

Check applicable box: **Medical Only** **Dental Coverage Only** **Both Medical and Dental Coverage**

If you are currently enrolled in the SHBP/SEHBP Medical and/or Dental Plan and wish to waive one or both types of coverage, check appropriate block. This is the only form you will need to submit. If you are newly eligible to enroll and wish to waive SHBP/SEHBP Medical and/or Dental Coverage, check appropriate block. If you are waiving only one type of coverage, you must also complete a *Retiree Health Benefit Enrollment and/or Change Form* or a *Retiree Dental Plan Application* to enroll in the coverage of your choice.

WAIVE PRESCRIPTION COVERAGE — For Medicare-eligible members only

I elect to waive Prescription Drug Coverage for participation in another Medicare Part D Plan.

If you are eligible for Medicare and wish to waive the SHBP/SEHBP Medicare Part D plan, you **must** attach written proof of your enrollment in another Medicare Part D plan.

* Indicate **Marital Status** as follows: **S** (Single), **M** (Married), **CU** (Civil Union), **DP** (Domestic Partnership), **D** (Divorced), **W** (Widowed)

MAIL COMPLETED APPLICATION TO:

New Jersey Division of Pensions & Benefits • Health Benefits Bureau • P.O. Box 299 • Trenton, NJ 08625-0299

FOR DIVISION USE ONLY

Event Reason:

Effective Date

____/____/____

Location No.

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MEMBER CERTIFICATION – I certify that all the information supplied on this form is true to the best of my knowledge.
MISREPRESENTATION: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties.

Member Signature: _____ Date: ____/____/____



Dental Plans — Retirees

Information for:
Eligible Members of the State Health Benefits Program (SHBP)
and the School Employees' Health Benefits Program (SEHBP)

The Retiree Dental Plans are offered to retirees eligible to enroll in the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP). Retirees and their eligible dependents have a choice of two types of plans:

- A Dental Plan Organization (DPO); or
- The Retiree Dental Expense Plan

ELIGIBILITY

The Retiree Dental Plans are available to the following eligible retirees:

- Any retiree, including survivors, enrolled in a medical plan offered under the Retired Group of the SHBP or SEHBP at the time of retirement; and
- Any retiree, including survivors, eligible for enrollment in the Retired Group of the SHBP or SEHBP but who elected to waive their medical coverage because of other SHBP or SEHBP coverage or coverage provided from another employer (see also, "Waiver of Enrollment in Dental Coverage" to follow).

ENROLLMENT

A retiree or survivor eligible for the SHBP or SEHBP will have one opportunity to enroll in a Retiree Dental Plan when the individual retires or becomes eligible for enrollment in the Retired Group. Medical plan enrollment is generally offered within 30-60 days of retirement or eligibility for benefits under the Retired Group.

Waiver of Enrollment in Dental Coverage

The one-time dental plan enrollment opportunity can be deferred if an otherwise eligible individual has other group dental coverage, either as a dependent of a spouse, civil union partner, or same-sex domestic partner, or through their own employment. The retiree or survivor may elect to waive enrollment at the time of retirement or first offering and retain their right to enroll at a later date. An application must be submitted at the time of enrollment in order to be eligible for later enrollment if you lose the other coverage. The individual must request enrollment within 60 days from the loss of the other group dental coverage by contacting the New Jersey Division of Pensions & Benefits (NJDPB). Proof of the other group dental plan termination must be submitted in the form of a HIPAA Certification of Coverage document or a letter from the employer or dental administrator, along with the *Retiree Dental Plans Application*.

PREMIUM COSTS

Most retirees will pay the full cost of the Retiree Dental Plan. Coverage is offered with the understanding that the State will bear no costs for the plan. Under certain circumstances, a local public employer that participates in the SHBP or SEHBP may elect to share the cost of coverage for their retirees through the adoption of P.L. 1999, c. 48. The NJDPB will take the monthly premium

from the retirement allowance of the retiree. If the retirement allowance is not sufficient to cover the cost of the premium, or if the retiree does not receive a retirement allowance, then the NJDPB will bill the retiree on a monthly basis.

For information on the monthly premiums for the Retiree Dental Plans, see the rate charts that are available on the NJDPB website: www.nj.gov/treasury/pensions

CHOOSING A DENTAL PLAN

Your choice of a dental plan is a personal decision. In deciding whether to enroll and which plan to choose, you should consider:

- The nature and amount of your anticipated dental expenses for the next year;
- The covered services provided by the Retiree Dental Expense Plan or a DPO;
- The differences in out-of-pocket costs for each type of plan; and
- The degree of flexibility that you may want in selecting a dentist.

You can use the summary chart on page 3 of this fact sheet to compare benefit levels under each type of dental plan. If you choose a DPO, you must select a dentist who participates with that particular DPO and who can accept you and your dependents as patients.

DENTAL TIERS

To protect the plans and enrolled members against the effect of retirees joining who have gone years without any dental treatment, the Plans have three benefit tiers. If you enroll in a Retiree Dental Plan within 60 days of leaving another group dental program in which you were enrolled for a minimum of 12 months, you will be enrolled in the highest reimbursement tier; Tier 3. If you were not covered in a group dental program within 60 days of enrolling in a Retiree Dental Plan — or were enrolled in a group dental program for less than 12 months — you will be enrolled in Tier 1. After one year of coverage in Tier 1, you will move to Tier 2. After another year, you will be moved to Tier 3. Once enrolled in Tier 3, the highest level of reimbursement, you will remain in that tier for as long as you continue to be enrolled. See the Plan Summaries below to see how tier reimbursement works in each type of plan.

PLAN SUMMARY — RETIREE DENTAL PLAN ORGANIZATIONS

The Dental Plan Organizations (DPOs) are companies that contract with a network of providers for dental services. There are several DPOs participating in the Retiree Dental Plans from which you may choose: Aetna DMO, Cigna Dental Health, Inc., Healthplex, Horizon Dental Choice, and MetLife (see page 4 for contact information).

You must use providers who participate 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/SEHBP Retiree Dental Plans, since DPOs also service other organizations.

When you use a DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a copayment (see chart on page 4). Orthodontic services are not covered. If your dentist drops out of the DPO, you must select another dentist from the DPO. If there are none available within 30 miles of your home, or if you move and your DPO cannot provide a dentist within 30 miles of your home, you may change plans immediately.

DPO Plan Reimbursement Tiers

The types of services covered are based on the dental tier in which you are currently enrolled:

- Tier 1 - Diagnostic and Preventive Services Only
- Tier 2 - Includes Tier 1 Services Plus Restorative Services
- Tier 3 - Includes Full Retiree DPO Plan Design

Once enrolled in Tier 3, the highest level of reimbursement, you will remain in that tier for as long as you continue to be enrolled.

PLAN SUMMARY — RETIREE DENTAL EXPENSE PLAN

The Retiree Dental Expense Plan is a traditional indemnity, fee-for-service plan. There is a \$50 per person annual deductible, and a maximum aggregate deductible of \$150 per family, which must be met before reimbursements are made. The Retiree Dental Expense Plan reimburses covered services provided by any dental provider licensed to practice at a percentage of reasonable and customary charges. The Plan is self-insured by the State and is administered by Aetna Dental.

The Retiree Dental Expense Plan covers preventive, basic, and major restorative services at different levels. The deductible is waived for preventive services. The Plan does not reimburse for any orthodontic services.

Network Dentists

The Retiree Dental Expense Plan has a network of dentists who have agreed to accept a discounted fee for services. If a member uses a network provider, the fee for the service will generally be lower than that charged by an out-of-network dentist so the member's costs will be lower.

For those enrolled in the Retiree Dental Expense Plan, coinsurance is payable based on the designated tier.

Retiree Dental Expense Plan Reimbursement Tiers

The percentage of reimbursement you receive for covered services is based on the dental tier in which you are currently enrolled:

TIER	RETIREE DENTAL EXPENSE PLAN COINSURANCE
TIER 1	80% – Preventive Care 50% – Basic Restorative 30% – Major Resorative
TIER 2	90% – Preventive Care 60% – Basic Restorative 40% – Major Resorative
TIER 3	100% – Preventive Care 70% – Basic Restorative 50% – Major Resorative

PLAN COMPARISON — The following chart on page 3 provides a summary description of a variety of dental services under the two types of dental plans offered by the Retiree Dental Plans. The chart is not complete and does not describe all the benefits, limitations, or conditions associated with coverage under either type of plan. Please refer to the *Retiree Dental Plans Member Handbook* for additional details.

Dental Plans — Retirees

This fact sheet is a summary and not intended to provide all information. Although every attempt at accuracy is made, it cannot be guaranteed.

	DENTAL EXPENSE PLAN*	DENTAL PLAN ORGANIZATION (DPO)
Deductible	\$50 per person, but not more than \$150 total; waived for Preventive Care	None
Coinsurance	See reimbursement tiers	Plan pays 100% (less copayment) 100% Diagnostic and Preventive
Copayments	None	Varies depending on service
Benefits Maximum	\$1,500 per person	No limit
Provider Limitations	Can use any licensed provider, must use DEP-participating dentist	Must use DPO-participating dentist
Selected Services	Some services listed below may be covered subject to deductibles and coinsurance as shown above	Some services listed below are covered subject to copayments as shown below
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%**	Oral evaluations limited to twice per calendar year; Plan pays 100%
X-Rays	Covered subject to limitations; Plan pays 100%**	Covered subject to limitations; Plan pays 100%
Cleanings (Oral Prophylaxis)	Two cleanings per calendar year; Plan pays 100%**	Two cleanings per calendar year; Plan pays 100%
Fluoride	Covered only for children under age 19 twice per calendar year; Plan pays 100%**	Covered only for children under age 19 twice per calendar year; Plan pays 100%
Tooth Sealants	Covered for children under age 19 (with restrictions); Plan pays 100%**	Covered only for children under age 19; No copayment (limitations apply)
Routine Fillings	Plan pays 70%**	Covered copayments may apply; \$15–\$70
Simple Extraction	Plan pays 70%**	Covered after copayment of \$35
Crowns	Plan pays at 50%**	Covered after copayment of \$225–\$340
Root Canal (Endodontics)	Plan pays 70%**	Endodontic Therapy covered after copayment of \$150–\$265
Dentures	Repair of existing dentures covered at 70%;** New or replacement dentures covered at 50%	Covered after copayment of \$55–\$455 (with limitations)
Oral Surgery for Removal of Impacted Tooth	Plan pays 70%;** Considered under the medical plan first then dental will consider	Covered under copayment of \$80–\$100
Periodontics	Plan pays 50%** (with limitations)	Covered after copayment of: \$90 for gingivectomy (one to three teeth), \$70 for root planing (per quadrant) \$150–\$265
<p><i>*In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances when using out-of-network providers.</i></p> <p><i>**Coinsurance listed is for Tier 3.</i></p>		

WHEN COVERAGE BEGINS

Generally, the effective date for your Retiree Dental Plan coverage will coincide with your Retired Group medical plan enrollment date.

WHEN COVERAGE ENDS

Coverage will end when:

- Your medical plan coverage is terminated unless medical coverage was waived for other coverage through a public employer (see the “Eligibility” section on page 1);
- You voluntarily request health or dental plan termination in writing, or you complete an application and select termination of Retiree Dental Plan coverage;
- Your medical and/or dental premiums are not paid; or
- Your medical coverage ends due to the fact that your former employer withdraws from the SHBP or SEHBP (does not apply to retirees who qualified for State-paid medical coverage; i.e. former employees of local school districts or county colleges, and municipal police and firefighters who qualify under the provisions of P.L. 1997, c. 330).

MORE INFORMATION ABOUT THE PLANS

For more information about the plan design or to locate dentists who are part of the Plans’ provider network, contact your plan (see “Participating Plans” to follow). For information about enrollment eligibility, contact the NJDPB Office of Client Services at (609) 292-7524, or view information about the Retiree Dental Plans on our website at: www.nj.gov/treasury/pensions

PARTICIPATING PLANS

- **Cigna Dental Health, Inc.**
www.cigna.com/sites/stateofnjdenal
1-800-564-7642
- **Healthplex**
(International Health Care Services)
www.healthplex.com
1-800-468-0600
- **Horizon Dental Choice**
www.horizonblue.com
1-800-433-6825
- **Aetna DMO**
www.aetna.com/statenj
1-800-843-3661
- **MetLife**
www.metlife.com/dental
1-866-880-2984
- **Dental Expense Plan**
(PPO Administered by Aetna)
www.aetna.com/statenj
1-877-782-8365

This fact sheet has been produced and distributed by:

New Jersey Division of Pensions & Benefits
P.O. Box 295, Trenton, NJ 08625-0295

(609) 292-7524

For the hearing impaired: TRS 711 (609) 292-6683

www.nj.gov/treasury/pensions



State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
RETIREE DENTAL PLAN APPLICATION

1. EMPLOYEE INFORMATION — Last Name _____ First _____ MI _____

Gender	Birth Date / /	Social Security Number — —	Marital Status*
Telephone Number ()		Personal E-mail Address	
Home Address No. and Street Name			
City		State	Zip

<p>2. FORMER EMPLOYER NAME</p> <p>DATE OF RETIREMENT ____/____/____</p> <p>Where you a part-time employee when you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. PREVIOUS DENTAL COVERAGE</p> <p>Were you enrolled in a group dental plan for at least 12 months prior to now? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the previous Dental Plan Name</p> <p>_____</p>
<p>4. TYPE OF ACTIVITY (check one)</p> <p><input type="checkbox"/> New Retiree</p> <p><input type="checkbox"/> Dental Plan Change</p> <p><input type="checkbox"/> Enrolling in Dental (Previously Waived)</p> <p><input type="checkbox"/> Adding Dependents</p> <p><input type="checkbox"/> Deleting Dependents</p> <p><input type="checkbox"/> Survivor Enrollment Decedents SS# _____</p> <p>Reason _____</p> <p>Date of Event ____/____/____</p>	<p>5. LEVEL OF MEDICARE COVERAGE</p> <p>Do you have Medicare Part A ? (Hospital Insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have Medicare Part B ? (Medical Insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your spouse/partner have Medicare Part A ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your spouse/partner have Medicare Part B ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child have Medicare ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>Anyone eligible for Medicare (age 65 or older or in receipt of Social Security Disability benefit(s) for at least 24 months) must be enrolled under both Medicare Part A (Hospital) and Part B (Medical) in order to continue coverage under this program. If enrolled, a photocopy of the Medicare card must be submitted with this application.</small></p>

6. LEVEL OF COVERAGE

Single Parent/Child Member/Spouse/Civil Union Member/Domestic Partner Family

7. DENTAL PLAN You must remain enrolled in selected plan for 12 months.

I wish to be covered under the Aetna Dental Expense Plan (DEP/PPO)*

I wish to be covered under a Dental Plan Organization (DPO/DMO)* Cigna MetLife Healthplex Horizon BCBSNJ Aetna DMO

Dentist ID Number _____

8. DEPENDENT INFORMATION: List all eligible dependents and attach required proof of dependency documents.*

Additional sheets attached. Any dependents not listed will be removed.

Eligible Dependents Last Name, First Name	Social Security No.	Circle Relationship	Birth Date	Gender
	— —	Spouse / Civil Union / Domestic Partner	/ /	
	— —	Child (Natural, Adopted, Foster, Step, Legal Ward)	/ /	
	— —	Child (Natural, Adopted, Foster, Step, Legal Ward)	/ /	

***See Instructions page for detailed information and Mailing Address**

FOR DIVISION USE ONLY

Event Reason:

Effective Date
____/____/____

Location No.
[][][][][][]

EMPLOYEE CERTIFICATION — I certify that all the information supplied on this form is true to the best of my knowledge and that it is verifiable. I understand that if I waive my right to coverage at this time, enrollment is not permissible unless other coverage is lost and proof of loss is provided (HIPAA). I understand that I must remain enrolled in the Dental Plan for a minimum of 12 months and that there is no guarantee of continuous participation by dental service providers, either dentists or facilities, in the DPO plans. If either my dentist or dental center terminates participation in my selected plan, I must select another dentist or dental center participating in that plan to receive the "in-network" benefit. I authorize any hospital, physician, dentist or dental care provider to furnish my dental plan or its assignee with such dental information about myself or my covered dependents as the assignee may require. **Misrepresentation:** Any person that knowingly provides false or misleading information is subject to criminal and civil penalties.

9. Employee Signature: _____ **Date:** ____/____/____

INSTRUCTIONS FOR THE NEW JERSEY EMPLOYEE DENTAL PLANS ENROLLMENT and/or CHANGE FORM

SECTION 1 – EMPLOYEE INFORMATION – Complete entire section. **Indicate Marital Status** as follows: **S** (Single), **M** (Married), **CU** (Civil Union), **DP** (Domestic Partner), **D** (Divorced), **W** (Widowed)

SECTION 2 – Indicate your former employers name, your date of retirement and if you were a part-time employee when you retired.

SECTION 3 – PREVIOUS DENTAL COVERAGE – Indicate whether you were enrolled in a group dental plan for 12 months preceding your retirement date. If you were not, you will be enrolled in Tier 1 of the dental plan you select.

SECTION 4 – TYPE OF ACTIVITY – indicate by checking the appropriate block

SECTION 5 – LEVEL OF MEDICARE COVERAGE – Indicate whether you and/or your spouse/partner and/or child are enrolled in Medicare Parts A and B by checking the appropriate block(s). Anyone eligible for Medicare (age 65 or older or in receipt of Social Security Disability benefit(s) for at least 24 months) must be enrolled under both Medicare Part A (Hospital) and Part B (Medical) in order to continue coverage under this program. If enrolled, a photocopy of the Medicare card must be submitted with this application.

SECTION 6 – LEVEL OF COVERAGE – indicate by checking the appropriate block.

SECTION 7 – DENTAL PLAN – Select only one plan. The *Employee Dental Plans Member Guidebook* provides you with all available options at www.nj.gov/treasury/pensions/member-guidebooks.shtml If you enroll in a Dental Plan Organization (DPO), you must receive services from an in-network dentist in order to have your claims paid. You must select a participating dentist within the DPO, ensuring the dentist or facility takes new patients and participates with the Employee Dental Plans. If you enroll in the Dental Expense Plan (Aetna DEP), you may receive services from any dentist. You will be required to pay up front for covered services until a deductible is met.

IMPORTANT: After you enroll in a dental plan, you must remain enrolled for 12 months until you are permitted to terminate coverage or change plans.

SECTION 8 – DEPENDENT INFORMATION – List all eligible dependents and attach dependent documentation proof (see attached). If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. Ensure your dependents match your level of coverage (Section 4). Your child(ren) may be covered until the end of the calendar year they turn 26. **ANY DEPENDENTS NOT LISTED WILL NOT BE COVERED.**

SECTION 9– EMPLOYEE SIGNATURE – Read, sign, date, and attach required dependent documentation. If additional sheets are submitted with the application, check box indicating such.

MISREPRESENTATION: Any person that knowingly provides false or misleading information is subject to criminal and civil penalties.

MAIL COMPLETED APPLICATION TO: New Jersey Division of Pensions & Benefits (NJDPB)
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299





State Health Benefits Program (SHBP) • School Employees' Health Benefits Program (SEHBP)
REQUIRED DOCUMENTATION FOR DEPENDENT ELIGIBILITY AND ENROLLMENT

The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required to ensure that only employees, retirees, and eligible dependents are receiving health care coverage under the Programs. The New Jersey Division of Pensions & Benefits (NJDPB) must guarantee consistent application of eligibility requirements within the plans. Employees or retirees who enroll dependents for coverage (spouses, civil union partners, domestic partners, children, disabled and/or overage children continuing coverage) MUST submit the following documentation in addition to the appropriate health benefits enrollment or change of status application. If proper documentation has already been provided and approved, do not resubmit. If appropriate dependent documentation proof is not provided, dependents may not be enrolled. **ANY DEPENDENTS NOT LISTED ON THE APPLICATION WILL NOT BE COVERED.**

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
SPOUSE	A person to whom you are legally married.	A copy of the marriage certificate and a copy of the front page of the employee/retiree's federal tax return* (Form 1040) from last year that includes the spouse. If filing separately, submit a copy of both spouses' tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or , if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both spouses and is received at the same address.
CIVIL UNION PARTNER	A person of the same sex with whom you have entered into a civil union.	A copy of the marriage certificate and a copy of the front page of the employee/retiree's federal tax return* (Form 1040) from last year that includes the partner. If filing separately, submit a copy of both partners' tax returns that list the same address. If marriage occurred in the current calendar year, a copy of the tax return is not required. Or , if tax return is not available, provide a copy of a bank statement or bill (dated within 90 day of the application) that includes the names of both partners and is received at the same address.
DOMESTIC PARTNER	A person of the same sex with whom you have entered into a domestic partnership. Under P.L. 2003, c. 246, the Domestic Partnership Act, health benefits coverage is available to domestic partners of State employees, State retirees, or employees or retirees of a SHBP - or SEHBP - participating local public entity that has adopted a resolution to provide Chapter 246 health benefits.	A copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the front page of the employee/retiree's N.J. tax return* from last year that includes the partner. If filing separately, submit a copy of both partners' NJ tax returns that list the same address. If Domestic Partnership occurred in the current calendar year, a copy of the tax return is not required. Or , if tax return is not available, provide a copy of a bank statement or bill (dated within 90 days of the application) that includes the names of both partners and is received at the same address.
CHILDREN	A subscriber's child until age 26, regardless of the child's marital, student, or financial dependency status – even if the young adult no longer lives with his or her parents. This includes a stepchild, foster child, legally adopted child, or any child in a guardian-ward relationship upon submitting required supporting documentation.	Natural or Adopted Child – A copy of the child's birth certificate showing the name of the employee/retiree as a parent. Step Child – A copy of the child's birth certificate showing the name of the employee/retiree's spouse or partner as a parent and a copy of the marriage/partnership certificate showing the names of the employee/retiree and spouse/partner. Legal Guardian, Grandchild, or Foster Child – Copies of final court orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the employee.
DEPENDENT CHILDREN WITH DISABILITIES	If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for a continuance of coverage. Coverage for children with disabilities may continue only while (1) you are covered through the SHBP/SEHBP; (2) the child continues to be disabled; (3) the child is unmarried or does not enter into a civil union or domestic partnership; and (4) the child remains substantially dependent on you for support and maintenance. You may be contacted periodically to verify that the child remains eligible for coverage.	Documentation for the appropriate "child" type (as noted above) and a copy of the front page of the employee/retiree's federal tax return* (Form 1040) from last year that includes the child. If Social Security disability has been awarded, or is currently pending, please include this information with the documentation that is submitted. Please note that this information is only verifying the child's eligibility as a dependent. The disability status of the child is determined through a separate process.
CONTINUED COVERAGE FOR OVERAGE CHILDREN	Certain children over age 26 may be eligible for continued coverage until age 31 under the provisions of P.L. 2005, c. 375. This includes a child by blood or law who: (1) is under the age of 31; (2) is unmarried or not a partner in a civil union or domestic partnership; (3) has no dependent(s) of his or her own; (4) is a resident of New Jersey or is a student at an accredited public or private institution of higher education, with at least 15 credit hours; and (5) is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.	Documentation for the appropriate "child" type (as noted above), and a copy of the front page of the child's federal tax return* (Form 1040) from last year, and if the child resides outside of the State of New Jersey, documentation of full time student status must be submitted.

*You may black out all financial information and all but the last four digits of any Social Security numbers on tax returns. To obtain copies of the documents listed above, contact the office of the town clerk in the city of the birth, marriage, etc., or visit these websites: www.vitalrec.com or www.studentclearinghouse.org. Residents of New Jersey can obtain records from the State Bureau of Vital Statistics and Registration website: www.nj.gov/health/vital/index.shtml