

# OLD BRIDGE BOARD OF EDUCATION

## HEALTH BENEFITS PROGRAM

### CONTACTS

#### CLAIM AND BENEFIT QUESTIONS

Please contact the insurance carrier directly:

Health Plan Name	Member Services Telephone Number	Web Site Address
NJ DIRECT 10	1-800-414-SHBP (1-800-414-7427)	<a href="http://www.horizonblue.com/shbp">www.horizonblue.com/shbp</a>
NJ DIRECT 15	1-800-414-SHBP (1-800-414-7427)	<a href="http://www.horizonblue.com/shbp">www.horizonblue.com/shbp</a>
AETNA HMO	1-877-STATE NJ (1-877-782-8365)	<a href="http://www.aetna.com/statenj">www.aetna.com/statenj</a>
CIGNA HealthCare HMO	1-800-564-7642	<a href="http://www.cigna.com/stateofnj">www.cigna.com/stateofnj</a>
BENECARD PBF PRESCRIPTION	1-877-723-6005	<a href="http://www.benecardpbf.com">www.benecardpbf.com</a>
BENECARD PBF MAIL ORDER	1-877-723-6005	<a href="http://www.benecardpbf.com">www.benecardpbf.com</a>
HORIZON BCBSNJ DENTAL	1-800-4-DENTAL (1-800-433-6825)	<a href="http://www.horizonblue.com">www.horizonblue.com</a>

If **Benecard Prescription** or **Horizon BCBSNJ Dental plan** did not satisfy your concerns, you may contact your Broker:

Sheila Petraglia	Grinspec Consulting	1-908-665-2200	<a href="mailto:spetraglia@grinspec.com">spetraglia@grinspec.com</a>
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If you need help with the *final stage of an appeal* with the **NJ SEHPB medical plan**, you may contact your Broker:

James Finn	Grinspec Consulting	1-908-665-2200	<a href="mailto:jfinn@grinspec.com">jfinn@grinspec.com</a>
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#### ENROLLMENT ISSUES

You should first contact the carrier (numbers above), and if you are unable to resolve your issue with the carrier, then you should contact the Business Office for assistance.

#### WAIVER QUESTIONS

If you have any questions on the waiver plan, you may contact:

Maria Gerckens	Grinspec Consulting	1-908-665-2200	<a href="mailto:mgerckens@grinspec.com">mgerckens@grinspec.com</a>
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#### NJ SEHPB BENEFIT BOOKS

Summary Plan Description (SPD)

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/handbook/hb0505.pdf>

NJ DIRECT Member handbook

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/handbook/njdirectbk.pdf>

Aetna Member Handbook

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/handbook/aetna-handbook.pdf>

CIGNA Member Handbook

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/handbook/cigna-handbook.pdf>

NJ SEHPB Plan Comparisons

[http://www.state.nj.us/treasury/pensions/hb\\_open\\_enrollment\\_2009/hb-0798-local-ed-comparison-booklet.pdf](http://www.state.nj.us/treasury/pensions/hb_open_enrollment_2009/hb-0798-local-ed-comparison-booklet.pdf)

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### FORMS

NJ SEHPB Active Employee Application (and Required Documentation list)

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ha0800.pdf>

NJ SEHPB Active Employee Waiver (to be submitted with Application)

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/ha0109.pdf>

NJ SEHPB Affidavit of Dependency (to be submitted with Application in some cases)

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/hb0063.pdf>

For all other forms, click on:

<http://www.state.nj.us/treasury/pensions/shbp-forms.shtml>

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### QUESTIONS & ANSWERS

#### **Q: WHO IS ELIGIBLE FOR ENROLLMENT?**

A: According to the Local Finance Notice dated May 18 2010, which addresses the impact of Chapter 2 on Local Unit Health Benefits programs, “effective May 21, 2010, to be eligible for health benefits coverage under the SHBP, a full-time employee will be required to work a minimum of 25 hours per week, rather than the current 20 hours, to qualify for employer provided health benefits. “

The State Health Benefits Commission will soon provide guidance about the meaning of “full-time”.

In addition, under Chapter 2, PL 2010, prohibits multiple coverage under the SEHBP/SHBP plans. Therefore, you are not eligible to receive State Health Benefits if you are covered as a dependent under another SHBP/SEHBP policy.

- An employee or retiree cannot be eligible for coverage as both a subscriber **and** a dependent under the SHBP and/or SEHBP.

**For example:** A retiree with SHBP coverage due to his prior employment with a municipality also has coverage as his wife’s dependent under SEHBP coverage from her employment with a board of education. The husband may cover the wife as *his* dependent provided she waives her coverage with the board of education; **or**, the wife may cover the husband as *her* dependent if he waives his retiree coverage; **or**, they may both choose single coverage.

- An employee or retiree cannot have coverage simultaneously as an active employee **and** as a retiree under the SHBP/SEHBP.

**For example:** A retiree has SEHBP coverage due to his prior employment as a teacher. The retiree returned to employment with a municipality and has SHBP coverage due to that employment. The individual must either waive his retired SEHBP coverage **or** waive his active employee SHBP coverage.

- In addition, dependent children are not eligible for coverage under both SHBP/SEHBP covered parents.

#### **Q: HOW DO I ENROLL IN THE HEALTH INSURANCE PLANS (NJ SEHPB Medical, Benecard RX and Horizon Dental)?**

A: Eligible employees must complete the following applications completely.

- 1) **NJ School Employees' Health Benefits Program** (NJ SEHPB) Application and provide all the information requested (per the instructions on the enrollment form). All sections must be filled out, with the exception of section 3 and 5. In addition, there is documentation that must be included with the application (please refer to the document titled “Required Documentation for NJ SEHPB Dependent Verification”). If documentation is not provided, the application will be rejected.
- 2) **Benecard** Enrollment form (check off RX at top left, and fill out everything except for first row, check off “new enrollment”)
- 3) **Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) Dental** enrollment form (fill out section A1, B, C –Horizon Dental Option and Contract type, D, E, F, G)

The forms must be signed by the employee and returned to the Business office for certification within **30 days** of being eligible for coverage. Proper documentation must be enclosed with the applications or the applications will be rejected.

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Failure to complete an application in its entirety or neglecting to add an eligible family member when first becoming eligible for coverage may delay enrollment until the next Open Enrollment period.

**Q: WHEN WILL MY COVERAGE BECOME EFFECTIVE?**

A: **Benecard Prescription** and **Horizon BCBSNJ Dental** are effective on date of hire. Under the **NJ SEHPB Medical Plan**, coverage for the employee begins on the first day following 60 days of employment. For example, if the employee starts work on June 14, NJ SEHPB begins on August 14 (assuming that the employee's properly completed and signed *NJ SEHPB Enrollment Application* has been submitted in a timely manner).

There are three exceptions to this effective date of coverage rule:

- If an employee had at least 60 days of service on the date the employer joins SHBP, coverage starts on the date the employer enters the program;
- If an employee has an annual contract, is paid on a 10-month basis, **and** begins work at the beginning of the contract year, coverage begins on September 1;
- If an employee was enrolled in the SHBP with a previous employer **and** the employee's coverage is still in effect on the day work begins with the current employer (COBRA coverage excluded), coverage begins immediately so there is no break in coverage.

**Q: WHEN WILL MY COVERAGE TERMINATE?**

A: A employee paid under a 10-month contract that starts work at the beginning of the school year and terminates service with the employer at the end of that school year, will be entitled to a full year's coverage comparable to that of any employee paid on a 12-month basis, **AS LONG AS THE FOLLOWING IS TRUE:** The employee has worked for the number of months prescribed by the contract or arrangement with the employer for that school year. This means that NJ SEHPB coverage for ten-month employees and their dependents will continue during the summer months subsequent to the end of the school year (July and August).

For example, a teacher with a ten-month contract who begins employment at the start of the school year in September and then terminates employment on the last day of school in June will have coverage continue through the months of July and August immediately following the end of that school year.

Please note, however, that when the termination of employment at the end of the school year is because of the member's July 1 retirement, coverage under the active group ends August 1, at which time coverage under the retired group becomes effective.

If the member is a 12-month employee or terminates at any other time, the following table applies:

Timetable for <u>Termination</u> in the NJ NJ SEHPB	
Date of Termination**	Date Coverage Ends
January 6 - February 5	March 1
February 6 - March 5	April 1
March 6 - April 5	May 1
April 6 - May 5	June 1
May 6 - June 5	July 1
June 6 - July 5	August 1

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July 6 - August 5	September 1
August 6 - September 5	October 1
September 6 - October 5	November 1
October 6 - November 5	December 1
November 6 - December 5	January 1
December 6 - January 5	February 1

**\*\*Please Note:** Termination due to a member's death **always** take effect on the first of the month following the member's date of death.

**Q: WHO IS CONSIDERED AN ELIGIBLE DEPENDENT?**

A: An employee's eligible dependents are his or her spouse/Civil Union Partner, (Marriage Certificate/Civil Union Certificate and Federal Tax form 1040 must be provided), and unmarried children to the end of the calendar year in which they turn age 23 for **NJ SEHPB Plan** (or between 19 and 23 if full time student for **Horizon BCBSNJ Dental and Benecard Prescription**) who live with him or her in a regular parent-child relationship. This includes children who are away at school. A birth certificate and Federal Tax form 1040 is required for children to be covered. If the employee is divorced, the children who do not live with the parent are still eligible for coverage if the employee is legally required to support these children. Under the **NJ SEHPB plan**, a copy of the divorce decree or court order must be submitted with the enrollment application to provide proof of dependent status in cases where the children do not reside with the covered employee along with the *Affidavit of Dependency Form and a Federal Tax return 1040*.

Stepchildren, foster children, and legally adopted children are also eligible for coverage, provided they live with the employee and are dependent upon the employee for support and maintenance. Under the **NJ SEHPB Plan**, *Affidavits of Dependency and Federal Tax form 1040* and legal documentation, including recent court orders, guardianship papers, adoption papers, etc. are required with enrollment forms for these cases.

**EFFECTIVE JANUARY 1, 2011, the SEHPB will extend coverage for children beyond age 23, so that children may be covered to the end of the calendar year in which they turn age 26. Benecard will extend coverage to the day a child turns age 26.**

**Q: UNTIL WHAT AGE IS MY CHILD COVERED, AND WHAT OPTIONS ARE THERE FOR HIM OR HER AFTER TERMINATION UNDER MY PLAN?**

A: The following are the age limitations under each plan:

**NJ SEHPB Medical Coverage**– Eligible, unmarried children are covered until the end of the calendar year in which the 23<sup>rd</sup> birthday occurs. **(effective January 1, 2011, children may be covered to the end of the calendar year in which they turn age 26)**. Members will be notified in October/November regarding NJ SEHPB Medical COBRA for children who will be aging out of the plan. If interested in COBRA it is up to the member to submit the NJ SEHPB Medical COBRA Application based upon the instruction provided at that time.

**Benecard Prescription Drug Coverage** – Eligible, unmarried children are covered until the end of the calendar month in which the 19<sup>th</sup> birthday occurs. If the child is a full time student at an accredited institution of higher education, their coverage may be extended to the end of the month in which the 23<sup>rd</sup> birthday occurs. If the child no longer qualifies as a full time student, then coverage will end on the last day of the benefit month in which qualification ceases to be met. If the

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child no longer qualifies for coverage, *employees have 60 days from that date to notify the employer, or COBRA will not be offered.* EFFECTIVE JANUARY 1, 2011, CHILDREN WILL BE COVERED UNTIL TO THE DAY THEY TURN AGE 26.

**Horizon BCBSNJ Dental Coverage**– Eligible, unmarried children are covered until the end of the calendar month in which the 19<sup>th</sup> birthday occurs. If the child is a full time student at an accredited institution of higher education, their coverage may be extended to the end of the month in which the 23<sup>rd</sup> birthday occurs. If the child no longer qualifies as a full time student, then coverage will end on the last day of the benefit month in which qualification ceases to be met. If the child no longer qualifies for coverage, *employees have 60 days from that date to notify the employer, or COBRA will not be offered.*

The child will not be given notice of **Prescription** and **Dental** coverage ending. If the dependent child intends to continue coverage under **COBRA**, the **employee must notify the employer** of this qualifying event within **60 days** of losing eligibility. A *Benecard application and Horizon Dental application* should be submitted noting the removal of the overage child from the member's coverage. Two exceptions are outlined below:

### Chapter 375 (Dependents to age 31)

Under Chapter 375, P.L. 2005, certain overage children may be eligible for coverage under the **NJ SEHPB Program and the Benecard Prescription Plan** (this does not apply to the Horizon Dental plan) until age 31. This option is only offered at Open Enrollment, or upon loss of coverage. This includes a child by blood or law who:

- is under the age of 31;
- 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.

**The covered parent is responsible for the entire cost of dependent coverage under Chapter 375**, and will be billed directly by the **NJ SEHPB** and/or **Benecard** for the coverage cost. Applications and rates are available at the Board Office.

### Overage Dependent with Disabilities

A dependent child who is physically or mentally incapable of self-support at the end of the calendar year in which age 23 (or between ages 19 and 23 for **Horizon Dental** and **Benecard Prescription**) is reached may continue coverage under the plan while remaining incapacitated and unmarried, subject to the coverage remaining in effect.

### **Q: UNDER THE PATIENT PROTECTION AND AFFORDABILITY ACT, HOW CAN I ADD MY CHILD WHO IS BETWEEN AGES 23 AND 26 , BACK ONTO THE PLANS?**

A: This law only affects the **NJ SEHPB** plan and the **Benecard** plan. This law will not extend coverage for the dental plan.

Under the **NJ SEHPB**, a child who is losing coverage at the end of the calendar year, 12/31/10, will be able to continue coverage under the parent's plan until the end of the calendar year in which they turn age 26.

If a child lost coverage prior to 12/31/10 under the SEHPB, they can enroll under your plan during Open enrollment in OCTOBER 2010, for a January 1, 2011 effective date, and will be permitted to remain on the plan until the end of the calendar year in which they turn age 26.

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Under the **Benecard** plan, a child who is losing coverage this year, or who has lost coverage prior, will be able to enroll under your plan during Open enrollment in OCTOBER 2010, for a January 1, 2011 effective date, and will be permitted to remain on the plan until the day they turn age 26.

### Q: HOW DO I REQUEST COVERAGE FOR MY HANDICAPPED CHILD?

A: For the **NJ SEHPB plan**, the employee must request a *Continuance of Enrollment for an Eligible Dependent with Disabilities* from the Division of Pensions and Benefits. This form is to be completed by the employee and the dependent's physician. This form must be submitted to the Division of Pensions and Benefits no later than January 31st of the year following the calendar year in which the child reaches age 23. To request a *Continuance of Enrollment for an Eligible Dependent with Disabilities* form, the member must contact the Division of Pensions and Benefits, Active Health Benefits Group prior to November of the year in which the disabled dependent reaches age 23.

Division of Pensions and Benefits at (609) 292-7524,  
or write to:  
Division of Pensions and Benefits  
Health Benefits Bureau  
PO Box 299  
Trenton, NJ 08625-0299

The Continuance for Dependent with Disabilities form includes a section to be completed by a physician describing the dependent's disability. The Medical Review Board must assess each case, and the Board will often request that the member provide additional medical documentation that the Board finds necessary to make an informed determination. If the Medical Review Board determines that the dependent child is eligible for continued coverage, it may continue only while (1) you remain covered through the SHBP or NJ SEHPB; and (2) the child continues to be disabled; and (3) the child is unmarried; and (4) the child lives with you and remains dependent on you for support and maintenance. You will be contacted periodically to verify that the child remains eligible for continued coverage.

To request continuation of coverage from **Horizon Dental** the employee and the child's physician must fill out a Horizon Handicap Dependent application and return it back to the address on the form. To request coverage under **Benecard**, employee just needs to fill out an enrollment form, checking off that the child is handicapped.

### Q: HOW DO I ENROLL MY DEPENDENT UNDER CHAPTER 375 (Dependent to 31 coverage)?

A: Chapter 375 only applies to Medical and Prescription coverages. Under the **NJ SEHPB Plan**, a covered *employee* may enroll an over age child who is Chapter 375 eligible during the Annual Open Enrollment period in the fall. Coverage for the over age child will begin in January with the start of the benefit plan year. Or, if the covered employee provides proof of loss of other group coverage (HIPAA) for the Chapter 375 eligible over age child, the Chapter 375 coverage will begin the date that coverage had been terminated. The proof of loss must be submitted along with the *Chapter 375 Application* within 60 days of the termination date. A completed *Chapter 375 Application for Coverage* and a photocopy of the over age child's birth certificate and Form 1040 are required when enrolling for this extended coverage. If the child lives out of state, proof of full-time student status must also be provided. The application must be submitted to the Division of Pensions and Benefits on or before the child's 30th birthday. If the over age child is adopted, a step child, or a legal ward, supporting documentation is required, if not already on file. In addition, transcripts are required for full-time students attending schools outside of the State of New Jersey.

Under Chapter 375, an over age child does not have any choice in the selection of benefits but is enrolled for coverage in exactly the same plan or plans (medical and/or prescription drug) that the covered parent has selected.

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The covered parent is responsible for the entire cost of Chapter 375 coverage. When Chapter 375 coverage is elected, the covered parent will be billed directly for the cost. *Chapter 375 Rate Charts* showing the premium amounts for all health benefit plans are available by contacting the Division of Pensions and Benefits, or over the Internet at:  
<http://www.state.nj.us/treasury/pensions/shbp1.htm#2>

Under **Benecard Prescription Plan**, a dependent who qualifies for Chapter 375, may enroll at anytime, by filling out a Benecard Dependent to 31 enrollment form and including the first month premium. The child is responsible for the entire cost of this coverage, and will be billed directly by Benecard. The form and rates may be obtained at the Business office.

### **Q: HOW DO I ENROLL MY CHILD UNDER COBRA?**

A: It is the EMPLOYEE responsibility to notify the Employer within 60 days for **Benecard prescription** and **Horizon Dental**, if their child is no longer eligible for the benefit plans due to aging out. Upon notification to the Employer, you will be sent a letter with instructions on how to apply, and with rates. **NJ SEHPB**: You will receive a COBRA packet in October/November for any children that are aging out of the NJ SEHPB plan. Rates for the **NJ SEHPB** plan can be found at the following website:

[http://www.state.nj.us/treasury/pensions/hb\\_open\\_enrollment\\_2009/hc-0296-0373-ed-cobra.pdf](http://www.state.nj.us/treasury/pensions/hb_open_enrollment_2009/hc-0296-0373-ed-cobra.pdf) (please refer to first page only – for 2010)

### **Q: HOW DO I VERIFY STUDENT ELIGIBILITY FOR HORIZON BCBSNJ DENTAL PLAN?**

A: For **Horizon Dental**, members will receive a letter from Horizon twice per year, and must confirm student status for their dependents through a dial-in Interactive Voice Response (IVR) phone number, **1-888-345-5070**. Subscribers will verify full-time student status for their dependents by identifying the impacted dependent and noting if they are currently attending an accredited school or institution of higher learning on a full-time basis. Dependents who are not verified by the deadline detailed below will have their coverage terminated. Terminated dependents will receive a Certificate of Creditable Coverage (COCC) letter indicating that their coverage has been terminated.

The timeline for the semi-annual Student Verification process will be twice per year. In fall, you will have from Sept 15, through October 15th to call in. For Winter/Spring, you will have from January 15 through February 15<sup>th</sup> to call in.

Please note that hard copy documentation will be accepted through the standard process by fax or mail:

Fax: **1-973-274-2297**

Mail: **Horizon BCBSNJ Enrollment Department**

**RE: Student Verification**

**PO Box 10168**

**Newark, NJ 07101**

**Again, it is the EMPLOYEE's responsibility to inform the Employer if their child is no longer eligible for coverage within 60 days. If the employer is not informed, your child will not be offered COBRA.**

### **Q: HOW DO I VERIFY STUDENT ELIGIBILITY FOR BENECARD PRESCRIPTION DRUG PLAN?**

Benecard's enrollment system will terminate dependents at the end of the month when they turn 19, unless they receive notification from the Employer that the child is a full time student. Once they are notified that the child is a full time student, the system will then reinstate the student. It is **the EMPLOYEE's responsibility to provide the employer** with student verification semi-annually.

### **Q: WHEN CAN I ENROLL MY DEPENDENT(S)?**



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A: Enrollment of dependents normally occurs when the employee enrolls. If the employee fails to enroll a dependent at initial enrollment, then the employee will have to wait until the annual Open Enrollment period to add them to coverage.

There are exceptions:

- A newly married employee (or new Civil Union partner) may enroll their spouse and/or newly eligible dependent children. Applications for all 3 plans must be filed within 30 days of the marriage/civil union partnership. You must include Marriage Certificate/Civil Union certificate.
- When the birth, adoption of a child, step child, or legal guardianship occurs, applications for all 3 plans must be filed within 30 days of the birth or adoption. A birth certificate is required for birth. Adoption would require legal documentation to be included with application (Affidavit of Dependency, Final Court Order with judge's signature and seal or Adoption Final Decree with judge's signature and seal). **You do not need to wait for the social security number to enroll a dependent without a SSN but it will be required in order to maintain enrollment.** (You must provide proof of your request for the SSN for that dependent.) To add a step child, provide a birth certificate showing the employee's spouse's/partner's name and a copy of marriage/partnership certificate showing the employee and parent's name. Provide this information to the Board office as soon as it is available.
- An employee's spouse/dependent loses health benefit coverage; the employee has 30 days from the date of the loss of coverage to add a spouse/dependent to his or her coverage for all 3 plans. The enrollment application **must** be accompanied by the spouse's HIPAA certification form showing the date coverage was lost. The enrollment forms must be filled out completely and supporting documentation must be included (as per the attached "Required Documentation for NJ SEHPB Dependent Verification").

Coverage changes involving the addition of dependents are effective retroactively to the date of the event of eligibility, **if the application is filed within 30 days of the event (NJ SEHPB allows up to 60 days).** **NJ SEHPB:** If the application is not received by the Division of Pensions and Benefits within 60 days the coverage change will not be eligible until the following Open Enrollment.

To add a dependent, the **NJ SEHPB enrollment form** must be completed in full, section 1, 2a, 2b, 4, (list all eligible dependents), 5a, and 6. For **Benecard enrollment form**, fill out ID number, effective date, change in contract type, type of change, and all the dependent's information. For **Horizon Dental enrollment form**, fill out section A2, B (ss and name), C (contract type), D (dependent information) and G (signature). Remember, all forms must be signed by the member and returned to the Business office for certification.

### **Q: WHEN CAN I CHANGE DEPENDENT COVERAGE?**

A: Generally, active employees cannot change their dependent coverage until the next Open Enrollment period. There are exceptions when an employee may change coverage. These exceptions are:

- The employee is on a leave of absence and cannot afford to pay for coverage. Coverage can be reduced from family to single or parent and child while employee is on the leave. When the employee returns to work, coverage can be increased back to family coverage.
- When a change in family status involving the loss of a family member occurs (divorce, death, child marries, no longer lives with the employee, or loses dependent status\*).

Active employees may decrease dependent coverage at any time. Deletions of dependent coverage are effective on a timely or prospective basis, that is, when they are processed by the Health Benefits Bureau for **NJ SEHPB, Horizon Dental** and/or **Benecard Prescription**.

To change your dependent level under **NJ SEHPB Plan**, complete sections 1, 2a, 2b, 4 (list all future eligible dependents), 5 (list why you are changing your coverage level) and 6. Return to the Board office for certification. For **Benecard**, fill out ID number, effective date, change in contract type, type of change, and the dependent's information. For **Horizon Dental**, fill out A2 or A3, B (ss and name), C (contract type), D (dependent information) and G (signature). Remember, all forms must be signed by the member and returned to the Business office for certification.

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*\*A dependent child covered under an employee's NJ SEHPB health plan becomes ineligible for continued coverage on December 31 of the year in which (s)he turns 23 years of age. For Benecard and Horizon, they are covered until end of month they turn 19, or end of month they turn 23 if they are a full time student. EFFECTIVE JANUARY 1, 2011, SEHBP AND BENE CARD WILL EXTEND COVERAGE TO AGE 26.*

**Q: WHEN CAN I MAKE CHANGES BETWEEN MY NJ SEHBP MEDICAL COVERAGES?**

A: Generally, active employees cannot change their type of coverage or dependent coverage until the next Open Enrollment period. An exception is:

- You return from a leave of absence. If you elected not to continue benefits while on leave of absence, or you missed the open enrollment period, upon your return from leave you may elect to enroll in any plan for which you are eligible or at any coverage level as appropriate.

If you are changing between health plans- on **NJ SEHBP enrollment form**, complete sections 1, 2a, 2b (if enrolling in an HMO, be sure to list your primary care physician's identification number), 4 (listing all eligible dependents) and 6.

**Q: WHEN IS OPEN ENROLLMENT?**

A: The annual open enrollment period for employees for all 3 plans is in the fall, with the effective date of the employee's changes being January 1st of the following year. For 2011, the Open Enrollment period is October 1, 2010 - October 31, 2010, with changes made during the Open Enrollment period effective beginning on January 1, 2011.

**Q: WHEN CAN I WAIVE MY COVERAGE?**

A: You may waive the **NJ SEHBP health benefits coverage** if you are eligible for other health care coverage. This may be done only at Open Enrollment, or when you are first hired. If you are enrolled under another SEHBP/SHBP policy, then you must waive coverage as you are not permitted to have Multiple SEHBP/SHBP coverage.

You will be reimbursed for waiving the **NJ SEHBP plan, only if you are not enrolled under another SEHBP/SHBP plan**. If you are enrolled under another SEHBP/SHBP policy, you will not be reimbursed for waiving coverage.

The following are the waiver amounts which are to be paid semi-annually (every June and December). If you are not waiving the entire 12 month period (which runs January through December), your waiver amount will be pro-rated accordingly, based on the number of months you have waived.

SINGLE	PARENT/CHILD(REN)	EMPLOYEE/SPOUSE	FAMILY
\$2,000	\$2,000	\$3,000	\$3,500

**Q: HOW DO I WAIVE MY COVERAGE?**

A: Employees who wish to waive coverage must file a **NJ SEHBP Waiver/Reinstatement** form (complete part 1, fill out name, ss#, and check off waiver, and sign) along with a **NJ SEHBP Enrollment Application** (complete sections 1, 2a and 6). You must also submit proof that you have other coverage in order to waive the Employer plan. All forms need to be provided to Board office for certification.

**Q: WHEN CAN I RE-ENROLL IN MY NJ SEHBP COVERAGE IF I HAVE WAIVED?**

A: You may re-enroll in your coverage if you lose your other health care coverage, provided you notify the Board Office within 60 days of the loss of the other coverage and provide proof of loss of that coverage.

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## HEALTH BENEFITS PROGRAM

To reinstate coverage under the NJ SEHPB, you must complete a **NJ SEHBP Waiver/Reinstatement** form (complete part 1, fill out name, ss#, and check off "Reinstatement", and sign) along with a **NJ SEHBP Enrollment Application** (complete all sections except 3 and 5). Reinstatement will be effective immediately following the loss of the employee's other health plan coverage.

### **Q: WHAT IF I DID NOT RECEIVE MY IDENTIFICATION CARD?**

A: After employee has filled out an enrollment form, it will take approximately 2-4 weeks before receiving an ID card. The employee can contact the individual carriers, to first find out if their enrollment is activated. If you are active, while you are waiting for the ID card to arrive, member can:

**NJ SEHPB NJ DIRECT 10/15:** log onto [www.HorizonBlue.com/SHBP](http://www.HorizonBlue.com/SHBP) and print out a confirmation of coverage letter. Member must first register under the website. Or the doctor can call 1-800-414-7427 to confirm the member's coverage.

**Benecard Prescription:** employee should provide pharmacy with the following information along with the prescription order or have them contact Benecard Member Services Department for assistance at 1-877-723-6005.

- provide the pharmacist with the employee's social security number, preceded by "BX"
- The corresponding person code for member and their dependents (i.e. 01 for member, 02 for spouse, 03 for dependent, etc.); in the format: BX123456789-01
- BIN number: 014179
- Processor Control Number (PCN): 9743
- Group Number: 3113

**Horizon Dental:** the dentist can simply call 1-800-4-DENTAL to confirm the member's coverage.

### **Q: HOW DO I GET ADDITIONAL IDENTIFICATION CARDS?**

A: Call the carrier directly, or go online and request an ID card.

### **Q: WHAT IF THERE IS AN ERROR ON MY IDENTIFICATION CARD?**

A: Identification cards for the **NJ SEHPB NJ DIRECT and HMOs, Horizon Dental and Benecard RX** will be issued from the plan's claims administrators or carriers directly to the employees. These cards will be mailed to the address indicated on the application that the employee completed, and should be carefully reviewed for accuracy. If the identification card has an error in the spelling of the name, or address advise the Board Office. **NJ SEHBP:** If the error was yours, due to a typo on the enrollment application, you must fill out another application, from scratch (all sections except 3), and indicate what the error was under section 5 (ie: address correction, date of birth correction, etc. ). If the error was not yours, advise the Board Office.

### **Q: HOW DO I REGISTER UNDER THE HORIZON NJ SEHPB WEBSITE?**

A: Log onto website:

<http://www.HorizonBlue.com/shbp>

On left of page, under Member Sign-On, click on "Not Registered?". Follow instructions.

On this website, you can:

- Check Claims status

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- Check pre-certifications
- Check your enrollment
- Request an ID card
- Print out a coverage letter
- Request a Statement of Payments
- Download Claim forms for NJ Direct
- Link to the New Jersey Division of Pensions website

### **Q: HOW DO I PRINT OUT A CONFIRMATION OF COVERAGE LETTER FOR NJ DIRECT 10/15?**

A: Log onto the website [www.HorizonBlue.com/SHBP](http://www.HorizonBlue.com/SHBP). You must REGISTER before you can begin (see above).

On Left hand side of web page, click on Self Service. This will bring you to a page, where you can click on “print a coverage letter”.

### **Q: HOW DO I SEARCH FOR A PROVIDER?**

A: Log onto **Horizon NJ Direct** website:

<http://www.HorizonBlue.com/shbp>

Go to bottom right of web page, and click on “Go to Provider Directory” in the Provider Search box.

For Horizon Dental, you can log onto their website and click on Provider Directory:

<http://www.horizon-bcbsnj.com>

### **Q: HOW TO I CHANGE MY PRIMARY CARE PHYSICIAN?**

A: You must contact the NJ SEHPB HMO using the phone number provided on your ID card.

### **Q: WHAT DO I NEED TO DO TO CHANGE MY ADDRESS?**

A: You will need to fill out an **NJ SEHBP** Form in its entirety (all sections except 3); a **Horizon Dental form** (Sections A2, B – social, name and address, G) and a **Benecard form** (ss#, type of change, address, signature) and submit it to the Board Office.

### **Q: WHAT DO I NEED TO DO IF I HAVE A NAME CHANGE?**

A: Uou must fill out enrollment forms to change name. For **NJ SEHBP**, you must fill the **NJ SEHBP** enrollment form, completing all sections in full (including all dependent names and information) except 3. Under section 5d, you would check off that this is a name change. For **Horizon Dental**, complete sections A2, B (name and ss#), and G. For **Benecard Prescription**, fill in ss#, effective date, check off “Name Change”, enter in new name, and sign. Attach a copy of supporting documentation with all 3 carrier forms. Provide these forms back to the Board Office.

### **Q: WHAT DO I NEED TO DO IF PUT THE WRONG SS# ON MY ORIGINAL APPLICATION?**

A: Member must fill out enrollment forms to change social security number. For **NJ SEHBP**, member must fill the NJ SEHBP enrollment form, completing all sections in full (including all dependent names and information) except 3. Under section 5d, check off that this is a social security number change. For **Horizon Dental**, complete sections A2 (“other” and indicate

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ss# change), B (name and ss#), and G. For **Benecard Prescription**, fill in ss#, effective date, name, write in “ss# change”, and sign. Attach a copy of social security card with all 3 carrier forms. Provide these forms back to the Board Office.

### **Q: WHAT DO I NEED TO DO IF PUT THE WRONG DATE OF BIRTH ON MY ORIGINAL APPLICATION?**

A: Member must fill out enrollment forms to correct date of birth. For **NJ SEHBP**, member must fill the NJ SEHBP enrollment form, completing all sections in full (including all dependent names and information) except 3. Under section 5d, check off that this is a date of birth change. For **Horizon Dental**, complete sections A2 (“other” and indicate DOB change), B (name and ss#), and G. For **Benecard Prescription**, fill in ss#, effective date, name, write in “DOB change”, and sign. Attach a copy of birth certificate with all 3 carrier forms. Provide these forms back to the Board Office.

### **Q: WHAT HEALTH AND WELLNESS SERVICES DOES NJ DIRECT OFFER?**

A: NJ DIRECT provides the following health and wellness and value-added programs:

[Health and Wellness Education Programs](#) for the following: Asthma, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Heart Failure, Chronic Kidney Disease, Diabetes, Multiple Sclerosis, Hepatitis C and Weight Management.

[PRECIOUS ADDITIONS](#) prenatal education and information program which provides expectant mothers with information to enjoy a healthy pregnancy.

[24/7 Nurse Line](#) – The 24/7 Nurse Line is available 24 hours a day, seven days a week so that whenever you have a health care question, a nurse is just a phone call away.

[My Health Manager](#) – A secure, online, personalized health guide featuring many resources to help you manage your health, including a Health Assessment Tool, Symptom Checker, Personal Health Record, Hospital Quality Comparison Tool, electronic health newsletters and more.

[Horizon Discount Program](#) – Discounts on products and services such as: eyeglasses, laser correction services, health club memberships, hearing aids, alternative therapy, weight management and more

[Behavioral Health Services](#) – General behavioral health information on issues our members most often research. You can also take a self-assessment or use one of our investment tools or fitness calculators, or check out information on child and elder care regulations, links to volunteer opportunities and much more.