

## The State Health Benefits Program (SHBP) Open Enrollment

Dear Faculty and Staff,

Open enrollment period for state monthly employees begins October 1, 2024 and ends on October 31, 2024.

**No action is required if you are satisfied with your current coverage.**

If you wish to make any changes, please complete the attached Health Benefits Application, and contact Franklin Jaime at 201-200-2379 for clarification and processing.

Open enrollment allows employees to make general changes such as: adding or deleting dependents, change medical or dental plans. All changes to coverage made during this Open Enrollment period will be effective January 1, 2025.

### **The State of New Jersey requires the following documents when:**

- **Adding a spouse:** Marriage certificate, latest filed 2023 - Tax 1040 Form, Social Security Number or Individual Taxpayer Identification number (ITIN), [Health Benefits Application](#)
- **Adding a Child:** Birth certificate, latest filed 2023-1040 Tax Form, Social Security Number or Individual Taxpayer Identification Number (ITIN). [Health Benefits Application](#)
- **Removing a dependent:** No document is needed, just the [Health Benefits Application](#)

### **Medical plans offered: Horizon Brochure 2025 / Aetna Brochure 2025**

**PPO:** Aetna Freedom / Freedom 2019 and Horizon NJ Direct / NJ Direct 2019 ( **MGR / AFT / IPFTE**)

Aetna CWA Unity Freedom / CWA Unity Freedom 2019 and Horizon CWA Unity Direct /CWA Unity Direct 2019

**HMOs:** Aetna HMO or Horizon HMO (**All employees Eligible**)

**Tiered Network:** Aetna Liberty Plus or Horizon Omnia (**All employees eligible**)

**High Deductible Plans:** Aetna Freedom HDHigh or NJ Direct HDHigh; Aetna Freedom HDLow / NJ Direct HDLow

### **Incentive Program for the Tiered Network Plan:**

The state of New Jersey is once again offering a financial incentive of \$1,000 to first-time enrollees who remain enrolled for one-year full year. The incentive is reportable for income tax purposes and is paid by either gift card / Bank account /Zelle no later than the end of the current tax year. The Incentive shall be forfeited and returned to the SHBP if you fail to remain in Liberty Plus /OMNIA tiered network plan for at least one plan year. Example (if at any time during the specific coverage you decide to resign or waive plan – you must return funds to the State Health Benefits Bureau). This program does not extend to children over the age of 26 or COBRA members.

### **Level of Coverage:**

Members will no longer be able to select different levels of medical and prescription plan coverage.

**For example:** Employee chooses family coverage for medical then prescription will be family coverage.

Members also must elect to enroll in both Medical and Prescription. If a member wishes to waive coverage, both Medical and Prescription coverage must be waived.

## Dental Plan Changes for 2025

The new dental contract was awarded to be effective January 1, 2025. Dental coverage is offered to eligible employees through the Employee Dental Plans. Dental plans are offered based on two different plan designs (Dental Plan Organization DPO and a Dental Expense Plan DEP)

- One **DPO** is available: Aetna DMO  
DPOs contract with a network of providers for dental services. When an employee of dependent uses DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a small copayment. Members must use a provider that participates with the selected DPO to receive coverage. Be sure to confirm that the dentist or dental facility is taking new patients and participates with the SHBP Employee Dental Plans, since DPOs also service other organizations.
- Two **Dental Expense Plans** (DEP) are available: Aetna DEP and Horizon DEP. The DEP is a preferred Provider Organization (PPO) plan that allows members to obtain services from any dentist; however, using an in-network provider will reduce an employee's cost. After satisfying an annual deductible (no deductible for preventive services), members are reimbursed a percentage of the reasonable and customary charges for eligible services.

**\*\*** Members currently enrolled in the CIGNA DHMO plan, Horizon Dental Choice plan or the Metlife DPO plan will be automatically defaulted to the Aetna DMO plan in Benefitsolver prior to the start of Open Enrollment. When these members log in to Benefitsolver during the Open Enrollment period, they will see that the Aetna DMO plan has already been selected for them. This dental plan change will have a future effective date of January 1, 2025. Members may change their dental plan during the annual open enrollment period. The "12-month rule" will be suppressed, allowing members to select a new dental plan even if they have not been enrolled in their plan for at least 12 months. Any member who wishes to remain enrolled in a Horizon dental plan can select the new Horizon DEP plan.

Members currently enrolled in the Aetna DMO or Aetna DEP will not be affected and remain in their current plan.

## Flexible Spending Accounts – Administered by Horizon

Full-time employees of the State, who are eligible for participation in the New Jersey State Health Benefits Program (SHBP), may participate in Tax\$ave regardless of whether they are enrolled in Horizon or Aetna medical plans. Horizon manages the FSA plan for all State employees.

A Flexible Spending Account (FSA) is an account you set up for your anticipated eligible medical services, medical supplies and dependent care expenses not normally covered by your insurance. You can choose either Unreimbursed Medical FSA and a Dependent Care FSA, or both. (If eligible).

- **Use –It-or-Lose-It Rule:** Be conservative in estimating your annual contribution since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year. This is based on the Use-It-or-Lose-it Rule for Section 125 cafeteria plans, including Flexible Spending Accounts.
- **Flexible Spending Accounts:** cannot be canceled during the year and funds cannot be reimbursed.



- Members cannot enroll in FSA and HSA.

#### **ENROLLING IN A FLEXIBLE SPENDING ACCOUNT**

Employees have four ways of enrolling in Tax\$ave FSA accounts during the Open Enrollment: online, phone, fax, or mail. Horizon MyWay will inform employees currently participating in a Tax\$ave FSA plan of this enrollment opportunity through email or direct mailing in September. The Tax\$ave publications also provide the following enrollment instructions to employees:

- Online: Employees can enroll in the Unreimbursed Medical and/or Dependent Care FSA plans online at: <http://www.horizonblue.com/enrollfsa> The deadline for online enrollment is midnight, October 31, 2024.
- Phone: You may call Horizon MyWay at 1-866-999-3531 to enroll over the phone. The deadline for phone enrollment is October 31, 2024.
- Fax: FSA Enrollment Forms may be faxed by the employee to 1-866-231-0214. The deadline for accepting faxed enrollment forms is midnight, October 31, 2024.
- Mail: FSA Enrollment Forms can be mailed by the employee directly to Horizon MyWay, P.O. Box 14836, Lexington, KY 40511. To be accepted, enrollment forms must be postmarked no later than October 31, 2024. Forms postmarked after October 31, 2024, will be returned without action. Employer benefits offices should not be involved in processing or mailing FSA Enrollment Forms.

#### **To Apply for FSA**

**FSA Application 2025**

**FSA 2025 Essential Guide / FSA Quick Reference Guide**

**Please visit the Office of Human Resources, Hepburn Hall 105 for detailed information about Open Enrollment. You can also contact the Human Resources main-line at 201-200-2335.**