

NEW EMPLOYEE ORIENTATION BENEFITS BOOK



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Welcome Message from the CHRO

Dear Employee,

Welcome to the University Hospital Benefits Handbook!

We are excited to have you as part of our dedicated healthcare family. At University Hospital, we believe that taking care of our employees is just as important as the care we provide to our patients. Your well-being is our priority, and this handbook is designed to provide you with valuable information about the benefits available to you as a valued member of our team.

Within these pages, you will find details about the comprehensive benefits we offer, including health insurance, retirement plans, wellness programs, and other resources designed to support you in all aspects of your life - at work and at home. We want to ensure that you have the tools and support necessary to maintain a healthy work-life balance, as well as to continue thriving both personally and professionally.

We encourage you to take the time to review the handbook and familiarize yourself with the benefits available to you. If you have any questions or need assistance, our HR team is always here to help you navigate your options and make the most of these offerings.

Thank you for being a part of the University Hospital family. We value your dedication and the important work you do every day to improve the lives of our patients. We are honored to provide you with a range of benefits to help you live a healthy, fulfilling life.

Warm regards,

A handwritten signature in black ink, appearing to read 'Raquel Morian', with a long, sweeping horizontal line extending to the right.

Raquel Morian
Chief Human Resources Officer
University Hospital

Benefits Introduction

University Hospital offers a comprehensive benefits package with a wide variety of benefit choices. New hires regularly scheduled to work at least 35 hours per week are introduced to the State Health Benefits Program (SHBP) by the Benefits Team during New Hire Orientation. There is a 60-day waiting period for SHBP benefits to begin.

If you enroll in a benefit plan you will be able to make changes to your plans within 60 days of any qualifying life event. Each year, there is an annual Open Enrollment period for the State Health Benefits Plan (SHBP) during the month of October, which will also allow employees to make changes in their existing coverages.

The staff site has a Human Resources page that includes a section on Benefits which serves as a general guide for eligible employees, communicating the hospital's Benefits Programs and should not be construed to represent an employment contract or other form of a legal contract. Refer to plan descriptions for detailed information.

Philosophy

University Hospital provides an excellent and very competitive benefits package for their employees that is a valuable part of each employee's total compensation package. The Department of Human Resources is dedicated to communicating these benefits to you in a timely and informative manner.

The elements of the hospital's Total Rewards programs are competitive compensation, comprehensive benefits, learning and organizational development and career opportunities.

Total Rewards collectively define the hospital's investment in our employees. We strive to help our employees achieve success in their work life.

Services

The following services are provided to support University Hospital's employee benefits objectives:

- Serving as a liaison with the State and insurance providers to administer the University's Benefits Programs
- Communication of pertinent information to employees making benefit decisions
- Personal and phone consultation with Benefits staff
- Benefits Fairs
- Coordination of on-site consultation with health plan and investment plan providers
- Financial Planning Seminars
- Tuition Reimbursement
- Ensuring compliance with Federal, State and Local laws and regulations regarding benefits

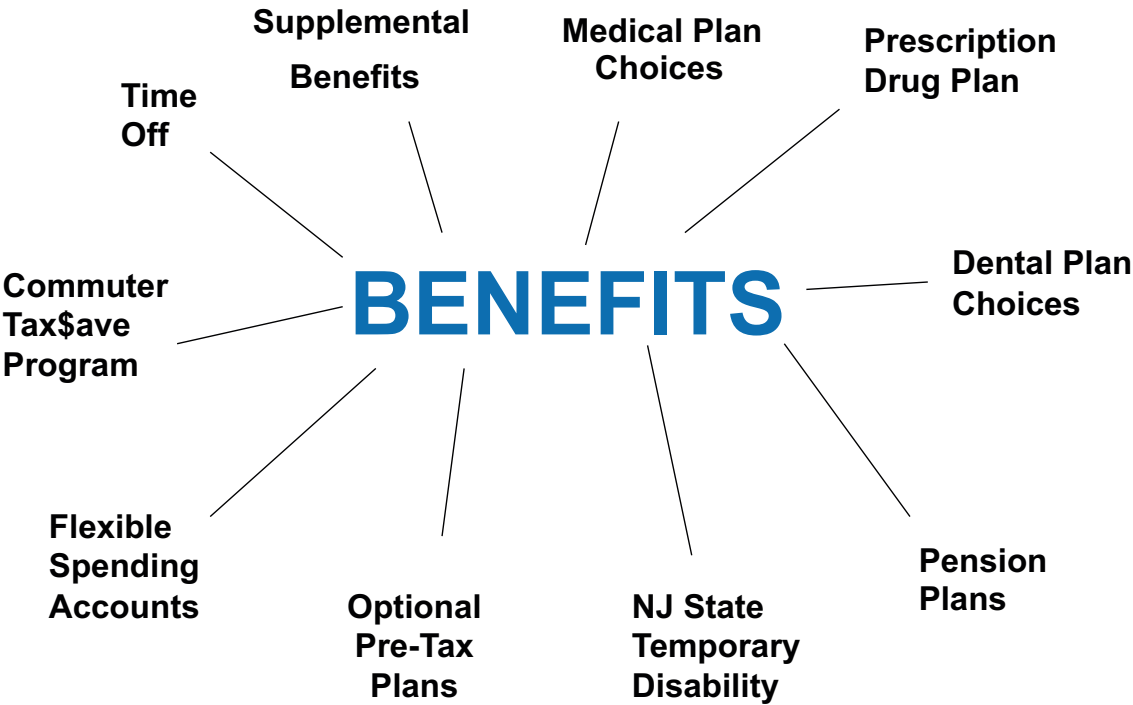
BENEFITS OVERVIEW - HR Web Page

<https://www.uhnj.org/uh-employees/human-resources/>

TIME OFF BENEFITS				
HOLIDAYS	9 Holidays per year. New Years Day, Martin Luther King, Jr. Birthday Observance, Good Friday, Memorial Day Observance, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving Day, Christmas Day.			
FLOAT HOLIDAYS	6 days if on the payroll as of January 1, 3 days if hired between Jan 2 – July 1, 0 days if hired between July 2 - Dec. 31 and can be used after 90 days of employment.			
SICK DAYS	1 day per month is accrued and carried year to year and can be used after 3 months of employment (FT, PT regularly scheduled to work 20 or more hours per week (pro-rated), or Temp FT employed for six continuous months.			
VACATION DAYS		UH STAFF	NURSES	EXECUTIVES & DIRECTORS
Vacation is accrued monthly if FT or PT regularly scheduled to work 20 or more hours per week (pro-rated). Can be used after 90 days of employment and paid out if a 21-day notice is given upon separation.		1-10 years 15 days per year	1-3 years 15 days per year	1 year 20 days per year
		11-20 years 20 days per year	4-18 years 20 days per year	21+ 25 days per year
		21+ years 25 days per year	19+ years 25 days per year	
INSURANCE BENEFITS				
MEDICAL INSURANCE		Elected benefits are effective on the 61 st day of employment. Employee contributions are based on monthly premiums (except for Freedom, Freedom 2019, NJ Direct, NJ Direct 2019, Liberty and Omnia plans which are based on an employee's annual salary). Please use the Aetna and Horizon Calculators and use the Annual Contribution Tables for employee contribution amounts. To apply for coverage, visit my.njbenefitshub . Please enroll within 60 days of your hire date.		
PRESCRIPTION PLAN				
DENTAL PLAN				
VISION INSURANCE				
FLEXIBLE SPENDING ACCOUNTS		Employees can contribute annual pre-tax maximum in a medical and/or a dependent account. Please enroll within 30 days of your hire date on this site: https://horizonmyway-enroll.hellofurther.com/portal/601050/login		
HEALTH SAVINGS ACCOUNT		Employer HSA is available if you enroll in one of the High Deductible Plans. Refer to application for maximum contributions. UH will contribute \$300 to the		
PENSION PLANS ENROLLMENT: https://www.nj.gov/treasury/pensions/				
PUBLIC EMPLOYEE RETIREMENT SYSTEM (PERS) FT Employees		Vesting after 10 years of PERS participation.	Employee contribution with a loan option.	
DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) FT, PT and Per Diem Employees		Employer contributions are vested on the 13th consecutive month of employment.	Employee contributes 5% Employer contributes 3%. No loan option.	
GROUP LIFE INSURANCE				
PERS	Employer: 1.5 times the base annual salary. Employee: 1.5 times the base annual salary. Coverage valued at three times base annual salary.			
DCRP	Employer pays the cost, no employee contribution. 1.5 times base annual salary			

SHORT & LONG TERM DISABILITY/NJ FAMILY LEAVE		
PERS - DISABILITY INSURANCE COVERAGE	NJ state short term disability and Family Leave. Upon completion of 12 months of continuous contributions in PERS. There is a 6-month waiting period.	No contribution
DCRP - LONG TERM DISABILITY	NJ state short term disability and Family Leave. Upon completion of 12 months of continuous contributions in DCRP. There is a 6-month waiting period.	No contribution
ADDITIONAL BENEFITS		
COMMUTER BENEFIT	This program will allow you to contribute up to \$300 per month on a pretax basis to a mass transit and or parking expense accounts. You can enroll online at commuterbenefits.com .	
EDUCATION ASSISTANCE PROGRAM	After 1 year of employment and a satisfactory annual evaluation you may be eligible for an annual tuition reimbursement of \$3,700. Reimbursement covers tuition costs and credit by exam only. You will also be able to access additional tuition benefits offered by the State of New Jersey, Rutgers University, and the US Department of Education (Loan Forgiveness).	
EMPLOYEE ASSISTANCE PROGRAM (EAP) and ENHANCED SERVICES	Our EAP is designed to assist you and your family members manage any possible mental health needs. We have partnered with the Family Healing Center to enhance our EAP services.	
SUPPLEMENTAL BENEFITS	You can supplement your benefits package by voluntarily enrolling in an additional life insurance, disability, accidental or critical illness policy.	
FINANCIAL HEALTH/PLANNING	As an employee of University Hospital, you will be able to access the services provided by North Jersey Federal Credit Union.	
VOLUNTARY TAX SHELTER PROGRAMS	In addition to your pension contributions, you can contribute additional voluntary contributions up to the Annual Compensation Limits to a pretax 457 account or an after-tax Roth account. These accounts do not have a loan option.	

Total Rewards Chart





Dependent Documentation Requirements

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

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 adherence to eligibility requirements within the plans. Employees or retirees who enroll their dependents for coverage must submit documentation as proof of their dependent's relationship and eligibility for enrollment. If appropriate dependent documentation proof is not submitted, the dependent will not be approved or enrolled. If proper dependent verification documentation has already been provided and approved, there is no need to re-submit.

A subscriber must be eligible for health benefits under the SHBP or the SEHBP. Subscribers who are ineligible to enroll in coverage or who have waived their coverage cannot enroll dependents in the SHBP or SEHBP.

Only eligible dependents can be enrolled under the SHBP and SEHBP as defined in N.J.A.C. 17:9-1.8 and N.J.A.C. 17:9-3.1. N.J.A.C. 17:9-3.3 requires that a subscriber provide appropriate dependent verification documentation as proof of relationship to the subscriber. See the "Eligible Dependents" section for a list of eligible dependents and their corresponding dependent verification documentation requirements.

ELIGIBLE DEPENDENTS

Spouse: A person to whom one has been joined in a properly recorded legal ceremony authorized by law. New Jersey recognizes legal marriages performed in other states or jurisdictions but does not recognize "common law" or any other form of marriage without a formal license.

Required documentation: A copy of your government issued marriage certificate (if the marriage certificate is in a language other than English, an English translation must also be submitted), and a copy of your most recent tax return (Form 1040). A copy of the tax return is not required if the marriage occurs within 12 months of the health benefits enrollment event date. Only the first page of the tax return is required and must include the spouse's name (financial data and all but the last four digits of Social Security numbers should be redacted to protect privacy). The tax return must show a "Married" filing status. If the subscriber and dependent spouse reside at separate addresses, both the subscriber's and the spouse's most recent tax return must be submitted. (If the subscriber or spouse submits a "Head of Household" filing status on their return, the other individual's return must have a "Married filing separately" filing status. Tax returns with a "Single" filing status will not be accepted.)

Civil Union Partner: A person of the same sex with whom you have entered into a civil union (P.L. 2006,

c. 103). Civil union certificates issued to same-sex couples from other jurisdictions are accepted under the New Jersey civil union statutes.

Required documentation: A copy of the New Jersey certificate of civil union dated prior to October 2013, or a valid certification from another State or foreign jurisdiction that recognizes same-sex civil union partners and a copy of the first page of both partners' N.J. tax return from the previous year that includes the partner (financial data and all but the last four digits of Social Security numbers should be redacted to protect privacy).

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 an SHBP- or SEHBP-participating local public entity that has adopted a resolution to provide Chapter 246 health benefits coverage. Pursuant to N.J.S.A. 26:8A-11, this definition does not include the domestic partner of a participant in the SHBP or SEHBP who is the opposite sex of the participant.

Required documentation: 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 first page of

Dependent Documentation Requirements

both partners' N.J. tax return from the previous year that includes the partner (financial data and all but the last four digits of Social Security numbers should be redacted to protect privacy).

Dependent Children

Eligible dependent children include natural children, stepchildren, foster children, and adopted children. Eligibility also applies to children for whom the subscriber or spouse is a legal guardian. In compliance with the federal Patient Protection and Affordable Care Act (PPACA), coverage is extended for children – specifically natural, adopted, and stepchildren – until age 26, regardless of the child's marital, student, or financial dependency status.

Newborn Child: A subscriber's newly born natural child that is being added to their health benefits. The child's date of birth will be the effective date of coverage.

Required documentation: A copy of the child's government issued birth certificate showing the name of the subscriber as a parent. The subscriber must provide a valid Social Security number for the child within one year of the child's birth or the child will be terminated from the coverage. If a valid Social Security number is provided after the child has been terminated from coverage, the child can be enrolled again prospectively.

Child: A subscriber's natural child or adopted 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.

Required documentation: A copy of the child's government issued birth certificate or adoption certificate showing the name of the subscriber as a parent.

Stepchild: a subscriber's stepchild, 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.

Required documentation: A copy of the child's government issued birth certificate showing the name of the subscriber's spouse or partner as a parent, a copy of the marriage certificate or the civil union or same-sex domestic partner certificate confirming that the spouse or partner is the child's parent, and a copy of the subscriber's tax return (please refer to the "Required Documentation" section under "Spouse", "Civil Union Partner" or "Domestic Partner" for specific details regarding the tax return requirement). **Note:** The tax return(s) are required to enroll a stepchild even if the spouse or partner is not being enrolled.

Legal Ward, Grandchild, or Foster Child: a foster child or any child in a guardian-ward relationship must be enrolled prior to age 18.

Required documentation: Copies of final court orders with the presiding judge's signature and seal. Documents must attest to the legal guardianship by the subscriber.

SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER IS REQUIRED

N.J.A.C. 17:9-2.5 requires that in addition to the dependent verification documentation requirement, the subscriber must provide a valid Social Security number (SSN) or Individual Taxpayer Identification number (ITIN) for each dependent being adding to their coverage. The subscriber will not be allowed to proceed with the online application process if a SSN or ITIN for the dependent(s) being added to coverage cannot be provided.

The NJDPB Health Benefits Bureau conducts periodic audits of SHBP and SEHBP enrollment records. If a subscriber submits an invalid or falsified SSN during the online enrollment process, their dependent(s) coverage will be terminated.

Foreign Spouse or Child With No SSN or ITIN

If a dependent spouse or child does not have a valid SSN or ITIN, the dependent may still be eligible to be enrolled in the SHBP or SEHBP as long as the subscriber can provide the following documentation in lieu of the SSN or ITIN and the required dependent verification documentation as described previously for each type of dependent.

For each of the visa types listed below, the subscriber must provide a copy of the document indicated. These documents are obtained from the United States Immigration and Citizenship Services (USCIS).

For an F-2 Visa holder: an I-20 Certificate of Eligibility is required.

For a J-2 Visa holder: a DS-2019 Certificate of Eligibility is required.

For an H-4 Visa holder: an I-797 Approval Notice is required.

Proof of Entry into the United States

United States Customs and Border Protection (CPB) will issue an I-94 at the port of entry when the dependent spouse and child enters the United States. Effective April 26, 2013, preprinted I-94 forms are normally no longer issued at the point of entry. The subscriber can obtain a copy of the I-94 by visiting the CPB website at: <https://www.cbp.gov/>

The I-94 date of entry into the United States would serve as the event date in establishing the effective date to enroll the dependent spouse and child.

NATIONAL MEDICAL SUPPORT NOTICE

When the NJDPB receives a National Medical Support Notice (NMSN), the dependent child(ren) listed in the notice must be added to the subscriber's health benefits regardless of whether the subscriber wishes to cover the child(ren). No documentation is required to add the dependent child(ren). If the

Dependent Documentation Requirements

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

NJDPB receives a modified NMSN indicating the subscriber is no longer required to cover the dependent child(ren), the NJDPB Health Benefits Bureau will allow the subscriber to remove the child if the subscriber chooses to do so. Coverage will not automatically terminate for the child based on this updated NMSN.

HOW TO OBTAIN DOCUMENTATION

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

This fact sheet has been produced and distributed by:

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

STATE HEALTH BENEFITS PROGRAM (SHBP)

In the next 60 days if you wish to enroll in a benefits plans you must visit the State of New Jersey website at <https://my.state.nj.us/au/Login>. Click the sign-up button on the bottom right of the screen. Once you have created an account you will then be able to elect a medical, dental and prescription plan(s). If you do not complete this process in the next 60 days your benefits file will automatically indicate that you have waived your right to enroll in a plan(s) and that you do not have coverage.

If your coverage is waived the next opportunity to elect coverage will be during our annual Open Enrollment period which is the entire month of October or if you have a life event and lost coverage with another plan.

The links below will give you contact numbers and email address for all State plans:

Medical Plans:

Aetna <https://www.aetna.com/> member services 1-877-782-8365

Horizon <https://www.horizonblue.com/shbp/> member services 1-800-414-7427

Dental Plans:

Aetna DPO [Aetna Dental Plan](#) 1-800-843-3661

Cigna Dental [State of New Jersey \(cigna.com\)](#) member services 1-800-564-7642

Dental Expense Plan [Aetna Dental Expense Plan](#) 1-877-782-8365

Horizon Dental Choice [Horizon Blue Cross Blue Shield Dental Plans](#) 1-800-433-6825

Metlife [Dental Insurance Center \(metlife.com\)](#) member service 1-866-880-2984

Prescription Plan:

OptumRX member services https://www.optumrx.com/oe_sonjactiveee/landing_1-844-368-8765

Links for Plan Contact Information and Summary of Benefits and Coverage:

[State of NJ - Department of the Treasury - NJDPB | Health Benefit Plan Contacts](#)

[State of NJ - Department of the Treasury - NJDPB | Summary of Benefits & Coverage for Active State Employees](#)



Choice is back

Equal benefits. Bigger networks.
Personalized care.

State of New Jersey

2024 State Health Benefits Program (SHBP)
State and State University or College Employees

AetnaStateNJ.com





It's your choice

As you review your Aetna® medical plan options, remember that all of our plans cover the same services and include the same programs and support.

When you think about your out-of-pocket costs, consider how much you'll pay each month for coverage, whether you'll need to meet an annual deductible, and how much you'll owe when you see a doctor, get lab work, need urgent care and more.

Also think about whether you're okay staying within a provider network to keep your costs lower, or if you want to be able to visit providers outside of your plan's network when you need

care. With all Aetna plans, you'll have unrivaled access to quality care, whether locally or across the country.

Of course, in a true emergency, you'll be covered regardless of a provider's network status. And with all of our medical plans, preventive care is covered at 100% with no deductible when you use an in-network provider.

Liberty Plus plan

This is a new kind of plan that gives you more ways to save and stay healthy, without compromising quality. When you need care, you have two "tiers" of providers to choose from: Tier 1 providers are part of the Aetna Premier Care Network Plus, and Tier 2 providers are part of the nationwide Open Access Aetna Select™ network. You'll save money when stay within the Tier 1 network for care. With this plan, no referrals are required, and there's no out-of-network coverage.

Freedom plans

With these plans, you have access to the Aetna Choice® POS II network when you need care. This is our broadest nationwide provider network. You'll still have the option to go outside the network for care, but your costs will be higher when you do. Choose from several Freedom plans, each with different out-of-pocket costs. This includes two high-deductible health plan (HDHP) options. You can pair an HDHP with a Health Savings Account (HSA) and set aside pretax earnings to help pay your out-of-pocket health care expenses.

HMO plan

This plan is ideal if you want fixed, predictable costs. It's an in-network-only plan, which means you'll need to use providers within the nationwide Aetna Select network in order to receive coverage. There's no out-of-network option. Each member will have to select a primary care physician (PCP) to guide their treatment and to coordinate all specialist care, and referrals are required.

To learn more about these plan options, see the charts on the following pages.



To calculate your health insurance premium or find a provider, visit **AetnaStateNJ.com**.



Plan options: All other State Members



Liberty Plus Tiered Network			Freedom – employees hired prior to 7/1/2019	
Benefit	Tier 1	Tier 2 – Nationwide	In network	Out of network
Medical network	APCN+ Multi-Tier Open Access Aetna Select™		Aetna Choice® POS II	
Deductible				
Individual	\$0	\$1,500	\$0	\$400
Family	\$0	\$3,000	\$0	\$1,000
Coinsurance	0%	20%	10%¹	30%
Coinsurance maximum out of pocket				
Individual	n/a	n/a	\$800	\$2,000
Family	n/a	n/a	\$2,000	\$5,000
Total maximum out of pocket				
Individual	\$2,500	\$4,500	\$7,560	\$2,000
Family	\$5,000	\$9,000	\$15,120	\$5,000
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$5	\$20	\$15	30% after deductible
Specialist office visit	\$20	\$35	\$30	30% after deductible
Diagnostic procedures				
Freestanding lab/radiology/advanced imaging	\$0	\$0	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging	\$20	20% after deductible	\$0	30% after deductible
Hospital care				
Inpatient admission	\$150 per admission	20% after deductible	\$0	\$500/stay plus 30% after deductible
Outpatient department services/surgery	\$150	20% after deductible	\$0	30% after deductible
Emergency care				
Emergency room	\$100	\$100	\$150²	\$150
Ambulance	\$0	\$0	10%	30% after deductible
Urgent care	\$35	\$50	\$45	30% after deductible
Other services				
Acupuncture	\$20	20% after deductible	\$30	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$20 office visit/\$20 outpatient facility	\$35 office visit/20% after deductible at outpatient facility	\$30	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	30-visit maximum each per calendar year		Based on medical necessity	
Chiropractic care	\$20	\$35	\$30	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	25-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	\$0	\$0	10%	30% after deductible
Out-of-network reimbursement	No out-of-network coverage		175% of CMS	

• INN cost = in-network cost

¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

² Lower copayment applies to children under 19 and physician referrals.

Plan options: All other State Members



	Freedom 2019 – employees hired on or after 7/1/2019			Freedom 15	
Benefit	In network		Out of network	In network	Out of network
Medical network	Aetna Choice® POS II			Aetna Choice® POS II	
Deductible					
	Individual	\$100	\$400	\$0	\$100
	Family	n/a	\$1,000	\$0	\$250
Coinsurance	10% ¹		30%	10% ¹	30%
Coinsurance maximum out of pocket					
	Individual	\$800	\$2,000	\$400	\$2,000
	Family	\$2,000	\$5,000	\$1,000	\$5,000
Total maximum out of pocket					
	Individual	\$7,560	\$2,000	\$7,560	\$2,000
	Family	\$15,120	\$5,000	\$15,120	\$5,000
Doctors' office visits: primary care physician selection not required					
Primary care office visit	\$15		30% after deductible	\$15	30% after deductible
Specialist office visit	\$30		30% after deductible	\$15	30% after deductible
Diagnostic procedures					
Freestanding lab/radiology/advanced imaging	\$0		30% after deductible	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging	\$0		30% after deductible	\$0	30% after deductible
Hospital care					
Inpatient admission	\$0		\$500/stay plus 30% after deductible	\$0	\$200/stay plus 30% after deductible
Outpatient department services/surgery	\$0		30% after deductible	\$0	30% after deductible
Emergency care					
Emergency room	\$150 ²		\$150	\$100 ²	\$100
Ambulance	10% after deductible		30% after deductible	10%	30% after deductible
Urgent care	\$45		30% after deductible	\$15	30% after deductible
Other services					
Acupuncture	\$30		30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$30		30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$15	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	Based on medical necessity			Based on medical necessity	
Chiropractic care	\$30		30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	25-visit maximum per calendar year			30-visit maximum per calendar year	
Durable medical equipment	10% after deductible		30% after deductible	10%	30% after deductible
Out-of-network reimbursement	175% of CMS			90% of FAIR Health national	

• INN cost = in-network cost

¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

² Lower copayment applies to children under 19 and physician referrals.

Plan options: All other State Members



Benefit	Freedom 1525		Freedom 2030	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	\$0	\$100	\$0	\$200
Family	\$0	\$250	\$0	\$500
Coinsurance	10% ¹	30%	10% ¹	30%
Coinsurance maximum out of pocket				
Individual	\$400	\$2,000	\$800	\$5,000
Family	\$1,000	\$5,000	\$2,000	\$12,500
Total maximum out of pocket				
Individual	\$7,560	\$2,000	\$7,560	\$5,000
Family	\$15,120	\$5,000	\$15,120	\$12,500
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$15	30% after deductible	\$20	30% after deductible
Specialist office visit	\$25	30% after deductible	\$30 adult/\$20 child ³	30% after deductible
Diagnostic procedures				
Freestanding lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Hospital care				
Inpatient admission	\$0	\$200/stay plus 30% after deductible	\$0	\$500/stay plus 30% after deductible
Outpatient department services/surgery	\$0	30% after deductible	\$0	30% after deductible
Emergency care				
Emergency room	\$100 ²	\$100	\$125	\$125
Ambulance	10%	30% after deductible	10%	30% after deductible
Urgent care	\$25	30% after deductible	\$30 adult/\$20 child ³	30% after deductible
Other services				
Acupuncture	\$25	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$30 adult/\$20 child ³	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$25	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$30 adult/\$20 child ³	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	Based on medical necessity		Based on medical necessity	
Chiropractic care	\$25	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30 adult/\$20 child ³	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	10%	30% after deductible	10%	30% after deductible
Out-of-network reimbursement	90% of FAIR Health national		90% of FAIR Health national	

• INN cost = in-network cost

¹ On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

² Lower copayment applies to children under 19 and physician referrals.

³ Dependent children under 26.

Plan options: All other State Members



	Freedom 2035		Freedom HDLow	
Benefit	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Choice® POS II	
Deductible				
Individual	\$200	\$800	\$1,600*	\$1,600*
Family	\$500	\$2,000	\$3,200*	\$3,200*
Coinsurance	20%	40%	20%	40%
Coinsurance maximum out of pocket				
Individual	\$2,000	\$6,500	\$1,000	\$3,600
Family	\$5,000	\$13,000	\$2,000	\$7,200
Total maximum out of pocket				
Individual	\$7,560	\$6,500	\$2,600	\$3,600
Family	\$15,120	\$13,000	\$5,200	\$7,200
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$20	40% after deductible	20% after deductible	40% after deductible
Specialist office visit	\$35	40% after deductible	20% after deductible	40% after deductible
Diagnostic procedures				
Freestanding lab/radiology/advanced imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient lab/radiology/advanced imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Hospital care				
Inpatient admission	20% after deductible	\$600/stay plus 40% after deductible	20% after deductible	40% after deductible
Outpatient department services/surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency care				
Emergency room	\$300	\$300	20% after deductible	40% after deductible
Ambulance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent care	\$35	40% after deductible	20% after deductible	40% after deductible
Other services				
Acupuncture	\$35	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$35 copay/20% after deductible for outpatient facility	40% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	20% after deductible	40% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	Based on medical necessity		Based on medical necessity	
Chiropractic care	\$35	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Out-of-network reimbursement	90% of FAIR Health national		90% of FAIR Health national	

*In- and out-of-network deductible combined; includes eligible prescription drug cost-shares.

• INN cost = in-network cost

Plan options: All other State Members



	Freedom HDHigh		HMO
Benefit	In network	Out of network	In network
Medical network	Aetna Choice® POS II		Aetna Select™
Deductible			
Individual	\$4,100*	\$4,100*	None
Family	\$8,200*	\$8,200*	None
Coinsurance	20%	40%	0%
Coinsurance maximum out of pocket			
Individual	\$1,000	\$6,100	n/a
Family	\$2,000	\$12,200	n/a
Total maximum out of pocket			
Individual	\$5,100	\$6,100	\$7,560
Family	\$10,200	\$12,200	\$15,120
Doctors' office visits: primary care physician selection not required			Required
Primary care office visit	20% after deductible	40% after deductible	\$15
Specialist office visit	20% after deductible	40% after deductible	\$30
Diagnostic procedures			
Freestanding lab/radiology/advanced imaging	20% after deductible	40% after deductible	\$0
Outpatient lab/radiology/advanced imaging	20% after deductible	40% after deductible	\$0
Hospital care			
Inpatient admission	20% after deductible	40% after deductible	\$0
Outpatient department services/surgery	20% after deductible	40% after deductible	\$0
Emergency care			
Emergency room	20% after deductible	40% after deductible	\$100¹
Ambulance	20% after deductible	40% after deductible	\$0
Urgent care	20% after deductible	40% after deductible	\$45
Other services			
Acupuncture	20% after deductible	40% after deductible; lesser of \$60/visit or 75% of INN cost/visit	Not covered
Short-term therapies: Physical, occupational, speech, respiratory	20% after deductible	40% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$30
PT/OT/SP limits	Based on medical necessity		60-visit maximum per calendar year
Chiropractic care	20% after deductible	40% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$30
Chiropractic limits	30-visit maximum per calendar year		20-visit maximum per calendar year
Durable medical equipment	20% after deductible	40% after deductible	\$100 deductible
Out-of-network reimbursement	90% of FAIR Health national		No out-of-network coverage

*In- and out-of-network deductible combined; includes eligible prescription drug cost-shares.

¹ Lower copayment applies to children under 19 and physician referrals.



A focus on the whole you

From physical health to mental well-being, and from chronic condition support to everyday wellness, we create seamless connections to simplify your journey. We want to take the frustration out of health care and help you get what you want, when you want it, how you want it.

Care management

If you're managing a chronic condition, such as diabetes or high blood pressure, or facing a complex health challenge, we've got your back. With our care management program, you'll work one-on-one with a registered nurse. They can help you put together a personalized care plan, find the providers and resources you need, and answer your questions.

Think of your nurse as your dedicated health advocate — there to help you stay on track, stay well and use your Aetna® resources to the fullest.

Aetna Compassionate CareSM

If you or a covered family member is facing an advanced illness, this program offers extra help and guidance. You'll be paired with an Aetna nurse care manager, who will support you and your caregiver with both your physical and emotional needs.

They'll help you coordinate care, access resources, manage your benefits and more. And if hospice care becomes necessary, they'll help arrange those services, too.



Behavioral health care

Your Aetna® medical plan supports both your physical needs and your mental wellness, with behavioral health resources built right in. Now, more than ever, we want to help you stay well in body *and* mind.

You'll have access to a large network of behavioral health providers, including psychiatrists, psychologists, therapists and family counselors. And you can schedule sessions in person or virtually, for short- or long-term care.

Once you're an Aetna member, you'll be able to call Aetna Behavioral Health or go online to get help finding a solution for your specific needs — whether you're struggling with anxiety or depression, everyday stress or relationship issues, or need help overcoming an addiction.

Here are just a few of the behavioral health programs available to you:



> **AbleTo**

An eight-week virtual program to help you better deal with a recent medical diagnosis or other life events



> **Brightline**

Virtual support and digital tools for kids and teens



> **Workit Health**

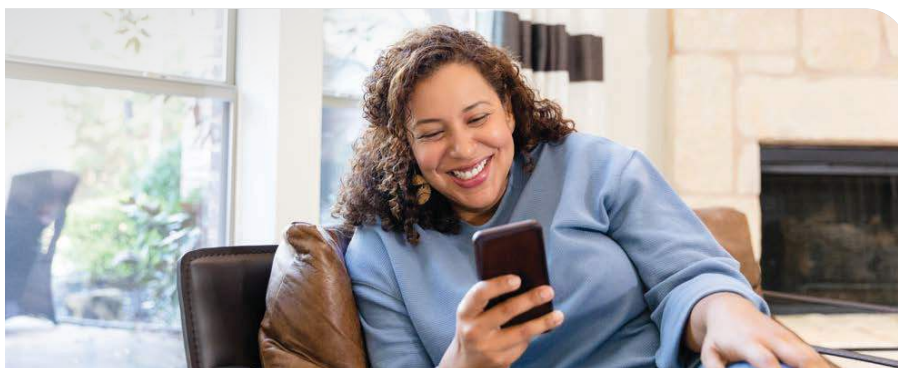
Different levels of support for substance misuse and other addictive behaviors





Connecting to care

We know that “one size fits all” no longer applies to how you access care. That’s why we give you choices — both with our extensive provider networks, and with the following care options. In person, virtually or by phone. . . you decide what works best for you.



Direct Primary Care

Aetna® members have access to Direct Primary Care with New Jersey SHBP care providers. You can access this service for nearly all of your primary care needs, with both in-person and virtual options. It’s a cost-effective choice for ongoing primary care for you and your family. Your Direct Primary Care providers will also coordinate your care with other providers to help ensure you get the best care possible.

Teladoc Health

When you need care in a hurry — even if you’re away from home or it’s the middle of the night — you can connect with Teladoc Health in minutes. You’ll have 24/7 access to a board-certified primary care doctor by phone or video. They can diagnose and treat many non-emergency medical issues, and even order a prescription to your local pharmacy if needed. Here are some of the medical conditions they can help with:

- ✓ Allergies
- ✓ Bronchitis
- ✓ Cold and flu symptoms
- ✓ Sinus infections
- ✓ Sore throat

24-Hour Nurse Line

Not sure where to go for care? Want to know more about a medical diagnosis? Need help preparing for a doctor visit? You can talk with a registered nurse anytime by calling our 24-Hour Nurse Line. Our nurses can provide information and support on a wide variety of health topics — at no extra cost to you.



Wellness perks and rewards

When you feel good, you can live life to the fullest. That's why our medical plans focus on your total wellness, supporting you when you're sick or injured, and helping you stay well. These wellness perks can help you get healthy, stay healthy, save money — even earn a reward.

Healthy Lifestyle Coaching

Whether you want to lose weight, exercise more, reduce your stress, quit smoking or sleep better, this digital coaching program can help you take charge of your health.

Aetna fitness reimbursement

Aetna members age 18 and older covered under the medical plan can earn a fitness reimbursement every month. Stay active and log your physical activity to earn a monthly \$20 reward, up to \$240 per year.

Aetna discounts

As an Aetna member, you'll enjoy healthy discounts that are automatically included as part of your medical plan. These discounts are in addition to your plan benefits and can help you save on products and services you use every day, including:

- ✓ Eyewear
- ✓ Hearing aids
- ✓ Natural products and services

NJWELL — earn a \$250 reward*

Of course, all of the Aetna plans include the NJWELL program to help you earn a \$250* reward each year for taking healthy actions. Active employees and covered spouses can earn this reward.

Here's how the program works: There are two required activities — completing a health assessment and a biometric screening — that are worth 100 points each. Then you can earn 600 more points by completing your annual preventive care and participating in wellness activities. When you reach 800 points, you'll earn the \$250 reward.*

This program runs annually from November 1–October 31.



*For SHBP members, the reward is \$350 if enrolled in these plans: Freedom/Freedom 2019, CWA Unity Freedom/CWA Unity Freedom 2019, Aetna HMO, Aetna Liberty Plus and the HDHPs; the reward is \$250 for all other plans.



We're here to help

Call us with any questions to get the personalized support and answers you need.



Questions? Call the Special Open Enrollment helpline at **1-833-398-0768 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM ET, March 12 to June 30, 2024.

If you want to make a plan change, log in to **mynjbenefitshub** between April 1 and April 30, 2024, through your myNewJersey account or via **mynjbenefitshub.nj.gov**.

Once you're a member, here's how to stay connected:

Call

Call your Aetna Concierge Service Team at **1-877-StateNJ (1-877-782-8365) (TTY: 711)**, Monday through Friday, 8 AM to 6 PM ET.

They can help you better understand your benefits, find a provider, access resources, answer claims questions — and more.

Visit

Visit **AetnaStateNJ.com** to calculate your premium, use the provider search tool, get plan and program details, find forms — even link to your Aetna member website for personalized plan information.

Download

Scan the QR code to download the **Aetna Health™ app** and access all the great features of your Aetna member website from anywhere.



Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. Discount vendors and providers are not agents of Aetna and are solely responsible for the products and services they provide. Discount offers are not guaranteed and may be ended at any time. Aetna may get a fee when you buy these discounted products and services. Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc. Refer to **Aetna.com** for more information about Aetna plans.

AetnaStateNJ.com



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2024
OVERVIEW

NJ State Health Benefits Program (SHBP)

State and State College/University Employees



HorizonBlue.com/shbp
1-800-414-7427



2024 NJ SHBP State and State College/University Employees Plans for All Other State Members



Plans effective 1/1/2024 (effective 12/30/2023 for biweekly employees)

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	OMNIA Tiered Network Option		PPO Plan Options	
	OMNIA HEALTH PLAN		NJ DIRECT (employees hired prior to 7/1/19)	NJ DIRECT2019 (new hires on or after 7/1/19)
	Tier 1	Tier 2		
IN-NETWORK (IN)				
Service Area Available	NJ only	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ²				
Individual	\$0	\$1,500	\$0	\$100
Family	\$0	\$3,000	\$0	Not applicable
Coinsurance	0%	20% after deductible	10% ⁴	10% after deductible ⁴
Coinsurance Out-of-Pocket Maximum				
Individual	Not applicable	\$4,500	\$800	\$800
Family	Not applicable	\$9,000	\$2,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$2,500	\$4,500	\$7,560	\$7,560
Family	\$5,000	\$9,000	\$15,120	\$15,120
HEALTH CARE SERVICES				
Primary Care Office Visit	\$5	\$20	\$15	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0	\$0
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$20	\$35	\$30	\$30
Annual Routine Vision (In-Network Only)	\$20	\$35	\$30	\$30
Chiropractic ⁶	\$20	\$35	\$30	\$30
Physical/Occupational/Speech Therapy ⁷	\$20 office visit/ \$20 outpatient facility	\$35 office visit/ 20% after deductible at an outpatient facility	\$30	\$30
DIAGNOSTIC LABORATORY⁸/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory/Radiology/Advanced Imaging	\$20	20% after deductible	\$0	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$35	\$50	\$45	\$45
Emergency Room	\$100	\$100	\$150 ⁹	\$150 ⁹
Ambulance	\$0	\$0	10%	10% after deductible
OTHER SERVICES				
Inpatient Facility	\$150 per admission ¹⁰	20% after deductible	\$0	\$0
Outpatient Facility	\$150	20% after deductible	\$0	\$0
Outpatient Behavioral Health	\$20	\$35 office visit/ 20% after deductible at an outpatient facility	\$30	\$30
Durable Medical Equipment (DME)	\$0	\$0	10%	10% after deductible
OUT-OF-NETWORK (OON)¹¹				
Deductible - Individual	No out-of-network benefits		\$400	\$400
Deductible - Family			\$1,000	\$1,000
Coinsurance after Deductible			30%	30%
Out-of-Pocket Coinsurance Maximum - Individual			\$2,000	\$2,000
Out-of-Pocket Coinsurance Maximum - Family			\$5,000	\$5,000
Inpatient Hospital Deductible			\$500/stay	\$500/stay

1. High Deductible Health Plan. NJ DIRECT HDLow plan includes \$300 Health Savings Account funding by employer.

2. Deductible applies to all services that require a coinsurance.

3. Includes eligible prescription cost share.

4. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

5. Under age 26.

6. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.

7. Physical, occupational and speech therapy: OMNIA Health Plan: 30 visit maximum each per calendar year. Horizon HMO: 60 visit combined maximum per calendar year. All other plans based on medical necessity.

8. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.

9. Lower copayment applies to children under 19 and physician referrals.

2024 NJ SHBP State and State College/University Employees Plans for All Other State Members

Plans effective 1/1/2024 (effective 12/30/2023 for biweekly employees)



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	PPO Plan Options		
	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030
IN-NETWORK (IN)			
Service Area Available	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required
Deductible ¹			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Coinsurance	10% ⁴	10% ⁴	10% ⁴
Coinsurance Out-of-Pocket Maximum			
Individual	\$400	\$400	\$800
Family	\$1,000	\$1,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)			
Individual	\$7,560	\$7,560	\$7,560
Family	\$15,120	\$15,120	\$15,120
HEALTH CARE SERVICES			
Primary Care Office Visit	\$15	\$15	\$20
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15	\$25	\$30/adult, \$20/child ⁵
Annual Routine Vision (In-Network Only)	\$15	\$25	\$30/adult, \$20/child ⁵
Chiropractic ⁶	\$15	\$25	\$30/adult, \$20/child ⁵
Physical/Occupational/Speech Therapy ⁷	\$15	\$25	\$30/adult, \$20/child ⁵
DIAGNOSTIC LABORATORY⁸/RADIOLOGY/ADVANCED IMAGING			
Outpatient Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	\$15	\$25	\$30/adult, \$20/child ⁵
Emergency Room	\$100 ⁹	\$100 ⁹	\$125
Ambulance	10%	10%	10%
OTHER SERVICES			
Inpatient Facility	\$0	\$0	\$0
Outpatient Facility	\$0	\$0	\$0
Outpatient Behavioral Health	\$15	\$25	\$30/adult, \$20/child ⁵
Durable Medical Equipment (DME)	10%	10%	10%
OUT-OF-NETWORK (OON)¹¹			
Deductible - Individual	\$100	\$100	\$200
Deductible - Family	\$250	\$250	\$500
Coinsurance after Deductible	30%	30%	30%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$5,000
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$12,500
Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$500/stay

10. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

11. Out-of-network cost basis: NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. 90th percentile of FAIR Health national for all other health plans with an out-of-network benefit. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

12. Out-of-network deductible is combined with in-network deductible.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit nj.gov/treasury/pensions/member-guidebooks.shtml for more information.

Horizon Dental Choice plan available. Please visit HorizonBlue.com/shbp.

Retirees: Please visit nj.gov/treasury/pensions for information regarding available retiree plans.

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

2024 NJ SHBP State and State College/University Employees Plans for All Other State Members

Plans effective 1/1/2024 (effective 12/30/2023 for biweekly employees)



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	PPO Plan Options			HMO Option
	NJ DIRECT2035	NJ DIRECT HDLow ¹	NJ DIRECT HDHigh	HORIZON HMO
IN-NETWORK (IN)				
Service Area Available	Nationwide	Nationwide	Nationwide	NJ and contiguous counties
Specialist Referral	No referral required	No referral required	No referral required	Referral required
Deductible ²				
Individual	\$200	\$1,600 ³	\$4,100 ³	See DME
Family	\$500	\$3,200 ³	\$8,200 ³	See DME
Coinsurance	20% after deductible	20% after deductible ³	20% after deductible ³	0%
Coinsurance Out-of-Pocket Maximum				
Individual	\$2,000	\$1,000	\$1,000	Not applicable
Family	\$5,000	\$2,000	\$2,000	Not applicable
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$7,560	\$2,600 ³	\$5,100 ³	\$7,560
Family	\$15,120	\$5,200 ³	\$10,200 ³	\$15,120
HEALTH CARE SERVICES				
Primary Care Office Visit	\$20	20% after deductible	20% after deductible	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	Not available	Not available	Not available
First Responders Doctors Office (FRDOCS)	\$0	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$35	20% after deductible	20% after deductible	\$30
Annual Routine Vision (In-Network Only)	\$35	20% after deductible	20% after deductible	\$30
Chiropractic ⁵	\$35	20% after deductible	20% after deductible	\$30
Physical/Occupational/Speech Therapy ⁷	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$30
DIAGNOSTIC LABORATORY⁹/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory/Radiology/Advanced Imaging	20% after deductible	20% after deductible	20% after deductible	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	20% after deductible	20% after deductible	20% after deductible	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$35	20% after deductible	20% after deductible	\$45
Emergency Room	\$300	20% after deductible	20% after deductible	\$100 ⁹
Ambulance	20% after deductible	20% after deductible	20% after deductible	\$0
OTHER SERVICES				
Inpatient Facility	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Facility	20% after deductible	20% after deductible	20% after deductible	\$0
Outpatient Behavioral Health	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$30
Durable Medical Equipment (DME)	20% after deductible	20% after deductible	20% after deductible	\$100 deductible, then covered in full
OUT-OF-NETWORK (OON)¹¹				
Deductible - Individual	\$800	See in-network deductible ¹²	See in-network deductible ¹²	No out-of-network benefits
Deductible - Family	\$2,000	See in-network deductible ¹²	See in-network deductible ¹²	
Coinsurance after Deductible	40%	40%	40%	
Out-of-Pocket Coinsurance Maximum - Individual	\$6,500	\$3,600	\$6,100	
Out-of-Pocket Coinsurance Maximum - Family	\$13,000	\$7,200	\$12,200	
Inpatient Hospital Deductible	\$600/stay	Not applicable	Not applicable	

With Horizon health plans, we've got you covered.

Well Care and Preventive Care

Services such as an annual physical and gynecological exam, well baby/child medical care, immunizations and an annual vision exam are covered when using a participating doctor.

Behavioral Health and Substance Use Disorder

We empower our members to achieve their best physical and mental health. Our care team will work with you, your family, caregivers and doctors to make sure you are getting the treatment and support you need in the most appropriate setting. Telehealth and virtual programs are available.

In-Network Laboratories

Our members have access to in-network lab services. You can use Quest Diagnostics™ (Quest) or LabCorp for blood tests and other lab services. Our networks also include a number of other participating labs that provide specialized lab services.

Prescription Drug Coverage

Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions.

Health Programs

These programs can help you take control of your health and provide support for managing the challenges of living with conditions such as diabetes, hypertension, back and joint pain, and weight management issues with our partners HingeHealth and Wondr™.

Learn more at HorizonBlue.com/shbp





Making good health care more convenient.

Direct Primary Care (DPC)

Eligible members get unlimited access to personalized care with no copays. Simply choose a DPC doctor from Everside Health or Sanitas Medical Center for you and your covered dependents.

If you are eligible for NJWELL, your DPC provider will credit a well visit and follow-up office visit as a completed health screening.

First Responders Program

If you are an eligible first responder, you and your covered family members can receive care at a First Responders Doctors Office (FRDOCS) with no cost share.

Retail Health Clinics

These clinics treat common health issues such as colds or seasonal allergies.

- On-site board-certified nurse practitioners can diagnose and treat conditions and prescribe medications.
- Sites include MinuteClinics® at select CVS/pharmacy® locations.

Telemedicine

Telemedicine is available at the touch of a button through the Horizon Blue app for eligible members. And depending on your doctor's preferences, you can also use telemedicine via video, chat or phone.

Immunizations

Getting vaccinated is more convenient with more participating pharmacies – view our list at HorizonBlue.com/shbpflu.

- Vaccines these pharmacies administer include flu, COVID-19, shingles, hepatitis A and B, pneumococcal and human papillomavirus (HPV).
- Medical claims are automatically submitted for you.

Urgent Care Centers

Urgent care centers provide immediate medical care as an alternative to visiting the Emergency Room (ER). They treat wounds, sprains and other conditions that need immediate attention, but are not life-threatening.

- HMO members require a referral to go to a Horizon urgent care center.
- All members are responsible for applicable copayments/coinsurance.
- Routine office visits are not covered at urgent care centers.

Learn more at HorizonBlue.com/shbp

Connect to care, benefits and support anytime.

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- Get help with appointment scheduling
- Get quick claim status updates
- Video chat with doctors
- View and print member ID Cards
- Locate in-network doctors

Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at **1-888-777-5075** weekdays from 7 a.m. to 6 p.m., ET.



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*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.

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Contact us toll free at **1-800-414-SHBP (7427)**.



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Quest DiagnosticsSM and LabCorp are independent companies that provide lab services to eligible SHBP and SEHBP members.

Everside Health and Sanitas Medical Center are independent companies that support Horizon in providing comprehensive primary care, urgent care and preventive care services to eligible SHBP and SEHBP members.

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Spanish (Español): Para ayuda en español, llame al 1-866-660-6528 (TTY 711). Chinese (中文): 如需中文協助, 請致電 1-866-660-6528 (TTY 711).

ECNA009840 (0923)

EMPLOYEE CONTRIBUTIONS FOR MEDICAL PLANS

PLEASE USE THE LINK TO THE HORIZON CALCULATOR TO DETERMINE YOUR EMPLOYEE ANNUAL CONTRIBUTION WHICH IS BASED ON PREMIUMS IF YOU ENROLL IN THE:

NJ DIRECT 15	FREEDOM 15
NJ DIRECT 1525	FREEDOM 1525
NJ DIRECT 2030	FREEDOM 2030
NJ DIRECT 2035	FREEDOM 2035
NJ DIRECT HD LOW	FREEDOM HD Low
NJ DIRECT HD HIGH	FREEDOM HD HIGH
HORIZON HMO	AETNA HMO

[HTTPS://WWW.HORIZONBLUE.COM/SHBP/2024-OPEN-ENROLLMENT/2024-PREMIUM-CONTRIBUTION-CALCULATOR](https://www.horizonblue.com/shbp/2024-open-enrollment/2024-premium-contribution-calculator)

PLEASE REVIEW THE EMPLOYEE ANNUAL CONTRIBUTION TABLES, WHICH ARE BASED ON ANNUAL SALARY TO DETERMINE YOUR EMPLOYEE CONTRIBUTION IF YOU ENROLL IN:

NJ DIRECT	FREEDOM
NJ DIRECT 2019	FREEDOM 2019
OMNIA	LIBERTY



Aetna Freedom, Horizon NJ DIRECT and NJ DIRECT 2019 Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$20,000	2.153%	\$431	2.153%	\$431	2.153%	\$431	2.153%	\$431
\$21,000	2.153%	\$452	2.153%	\$452	2.153%	\$452	2.153%	\$452
\$22,000	2.153%	\$474	2.153%	\$474	2.153%	\$474	2.153%	\$474
\$23,000	2.153%	\$495	2.153%	\$495	2.153%	\$495	2.153%	\$495
\$24,000	2.153%	\$517	2.153%	\$517	2.153%	\$517	2.153%	\$517
\$25,000	2.153%	\$538	2.153%	\$538	2.153%	\$538	2.153%	\$538
\$26,000	2.153%	\$560	2.153%	\$560	2.422%	\$630	2.153%	\$560
\$27,000	2.153%	\$581	2.153%	\$581	2.422%	\$654	2.153%	\$581
\$28,000	2.153%	\$603	2.153%	\$603	2.422%	\$678	2.153%	\$603
\$29,000	2.153%	\$624	2.153%	\$624	2.422%	\$702	2.153%	\$624
\$30,000	2.422%	\$727	2.960%	\$888	2.691%	\$807	2.960%	\$888
\$31,000	2.422%	\$751	2.960%	\$918	2.691%	\$834	2.960%	\$918
\$32,000	2.422%	\$775	2.960%	\$947	2.691%	\$861	2.960%	\$947
\$33,000	2.422%	\$799	2.960%	\$977	2.691%	\$888	2.960%	\$977
\$34,000	2.422%	\$824	2.960%	\$1,007	2.691%	\$915	2.960%	\$1,007
\$35,000	2.422%	\$848	2.960%	\$1,036	3.229%	\$1,130	2.960%	\$1,036
\$36,000	2.422%	\$872	3.229%	\$1,162	3.229%	\$1,162	3.229%	\$1,162
\$37,000	2.422%	\$896	3.229%	\$1,195	3.229%	\$1,195	3.229%	\$1,195
\$38,000	2.422%	\$920	3.229%	\$1,227	3.229%	\$1,227	3.229%	\$1,227
\$39,000	2.422%	\$945	3.229%	\$1,259	3.229%	\$1,259	3.229%	\$1,259
\$40,000	2.422%	\$969	3.229%	\$1,292	3.229%	\$1,292	3.229%	\$1,292
\$41,000	2.422%	\$993	3.229%	\$1,324	3.229%	\$1,324	3.229%	\$1,324
\$42,000	2.422%	\$1,017	3.229%	\$1,356	3.229%	\$1,356	3.229%	\$1,356
\$43,000	2.422%	\$1,042	3.229%	\$1,388	3.229%	\$1,388	3.229%	\$1,388
\$44,000	2.422%	\$1,066	3.229%	\$1,421	3.229%	\$1,421	3.229%	\$1,421
\$45,000	2.583%	\$1,162	3.229%	\$1,453	3.767%	\$1,695	3.499%	\$1,574
\$46,000	2.583%	\$1,188	3.229%	\$1,485	3.767%	\$1,733	3.499%	\$1,609
\$47,000	2.583%	\$1,214	3.229%	\$1,518	3.767%	\$1,771	3.499%	\$1,644
\$48,000	2.583%	\$1,240	3.229%	\$1,550	3.767%	\$1,808	3.499%	\$1,679
\$49,000	2.583%	\$1,266	3.229%	\$1,582	3.767%	\$1,846	3.499%	\$1,714
\$50,000	3.229%	\$1,615	4.575%	\$2,288	4.844%	\$2,422	4.844%	\$2,422
\$51,000	3.229%	\$1,647	4.575%	\$2,333	4.844%	\$2,470	4.844%	\$2,470
\$52,000	3.229%	\$1,679	4.575%	\$2,379	4.844%	\$2,519	4.844%	\$2,519
\$53,000	3.229%	\$1,711	4.575%	\$2,425	4.844%	\$2,567	4.844%	\$2,567
\$54,000	3.229%	\$1,744	4.575%	\$2,471	4.844%	\$2,616	4.844%	\$2,616
\$55,000	3.660%	\$2,013	4.844%	\$2,664	5.382%	\$2,960	4.844%	\$2,664
\$56,000	3.660%	\$2,049	4.844%	\$2,712	5.382%	\$3,014	4.844%	\$2,712
\$57,000	3.660%	\$2,086	4.844%	\$2,761	5.382%	\$3,068	4.844%	\$2,761
\$58,000	3.660%	\$2,123	4.844%	\$2,809	5.382%	\$3,121	4.844%	\$2,809
\$59,000	3.660%	\$2,159	4.844%	\$2,858	5.382%	\$3,175	4.844%	\$2,858
\$60,000	4.037%	\$2,422	5.920%	\$3,552	6.458%	\$3,875	5.382%	\$3,229
\$61,000	4.037%	\$2,462	5.920%	\$3,611	6.458%	\$3,939	5.382%	\$3,283
\$62,000	4.037%	\$2,503	5.920%	\$3,670	6.458%	\$4,004	5.382%	\$3,337
\$63,000	4.037%	\$2,543	5.920%	\$3,730	6.458%	\$4,069	5.382%	\$3,391
\$64,000	4.037%	\$2,584	5.920%	\$3,789	6.458%	\$4,133	5.382%	\$3,444

HA-1107-0125



Aetna Freedom, Horizon NJ DIRECT and NJ DIRECT 2019 Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$65,000	4.037%	\$2,624	6.190%	\$4,023	6.996%	\$4,548	5.651%	\$3,673
\$66,000	4.037%	\$2,664	6.190%	\$4,085	6.996%	\$4,618	5.651%	\$3,730
\$67,000	4.037%	\$2,705	6.190%	\$4,147	6.996%	\$4,688	5.651%	\$3,786
\$68,000	4.037%	\$2,745	6.190%	\$4,209	6.996%	\$4,757	5.651%	\$3,843
\$69,000	4.037%	\$2,785	6.190%	\$4,271	6.996%	\$4,827	5.651%	\$3,899
\$70,000	4.305%	\$3,014	6.673%	\$4,671	7.804%	\$5,463	6.190%	\$4,333
\$71,000	4.305%	\$3,057	6.673%	\$4,738	7.804%	\$5,541	6.190%	\$4,395
\$72,000	4.305%	\$3,100	6.673%	\$4,805	7.804%	\$5,619	6.190%	\$4,456
\$73,000	4.305%	\$3,143	6.673%	\$4,872	7.804%	\$5,697	6.190%	\$4,518
\$74,000	4.305%	\$3,186	6.673%	\$4,938	7.804%	\$5,775	6.190%	\$4,580
\$75,000		\$3,204		\$5,035	7.804%	\$5,853		\$4,736
\$76,000		\$3,204		\$5,035	7.804%	\$5,931		\$4,736
\$77,000		\$3,204		\$5,035	7.804%	\$6,009		\$4,736
\$78,000		\$3,204		\$5,035	7.804%	\$6,087		\$4,736
\$79,000		\$3,204		\$5,035	7.804%	\$6,165		\$4,736
\$80,000		\$3,318		\$5,264	7.804%	\$6,243		\$4,898
\$81,000		\$3,318		\$5,264	7.804%	\$6,321		\$4,898
\$82,000		\$3,318		\$5,264	7.804%	\$6,399		\$4,898
\$83,000		\$3,318		\$5,264	7.804%	\$6,477		\$4,898
\$84,000		\$3,318		\$5,264	7.804%	\$6,555		\$4,898
\$85,000		\$3,318		\$5,721	8.073%	\$6,862		\$5,328
\$86,000		\$3,318		\$5,721	8.073%	\$6,942		\$5,328
\$87,000		\$3,318		\$5,721	8.073%	\$7,023		\$5,328
\$88,000		\$3,318		\$5,721	8.073%	\$7,104		\$5,328
\$89,000		\$3,318		\$5,721	8.073%	\$7,185		\$5,328
\$90,000		\$3,318		\$5,721	8.073%	\$7,265		\$5,328
\$91,000		\$3,318		\$5,721	8.073%	\$7,346		\$5,328
\$92,000		\$3,318		\$5,721	8.073%	\$7,427		\$5,328
\$93,000		\$3,318		\$5,721	8.073%	\$7,508		\$5,328
\$94,000		\$3,318		\$5,721	8.073%	\$7,588		\$5,328
\$95,000		\$3,434		\$5,721	8.073%	\$7,669		\$5,328
\$96,000		\$3,434		\$5,721	8.073%	\$7,750		\$5,328
\$97,000		\$3,434		\$5,721	8.073%	\$7,830		\$5,328
\$98,000		\$3,434		\$5,721	8.073%	\$7,911		\$5,328
\$99,000		\$3,434		\$5,721	8.073%	\$7,992		\$5,328
\$100,000		\$3,434		\$6,878		\$8,840		\$6,405
\$101,000		\$3,434		\$6,878		\$8,840		\$6,405
\$102,000		\$3,434		\$6,878		\$8,840		\$6,405
\$103,000		\$3,434		\$6,878		\$8,840		\$6,405
\$104,000		\$3,434		\$6,878		\$8,840		\$6,405
\$105,000		\$3,434		\$6,878		\$8,840		\$6,405
\$106,000		\$3,434		\$6,878		\$8,840		\$6,405
\$107,000		\$3,434		\$6,878		\$8,840		\$6,405
\$108,000		\$3,434		\$6,878		\$8,840		\$6,405
\$109,000		\$3,434		\$6,878		\$8,840		\$6,405

HA-1107-0125



Aetna Freedom, Horizon NJ DIRECT and NJ DIRECT 2019 Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$110,000		\$3,434		\$6,878		\$9,819		\$6,405
\$111,000		\$3,434		\$6,878		\$9,819		\$6,405
\$112,000		\$3,434		\$6,878		\$9,819		\$6,405
\$113,000		\$3,434		\$6,878		\$9,819		\$6,405
\$114,000		\$3,434		\$6,878		\$9,819		\$6,405
\$115,000		\$3,434		\$6,878		\$9,819		\$6,405
\$116,000		\$3,434		\$6,878		\$9,819		\$6,405
\$117,000		\$3,434		\$6,878		\$9,819		\$6,405
\$118,000		\$3,434		\$6,878		\$9,819		\$6,405
\$119,000		\$3,434		\$6,878		\$9,819		\$6,405
\$120,000		\$3,434		\$6,878		\$9,819		\$6,405
\$121,000		\$3,434		\$6,878		\$9,819		\$6,405
\$122,000		\$3,434		\$6,878		\$9,819		\$6,405
\$123,000		\$3,434		\$6,878		\$9,819		\$6,405
\$124,000		\$3,434		\$6,878		\$9,819		\$6,405
\$125,000		\$3,434		\$6,878		\$9,819		\$6,405
\$126,000		\$3,434		\$6,878		\$9,819		\$6,405
\$127,000		\$3,434		\$6,878		\$9,819		\$6,405
\$128,000		\$3,434		\$6,878		\$9,819		\$6,405
\$129,000		\$3,434		\$6,878		\$9,819		\$6,405
\$130,000		\$3,434		\$6,878		\$9,819		\$6,405
\$131,000		\$3,434		\$6,878		\$9,819		\$6,405
\$132,000		\$3,434		\$6,878		\$9,819		\$6,405
\$133,000		\$3,434		\$6,878		\$9,819		\$6,405
\$134,000		\$3,434		\$6,878		\$9,819		\$6,405
\$135,000		\$3,434		\$6,878		\$9,819		\$6,405
\$136,000		\$3,434		\$6,878		\$9,819		\$6,405
\$137,000		\$3,434		\$6,878		\$9,819		\$6,405
\$138,000		\$3,434		\$6,878		\$9,819		\$6,405
\$139,000		\$3,434		\$6,878		\$9,819		\$6,405
\$140,000		\$3,434		\$6,878		\$9,819		\$6,405
\$141,000		\$3,434		\$6,878		\$9,819		\$6,405
\$142,000		\$3,434		\$6,878		\$9,819		\$6,405
\$143,000		\$3,434		\$6,878		\$9,819		\$6,405
\$144,000		\$3,434		\$6,878		\$9,819		\$6,405
\$145,000		\$3,434		\$6,878		\$9,819		\$6,405
\$146,000		\$3,434		\$6,878		\$9,819		\$6,405
\$147,000		\$3,434		\$6,878		\$9,819		\$6,405
\$148,000		\$3,434		\$6,878		\$9,819		\$6,405
\$149,000		\$3,434		\$6,878		\$9,819		\$6,405
\$150,000		\$3,434		\$6,878		\$9,819		\$6,405



Aetna Liberty Plus and Horizon OMNIA Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$20,000	1.615%	\$323	1.615%	\$323	1.615%	\$323	1.615%	\$323
\$21,000	1.615%	\$339	1.615%	\$339	1.615%	\$339	1.615%	\$339
\$22,000	1.615%	\$355	1.615%	\$355	1.615%	\$355	1.615%	\$355
\$23,000	1.615%	\$371	1.615%	\$371	1.615%	\$371	1.615%	\$371
\$24,000	1.615%	\$387	1.615%	\$387	1.615%	\$387	1.615%	\$387
\$25,000	1.615%	\$404	1.615%	\$404	1.615%	\$404	1.615%	\$404
\$26,000	1.615%	\$420	1.615%	\$420	1.817%	\$472	1.615%	\$420
\$27,000	1.615%	\$436	1.615%	\$436	1.817%	\$491	1.615%	\$436
\$28,000	1.615%	\$452	1.615%	\$452	1.817%	\$509	1.615%	\$452
\$29,000	1.615%	\$468	1.615%	\$468	1.817%	\$527	1.615%	\$468
\$30,000	1.817%	\$545	2.220%	\$666	2.018%	\$605	2.220%	\$666
\$31,000	1.817%	\$563	2.220%	\$688	2.018%	\$626	2.220%	\$688
\$32,000	1.817%	\$581	2.220%	\$711	2.018%	\$646	2.220%	\$711
\$33,000	1.817%	\$600	2.220%	\$733	2.018%	\$666	2.220%	\$733
\$34,000	1.817%	\$618	2.220%	\$755	2.018%	\$686	2.220%	\$755
\$35,000	1.817%	\$636	2.220%	\$777	2.422%	\$848	2.220%	\$777
\$36,000	1.817%	\$654	2.422%	\$872	2.422%	\$872	2.422%	\$872
\$37,000	1.817%	\$672	2.422%	\$896	2.422%	\$896	2.422%	\$896
\$38,000	1.817%	\$690	2.422%	\$920	2.422%	\$920	2.422%	\$920
\$39,000	1.817%	\$709	2.422%	\$944	2.422%	\$944	2.422%	\$944
\$40,000	1.817%	\$727	2.422%	\$969	2.422%	\$969	2.422%	\$969
\$41,000	1.817%	\$745	2.422%	\$993	2.422%	\$993	2.422%	\$993
\$42,000	1.817%	\$763	2.422%	\$1,017	2.422%	\$1,017	2.422%	\$1,017
\$43,000	1.817%	\$781	2.422%	\$1,041	2.422%	\$1,041	2.422%	\$1,041
\$44,000	1.817%	\$799	2.422%	\$1,066	2.422%	\$1,066	2.422%	\$1,066
\$45,000	1.937%	\$872	2.422%	\$1,090	2.825%	\$1,271	2.624%	\$1,181
\$46,000	1.937%	\$891	2.422%	\$1,114	2.825%	\$1,300	2.624%	\$1,207
\$47,000	1.937%	\$911	2.422%	\$1,138	2.825%	\$1,328	2.624%	\$1,233
\$48,000	1.937%	\$930	2.422%	\$1,162	2.825%	\$1,356	2.624%	\$1,260
\$49,000	1.937%	\$949	2.422%	\$1,187	2.825%	\$1,384	2.624%	\$1,286
\$50,000	2.422%	\$1,211	3.431%	\$1,716	3.633%	\$1,816	3.633%	\$1,816
\$51,000	2.422%	\$1,235	3.431%	\$1,750	3.633%	\$1,853	3.633%	\$1,853
\$52,000	2.422%	\$1,259	3.431%	\$1,784	3.633%	\$1,889	3.633%	\$1,889
\$53,000	2.422%	\$1,284	3.431%	\$1,819	3.633%	\$1,925	3.633%	\$1,925
\$54,000	2.422%	\$1,308	3.431%	\$1,853	3.633%	\$1,962	3.633%	\$1,962
\$55,000	2.745%	\$1,510	3.633%	\$1,998	4.036%	\$2,220	3.633%	\$1,998
\$56,000	2.745%	\$1,537	3.633%	\$2,034	4.036%	\$2,260	3.633%	\$2,034
\$57,000	2.745%	\$1,564	3.633%	\$2,071	4.036%	\$2,301	3.633%	\$2,071
\$58,000	2.745%	\$1,592	3.633%	\$2,107	4.036%	\$2,341	3.633%	\$2,107
\$59,000	2.745%	\$1,619	3.633%	\$2,143	4.036%	\$2,381	3.633%	\$2,143
\$60,000	3.028%	\$1,817	4.440%	\$2,664	4.844%	\$2,906	4.036%	\$2,422
\$61,000	3.028%	\$1,847	4.440%	\$2,708	4.844%	\$2,955	4.036%	\$2,462



Aetna Liberty Plus and Horizon OMNIA Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$62,000	3.028%	\$1,877	4.440%	\$2,753	4.844%	\$3,003	4.036%	\$2,503
\$63,000	3.028%	\$1,907	4.440%	\$2,797	4.844%	\$3,051	4.036%	\$2,543
\$64,000	3.028%	\$1,938	4.440%	\$2,842	4.844%	\$3,100	4.036%	\$2,583
\$65,000	3.028%	\$1,968	4.642%	\$3,017	5.247%	\$3,411	4.239%	\$2,755
\$66,000	3.028%	\$1,998	4.642%	\$3,064	5.247%	\$3,463	4.239%	\$2,797
\$67,000	3.028%	\$2,029	4.642%	\$3,110	5.247%	\$3,516	4.239%	\$2,840
\$68,000	3.028%	\$2,059	4.642%	\$3,157	5.247%	\$3,568	4.239%	\$2,882
\$69,000	3.028%	\$2,089	4.642%	\$3,203	5.247%	\$3,621	4.239%	\$2,925
\$70,000	3.229%	\$2,260	5.005%	\$3,504	5.853%	\$4,097	4.642%	\$3,250
\$71,000	3.229%	\$2,293	5.005%	\$3,554	5.853%	\$4,156	4.642%	\$3,296
\$72,000	3.229%	\$2,325	5.005%	\$3,604	5.853%	\$4,214	4.642%	\$3,342
\$73,000	3.229%	\$2,357	5.005%	\$3,654	5.853%	\$4,273	4.642%	\$3,389
\$74,000	3.229%	\$2,389	5.005%	\$3,704	5.853%	\$4,331	4.642%	\$3,435
\$75,000		\$2,403		\$3,776	5.853%	\$4,390		\$3,552
\$76,000		\$2,403		\$3,776	5.853%	\$4,448		\$3,552
\$77,000		\$2,403		\$3,776	5.853%	\$4,507		\$3,552
\$78,000		\$2,403		\$3,776	5.853%	\$4,565		\$3,552
\$79,000		\$2,403		\$3,776	5.853%	\$4,624		\$3,552
\$80,000		\$2,488		\$3,948	5.853%	\$4,682		\$3,673
\$81,000		\$2,488		\$3,948	5.853%	\$4,741		\$3,673
\$82,000		\$2,488		\$3,948	5.853%	\$4,799		\$3,673
\$83,000		\$2,488		\$3,948	5.853%	\$4,858		\$3,673
\$84,000		\$2,488		\$3,948	5.853%	\$4,917		\$3,673
\$85,000		\$2,488		\$4,291	6.054%	\$5,146		\$3,996
\$86,000		\$2,488		\$4,291	6.054%	\$5,207		\$3,996
\$87,000		\$2,488		\$4,291	6.054%	\$5,267		\$3,996
\$88,000		\$2,488		\$4,291	6.054%	\$5,328		\$3,996
\$89,000		\$2,488		\$4,291	6.054%	\$5,388		\$3,996
\$90,000		\$2,488		\$4,291	6.054%	\$5,449		\$3,996
\$91,000		\$2,488		\$4,291	6.054%	\$5,510		\$3,996
\$92,000		\$2,488		\$4,291	6.054%	\$5,570		\$3,996
\$93,000		\$2,488		\$4,291	6.054%	\$5,631		\$3,996
\$94,000		\$2,488		\$4,291	6.054%	\$5,691		\$3,996
\$95,000		\$2,575		\$4,291	6.054%	\$5,752		\$3,996
\$96,000		\$2,575		\$4,291	6.054%	\$5,812		\$3,996
\$97,000		\$2,575		\$4,291	6.054%	\$5,873		\$3,996
\$98,000		\$2,575		\$4,291	6.054%	\$5,933		\$3,996
\$99,000		\$2,575		\$4,291	6.054%	\$5,994		\$3,996
\$100,000		\$2,575		\$5,159		\$6,630		\$4,804
\$101,000		\$2,575		\$5,159		\$6,630		\$4,804
\$102,000		\$2,575		\$5,159		\$6,630		\$4,804
\$103,000		\$2,575		\$5,159		\$6,630		\$4,804



Aetna Liberty Plus and Horizon OMNIA Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$104,000		\$2,575		\$5,159		\$6,630		\$4,804
\$105,000		\$2,575		\$5,159		\$6,630		\$4,804
\$106,000		\$2,575		\$5,159		\$6,630		\$4,804
\$107,000		\$2,575		\$5,159		\$6,630		\$4,804
\$108,000		\$2,575		\$5,159		\$6,630		\$4,804
\$109,000		\$2,575		\$5,159		\$6,630		\$4,804
\$110,000		\$2,575		\$5,159		\$7,364		\$4,804
\$111,000		\$2,575		\$5,159		\$7,364		\$4,804
\$112,000		\$2,575		\$5,159		\$7,364		\$4,804
\$113,000		\$2,575		\$5,159		\$7,364		\$4,804
\$114,000		\$2,575		\$5,159		\$7,364		\$4,804
\$115,000		\$2,575		\$5,159		\$7,364		\$4,804
\$116,000		\$2,575		\$5,159		\$7,364		\$4,804
\$117,000		\$2,575		\$5,159		\$7,364		\$4,804
\$118,000		\$2,575		\$5,159		\$7,364		\$4,804
\$119,000		\$2,575		\$5,159		\$7,364		\$4,804
\$120,000		\$2,575		\$5,159		\$7,364		\$4,804
\$121,000		\$2,575		\$5,159		\$7,364		\$4,804
\$122,000		\$2,575		\$5,159		\$7,364		\$4,804
\$123,000		\$2,575		\$5,159		\$7,364		\$4,804
\$124,000		\$2,575		\$5,159		\$7,364		\$4,804
\$125,000		\$2,575		\$5,159		\$7,364		\$4,804
\$126,000		\$2,575		\$5,159		\$7,364		\$4,804
\$127,000		\$2,575		\$5,159		\$7,364		\$4,804
\$128,000		\$2,575		\$5,159		\$7,364		\$4,804
\$129,000		\$2,575		\$5,159		\$7,364		\$4,804
\$130,000		\$2,575		\$5,159		\$7,364		\$4,804
\$131,000		\$2,575		\$5,159		\$7,364		\$4,804
\$132,000		\$2,575		\$5,159		\$7,364		\$4,804
\$133,000		\$2,575		\$5,159		\$7,364		\$4,804
\$134,000		\$2,575		\$5,159		\$7,364		\$4,804
\$135,000		\$2,575		\$5,159		\$7,364		\$4,804
\$136,000		\$2,575		\$5,159		\$7,364		\$4,804
\$137,000		\$2,575		\$5,159		\$7,364		\$4,804
\$138,000		\$2,575		\$5,159		\$7,364		\$4,804
\$139,000		\$2,575		\$5,159		\$7,364		\$4,804
\$140,000		\$2,575		\$5,159		\$7,364		\$4,804
\$141,000		\$2,575		\$5,159		\$7,364		\$4,804
\$142,000		\$2,575		\$5,159		\$7,364		\$4,804
\$143,000		\$2,575		\$5,159		\$7,364		\$4,804
\$144,000		\$2,575		\$5,159		\$7,364		\$4,804
\$145,000		\$2,575		\$5,159		\$7,364		\$4,804



Aetna Liberty Plus and Horizon OMNIA Annual Member Contributions

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$146,000		\$2,575		\$5,159		\$7,364		\$4,804
\$147,000		\$2,575		\$5,159		\$7,364		\$4,804
\$148,000		\$2,575		\$5,159		\$7,364		\$4,804
\$149,000		\$2,575		\$5,159		\$7,364		\$4,804
\$150,000		\$2,575		\$5,159		\$7,364		\$4,804



Dental Plans — Active Employees

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

ELIGIBILITY

The Employee Dental Plans are available to full-time State employees, full-time employees of a local employer (county, municipality, school board, etc.) that elects by resolution to provide the Employee Dental Plans to its employees and the eligible dependents of these employees. For more information on dental plans offered to retirees, see the *Dental Plans — Retirees* Fact Sheet.

New eligible employees may enroll through Benefitsolver during the first 60 days of employment. Benefitsolver can be accessed through your myNewJersey account or via mynjbenefits.hub.nj.gov. If you do not enroll when first eligible, you have the option to enroll during the annual SHBP/SEHBP Open Enrollment period. Open Enrollment is normally held in the fall, with coverage effective the following January.

If you do not enroll because of other dental coverage and later lose that coverage, you can enroll through Benefitsolver and must submit proof of the loss of your other dental coverage within 60 days of the loss of coverage.

Once enrolled, you and your eligible dependents must remain in the dental plan you elect for a minimum of 12 months before you can change plans or drop coverage. In the event that you wish to change dental plans, you will not be permitted to do so until the Open Enrollment period following the 12-month period.

Note: Duplicate coverage within any New Jersey State-administered dental plan is not permitted. An

individual may be covered as an employee or as a dependent, but not as both an employee and a dependent. Children may only be covered by one parent.

DENTAL PLAN CHOICES

You have a choice between two types of dental plans:

- A Dental Plan Organization (DPO); or
- A Preferred Provider Organization (PPO).

Dental Plan Organization (DPO)

A DPO is a company that contracts with a network of providers for dental services. Aetna Dental Maintenance Organization (DMO) is the DPO available for eligible SHBP/SEHBP employees. In order to receive coverage, you must use providers who participate with the Aetna DMO. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the SHBP/SEHBP Employee Dental Plans, since the DPO also services other organizations.

When you use a DPO dentist, diagnostic and preventive services are covered in full. Most other eligible expenses require a copayment. See the "Dental Plan Comparison" chart later in this fact sheet. In addition, orthodontic treatment is covered for both children and adults, subject to a copayment.

If your dentist drops out of the DPO, you must select another participating 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.

Preferred Provider Organization (PPO)

The Dental Expense Plan is a Preferred Provider Organization (PPO) plan administered by both Aetna and Horizon. The plan allows you to choose any licensed dentist for your dental care; however, you will pay less if you use an in-network provider. There is a deductible to satisfy for some services, and some services are eligible only up to a limited amount. The annual plan deductible is \$50 per person/\$100 per family in-network, and \$75 per person/\$150 per family out-of-network. The deductible does not apply to diagnostic, preventive, and orthodontic services. After you satisfy the annual deductible, you are reimbursed a percentage of the reasonable and customary charges or PPO-contracted allowance for services that are covered under the plan.

The Dental Expense Plan provides for the following benefits:

- Diagnostic and Preventive Services are paid at 100 percent (in-network) of the PPO-contracted allowance and 90 percent (out-of-network) of the reasonable and customary allowance, with no deductible;
- Basic Services such as fillings and extractions are paid at 80 percent (in-network) of the

Dental Plans — Active Employees

PPO-contracted allowance and 70 percent (out-of-network) of the reasonable and customary allowance, after deductible;

- Major Restorative Services, such as crowns, are paid at 65 percent (in-network) of the PPO-contracted allowance and 55 percent (out-of-network) of the reasonable and customary allowance, after deductible;
- Prosthodontic Services for new or replacement dentures are covered at 50 percent (in-network) of the PPO-contracted allowance and 40 percent (out-of-network) of the reasonable and customary allowance, after deductible. Repairs to existing dentures are covered at 80 percent (in-network) of the PPO-contracted allowance and 70 percent (out-of-network) of the reasonable and customary allowances, after deductible;
- Periodontics (treatment of gum disease) is covered at 50 percent (in-network) of the PPO-contracted allowance and 40 percent (out-of-network) of the reasonable and customary allowance, after deductible;

• Orthodontics are available after you have been a full-time employee for 10 months (with no deductible), but only for your children under the age of 19. Orthodontic services are reimbursed at 50 percent (in-network) of the PPO-contracted allowance and 40 percent (out-of-network) of the reasonable and customary allowance, and have a separate \$1,000 in-network and \$750 out-of-network individual lifetime reimbursement benefit maximum; and

- Benefit Maximum per covered individual is \$3,000 annually in-network and \$2,000 out-of-network for a maximum of \$3,000 combined in-network and out-of-network. This maximum applies to all eligible services except orthodontic, which has a separate \$1,000/\$750 individual lifetime benefit maximum.

With the exception of emergency care, if your Dental Expense Plan treatment includes charges that are expected to cost more than \$300, it is strongly recommended that your dentist file for predetermination of benefits/pre-treatment estimate with Aetna or Horizon. With advance approval you will know what services are covered and what payments will be made.

When you use an in-network dental provider, you only pay the provider any applicable deductible and the appropriate coinsurance based on the discounted fee, thereby reducing your out-of-pocket cost. In many cases the in-network dental provider will submit the claims directly to Aetna or Horizon, eliminating the necessity to file claim forms. To find an in-network provider, please use the doctor finder on Aetna or Horizon's website. You can also call Aetna at 1-877-STATENJ (1-877-782-8365) or Horizon at 1-833-597-SHBP (1-833-597-7427).

PREMIUM COSTS

For employees of the State, the premium cost for dental plan coverage is shared between the State and the employee. The amount of your payroll deduction is available from your human resources representative or benefits administrator. Dental rates are also posted on our website.

State employee premiums can be paid on a pre-tax basis through participation in the Premium Option Plan (POP) of Tax\$ave, a benefit program available under Section 125 of the federal Internal Revenue Code (IRC). Participation in the POP is automatic unless you file a form declining participation. The Internal Revenue Service (IRS) strictly regulates enrollment in the POP and prohibits any benefit changes outside of an Open Enrollment period or unless a qualifying life event occurs (e.g., loss of other coverage, marriage, divorce, etc.). The Tax\$ave Fact Sheet explains the POP in more detail.

For employees of a participating local employer, the premium cost for dental plan coverage will vary

based upon the policies of that employer, with regard to health benefit costs and any labor agreements between the employer and the unions representing the employee. Employees of a participating local employer should see their human resources representative or benefits administrator for more information.

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 Aetna or Horizon Dental Expense Plan or the Aetna DMO;
- 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 Dental Plan Comparison chart later in this fact sheet to compare benefit levels under each type of dental plan. If you choose the Aetna DMO, you must select a dentist who participates with the DPO and who can accept you and your dependents as patients.

The Dental Plan Comparison chart provides a summary description of a variety of dental services under the two types of dental plans offered by the Employee 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 *Employee Dental Plans Member Guidebook* for additional details.

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 Plans — Active Employees

PARTICIPATING PLANS

- **Aetna DMO**
www.aetna.com/statenj
1-877-STATENJ (1-877-782-8365)
Service Area: Nationwide except AK, AL, AR, LA, ME, MS, MT, ND, NH, PR, SC, SD, VT, and WY
- **Aetna Dental Expense Plan (PPO Administered by Aetna)**
www.aetna.com/statenj
1-877-STATENJ (1-877-782-8365)
Service Area: Nationwide
- **Horizon Dental Expense Plan (PPO Administered by Horizon)**
www.horizonblue.com/shbp
1-833-597-SHBP (1-833-597-7427)
Service Area: Nationwide

This fact sheet has been produced and distributed by:

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

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

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Dental Plans — Active Employees

DENTAL PLAN COMPARISON				DENTAL PLAN ORGANIZATION (DPO)
	DENTAL EXPENSE PLAN			
	IN-NETWORK	OUT-OF-NETWORK		
Deductible	\$50 per person per calendar year/ \$100 per family; None for diagnostic, preventive, and orthodontic services	\$75 per person per calendar year/ \$150 per family; None for diagnostic, preventive, and orthodontic services		None
Coinsurance	Plan pays: 100% Diagnostic and Preventive; 80% Basic Restorative; 65% Major Restorative; 50% Periodontics and Prosthodontics*	Plan pays: 90% Diagnostic and Preventive; 70% Basic Restorative; 55% Major Restorative; 40% Periodontics and Prosthodontics*		Plan pays 100% (less copayment); 100% Diagnostic and Preventive
Copayments	None	None		Varies depending on service
Benefits Maximum	\$3,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$1,000 (lifetime) per child for orthodontics	\$2,000 (Maximum of \$3,000 combined in- and out-of-network) per member annually (excluding orthodontics); \$750 (lifetime) per child for orthodontics		Unlimited
Provider Limitations	Must use participating dentist	Any licensed 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 may be covered subject to deductibles and coinsurance as shown above		Services listed below are covered in full subject to copayments
Examinations	Oral evaluations limited to twice per calendar year; Plan pays 100%*	Oral evaluations limited to twice per calendar year; Plan pays 90%*		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 90%*		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 90%*		Two cleanings per calendar year; Plan pays 100%
Fluoride Applications	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 90%*		Covered only for children under age 19; Twice per calendar year; Plan pays 100%
<i>* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.</i>				

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 Plans — Active Employees

DENTAL PLAN COMPARISON				
	DENTAL EXPENSE PLAN		DENTAL PLAN ORGANIZATION (DPO)	
	IN-NETWORK	OUT-OF-NETWORK		
Tooth Sealants	Covered for children under age 19 (with restrictions); Plan pays 100%*	Covered for children under age 19 (with restrictions); Plan pays 90%*	Covered only for children under age 19; No copayment (limitations apply)	
Routine Fillings	Plan pays 80%*	Plan pays 70%*	Covered; Copayments may apply**	
Simple Extraction	Plan pays 80%*	Plan pays 70%*	Covered after copayment of \$20	
Crowns	Plan pays 65%*	Plan pays 55%*	Covered after copayment of \$150–\$225**	
Root Canal (Endodontics)	Plan pays 80%*	Plan pays 70%*	Endodontic Therapy covered after copayment of \$100–\$175**	
Dentures	Repair of existing dentures covered at 80%;* New or replacement dentures covered at 50%*	Repair of existing dentures covered at 70%;* New or replacement dentures covered at 40%*	Covered after copayment (with limitations)**	
Oral Surgery for Removal of Impacted Tooth	Plan pays 80%;* May be covered under the medical plan first, then dental will consider	Plan pays 70%;* May be covered under the medical plan first, then dental will consider	Covered after copayment of \$65	
Periodontics	Plan pays 50% (with limitations)	Plan pays 40% (with limitations)	Covered after copayment of: \$30 for gingivectomy (one to three teeth); \$55 for root planing (per quadrant); \$100–\$175** for osseous surgery	
Orthodontic	After you have been an employee for 10 months, eligible services covered at a 50% coinsurance level, up to a \$1,000 lifetime maximum per child; Covered only for those who start treatment before age 19 (See <i>Employee Dental Plans Member Guidebook</i> for specifics)	After you have been an employee for 10 months, eligible services covered at a 40% coinsurance level, up to a \$750 lifetime maximum (maximum of \$1,000 combined in- and out-of-network) per child; Covered only for those who start treatment before age 19 (See <i>Employee Dental Plans Member Guidebook</i> for specifics)	Maximum treatment is 24 months; Copayment as follows: Patient under age 18: \$1,000 or 50% of reasonable and customary charges, whichever is less; Patient age 18 or over: \$1,750 or 50% of reasonable and customary charges, whichever is less	
* In the Dental Expense Plan, you are responsible for the amount the dentist charges above the reasonable and customary allowances.				
** See the Employee Dental Plans Member Guidebook for DPO copayment amounts.				

Dental Biweekly Contributions
Effective 1/01/25 to 12/31/2025

Plan Name	Employee Biweekly Cost
Preferred Provider Organization (PPO)	
Aetna Dental Expense Plan (#399)	
Single	\$ 10.63
Member & Spouse/Partner	\$ 18.48
Family	\$ 30.23
Parent & Child	\$ 22.39
Horizon Dental Expense Plan (#303)	
Single	\$ 10.63
Member & Spouse/Partner	\$ 18.48
Family	\$ 30.23
Parent & Child	\$ 22.39
Aetna DMO (DPO #319)	
Single	\$ 4.54
Member & Spouse/Partner	\$ 7.91
Family	\$ 12.93
Parent & Child	\$ 9.59

A Look at Your VSP Vision Coverage

With VSP and University Hospital,
your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

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More Ways to Save

**Extra
\$20
to spend on
Featured Frame Brands†**

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

See all brands and offers
at **vsp.com/offers**.

**+
Up to
40%
Savings on
lens enhancements‡**

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

† Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡ Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

* Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TrueHearing is not available directly from VSP in the states of California and Washington.

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Classification: Restricted

Your VSP Vision Benefits Summary

University Hospital and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

Provider Network:
VSP Choice
Effective Date:
01/01/2024



BENEFIT	DESCRIPTION	COPAY
BASE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening - Every calendar year	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details. - Available as needed	\$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME ⁺	\$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club/Costco frame allowance - Every calendar year	Included in Prescription Glasses
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements - Every calendar year	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every calendar year	Up to \$60
VSP LIGHTCARE™	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts - Every calendar year	\$20
YOUR PER PAY PERIOD CONTRIBUTION	- Member Only - Member + Spouse - Member + Child(ren) - Member + Family	\$3.60 \$7.20 \$7.71 \$12.31

BENEFIT	DESCRIPTION	COPAY
BUY-UP PLAN Coverage with a VSP Provider		
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening - Every calendar year	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details. - Available as needed	\$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME ⁺	\$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club/Costco frame allowance - Every calendar year	Included in Prescription Glasses
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements - Every calendar year	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every calendar year	Up to \$60
VSP EASYOPTIONS ⁺	Members can choose one of these upgrades - An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance - Every calendar year	Included in Prescription Glasses
VSP LIGHTCARE™	\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts - Every calendar year	\$20
YOUR PER PAY PERIOD CONTRIBUTION	- Member Only - Member + Spouse - Member + Child(ren) - Member + Family	\$4.97 \$9.94 \$10.63 \$16.99

ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision exam.
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. - Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

Enrollment for VSP Vision Care

In the next 60 days if you wish to enroll in our Vision Insurance Plan offer by VSP, please follow the instructions below by logging into the UH Portal.

1. Login at portal.ec.uhnj.org within 60 days of your date of hire.
2. On the Welcome screen, scroll down to Self-Services Banner and click Self Service Banner

Self Services Banner

Self Service Banner

[PIN Reset Instructions \(Two-Factor Authentication\)](#)

- a.
 - b. Login with your A-Number and PIN
3. On the Employee Services Tab, Select "Benefits and Deductions"

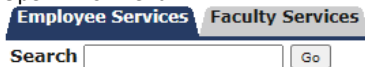


Employee Services

[Benefits and Deductions](#)

View your retirement plans, health insurance inform

- a.
4. Click on Open Enrollment



Benefits and Deductions

[Retirement Plans](#)

[Health Insurance](#)

[Flexible Spending Accounts](#)

[Miscellaneous](#)

[Open Enrollment](#)

- a.
5. Click on Health in the Group Benefit Status Section

Search Go

Open Enrollment Summary

The Open Enrollment process will allow you to enroll in a vision insurance beneficiary and dependents at the bottom of the Open Enrollment page

Open Enrollment Start Date: Sep 25, 2023

Open Enrollment End Date: Oct 31, 2023

Benefits Effective Date: Dec 17, 2023

Group Benefits Status

Health SP Vision Care Buy Up Plan will be started in the new year.

Complete Restart Cancel Calculate Cost

- a.
6. Select one of the Options for VSP under Health Group: VSP Vision Care or VSP Vision Care Buy Up Plan
- a. Descriptions of each plan can be found at <https://universityhospital-acpt.vspforme.com/?view=post>

Open Enrollment Group Detail

This page displays your current benefits/deductions and the other options available to current values if you wish to start over.

Health Group

VSP Vision Care You have not selected this benefit deduction.

VSP Vision Care Buy Up Plan You have not selected this benefit deduction.

- b.
7. Selecting VSP Vision Care will give you the options below
- Open Enrollment Choice Detail

Enter data as desired and click the Buttons at the bottom of the form to process

♥ - indicates a required field.

VSP Vision Care

Deduction Effective as of: Dec 17, 2023

Plan OPT	Amount	My Choice
Employee	3.6000	☐
Employee + Child(ren)	7.7000	☐
Employee + Family	12.3100	☐
Employee + Spouse	7.2000	☐

Add Choice

8. Selecting VSP Vision Care Buy Up Plan will give you the options below:

Open Enrollment Choice Detail

 Enter data as desired and click the Buttons at the bottom of the form to process

 - indicates a required field.

VSP Vision Care Buy Up Plan

Deduction Effective as of: Dec 17, 2023

Plan OPT	Amount	My Choice
Buy Up Employee	4.9600	☐
Buy Up Employee + Child(ren)	10.6300	☐
Buy Up Employee + Family	16.9900	☐
Buy Up Employee + Spouse	9.9400	☐

[Add Choice](#)

9. Select the My Choice box for one of the plans with the appropriate level of coverage. Then click Add Choice to save your selection

- a. This will bring you back to the Open Enrollment Group Detail screen listing the employee amount per pay period. Click Open Enrollment to continue.

Open Enrollment Group Detail

 This page displays your current benefits/deductions and the other options available within the benefit group. To update your choices, click on the title of the benefit/deduction. The Restart Group button will reset your changes back to current values if you wish to start over.

Health Group

VSP Vision Care You have asked to start this benefit in the new year

Plan OPT	Amount
Employee + Spouse	7.2000

VSP Vision Care Buy Up Plan This benefit deduction cannot be selected as you have selected the following:
VSP Vision Care

[Restart](#)

[Open Enrollment](#)

b.

10. The Open Enrollment Summary page will be displayed. Click Complete to finalize your selections.

Open Enrollment Summary



The Open Enrollment process will allow you to enroll in a vision insurance plan. If you do not wish to enroll in a vision plan you do not need to proceed any further. If you wish to enroll your dependents in your vision plan please click beneficiary and dependents at the bottom of the Open Enrollment page. When you have completed your selections, click Complete Open Enrollment to submit your changes.

Open Enrollment Start Date: Sep 25, 2023

Open Enrollment End Date: Oct 31, 2023

Benefits Effective Date: Dec 17, 2023

Group Benefits Status

Health VSP Vision Care will be started in the new year.

a.

11. Click on the Employee Services tab, Click on Benefits and Deductions and Select Coverage and Allocations Summary

Employee Services

Benefits and Deductions

View your retirement plans, health insurance

a.

Benefits and Deductions

[Retirement Plans](#)
[Health Insurance](#)
[Flexible Spending Accounts](#)
[Miscellaneous](#)
[Open Enrollment](#)
[Beneficiaries and Dependents](#)
[New Hire Enrollment](#)
[Coverage and Allocations Summary](#)

b.

12. In the "Enroll Coverage and Allocations" selection click Coverage Details

Beneficiaries and Dependents Information

William Woodard III, A10703473
Self, Born on Jan 20**** and Does not attend college.

No Coverage, No Allocations

Test Baby
Child, Born on Jul 01**** and Does not attend college.

No Coverage, No Allocations

Enroll Coverage and Allocations

Enrolled Benefits Information

Benefit or Deduction Action	Status	Start Date	Stop Date
VSP Vision Care	Coverage Details	Active	Dec 17, 2023

Return to Top

- a.
13. On the Benefits Coverage page, check the Choose Benefit box for your Dependents to be covered and enter 01/01/2024 as the Begin Date

Benefits Coverage

Enter the Begin Date of coverage, indicate Other Coverage from the pull-down list, if applicable, and select the checkbox under Choose Benefit. When ending coverage, enter the End Date and the Deduction Termination Reason, if applicable, and select the checkbox under Choose Benefit to update.

- indicates a required field.

VSP Vision Care

Status:Undefined Status

Start Date:Dec 17, 2023

Stop Date:

Choose Benefit	Name	Relationship	Existing Coverage	Begin Date MM/DD/YYYY	End Date MM/DD/YYYY	Deduction Termination Reason	Other Coverage
☒	William Woodard III	Self	No	01/01/2024		Not Selected	No other coverage
☒	Test Baby	Child	No	01/01/2024		Not Selected	No other coverage

Choose or Update

a.

14. Click Choose or Update to Continue

Choose Benefit	Name	Relationship	Existing Coverage	Begin Date MM/DD/YYYY	End Date MM/DD/YYYY	Deduction Termination Reason	Other Coverage	Messages
☐	William Woodard III	Self	No	01/01/2024		Not Selected	No other coverage	Successfully updated.
☐	Test Baby	Child	No	01/01/2024		Not Selected	No other coverage	Successfully updated.

Choose or Update

a.

Employee Biweekly Vision Premiums

Effective 1/01/25 to 12/31/2025

Plan Name	Employee Biweekly Cost
VSP Base Plan	
Employee	\$ 3.60
Employee & Spouse/Partner	\$ 7.20
Family	\$ 7.71
Parent & Child	\$ 12.31
VSP Buy Up Plan	
Employee	\$ 4.97
Employee & Spouse/Partner	\$ 9.94
Family	\$ 10.63
Parent & Child	\$ 16.99



Tax\$ave

State Employees who are Eligible for the State Health Benefits Program (SHBP)

Information for:

TAX\$AVE ELIGIBILITY

Tax\$ave, a benefit program available under Section 125 of the federal Internal Revenue Code (IRC), allows eligible employees of the State of New Jersey to set aside before-tax dollars to pay for certain medical, dental, and dependent care expenses, thereby avoiding federal taxes and saving money.

An eligible employee is any full-time employee of the State, or a State college or university, who is eligible to participate in the State Health Benefits Program (SHBP). Tax\$ave is only available to State employees.

Section 125 Plans for Local Employees

P.L. 2011, c. 78 (Chapter 78), requires local government and local education employers to offer Section 125 plans to their employees.

Local employers must establish their own Section 125 programs.

Local government and local education employees should contact their human resources office or benefits administrator to determine the specific plans and benefits that are available.

TAX\$AVE COMPONENT PLANS

Tax\$ave consists of three separate component plans. An eligible employee may elect to participate in any combination — all, some, or none of the plans.

The three components of Tax\$ave are:

- The Premium Option Plan (POP) allows an employee to pay any SHBP medical and/or dental payroll contributions or premiums with before-tax dollars;
- The Unreimbursed Medical Flexible Spending Account (FSA) allows an employee to set aside money to pay for qualified medical and dental expenses not paid by any group benefits plan under which the employee and dependents are covered; and
- The Dependent Care FSA allows an employee to set aside funds to pay for anticipated expenses related to dependent care in order to permit the employee and spouse to work.

Note: Tax savings on commuter mass transit and parking expenses are available as a separate benefit to State employees under the Commuter Tax\$ave Program. See the *Commuter Tax\$ave Program* Fact Sheet for details.

PREMIUM OPTION PLAN (POP)

If you are an employee eligible to participate in the SHBP, you can save on taxes by participating in the POP. The POP allows you to pay any of your SHBP medical and/or dental payroll contributions or premium deductions with before-tax dollars. The contributions or premiums you already pay for your coverage are deducted from each paycheck before federal income and FICA (Social Security and Medicare) taxes are calculated, thereby reducing the taxes withheld.

The amount of your savings depends on a variety of factors, such as the amount of the contributions or premiums and your income tax filing status. The plan runs on a calendar-year basis.

If you have a payroll contribution or premium deduction for medical and/or dental coverage, you are automatically enrolled in the POP and will pay less in taxes. If you choose to decline enrollment in the POP, you must sign and return a *Declination of Premium Option Plan (POP)* form each year to your benefits administrator.

POP will increase your take-home pay by reducing your taxes; it does not change the medical and/or dental contributions or premiums you are required to pay.

Effect of the POP on SHBP Rules and Procedures

The Internal Revenue Service (IRS) strictly regulates the POP because of the tax advantages provided. IRS rules require that for an employee covered by the POP, payroll deductions for medical and dental plan benefits remain the same for the entire plan year. Therefore, no coverage level change can be made which results in a change in the amount of your medical and/or dental plan deduction unless a qualifying event occurs. If a qualifying event does occur, you may make a change by submitting a completed SHBP medical and/or dental plan application to your employer within 60 days of the event or during the annual Open Enrollment period.

Qualifying Events

Plan elections in effect at the beginning of the plan year will continue throughout the calendar year or upon the occurrence of a qualifying event. The following are considered qualifying events:

- A marriage. You may enroll your spouse and any other eligible dependents. See the "Civil Union Partners, Domestic Partners, and Tax\$ave" section;
- Addition of an eligible dependent due to birth, adoption, or legal guardianship;
- A change in family status involving the loss of eligibility of a family member (divorce, death);
- A move outside an HMO service area;
- The termination of your employment for any reason, including retirement;
- An approved unpaid leave of absence. You are entitled to elect the POP upon return to active employment;
- A change in your eligible dependent's employment status resulting in his/her loss of medical and/or dental coverage; and
- Such other events that may be determined to be appropriate and in accordance with applicable IRS regulations.

UNREIMBURSED MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)

The Unreimbursed Medical FSA allows you to save taxes on out-of-pocket medical and dental expenses that reduce your spendable income. Contributing money to the Medical FSA can result in a reduction in taxes because the money you contribute to your account is free from federal income, Social Security, and Medicare taxes, and remains tax-free when you receive it.

Note: Federal law prohibits participation in both a FSA and a Health Savings Account (HSA). Therefore, if you are enrolled in a High Deductible Health Plan (HDHP), you are not eligible to enroll in this plan.

Under the Unreimbursed Medical FSA, each calendar year you may set aside up to \$2,500 of your salary before taxes in a health care spending account, so that you and your eligible dependents can be reimbursed for eligible expenses incurred during the year. Eligible expenses include copayments and deductibles for medical, prescription, and dental bills, qualified expenses for medical services not covered by health plans or your State vision plan such as contact lenses solution, hearing aids, etc., and other health care expenses you can deduct on your income tax, except payroll contributions or premium deductions for health care which are covered under the POP. See the "Premium Option Plan (POP)" section.

Note: Pay your out-of-pocket medical bills using a Horizon MyWay Visa® Health Care Card or get reimbursed by submitting a claim online.

IRS Publication 502 – *Medical and Dental Expenses*, provides a complete list of services eligible for reimbursement.

Using Your Unreimbursed Medical FSA

First, you must estimate how much you will spend on unreimbursed health care during the plan year. Based on the amount you elect, contributions will be taken out of your paycheck each pay cycle throughout the calendar year. It is important to base this estimate on past experience because unused contributions must be forfeited.

You may submit claims to the Medical FSA for unreimbursed expenses between January 1 of the plan year and March 15 of the following year (e.g., January 1, 2020, through March 15, 2021). Claim forms for eligible expenses must be submitted no later than April 30 of the following year.

When you file your claim, you will be reimbursed for up to the total amount you have elected to contribute, whether or not your contributions to date have totaled the amount of your claim. When filing for reimbursement, you must verify that you have not been reimbursed for the expense from any other source.

While the federal government offers a federal income tax deduction for unreimbursed eligible health care expenses which exceed 7.5 percent of your adjusted gross income, the Unreimbursed Medical FSA offers tax-free reimbursement on every dollar of your eligible expenses, which may provide immediate tax savings for those who do not meet the medical expense deduction threshold. In addition, the Unreimbursed Medical FSA saves you Social Security and Medicare taxes — another 7.65 percent on every dollar. Keep in mind, however, that you cannot deduct expenses reimbursed by the Unreimbursed Medical FSA on your federal income tax.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

If you have to pay for care for your dependents in order to work, you may want to take advantage of the Dependent Care FSA plan. Contributing money to the Dependent Care FSA can result in a reduction in taxes because the money you contribute to your account is free from federal income, Social Security, and Medicare taxes, and remains tax-free when you receive it. The plan allows you to set aside up to \$5,000 of your salary before taxes each calendar year to pay for qualified dependent care expenses incurred in that calendar year. You then file claims for reimbursement of eligible expenses. Note that when you file your Dependent Care FSA claim, you cannot be fully reimbursed until your contributions to date are at least equal to the amount of your claim.

Eligible dependents include an employee's children below age 13, the employee's non-working spouse if physically or mentally incapable of self-care, and any other person considered a dependent for tax purposes who is incapable of self-care and who normally spends at least eight hours each day in the employee's home. The types of services eligible for reimbursement include a qualified day care center, nursery school, or summer day camp (but not overnight camp), babysitting services if needed to allow the employee to work, a housekeeper whose duties include day care, and someone who cares for an elderly or incapacitated dependent.

IRS Publication 503 – *Child and Dependent Care Expenses*, provides a complete list of dependent care expenses.

Using Your Dependent Care FSA

First, you must estimate how much you will spend on dependent care during the plan year. Based on the amount you elect, contributions will be taken out of your paycheck each pay cycle throughout the calendar year. It is important to base this estimate on past experience because unused contributions must be forfeited.

You may submit claims to the FSA for dependent care provided between January 1 of the plan year and March 15 of the following year (e.g., January 1, 2020, through March 15, 2021). Claim forms for eligible services must be submitted no later than April 30 of the following year.

The federal government offers a dependent care tax credit on your federal income tax that you can use instead of the Dependent Care FSA. You will have to decide which method is better for you based on your income and personal tax status. Keep in mind, however, that any payment received from the Dependent Care FSA will reduce dollar for dollar the amount that can be considered for dependent care tax credit and vice versa.

Under the federal dependent tax credit provision, you can take a direct tax credit on your income taxes ranging from 20 percent to 30 percent of your eligible dependent care expenses. With the tax credit, eligible care expenses are limited to an annual maximum of \$2,500 for one dependent or \$5,000 for two or more dependents.

Generally, if your adjusted gross income is more than \$24,000 a year, using the Dependent Care FSA is better. For example, if you are paying \$90 per week (about \$4,700 per year) for day care and you are in the 15 percent federal tax bracket, you would save \$1,060 in taxes by paying your day care bills through your Dependent Care FSA. If you are in the 28 percent federal tax bracket, your savings would be \$1,670.

USE IT OR LOSE IT

Under either the Unreimbursed Medical FSA or the Dependent Care FSA, any unused contributions remaining in an account at the end of the plan year are forfeited. You have until April 30 of the following year to file for eligible reimbursement.

CONTINUATION UNDER COBRA

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that most group health plans, including Unreimbursed Medical FSAs, give employees and their families the opportunity to continue their health care coverage when there is a qualifying event that would result in a loss of coverage under an employer's plan. Qualified beneficiaries can include the employee covered under the FSA, a covered employee's spouse, and dependent children of the covered employee. Each qualified beneficiary who elects continuation of coverage will have the same rights under the plan as other participants or beneficiaries covered under the plan. COBRA is available under Tax\$ave only for Unreimbursed Medical FSAs, not for Dependent Care FSAs.

The Tax\$ave Unreimbursed Medical FSA is an excepted plan, and therefore offers only a limited COBRA option. One of the features of a limited COBRA option is that it is only offered for the remainder of the plan year — not the full 18 months of COBRA. Also, the limited COBRA option is only offered if the account is underspent. This occurs when the contributions paid to date are more than claims paid out. Be aware that an account is considered overspent — and ineligible to participate in COBRA — if the contributions paid to date are less than the claims paid out.

Example: Arnold has an Unreimbursed Medical FSA annual election of \$1,000 for the current plan year. He terminates employment in July and has paid \$500 in payroll (pre-tax) contributions up to his termination date, but has received only \$200 in reimbursement. The \$300 balance (\$500 in contributions minus \$200 in claims) is considered underspent and allows Arnold to participate in COBRA. If Arnold was overspent, he could not participate in COBRA.

Tax\$ave coverage terminates on the date that employment ends. If Arnold does not enroll in COBRA, the \$300 balance will be forfeited, unless he can submit \$300 of claims incurred prior to termination.

Since Arnold does not have qualified expenses that he can immediately submit against the \$300 balance, he elects to participate in COBRA. He will complete and return the COBRA Election Form and send in the first COBRA payment. Once his first payment has been received, Arnold is eligible to submit claims that were incurred after his termination from employment. Arnold can continue to incur and submit claims through the end of the Tax\$ave plan year, or until he has exhausted his original election for the Unreimbursed Medical FSA benefit of \$1,000.

Arnold's Form W-2 will show \$500 of Section 125 Medical Expense Plan Contributions.

Election for Continuation Coverage

The *COBRA Notice* and *COBRA Application* will be mailed to each eligible participant by the company administering the Tax\$ave Unreimbursed Medical FSA for the State of New Jersey. You have 60 days from the date of receipt of the *COBRA Notice* or the last date of coverage, whichever is later, to elect to continue coverage by completing and submitting the *COBRA Application*.

First Payment for Continuation Coverage

If you elect continuation of coverage, you must make your first payment for continuation of coverage within 45 days after the date of your election. (This is the date the *COBRA Application* is postmarked, if mailed.) If you do not make your first payment within the 45 days, you will lose all continuation of coverage rights under the Unreimbursed Medical FSA. Your first payment must cover the cost of continuation of coverage from the time your coverage under Tax\$ave would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact WageWorks, Inc. (see the "FSA Plan Administration" section) to confirm the correct amount of your first payment. Instructions for sending your first payment for continuation of coverage will be shown on your *COBRA Notice*.

Note: All COBRA payments are made with after-tax dollars, which negates the tax savings advantage of the FSA plan. COBRA is not a tax savings plan, and is only intended to prevent participants from forfeiting contributions made prior to termination.

Periodic Payments for Continuation Coverage

After you make your first payment for continuation of coverage, you will be required to pay for continuation of coverage for each subsequent month of coverage. Under the Unreimbursed Medical FSA, these periodic payments for continuation coverage are due on the first day of each month. Instructions for sending your periodic payments for continuation coverage will be shown on your *COBRA Notice* and *COBRA Application*.

Grace Periods for Periodic Payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation of coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you make a periodic payment later than its due date but during its grace period, your coverage under the Unreimbursed Medical FSA will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Unreimbursed Medical FSA.

For more information about your COBRA rights, please contact Horizon MyWay® (see the "FSA Plan Administration" section for contact information), or the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at: www.dol.gov/ebsa

FSA PLAN ADMINISTRATION

Horizon MyWay® administers the Unreimbursed Medical FSA and Dependent Care FSA plans for the State of New Jersey and the New Jersey Division of Pensions & Benefits (NJDPB).

If you have questions about the Unreimbursed Medical FSA or the Dependent Care FSA, contact Horizon MyWay® Customer Service at 1-888-215-0025 Monday through Friday from 8:00 a.m. to 9:00 p.m., or visit: www.HorizonBlue.com

The Horizon MyWay® website is also available through the Tax\$ave link on the NJDPB website at: www.nj.gov/treasury/pensions

TAX\$AVE ADMINISTRATION AND APPEALS

The NJDPB is the overall administrator of Tax\$ave for the State of New Jersey.

If you have a mid-plan-year election change, FSA reimbursement claim, or other similar request that is denied, in full or in part, you have the right to appeal the decision by sending a written request for review within 30 days of the denial to:

**New Jersey Division of Pensions & Benefits
Tax\$ave Plan Administrator
P.O. Box 295
Trenton, NJ 08625-0295**

Any request for appeal must include:

- The date of the services for which your request was denied, if applicable;
- A copy of the denied request, if available;
- The reason for your appeal; and
- Any additional documents, information, or comments you think may have a bearing on your appeal.

Appeal requests and supporting documentation will be reviewed and you will be notified of the results within 30 business days of receipt. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

Note: Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's, and the IRS' regulations governing the plan.

SOCIAL SECURITY IMPLICATIONS

Since payments to the POP and FSAs lower annual earnings against which Social Security deductions or employer contributions are made, there is a concern that participation in these plans would result in reduced Social Security benefits at retirement.

If you were born after 1928, your Social Security benefits are calculated using a 35-year average of your earnings. A reduction of even \$2,000 a year over some portion of this 35-year span would have little effect on your average salary and, therefore, minimal impact on your Social Security benefits. The Social Security Administration has provided us with an example of an employee who retired in 1998 at age 65, whose wages had been at the maximum wages subject to Social Security deductions. Upon retirement, this individual's monthly Social Security allowance was \$1,343. If that same person had been contributing \$2,000 a year for the last 10 years to a FSA, the subsequent reduction in Social Security wages would have produced a monthly Social Security allowance of \$1,335, a difference of only \$8 per month.

CIVIL UNION PARTNERS, DOMESTIC PARTNERS, AND TAX\$AVE

The IRS does not recognize a New Jersey civil union partner or same-sex domestic partner as a dependent for tax purposes in the same manner that it recognizes a spouse or the dependent children of an employee. Therefore, your employer may have to treat civil union or same-sex domestic partner benefits as federally taxable.

As a result, a partner must be able to qualify as a tax dependent of the employee for federal tax filing purposes — under IRC Section 152 — before an out-of-pocket medical expense incurred by the partner can be reimbursed under the Unreimbursed Medical FSA, and before any premiums that the employee pays for the partner's coverage can be made on a pre-tax basis under the POP. See IRS *Publication 503 – Dependents*, for additional information on the requirements for establishing dependent status for federal tax purposes.

If the civil union partner or same-sex domestic partner is not a qualified tax dependent of the employee, the partner's SHBP coverage is considered federally taxable and the employee cannot be reimbursed under the Unreimbursed Medical FSA for any out-of-pocket medical expense incurred by the partner, nor make pre-tax payments for the cost of the partner's coverage under the POP. Pre-tax dollars may still be used to pay for the employee's portion of the cost of his or her own and dependent children's coverage. Civil union or same-sex domestic partner SHBP benefits are not subject to New Jersey State income tax, if you live outside of New Jersey, you should check with your state's tax agency to determine if the civil union or same-sex domestic partner benefit is subject to state taxes.

For additional information, see the *Civil Unions and Domestic Partnerships* Fact Sheet, available on our website.

This fact sheet has been produced and distributed by:

New Jersey Division of Pensions & Benefits
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www.nj.gov/treasury/pensions



COBRA — The Continuation of Health Benefits

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

INTRODUCTION

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that most employers sponsoring group health plans offer employees and their eligible dependents — also known under COBRA as qualified beneficiaries — the opportunity to temporarily extend their group health coverage in certain instances where coverage under the plan would otherwise end. For State Health Benefits' Program (SHBP) and School Employees' Health Benefits Program (SEHBP) participants, COBRA is not a separate health program; it is a continuation of SHBP or SEHBP coverage under the provisions of the federal law. Businessolver is the COBRA Administrator for the SHBP and SEHBP.

Note: Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) during what is called a Special Enrollment Period. Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at: www.healthcare.gov

ELIGIBILITY FOR COBRA

Employees enrolled in the SHBP or SEHBP may

continue coverage under COBRA, in any plan for which the employee is eligible, if coverage ends because of:

- Reduction in working hours;
- Leave of absence; or
- Termination of employment for reasons other than gross misconduct.

Note: Employees who at retirement are eligible to enroll in SHBP or SEHBP Retired Group coverage cannot enroll for health benefit coverage under COBRA.

Spouses, civil union partners, same-sex domestic partners,* or children under the age of 26 enrolled in the SHBP or SEHBP may continue coverage under COBRA, in any plan for which the employee is eligible, if coverage ends because of:

- Death of the employee;
- End of the employee's coverage due to a reduction in working hours, leave of absence, or termination of employment for reasons other than gross misconduct;
- Divorce or legal separation of the employee and spouse;
- Dissolution of a civil union or domestic partnership; or

- Election of Medicare as the employee's primary insurance carrier (requires dropping the group coverage carried as an active employee).

Note: Each qualified beneficiary may independently elect COBRA coverage to continue in any or all of the coverage you had as an active employee or dependent (medical, prescription drug, dental, and/or vision). You and/or your dependents must enroll in the same plan you previously had. Plan changes may only be made once per year during the annual Open Enrollment period. You may elect to cover the same dependents you had as an active employee, or you can delete dependents to reduce your level of coverage. However, you cannot increase the level of your coverage, except during Open Enrollment, unless a qualifying event occurs (e.g., birth, adoption, marriage, civil union, domestic partnership) and you process your enrollment update online in Benefitsolver within 60 days of the qualifying event. Benefitsolver can be accessed by navigating to myNJbenefitshub.org by logging in to your myNewJersey account.

DURATION OF COBRA COVERAGE

The length of your COBRA coverage continuation depends on the nature of the COBRA-qualifying event that entitled you to the coverage.

- For loss of coverage due to termination of employment, reduction of hours, or leave of ab-

*For more information about health benefits for civil union or domestic partners, including eligibility requirements, see the *Civil Unions and Domestic Partnerships Fact Sheet*.

COBRA — The Continuation of Health Benefits

sence, the employee and/or dependents are entitled to 18 months of COBRA coverage. Time on a leave of absence just before enrollment in COBRA, unless under the federal and/or State Family Leave Act, counts toward the 18-month period and will be subtracted from the 18 months. Time a member spends on federal or State leave will not count as part of the COBRA eligibility period.

- If you receive a Social Security Disability determination for an illness or injury you had when you enrolled in COBRA or incurred within 60 days of enrollment, you and your covered dependents are entitled to an extra 11 months of COBRA coverage (up to a maximum of 29 months). You must provide proof within 60 days of the disability determination from the Social Security Administration or within 60 days of COBRA enrollment.
- For loss of coverage due to the death of the employee, divorce or legal separation, dissolution of a civil union or domestic partnership, other dependent ineligibility, or Medicare entitlement, the continuation term for dependents is 36 months.

COST OF COVERAGE

You are responsible for paying the cost of your coverage under COBRA, which is the full group rate plus a two percent administrative fee. Businessolver, the administrator of Benefitsolver, will bill you on a monthly basis.

EMPLOYEE / QUALIFIED BENEFICIARY RESPONSIBILITIES UNDER COBRA

The law requires that employees and/or their dependents:

- Keep Benefitsolver and the NJDPB informed of any changes to the address information of all possible qualified beneficiaries;
- Notify the employer that a divorce, legal separation,

ration, dissolution of a civil union or domestic partnership, or the death of the employee has occurred — notification must be given within 60 days of the date the event occurred. If you do not inform your employer of the change in dependent status within the 60-day requirement, you may forfeit your dependent's right to COBRA;

- Apply on Benefitsolver within 60 days of the loss of coverage;
- Pay the required monthly premiums in a timely manner. Subscribers may pay their premium online through Benefitsolver.
- Pay premiums, when billed, retroactive to the date of group coverage termination;
- Provide notice through Benefitsolver of any second qualifying event that results in an extension of the maximum coverage period. See the "Duration of COBRA Coverage" section; and
- Provide notice of any determination that a qualified beneficiary who had received a disability extension is no longer disabled. This notice must be provided through Benefitsolver within 30 days of determination by the Social Security Administration. Failure to provide timely notification may result in adjustments to any claims paid erroneously.

EMPLOYER RESPONSIBILITIES UNDER COBRA

The COBRA law requires employers and Benefitsolver to:

- Notify employees and their dependents of the COBRA provisions within 90 days of when the employee/dependents are first enrolled in the SHBP or SEHBP by mailing a notification letter to the home address;
- Send the COBRA Notice and instructions to log in to Benefitsolver within 14 days of receiving

notice that a COBRA-qualifying event has occurred. The notice outlines the right to purchase continued health coverage, gives the date coverage will end, and the period of time over which coverage may be extended;

- Notify Businessolver within 30 days of the date of an employee's/dependent's qualifying event or loss of coverage; and
- Maintain records documenting their compliance with the COBRA law.

ENROLLING IN COBRA COVERAGE

The process for enrolling in coverage is different based on your employer:

- State, local government, and local education employees must apply using Benefitsolver.
- Dependents will receive a benefits packet with a paper application to complete and return to Businessolver. They will also follow the instructions provided to register with myNewJersey and create their Benefitsolver account. Once enrolled, the dependent can then make payments and changes to their enrollment online.

Continuation of coverage elections must be made in Benefitsolver within 60 days of the loss of coverage. Failure to do so within the time frame allowed by law is considered a decision not to enroll.

If you are retiring, you may be eligible for lifetime health, prescription drug, and dental coverage through the Retired Group of the SHBP or SEHBP. If you are eligible for Retired Group coverage, you are not eligible to continue coverage under COBRA. Consult your employer or the NJDPB prior to your retirement date.

FAILURE TO ELECT COBRA COVERAGE

In considering whether to elect continuation of coverage under COBRA, a qualified beneficiary should

COBRA — The Continuation of Health Benefits

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

take into account that a failure to continue group health coverage will affect future rights under federal law.

You have the right under federal law to request special enrollment in another group health plan for which you are otherwise eligible, such as a plan sponsored by your spouse/partner's employer, within 30 days of the date your group coverage ends. You will also have the same special enrollment right at the end of the COBRA coverage period provided the continuation of coverage under COBRA is for the maximum time available to you.

AFTER YOU HAVE ENROLLED IN COBRA

You should be aware of the following information after you have enrolled in COBRA:

- Bills are sent by Businessolver. Any Billing questions must be referred to Businessolver COBRA Helpdesk at 1-833-929-1101.
- You will be billed monthly. Accounts delinquent over 45 days will be closed and insurance coverage terminated retroactively to the date of last payment, or to the end of the month in which claims were submitted. If you do not receive a monthly bill or misplace it, contact Businessolver. It is your responsibility to make payment on a timely basis.

- Once you are enrolled in COBRA, claims are handled just like active employee claims (i.e., using the same claim forms and procedures). However, you must indicate your status as a COBRA participant on all claim forms; this will help prevent claim processing issues. All COBRA premiums must be paid through the date of the claim in order for the claim to be processed. Questions about claims should be directed to the insurance carriers. The single exception is that vision plan claims are sent directly to the COBRA Administrator at the address previously shown.

- Plan administration under COBRA follows the same rules as for active employees. However, all activity is processed through Businessolver rather than the former employer. COBRA subscribers are permitted to change medical and/or dental plans and/or add coverage during the annual Open Enrollment period through Businessolver. All COBRA enrollees will receive Open Enrollment information mailed directly to their address on file with the SHBP or SEHBP.

- For State, local education, and local government subscribers and dependents, changes to coverage must be made online via Businessolver.
- To increase coverage, you have 60 days from the date of the qualifying event to make the change. To change plans because you have moved out of your plan's service area, you have 30 days to make the change.
- These changes must be requested within the specified time frames, otherwise they may only be made during the Open Enrollment period. You may decrease your coverage (delete a dependent) at any time, but not retroactively.

TERMINATION OF COBRA COVERAGE

Your COBRA benefits under the SHBP or SEHBP will terminate for any of the following reasons:

- Your employer (or former employer) no longer provides SHBP or SEHBP coverage to any of their employees. In this case, your employer will give you the opportunity to continue COBRA coverage through their new insurance plan for the balance of your COBRA continuation period;
- You become eligible for Medicare after you elect COBRA coverage (affects medical insurance coverage only; does not affect dental, prescription drug, or vision care coverage);
- You voluntarily cancel your coverage;

- You fail to pay your premiums; or
- Your eligible coverage continuation period ends.

CONVERSION OF COBRA COVERAGE

The COBRA law provides that you must be allowed to convert your coverage to an individual, non-group policy of the same health plan provided under the SHBP or SEHBP at the end of your COBRA enrollment period. You must complete your full coverage continuation period. Contact the health plan for details.

Note: There are no conversion provisions for prescription drug or dental coverage.

A NOTE ABOUT COVERAGE FOR CHILDREN AGE 26 UNTIL AGE 31

The NJDPB has specific guidelines about providing health coverage to children past the age of 26 until age 31 due to the enactment of P.L. 2005, c. 375 (Chapter 375). A child who attains age 26 and needs continued coverage can select either COBRA coverage or Chapter 375 coverage for medical benefits. Rates for COBRA coverage and Chapter 375 coverage can change annually; be sure to compare the rates prior to enrolling in either program.

Note: If the child opts to enroll in Chapter 375, he/she will not be permitted to enroll in COBRA once enrollment in Chapter 375 terminates.

Chapter 375 does not cover vision or dental benefits. If your child wishes to obtain those coverages, he/she must apply for them under COBRA.

The eligibility requirements for Chapter 375 are outlined in the *Health Benefits Coverage of Children Until Age 31 Under Chapter 375* Fact Sheet, which is available on our website.

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

COBRA — The Continuation of Health Benefits

MORE INFORMATION

If you need additional information about COBRA, see your human resources representative or benefits administrator, contact NJDPB Office of Client Services at (609) 292-7524, or send an email to: pensions.nj@treas.nj.gov. You may also call the Benefitsolver COBRA helpdesk at 1-833-929-1101.

This fact sheet has been produced and distributed by:

New Jersey Division of Pensions & Benefits
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Public Employees' Retirement System (PERS)

Eligibility Criteria

Membership in the retirement system is generally required as a condition of employment. You are required to enroll in the PERS if:

- You are employed on a regular basis in a position covered by Social Security; and
- You are scheduled to work at least 35 hours per week and
- You are not required to be a member of any other State or local government retirement system on the basis of the same position; **or if:**
- You are receiving a monthly retirement allowance from the PERS, you are scheduled to work more than the minimum number of hours per week required for PERS enrollment, and you earn more than \$15,000 annually. Please consult with your Benefits Team as to how this will affect your retirement.

Member Contribution Rate

Chapter 78, P.L. 2011, the Pension and Health Benefit Reform Law, increased the PERS contribution rate to **7.5%** of base salary as of July 1, 2018. The contribution rate for your life insurance policy is **.50%** percent of your base salary.

Pensionable Salary

Your contribution rate is applied to your base salary to determine pension deductions. Base salary does not include overtime, bonuses, or shift differential. Pension contributions are deducted from your salary each payday and reported to PERS.

The PERS contribution rate for members is applied to the pensionable salary up to a compensation limit based on the annual maximum wage for Social Security deductions. Members who earn in excess of the annual compensation limit will be enrolled in the Defined Contribution Retirement Program (DCRP) when the salary limit has been reached unless a waiver is completed. Please see Fact Sheet #82 Defined Contribution Retirement Program (DCRP) If Ineligible for PERS, for additional information.

Designating a Beneficiary

Once you have received a copy of the Certificate of Payroll Deductions you can register for the **Member Benefits Online System (MBOS)** and complete the ***Designation of Beneficiary*** online for your Life Insurance policy valued at 3 times your annual salary. Your PERS membership number is required and is listed on the Certificate of Payroll Deductions and on your check stub as a PERS reference number.

You may access account information through the Member Benefits Online System (MBOS) <https://www.nj.gov/treasury/pensions/mbos-register.shtml>

Long Term Disability

PERS members in Tiers 1, 2 and 3 are eligible to apply for a Disability Retirement. Long Term Disability coverage is available for PERS members in Tiers 4 and 5.

Information for new employees transferring an active PERS account:

An **Intrafund Transfer** is the transfer of a pension account from one employer to another employer within the **same** New Jersey State-administered retirement system.

To be eligible for an Intrafund Transfer:

- The member must have *not* withdrawn from the retirement system; and
- It must be *less than* two consecutive years since the last pension contribution; and
- The member must meet all of the eligibility requirements for retirement system membership with the new employer.
- A Report of Transfer form will be completed online by the Benefits Team.

For information regarding your PERS membership please visit:

-Division of Pensions and Benefits PERS website

<https://www.state.nj.us/treasury/pensions/pension-active-pers.shtml>

-PERS Member Handbook

<https://www.state.nj.us/treasury/pensions/documents/guidebooks/persbook.pdf>



Defined Contribution Retirement Program (DCRP) if Ineligible for PERS or TPAF Enrollment

Information for:
Employees below the minimum salary or hours required for PERS or TPAF enrollment

The Defined Contribution Retirement Program (DCRP) was established July 1, 2007, under the provisions of N.J.S.A. 43:15C-1 et seq. The DCRP provides eligible members with a tax-sheltered, defined contribution retirement benefit, along with life insurance and long-term disability coverage.

ELIGIBILITY

This fact sheet addresses DCRP membership for employees who do not earn the minimum salary or work the minimum hours required for enrollment in the Public Employees' Retirement System (PERS) or Teachers' Pension and Annuity Fund (TPAF). Employees who are already enrolled in a New Jersey State-administered retirement system should refer to the *Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits* Fact Sheet. Elected and appointed officials should refer to the *Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials* Fact Sheet. These fact sheets are available on our website at: www.nj.gov/treasury/pensions

Employees hired on or after November 2, 2008, and on or before May 21, 2010, must earn a minimum base salary of \$9,600* or more per year to be eligible for enrollment in Tier 3 of the PERS or TPAF.

Any employee otherwise eligible to enroll in Tier 3 of the PERS or TPAF who does not earn the required

minimum annual salary, but earns a minimum base salary of \$5,000 or more, must be enrolled in the DCRP.

Employees enrolled after May 21, 2010, must work a minimum of 35 hours per week if a State employee, or 32 hours per week if a local government or local education employee, to be eligible for enrollment in Tier 4 or Tier 5 of the PERS or TPAF.

Any employee otherwise eligible to enroll in Tier 4 or Tier 5 of the PERS or TPAF who does not work the required minimum hours, but earns a minimum annual base salary of \$5,000 or more, must be enrolled in the DCRP.

ENROLLMENT

The employer is responsible for enrolling a DCRP-eligible employee as of the starting date of eligibility — by using the *DCRP Enrollment Application* available on the Employer Pensions and Benefits Information Connection (EPIC), available on our website.

Enrollment is required for eligible employees. There is no option for waiver of DCRP enrollment for these individuals.

When enrolled in the DCRP, members contribute 5.5 percent of the base salary to a tax-deferred investment account established with Empower (formerly Prudential), which jointly administers the DCRP

investments with the New Jersey Division of Pensions & Benefits (NJDPB). Member contributions are matched by a three percent employer contribution.

Contributions are required from the date of DCRP eligibility. If any back deductions are owed, employers must schedule and remit them to the DCRP.

If Eligible Later for the PERS or TPAF

If an employee enrolled in the DCRP earns sufficient salary or works sufficient hours at a later date to qualify for enrollment in the PERS or TPAF, the employee will be enrolled in the PERS or TPAF.

Upon becoming a PERS or TPAF member, contributions to the DCRP will cease; however, prior contributions remain invested in the DCRP pending retirement or termination of employment.

Contributions to the DCRP cannot be transferred to the PERS or TPAF, and service credit as a DCRP member cannot be purchased as PERS or TPAF service credit.

A PERS or TPAF employee may once again become eligible for the DCRP if:

- The annual salary falls below the minimum salary required for PERS or TPAF Tier 3 membership; deductions will cease and the member will contribute to the DCRP plan;

*The Tier 3 minimum base salary is subject to adjustment annually in accordance with changes in the Consumer Price Index.

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

Defined Contribution Retirement Program (DCRP) if Ineligible for PERS or TPAF Enrollment

- The number of work hours falls below the minimum hours per week required for PERS or TPAF Tier 4 or Tier 5 membership; deductions will cease and the member will contribute to the DCRP plan;
- The annual salary is in excess of the maximum compensation limit (members enrolled in the PERS or TPAF on or after July 1, 2007) — see the *Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits* Fact Sheet; or
- The employee becomes a State or local elected or appointed official — see the *Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials* Fact Sheet.

Transfer of PERS or TPAF Membership

Employees who are PERS or TPAF members and transfer to another PERS or TPAF position are subject to the minimum salary or minimum hours of their existing PERS or TPAF membership tier if any of the following situations apply:

- The member transfers to a PERS- or TPAF-eligible position without a break in service;
- Any break in service is 24 consecutive months or less from the date of the last PERS or TPAF pension contribution, and the account has not been withdrawn;
- Any break in service is 24 consecutive months or less from the end of an approved leave of absence; or
- The member's job is lost through no fault of the member (laid off or position is abolished — not terminated voluntarily or for cause) and the member returns to PERS or TPAF employment within 10 years of the termination date.

If a member transfers into the PERS or TPAF after a break in service that falls beyond the exceptions described above, the member will be subject to the Tier 4 or Tier 5 minimum hours requirement,* regardless of the previous membership tier status.

If the work hours fall below the Tier 4 or Tier 5 minimum requirement, the employee will be ineligible for transfer into the PERS or TPAF but will be eligible for DCRP enrollment if the annual salary is at least \$5,000.

PERS and TPAF Maximum Wage

In addition, Tier 2, Tier 3, Tier 4, and Tier 5 members are subject to a maximum wage limit for PERS or TPAF pension contributions. The maximum wage limit for 2025 is \$176,100 and is subject to annual adjustment. Members who earn in excess of the annual maximum wage will be enrolled in the DCRP in addition to the PERS or TPAF. See the *Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits* Fact Sheet for more information.

Vesting

Employer contributions are not vested in a DCRP member's account until after the member commences the second year of employment, unless at the time of initial employment the member either 1) participates in a program substantially similar to the DCRP program, or 2) is a member of another New Jersey State-administered retirement system.

As a vested member, you have a right to a benefit at retirement based on both the employee and employer contributions to the DCRP.

WITHDRAWAL

Withdrawal occurs when a non-vested DCRP member separates from covered employment and

submits a request to Empower for a withdrawal of contributions. Only the member's contributions are available for withdrawal — employer contributions are forfeited. After a withdrawal, the individual is eligible for reenrollment in the DCRP, or enrollment in another New Jersey State-administered retirement system, upon return to covered employment.

RETIREMENT

Retirement occurs when a vested DCRP member separates from covered employment and elects to receive a distribution of funds containing both employer and employee contributions plus interest. This action deems the former participant as retired and, therefore, ineligible to re-enroll in the DCRP or participate in any other New Jersey State-administered retirement system.

An *ABP/DCRP Withdrawal Request Acknowledgment Receipt* must be completed in order to receive funds. This form is available in the "Publications" section of our website.

Applying For Retirement

Six months before retirement, a member should contact the employer and Empower for information regarding DCRP benefits and options.

A DCRP member may elect to receive all or a portion of his/her account in a lump-sum distribution, or in a variety of periodic payment methods. Please contact your administrative services provider for more information. All returns of contributions and earnings are considered taxable in the year they are received; therefore, the type of payout plan should be considered carefully prior to retirement.

There is no minimum retirement age under the DCRP. The member will automatically be considered retired, regardless of age, if there is any distribution of vested contributions.

*Tier 4 or Tier 5 members must work a minimum of 35 hours per week if a State employee, or 32 hours per week if a local government or local education employee.

Defined Contribution Retirement Program (DCRP) if Ineligible for PERS or TPAF Enrollment

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

A member may take a distribution at any time after termination of employment; however, if you return to public employment in New Jersey, you cannot participate in any New Jersey State-administered retirement system. DCRP members considering future employment in a position covered by any of the New Jersey State-administered retirement systems should carefully consider this impact before requesting a distribution.

Health Benefits at Retirement

It is important to note that service time from enrollment in the DCRP cannot be used to qualify for State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) coverage at retirement. Please contact your employer's human resources office or benefits administrator to ask about health benefit coverage options available in retirement.

LIFE INSURANCE COVERAGE

While employed, a DCRP member is covered by employer-paid life insurance, payable to designated beneficiaries in the amount of 1.5 times the annual base salary on which DCRP contributions were based. This coverage is available without a medical examination to members under age 60. Newly enrolled members 60 years of age or older must undergo a medical examination to qualify.

DCRP members will continue to be insured for up to two years if on an approved leave of absence without pay for personal illness.

Note: The Internal Revenue Service (IRS) classifies all life insurance coverage over \$50,000 as a fringe benefit subject to taxation. While the amount of the life insurance coverage is not taxable, the premium required to pay for the life insurance coverage is taxable. Members can elect to waive insurance coverage over \$50,000 at any time.

Upon retirement, life insurance under the DCRP reduces to $\frac{3}{4}$ of the annual base salary on which DCRP contributions were based.

This life insurance coverage is available in retirement only to:

- Members age 60 or older if the member has completed 10 years of participation in the DCRP; or
- Members of any age if the member has completed 25 years of participation in the DCRP.

The member also must have been an active employee in the 12 months immediately preceding the initial receipt of a retirement annuity payment.

Conversion

Other than the retired insurance benefit previously described, life insurance coverage under the DCRP ceases 31 days after termination of employment. During the 31-day period following termination of employment, a member may convert existing group life insurance coverage (less any amount of coverage carried over into retirement) into an individual policy, without medical examination. For more information, see the *Conversion of Group Life Insurance* Fact Sheet.

LONG-TERM DISABILITY COVERAGE

A member is eligible for employer-paid long-term disability insurance coverage after one year of participation in the DCRP.

The member becomes eligible for the long-term disability benefit after six consecutive months of total disability due to an occupational or non-occupational condition.

To be considered totally disabled due to sickness or accidental bodily injury, the member must be unable to perform any and every duty pertaining to his/her occupation. The member need not be confined to home, but must be under a doctor's regular care.

If a member is totally disabled, he/she is eligible to receive a regular monthly income benefit up to 60 percent of the base salary on which DCRP contribu-

tions were based during the 12 months preceding the onset of the disability. While disabled, the member's and the employer's mandatory contributions are automatically credited to the member's retirement account.

The monthly income benefit is offset by any other periodic benefit the member may be receiving, such as Workers' Compensation, short-term disability, or Social Security.

Eighteen months after the onset of long-term disability eligibility, the member must be unable to engage in any gainful occupation for which the member is reasonably suited by education, training, or experience. Total disability is not considered to exist if the member is gainfully employed, incarcerated, or if the disability resulted from an act of war or was intentionally self-inflicted.

Long-term disability benefits will be paid as long as the member remains disabled or until the member attains age 70. Should the member begin receiving payments under the retirement annuity, these benefits terminate.

CONTACTING THE DCRP

For more information regarding the DCRP, please visit Empower's DCRP website at: <https://empower.com/njplans> or call toll-free 866-657-3327.

This fact sheet has been produced and distributed by:

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Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits

Information for:
Public Employees' Retirement System (PERS)
Teachers' Pension and Annuity Fund (TPAF)
Police and Firemen's Pension Fund (PFRS)
State Police Retirement System (SPRS)

The Defined Contribution Retirement Program (DCRP) was established July 1, 2007, under the provisions of N.J.S.A. 43:15C-1 et seq. The DCRP provides eligible members with a tax-sheltered, defined contribution retirement benefit, along with life insurance and long-term disability coverage.

ELIGIBILITY

This fact sheet addresses DCRP membership for employees already enrolled in the Public Employees' Retirement System (PERS), Teachers' Pension and Annuity Fund (TPAF), Police and Firemen's Retirement System (PFRS), or State Police Retirement System (SPRS) whose salary exceeds the maximum pensionable compensation limit. The *Defined Contribution Retirement Program (DCRP) if Ineligible for PERS or TPAF Enrollment* and the *Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials* Fact Sheets are also available on our website at: www.nj.gov/treasury/pensions

Employees enrolled in the PERS or TPAF on or after July 1, 2007, or enrolled in the PFRS or SPRS after May 21, 2010, are subject to a maximum compensation limit for pension contributions. The maximum compensation is based on the annual maximum wage for Social Security (see chart) and is subject to change at the start of each calendar year.

Therefore, an eligible employee who earns in excess of the annual maximum wage will be enrolled in the DCRP in addition to the PERS, TPAF, PFRS,

or SPRS (as appropriate). Employees can contribute to DCRP on wages up to the annual contribution limit under IRC section 401(a)(17), \$350,000 in 2025.

PERS/TPAF ANNUAL MAXIMUM WAGE	YEAR	MAXIMUM WAGE
	2012	\$110,100
	2013	\$113,700
	2014	\$117,000
	2015 and 2016	\$118,500
	2017	\$127,200
	2018	\$128,400
	2019	\$132,900
	2020	\$137,700
	2021	\$142,800
	2022	\$147,000
	2023	\$160,200
	2024	\$168,600
	2025	\$176,100

Employees who participate in the DCRP will receive service credit in their retirement system account and will be eligible to retire under the rules of the retirement system. The final salary or final compensation at retirement will be limited to the maximum compensation amounts in effect when the salary was earned.

Employees who participate in the DCRP because their salary exceeds the maximum pensionable com-

pensation limit will receive additional income above their pension amount, which is based on the amount invested in the DCRP.

Optional Waiver

A PERS, TPAF, PFRS, or SPRS member who is also eligible for the DCRP due to the maximum compensation limit can choose to voluntarily waive participation in the DCRP by submitting a *DCRP Waiver of Retirement Program Participation* form to the New Jersey Division of Pensions & Benefits (NJDPB).

If a member waives DCRP participation and later wishes to participate, he or she can apply for DCRP enrollment, with membership to be effective January 1 of the following calendar year.

ENROLLMENT

Eligible members are enrolled in the DCRP when the annual salary exceeds the maximum compensation limit. This may occur either:

- Upon enrollment into the PERS, TPAF, PFRS, or SPRS when an annual base salary is reported on the *Enrollment Application* that exceeds the maximum compensation; or
- When an eligible member's annual salary is increased to a level that exceeds the maximum compensation and it is reported by the employer to the NJDPB (either by directly contacting the NJDPB, or when submitted by the employer on the Quarterly Report of Contributions).

Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits

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

When enrolled in the DCRP, members contribute 5.5 percent of the base salary in excess of the maximum compensation limit to a tax-deferred investment account established with Empower (formerly Prudential), which jointly administers the DCRP investments with the NJDPB. Member contributions are matched by a three percent employer contribution based on the salary in excess of the maximum compensation limit.

It is important that an employer enroll a DCRP-eligible member as soon as it is known that the employee's annual salary will exceed the maximum compensation so the DCRP account can be established in advance of collection of any required contributions. Contributions are required from the date of DCRP eligibility. If any back deductions are owed, employers must schedule and remit them to the DCRP.

Transfers

Employees who transfer employment will not be subject to maximum compensation limits or DCRP enrollment if:

- The transferring employee was a member of the PERS or TPAF on or before June 30, 2007; or
- The transferring employee was a member of the PERS or SPRS on or before May 21, 2010; and
 - If the member is transferring to an eligible position without a break in service; or
 - If any break in service is 24 months or less from the date of the last contribution to the retirement system and the member's account has not been withdrawn; or
 - If any break in service is 24 months or less from the end of an approved leave of absence.

If a member transfers after a break in service that falls beyond the 24-month exceptions described above, the member will be subject to the maximum compensation rules and DCRP enrollment.

Vesting

A PERS, TPAF, PERS, SPRS, or Alternate Benefits Program (ABP) member who becomes eligible and is enrolled in the DCRP is immediately vested in the DCRP. As a vested member, you have a right to a benefit at retirement based on both the employee and employer contributions to the DCRP.

WITHDRAWAL

Withdrawal occurs when a DCRP member separates from covered employment and submits a request to Empower for a withdrawal of contributions. Only the member's contributions are available for withdrawal — employer contributions are forfeited. After a withdrawal, the individual is eligible for re-enrollment in the DCRP or enrollment in another New Jersey State-administered retirement system upon return to covered employment.

RETIREMENT

Retirement occurs when a DCRP member separates from covered employment and elects to receive a distribution of funds containing both employer and employee contributions plus interest. This action deems the former participant as retired and, therefore, ineligible to re-enroll in the DCRP or participate in any other New Jersey State-administered retirement system.

An *ABP/DCRP Withdrawal Request Acknowledgment Receipt* must be completed in order to receive funds. This form is available in the "Publications" section of our website.

Applying for Retirement

Six months before retirement, a member should contact his/her employer and Empower for information regarding DCRP benefits and options.

A DCRP member may elect to receive all or a portion of his/her account in a lump-sum distribution, or in a variety of periodic payment methods. Please contact your administrative services provider for more information. All returns of contributions and earnings are considered taxable in the year they are received; therefore, the type of payout plan should be considered carefully prior to retirement.

There is no minimum retirement age under the DCRP. The member will automatically be considered retired, regardless of age, if there is any distribution of vested contributions.

A member may take a distribution at any time after termination of employment; however, if you return to public employment in New Jersey, you cannot participate in any New Jersey State-administered retirement system. DCRP members considering future employment in a position covered by any of the New Jersey State-administered retirement systems should carefully consider this impact before requesting a distribution.

Health Benefits at Retirement

Please note that service time from enrollment in the DCRP cannot be used to qualify for State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) coverage at retirement; however, retirement system members who also participate in the DCRP through earnings in excess of the maximum wage will continue to earn credit toward SHBP/SEHBP coverage through their retirement system service.

Defined Contribution Retirement Program (DCRP) Enrollment Due to Maximum Compensation Limits

This fact sheet is a summary and not intended to provide all information.
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Please contact your employer's human resources office or benefits administrator to ask about health benefit coverage options available in retirement.

LIFE INSURANCE COVERAGE

While employed, PERS, TPAF, PFRS, or SPRS members enrolled in the DCRP are covered by employer-paid life insurance, payable to their designated beneficiaries in the amount of 1.5 times the annual base salary on which DCRP contributions are based. This coverage is available without a medical examination to members under age 60. Newly enrolled members 60 years of age or older must undergo a medical examination to qualify.

DCRP members will continue to be insured for up to two years if on an approved leave of absence without pay for personal illness.

Note: The Internal Revenue Service (IRS) classifies all life insurance coverage over \$50,000 as a fringe benefit subject to taxation. While the amount of the life insurance coverage is not taxable, the premium required to pay for the life insurance coverage is taxable. Members can elect to waive insurance coverage over \$50,000 at any time.

Upon retirement, life insurance under the DCRP is reduced to 3/16 of the annual base salary on which DCRP contributions were based.

This life insurance coverage is available in retirement only to:

- PERS, TPAF, PFRS, or SPRS members enrolled in the DCRP who are age 60 or older if the member has completed 10 years of participation in the DCRP, PERS, TPAF, PFRS, or SPRS; or
- PERS, TPAF, PFRS, or SPRS members enrolled in the DCRP who are any age if the member has completed 25 years of participation in the DCRP, PERS, TPAF, PFRS, or SPRS.

The member also must have been an active employee in the 12 months immediately preceding the initial receipt of a retirement annuity payment.

LONG-TERM DISABILITY COVERAGE

A member is eligible for employer-paid long-term disability insurance coverage after one year of participation in the DCRP.

The member becomes eligible for the long-term disability benefits after six consecutive months of total disability due to an occupational or nonoccupational condition.

To be considered totally disabled due to sickness or accidental bodily injury, the member must be unable to perform any and every duty pertaining to his/her occupation. The member need not be confined to home, but must be under a doctor's regular care.

If a member is totally disabled, he/she is eligible to receive a regular monthly income benefit up to 60 percent of the base salary on which DCRP contributions were based during the 12 months preceding the onset of the disability. While disabled, the member's and the employer's mandatory contributions are automatically credited to the member's retirement account.

The monthly income benefit is offset by any other periodic benefit the member may be receiving, such as Workers' Compensation, short-term disability, or Social Security.

Eighteen months after the onset of long-term disability eligibility, the member must be unable to engage in any gainful occupation for which he/she is reasonably suited by education, training, or experience. Total disability is not considered to exist if the member is gainfully employed, incarcerated, or if the disability resulted from an act of war or was intentionally self-inflicted.

Long-term disability benefits will be paid as long as the member remains disabled or until the member attains age 70. Should the member begin receiving payments under the retirement annuity, these benefits terminate.

CONTACTING THE DCRP

For more information regarding the DCRP, please visit Empower's DCRP website at: <https://empower.com/njplans> or call toll-free 866-657-3327.

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Deferred Compensation — NJSEDCP

Information for:
State of New Jersey Employees

OVERVIEW

The New Jersey State Employees Deferred Compensation Plan (NJSEDCP) provides you, as an eligible State employee, an opportunity to voluntarily shelter a portion of your wages from federal income taxes while saving for retirement to supplement your Social Security and pension benefits. Under the Plan, federal income tax is not due on deferred amounts or accumulated earnings until you receive a distribution (payment) from your account. Presumably, distribution is at retirement when your tax rate is expected to be lower. Alternatively, you may choose to save on a Roth after-tax basis, where your contributions are withheld from your take-home pay instead of your gross salary and qualified distributions are free from federal taxes (provided you have separated from service, are age 59 ½ or older and made your first Roth contribution in the year that is five years prior).

PLAN ADMINISTRATION

The NJSEDCP, governed by the guidelines of Internal Revenue Code (IRC) Section 457 and the laws of the State of New Jersey, is administered by Empower (formerly Prudential) for the State of New Jersey. Individual participant's accounts are maintained by the Administrator and statements of account are furnished quarterly. All Plan expenses are borne by the participants, and notification of administrative fees is provided at enrollment. The Deferred Compensation Board is the final authority on all matters concerning the operation of the Plan; by law, the State Investment Council has the right to supervise certain as-

pects of the Plan including the investment of assets.

ELIGIBILITY FOR ENROLLMENT

To enroll in the NJSEDCP, you must be employed by the State of New Jersey or an eligible agency, authority, commission, or instrumentality of State government.

If you are employed through a county, township, or municipality, and not paid directly by the State of New Jersey or one of its agencies, you are not eligible for the NJSEDCP.

How To Enroll

You can enroll by contacting Empower directly at 1-866-NJSEDCP (1-866-657-3327); a TDD line is also available at 1-800-345-1833. You can also enroll through Empower's website: <https://empower.com/njplans>

Upon enrollment, you agree that your deferrals and any earnings become and remain State property, with the understanding that all amounts due will be held in trust for you and your beneficiaries and will be paid to you following severance of employment. You may defer between one and 100 percent of your available salary after mandatory deductions (minus your tax-sheltered pension or other voluntary tax-sheltered contributions) with an annual dollar maximum in 2025 of \$23,500 (\$30,500 for individuals age 50 and older). You then choose how you want to invest among the 27 investment funds now offered through Empower.

MANAGING YOUR INVESTMENTS

As a participant in the NJSEDCP, you have the ability to make changes on your account such as increase, decrease, suspend, or resume deferral percentages. You may also change your investment elections to any of the 27 pre-approved products offered under Empower.

DISTRIBUTION OF YOUR MONEY FROM THE PLAN

Your NJSEDCP account may be distributed following severance of employment due to termination, retirement, or disability. Distribution is also permitted in the case of an unforeseeable financial hardship, as defined under IRC Section 457, following approval by the NJSEDCP Board. In-service distributions are permitted on rollover assets and smaller, inactive accounts.

If your account balance is less than \$5,000 at the time of distribution as a result of severance of employment, you must take a lump-sum payment.

If your account balance is \$5,000 or more, you may elect:

1. A one-time lump-sum payment;
2. A portion of your account in a specific dollar amount; or
3. Periodic installment payments.

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Deferred Compensation — NJSEDCP

Upon severance of employment, you may begin your account distribution as soon as administratively feasible, you may elect a future distribution date, or you may do nothing. However, you must begin receiving distribution no later than April 1 of the year following your attainment of age 70 $\frac{1}{2}$ (if born before July 1, 1949), age 72 (if born July 1, 1949, to December 31, 1950), age 73 (if born January 1, 1951, to December 31, 1959), or age 75 (if born after January 1, 1960), or the year of employment termination, whichever is later. For daily valued funds, your account will be valued at the close of the day prior to your distribution date. A *Separation from Employment Withdrawal* form must be completed and returned to the Plan office. Members can access rollover assets while actively employed and may also use NJSEDCP funds (pre-tax only) to purchase pension service credit. In addition, in-service distributions are permitted on smaller, inactive accounts (less than \$5,000 balance and no contributions during the previous two years).

Tax Consequences

The NJSEDCP is an eligible deferred compensation plan under IRC Section 457. Distributions from the Plan may be eligible for rollover; however, they do not qualify for special five-year or 10-year averaging. Distributions are defined as pension payments and are subject to federal income tax, unless rolled over to another retirement plan.

If You Die Before Distribution Is Complete

At the time of your death, your executor, beneficiary, or a family member should contact Empower at 1-866-NJSEDCP. Your beneficiary will be notified of the options for account distribution. Beneficiaries have the same distribution options available to members who terminate employment; however, the maximum period for periodic installment payments to non-spousal beneficiaries cannot exceed five years. Non-spousal beneficiaries must also withdraw all as-

sets at the end of the ten-year period following your death, per IRS rules. Beneficiaries receiving distributions are subject to the same tax consequences as the original member.

QUESTIONS

Contact Empower or the NJSEDCP through the New Jersey Division of Pensions & Benefits in writing or call 1-866-NJSEDCP. The NJSEDCP office can answer your questions about the Plan and your account, and can provide any necessary forms.

Additional information on account and investment options is also available from Empower at: <https://empower.com/njplans>

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www.nj.gov/treasury/pensions



Commuter Tax\$ave Program

Information for:
State Employees who are eligible for the
State Health Benefits Program (SHBP)

OVERVIEW

The New Jersey State Employees' Commuter Tax Savings Program (Commuter Tax\$ave), a benefit program authorized by P.L. 2011, c. 162 (Chapter 162) and available under Section 132(f) of the federal Internal Revenue Code (IRC), allows eligible employees to set aside before-tax dollars to pay for mass transit and commuter parking expenses, thereby avoiding federal taxes and saving money. An eligible employee is any employee of the State; a State college or university; the State Library; the Palisades Interstate Park Commission; the New Jersey Building Authority; or the Waterfront Commission of New York Harbor who is eligible to participate in the State Health Benefits Program (SHBP), except those part-time employees made eligible under P.L. 2003, c. 172 (Chapter 172). Commuter Tax\$ave consists of two separate component plans, and an eligible employee may elect to participate in one or both of the plans.

PROGRAM BENEFITS

The two components of Commuter Tax\$ave are for mass transit expenses and commuter parking expenses.

For the 2025 calendar year, eligible employees may execute salary reduction agreements to have up to:

- \$315 per month (\$3,780 per year) deducted from salary to pay for mass transit costs (includes train, bus, ferry, and vanpool expenses); and/or
- \$315 per month (\$3,780 per year) to pay for parking at work or at park-and-ride sites.

Pre-tax monies deducted from salary are not subject to federal income taxes, Social Security taxes, or Medicare taxes. There is a minimum deduction of \$15 for either mass transit or parking deductions. There are no provisions for higher deductions on an after-tax basis.

Mass transit benefits can be used to pay for costs incurred by the employee for the purposes of commuting to and from work. Commuter parking benefits may only be used to pay for the participant's commuter parking expenses at or near their workplace or near a location from which the employee commutes to work and cannot be used for other purposes. In addition, Internal Revenue Service (IRS) rules require that mass transit benefits be delivered as tickets, payment cards, or vouchers that can only be used to purchase mass transit tickets. Parking benefits can be delivered as a payment card, voucher, or as a reimbursement of expenses.

Transit & Parking Flex

Transit & Parking Flex is a new feature that allows employees to use transit and parking funds interchangeably if they use the Edenred Prepaid Card. Employees can carry over up to the monthly pre-tax limit of unused funds from any prior benefit month, and spend those funds on either transit or parking expenses using Edenred's prepaid card. Additional details can be found on the New Jersey Division of Pensions & Benefits website at www.nj.gov/treasury/pensions or on your Edenred online NJ Commuter Tax\$ave account at www.edenredbenefits.com

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

Commuter Tax\$ave Program

Below are examples of how Commuter Tax\$ave works for you:

EMPLOYEE RIDES MASS TRANSIT USING PRE-TAX \$125 DEDUCTION PER MONTH		
	Without Pre-Tax Commuter Tax\$ave	With Pre-Tax Commuter Tax\$ave
Monthly Salary	\$3,750	\$3,750
Pre-Tax Commuter Tax\$ave for Mass Transit	\$0	-\$125
Salary Subject to Taxes	\$3,750	\$3,625
Estimated Taxes	-\$800	-\$762
Monthly Mass Transit Expense	-\$125	-\$0
Take-Home Pay	\$2,825	\$2,863
Monthly Savings: \$38*		
Annual Savings: \$456*		

EMPLOYEE PARKS AND THEN RIDES MASS TRANSIT, USING PRE-TAX \$125 DEDUCTION PER MONTH FOR MASS TRANSIT AND PRE-TAX \$80 DEDUCTION FOR PARKING		
	Without Pre-Tax Commuter Tax\$ave	With Pre-Tax Commuter Tax\$ave
Monthly Salary	\$3,750	\$3,750
Pre-Tax Commuter Tax\$ave for Mass Transit	\$0	-\$125
Pre-Tax Commuter Tax\$ave for Parking	\$0	-\$80
Salary Subject to Taxes	\$3,750	\$3,545
Estimated Taxes	-\$800	-\$737
Monthly Mass Transit Expense	-\$125	-\$0
Monthly Parking Expense	-\$80	-\$0
Take-Home Pay	\$2,745	\$2,808
Monthly Savings: \$63*		
Annual Savings: \$756*		

EMPLOYEE USES PRE-TAX \$80 DEDUCTION PER MONTH FOR PARKING		
	Without Pre-Tax Commuter Tax\$ave	With Pre-Tax Commuter Tax\$ave
Monthly Salary	\$3,750	\$3,750
Pre-Tax Commuter Tax\$ave for Parking	\$0	-\$80
Salary Subject to Taxes	\$3,750	\$3,670
Estimated Taxes	-\$800	-\$775
Monthly Parking Expense	-\$80	-\$0
Take-Home Pay	\$2,870	\$2,895
Monthly Savings: \$25*		
Annual Savings: \$300*		

*Examples are based on an annual salary of \$45,000. Estimated Federal Taxes: 25 percent. Taxes exempted include: Federal Income, Social Security, and Medicare. Greater savings may result if your commuting costs are higher and/or you are in a higher federal income tax bracket. Lower deductibles may result in smaller savings and individual savings may vary. Consult your tax advisor.

Commuter Tax\$ave Program

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ENROLLMENT

Unlike the Section 125 portion of the State's Tax\$ave Program (Medical and/or Dependent Care Spending Accounts) that requires one annual election, the Commuter Tax\$ave Program allows an employee to opt in and out or change amounts on a monthly basis. Eligible employees may enroll in the program or end participation at any time during the year and may change deductions as often as they like during the year. Once enrolled, the employee remains enrolled for all subsequent months at the same level of participation until the employee makes a change to the deduction amounts or elects to end participation.

Commuter Tax\$ave benefits are provided by Edenred Commuter Benefit Solutions. An eligible employee enrolls by contacting Edenred directly, either by calling Customer Service at 1-866-512-8769 or online at: www.edenredbenefits.com. To register as a new user, please enter Company ID SNU11.

Upon enrollment, an employee's eligibility is confirmed with the employer who will arrange for payroll deductions to begin. Deductions for the benefit are taken from the first payroll check in the month. TransiChek will then process tickets, payment cards, or vouchers and mail them directly to the employee.

The total time required for processing before the benefit begins is approximately 45 days. The schedule for enrollments/changes during a typical year is shown in the following chart:

ENROLLMENT PERIOD	BENEFIT PERIOD
February 1 – February 29	April
March 1 – March 31	May
April 1 – April 30	June
May 1 – May 31	July
June 1 – June 30	August
July 1 – July 31	September
August 1 – August 31	October
September 1 – September 30	November
October 1 – October 31	December
November 1 – November 30	January
December 1 – December 31	February
January 1 – January 31	March

Note: the monthly deduction for the Commuter Tax\$ave Program will generally be taken from the first paycheck each month; however, there may be times when the deduction will be taken from the second paycheck of the month.

“USE IT OR LOSE IT” PROVISION

Employee elections are irrevocable and, to avoid forfeiting benefit dollars, employees should carefully consider how much they want to set aside to cover their commuting expenses. The State is prohibited under federal tax regulations from processing refunds to employees who fail to fully utilize the benefit in a timely manner.

For employees who elect to receive the Commuter Card, it is important to realize that the stored value on the card is available for only as long as the employee remains an active participant of the program. If an employee cancels his or her participation in the program, any remaining balance on the card when the cancellation becomes effective is forfeited.

SOCIAL SECURITY IMPLICATIONS

Since payments to the Commuter Tax\$ave Program lower annual earnings against which Social Security deductions are made, there is a concern that participation in these plans would result in reduced Social Security benefits at retirement.

If you were born after 1928, your Social Security benefits are calculated using a 35-year average of your earnings. A reduction of up to \$3,120 a year (based on the maximum pre-tax transit benefit cap) over some portion of this 35-year span would have little effect on your average salary and, therefore, minimal impact on your Social Security benefits. However, if you are concerned, you should call the Social Security Administration for further advice at 1-800-772-1213 or visit www.ssa.gov

ADDITIONAL INFORMATION

Additional information about the Commuter Tax\$ave Program is available from Edenred by calling 1-866-512-8769 or online at: www.edenredbenefits.com

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ADDITIONAL BENEFITS

EDUCATION ASSISTANCE PROGRAM

University Hospital will reimburse each eligible employee up to **\$3,700** per calendar year for educational assistance. Prior to the start of any course, academic credit by exam, seminar, or conference, submit an Educational Assistance Program Application to your supervisor if you have:

- Completion of one (1) year of continuous regular employment in a position working twenty (20) or more hours a week.
- Are in active pay status at the time of reimbursement which is upon receipt of your final grades.
- Current performance evaluation must be proficient or better.

EMPLOYEE ASSISTANCE PROGRAM (EAP) – MENTAL HEALTH BENEFITS

University Hospital provides several options to assist you and your family members in taking care of your mental health needs. You can access our EAP offered through the [Rutgers University Behavioral Health Program](#) 800-969-5300 or you access resources through your health care provider [Horizon BCBSNJ Behavioral Health](#). Horizon has partnered with AbleTo, a program that provides emotional support to you if you have a chronic illness. New Jersey Division of Pensions & Benefits has also partnered with [Forge Health](#) to provide additional benefits.

FINANCIAL HEALTH/PLANNING

North Jersey Federal Credit Union provides financial services to all University Hospital employees which includes Banking, Credit Cards, Loans and Mortgages. They have an office located at 186 W. Market Street, Newark, NJ 07103 – 973-785-9200 or view their website and review the services provided by clicking this [link](#).

LOAN REDEMPTION AVAILABLE TO BEHAVIORAL HEALTHCARE PROFESSIONALS

The New Jersey Higher Education Student Assistance Authority (HESAA) is now accepting applications for the [Behavioral Healthcare Provider Loan Redemption Program](#). The purpose of the program is to help recruit and maintain a qualified workforce of behavioral healthcare professionals. Under the program, behavioral healthcare professionals can apply to have HESAA pay off up to \$150,000 of their student loan balance in exchange for agreeing to work at an approved community behavioral and mental health provider located in New Jersey. For every two years of service in New Jersey, behavioral healthcare providers can apply for up to \$50,000 in loan redemption, for a maximum of six years. In addition to the six-year, \$150,000 loan redemption offer, behavioral healthcare providers who work primarily with

children and adolescents may also be eligible to receive supplemental incentive grants of up to \$5,000 annually for up to six years, resulting in an additional \$30,000 on top of the available \$150,000. [Eligibility details](#) and access to the application are available online from HESAA.

NEW JERSEY PAY IT FORWARD PROGRAM

New Jersey has a Pay It Forward program which is designed to prepare New Jersey residents for in-demand careers in the field of health care, IT, and clean energy. This program provides zero-interest, no-fee loans for participants to receive job training. Participants pay no upfront costs and receive living stipends.

The training programs include:

1. The Cybersecurity Professional Bootcamp at New Jersey Institute of Technology (NJIT) in Newark
2. The Nursing associate degree Program at Hudson County Community College in Jersey City
3. The Heating, Ventilation & Air Conditioning (HVAC) and Welding courses offered by Camden County College

After training, participants only have a repayment obligation if their individual earned income is more than \$12,000 per year above the annual federal poverty level (FPL) for their household size.

You can learn more about this program at njpayitforward.org.

PUBLIC LOAN FORGIVENESS

University Hospital is a state agency which may make you eligible to apply to the Public Service Loan Forgiveness (PSLF) Program. Public Service Loan Forgiveness (PSLF) is a federal program that forgives student loan debt for borrowers who work for a governmental organization. A governmental organization is a Federal, State, local, or Tribal government organization, agency, or entity, a public child or family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps. Federal service includes military service.

If you have made 120 qualifying monthly payments (these payments do not have to be consecutive), you may be eligible for a Public Service Loan Forgiveness. University Hospital encourages employees to apply for this program. Click this link for the [Public Loan Forgiveness Application](#). Complete page one of the application and submit it to Data Administration in Human Resources. Upon completion of the Employer section this application will be returned to you for your submission to the U.S. Department of Education.

RUTGERS SCHOOL of PUBLIC HEALTH and HRSA

The Rutgers School of Public Health is encouraging individuals currently working in the field of public health in New Jersey to consider applying for a scholarship to obtain a master's in public health (MPH) degree or a Certificate in Population Health.

Eligible applicants will receive a 50% tuition scholarship. Anyone interested in this opportunity should contact the Office of Admissions at admissions@sph.rutgers.edu or call 732-235-4646. The full details about the program can be found on the Rutgers School of Public Health website at: <https://sph.rutgers.edu/admissions/HRSA-PHSP.html>

SUPPLEMENTAL BENEFITS

The State of New Jersey has partnered with **M3 Technology – to provide** Hospital Employees that are actively working guaranteed acceptance (no physical or blood test required) for voluntary benefit plans paid through payroll deductions.

To apply for coverage, please call **844-229-5630**.

Universal Voluntary Life – Permanent Life Insurance coverage with a cash value that continues to grow.

Disability Insurance – Comprehensive disability policy that can provide financial protection during an illness.

Accident Insurance – Accident insurance will provide cash payments to you for a covered accident.

Critical Illness – Critical illness insurance will pay you a lump sum cash payment upon your diagnosis of a covered condition.

Pet Insurance – Click this link <https://spotpet.link/uhnto> to get a quote or call **800-905-1595**. Please note that this benefit will be directly billed to you it will not be processed through payroll deduction.

Wellness Program (WEMOFIT) – This program puts wellness into motion by providing professional nutritionist and access to virtual training. They also provide access to corporate fitness challenges to assist you in meeting your goals. For more information on this free wellness program call **908-209-4824** or visit their website at www.wemofit.com. You can scan this QR code and use your UH or your personal email address to register.

University Hospital Foundation

A beacon for the community



UHF is the fundraising arm of the hospital, established for the sole purpose of accelerating UH’s mission of improving healthcare, education, and wellness for our communities.

Funds raised by University Hospital Foundation allow the hospital to make important capital improvements to upgrade our medical equipment and to invest in programs that foster equitable health outcomes for our patients.

The Foundation’s funding priorities include:



**Bring free cancer
screenings to our
community**



**Renovate
Pediatric
Unit**



**Broaden
maternal
health services**



**Enhance Liver
Transplant
Clinic**



**Modernize
Operating
Rooms**

The Foundation relies on the generosity of others to fund our life-saving mission. Payroll deduction is an easy way for employees to make a voluntary contribution.

Every dollar makes a difference, and any amount is appreciated.

Scan the QR to sign up today!



For questions about payroll deduction, contact HR-Business-Partners@uhnj.org
For questions about donating, contact giving@uhnjfoundation.org

*University Hospital
is an Affirmative Action / Equal Opportunity Employer.*

*Employment is offered without regard to race,
color, ethnicity, religion, gender, national origin,
sexual orientation, physical or mental ability, age or
any other categorization protected by law.*

NEW EMPLOYEE ORIENTATION BENEFITS BOOK



150 Bergen Street, Newark, NJ 07103