



Memo To: Employees and their Families

From: Elliot Kass, Acting School Business Administrator

Re: Notification of Health Benefits Rights Under Federal Law

This letter provides information about health benefits that federal and State law requires your employer to send to you and your family members enrolled under State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP) coverage. Everyone enrolled under your coverage should read this information. You should keep this letter and the enclosed information for future reference.

The first enclosure (*Notice to Health Benefits Program Participants About Compliance with Federal Health Insurance Requirements*) contains information about special coverage provisions under federal law. The law establishes certain coverage requirements applicable to most employer health insurance plans. Certain plans, such as those in the SHBP or SEHBP, may exempt themselves from some of these requirements as long as participants of the plan are notified of the exemption. See the second enclosure for details about the SHBP/SEHBP's compliance with the health insurance coverage required by these federal laws.

The second enclosure (*Notice of Availability—SHBP/SEHBP Notice of Privacy Practices*) addresses privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA) and how the SHBP/SEHBP may use and/or allow access to your personal health information.

The third enclosure (*Medicaid and Children's Health Insurance Programs*) provides information about premium assistance available to individuals for employer-sponsored health coverage.

The fourth enclosure (Fact Sheet #74, *Health Benefit Coverage of Children Until Age 31 Under Chapter* provides information about the coverage available to over age children who lose health benefit coverage prior to turning age 31.

There is nothing that you or your family members have to do as a result of this mailing. The sole purpose is to inform you of your rights under these federal and State laws and, by doing so, comply with the notification requirements contained in the laws. If you have any questions concerning this mailing, you should contact Ms. Patricia DeAngelis at (732) 531-5600, ext. 3102 or the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524.

Enclosures

Notice to Health Benefits Program Participants about Compliance with Federal Health Insurance Requirements

This notice is being provided to inform you about State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) conformance with federal health insurance regulations.

Group health plans sponsored by State and local governmental employers, like the SHBP and SEHBP, must generally comply with federal law requirements in title XXVII of the Public Health Service Act to implement the following provisions that are contained in federal law:

1. Offer a special enrollment period to employees and dependents who do not enroll in the plan when initially eligible because they have other coverage, and who subsequently lose that coverage;
2. Provide a minimum level of hospital coverage for newborns and mothers, generally 48 hours for a vaginal delivery and 96 hours for a cesarean delivery;
3. Provide certain benefits for breast reconstruction after a mastectomy;
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution;
5. Provide parity in mental health benefits, that is, any dollar limitations applied to mental health treatment cannot be lower than those on medical and surgical benefits.

All SHBP and SEHBP plans will meet or exceed all federal requirements for 2019.

Notice of Availability

SHBP/SEHBP Notice of Privacy Practices

This notice describes how you may obtain a copy of the plan's *Notice of Privacy Practices*, which describes the ways that the plan uses and discloses your Protected Health Information (PHI).

The SHBP and SEHBP (the "Plan") provide health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains, and discloses health information about participating employees and dependents in the course of providing these health benefits.

The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered PHI and has done so by providing to Plan participants a *Notice of Privacy Practices*, which describes the ways that the Plan uses and discloses PHI.

The Plan's *Notice of Privacy Practices* is available at the New Jersey Division of Pensions & Benefits website: [***www.nj.gov/treasury/pensions***](http://www.nj.gov/treasury/pensions)

If you have any questions about the Plan's privacy practices, please contact your human resources office.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx X	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

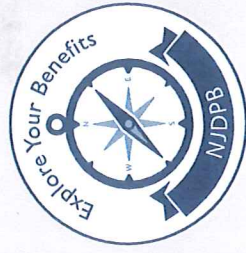
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



Health Benefits Coverage of Children Until Age 31 Under Chapter 375

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

ELIGIBILITY

Under the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP), an eligible child is defined as a subscriber's child under age 26. Health benefits coverage for children usually ends as of December 31 of the year in which the child turns age 26.

Under the provisions of P.L. 2005, c. 375 (Chapter 375), as amended by P.L. 2008, c. 38 (Chapter 38), certain over age children may be eligible for coverage until age 31.

This includes a child by blood or law who:

- Is under the age of 31;
- Is unmarried;
- Has no dependent(s) of his or her own;
- Is a resident of New Jersey or is a full-time student at an accredited public or private institution of higher education; and
- Is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.

ENROLLMENT

A covered employee from a SHBP- or SEHBP-participating employer or retiree may enroll an over age child who is Chapter 375-eligible at either of the following times:

- If, within 60 days of coverage loss for the child, the covered employee or retiree provides proof of loss of other group coverage (HIPAA certificate). If the termination was due to the child attaining age 26 within the SHBP/SEHBP, proof of coverage loss is not required; coverage will be effective the date that the prior coverage was terminated; or
- During the Open Enrollment period of each year (October) if the over age child meets the eligibility requirements of Chapter 375 as outlined previously. Coverage will be effective the following January 1.

REQUIRED DOCUMENTATION

A completed *Chapter 375 Application*, a photocopy of the over age child's birth certificate, and a photocopy of the front page of the child's most recently filed federal tax return (*Form 1040*) are required. You may black out all financial information and all but the last four digits of any Social Security numbers.

If the child resides outside of the State of New Jersey, documentation of full-time student status must be submitted.

If applicable, proof of loss of other coverage (HIPAA certificate) is also required when enrolling for this extended coverage. If the over age child is adopted, a stepchild, or a legal ward, supporting documentation is required if not already on file. For a description of the required documentation, see the New Jersey Di-

vision of Pensions & Benefits (NJDPB) website at: www.nj.gov/treasury/pensions

PLAN SELECTION

Under Chapter 375, an over age child does not have any choice in the selection of benefits, but is enrolled in exactly the same plan or plans (medical and/or prescription drug) that the covered parent has selected. There is no provision for dental or vision benefits. See the "A Note About COBRA Coverage" section.

COVERAGE COSTS

When Chapter 375 coverage is elected, the covered parent will be billed directly for the cost; therefore, the covered parent is held responsible for the payment of the coverage.

Chapter 375 Rate Charts showing the premium amounts for all health benefit plans are available on our website.

Enrollment of over age children for coverage under Chapter 375 is voluntary. The provisions of Chapter 375 do not require an employer to pay any part of the cost of this coverage.

Health Benefits Coverage of Children Until Age 31 Under Chapter 375

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 COVERAGE ENDS

Coverage for an enrolled over age child will end when the child no longer meets any one of the eligibility requirements previously listed or when the covered parent's coverage ends (e.g., termination of employment, divorce, or death of the covered parent). Coverage may also be terminated in the event of non-payment of the required premiums.

Chapter 375 coverage ends on the first of the month following the event that makes the child ineligible. Coverage will be terminated in accordance with N.J.S.A. 52:14-17.29k if premiums are not received within 45 days of the payment due date. If the coverage was used and the premium(s) was not paid, the parent and Chapter 375 subscriber will be responsible for the additional monthly premiums. To terminate coverage, complete a *Chapter 375 Application*. A letter signed by the covered parent is also acceptable.

Note: Written requests on the bill for termination will not be accepted.

The termination date is dependent upon the following:

- Date of acceptable request to terminate;
- Date of service of last paid claim; and/or
- Non-payment of premiums.

Terminations will not be retroactive unless the request is received within 30 days of the requested termination date and no claims have been paid for services after that date. Otherwise, the coverage will be terminated timely.

COVERAGE UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

The year in which your covered child turns age 26, you will receive a COBRA notification letter prior to the termination of the child's coverage, which is required by federal law. 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 (usually 36 months). Rates for Chapter 375 coverage and COBRA coverage can change annually; be sure to compare the rates prior to enrolling in either program.

There is no provision for the continuation of group coverage under COBRA for a child due to the loss of Chapter 375 coverage, nor is there any provision for conversion to non-group coverage.

Since Chapter 375 does not cover vision and dental benefits, your child may request to obtain them under COBRA.

ADDITIONAL INFORMATION

For a *Chapter 375 Rate Chart*, a *Chapter 375 Application*, or if you have additional questions, see your employer's benefits administrator, or the Chapter 375 information on the NJDPB website.

If you need information concerning COBRA coverage, see the *COBRA — The Continuation of Health Benefits* Fact Sheet.

You may also contact the NJDPB Office of Client Services at (609) 292-7524, or email the NJDPB at: pensions.nj@treas.nj.gov

Note: Instead of enrolling in Chapter 375 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) through a Special Enrollment Period. Some of these options may cost less than Chapter 375 coverage. You can learn more about many of these options at: www.healthcare.gov

This fact sheet has been produced and distributed by:

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