



Health Benefits Coverage for State Intermittent Employees

Information for:
State Health Benefits Program (SHBP)

INTRODUCTION

Under negotiated agreements between the State of New Jersey and the Communications Workers of America (CWA) representing State employees, certain intermittent employees working at the Department of Labor, the Department of Environmental Protection, and the Department of the Treasury are eligible for enrollment in the State Health Benefits Program (SHBP). Under the agreement, eligible intermittent employees can enroll for health coverage through any plan and/or prescription drug coverage through the Employee Prescription Drug Plan. These plans are described at the end of this fact sheet.

The plan benefits, as well as the rules and procedures of the plans, are the same for intermittent enrollees as they are for all other enrollees, except for those areas listed to follow. If a specific topic is not outlined in this publication, please refer to the the New Jersey Division of Pensions & Benefits (NJDPB) website at: www.nj.gov/treasury/pensions

ELIGIBILITY AND ENROLLMENT

Eligibility

Eligibility for coverage is determined by the human resources office at the department at which the employee works. Enrollments, terminations, changes to contracts, etc., must be processed through your employer first, then the SHBP. If you have any ques-

tions concerning eligibility provisions, you should see your employer. You may call the NJDPB Office of Client Services at (609) 292-7524 for general eligibility questions.

To be eligible for coverage, an intermittent employee must be:

- An employee of the State of New Jersey who is hired in an intermittent position and has a minimum of 750 regular pay status hours within the previous fiscal year (July 1 to June 30); and
- Covered under the labor contract between the CWA and the State of New Jersey that committed the State to provide SHBP coverage to intermittent employees.

Eligible Dependents

Your eligible dependents are:

- Your spouse, civil union partner, or same-sex domestic partner;*
- Your natural, adopted, or stepchildren under the age of 26; and
- Your foster children or legal wards under the majority age of 18.

Enrollment

If you meet the eligibility requirements outlined above, you will be able to make health benefit elections through Benefitsolver.

Enrollees are required to contribute toward the cost of their health benefits. The contribution is determined based on either negotiated labor agreements or the percentage of premium provisions under P.L. 2011, c. 78 (Chapter 78), but not less than 1.5 percent of salary. If an employee receives a salary increase or decrease, the amount of contribution will be adjusted accordingly. The contribution percentages can be found on our website.

If you do not enroll all eligible members of your family within 60 days of the time you or they first become eligible for coverage, you must wait until the next annual Open Enrollment period to enroll them if you are still eligible for coverage.

Effective Dates of Coverage

Coverage will be effective as of the first day of the first coverage period that includes January 1 of a given year, provided the intermittent employee had a minimum of 750 regular pay status hours in the prior fiscal year.

*For more information see the *Civil Unions and Domestic Partnerships Fact Sheet*.

The effective date of coverage for an eligible dependent is effective the same date as the employee's, provided they are listed on the enrollment application when first submitted to the SHBP.

Coverage changes involving the addition of dependents are effective retroactive to the date of the event (marriage, civil union, domestic partnership, birth, adoption, etc.) provided elections are made in Benefitsolver within 60 days of the event. Dependent children are automatically terminated as of the end of the year they attain age 26.

Annual Recertification of Eligibility

Your employer will recertify eligibility of every intermittent employee with SHBP coverage each year. To qualify for coverage in subsequent years, your employer must certify that you have at least 750 regular pay status hours in the prior fiscal year.

LEAVE OF ABSENCE, FURLOUGH, AND WORKERS' COMPENSATION

Because of the arrangement for coverage under the labor contract, absence from work without pay does not affect the continuation of your existing coverage. It may impact coverage in the next year, as such time will not count towards the 750 required regular pay status hours.

PLAN DESCRIPTIONS

For a summary of medical plans and benefits provided under the SHBP, visit our website.

Employee Prescription Drug Plan

The Employee Prescription Drug Plan is a separate drug plan for active employees. The plan is currently administered by OptumRx. If you elect medical coverage, you will automatically be enrolled in the corresponding prescription drug plan. For more information about the Employee Prescription Drug Plan, see the *Prescription Drug Plans Member Guidebook*, available on our website.

TERMINATION OF COVERAGE

Your coverage will end if you terminate employment with the State; i.e., resignation, layoff, or death. You should consult your human resources representative for your exact termination date.

Your coverage will also end if you do not have the 750 regular pay status hours in a fiscal year required by the labor contract. The termination date of your coverage in this case will be at the end of that calendar year or the first payroll period after December 31 of that calendar year. For example, if you fail to meet the 750 hours in Fiscal Year 2019, your coverage will end the first biweekly payroll date after December 31, 2019.

Coverage after Retirement

Since intermittent employees are not members of a State-administered retirement system, there will not be any retirement from State employment on the basis of the intermittent position. Therefore, there can be no provision for continuation of coverage in retirement.

COBRA Coverage

Upon termination of SHBP coverage, continued coverage in the health plan and the Employee Prescription Drug Plan is available under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) legislation. For more information, see the *COBRA - The Continuation of Health Benefits Fact Sheet*.

This fact sheet has been produced and distributed by:

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