

Email message – October 4, 2019

TO: Local Government Certifying Officers, Human Resource Directors, and Benefit Administrators

FROM: New Jersey Division of Pensions & Benefits (NJDPB)

SUBJECT: Employer Participation and Continuation of Modified Incentive Program for Joining the State Health Benefits Program's (SHBP) Tiered-Network Plans

For Plan Year 2020, the SHBP will continue to offer a modified Incentive Program for employees who join the Tiered-Network plan: the Horizon OMNIA Health Plan.

Local Government employees may receive an incentive if their employer has adopted a resolution to participate in the Incentive Program.

- Local Government Employers that already participate will automatically continue under the modified Incentive Program if the employer has previously adopted a resolution for Plan Years 2018 or 2019.
- Local Government Employers that do not participate, but wish to join for Plan Year 2020, may participate in the modified Incentive Program if the employer adopts a resolution for Plan Year 2020.

Details of the modified Incentive Program are:

- State employees may receive an incentive; along with Local Government employees whose employer has adopted a resolution to participate in the Incentive Program
- Available to first-time enrollees in the tiered-network medical plan and continuing for one complete plan year
- Enrollment in the Horizon OMNIA Health Plan
- Employee financial incentive: \$1,000 for all levels of coverage (single; member/spouse/partner; family; or parent/child).
- Incentive amount shall be paid by a gift card within the first quarter of Plan Year 2020 and is reportable as taxable income
- Incentive will be forfeited and returned to the SHBP if subscriber fails to remain enrolled for at least one plan year (1/1/2020 through 12/31/2020)

Employees who wish to enroll in one of the tiered-network plans should submit their certified health benefits application during the SHBP Open Enrollment period.

DISTRIBUTION OF THIS LETTER

Certifying Officers should forward this message to their human resources staff, benefit administrators, and any other staff members responsible for the administration of pension benefits for employees.

Please note: It is important that the Certifying Officer's and Supervisor's email addresses are kept current. Certifying Officer's email addresses can be updated via Address Changes, and both Certifying Officer's and Supervisor's email addresses may be updated via Search/Modify Users. Both applications can be found on the Security Menu in EPIC.

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State of New Jersey • Division of Pensions & Benefits (NJDPB)

STATE HEALTH BENEFITS PROGRAM

P.O. BOX 299 TRENTON, NEW JERSEY 08625-0299

RESOLUTION

A RESOLUTION for Local Employers to offer a modified incentive under the State Health Benefits Program.

BE IT RESOLVED:

The _____
Corporate Name of Employer *SHBP Employer Location Number*

We agree to voluntarily participate in the modified Financial Incentive Program granting financial incentives to subscribers who select enrollment into tiered-network medical plan otherwise known as Horizon Blue Cross Blue Shield of New Jersey's OMNIA Plan. We agree that the management and administration of this incentive program shall be solely our responsibility.

The terms of the Incentive Program described above shall include:

- The Incentive Program shall be available to subscribers who are first time enrollees in a tiered-network medical plan beginning Plan Year 2020 and continuing for one plan year through December 31, 2020;
- The Incentive Program does not extend to participants enrolled under P.L. 2005, c. 375 (certain over-age adult children) and COBRA;
- Participation is voluntary at the option of the employer;
- The financial incentive for eligible employees shall be: \$1,000 at any level of coverage (Single, Member/Spouse, Family, Parent/Child) when changing to a tiered-network plan.
- The incentive amount shall be paid within the first quarter of Plan Year 2020 and is reportable income; and
- The incentive shall be forfeited and returned to the employer if the subscriber fails to remain enrolled for at least one plan year, except that if a subscriber is made ineligible for healthcare through layoff, involuntary separation, reduction to part-time status, or classification into an ineligible position. If a subscriber voluntarily retires or changes health plans due to a catastrophic or emergency health need as determined by the employer within the year, then the incentive shall be forfeited on a pro-rata basis.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by

the: _____ on the _____ day of _____, 20_____.
Corporate Name of Employer

Signature *Official Title*

Street Address *City* *State* *Zip Code*

Area Code *Telephone Number*

Employer's State Social Security Identification Number *Number of Employees*