



# **Alternate Benefits Program (ABP) Retirement: Retiree State Health Benefits Program (SHBP)**

# ABP Retirement Retiree SHBP Outline

- Health Benefits at Retirement
- Premium Sharing Schedule
- SHBP & Medicare
- Retiree Dental Plans
- **Online** Enrollment and/or Change Process



# Health Benefits at Retirement

- Active medical, prescription drug, and dental coverage continues to end of retirement month
- Retiree health benefits begin the first day of the month following retirement

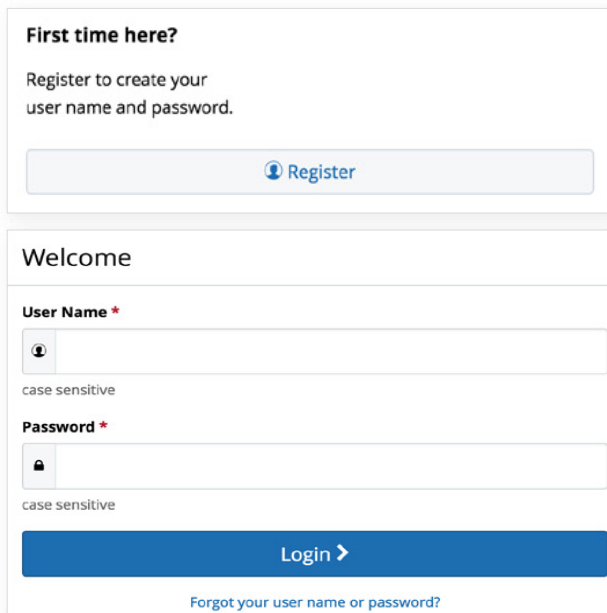
January 1 retirement example:

- Active employee health (Medical & Prescription) and dental benefits will end **January 31**
- Retiree health (Medical & Prescription) and dental benefits will begin **February 1**
- **If not electing health insurance coverage, ensure to decline/waive via [my.njbenefitshub.nj.gov](https://my.njbenefitshub.nj.gov)**

*Retiree Health eligibility and premium sharing are determined by NJ State Law and the NJ Division of Pensions and Benefits and are subject to change.*

# Enrolling in Retired Group State Health Benefits

- Most non-Medicare eligible members enrolled in coverage as active employees will automatically be enrolled as retirees.
  - Exceptions include those members who: are changing/waiving plans at retirement; waived coverage as an active employee; or changed their retirement date.
- Medicare-eligible members must enter their Medicare proof in BenefitSolver so the account does not pend in the auto enroll process.



The screenshot shows two sections of the website. The top section, titled "First time here?", prompts users to "Register to create your user name and password." and features a "Register" button with a user icon. The bottom section, titled "Welcome", contains login fields for "User Name \*" and "Password \*", both marked as "case sensitive". Below these fields is a blue "Login >" button and a link for "Forgot your user name or password?".


- Navigate to **[mynjbenefitshub.nj.gov](https://mynjbenefitshub.nj.gov)**\* and click **Register**
- Enter your Social Security Number and Date of Birth
- The Company Key is **SHBP/SEHBP**
- Once registered, **Login** using your username and password

\*You may also login through the myNewJersey portal by clicking on **Benefitsolver** button at the bottom of the screen. If you do not have a Benefitsolver button, you must visit the NJDPB website to register.

# Update Your Contact Information

When you first visit **[mynjbenefitshub.nj.gov](https://mynjbenefitshub.nj.gov)**, be sure to update your contact information to get the latest information about your benefits. You will also have the option to receive important notifications via text message.

[Your Account](#) | [Your Information](#) | [Your Dependents](#)

 Personal Preferences


Contact Preferences


Work Email Address (Not Applicable to Retirees)

None

Personal Email Address

None





# Retiree Health Benefits – Benefitsolver Dashboard

Explore the site for helpful information

Quick Links

Find plan details in the Reference Center

Review your current coverage

Chat with Sofia<sup>SM</sup>

The screenshot shows the mynjbenefitshub dashboard. At the top, there is a navigation bar with links for Home, Message Center (with a red notification badge), Help, and Reference Center. Below this is a yellow banner for 'IMPORTANT Flu Shot and COVID-19 Vaccination Information!'. The main content area features a 'WELCOME TO mynjbenefitshub' message from Dayne, the State of New Jersey Division of Pensions & Benefits. A grid of 'Quick Links' includes: Benefit Guide, Change My Benefits, Wellness Rewards, Find a Provider, Contacts, Additional Benefits, Change My Address or Email, and Plan Details. On the right, there is a section for 'Important Reminders' with an 'Action Required' alert. Below this are links to 'Review my current coverage' (with a 'Benefit Summary' link), 'Summary of Benefits and Coverage' (with a 'Medical' link), and 'Fact Sheets Online'. At the bottom, there is a 'Meet Sofia' section and a 'Get your benefits on the go!' section. A chat icon for 'SOFIA' is located in the bottom right corner.

# Qualifying for State-Paid Health Insurance

- Prospective retirees who accumulate a total of 25 or more years of non-concurrent pension credit in ABP or multiple NJ state pension funds (i.e. PERS, PFRS, etc.) may be eligible for State-paid coverage at retirement, as long as they meet the following requirements:
  - Must be eligible for employer-paid health benefits immediately prior to retirement/separation.
  - Must take a minimum distribution (\$1,000) within 30 days of retirement date.
- The State provides partial or full cost of the SHBP coverage for retirees who meet specific service credit or retirement criteria outlined in the Premium Sharing Schedule.

## Premium Sharing Schedule:

**Employees Who Attained 25 or More Years of Service Credit  
on or Before July 1, 1997**

- No contributions required for all Retired Group State Health Benefits
- Health benefits include medical and prescription drug coverage
- Full reimbursement for standard cost of Medicare Part B premium (per eligible covered individual) provided by the State.





## Employees Who Attained 25 or More Years of Service Credit After July 1, 1997, and Before June 30, 2007

- No contributions required for selective Retired Group State Health Benefits
- If electing Aetna Freedom 10 or NJ Direct 10, contributions required for Retired Group State Health Benefits
- Rates for retirees who share the cost of their coverage:  
<https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr0744.pdf>
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is on or before July 1, 1995\*.

\*Employees who began employment or had a break in service after July 1, 1995, or who became eligible for health benefits after that date, will not be eligible for Medicare Part B reimbursement.

## Employees Who Attained 25 Years of Service Credit After June 30, 2007, and before June 28, 2011

- Health contribution of 1.5% of 50% of the last annual salary received prior to retirement unless the retired member is enrolled in the Retiree Wellness Program.
- Aetna Freedom 10 and NJ Direct 10 are not available
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is on or before July 1, 1995.
- Waived if enrolled in the SHBP Retiree Wellness Plan:
  - Complete Health Assessment Tool (HAT)
  - Agree to and submit annual **Pledge for Healthier Living**
  - Complete Annual Physical and Annual Wellness Certification
  - Have appropriate tests and screenings when recommended
  - Participate in health plan's disease management program when recommended

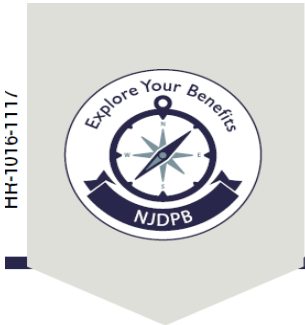
## **Employees Who Attained 20 Years of Service Credit by June 28, 2011, and Retire with 25 Years of Service Credit**

- Health Contribution is 1.5% of 50% of the last annual salary received prior to retirement
- Aetna Freedom 10 and NJ Direct 10 are not available
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is on or before July 1, 1995.

## Employees Who Attained 20 Years of Service Credit After June 28, 2011 and Retire with 25 Years of Service Credit

- Health contribution is based on the applicable percentage of premium based on 50% of the last annual salary prior to retirement.
  - Percentage of Premium for Retirees:  
<https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr1016.pdf>
- Aetna Freedom 10 and NJ Direct 10 are not available
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is on or before July 1, 1995

Health Benefits Contribution – Percentage of Premium for Retirees



State of New Jersey • Department of the Treasury  
**DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS**  
P.O. Box 295, Trenton, NJ 08625-0295  
**HEALTH BENEFITS CONTRIBUTION —  
PERCENTAGE OF PREMIUM FOR RETIREES**

*Note: You must use the rate charts for retirees who pay the full cost of their coverage to first determine the full cost premium for the plan and coverage level you select. Then, use this chart to determine the percentage of the full cost for which you will be responsible.*

Annual Retirement Allowance Range	Single	Member/Spouse/Partner or Parent/Child	Family
Less than \$20,000	4.5%		
Less than \$25,000		3.5%	3%
\$20,000 - \$24,999.99	5.5%		
\$25,000 - \$29,999.99	7.5%	4.5%	4%
\$30,000 - \$34,999.99	10%	6%	5%
\$35,000 - \$39,999.99	11%	7%	6%
\$40,000 - \$44,999.99	12%	8%	7%
\$45,000 - \$49,999.99	14%	10%	9%
\$50,000 - \$54,999.99	20%	15%	12%

## Employees Who Attained 20 Years of Service Credit After June 28, 2011 and Retire with 25 Years of Service Credit – Calculation Example

- Jane Doe is retiring on July 1<sup>st</sup>. Her last annual base salary is \$100,000
- 50% of salary = \$50,000
- Percentage of Premium for Retirees Single Coverage: 20%
- 2025 full cost of NJ Direct 15 with Prescription (single non-Medicare): \$1,544.80 per month.
- 20% of \$1,544.80 = \$308.96 per month

**2025 Full Cost Rate Chart – Including Prescription:** <https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr1094.pdf>

**2025 Full Cost Rate Chart – Excluding Prescription:** <https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr1095.pdf>

**Percentage of Premium for Retirees:** <https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr1016.pdf>

# Employees Who Retire With Less Than 25 Years of Service Credit

- Option to enroll in Retired Status State Health Benefits Insurance plans
- Required to pay full group rate, available on State and UHR websites:
  - **2025 Full Cost Rate Chart – Including Prescription:**  
<https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr1094.pdf>
  - **2025 Full Cost Rate Chart – Excluding Prescription:**  
<https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hr1094.pdf>
  - Do not qualify for reimbursement of Medicare Part B premium

## **Surviving Spouses or Civil Union/Same-Sex Domestic Partners of Employees with 25+ Years of Pension-Credited Service**

- Surviving spouse or civil union/same-sex domestic partner may continue retiree health
- Will be required to pay full group rate
- Will not qualify for reimbursement of Medicare Part B premium



# Enrolling in Retired Group State Health Benefits

## Medicare Part A and Part B Enrollment

- Two months prior to retirement, retirees and/or their spouses/same-sex domestic or civil union partners, that are age 65 and older are required to enroll into **Medicare Part A and Part B**
- You can enroll in Medicare in the following ways:
  - Online at [www.SocialSecurity.gov](http://www.SocialSecurity.gov)
  - Calling Social Security at 1-800-772-1213 (M-F 7AM to 7 PM)
  - In- Person at your local Social Security Office\*
- Social Security Administration works with Medicare Services by enrolling Medicare eligible members

*\*Contingent upon COVID-19 regulations*

# Enrolling in Retired Group State Health Benefits Medicare Part A and Part B Enrollment

- Complete the **Application for Enrollment in Medicare Part B** - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf>
- Contact OneSource Service Center to have the **Request for Employment Verification form** certified: 732-745-SERV(7378)
- Return certified forms to Social Security Administration for processing

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form APJ  
OMB No. 093

### REQUEST FOR EMPLOYMENT INFORMATION

**SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)**

1. Employer's Name \_\_\_\_\_

2. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Applicant's Name \_\_\_\_\_

5. Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Employee's Name \_\_\_\_\_

7. Employee's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION B: To be completed by Employers**

**For Employer Group Health Plans ONLY:**

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)  
\_\_\_\_\_ / \_\_\_\_\_

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)  
\_\_\_\_\_ / \_\_\_\_\_

5. When did the employee work for your company?  
From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_ Still Employed: (mm/yyyy) \_\_\_\_\_

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.  
From: (mm/yyyy) \_\_\_\_\_ To: (mm/yyyy) \_\_\_\_\_

**For Hours Bank Arrangements ONLY:**

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

# Enrolling in Retired Group State Health Benefits

## Medicare Part A and Part B Enrollment

- Medicare will mail Medicare Part A and Part B card
- The Division of Pensions and Benefits (DPB) will confirm enrollment into Medicare by contacting the Center for Medicare/Medicaid Services (CMS).
- Upload Medicare (MBI) information within [my.njbenefitshub.nj.gov](https://my.njbenefitshub.nj.gov)
  - **You will be required to enter effective dates for Medicare Parts A & B and your Medicare ID number.**

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER  
**000-00-0000-A**

SEX  
**FEMALE**

IS ENTITLED TO  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**

EFFECTIVE DATE  
**07-01-1986**  
**07-01-1986**

SIGN HERE → Jane Doe

## SHBP and Medicare Parts A&B

- Effective 1/1/2019, the SHBP no longer offers Medicare Advantage (MA) plans through Horizon's NJ Direct 10 (PPO) or NJ Direct 15 (PPO) plans.
- Medicare Advantage plans, ("Part C" or "MA plans") provide Medicare Part A (inpatient hospital insurance) and Medicare Part B (outpatient medical insurance) coverage.

## SHBP and Medicare Parts A&B

- **AETNA:** Under Aetna plans, the coverage provided is a Medicare Advantage plan, which means that eligible claims are paid by the medical plan.
  - Retirees do not need to coordinate coverage between Medicare and Aetna.
  - Aetna plans are combined with Medicare and pay eligible expenses directly.
  - Aetna Medicare Advantage Plans: Aetna Freedom PPO ESA 10/ Aetna Freedom PPO ESA 15/Aetna HMO/Aetna HMO 1525
- **HORIZON:** Offers Medicare Supplement Plans
  - In-network claims are coordinated by first submitting them to Medicare. This coordination of benefits with Medicare is handled by Horizon.
  - Out-of-network claims are coordinate by first submitting them to Medicare. Unreimbursed expenses may be sent to Horizon (by Medicare) for further reimbursement.
  - Horizon Supplemental Plans: NJ Direct 1525/NJ Direct 2030/Horizon HMO/Horizon HMO 1525/ Horizon HMO 2030

## SHBP Medicare Part D – OptumRx

- Medicare eligible retirees are automatically enrolled in Medicare Part D prescription drug coverage under the OptumRx Medicare Prescription Plan.
- If you enroll in another Medicare Part D Plan, you will lose your prescription drug benefits provided by the SHBP. Medical benefits will continue.
- You may waive the OptumRx Medicare PDP, only if you are enrolled in another Medicare Part D plan.
- If you wish to re-enroll in the OptumRx Medicare PDP, you must upload proof of your termination from the other Medicare Part D plan, within 60 days of coverage loss to [my.njbenefitshub.nj.gov](https://my.njbenefitshub.nj.gov)

## Retiree Dental Plans

- Retiree Dental Plans are offered to the following eligible retirees:
  - Any retiree, including dependents, enrolled in a medical plan offered under the Retired SHBP at the time of retirement.
  - Any retiree, including dependents, eligible for enrollment in the Retired SHBP but who elected to waive their medical coverage because of coverage provided from another employer.
- Retirees pay full cost of the Retiree Dental Plan
- **Dental Plan Options:**
  - Dental Expense Plan
    - Aetna
    - Horizon
  - Dental Plan Organization:
    - Aetna DMO
- 2025 Monthly Dental Rates:

<https://www.nj.gov/treasury/pensions/documents/hb/oe2025/hd1169.pdf>

## Health Benefit Coverage Changes

- Coverage may be changed at any time provided that you have been with that same health plan for at least 12 months or due to rate increases
- Coverage changes after a qualifying event
- For questions regarding coverage, call the Division of Pensions and Benefits Retiree Benefits Office at 609-292-7524





## Additional Retirement Resources

Visit our Information for Prospective Retirees website, for supplemental PowerPoints and Videos:

<https://uhr.rutgers.edu/benefits/information-prospective-retirees>

### **Supplemental PowerPoints:**

- Alternate Benefit Program (ABP) Retirement: Overview
- Alternate Benefit Program (ABP) Retirement: Paid Time Off (PTO) – Staff Members

