

Health Benefits/Benefitsolver FAQs

Who is eligible to enroll in the health benefits?

Eligibility for Active Group coverage is determined by the School Employees' Health Benefits Program (SEHBP). All enrollments, changes to coverage, terminations, etc. must go through your employer.

Full-time Employees

To be eligible, you must be a **full-time** employee or an appointed official from a local board of education employer that participates in the SEHBP. Each employer decides the minimum hours to be considered full-time by a resolution filed with the NJDPB, but it cannot be less than 28 hours per week. Employment must also be for 12 months per year, except for employees whose usual work schedule is 10 months per year (the standard school year).

How do I review my current health benefits?

You have 24/7 access to the Benefitsolver as well as links to all your health benefit vendors.

To log into Benefitsolver, take the following steps:

- Navigate to <http://mynjbenefitshub.nj.gov> and click Register. *
- Enter your SSN, Date of Birth and Zip Code to create your username and password.
- Company key is: SHBP/SEHBP

**You may also log into the Benefitsolver website through the myNewJersey portal. At the bottom of the screen along with your MBOS and EPIC button, you'll see a new button that reads "Benefitsolver".*

Once you're on the Benefitsolver website, you will be asked to enter your preferred email address so that we can send you reminders, confirmations of enrollment, and important information about how to get the most out of your benefits. Don't worry, your personal information is safe with us, we don't share this with outside vendors! From there, you can download the mobile app so your benefits are easily available – even take a picture of your insurance cards and store them in the app, so you're never without them!

What plans are being offered?

Employees with start dates prior to July 1, 2020, are eligible to elect one of the following plans: NJ DIRECT10, NJ DIRECT 15 or NJEHP.

Employees with start dated after July 1, 2020, are required to enroll in the NJEHP.

For a side-by-side view of the basic benefits, copayments, and other out-of-pocket costs for the SEHBP medical/prescription drug plans, please log into [Benefitsolver](#).

How is prescription coverage administered?

Prescription coverage will continue to be administered by **OptumRX** and will continue to be bundled with the medical.

The OptumRx website is: www.optumrx.com/stateofnewjersey

How is my cost of coverage calculated?

To assist you with your benefit choices [Benefitsolver](#) will display your member contribution rates for the plan options available to you. Contribution rates are calculated using your annual pensionable salary and the applicable contribution schedule (Chapter 78 for NJDIRECT Plans or Chapter 44 for NJEHP).

What if I want to waive coverage?

Employees are permitted to waive medical and prescription coverage if they have other employer-provided or retiree coverage, or other coverage as a dependent. Employers are permitted to offer an incentive to employees who waive SEHBP coverage. Under P.L. 2010, c. 2 (Chapter 2), the incentive amount for waivers is limited to 25% of the amount saved by the employer or \$5,000, whichever is less.

In addition, because multiple coverage under the SHBP/SEHBP is prohibited, waiver incentives are only payable if the other coverage is through a non-SHBP/SEHBP plan.

You will have the option to waive coverage when you log into [Benefitsolver](#).

What do I have to do if I don't want to change my current health coverage?

You should log into [Benefitsolver](#) and simply confirm that your address and preferred email address are correct so that any reminders, confirmations of enrollment, and important information about your benefits are sent to the correct place. If you are not making any changes to your elections or your waiver status, you do not need to take any further action. Without changes, your current enrollment or waiver will carry over into plan year 2022.

What do I have to do if I want to change my current health coverage mid year?

Mid-year Changes in 2022: Per IRS regulations, after your New Hire enrollment period ends, you can only make changes mid-year if you experience a qualifying life event.

What is a life event?

A Life Event is a change in your family or employment status that may allow you to make certain benefit changes. If you experience a Life Event and wish to add or drop a dependent(s) for coverage purposes, you must do so on or within 60 days after the qualifying event date. Changes must be consistent with the qualifying life event.

Unless you experience a Life Event during the plan year, you may only change coverage and/or add or drop dependents at each Open Enrollment.

Log into Benefitsolver to make changes and upload **required supporting documentation**.