



HEALTH BENEFITS WAIVER PROGRAM FREQUENTLY ASKED QUESTIONS AND ANSWERS

What is the health benefits waiver? A New Jersey law was passed that allows county colleges to provide a stipend if employees waive health benefits under the (SEHBP) if they are eligible for other coverage. This law was enacted as a cost savings measure for employers in response to the extraordinary increases in health benefits premiums over the past few years. The stipend may also provide more value to you than duplicate medical coverage.

- **Who is eligible?** All employees who are eligible to participate in the SEHBP are eligible for this provision.
- **Under what circumstances may I waive coverage?** You may waive coverage only if you are **eligible** for other health care coverage. You will need to provide proof of other coverage.

<u>Level of Coverage</u>	<u>2019/2020 Health Waiver Stipends</u>
Single	\$2,300 per year
Parent & Child or Parent & Children	\$3,000 per year
Member/ Spouse /Civil Union Partner /Domestic Partner	\$3,000 per year
Family	\$5,000 per year

- **What determines the level of my stipend?** The stipend is based on your eligibility for a given category and your date of enrollment.
- **How do I waive coverage?** You may exercise a waiver of health benefits if you are eligible for other health coverage, by completing a SHBP Coverage Waiver/Reimbursement form, a SEHBP application, and the Waiver Acknowledgement.
 - If you are currently participating in the SEHBP, you may waive your coverage. The stipend will be based on the coverage type you are waiving.
 - If you waived coverage previously, you are eligible to receive a stipend if you complete an enrollment form during the next open enrollment period (October for January coverage) and then subsequently waive coverage.
- **I originally enrolled in SEHBP. Now I want to waive my coverage. When will my health benefits end?** If the waiver form is received by the SEHBP by the 5th of the month, the change will take place on the first of the following month. If the application is received after the 5th of the month, the change will be delayed by one additional month. For example, if the waiver form is received June 1-5, the waiver takes effect on July 1. If the waiver form is received June 6 - July 5, the waiver takes effect on August 1st.

- **Do I need to complete a SEHBP Coverage Waiver/Reinstatement form each year to continue to waive coverage?** No. Your waiver will remain in effect year after year. If your coverage type changes, you will need to complete a new waiver and application during the open enrollment period in October. The change in coverage type will be reflected in your stipend for the following year.
- **Will pension contributions be deducted from the stipend?** No.
- **If I waive coverage, will I be able to enroll in the SHBP Retired Group when I retire?** Yes. To be eligible for the Retired Group, you must be *eligible* for employer-paid health insurance until your retirement date. Filing the waiver with the SEHBP confirms your eligibility for coverage.
- **What if I lose my other health insurance coverage?** A reinstatement form must be filed at the SEHBP by the College within 60 days of the loss of other health coverage. If this timetable is followed, the coverage will be retroactive to the date of the loss. If you do not enroll within the 60 day limit, you must wait until the next open enrollment period to enroll.
- **What if I have waived coverage and continue to want to waive coverage, but my family status changes during the year. Will my stipend be adjusted to reflect my changed family status?** No. If your coverage type changes during the calendar year, you will need to complete a new waiver. The change in coverage type will be reflected in your stipend for the next year.
- **What if I have waived coverage but my family status changes and I want to reinstate my health benefits coverage?** You may only reinstate coverage during the calendar year if the status change results in the loss of the other coverage. Both the reinstatement and application forms must be completed within 60 days of the qualifying event. If this timetable is followed, the reinstatement will be retroactive to the date of loss. If you do not enroll within the 60 day limit, you must wait until the next open enrollment period to enroll. Also, if the family status change does not result in loss of coverage, reinstatement would be available through application in the next open enrollment period.
- **I waived my coverage and we had a baby and then my spouse lost coverage, can I now reinstate coverage as Family coverage?** Yes. As a result of your losing coverage, you may enroll in any coverage for which you are eligible when a change of family status event has occurred.
- **What happens to my dental coverage if I waive my medical coverage?** Your dental insurance is a separate coverage and not affected under the waiver program.
- **I currently have individual coverage because my spouse covers himself/herself and our children am I entitled to a family coverage stipend?** No. You are only entitled to a stipend for the waiver of the coverage you have. Changes in coverage type may be processed during the annual open enrollment period (October for a January effective date).