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May 29, 2014

**TO:** Certifying Officers, Human Resource Directors, and Benefits Administrators participating in the State Health Benefits Program and School Employees' Health Benefits Program

**FROM:** New Jersey Division of Pensions and Benefits

**SUBJECT:** **Survey Only for SHBP and SEHBP Participating Locations that Offer a Private Pharmacy Benefits Manager (PBM)**

Beginning in 2014, the Affordable Care Act (ACA) requires certain health plans to comply with cost-sharing limits with respect to their coverage of essential health benefits. The cost-sharing limits include (1) a maximum allowed deductible; and (2) an overall annual cost-sharing limit, also called an out-of-pocket (OOP) maximum. Cost-sharing includes any expenditure required by or on behalf of an enrollee with respect to essential health benefits, such as deductibles, co-payments, co-insurance and similar charges. It excludes premiums and spending for non-covered services. For 2014, the OOP maximum cannot exceed \$6,350 for self-only coverage and \$12,700 for family coverage. In 2015, the cost-sharing limits will include prescription drug coverage.

Your location has chosen to participate in the SHBP/SEHBP, but has chosen to use a private Pharmacy Benefits Manager (PBM) to administer your prescription drug program. Therefore, please complete the attached survey, **and return it to the Division by July 1, 2014.** This information is needed so that the SHBP/SEHBP can remain compliant with the requirements of the ACA and determine the best course of action as it relates to adhering to the combined health and prescription drug OOP maximums in 2015.

In addition, while the participating employers may elect to have a private prescription drug plan, N.J.A.C. 17:9-8.1 states that the private plan must be comparable in design to the SHBP/SEHBP prescription drug plans. N.J.S.A. 40A:10-25 and N.J.S.A.18A:16-21 stipulate that any employer entering into a private contract is required to provide the State with a copy of the terms of the contract. Therefore, if your location hasn't done so already, please provide the Division with a copy of your prescription drug contract along with the completed survey.